



# COVID-19 RE-OPENING RESPONSE PLAN

*A targeted and aggressive response to  
COVID in communities most affected*





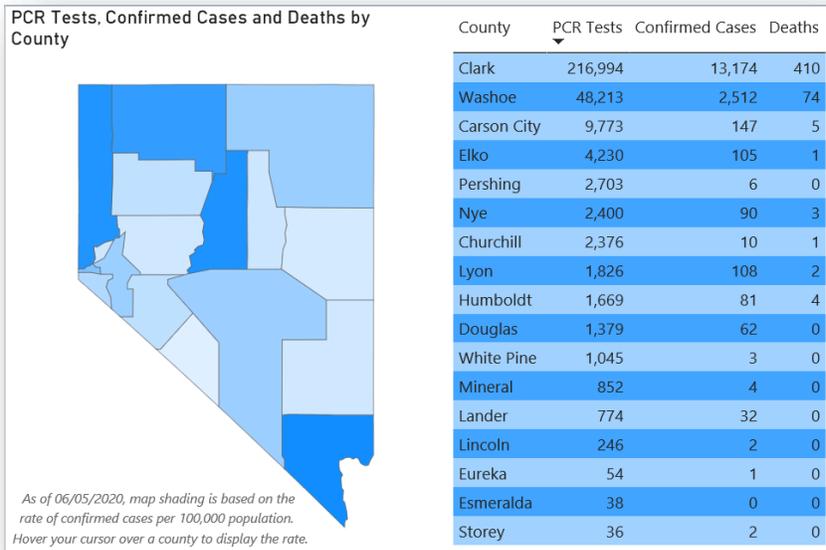
## Table of Contents

Background .....	2
Enforcement of Protective Measures .....	4
1. Social Distancing .....	4
2. Face Covering Requirements .....	4
3. Hand Hygiene.....	4
Enforcement and Outreach.....	5
Public Health Response .....	6
Increase Case Investigation Workforce .....	7
Maintain Contact Tracing Workforce .....	8



## Background

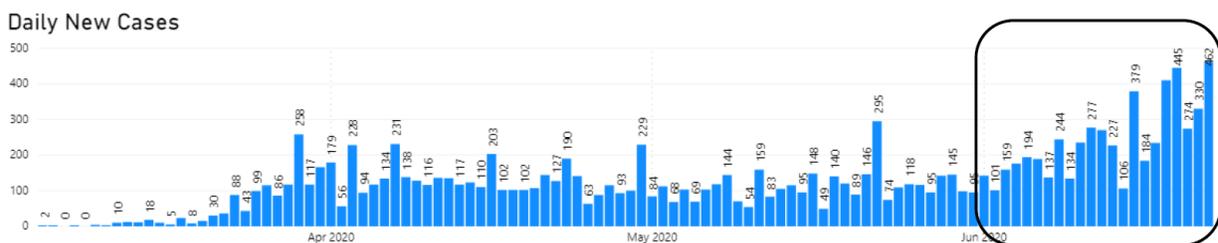
According to the early findings of the University of Nevada, Reno's (UNR) Genomics Center and the Nevada State Public Health Lab (NSPHL), the most common strain of COVID-19 in Nevada includes the mutation that originated in Europe. This mutation may make COVID more infectious, but less lethal than the strain originating from Wuhan, China, but research is ongoing. This European strain represents 75% of the samples analyzed by UNR/NSPHL.



With the anticipation of a case surge and increased close contacts with reopening, the public health infrastructure increased substantially to support case investigation and contact tracing statewide. As expected, cases began to increase a couple weeks after reopening and have continued to climb.

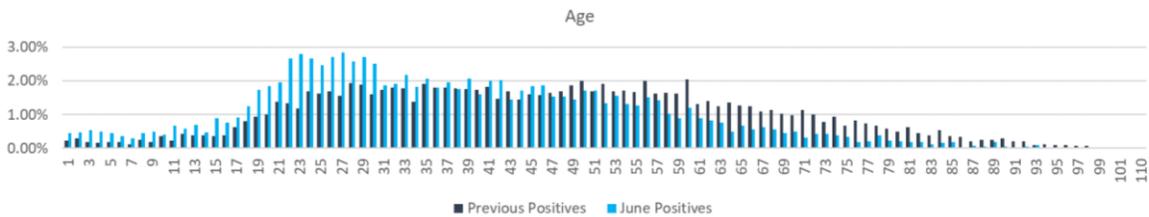
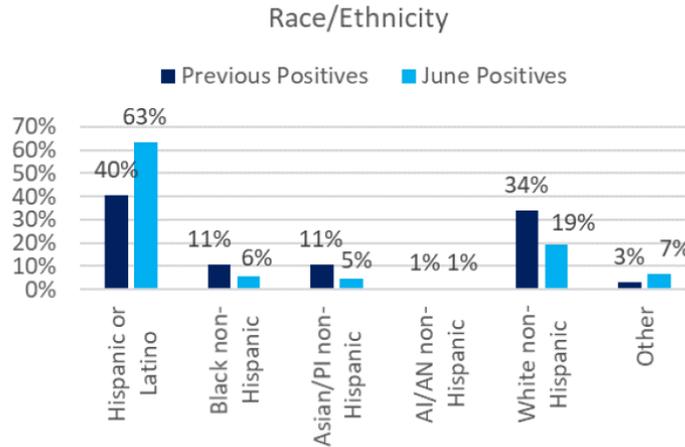
Since the beginning of June 2020, Nevada has observed increases to the number of daily new COVID-19 cases being identified throughout the state. As of June 22, 2020, daily new cases were growing at a rate of 2.6%, or 334 new cases per day. For comparison, the growth rate for the 7-day period ending May 31, 2020 was 1.4%, or 116 new cases per day. During the period from June 5 to June 22, 2020, Nevada also had an 18-day increasing trend in COVID-19 confirmed hospitalizations in Nevada, and the cumulative test positivity rate has started to increase, at about 5.6% as of June 22, 2020. These metrics, in combination, indicate a resurgence of COVID-19 in Nevada.

Confirmed positive cases identified in June have a significantly higher proportion who are of Hispanic ethnic origin, at 63% compared to 40% of confirmed positive cases identified prior to June. June positives have lower proportions who are Black non-Hispanic (6% compared to 11% of previous cases), Asian/Pacific Islander non-Hispanic (5% compared to 11% of previous cases), and White non-Hispanic (19% compared to 34% of previous cases). June positive confirmed COVID-19 cases were 52% female and 48% male. This is in line with previous confirmed positive cases.





The COVID-19 cases identified in June have a younger age distribution than expected when compared to previous cases identified in Nevada. Notice in the chart below, more individuals who were diagnosed with COVID-19 in June were under 30 years old (37% compared to 22% of previous cases), and less were over the age of 50 (24%, compared to 42% of previous cases).



On June 26, 2020, Nevada had a record number of newly diagnosed COVID-19 cases. Eighty-eight percent (88%) of these cases were reported in Clark County. There was an error on the date reported, as these cases should have been reported earlier in the week. Because data are still incomplete due to ongoing full case investigations, the data below represent a sample of these records (n = 361, or 37%). Fifty-three percent (53%) are female and 47% are male. The average age is 37 years old (median = 35). Just over 9.24% are under the age of 18; 30.25% are aged 18-29; 19.89% are aged 30-39; 16.25% are 40-49; just under 14.01% are aged 50-59; and 10.26% are aged 60 years and older. Due to the incomplete nature of these data as of June 27, 2020, race/ethnicity is currently only available on an even smaller subset. Race/ethnicity data shown below are extremely preliminary and will change as cases are investigated. Complete race/ethnicity will be a required field on all lab reports starting on August 1, 2020 based on federal requirements.

An important aspect of COVID-19 is that there is an inherent delay from the point of exposure to symptoms starting, specimen collection, laboratory testing to reporting to public health. By the time the public health authority learns of the case, one to two weeks or more may have elapsed since the initial exposure occurred. In this period of time, the case may have infected others. As well, the other contacts, if they contracted COVID, could have further spread the infection. The role of case investigation and contact tracing is imperative, but ultimately the effort needs to be directed at preventing spread



through implementation of community-wide protective measures. Once implemented, these protective measures may not show immediately in the reported data due to these delays in reporting.

In order to ensure cases plateau and the spread in the community is manageable until mass vaccination, the State of Nevada will be implementing a targeted and aggressive strategy starting on June 29, 2020 that couples increased enforcement of protective measures and outreach with greater public health response in the counties most affected by case increase. This effort will begin in Clark County and move to other affected areas of the state as needed. Clark County, Nevada's largest county, represents over 72% of the state population and almost the same portion (71.9%, 216,994/301,815) of the state's COVID-19 cases as of June 27, 2020.

### Enforcement of Protective Measures

There are three main protective measures, or risk reduction activities, that are known to reduce the spread of COVID-19.

1. **Social Distancing.** In order to ensure that Nevadans remained socially distanced through reopening, Governor Sisolak implemented guidelines related to ensure distancing:
  - a. Maintain at least SIX FEET OF SOCIAL DISTANCING per person for non-household members at all times.
  - b. PUBLIC & PRIVATE GATHERINGS are limited to 50 or fewer people at a given time.
  - c. Avoid SOCIALIZING in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing.

Additionally, industry-specific guidelines were provided to ensure that as businesses re-opened, social distancing through spacing between patrons and reduced occupancy requirements were implemented.

2. **Face Covering Requirements.** Phase 2 required the use of face covering for employees of each business reopening. There was also a recommendation of face covering for patrons, but not a requirement. On June 24, 2020, due to increased cases across Nevada, Governor Sisolak mandated face coverings in all settings, with few exceptions. The impact of this directive will take a few weeks to realize, as there is often a two-week delay between exposure to presentation of symptoms, specimen collection, laboratory reporting, and public health data analysis.



3. **Hand Hygiene.** In order to ensure that residents and visitors have regular access to hand hygiene options in community-based settings, the State of Nevada will be purchasing hand sanitizing stations. These stations will be placed in communities experiencing the highest rates of new COVID-19 cases statewide. This program will begin in Clark County and will increase to other communities as needed.



## Enforcement and Outreach

### *Businesses*

Enforcement of the protective measures is shared between local authorities and the Department of Business and Industry's Division of Industrial Relations (DIR) Occupational Safety and Health Administration (OSHA). Starting in July, enforcement efforts will increase exponentially. For businesses, OSHA will be starting a new campaign focused on immediate identification of infractions of the Governor's Directives and Industry Guidelines and individual closure of businesses as those infractions occur.

DIR will be doing the following:

1. Two call-in lines are available for the public to report businesses not following COVID-19 directives to OSHA: (702) 486-9020 and (775) 688-3700. These call-in lines will be promoted so Nevadans are easily able to help ensure enforcement in their communities.
  - a. DIR will redirect current staff to the call-in line to ensure a person is able to take complaints and understand the concerns of the complainant.
  - b. DIR will direct staff to onsite inspections of the complaints, as needed, based on the scope and severity of the complaint.
2. DIR will increase available staffing to ensure that regular and unannounced surveillance of businesses in communities with high rates of COVID-19 cases occur.
3. Department of Business and Industry will be working with businesses and chambers of commerce in both Clark County and Washoe County to direct prevention messages and offer free face coverings.
4. DIR will be developing public service announcements directed at businesses that may be most impacted by COVID-19.
5. Department of Business and Industry will continue to conduct their Business Segmento every Tuesday – Protección al Consumidor con Miriam Hickerson in partnership with the Latin Chamber. It is a live radio show on Cadena Radio ESPN1460am. The 10-minute Business Segmento focuses on personal protection equipment, social distancing, workplace cleaning and disinfecting. It takes place from 4:30-4:40pm. The campaign about best workplace practices under the new normal, as well as individual and group responsibility, has been running since April.



### Community Outreach

With the directive for face coverings among all residents and visitors, with few exceptions, the State of Nevada will be developing the COVID-19 Prevention Ambassador



Program. This program will utilize volunteers and paid staff in communities most highly affected by COVID-19. The State of Nevada will work with state and local workforce programs, as well as other outreach services and models (including a community health worker/promotores de salud model). The Ambassador Program is a street-outreach program developed to identify settings where the directives may not be met related to social distancing and face coverings in public settings. The Ambassadors will be trained to educate and encourage individuals to exercise protective measures by providing risk reduction kits that

include information on COVID, free face coverings, free hand sanitizer, and referrals for testing or social services, as needed. This program will begin in Clark County and will increase to other communities as needed.

Media, both traditional and social, are an integral part of outreach and education for our various communities. The Department of Health and Human Services' Division of Public and Behavioral Health (DPBH) is partnering with the Nevada Broadcaster's Association (NBA) to create public service announcements around face coverings and social distancing. The campaign will focus on normalizing these behaviors among target populations. NBA partners with statewide media outlets, including major media stations and targeted media, such as Telemundo.

Substantial media will also be used to outreach to disproportionately affected communities. This will be in concert with the Minority Health and Equity Coalition and the Nevada Office of Minority Health and Equity. This media will focus on COVID testing, face coverings, and social distancing, as well as vaccination in communities that traditionally have low vaccination rates.

### Public Health Response

The public health response for COVID-19 involves increased and sustained testing, identification of new cases, contacts to those cases, and analysis of the spread of infection by geographic and demographic factors. This data analysis supports targeted education and outreach for prevention and testing, and evaluation of those efforts. This data is also used to direct future reopening directives.

The State of Nevada developed three overarching goals for public health to serve as statewide benchmarks during the COVID-19 response. These goals dictate the staffing needed for each area of the state.

- At least 2% of Nevada's population will be tested for COVID-19 each month.
- 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.



As COVID-19 appears to affect each county in a unique way at different times, the DPBH is developing a system to allow staff trained in another county for case investigation to remotely support another county, should they have an immediate surge in cases. This flexibility in staffing is only realized through the current efforts of standardized training, processes, forms, and data collection systems.

In order to ensure that each case and contact identified can self-isolate or quarantine effectively, they will be connected to Nevada 211, Nevada's Division of Welfare and Supportive Services, and local social services to ensure wraparound services are provided. Those needs identified may range from health services for those who are uninsured or may need Medicaid, housing services, food services, or other such services.

### Increase Case Investigation Workforce

Case investigation is a fundamental aspect of COVID-19 response. Case investigation is centered around the immediate self-isolation of the case, discussion of close contacts, and completion of the Centers for Disease Control and Prevention (CDC) [Human Infection with 2019 Novel Coronavirus Case Report Form](#). In addition to the CDC form, Nevada has also added additional questions to each case interview related to occupation and details on mass gathering or social events.

Case investigation workforce for COVID-19 varies to meet the specific need of each jurisdiction. In rural or smaller urban regions of Nevada, this workforce comprises state and county health department staff, paid contractors, Nevada System of Higher Education faculty, staff, and students, CDC Foundation staff, and volunteers. This workforce can increase or decrease as needed to meet the needs of the community. The immediate need for additional case investigation staff in these communities has not been identified based on current case counts and trends. If this changes, staffing needs will be addressed.

Within Nevada's most two populous counties, Clark County and Washoe County, independent health districts are in place to oversee public health activities. In Clark County, the public health authority is the Southern Nevada Health District (SNHD), and in Washoe County, the Washoe County Health District (WCHD).

Washoe County has developed a workforce that supports both case investigation and contact tracing. This staffing model consist of local health district staff of various disciplines, National Guard, and Nevada System of Higher Education faculty, staff, and students. The WCHD is also developing more permanent staffing through the Epidemiology and Laboratory Capacity Program, funded by the CDC.

In Clark County, the case investigation has been conducted by local health district staff and staff from other county agencies and a volunteer workforce, which includes faculty, staff and students from the Nevada System of Higher Education. With the increase of cases throughout June, the following will occur starting on June 29, 2020:

1. The Nevada National Guard will be deploy 16 Guard on Monday, June 29, 2020 to support the case investigation efforts. The Guard will be deployed from June 29, 2020 through July 31, 2020. These Guard will provide needed case investigation support while more permanent staffing can be put in place.



- a. The SNHD will develop a two-part investigation of each case to ensure that cases are interviewed timely with a modified interview, then followed up later with a full investigation by SNHD or University of Nevada, Las Vegas (UNLV) case investigators.
2. UNLV, will hire 100 Full-Time Equivalent positions to support the SNHD. There will be at least 38 staff to start training the week of June 29<sup>th</sup>. The remaining staff will start as soon as possible thereafter. If needed, UNLV will hire more case investigators to support SNHD needs.
3. The SNHD will be developing more permanent staffing through the Epidemiology and Laboratory Capacity Program, funded by the CDC.

#### Maintain Contact Tracing Workforce

Nevada has contracted with Deloitte to provide staff and support contact tracing 12-hours per day, 7-days per week. These staff reach out to each close contact identified through case investigation. They provide information on quarantine requirements and daily follow-up through the quarantine period. If needed, the contact is provided connection to social service supports. If the contact becomes symptomatic, they will be encouraged to get tested for COVID-19.

This surge staff is available to any county for contact tracing. Additionally, Deloitte may provide case investigation services, if needed. Nevada is reviewing the need and proposal for this service.