



Memorandum

Date: April 24, 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 – March 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.

	March 2024	March 2025		YTD 24	YTD 25	
Sexually Transmitted						
Chlamydia	1150	937	↓	3223	2774	↓
Gonorrhea	482	441	↓	1464	1143	↓
Primary Syphilis	13	9	↓	45	24	↓
Secondary Syphilis	22	7	↓	63	27	↓
Early Non-Primary, Non-Secondary¹	61	19	↓	158	74	↓
Syphilis Unknown Duration or Late²	139	73	↓	378	298	↓
Congenital Syphilis (presumptive)	1	0	↓	8	11	↑
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	7	5	↓	11	16	→
Pregnant Syphilis Cases	16	5	↓	17	35	↑
Perinatally Exposed to HIV	1	2	↑	7	7	→

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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	March 2024	March 2025		YTD 24	YTD 25	
Haemophilus influenzae, invasive disease	2	1	↓	15	10	↓
Hepatitis A	1	0	↓	2	0	↓
Hepatitis B, acute	2	2	→	8	10	↑
Influenza	85	119	↑	504	977	↑
Pertussis	2	1	↓	23	8	↓
RSV	208	322	↑	1807	2059	↑
Enteric Illness						
Campylobacteriosis	19	10	↓	53	52	↓
Cryptosporidiosis	2	0	↓	9	2	↓
Giardiasis	5	1	↓	14	10	↓
Rotavirus	17	26	↑	29	51	↑
Salmonellosis	11	14	↑	30	32	↑
Shiga toxin-producing Escherichia coli (STEC)	7	0	↓	20	9	↓
Shigellosis	10	3	↓	38	14	↓
Yersiniosis	3	4	↑	12	10	↓
Other						
Carbapenem-resistant Enterobacterales (CRE)	59	39	↓	142	117	↓
Candida auris	265	98	↓	462	255	↓
Coccidioidomycosis	24	6	↓	65	54	↓
Hepatitis C, acute	1	2	↑	1	4	↑
Invasive Pneumococcal Disease	35	24	↓	97	91	↓
Lead Poisoning	17	9	↓	43	44	↑
Legionellosis	0	1	↑	3	4	↑
Lyme Disease	0	0	→	2	0	↓
Meningitis, aseptic	4	2	↓	7	4	↓
Meningitis, Bacterial Other	1	1	→	1	3	↑
Streptococcal Toxic Shock Syndrome (STSS)	3	2	↓	12	11	↓
New Active TB Cases Counted (<15 yo)	2	0	↓	2	0	↓
New Active TB Cases Counted (>= 15 yo)	7	4	↓	18	13	↓

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	17	0	42	0
Gonorrhea	11	0	26	0
Syphilis	15	6	187	1
HIV/AIDS (New to Care/Returning to Care)	16	13	91	2
Tuberculosis	31	0	9	0
TOTAL	90	19	355	3

- 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 March 31, 2025, Clark County had 322 cases of Mpox.
- b. **Gastrointestinal illness at a school:** On 3/9/25, ACDC was notified by CCSD of 6 ill students at an elementary school. ACDC teams partnered with OIE and EH. All reported ill people have had interviews completed or attempted with no additional illness reported since 3/9. One person was confirmed for Norovirus, there were an additional 9 probable cases. This investigation is completed.
- c. **Gastrointestinal illness at a school:** On 3/28/25, ACDC was notified by CCSD of 13 ill students at an elementary school. ACDC partnered with OIE and EH. All reported ill people have had interviews completed or attempted. Three stool kits were returned and all 3 were positive for Astrovirus and one of those was also positive for Sapovirus. There are currently 3 confirmed cases and 9 probable cases. This investigation is ongoing.
- d. **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 continues to decline. Statewide, outpatient respiratory illness activity in Nevada is minimal. Locally, as of 3/22/2025, for the 2024 - 2025 influenza season, 1722 influenza-associated hospitalizations and 82 deaths associated with influenza were reported and processed, with 73.2% 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 April 2, 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 current public health risk of H5 influenza is low. There is no known person-to-person spread at this time. 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 March:

Naloxone Distribution	Agency	# of Naloxone doses distributed
3/4/2025	Clark County Library District	312
3/6/2025	SNHD - SHOPP	216
3/6/2025	NDOC - Casa Grande	24
3/13/2025	Vegas Party Favors	216
3/20/2025	Boyd Gaming	144
3/26/2025	City of Las Vegas Municipal Court Marshals	72
Total		984

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 March:

FTS Distribution		
03/05/2025	Veteran Affairs of Southern Nevada	300 Strips
03/05/2025	The Moorish Science Temple of America, Inc. Branch Temple No. 57	300 Strips
03/18/2025	SNHD Office of Disease Surveillance	300 Strips
03/18/2025	SNHD Community Health Workers	100 Strips
03/26/2025	SNHD L2A Team	100 Strips
Total FTS:		1,100 Strips

XTS Distribution		
03/05/2025	Veteran Affairs of Southern Nevada	300 Strips
03/05/2025	The Moorish Science Temple of America, Inc. Branch Temple No. 57	300 Strips
03/26/2025	SNHD L2A Team	100 Strips
Total XTS:		700 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. This month we were able to partner with Fantastic Indoor Swap Meet. located at 1717 S Decatur Blvd, Las Vegas, NV 89102. Our team was onsite March 29th with condoms, education materials, PrEP navigation services, HIV, syphilis, and HCV testing, as well as harm reduction supplies. 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	Mar-24	Mar-25		YTD 24	YTD 25	
Outreach/Targeted Testing	1012	676	↓	2990	2934	↓
Clinic Screening (SHC/FPC/TB)	783	394	↓	2564	1625	↓
Outreach Screening (Jails)	244	274	↑	750	744	↓
Collect2 Protect	14	2	↓	33	16	↓
TOTAL	2053	1346	↓	6337	5319	↓
Outreach/Targeted Testing POSITIVE	6	1	↓	15	12	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	↓	5	1	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	0	↓	1	1	→
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	8	1	↓	21	14	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 03/12/2025: Leveraging ML to analyze EHR Webinar from UNLV; 30 people in attendance.
2. 03/05/2025: Facilitated Harm Reduction in the Field Training; 15 people in attendance; 14 ODS staff in attendance.
3. 03/05/2025: Facilitated Attorney General's Substance Use Response Group (SURG) on Prevention meeting as appointed representative from Clark County, NV; 20 people in attendance; 1 ODS Staff in attendance.
4. 03/07/2025: 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 in attendance.
5. 03/11/2025: Facilitated Overdose Response with Naloxone - Empowering Others; 5 people in attendance; 1 SNHD staff in attendance.
6. 03/12/2025: Presented on CredibleMind at the HPPG Quarterly Meeting; 22 people in attendance; 3 SNHD ODS staff in attendance.
7. 03/12/2025: Media interview on a podcast about public health, overdose prevention, and prescription drug monitoring program; 5 people in attendance; 1 SNHD attendee.
8. 03/12/2025: Presented with HDAD intern on Health District after Dark "Brain Health is Public Health" for "Healthier Tomorrow" for Power 88 radio; ~4 people in attendance; 2 SNHD staff in attendance.
9. 03/12/2025: Facilitated and attended SoN HPPG meeting; ~27 people in attendance; 7 SNHD staff in attendance.
10. 03/18/2025: Facilitated Overdose Response with Naloxone - Harmon Hospital; 12 people in attendance; 1 SNHD staff in attendance.
11. 03/19/2025: Facilitated and presented at the 2025 County Health Rankings and Roadmaps in collaboration with multiple offices; 92 people in attendance; 5 ODS staff in attendance.
12. 03/19/2025: Facilitated Empower Change Rapid HIV Testing Training; 12 people in attendance; 3 SNHD staff in attendance.
13. 03/20/2025: Facilitated Empower Change Rapid HIV Testing Training; 12 people in attendance; 4 SNHD staff in attendance.
14. 03/20/2025: Presented on SUID prevention at the Women and Children's Health Task Force; 24 people in attendance; 1 ODS Health Educator in attendance.
15. 03/26/2025: Facilitated Perinatal HIV Prevention Education; 43 people in attendance; 5 SNHD staff in attendance.
16. 03/26/2025: Facilitated Training on "Language and HIV" for Las Vegas TGA Planning Council Meeting; 27 people in attendance; 3 SNHD staff in attendance.
17. 03/26/2025: Facilitated FTS/XTS Train the Trainer for PACT Coalition; 7 people in attendance; 1 ODS staff in attendance.
18. 03/26/2025: Facilitated Overdose Response with Naloxone - Applegrove Treatment Center and Henderson Angels; 5 people in attendance; 1 SNHD staff in attendance.
19. 03/29/2025: Facilitated "Perinatal HIV and Congenital Syphilis" for Thrive: Long Term Survivor Summit A Woman's Journey; 28 people in attendance; 3 SNHD staff in attendance.

D. Office of Epidemiology

1. 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 and quarterly disease statistics
- d. Weekly Mpox case and vaccination report
- e. Ongoing monthly and quarterly reports for FOCUS HIV grant project
- f. Monthly NVDRS, SUDORS and NCLPP reports
- g. Outreach site HIV testing stats-weekly

h. EPT report- weekly

2. Other Project Updates

- a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
- b. CSTE EHI Access Workgroup Meeting
- c. 2025 SNHD Health Equity Report in progress
- d. Epi staff have reviewed 1 manuscript for possible publication from these analyses. Additionally, one abstract was reviewed and submitted to the Council of State and Territorial Epidemiologists Annual Meeting.

Disease Statistics

- 1. Communicable Disease Statistics: February 2025 disease statistics are below. Please note that these data are retrieved as of March 27, 2025. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (February 2025)



February 2025: Clark County Disease Statistics*

Data as of 03/27/2025

Disease	2023		2024		2025	
	February	YTD	February	YTD	February	YTD
VACCINE PREVENTABLE						
COVID-19	3,691	8,426	1,088	4,417	577	1,568
Haemophilus influenzae, invasive	6	12	4	13	2	9
Hepatitis A	0	0	0	1	0	0
Hepatitis B, acute	2	2	4	6	4	8
Hepatitis B, chronic	73	138	124	219	95	182
Influenza	25	80	101	418	275	849
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	1	0	0
MPOX	0	2	0	1	0	0
Pertussis	2	6	7	21	3	7
RSV	131	538	480	1,599	727	1,736
SEXUALLY TRANSMITTED						
Chlamydia	970	2,021	1,014	2,073	914	1,837
Gonorrhea	479	950	506	982	312	702
HIV	27	67	47	96	24	54
Stage 3 HIV (AIDS)	10	30	14	30	10	22
Syphilis (Early non-primary, non-secondary)	46	108	52	97	31	54
Syphilis (Primary & Secondary)	50	102	40	73	20	35
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	0
Congenital Syphilis	8	19	4	7	4	11
ENTERICS						
Amebiasis	0	0	0	0	1	2
Campylobacteriosis	11	27	12	34	21	42
Cryptosporidiosis	1	2	4	7	1	2
Giardiasis	8	13	5	9	3	9
Rotavirus	3	5	9	12	12	25
Salmonellosis	13	27	7	19	14	18
Shiga toxin-producing <i>E. coli</i> (STEC)	2	7	3	13	6	9
Shigellosis	3	8	9	28	8	11
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	0	2	1	3
Yersiniosis	1	1	4	9	3	5
OTHER						
Coccidioidomycosis	28	49	18	41	23	47
Exposure, Chemical or Biological	0	1	0	1	0	0
Hepatitis C, acute	1	1	0	0	1	2
Hepatitis C, chronic	202	393	136	262	144	242
Invasive Pneumococcal Disease	25	54	23	62	30	67
Lead Poisoning	11	22	10	26	16	35
Legionellosis	3	5	3	3	1	2
Lyme Disease	0	0	1	2	0	0
Malaria	0	1	0	0	0	1
Meningitis, Aseptic	1	2	0	3	1	2
Meningitis, Bacterial Other	0	0	0	0	1	2
Meningitis, Fungal	0	0	0	1	0	0
Rabies, exposure to a rabies susceptible animal	29	58	19	61	29	61
Streptococcal Toxic Shock Syndrome (STSS)	3	7	6	9	4	9
Tuberculosis (Active)	6	9	4	11	6	9

*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.