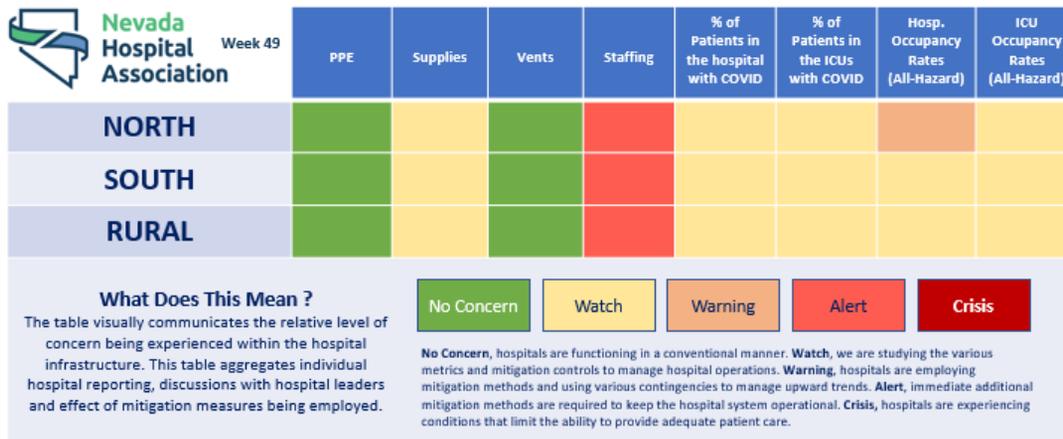


Weekly Wrap Up - Week 49

In this Issue: COVID-19 hospitalizations continue to decline in the north while remaining flat in the southern region. Omicron was named as a new variant of concern. Merck's new treatment has shown not to be as effective as originally touted. Nationwide preliminary injunction placed on the CMS vaccination rule.



Risk Table Highlights: The first appreciable change to Nevada's healthcare infrastructure is that the northern all-hazard ICU occupancy rates have been changed back to a watch category. In the northern region, COVID-19 patients account for approximately 9% of the hospital census, 7% of the ICU demand and, 5% of the ventilators in use. COVID-19 hospitalizations in the north continue to decline week over week. Statewide, COVID-19 hospitalizations account for 10% of the staffed bed count and 7% of the ventilators in use. The total number of COVID-19 hospitalizations in Nevada has leveled off in the range of 600-650. While this plateau is higher than the peak of the first wave's confirmed cases, hospitals have learned to better treat this disease, they have new therapies available, and are not experiencing PPE, supply, and ventilator shortages. This level of hospital demand is not currently stressing the healthcare system particularly with the absence of significant flu cases. Staffing remains at the alert level with 30% of all short-term acute care hospitals reporting staffing shortages. The shortage appears to be more pronounced in the southern region. The supply chain disruptions remain in watch status.

Reminder: The Nevada Hospital Association reminds Weekly Wrap Up readers, and those who contacted us during the holiday, that Weekly Wrap Up reports and M2 threat analysis reports can be accessed via the NHA portal (24/7/365) if you don't see them in your email. Threat information regarding Omicron was published the Friday after Thanksgiving. If you need access please contact COVID@nvha.net. This service is available to all hospitals, public health personnel, and partners who have a need.

County	COVID-19 Hospitalization Status	Confirmed Hospitalization 7-Day Moving Average 11/17/2021	Confirmed Hospitalization 7-Day Moving Average 11/30/2021
Carson City	Flat	26	21
Churchill	Flat	8	6
Clark	Flat	509	522
Douglas	Decreasing	6	2
Elko	Flat	4	5
Humboldt	Decreasing	2	1
Lander	Flat	0	1
Lincoln	None	0	0
Lyon	None	0	0
Mineral	Flat	2	0
Nye	Flat	6	5
Pershing	None	0	0
Washoe	Decreasing	100	68
White Pine	Flat	2	3

Clark County hospitalizations are essentially flat with some weekly variability. Washoe County continues to experience declining COVID-19 hospital demand. Lincoln, Lyon, and Mineral County's moving average remained at zero during this two-week period.

Omicron - new variant of concern. Nevada does not have any know cases of the omicron variant at this time. The cases reported worldwide remain very low, numbering in the 200-300 range, disbursed over approximately 19 countries. The NHA will continue to monitor the situation and make notifications as warranted. The state has been faced with this situation many times during our COVID-19 journey. Beta, Gamma, Delta, Mu, Lambda, AY 4.2 UK, and now Omicron have all been variants that raised concern among our healthcare workforce. It is important to focus on what matters most, protecting the hospital infrastructure from being overwhelmed and identifying mitigation strategies.

Merck's Oral COVID treatment narrowly passes the FDA's advisory panel with a 13 to 10 vote to recommend an Emergency Use Authorization (EUA) of molnupiravir. The drug will still need final authorization from the FDA and CDC before it can be made available to the public. The drug is reported as reducing hospitalizations or death, in patients at risk of severe disease, by up to 30%. Originally, proponents for this medication labeled it as "a game-changer" and said that it would be more than 50% effective in preventing hospitalizations.

CMS' vaccination rule was temporarily struck down yesterday (11/30/2021) in a second ruling. Two U.S. district courts have ruled that CMS does not have the authority to mandate workforce vaccines. These cases are expected to make it to the Supreme Court before any implementation or enforcement of these conditions of participation takes place.