



# COVID-19 NEVADA UPDATE

GOVERNOR STEVE SISOLAK

April 21, 2020



# AGENDA

- I. Introductions**
- II. Situation Report**
- III. Planning:  
Nevada's State-Specific Reopening Framework**
- IV. Phase I**
- V. Next steps**
- VI. Q&A**



# INTRODUCTIONS



**Major General  
Ondra L. Berry**  
*Adjutant General,  
Nevada National  
Guard*



**Dr. Ihsan  
Azzam**  
*Chief Medical Officer,  
Division of Public &  
Behavioral Health*



**Richard Whitley**  
*Director, Nevada  
Department of Health &  
Human Services*



**Dr. Mark  
Pandori**  
*Director, Nevada  
State Public Health  
Laboratory*



**Melissa Peek-  
Bullock**  
*State Epidemiologist,  
Division of Public &  
Behavioral Health*



**Kyra Morgan**  
*State Biostatistician,  
Division of Public &  
Behavioral Health*



**Dr. Christopher  
Lake**  
*Executive Director of  
Community  
Resilience, Nevada  
Hospital Association*



**Jhone Ebert**  
*Superintendent of Public  
Instruction, Nevada  
Department of  
Education*



**Michael Brown**  
*Executive Director,  
Governor's Office of  
Economic Development*





## II. Situation Report



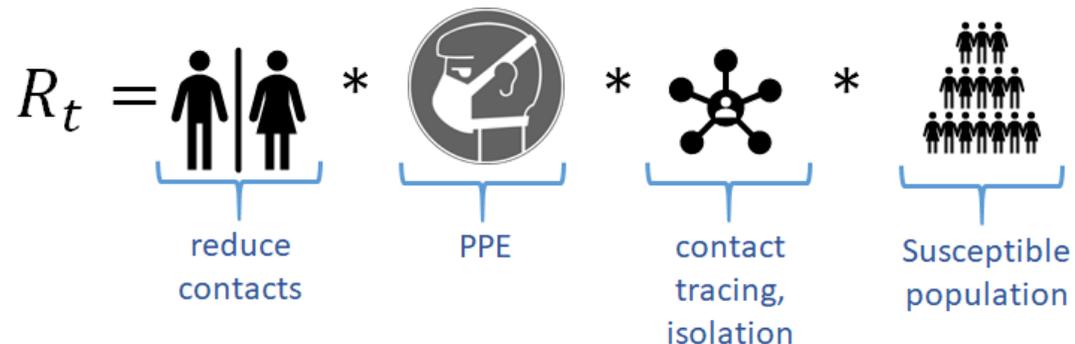
NEVADA  
HEALTH  
RESPONSE

# MODELING BACKGROUND

Kyra Morgan, State Biostatistician

Most models being used to predict COVID-19 are SEIR-like models:

- **S**usceptible
  - **E**xposed but not infectious
  - **I**nfectious
  - **R**ecovered
- Largely dependent on an accurate estimate of  $R_0$ , the basic reproduction number, and  $R_t$ , the effective reproduction number.
  - $R_0$  and  $R_t$  can be interpreted as the expected number of new infections created on average by a single infectious individual in a purely susceptible population, where  $R_t$  considers the length of time since the start of the pandemic.

$$R_t = \underbrace{\text{reduce contacts}} * \underbrace{\text{PPE}} * \underbrace{\text{contact tracing, isolation}} * \underbrace{\text{Susceptible population}}$$
The diagram illustrates the components of the effective reproduction number (Rt). It is represented as a product of four factors: 1. 'reduce contacts', shown with an icon of two people standing apart; 2. 'PPE', shown with an icon of a person wearing a face mask; 3. 'contact tracing, isolation', shown with an icon of a person connected to several other nodes in a network; 4. 'Susceptible population', shown with an icon of a group of people. Each icon is enclosed in a blue bracket with its corresponding label below it.

A decrease in the number of infected people is proportional to the decrease in person-to-person contact, appropriate PPE, and the ability to conduct contact tracing.

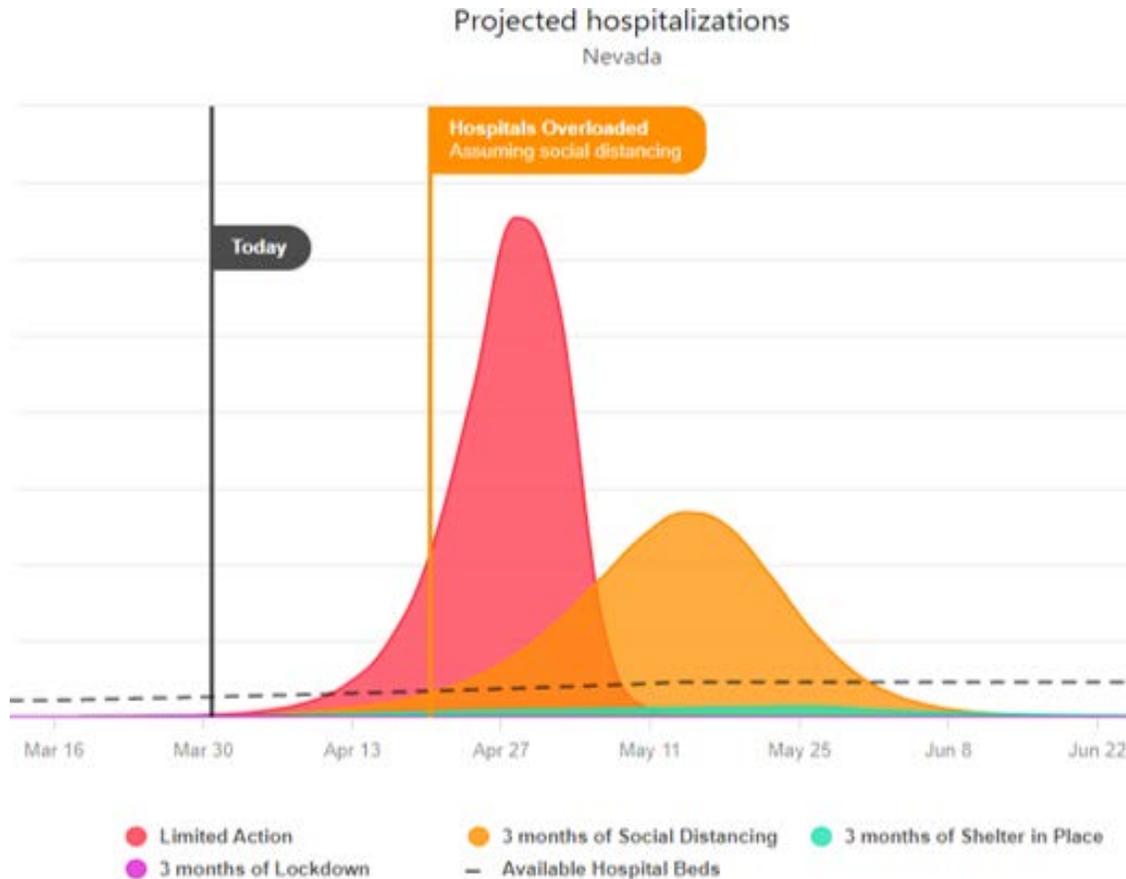


# WHERE WE WERE

Kyra Morgan, State Biostatistician

Projections as of March 27 (COVID ACT NOW)

Social Distancing Assumptions		Estimated Date of Peak Hospitalizations	Estimated Number of Hospitalizations at Peak	Estimated Date of Hospital Capacity Overload
Social distancing, with recommendation to stay home	Limited action	4/28/2020	> 65,000	4/10/2020
	3 months of social distancing	5/14/2020	> 25,000	4/20/2020
	3 months of shelter-in-place	5/26/2020	~ 1,300	never



In late March, models were predicting high peaks related to COVID-19 hospitalizations and death tolls potentially in the tens of thousands in Nevada.



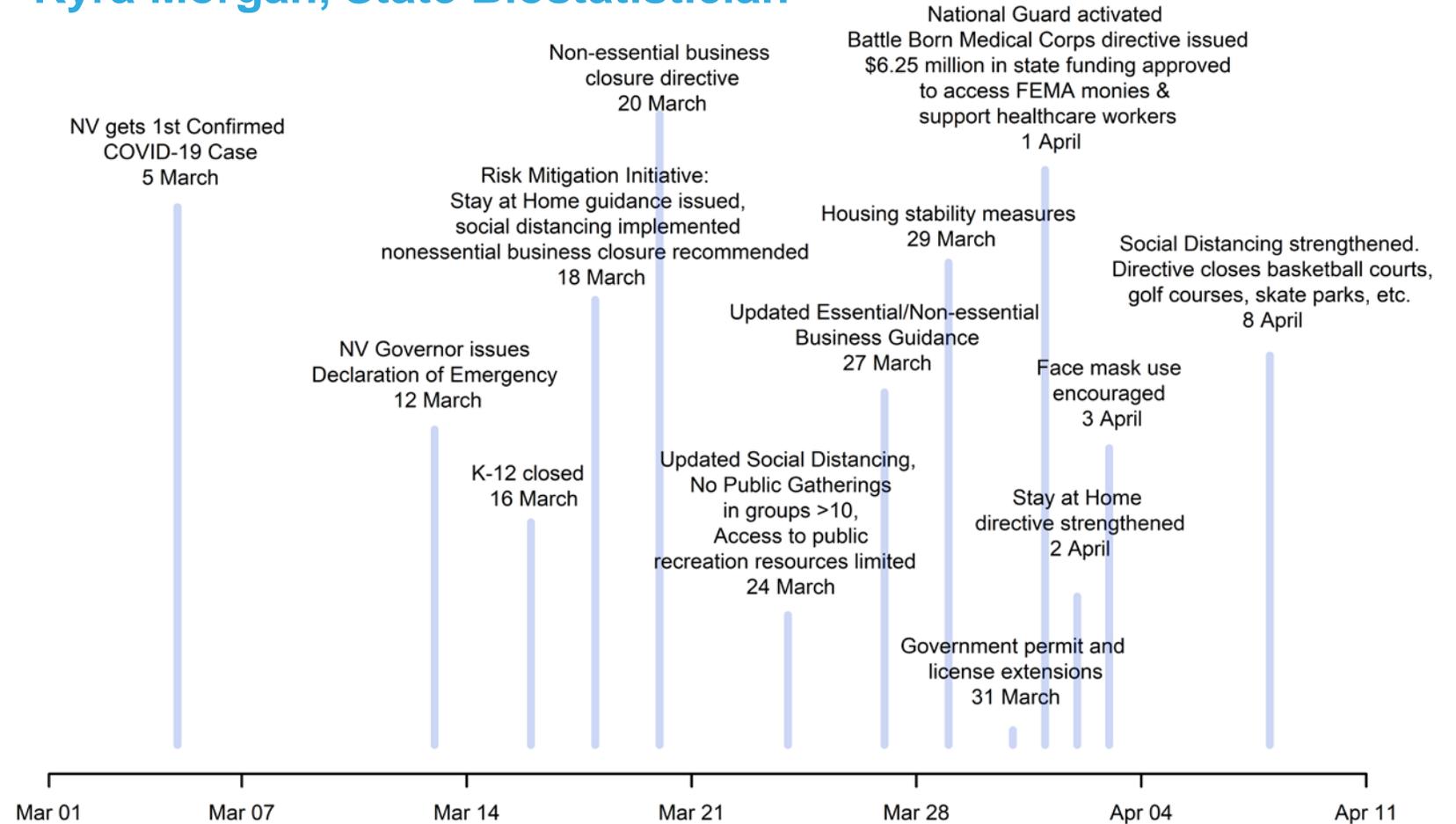
*Stay* HOME  
~~MEANS NEVADA.~~  
*for*

Learn more at  
[nvhealthresponse.nv.gov](https://nvhealthresponse.nv.gov)



# WHAT WE'VE DONE

Kyra Morgan, State Biostatistician



# WHERE WE ARE NOW

Kyra Morgan, State Biostatistician

3,937

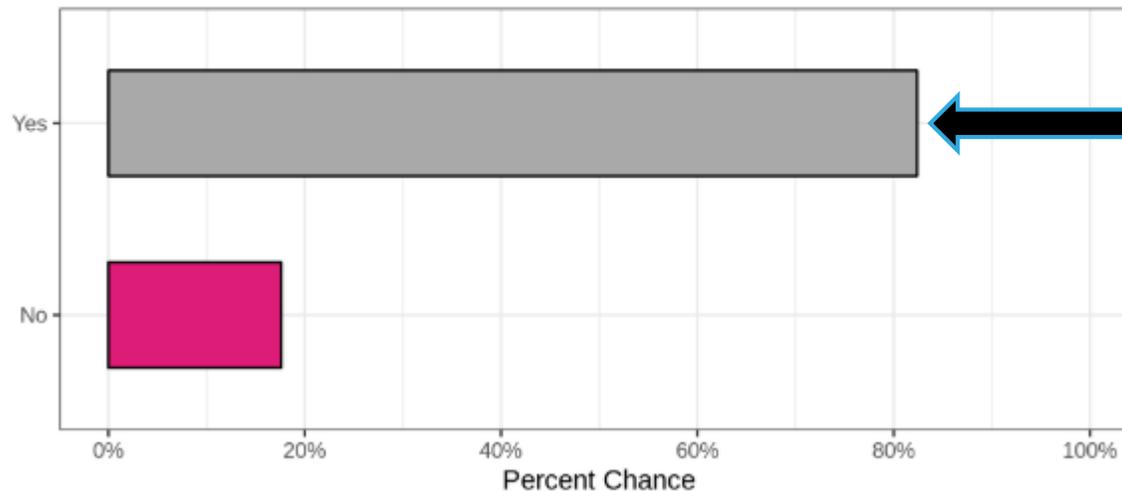
Total Cases

163

Total Deaths

All measures indicate that Nevada has started to plateau.  
There is not sufficient data to indicate a decline in new cases.

Based on Data as of 2020-04-19, Have New Daily Confirmed Cases Peaked in Nevada On or Before 2020-04-19?



There's an 82% chance that Nevada has reached our peak of daily new cases.

Peaks related to hospitalizations and deaths are expected to lag.

*This data comes from Los Alamos National Lab.*



NEVADA  
HEALTH  
RESPONSE

# SITUATION REPORT: ACUTE CARE INFRASTRUCTURE DEMAND

Dr. Christopher Lake, Nevada Hospital Association

## HOSPITALIZATIONS

- All-cause hospitalization trends have **decreased** over the last three weeks
- Confirmed and suspected COVID-19 hospitalization trends have **decreased** over the last 10 to 14 days, respectively

## ICU

- All-cause ICU occupancy trends have **increased slightly** over the last week
- Confirmed or suspected COVID ICU admission trends have **decreased** over the last two weeks

## VENTILATORS

- All-cause ventilator use trends have **decreased** over the last two weeks
- Confirmed or suspected COVID-19 ventilators use trends have **decreased** over the last two weeks



# SITUATION REPORT: ACUTE CARE INFRASTRUCTURE DEMAND

Dr. Christopher Lake, Nevada Hospital Association

## SUMMARY:

The acute care infrastructure is maintaining capacity despite ongoing slow but continuous demand due to COVID-19. Because of social distancing, the state continues to avert overwhelming acute care infrastructure demand.



# SITUATION REPORT: LABORATORY TESTING

Melissa Peek-Bullock, State Epidemiologist

- Key to understanding the current situation in Nevada
- Models are currently subject testing limitations that we had early in the pandemic.
- Nevada's testing capacity has **increased tremendously** from when the COVID-19 pandemic began.
- In response, DHHS has released updated criteria to assist clinicians in testing decisions.
  - Shift from testing only severely ill and symptomatic health care workers to testing of anyone that presents with symptoms consistent with COVID-19



# SITUATION REPORT: HISTORICAL CONTEXT

Melissa Peek-Bullock, State Epidemiologist

**“Learning history  
is easy; learning  
its lessons seems  
almost impossibly  
difficult.”**

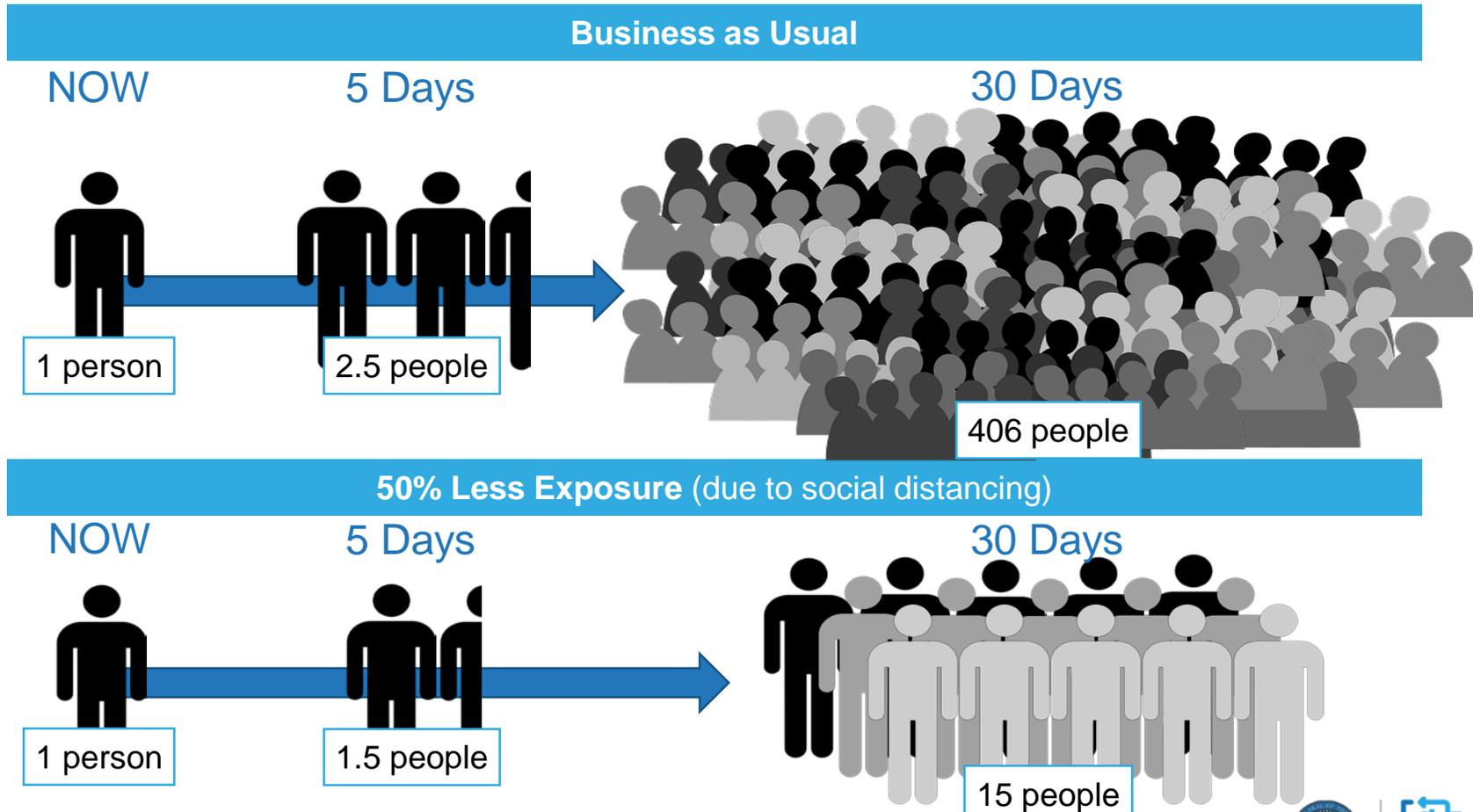
*– Nicolas Bentley*

- We learned over 100 years ago during the influenza pandemic of 1918 that social distancing measures are extremely effective, especially when human behavior is the only intervention.
- We are currently battling, yet again, an invisible enemy and social distancing measures flattened our curve. When social distancing measures are loosened too soon and without a layered approach resurgence is eminent.



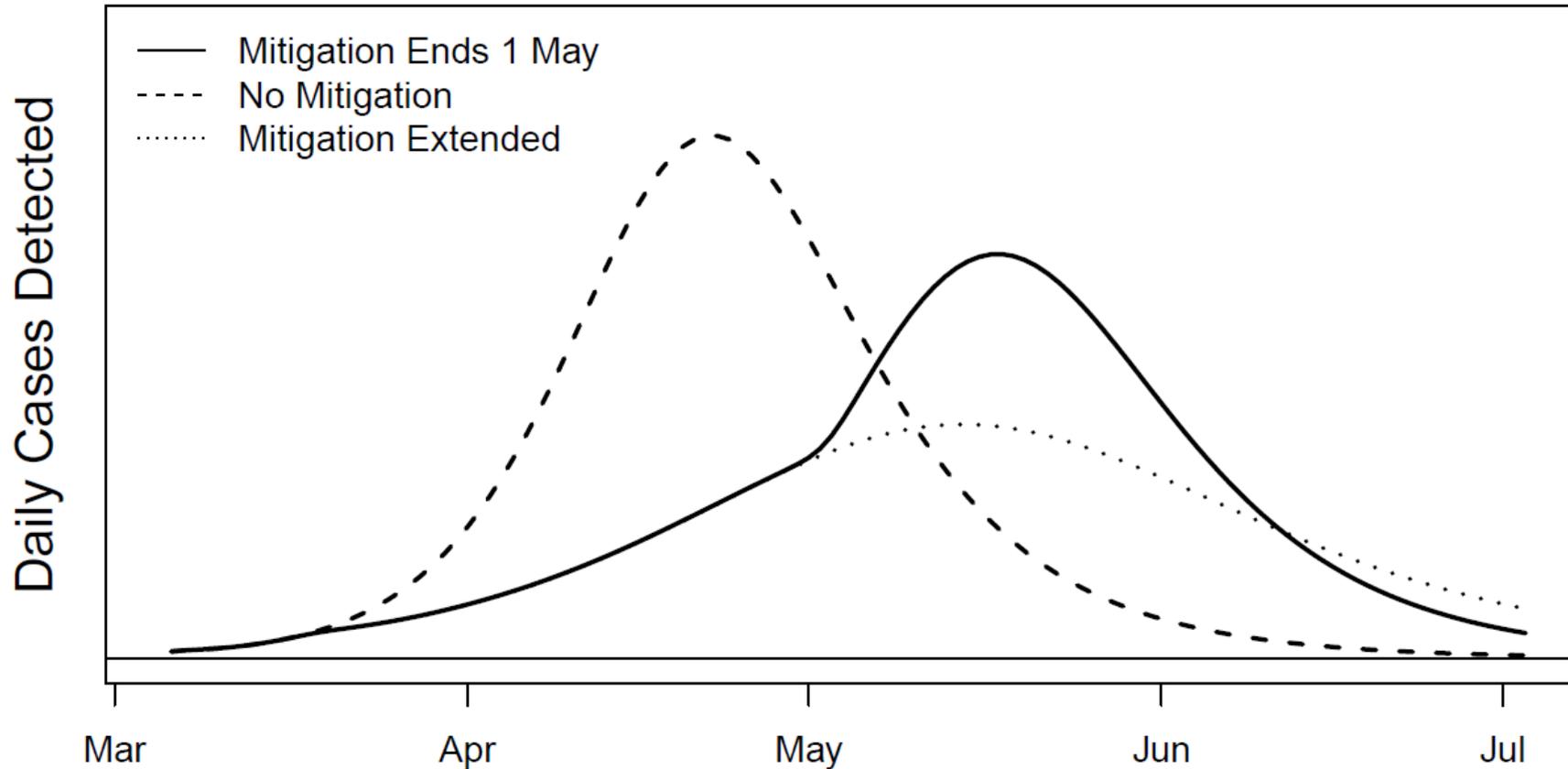
# SITUATION REPORT: POWER OF SOCIAL DISTANCING

Melissa Peek-Bullock, State Epidemiologist



# SITUATION REPORT: WHERE WE ARE GOING

Kyra Morgan, State Biostatistician



- Models being used to identify likelihood that we have reached a peak **assume continuation of current control measures.**
- A second surge of cases would be likely if current control measures were lifted



# SITUATION REPORT:

"The lower numbers of infected people and deaths than predicted should not be seen as an indication that our actions were unnecessary, but as a strong indicator that our aggressive control measures were both **necessary** and **effective**."

*- Nevada Medical Advisory Team*



# SITUATION REPORT: WHERE WE ARE GOING

- Together, we have done an **amazing job of flattening the curve** and we are all so proud and grateful.
- This has taken unimaginable sacrifice and we acknowledge that. The hard work is not yet over. We are just beginning to see the fruits of our labor.
- Lifting social distancing measures too soon and without a strategy can be compared to a parachute which slows the rate of descent, but if removed too early still ends in tragedy.



# SITUATION REPORT: ECONOMIC IMPACTS

## GOAL:

Ensure Nevada's  
economic  
reopening is  
sustainable

- The reopening of Nevada businesses is highly dependent upon expanded testing and tracing capacity in excess of what is currently possible
- Economic activity and recovery will require close collaboration between the state's employers and state and local government to ensure that the gradual lifting of pandemic restrictions does not lead to an **uncontrolled increase** in COVID-19 cases
- State of Nevada must support, coordinate and ensure that reopening is **sustainable**



# SITUATION REPORT: ECONOMIC IMPACTS

- There are fewer cases and deaths than what was predicted by many of the models early in the outbreak
- This means that **social distancing and other measures are working**
- Despite Nevada's success, the virus has not been eradicated: COVID-19 transmission will continue for the foreseeable future
- There is currently no vaccination
- We have protected ourselves and our health care infrastructure through sustained social distancing measures
- The emergency is not over but has entered **a new phase**





## III. Planning:

### Nevada's State-Specific Reopening Framework



NEVADA  
HEALTH  
RESPONSE

# GOAL:

Once the outbreak has **sufficiently declined**, the goal is to progressively open up different types of facilities and industries in a way that allows people to gradually return to their normal lives while **continuing to prevent the spread** of the disease.



# FRAMEWORK

	Nevada Reopening Criteria	White House “Opening Up for America” State Gating Criteria or Core State Preparedness Responsibilities
1	<p>Consistent and sustainable downward trajectory of COVID-19 cases and hospitalizations over a 14-day period measured by:</p> <ul style="list-style-type: none"> <li>• Decrease in the trend of COVID-19 hospitalizations; and</li> <li>• Decline in percentage of people testing positive.</li> </ul>	
2	<p>Healthcare and Public Health Systems should be able to adequately respond:</p> <ul style="list-style-type: none"> <li>• Ability to maintain hospital capacity without crisis standards of care</li> <li>• Sufficient public health workforce capacity local and state health departments to conduct case contact tracing (detect, test, trace, isolate)</li> <li>• Expanded ability for healthcare providers to administer tests for symptomatic patients</li> <li>• Sufficient laboratory testing capacity to process COVID-19 testing samples</li> </ul>	
3	<p>Sustained ability to protect vulnerable populations <i>(e.g. outbreaks are successfully contained and closed in special settings like health facilities and nursing homes.)</i></p>	
4	<p>Phased approach: Protective Measures are in place.</p>	





## **IV. Phase 1:**

### **Federal Criteria & Recommendations**



**NEVADA  
HEALTH  
RESPONSE**

# PHASE 1: INDIVIDUALS

White House Recommendations	Nevada Medical Advisory Team Recommendation	Status
Vulnerable populations should continue to shelter in place	Vulnerable populations (older residents & those with underlying immunocompromising conditions) should remain home until the outbreak has subsided	<b>APPROVED</b>
Avoid socializing in groups of 10 or more	Extend Nevada Emergency Directive restricting large in-person gatherings of 10 or more people	<b>APPROVED</b>
Minimize non-essential travel	Maintain Governor's Travel Advisory	<b>APPROVED</b>
Strongly consider using face coverings while in public	Extend Governor's guidance on face coverings for public use AND review strengthening current guidelines	Guidance extension - <b>APPROVED</b> Strengthening guidelines - <i>UNDER REVIEW</i>



# PHASE 1: EMPLOYERS

White House Recommendations
Encourage telework
Return to work in phases
Close common areas
Minimize non-essential business travel
Special accommodation for vulnerable populations

## STATE ECONOMIC RECOVERY LEAD:

**Michael Brown**

*Executive Director, Governor's Office of Economic Development*



### IMMEDIATE RECOVERY

*Help provide strategic reopening guidance to businesses on the protocols and practices required to operate under these new conditions*



*Develop and share a standard set of science-based protocols for all businesses, adapted to the needs of different sectors*



### LONGER-TERM RESILIENCE

*Support businesses once reopening has occurred by working together to design and pursue strong economic recovery strategies*



# PHASE 1: SPECIFIC EMPLOYERS

White House Recommendations	Nevada Medical Advisory Team Recommendation	Status
In-person visitors to senior living facilities and hospitals should be prohibited	In-person visitors to senior living facilities and hospitals should be prohibited with strong encouragement of video conferencing capabilities	<b>APPROVED</b>
Bars should remain closed	Bars remain closed	<b>APPROVED</b>
Elective surgeries can resume on an outpatient basis	<i>UNDER REVIEW*</i>	
Gyms can open if they adhere to strict protocols	<i>UNDER REVIEW</i>	
Large venues (dining, movies, sporting, places of worship) can operate under strict physical distancing protocols	<i>UNDER REVIEW</i>	

*\*No directive was issued regarding elective surgeries*



# PHASE 1: SPECIFIC EMPLOYERS

White House Recommendations	Nevada Medical Advisory Team Recommendation	Status
Schools that are currently closed should remain closed	Close school buildings for the remainder of the academic year	<b>APPROVED</b>





# SCHOOLS

Jhone Ebert, Nevada State Superintendent

- **At this time, in accordance with federal and state guidance, schools will continue distance education through the end of this academic year.**
- We will continue our efforts to support teachers, staff, students and families throughout the rest of this academic year.
- We will continue to collaborate with Superintendents, School Leaders, educators, staff, and families to develop thoughtful processes and plans so we can make a smooth transition back to classrooms when the time comes.



## V. Next Steps



NEVADA  
HEALTH  
RESPONSE

# NEXT STEPS

- Continue to develop guidance for Phase 1 implementation
- Continue reviewing Phase 2 and Phase 3 recommendations from The White House
- Begin sector-specific discussions on reopening plans (Director Brown)
- Complete details of planning framework, including regional reopening
- Continued coordination with Western States



# QUESTIONS AND ANSWERS



**NEVADA  
HEALTH  
RESPONSE**