



# Memorandum

**Date:** February 27, 2025

**To:** Southern Nevada District Board of Health

**From:** **Anilkumar Mangla, MS, PhD, MPH, FRIPH**, *Director of Disease Surveillance & Control*   
**Cassius Lockett, PhD**, *District Health Officer* 

**Subject:** Disease Surveillance & Control Division Monthly Activity Report – January 2025

## A. Division of Disease Surveillance and Control

### 1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

\*This section has been modified to reflect calendar year reporting instead of fiscal year reporting, effective February 2023. This change is in line with MMWR reporting.

|   | January 2024 | January 2025 |   | YTD 24 | YTD 25 |   |
|---|--------------|--------------|---|--------|--------|---|
| <b>Sexually Transmitted</b>   |              |              |   |        |        |   |
| Chlamydia   | 1059         | 850          | ↓ | 1059   | 850    | ↓ |
| Gonorrhea   | 476          | 358          | ↓ | 476    | 358    | ↓ |
| Primary Syphilis  | 15           | 3            | ↓ | 15     | 3      | ↓ |
| Secondary Syphilis  | 18           | 7            | ↓ | 18     | 7      | ↓ |
| Early Non-Primary, Non-Secondary <sup>1</sup>   | 45           | 13           | ↓ | 45     | 13     | → |
| Syphilis Unknown Duration or Late <sup>2</sup>  | 102          | 60           | ↓ | 102    | 60     | ↓ |
| Congenital Syphilis (presumptive)   | 3            | 3            | → | 3      | 3      | → |
| <b>Moms and Babies Surveillance<sup>3</sup></b>   |              |              |   |        |        |   |
| Pregnant Persons Living with HIV <sup>4</sup>   | 6            | 6            | → | 6      | 6      | → |
| Pregnant Syphilis Cases   | 9            | 4            | ↓ | 9      | 4      | ↓ |
| Perinatally Exposed to HIV  | 4            | 2            | ↓ | 4      | 2      | ↓ |
| <sup>1</sup> Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary<br><sup>2</sup> Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late<br><sup>3</sup> Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis.<br><sup>4</sup> The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County. |              |              |   |        |        |   |
| <b>Vaccine Preventable</b>  |              |              |   |        |        |   |

|   | January 2024 | January 2025 |   | YTD 24 | YTD 25 |   |
|---|--------------|--------------|---|--------|--------|---|
| Haemophilus influenzae, invasive disease      | 9            | 7            | ↓ | 9      | 7      | ↓ |
| Hepatitis A                                   | 1            | 0            | ↓ | 1      | 0      | ↓ |
| Hepatitis B, acute                            | 2            | 3            | ↑ | 2      | 3      | ↑ |
| Influenza                                     | 317          | 452          | ↑ | 317    | 452    | ↑ |
| Pertussis                                     | 14           | 0            | ↓ | 14     | 0      | ↓ |
| RSV   | 1119         | 925          | ↓ | 1119   | 925    | ↓ |
| <b>Enteric Illness</b>                        |              |              |   |        |        |   |
| Amebiasis                                     | 0            | 2            | ↑ | 0      | 2      | ↑ |
| Campylobacteriosis                            | 22           | 19           | ↓ | 22     | 19     | ↓ |
| Cryptosporidiosis                             | 3            | 1            | ↓ | 3      | 1      | ↓ |
| Giardiasis                                    | 4            | 5            | ↑ | 4      | 5      | ↑ |
| Rotavirus                                     | 3            | 10           | ↑ | 3      | 10     | ↑ |
| Salmonellosis                                 | 12           | 2            | ↓ | 12     | 2      | ↓ |
| Shiga toxin-producing Escherichia coli (STEC) | 10           | 2            | ↓ | 10     | 2      | ↓ |
| Shigellosis                                   | 19           | 1            | ↓ | 19     | 1      | ↓ |
| Yersiniosis                                   | 5            | 2            | ↓ | 5      | 2      | ↓ |
| <b>Other</b>                                  |              |              |   |        |        |   |
| Coccidioidomycosis                            | 23           | 14           | ↓ | 23     | 14     | ↓ |
| Hepatitis C, acute                            | 0            | 1            | ↑ | 0      | 1      | ↑ |
| Invasive Pneumococcal Disease                 | 39           | 36           | ↓ | 39     | 36     | ↓ |
| Lead Poisoning                                | 16           | 12           | ↓ | 16     | 12     | ↓ |
| Legionellosis                                 | 0            | 0            | → | 0      | 0      | → |
| Meningitis, aseptic                           | 3            | 0            | ↓ | 3      | 0      | ↓ |
| Meningitis, Bacterial Other                   | 0            | 1            | ↑ | 0      | 1      | ↑ |
| Streptococcal Toxic Shock Syndrome (STSS)     | 3            | 5            | ↑ | 3      | 5      | ↑ |
| New Active TB Cases Counted (<15 yo)          | 0            | 0            | → | 0      | 0      | → |
| New Active TB Cases Counted (>= 15 yo)        | 7            | 3            | ↓ | 7      | 3      | ↓ |

## 2. Number of Cases Investigated by ODS

| Monthly DIIS Investigations<br>CT/GC/Syphilis/HIV/TB | Contacts  | Clusters <sup>1</sup> | Reactors/<br>Symptomatic/<br>Xray <sup>2</sup> | OOJ/<br>FUP <sup>3</sup> |
|--|-----------|-----------------------|--|--------------------------|
| Chlamydia  | 8         | 0                     | 25   | 0                        |
| Gonorrhea  | 2         | 0                     | 13   | 0                        |
| Syphilis   | 14        | 4                     | 156  | 0                        |
| HIV/AIDS (New to Care/Returning to Care)             | 13        | 1                     | 117  | 0                        |
| Tuberculosis   | 15        | 0                     | 3  | 2                        |
| <b>TOTAL</b>   | <b>52</b> | <b>5</b>              | <b>314</b>                                     | <b>2</b>                 |

<sup>1</sup> Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

<sup>2</sup> Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms

<sup>3</sup> OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters  
Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

## 3. ACDC COVID-19 Activities

- a. ACDC is transitioning Covid public health response to align with state guidance and CDC recommendations. Universal case investigation has not been recommended by the CDC since 2022. Surveillance for Covid-19 will prioritize hospitalizations and deaths while maintaining ongoing laboratory surveillance and adjusting as needed per the NVDPBH requirements.

#### 4. Disease and Outbreak Investigations

- a. **Mpox:** As of February 3, 2025, Clark County had 322 cases of mpox.
- b. **Gastrointestinal illness at a school:** On 1/8/25, ACDC was notified by a charter school of a suspected illness outbreak reporting several children from a single class with vomiting. Upon further investigation it was determined that there was only 1 child with an emetic event, and it rapidly resolved. This investigation was closed with a determination that there was no outbreak.
- c. **Gastrointestinal illness at a school:** On 1/10/25, ACDC was notified by CCSD of a suspect outbreak at an elementary school. The initial report included 26 kids with abdominal pain, vomiting and diarrhea. 25 families of the children were interviewed with ACDC only identifying 1 probable case that matched the reported symptoms. The rest of the children were absent for various other reasons. This investigation was closed as not an outbreak.
- d. **Gastrointestinal illness at a school:** On 1/22/25, ACDC was notified by CCSD of a suspect outbreak at an elementary school. Initially 6 children were reported ill, 2 of which were siblings and had tested positive for Norovirus according to the parent. EH conducted a site visit and provided mitigation recommendations. An additional 30 children were reported who were absent. On 1/31, a new report was received with 19 new reported absences. ACDC is working closing the Epidemiology team and EH. This investigation is ongoing.
- e. **Gastrointestinal illness at a school:** On 1/24/25, ACDC was notified by CCSD of several ill students and staff at an elementary school. The initial report included 23 ill. ACDC teams partnered with OIE and EH. All reported ill people have had interviews completed or attempted with no additional illness reported in the last 5 days. This investigation is ongoing, and a final report is pending.
- f. **Influenza:** SNHD started the influenza surveillance for the 2024-2025 season on September 29, 2024. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, seasonal influenza activity remains elevated and continues to increase across the country. Statewide, outpatient respiratory illness activity in Nevada is high. Locally, as of 1/25/2025, for the 2024 - 2025 influenza season, 1135 influenza-associated hospitalizations and 40 deaths associated with influenza were reported and processed. The total number of cases presented in this report is subject to changes due to possible delays in reporting and processing. Influenza A has been the dominant type circulating. As of February 5, 2025, there have been 67 confirmed reported human cases of H5 bird flu, and 1 death associated with H5N1 bird flu infection in the United States. Although H5 influenza was detected in the wastewater surveillance in Clark County, there have not been any confirmed H5 influenza cases locally. The public health risk of H5 influenza is currently considered low. The influenza surveillance will continue through 5/17/2025.

#### 5. Non-communicable Reports and Updates

- a. Naloxone Training: SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone training and distributions took place in the month of January:

| <b>Naloxone Distribution</b> | <b>Agency</b>                                     | <b># of Naloxone doses distributed</b> |
|------------------------------|---|--|
| 1/1/2025                     | Shine a Light                                     | 1500                                   |
| 1/1/2025                     | Valley View Community Cares                       | 804                                    |
| 1/1/2025                     | City of Henderson                                 | 1008                                   |
| 1/9/2025                     | SNHD - L2A  | 792                                    |
| 1/9/2025                     | SNHD - Pharmacy Decatur                           | 240                                    |
| 1/9/2025                     | Naphcare  | 480                                    |
| 1/9/2025                     | MGM Resorts                                       | 120                                    |
| 1/9/2025                     | The Salvation Army                                | 312                                    |
| 1/9/2025                     | The Center  | 960                                    |
| 1/9/2025                     | Resorts World                                     | 96                                     |
| 1/15/2025                    | Hilton Grand Vacations Elara                      | 72                                     |
| 1/15/2025                    | Las Vegas Fire and Rescue                         | 216                                    |
| 1/15/2025                    | Bartender Supply                                  | 72                                     |
| 1/22/2025                    | Clark County Library District                     | 168                                    |
| 1/22/2025                    | Caesars Entertainment                             | 216                                    |
| 1/22/2025                    | Las Vegas Convention and Visitors Authority       | 72                                     |
| 1/22/2025                    | Fifth Sun Project                                 | 120                                    |
| 1/22/2025                    | Puentes   | 72                                     |
| 1/23/2025                    | City of Las Vegas Department of Public Safety     | 72                                     |
| 1/23/2025                    | The Moorish Science Temple of America, Inc. BT#57 | 240                                    |
| <b>Total</b>                 |   | <b>7,632</b>                           |

- b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl (FTS) and Xylazine (XTS) Test Strip Program.

The following participating agencies and internal SNHD programs received FTS and XTS during the month of January:

| <b>FTS Distribution</b> |          |     |
|-------------------------|----------|-----|
| 1/09/2025               | SNHD ODS | 800 |

|                   |                                |                     |
|-------------------|--------------------------------|---------------------|
| 1/09/2025         | The Center                     | 800                 |
| 1/15/2025         | SNHD ODS Health Education      | 300                 |
| 1/15/2025         | Valley View Community Cares    | 2400                |
| 1/15/2025         | SNHD Clinics                   | 600                 |
| 1/15/2025         | Bartender Supply               | 200                 |
| 1/15/2025         | Comprehensive Treatment Center | 300                 |
| 1/15/2025         | Happy Camper Overdose Response | 1000                |
| 1/29/2025         | SNHD Linkage to Action Team    | 1100                |
| 1/29/2025         | SNHD ODS                       | 200                 |
| 1/29/2025         | Aid for AIDS Nevada            | 300                 |
| 1/29/2025         | Adelson Clinic                 | 300                 |
| <b>Total FTS:</b> |                                | <b>8,300 Strips</b> |

| <b>XTS Distribution</b> |                                |                     |
|-------------------------|--------------------------------|---------------------|
| 1/09/2025               | SNHD ODS                       | 100 Strips          |
| 1/09/2025               | The Center                     | 800 Strips          |
| 1/15/2025               | SNHD ODS Health Education      | 400 Strips          |
| 1/15/2025               | Valley View Community Cares    | 2400 Strips         |
| 1/15/2025               | Comprehensive Treatment Center | 300 Strips          |
| 1/15/2025               | Happy Camper Overdose Response | 1000 Strips         |
| 1/15/2025               | SNHD Clinics                   | 300 Strips          |
| 1/29/2025               | Aid for AIDS Nevada            | 300 Strips          |
| 1/29/2025               | The Promise                    | 600 Strips          |
| 1/29/2025               | Adelson Clinic                 | 300 Strips          |
| 1/30/2025               | SNHD ODS Health Education      | 100 Strips          |
| <b>Total XTS:</b>       |                                | <b>6,600 Strips</b> |

## 6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion continues of the [Collect2Protect](#) (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, Sagebrush Health, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community. Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.
- b. ODS continues to collaborate with community partners to participate at various outreach events. Due to MTU repairs and the holiday season we did not perform any outreaches in January. We look forward to continuing operations in February. Our

continued collaboration and presence at events like these in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic.

- c. Distribution is ongoing - TB Surveillance developed a laminated flyer titled “Is it TB?” The content includes messaging that encourages providers to “think TB” when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training: <https://p.constantcontactpages.com/su/p26ucWo/TBRRegistration>

**B. High Impact HIV/STD/Hepatitis Screening Sites**

- 1. Testing is currently offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness Clinic locations on Monday, Wednesday, and Friday, and on their MTU.

| Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts |             |            |          |             |            |          |
|--|-------------|------------|----------|-------------|------------|----------|
| Prevention - SNHD HIV Testing  | Jan-24      | Jan-25     |          | YTD 24      | YTD 25     |          |
| Outreach/Targeted Testing  | 1030        | 422        | ↓        | 1030        | 422        | ↓        |
| Clinic Screening (SHC/FPC/TB)  | 786         | 138        | ↓        | 786         | 138        | ↓        |
| Outreach Screening (Jails)   | 257         | 223        | ↓        | 257         | 223        | ↓        |
| Collect2 Protect   | 10          | 3          | ↓        | 10          | 3          | ↓        |
| <b>TOTAL</b>   | <b>2083</b> | <b>786</b> | <b>↓</b> | <b>2083</b> | <b>786</b> | <b>↓</b> |
| Outreach/Targeted Testing POSITIVE                                       | 2           | 0          | ↓        | 2           | 0          | ↓        |
| Clinic Screening (SHC/FPC/TB) POSITIVE                                   | 1           | 0          | ↓        | 1           | 0          | ↓        |
| Outreach Screening (Jails, SAPTA) POSITIVE                               | 0           | 0          | →        | 0           | 0          | →        |
| Collect2 Protect POSITIVE  | 0           | 0          | →        | 0           | 0          | →        |
| <b>TOTAL POSITIVES</b>   | <b>3</b>    | <b>0</b>   | <b>↓</b> | <b>3</b>    | <b>0</b>   | <b>↓</b> |

**C. Office of Informatics and Epidemiology (OIE)**

**1. EpiTrax and Data Warehouse**

- a. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and troubleshoot issues, and resolve them as they arise. Provide ongoing user account support. Updated previous 69 STD cases with new case detection question, new enteric form; hypothesis generating questionnaire - completed sections 1-12, reviewed eHARS fields section not showing up when staff promote a case.
- b. Continue to update and enhance data warehouse: finalize lab variable export data for NV State, updates to events tables to indicate if event is associated with any inpatient visit, vaccination information from form questions for epidemiologist data requests.
- c. Pentaho report updates: RSV/COVID counts by age group and MMWR, Influenza counts by age group and MMWR for format standardization, Influenza QA Report to identify cases without labs.
- d. Conduct daily task and issue reviews with the Informatics team and hold weekly reviews with the Epidemiology and Surveillance teams, as well as EpiTrax end users. Continue managing tasks in Microsoft Teams to ensure timely completion. To date, 462 tasks have been completed, with 72 tasks remaining.
- e. Continued supporting script for monthly deletion of duplicate patients, troubleshooting cases in which a duplicate patient had an address that is used on its non-duplicate counterpart.

## **2. Electronic Message Staging Area (EMSA)**

- a. Continue to work on EMSA2, including mapping new codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors, update new Hepatitis B case classification logic, improve eCR process throughput to allow parallel processing multiple eCR messages
- b. Conduct regular sessions to review message exceptions.
- c. Continue processing eCRs from HCA Southern Hills, Mountain View, and Intermountain Healthcare Inc in EMSA with ongoing mapping of exceptions for incoming messages.

## **3. Dashboard**

- a. ArcGIS dashboard: Covid ETL Troubleshooting, RSV/Flu data source generations, Wastewater Concentration visualizations
- b. COVID R Shiny Dashboard troubleshooting display layout error
- c. Continue working on Poison Control Center Data dashboard in Power BI platform
- d. Develop eCW finance reports using Power BI platform

## **4. Southern Nevada Public Health Laboratory (SNPHL)**

- a. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
- b. Implemented susceptibility testing for Microbiology Dept.
- c. Continue SNPHL data warehouse cleanup and maintenance.
- d. Implemented Result processing rules for Virology Dept. Continue expanding the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners. Onboarding is planned for Valley Hospital, the Office of Disease Surveillance (ODS), and Environmental Health. Implemented a new instrument (Alinity) and interfaced it with the Laboratory Information System (LIS). Built several new orderables for this new testing.
- e. Built reports/data extracts for various data requests.

## **5. Electronic Health Record (EHR) System**

- a. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
- b. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR); collaborate with NV HIE and eCW on eCR and FHIR implementation.
- c. Continue adopting Azara, the data warehouse and analytics platform. Prepare for (UDS+) and Family Planning Annual Reports (FPAR) submissions.
- d. Preparations for Ryan White Services Report (RSR) submission.
- e. Data Submissions for Annual (2024) and Q4 2024 for the Healthy Start Grant. Behavioral Health Module Build/Implementation.
- f. Sexual Health Outreach and Prevention Programs (SHOPP) Ending the HIV Epidemic (EHE) questions added to eCW and planning for report/data submission to CDC.
- g. Working with Finance to optimize claims monitoring and reporting by utilizing the Datawarehouse.
- h. Generate and review monthly reports for FQHC and Primary Care Center.
- i. Troubleshooting referral issues to the Smoking Quitline.
- j. Exploring a new system for Direct Observed Therapy (DOT) and integrating it with the Electronic Health Record.

## **6. Clark County Coroner's Office (CCCO)**

- a. Continue to provide support to CCCO on new CME implementation, testing, data requests, and reports. Providing post go-live support.
- b. Fulfill internal and external data requests using aggregated death data.

- c. Provide reports and media requests for various agencies. (Several End of Year Data submissions)
- d. Exploring automation processes for data exchange with National Violent Death Registration System (NVDRS).
- e. Participating in FHIR specification development with the Georgia Tech Research Institute (GTRI). Initiated flat file testing.
- f. Working with the vendor to implement end user requests/enhancements.
- g. Dataset for UNLV Pathologist 2004-2023, searching for 'Doe' cases identified longer than one year after death.
- h. Explore Smarty geocoding/address validation interface for integration into Census API code to increase success rate.

#### **7. API Server**

- a. Continue to review extraction of necessary data process from HIE API response for PILLARS project.

#### **8. Data Modernization Initiative (DMI)**

- a. Continue to work with the State on DMI project.
- b. Continue to work with NV HIE on TEFCA and FHIR projects.
- c. eCR project: Continue UMC/HCA/Intermountain Healthcare Inc error except handling and mapping new codes.
- d. Continue working with AWS with a pilot project using AI with eCR message to extract important information
- e. MMG Genv2 fully automated
- f. Start MMG Genv2 'Hospitalized' QA review discussion
- g. MMG TB/LTBI feedback received and continue reviewing

#### **9. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)**

- a. Continue to maintain and enhance syndromic surveillance system for new providers and future support.
- b. A new syndromic surveillance feed was set up for a new hospital (West Henderson Hospital).

#### **10. Grant Updates**

- a. Complete ELC monthly grant reports.
- b. Complete PHEP grant quarterly progress report.
- c. Complete COVID health disparity grant quarterly progress reports.
- d. Work with PACT Coalition on a new Partnerships for Success (SPF-PFS) grant award.

#### **11. Contracts**

- a. Interlocal SUIDB\_24 contract pending signature
- b. Contract of Master Patient Index application awaiting program response

#### **D. Staff Facilitated/Attended the following Trainings/Presentations**

1. 01/03/2025: Facilitated the Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as the current Chair; ~46 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
2. 01/07/2025: Facilitated PHVM technical assistance session with Georgia; 2 attendees, 1 SNHD attendee.
3. 01/08/2025-01/09/2025: Facilitated Empower Change Rapid HIV Testing Training; 9 people in attendance; 5 ODS Staff attendees.
4. 01/13/2025: Facilitated SNSMOPS Planning Committee meeting; 6 people in attendance; 3 ODS staff in attendance.



5. 01/14/2025: Attended Child Mental Health Action Coalition meeting as public health representative; ~40 people in attendance; 2 SNHD ODS staff attendees.
6. 01/14/2025: Facilitated Harm Reduction Test Strip Training; 12 people in attendance; 1 SNHD staff in attendance.
7. 01/15/2025: Facilitated and attended Southern Nevada HIV Prevention Planning Group Meeting; 30 people in attendance; 4 ODS Staff attendees.
8. 01/15/2025: Facilitated Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; 16 people in attendance from multiple agencies; 2 SNHD ODS staff attendee.
9. 01/16/2025: Attended Psychological First Aid; 1 Public Health Informatics Scientist in attendance.
10. 01/23/2025: Facilitated Harm Reduction Training for NOCE peer educators; 23 people in attendance; 1 ODS staff in attendance.
11. 01/23/2025: Presented on CredibleMind at the Dignity Health WIC staff meeting; 25 people in attendance; 1 SNHD ODS staff attendee.
12. 01/28/2025: Facilitated Harm Reduction 101 training; 23 people in attendance; 2 ODS staff in attendance.
13. 01/29/2025: Attended Las Vegas TGA Part A (Ryan White Part A) Planning Council Meeting as SNHD representative; 32 people in attendance; 2 ODS Health Educator attendees.

#### **E. Other Projects**

1. Continue collaborating with the CDC to implement the TEFCA early demonstration project.
2. Maintain and enhance the iCircle web application, including user account support, site maintenance, and data corrections and updates. Completed iCircle Rapid Syphilis for CHEMBIO for ODS to review in test site
3. Review manuscripts from the UNLV Base Model project.
4. Assist the Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
5. Maintain the NHA Data Webservice Script.
6. Collaborate on the Community Status Assessment and Community Context Assessment (CHA) project with NICRP.
7. Working with Rocky Mountain Poison Control to re-establish the data feed from their new system.
8. Set up eCW finance data export process to our data warehouse
9. Working with Epi and ACDC to plan for modernizing the FBI process
10. Completed initial FBI QI charter pending review
11. Explore Wastewater Concentration visualizations
12. Complete NV State GEPI 2024 data request.

#### **F. OIE Reports**

- 1. The following FQHC/Clinical reports were completed and submitted**
  - a. Focus Quarterly reports
  - b. Medicaid Visit report for FQHC
  - c. SNHD IUD CPT Report
  - d. SHOPP Bicillin and Syphilis Reports
  - e. SHC Neurosyphilis Referral Report
  - f. CQM report for sixth submission
  - g. Vaccine reports for final DART (HPV vaccine learning collaborative project)
  - h. SHC Syphilis Referral Reason Report
  - i. RSR validation report and data clean up
  - j. FPNV Quarterly Reports
  - k. Wrap Report revised for finance
  - l. UDS Azara reports
  - m. EBO sftp Lab Result export
  - n. UDS PRAPARE Encounter Report

- o. UDS Table 5 Supplementary Encounter Report

## **2. Epidemiology Reports**

- a. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables.
- b. Monthly - Drug Overdose Report – External
- c. Monthly - BOH report
- d. Monthly and quarterly disease statistics
- e. Weekly Mpox case and vaccination report
- f. Ongoing monthly and quarterly reports for FOCUS HIV grant project
- g. Monthly NVDRS, SUDORS and NCLPP reports
- h. Outreach site HIV testing stats-weekly
- i. EPT report- weekly

## **3. Other Project Updates - OIE**

- a. Daily, weekly, and monthly SNPHL reports and upkeep
- b. State NETSS weekly/YTD report
- c. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
- d. CSTE/CDC Forecasting Workgroup calls
- e. CDC Frontline Tools workgroup calls
- f. SNHD Health Equity Report - working on updates for 2025 SNHD COVID-19 Health Disparity grant quarterly progress report.
- g. Monthly and quarterly report from UNLV regarding COVID-19 Health Disparity Assessment and Healthcare Equity Modeling project. Epi staff have reviewed 4 manuscripts for possible publication from these analyses. Additionally, one abstract was reviewed and submitted to the Council of State and Territorial Epidemiologists Annual Meeting.
- h. 47 RCKMS authoring updated and timeboxing training
- i. eCW lab CAREWare upload
- j. Azara Unmapped Visit Types issue
- k. 2 of 4 manuscripts have been accepted for publication by "Children" and the "Nevada Journal of Public Health." One is still under review by the journal for publication and one is currently being revised by the UNLV analytic team.
- l. Phase one of the Health and Equity Dashboard is live and on the [healthysouthernnevada.org](http://healthysouthernnevada.org) website.

## **G. Disease Statistics**

- 1. Communicable Disease Statistics: December 2024 and Quarter 4 2024 disease statistics are below. Please note that these data are retrieved as of January 30, 2025. (see Table 1 and Table 2 below)

Table 1 Monthly Communicable Disease Statistics (December 2024)

| Disease   | 2022     |         | 2023     |        | 2024     |        |
|---|----------|---------|----------|--------|----------|--------|
|   | December | YTD     | December | YTD    | December | YTD    |
| <b>VACCINE PREVENTABLE</b>                              |          |         |          |        |          |        |
| COVID-19  | 8,816    | 265,553 | 3,633    | 32,413 | 916      | 18,500 |
| Haemophilus influenzae, invasive                        | 4        | 24      | 4        | 31     | 2        | 43     |
| Hepatitis A   | 0        | 7       | 2        | 8      | 0        | 9      |
| Hepatitis B, acute                                      | 0        | 20      | 5        | 33     | 0        | 39     |
| Hepatitis B, chronic                                    | 77       | 799     | 114      | 1,422  | 83       | 1,061  |
| Influenza   | 486      | 1,263   | 607      | 1,040  | 562      | 1,465  |
| Meningococcal disease ( <i>N. meningitidis</i> )        | 0        | 0       | 0        | 2      | 0        | 2      |
| Monkeypox   | 5        | 293     | 1        | 17     | 1        | 12     |
| Mumps   | 0        | 1       | 0        | 0      | 0        | 3      |
| Pertussis   | 0        | 80      | 14       | 59     | 3        | 56     |
| RSV   | 1,093    | 6,170   | 1,596    | 3,224  | 1,296    | 3,696  |
| <b>SEXUALLY TRANSMITTED</b>                             |          |         |          |        |          |        |
| Chlamydia   | 1,264    | 12,828  | 1,044    | 12,562 | 870      | 11,898 |
| Gonorrhea   | 600      | 6,412   | 478      | 5,763  | 393      | 5,109  |
| HIV   | 23       | 466     | 31       | 488    | 20       | 525    |
| Stage 3 HIV (AIDS)                                      | 9        | 176     | 11       | 169    | 7        | 154    |
| Syphilis (Early non-primary, non-secondary)             | 84       | 730     | 55       | 628    | 31       | 554    |
| Syphilis (Primary & Secondary)                          | 47       | 715     | 38       | 554    | 20       | 368    |
| <b>CONGENITAL CONDITIONS</b>                            |          |         |          |        |          |        |
| Hepatitis C, Perinatal Infection                        | 0        | 0       | 0        | 1      | 0        | 3      |
| Congenital Syphilis                                     | 7        | 50      | 4        | 52     | 5        | 35     |
| <b>ENTERICS</b>   |          |         |          |        |          |        |
| Amebiasis   | 0        | 1       | 0        | 4      | 0        | 6      |
| Campylobacteriosis                                      | 7        | 132     | 9        | 193    | 13       | 203    |
| Cryptosporidiosis                                       | 5        | 18      | 0        | 12     | 2        | 34     |
| Giardiasis  | 3        | 46      | 5        | 74     | 6        | 62     |
| Rotavirus   | 3        | 133     | 2        | 109    | 5        | 128    |
| Salmonellosis   | 11       | 157     | 11       | 211    | 20       | 175    |
| Shiga toxin-producing <i>E. coli</i> (STEC)             | 7        | 72      | 3        | 59     | 7        | 91     |
| Shigellosis   | 6        | 75      | 5        | 88     | 5        | 137    |
| Vibriosis (Non-cholera <i>Vibrio</i> species infection) | 0        | 7       | 0        | 6      | 0        | 13     |
| Yersiniosis   | 1        | 9       | 0        | 16     | 3        | 41     |
| <b>OTHER</b>  |          |         |          |        |          |        |
| Brucellosis   | 0        | 1       | 0        | 0      | 0        | 0      |
| Coccidioidomycosis                                      | 20       | 163     | 30       | 284    | 18       | 263    |
| Exposure, Chemical or Biological                        | 0        | 9       | 1        | 2      | 0        | 4      |
| Hepatitis C, acute                                      | 1        | 4       | 0        | 5      | 0        | 10     |
| Hepatitis C, chronic                                    | 189      | 2,910   | 123      | 2,333  | 113      | 1,583  |
| Invasive Pneumococcal Disease                           | 45       | 220     | 39       | 225    | 39       | 252    |
| Lead Poisoning  | 14       | 138     | 3        | 164    | 13       | 184    |
| Legionellosis   | 2        | 27      | 3        | 32     | 2        | 33     |
| Listeriosis   | 0        | 4       | 1        | 2      | 0        | 5      |
| Lyme Disease  | 0        | 9       | 0        | 9      | 0        | 8      |
| Malaria   | 0        | 7       | 0        | 7      | 1        | 8      |
| Meningitis, Aseptic                                     | 0        | 33      | 0        | 32     | 0        | 29     |
| Meningitis, Bacterial Other                             | 0        | 10      | 2        | 14     | 0        | 4      |
| Meningitis, Fungal                                      | 0        | 5       | 0        | 0      | 0        | 3      |
| Q Fever, acute  | 0        | 0       | 0        | 1      | 0        | 0      |
| Rabies, exposure to a rabies susceptible animal         | 29       | 327     | 27       | 353    | 46       | 369    |
| Spotted Fever Rickettsiosis                             | 0        | 1       | 0        | 0      | 0        | 2      |
| Streptococcal Toxic Shock Syndrome (STSS)               | 2        | 10      | 3        | 37     | 3        | 34     |
| Tuberculosis (Active)                                   | 0        | 51      | 5        | 76     | 2        | 66     |
| West Nile virus neuroinvasive disease                   | 0        | 0       | 0        | 2      | 0        | 14     |

\*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions.

~Diseases not reported in the past two years or during the current reporting period are not included in this report.

~~Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

Table 2 Quarterly Communicable Disease Statistics (Quarter 4 2024)

| Disease   | 2022   |         | 2023  |        | 2024  |        | Rate (Cases per 100,000 per quarter) |              | Quarter Rate Comparison           |
|---|--------|---------|-------|--------|-------|--------|--------------------------------------|--------------|-----------------------------------|
|   | Qtr 4  | YTD     | Qtr 4 | YTD    | Qtr 4 | YTD    | Qtr 4 (2019-2023 aggregated)         | Qtr 4 (2024) | Change b/t current & past 5-year? |
| <b>VACCINE PREVENTABLE</b>                              |        |         |       |        |       |        |                                      |              |                                   |
| COVID-19  | 24,813 | 265,553 | 8,781 | 32,413 | 2,930 | 18,500 | 955.15                               | 39.77        | ↓X                                |
| Haemophilus influenzae, invasive                        | 9      | 24      | 6     | 31     | 7     | 43     | 0.13                                 | .            | -                                 |
| Hepatitis A   | 1      | 7       | 2     | 8      | 1     | 9      | 0.06                                 | .            | -                                 |
| Hepatitis B, acute                                      | 3      | 20      | 9     | 33     | 7     | 39     | 0.09                                 | .            | -                                 |
| Hepatitis B, chronic                                    | 189    | 799     | 366   | 1,422  | 235   | 1,061  | 4.07                                 | 3.19         | ↓X                                |
| Influenza   | 786    | 1,263   | 823   | 1,040  | 744   | 1,465  | 9.69                                 | 10.10        | ↑                                 |
| Influenza-associated pediatric mortality                | 0      | 0       | 0     | 0      | 0     | 2      | .                                    | .            | -                                 |
| Meningococcal disease ( <i>N. meningitidis</i> )        | 0      | 0       | 0     | 2      | 0     | 2      | .                                    | .            | -                                 |
| Monkeypox   | 30     | 293     | 13    | 17     | 4     | 12     | 0.18                                 | .            | -                                 |
| Mumps   | 0      | 1       | 0     | 0      | 0     | 3      | .                                    | .            | -                                 |
| Pertussis   | 17     | 80      | 32    | 59     | 12    | 56     | 0.29                                 | 0.16         | ↓                                 |
| RSV   | 5,019  | 6,170   | 2,462 | 3,224  | 1,731 | 3,696  | 43.02                                | 23.50        | ↓X                                |
| <b>SEXUALLY TRANSMITTED</b>                             |        |         |       |        |       |        |                                      |              |                                   |
| Chlamydia   | 3,238  | 12,828  | 3,068 | 12,562 | 2,771 | 11,898 | 68.35                                | 37.61        | ↓X                                |
| Gonorrhea   | 1,635  | 6,412   | 1,511 | 5,763  | 1,187 | 5,109  | 33.64                                | 16.11        | ↓X                                |
| HIV   | 106    | 441     | 109   | 488    | 90    | 525    | 1.78                                 | 1.22         | ↓X                                |
| Stage 3 HIV (AIDS)                                      | 35     | 150     | 50    | 169    | 34    | 135    | 0.75                                 | 0.46         | ↓X                                |
| Syphilis (Early non-primary, non-secondary)             | 239    | 730     | 154   | 628    | 113   | 554    | 3.21                                 | 1.53         | ↓X                                |
| Syphilis (Primary, Secondary)                           | 159    | 715     | 109   | 554    | 56    | 368    | 3.20                                 | 0.76         | ↓X                                |
| <b>CONGENITAL CONDITIONS</b>                            |        |         |       |        |       |        |                                      |              |                                   |
| Hepatitis C, Perinatal Infection                        | 0      | 0       | 0     | 1      | 0     | 3      | .                                    | .            | -                                 |
| Congenital Syphilis                                     | 14     | 50      | 10    | 52     | 7     | 35     | 51.50                                | .            | -                                 |
| <b>ENTERICS</b>   |        |         |       |        |       |        |                                      |              |                                   |
| Amebiasis   | 0      | 1       | 0     | 4      | 2     | 6      | .                                    | .            | -                                 |
| Campylobacteriosis                                      | 37     | 132     | 48    | 193    | 35    | 203    | 0.79                                 | 0.48         | ↓X                                |
| Cryptosporidiosis                                       | 6      | 18      | 2     | 12     | 12    | 34     | 0.08                                 | 0.16         | ↑                                 |
| Giardiasis  | 10     | 46      | 18    | 74     | 13    | 62     | 0.24                                 | 0.18         | ↓                                 |
| Rotavirus   | 7      | 133     | 8     | 109    | 12    | 128    | 0.16                                 | 0.16         | No Change                         |
| Salmonellosis   | 35     | 157     | 51    | 211    | 45    | 175    | 0.71                                 | 0.61         | ↓                                 |
| Shiga toxin-producing <i>E. coli</i> (STEC)             | 18     | 72      | 17    | 59     | 19    | 91     | 0.25                                 | 0.26         | ↑                                 |
| Shigellosis   | 21     | 75      | 27    | 88     | 21    | 137    | 0.46                                 | 0.29         | ↓                                 |
| Vibriosis (Non-cholera <i>Vibrio</i> species infection) | 2      | 7       | 2     | 6      | 0     | 13     | .                                    | .            | -                                 |
| Yersiniosis   | 2      | 9       | 4     | 16     | 13    | 41     | 0.06                                 | 0.18         | ↑                                 |
| <b>OTHER</b>  |        |         |       |        |       |        |                                      |              |                                   |
| Coccidioidomycosis                                      | 53     | 163     | 82    | 284    | 75    | 263    | 1.08                                 | 1.02         | ↓                                 |
| Encephalitis  | 1      | 14      | 0     | 0      | 0     | 1      | .                                    | .            | -                                 |
| Exposure, Chemical or Biological                        | 0      | 9       | 1     | 2      | 0     | 4      | .                                    | .            | -                                 |
| Hepatitis C, acute                                      | 2      | 4       | 2     | 5      | 0     | 10     | 0.05                                 | .            | -                                 |
| Hepatitis C, chronic                                    | 613    | 2,910   | 379   | 2,333  | 347   | 1,583  | 15.78                                | 4.71         | ↓X                                |
| Invasive Pneumococcal Disease                           | 94     | 220     | 75    | 225    | 71    | 252    | 1.35                                 | 0.96         | ↓X                                |
| Lead Poisoning  | 41     | 138     | 40    | 164    | 50    | 184    | 0.62                                 | 0.68         | ↑                                 |
| Legionellosis   | 5      | 27      | 4     | 32     | 7     | 33     | 0.11                                 | .            | -                                 |
| Listeriosis   | 1      | 4       | 2     | 2      | 0     | 5      | .                                    | .            | -                                 |
| Lyme Disease  | 3      | 9       | 2     | 9      | 0     | 8      | .                                    | .            | -                                 |
| Malaria   | 0      | 7       | 0     | 7      | 4     | 8      | .                                    | .            | -                                 |
| Meningitis, Aseptic                                     | 8      | 33      | 7     | 32     | 5     | 29     | 0.20                                 | .            | -                                 |
| Meningitis, Bacterial Other                             | 4      | 10      | 6     | 14     | 0     | 4      | 0.13                                 | .            | -                                 |
| Meningitis, Fungal                                      | 0      | 5       | 0     | 0      | 0     | 3      | .                                    | .            | -                                 |
| Spotted Fever Rickettsiosis                             | 1      | 1       | 0     | 0      | 1     | 2      | .                                    | .            | -                                 |
| Streptococcal Toxic Shock Syndrome (STSS)               | 5      | 10      | 11    | 37     | 6     | 34     | 0.11                                 | .            | -                                 |
| Tuberculosis, Active                                    | 7      | 51      | 20    | 76     | 14    | 66     | 0.27                                 | 0.19         | ↓                                 |
| West Nile Virus neuroinvasive disease                   | 0      | 0       | 1     | 2      | 0     | 14     | .                                    | .            | -                                 |

\*Use of illness onset date in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable, and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts are provided on a quarterly basis. Rate suppression denoted by '.' for rates corresponding to case counts < 12.

--Diseases not reported in the past five years (aggregate data) and not reported during the current reporting period are not included in this report.

---Confidence intervals (not shown) for the quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly rates changed significantly from those of the previous 5-year aggregated rates. Green text represents rates that decreased significantly, whereas red text represents rates that increased significantly. Statistically significant changes are indicated by 'X'.