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COVID-19 Disease Investigation Update in Nevada

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Helping people. It's who we are and what we do.

Case Investigation and Contact Tracing

- Goals:

- Every Nevadan who tests positive for COVID-19 will be contacted by a contact tracer within 24 hours of that confirmatory lab report being received by the health authority.
- Within 24 hours of identifying a close contact of a case, those individuals will be communicated with by a contact tracer.
- The [COVID Trace app](#) fully launched in Google and Apple stores = 30,277 as of Sept 15th.
- Additional partnership with Apple and Google for EN Express. This app can be used in parallel with COVID Trace and will ideally increase usage. Great partnerships and participation among Western state partners.
- Continue to refine data collection and reporting to collect data needed for targeted interventions.



COVID-19 Cases Identified Through Contact Tracing Efforts from January 1, 2020 to September 16, 2020

County	Positive Contacts Identified Through Case Investigation
Carson	4
Churchill	46
Clark	16,982
Douglas	0
Elko	239
Eureka	1
Humboldt	37
Lander	25
Lincoln	0
Lyon	0
Mineral	4
Nye	50
Pershing	1
Storey	0
Washoe	662
White Pine	4
Total	18,055 (represents 24.3% of the total cases reported to date)

Please note Esmeralda County is omitted from this table, as they have had no reported COVID-19 cases to date. Data may change as cases still open for investigation are subject to changes in identification process types.





How does public health collect data related to possible COVID exposures?

- During the case interview with an individual who has contracted COVID, the investigator asks questions related to how the individual may have contracted the illness and who they may have exposed after their infection.
- They also ask about sites such as the individual's worksite, businesses the individual may have visited, or events attended.
- The Centers for Disease Control and Prevention (CDC) has provided guidance to public health agencies on this process.



How is this data used?

- Data collected during case investigation of any diseases is used to identify possible risks associated with exposure, contacts that may have also been exposed to the illness, opportunities to intervene or prevent further spread, and disparities related to those risks (i.e. occupational risk, racial/ethnic disparities, geographic disparities, etc.).
- This data is analyzed and released according to NRS and NAC 441A.
- This data may also be shared with the appropriate regulatory authorities for additional investigation.
- Any data released cannot allow an individual case or contact to be identified.





How should this data be interpreted?

- All data obtained in case investigations and contact tracing is obtained voluntarily and is self-reported.
- This data is often incomplete due to memory or the case simply not wanting to share certain information.
- Lack of sharing of such information delays or impedes the ability for public health to identify and intervene when a risk is present.





How should this data be interpreted?

- If there is a specific activity or location identified through exposure data, this could mean a variety of things and requires additional follow up beyond the investigation.
 - For example, a business that is identified at a high rate may be offering routine testing of employees, so cases are identified timelier and at a higher rate than a business that does not offer testing to their employees. Or, a business who is identified often may have areas that could be improved to lessen risk to employees and patrons and identification of that risk allows for future exposure to be minimized.
- Identification of a business, event, or individual that the positive person was in contact with does not mean the person became infected from that encounter.

