





Memorandum

Date: March 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 – February 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.

	February 2024	February 2025		YTD 24	YTD 25	
Sexually Transmitted						
Chlamydia	1014	846	↓	2074	1765	↓
Gonorrhea	506	299	↓	982	688	↓
Primary Syphilis	17	4	↓	32	9	↓
Secondary Syphilis	23	7	↓	41	16	↓
Early Non-Primary, Non-Secondary¹	52	15	↓	97	39	↓
Syphilis Unknown Duration or Late²	139	57	↓	241	168	↓
Congenital Syphilis (presumptive)	4	1	↓	7	7	→
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	5	5	→	11	11	→
Pregnant Syphilis Cases	8	10	↑	17	19	↑
Perinatally Exposed to HIV	2	1	↓	6	5	↓

¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary

² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

³ 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.

⁴ 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.

Vaccine Preventable						
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	February 2024	February 2025		YTD 24	YTD 25	
Haemophilus influenzae, invasive disease	4	2	↓	13	9	↓
Hepatitis A	0	0	→	1	0	↓
Hepatitis B, acute	4	2	↓	6	6	→
Influenza	102	240	↑	419	785	↑
Pertussis	7	1	↓	21	4	↓
RSV	480	693	↑	1599	1689	↑
Enteric Illness						
Campylobacteriosis	12	17	↑	34	38	↑
Cryptosporidiosis	4	1	↓	7	2	↓
Giardiasis	5	1	↓	9	7	↓
Rotavirus	9	11	↑	12	24	↑
Salmonellosis	7	9	↑	19	13	↓
Shiga toxin-producing Escherichia coli (STEC)	3	2	↓	13	5	↓
Shigellosis	9	5	↓	28	8	↓
Yersiniosis	4	1	↓	9	3	↓
Other						
Carbapenem-resistant Enterobacterales (CRE)	50	37	↓	83	70	↓
Candida auris	111	64	↓	197	151	↓
Coccidioidomycosis	18	16	↓	41	36	↓
Hepatitis C, acute	0	0	→	0	1	↑
Invasive Pneumococcal Disease	23	28	↑	62	65	↑
Lead Poisoning	10	15	↑	26	34	↑
Legionellosis	3	1	↓	3	1	↓
Lyme Disease	1	0	↓	2	0	↓
Meningitis, aseptic	0	1	↑	3	1	↓
Meningitis, Bacterial Other	0	1	↑	0	2	↑
Streptococcal Toxic Shock Syndrome (STSS)	6	3	↓	9	8	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	4	5	↑	11	8	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	19	0	38	0
Gonorrhea	5	0	14	0
Syphilis	10	1	158	0
HIV/AIDS (New to Care/Returning to Care)	40	4	97	0
Tuberculosis	14	0	10	0
TOTAL	88	5	317	0

- ¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
- ² Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
- ³ 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 27, 2025, Clark County had 322 cases of Mpox.
- b. **Gastrointestinal illness at a restaurant:** On 2/24/25, ACDC received 3 separate FBI complaints from 3 unrelated parties against the same restaurant. DSC and EH completed a site visit where several violations were observed. A line list of ill employees was obtained and contacted for interview. This investigation is now closed.
- c. **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 absent. On 1/31, a new report was received with 19 new reported absences. ACDC is working closing the Epidemiology team and EH. No new cases have been reported since 2/12, the investigation has been closed.
- d. **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 completed.
- e. **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 but has decreased for two consecutive weeks. Statewide, outpatient respiratory illness activity in Nevada is moderate. Locally, as of 2/22/2025, for the 2024 - 2025 influenza season, 1527 influenza-associated hospitalizations and 65 deaths associated with influenza were reported and processed, with 73.8% of those mortalities occurring in individuals aged 65 and older. 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 March 4, 2025, there have been 70 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 distributions took place in the month of February:

Naloxone Distribution	Agency	# of Naloxone doses distributed
2/5/2025	The Embracing Project	24
2/5/2025	First Med Health and Wellness	96
2/5/2025	AIDS HEALTHCARE FOUNDATION	192
2/5/2025	Feed My Sheep Outreach	2400
2/5/2025	Binions/Four Queens	48
2/5/2025	Inner Healing	96
2/5/2025	The Summit Club	48
2/5/2025	HELP of Southern Nevada	504
2/5/2025	The Promise	96
2/5/2025	Coral Academy of Science Las Vegas - Centennial Hills	14
2/5/2025	UNICares Project	1512
2/6/2025	Dr. Miriam and Sheldon G. Adelson Drug Abuse Clinic	120
2/6/2025	District Court Marshals	154
2/6/2025	L2A	100
2/6/2025	Caridad	288
2/13/2025	Trac - B	600
2/13/2025	Zoox	24
2/13/2025	Henderson Angels	960
2/13/2025	Henderson Comprehensive Treatment Center	120
2/13/2025	Hilton Grand Vacations	24
2/13/2025	Cerris Systems Inc	216
Total		7636

- 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 February:

FTS Distribution		
02/05/2025	UNI Cares Project	1000 Strips

02/05/2025	Cupcake Girls	300 Strips
02/13/2025	Henderson Comprehensive Treatment Center	300 Strips
02/13/2025	Henderson Angels	300 Strips
02/26/2025	Catholic Charities	300 Strips
Total FTS:		2,200 Strips

XTS Distribution		
02/05/2025	UNI Cares Project	1000 Strips
02/05/2025	Cupcake Girls	300 Strips
02/13/2025	Henderson Comprehensive Treatment Center	300 Strips
02/13/2025	Henderson Angels	300 Strips
02/26/2025	Catholic Charities	300 Strips
Total XTS:		2,200 Strips

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. National Black HIV awareness Day was observed February 7, 2025. To mark this day, SNHD was present to support the Southern Nevada Health Consortium’s testing event hosted onsite at Mario’s Westside Market located at 1425 W Lake Mead Blvd, Las Vegas, NV 89106. We provided syphilis and HCV testing, condoms, and harm reduction supplies. Another event we would like to highlight was the Heart of the Community Block Party hosted by SNHD’s Chronic Health Office. This event took place February 15th at the MLK Jr. Senior Center located at 2420 N. MLK Blvd NLV, NV, 89032. The focus was heart health and general wellness, and our team was onsite to support with condoms, HIV, syphilis, and HCV testing. 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://lp.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	Feb-24	Feb-25		YTD 24	YTD 25	
Outreach/Targeted Testing	922	795	↓	1978	1928	↓
Clinic Screening (SHC/FPC/TB)	1018	544	↓	1781	1085	↓
Outreach Screening (Jails)	249	244	↓	506	467	↓
Collect2 Protect	9	0	↓	19	7	↓
TOTAL	2198	1583	↓	4284	1634	↓
Outreach/Targeted Testing POSITIVE	6	0	↓	8	0	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	3	0	↓	4	0	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	0	0	→
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	9	0	↓	12	0	↓

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. Investigate task assignment discrepancies related to EMSA logic, potentially caused by staff inadvertently changing assignees. Address TB active contact cases erroneously promoted due to ELR logic errors. Conduct an initial assessment of EpiTrax integration with WebIZ for vaccine data. Implement a new Enteric Form. Add new “case designation” field. Implemented auto attach forms feature when promoting a contact event to a morbidity event.
- b. Continue to update and enhance data warehouse: Initiating a workgroup to enhance data warehouse structures for improved clarity and usability. Adjustments to Case Related current gender data. Enhancements to link Disease condition names and events to outbreaks in warehouse tables. Updates to age group count tables for respiratory diseases within the OOE schema.
- c. Pentaho report updates: RSV & COVID - Case Numbers by MMWR Week Report. Disease Cases by Age Group Report. EpiTrax Workload Report - Count Categories Reorganized.
- 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, 469 tasks have been completed, with 72 tasks remaining.

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, Revise TB logic to align with the most recent automated case classification algorithms. Adjust Hepatitis C logic to prevent automatic case closure for both acute and chronic cases.
- 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.
- d. Retrieve eGISP Accession from SNP HL ELR to enable SNP HL to report CARGOS's MATCH_ID alongside EpiTrax event IDs.

3. Dashboard

- a. ArcGIS dashboard: Covid ETL completed, RSV/Flu Data ETL Troubleshooting, RSV/Flu visualizations, Wastewater Concentration visualizations. Error email generation tested and working from ETL.
- b. Poison Control Center Data dashboard in Power BI platform completed.
- c. Continue developing eCW finance reports using Power BI platform.
- d. Collaborate with IT to implement a Power BI data gateway, enabling dashboard data refresh within the internal database, start with only Poison Control Center Data.

4. Southern Nevada Public Health Laboratory (SNPHL)

- a. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
- b. Continue Laboratory Information System (LIS) Support and Maintenance.
- c. 35 new orderables, LOINCs, SNOMEDs added for new clinical testing.
- d. Continue SNPHL data warehouse cleanup and maintenance.
- e. Implemented Result processing rules for Virology subtyping.
- f. Continue expanding the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners.
- g. Working with Orchard regarding software change requests regarding their systems billing setup.
- h. Update configurations for BioSafety Lab Level 3 (BSL3) testing.
- i. Switch all rules and configurations to move from Dr. Leguen to Dr. Sugay as the provider.
- j. Updating Billing rules/Configuration in Outreach for Office of Disease Surveillance (ODS).
- k. Built reports/data extracts for various data requests and Quality Assurance (QA).

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. Submissions for UDS+ and Family Planning Annual Reports (FPAR) completed.
- d. Ryan White Services Report (RSR) submission completed.
- e. Healthy Start Benchmarks discussion and review with Nevada Institute for Children's Research and Policy (NICRP).
- f. Behavioral Health Module Build/Implementation.
- g. Sexual Health Outreach and Prevention Programs (SHOPP) Ending the HIV Epidemic (EHE) report/data submission prep for CDC.
- h. eCW modifications to capture Prenatal Care data in a structured way.
- i. Exploring electronic prior authorization for medications from within the EHR.
- j. Contract signed to implement electronic case reporting (eCR) from eCW.
- k. Combatting Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS) data alternative solution completed.
- l. Continue working with Finance to optimize claims monitoring and reporting by utilizing the Datawarehouse and Data Visualization tools (PowerBI).

- m. Generate and review monthly reports for FQHC and Primary Care Center (11 reports)
- n. Troubleshooting referral issues to the Smoking Quitline.
- o. 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:
 - 1. SNHD - Heat data and Trauma center data
 - 2. City of Henderson - EOY 2024 Opioid data
 - 3. CCSD - under 25 suicides, 2024 EOY
 - 4. UMC - Hospital specific deaths
- 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, especially to include toxicology testing and investigative report edition after submission
- g. Dataset for UNLV Pathologist 2004-2023, searching for 'Doe' cases identified longer than one year after death.
- h. Smarty geocoding/address validation interface for integration into Census API code to increase success rate refactoring.

7. API Server

- a. Complete data extraction 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 flat file testing 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. Continue addressing 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. Onboard four new Intermountain Healthcare clinics.
- c. Explore ingestion of inpatient data from partner hospitals.

10. Contracts

- a. Interlocal SUID A, B, and supplemental contract renewed.
- b. Enterprise Master Person Index System license agreement renewed.
- c. Naviant Inc professional services agreement pending response.
- d. SUDORS25 contract pending signature NVDRS_25 contract pending signature.

D. Staff Facilitated/Attended the following Trainings/Presentations

1. 02/03/2025: Facilitated Harm Reduction 201 training; 17 people in attendance; 2 ODS staff attendees.
2. 02/04/2025: Facilitated ASQ Suicide Screening training for DSC staff; 30 people in attendance; 23 SNHD ODS staff attendees.
3. 02/06/2025: Facilitated the Motivational Interviewing training; 13 people in attendance; 1 SNHD ODS staff attendee.
4. 02/07/2025: Presented on CredibleMind at the LIMA Community Resource Sharing meeting; 300 people in attendance; 2 SNHD ODS staff attendees.
5. 02/07/2025: 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.
6. 02/11/2025: Facilitated the ASQ Suicide Screening training for DSC staff; 13 people in attendance; 6 SNHD ODS staff attendees.
7. 02/12/2025: Attended the Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; 12 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
8. 02/13/2025: Facilitated the ASQ Suicide Screening training for DSC staff; 28 people in attendance; 8 SNHD ODS staff attendees.
9. 02/19/2025: Attended NICRP'S Community Health Assessment (CHA) Town Hall Event discussing the three assessments; 40 people in attendance; 3 ODS Health Educator attendees.
10. 02/19/2025: Facilitated training on CS clinical education session at Sunrise Hospital L&D and NICU; 30 people in attendance; 2 ODS Health Educator attendees.
11. 02/20/2025: Facilitated Academic Detailing Session with Women's Health Associates of Southern Nevada Sunset Valley; 1 provider in attendance; 1 ODS staff attendee.
12. 02/20/2025: Facilitated the ASQ Suicide Screening training for DSC staff; 16 people in attendance; 16 SNHD ODS staff attendees.
13. 02/21/2025: Facilitated UNLV Nursing Student Volunteer OD Kit making meeting; Presented on CredibleMind, Shared Narcan training and Fentanyl Test strip training; 10 people in attendance; 1 SNHD ODS staff attendee.
14. 02/25/2025: Facilitated the "Youth Mental Health First Aid" training; 18 people in attendance; 2 SNHD ODS staff attendees.
15. 02/26/2025: Attended Las Vegas TGA Part A (Ryan White Part A) Planning Council Strategic Planning and Assessment Committee Meeting at appointed representatives; 30 people in attendance; 2 ODS staff attendees.
16. 02/27/2025: Facilitated Infant Sleep Workgroup meeting; 10 people in attendance; 3 ODS Health Educator attendees.
17. 02/28/2025: Facilitated a presentation on CredibleMind at the Embracing Project; 10 people in attendance; 1 SNHD ODS staff 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.
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. Re-establish Fetal Deaths feed from the Vital Records system.
9. Continue working with Epi and ACDC to plan for modernizing the FBI process including the final data variables for FBI intake form.
10. Evaluate data catalog vendor; Alation, to enhance standardization and searchability within the data warehouse.
11. Address an issue preventing Express clients from accessing their test results online.

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. One manuscript on COVID-19 Health Disparities has been published and 4 are under review.

G. Disease Statistics

- 1. Communicable Disease Statistics: January 2025 disease statistics are below. Please note that these data are retrieved as of February 28, 2025. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (January 2025)

Disease	2023		2024		2025		
	Jan	YTD	Jan	YTD	Jan	YTD	
VACCINE PREVENTABLE							
COVID-19	4,735	4,735	3,329	3,329	916	916	
Haemophilus influenzae, invasive	6	6	9	9	7	7	
Hepatitis A	0	0	1	1	0	0	
Hepatitis B, acute	0	0	2	2	4	4	
Hepatitis B, chronic	65	65	95	95	88	88	
Influenza	55	55	317	317	545	545	
Meningococcal disease (<i>N. meningitidis</i>)	0	0	1	1	0	0	
Monkeypox	2	2	1	1	0	0	
Pertussis	4	4	14	14	3	3	
RSV	407	407	1,119	1,119	996	996	
SEXUALLY TRANSMITTED							
Chlamydia	1,051	1,051	1,060	1,060	918	918	
Gonorrhea	471	471	476	476	390	390	
HIV	40	40	49	49	23	23	
Stage 3 HIV (AIDS)	20	20	16	16	12	12	
Syphilis (Early non-primary, non-secondary)	62	62	45	45	24	24	
Syphilis (Primary & Secondary)	52	52	33	33	15	15	
CONGENITAL CONDITIONS							
Hepatitis C, Perinatal Infection	0	0	1	1	0	0	
Congenital Syphilis	11	11	3	3	6	6	
ENTERICS							
Amebiasis	0	0	0	0	1	1	
Campylobacteriosis	16	16	22	22	21	21	
Cryptosporidiosis	1	1	3	3	1	1	
Giardiasis	5	5	4	4	6	6	
Rotavirus	2	2	3	3	13	13	
Salmonellosis	14	14	12	12	4	4	
Shiga toxin-producing <i>E. coli</i> (STEC)	5	5	10	10	3	3	
Shigellosis	5	5	19	19	3	3	
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	2	2	2	2	
Yersiniosis	0	0	5	5	2	2	
OTHER							
Coccidioidomycosis	21	21	23	23	20	20	
Exposure, Chemical or Biological	1	1	1	1	0	0	
Hepatitis C, acute	0	0	0	0	1	1	
Hepatitis C, chronic	191	191	126	126	97	97	
Invasive Pneumococcal Disease	29	29	39	39	37	37	
Lead Poisoning	11	11	16	16	19	19	
Legionellosis	2	2	0	0	0	0	
Lyme Disease	0	0	1	1	0	0	
Malaria	1	1	0	0	1	1	
Meningitis, Aseptic	1	1	3	3	0	0	
Meningitis, Bacterial Other	0	0	0	0	1	1	
Meningitis, Fungal	0	0	1	1	0	0	
Rabies, exposure to a rabies susceptible animal	29	29	42	42	31	31	
Streptococcal Toxic Shock Syndrome (STSS)	4	4	3	3	5	5	
Tuberculosis (Active)	3	3	7	7	3	3	

*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.