

Memorandum

Date: March 28, 2024

To: Southern Nevada District Board of Health

From: Victoria Burris, MPH, Acting Director of Disease Surveillance & Control VB Cassius Lockett, PhD, Deputy District Health Officer-Operations Fermin Leguen, MD, MPH, District Health Officer

Subject: Disease Surveillance & Control Division Monthly Activity Report – February 2024

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.

Feb 2023	Feb 2024		YTD 23	YTD 24	
2023	2024		23	24	
972	990	1	2027	2050	1
480	494	1	953	970	1
18	9	\checkmark	41	22	\mathbf{A}
32	11	\checkmark	60	29	\mathbf{A}
46	28	$\mathbf{+}$	108	65	$\mathbf{\Lambda}$
114	72	\checkmark	217	161	\mathbf{h}
8	2	\checkmark	19	4	$\mathbf{\Lambda}$
1	1	→	5	5	>
12	9	\checkmark	22	18	\mathbf{h}
0	0	>	0	4	1
	2023 972 480 18 32 46 114 8 114 12	2023 2024 972 990 480 494 18 9 32 11 466 28 114 72 8 2 1 1 1 9 3 1	2023 2024 972 990 \uparrow 480 494 \uparrow 18 9 \checkmark 32 11 \checkmark 466 28 \checkmark 114 72 \checkmark 8 2 \checkmark 11 1 \rightarrow 12 9 \checkmark	2023 2024 23 972 990 \uparrow 2027 480 494 \uparrow 953 18 9 ψ 41 32 11 ψ 60 46 28 ψ 108 114 72 ψ 217 8 2 ψ 19 1 1 \rightarrow 5 12 9 ψ 22	2023 2024 23 24 972 990 \uparrow 2027 2050 480 494 \uparrow 953 970 18 9 ψ 41 22 32 11 ψ 60 29 46 28 ψ 108 65 114 72 ψ 217 161 8 2 ψ 19 4

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

	Feb	Feb		YTD	YTD	
Vaccine Preventable	2023	2024		23	24	
Haemophilus influenzae, invasive disease	6	4	¥	12	12	\rightarrow
Hepatitis B, acute	2	1	$\mathbf{+}$	2	3	↑
Influenza	25	97	1	80	413	1
Pertussis	2	3	1	6	15	↑

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	Feb	Feb		YTD	YTD	
	2023	2024		23	24	
Enteric Illness						
Campylobacteriosis	11	7	\mathbf{A}	28	26	\checkmark
Cryptosporidiosis	1	4	1	2	7	1
Giardiasis	8	4	\checkmark	12	7	\checkmark
Rotavirus	3	6	1	5	7	1
Salmonellosis	13	3	\rightarrow	27	14	\checkmark
Shiga toxin-producing Escherichia coli (STEC)	2	3	1	7	11	1
Shigellosis	3	6	1	8	24	1
Yersiniosis	1	4	1	1	6	1
Other						
Candida auris	49	104	1	105	182	1
Coccidioidomycosis	28	11	\checkmark	49	28	\checkmark
Hepatitis C, acute	1	0	\checkmark	1	0	\checkmark
Invasive Pneumococcal Disease	25	23	\mathbf{A}	54	62	1
Lead Poisoning	13	7	→	25	23	$\mathbf{+}$
Legionellosis	3	1	¥	5	1	$\mathbf{+}$
Meningitis, aseptic	1	0	¥	2	3	\uparrow
Streptococcal Toxic Shock Syndrome (STSS)	3	5	1	7	7	\rightarrow
New Active TB Cases Counted (<15 yo)	0	0	\rightarrow	0	1	1
New Active TB Cases Counted (>= 15 yo)	7	4	¥	9	12	\uparrow

2. Number of Cases Investigated by ODS

Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
11	1	17	0
11	0	10	0
33	3	223	0
46	1	64	1
7	0	4	1
108	5	318	2
	11 11 33 46 7	11 1 11 0 33 3 46 1 7 0	Contacts Clusters1 Symptomatic/ Xray2 11 1 17 11 0 10 33 3 223 46 1 64 7 0 4

 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 CT Staffing and Activities

- a. Contact Tracers (CTs) SNHD
 - i. SNHD staff, Current Total: 16
 - 1. Lead CTs 3
 - 2. Contact Tracers; investigators and outreach 13

- b. Testing
 - i. Contact tracing team continues to work the College of Southern Nevada (CSN) (2 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites
 - ii. Strike teams for testing are deployed for outbreak and clusters identified as necessary
 - iii. Vending Machines providing accessible antigen home kits to vulnerable populations.
 - iv. Coordinating Covid Antigen test kit Distribution through CBO partnerships
- c. Contact Tracing/Outreach/Outbreak Investigations
 - i. Priorities CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but not limited to, detention centers, homeless shelters, daycares, and congregate settings.
- 4. Disease and Outbreak Investigations
 - a. *Monkeypox:* As of February 28, 2024, Clark County had 311 cases of monkeypox.
 - b. Influenza: SNHD started the influenza surveillance for the 2023-2024 season on October 7, 2023. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, seasonal influenza activity remains elevated with increases in some parts of the country. Statewide, the outpatient respiratory illness activity in Nevada has been moderate. Locally, as of 2/24/2024, for the 2023 2024 influenza season, 935 influenza-associated hospitalizations and 71 deaths associated with influenza were reported. Influenza A has been the dominant type circulating. The influenza surveillance will continue through 5/18/2024.
 - c. **Shigella Sonnei Cluster:** ACDC and OIE staff are conducting an ongoing investigation into a local cluster of Shigella Sonnei. Approximately 13 persons have this serotype with closely matching whole genome sequencing, which is a significant portion of the Shigella cases reported to SNHD this year. DIIS have reached out to administer hypothesis generating questionnaires to the affected parties in an attempt to better identify the common source of illness. Investigation is ongoing.
 - d. *Large Scale TB Contact Investigation:* ODS received reports of two Active TB cases in November and December 2023 that involved exposures within the Clark County School District. One of the cases had been ill for over one year before receiving their diagnosis. ODS coordinated with the school district to conduct onsite testing at the schools impacted, that began January 3rd and 4th, and January 30th through February 2nd. These efforts resulted in over 700 contacts being tested during these events. ODS is continuing to coordinate testing for the remaining contacts who were unable to test at these site locations.

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. SNHD is receiving naloxone through SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant which began on September 30, 2022. SNHD is also distributing naloxone through the CDC's Overdose Data to Action (OD2A) funding. 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 trainings/distributions have taken place in the month of February:

Naloxone Distribution	Agency	# Trained	# of Naloxone doses distributed
2/1/2024	Fremont St Experience	0	20
2/1/2024	Intermountain Health	0	72
2/6/2024	Signs of Hope	0	400
2/6/2024	CrossRoads of Southern Nevada	0	480
2/6/2024	Nevada Transportation Authority Black HIV Awareness	0	8
2/6/2024	Community Fair	0	22
2/8/2024	Venetian/Palazzo	15	60
2/8/2024	Moapa Band of Paiutes	5	80
2/14/2024	Recuperative Care Center		100
2/15/2024	UNLV - The Practice	20	0
2/15/2024	Clark County Juvenile Justice	20	174
2/20/2024	Clients	0	6
2/21/2024	Outreach	0	32
2/21/2024	Sierra Sage Recovery Center	6	24
2/22/2024	Clients	0	2
2/22/2024 Total	Erica Cooper Community Outreach	66	300 1780
			1700

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

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

02/07/2024	Volunteers in Community (2400 Strips)
02/14/2024	Hope Christian Health Center (300 Strips)
02/20/2024	SNHD Office of Disease Surveillance (300 Strips)
02/29/2024	Valley View Community Cares (1000 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

a. Ongoing promotion continues of the <u>Collect2Protect</u> (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and athome HIV test kits. The C2P program allows users to order an athome 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, 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 has teamed with community partners to participate at outreach events. To mark National Black HIV/AIDS Awareness Day on February 7, 2024, staff offered rapid HIV and syphilis testing at SNHD-Fremont campus. Additionally, staff were onsite for the Southern Nevada Health Consortium event held at Mario's Westside Market to also mark this important awareness day. Mario's Westside Market is located at 1425 W. Lake Mead Blvd in the Historic Westside neighborhood. Our 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. 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: <u>https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration</u>

B. High Impact HIV/STD/Hepatitis Screening Sites

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	YTD 24							
Outreach/Targeted Testing	822	458	$\mathbf{+}$	1724	1510	$\mathbf{+}$		

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Clinic Screening (SHC/FPC/TB)	467	309	\checkmark	911	621	\mathbf{V}
Outreach Screening (Jails, SAPTA)	88	241	↑	201	497	\uparrow
Collect2 Protect	16	4	≯	36	14	$\mathbf{+}$
TOTAL	1393	1012	\rightarrow	2872	2642	$\mathbf{+}$
Outreach/Targeted Testing POSITIVE	7	0	\rightarrow	13	1	$\mathbf{+}$
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	\checkmark	1	0	\rightarrow
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	0	0	→
Collect2 Protect POSITIVE	0	0	Ŷ	0	0	→
TOTAL POSITIVES	8	0	\rightarrow	13	1	$\mathbf{+}$

C. Staff Facilitated/Attended the following Trainings/Presentations

- 1. 02/01/2024: Attended Planning Committee meeting for Recon Recovery Event; 9 people in attendance; 1 SNHD ODS attendee.
- 2. 02/02/2024: Facilitated Public Health Vending Machine (PHVM) Technical Assistance call with California Dept of Corrections; 2 people in attendance; 1 SNHD ODS staff attendee.
- 3. 02/02/2024: Chaired the Clark County Children's Mental Health Consortium (CCCMHC) meeting; ~49 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
- 02/07/2024: Provided education at the "National Black HIV/AIDS Awareness Day Community Health Fair" facilitated by the Southern Nevada Health Consortium; 100 people in attendance; 3 SNHD ODS attendees.
- 5. 02/08/2024: Participated in the US Consumer Product Safety Commission state designee meeting as SNHD representative; 28 people in attendance; 2 SNHD ODS attendees.
- 6. 02/08/2024: Attended the Southern Nevada Opioid Advisory Council (SNOAC) General Meeting facilitated by SNHD and PACT; ~80 people in attendance; 6 ODS Staff Attendees.
- 7. 02/12/2024: Facilitated Xylazine Test Strip Training for SNHD ODS Staff; ~20 people in attendance; 20 SNHD ODS attendees.
- 8. 02/13/2024: Co-Facilitated Crisis Call Training with the Office of Suicide Prevention; 14 people in attendance; 3 ODS SNHD staff in attendance.
- 9. 02/13/2024: Presented "HIV and STIs in Nevada" for the Center's Community Advocacy Network (CAN); 20 people in attendance; 1 ODS Health Educator attendee.
- 10. 02/13/2024: Participated in a Media Interview with Las Vegas Weekly on Narcan and Fentanyl Laced Drugs; 2 people in attendance; 1 SNHD ODS interviewee.
- 11. 02/14/2024: Facilitated 2025 Community Health Assessment Meeting Steering Committee Goals, Values, and Vision Statement; 32 people in attendance; 3 SNHD ODS attendees.
- 12. 02/15/2024: Essentials for Childhood Strategic Planning Evaluation Committee Meeting attended as SNHD representative; 12 people in attendance; 1 SNHD ODS attendee.
- 13. 02/20/2024: Facilitated National PHVM Round Table; ~75 people in attendance, 1 SNHD ODS Staff attendee.
- 14. 02/20/2024: Attended as SNHD representative for Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; 22 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
- 15. 02/20/2024: Attended Clark County Child Death Review Team Meeting as SNHD representative; 19 people in attendance; 3 SNHD ODS attendees.

- 16. 02/20/2024: Attended Nevada Goes Fall Free Coalition bi-monthly meeting attended by ODS Health Educators as representatives; 11 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
- 17. 02/20/2024: Attended Children's Mental Health Action Coalition-State Level Leadership Committee as a representative; 20 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
- 18. 02/21/2024: Attended Southern Nevada Breastfeeding Coalition Meeting; 12 people in attendance; 1 SNHD ODS attendee.
- 19. 02/21/2024: Presented "Nevada Laws and Policies" for the CDC/EHE site visit; 5 people in attendance; 3 ODS Health Educator attendees.
- 20. 02/26/2024: Attended as SNHD representative to Nevada Coalition for Suicide Prevention (NCSP) monthly meeting; 14 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
- 21. 02/27/2024: Facilitated Harm Reduction 101 training with ODS Health Educator; 20 people in attendance; 4 SNHD ODS attendees.
- 22. 02/27/2024: Facilitated "Listening Session for Syphilis Media Grant at WESTCARE" facilitated by ODS; 40 people in attendance; 2 SNHD ODS attendees.
- 23. 02/28/2024: Attended the "Las Vegas Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council Meeting" facilitated by the Las Vegas RWHAP Planning Council; 25 people in attendance; 2 SNHD ODS attendees.
- 24. 02/29/2024: Facilitated Community Xylazine Test Strip Training; 7 people in attendance; 3 SNHD ODS attendees.

D. Other

1. Communicable Disease Statistics: Quarter 4 2023 and January 2024 disease statistics are attached (see Table 1).

MONTHLY REPORT – February 2024

OFFICE OF INFORMATICS AND EPIDEMIOLOGY (OIE)

- **A.** EpiTrax and Data Warehouse
 - a. Work with Epi and Surveillance teams to monitor system and applications, and investigate, review, troubleshoot, and resolve issues. Ongoing user account support and form updates: Monkeypox form, HIV Linkage form, and Hepatitis A.
 - b. Continue to update and enhance Data Warehouse EpiTrax STD Co-infections identification Pentaho report updates: TB Contact Results, Active TB by Status Perform daily task/issue review with Informatics team and weekly review with Epi teams, Surveillance teams, and end users. Continuing management of Teams tasks to resolve issues. 308 tasks have been completed.
 - c. EpiTrax NORS form implementation planning and implementation underway.

B. Electronic Message Staging Area (EMSA)

- a. Continue to maintain and enhance systems and provide support to staff.
- b. Continue to work on EMSA2: mapping new codes, incoming labs, data processing, and logic review for exceptions and errors.
- c. Message exception review sessions.
- d. EMSA2 condition logic updated.
- e. UMC reporter exception mapping for ECR.

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- C. Southern Nevada Public Health Laboratory (SNPHL)
 - a. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
 - b. Interoperate with other internal and external systems. Ongoing interface upkeep with full data clean-up, security updates, and server maintenance. This has been set as a priority as requested by Harvest.
 - c. Continue SNPHL data warehouse cleanup and maintenance.
 - d. Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed. Implementing combined testing for SNPHL of Covid/Flu for certain testing locations. Modifications will be needed for the current automated processes to support this change. A temporary result delivery system for providers was created based on NPI number and location. System is ready for implementation.
 - e. Continue implementation of the Outreach Module for Orchard to make specimen ordering and result delivery from/to partners more efficient and timelier. Project go-live May 2024.
 - f. Continue making modifications to the LRN-B interface for CDC requested changes.
 - g. Discussions to implement an electronic laboratory interface between the Nevada State Public Health Lab and the Southern Nevada Public Health Lab for orders/results.
- **D.** Electronic Health Record (EHR) System
 - i. Maintain the system for patient care and documentation. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.
 - ii. Continue data transfer to Wellpartner on prescription notification from eClinicalWorks (eCW).
 - iii. Discussion on prioritizing projects and tickets with Strategic Account Manager.
- iv. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR). Working with NV HIE on eCR and FHIR implementation.
- v. Completed UNLV COVID-19 Geospatial Disparity project.
- vi. Continue adoption of Azara, the data warehouse/analytics platform.
- vii. New configurations built for Primary and Preventive Sexual Health Outreach and Prevention Program (PPC-SHOPP), e.g., POC Tests, Resources, and Facilities.
- viii. Initial data submission for Uniform Data System (UDS) and Family Planning Annual Report (FPAR) complete.
- ix. Configuration Modifications for the Healthy Start Program (Maternal Child Health)
- x. Configuration Modifications for Diagnostic Imaging for certain providers.
- xi. Continue discussions for consolidation/streamlining of Sexual History Documentation.
- xii. New Quest lab test build
- xiii. Preparing for version 12 upgrade
- **E.** 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.
- **F.** COVID19 Support
 - a. Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed.
 - b. Provide support by automating COVID19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
 - c. Completed redesign of COVID19 dashboard to match CDC's COVID dashboard layout and data metrics. Updated vaccination data up to December 2023.
 - d. Maintain and enhance COVID19 lab results portal.
 - e. Attend bi-weekly meetings with UNLV for COVID19 race/ethnicity data geocoding and geospatial analysis.
 - f. Bi-weekly upload of State COVID vaccine files.

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g. Maintenance of data pipeline from Nevada Hospital Association for occupied beds.

G. API Server

- i. Continue enhancing API server to extend functionality for internal processes and 3rd party app.
- H. Data Modernization Initiative (DMI)
 - a. Continue to work with the State on DMI project.
 - b. eCR project: UMC reporter onboarding in progress, with full implementation in production projected for Feb 2024.
 - c. Internal OCR workflow saved and documented.
 - d. Evaluation of new OCR vendor underway.
 - e. State GENV2 Generic MMG excel document comparison.
 - f. Continue collaboration with the State on matching data formats for submission to CDC.
 - g. Implementation of all CDC required data fields in Epitrax custom forms.
- I. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)
 - a. Continue to maintain and enhance syndromic system for new providers and future support.
 - b. Superbowl event surveillance support.

J. Grant Updates

- a. ELC EDX extension budget submitted to the state.
- b. COVID health disparity grant extension approved by CDC.
- c. FY25 OIE office budget

K. Reports

- i. The following FQHC/Clinical reports were completed and submitted:
 - Reports for Chronic Disease Prevention & Health Promotion
 - PrEP Data and reporting in eCW for EHE.
 - Data reporting, STD Clinic EHE Learning Community Working Group
 - EPI data request RW
 - RSR Completeness Report and annual report for RW Part B
 - DRVS HIV Module + Ryan White Reporting
 - MPOX Immunization All Facility Report revision
 - PrEP reason report for Disease Surveillance
 - New FP Provider Report
 - FQHC Financial Reporting
 - RN visits reports
 - Weekly Patient Age Group Count report for Office of Preparedness
 - EpiTrax warehouse access
 - SBIRT report for ODTA grant

ii. Epidemiology Reports:

- COVID-19 trend reports (public and internal versions)
- Weekly COVID Variants Report updated to include variant data from wastewater surveillance.
- Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables.
- Monthly Drug Overdose Report Internal
- Monthly BOH report
- Ran daily, biweekly, bimonthly, and monthly COVID reports.
- Weekly Mpox case and vaccination report
- Ongoing monthly and quarterly reports for FOCUS HIV grant project
- Monthly NVDRS, SUDORS and NCLPP reports.

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- Influenza report weekly.
- Outreach site HIV testing stats-weekly
- EPT report- weekly
- iii. Other report updates:
 - Daily, weekly, and monthly SNPHL reports and upkeep.
 - State NETSS weekly/YTD report
 - Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard.
 - CSTE/CDC Forecasting Workgroup calls
 - Continue DIIS performance report discussion with ODS
 - SNHD Health Equity Report is completed pending final approval by Dr. Lockett and then Dr. Leguen

L. Training

- i. Staff attended and/or completed the following trainings, conferences, presentations, and webinars:
 - Attending EPI OCR working meetings.
 - Attending weekly EMSA learning meetings with Utah.
 - 2 Epi staff presented at the Ending the HIV Epidemic CDC site visit.
 - Several Epi staff attended the Epi ready foodborne illness training on Feb 14-15.
 - Several Epi and Informatics staff attended a Geospatial Analysis Training Webinar provided by UNLV.
 - Southern NV Foodborne Outbreak Training
 - HR employee profile training
 - Leadership Journey Training.

M. Contracts

i. Completed contract for Open Enterprise Master Person Index (OpenEMPI)

N. Other Projects

- i. Continue to maintain and enhance iCircle web application for OEDS. Continuous user account support, site maintenance, data corrections and updates.
- ii. Continue to meet and work on UNLV Base model project.
- iii. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- iv. Support online sign-up application for Syringe Vending (harm reduction) for Trac-B.
- v. Working on Women's Health Associates of Southern Nevada (WHASN) ELR feed implementation. Processing Gonorrhea/Chlamydia results via ELR.
- vi. Maintenance of the NHA Data Webservice Script.
- vii. OD2A phase 2, Component B. Data import process completed. Dashboard layout planning is underway.
- viii. Monthly Presentation on Death certificates for Residents doing rotations at SNHD.
- ix. NVCLPPP lead portal data review and quarterly advisory board meeting.
- x. Continue working on Healthy Start Project.
- xi. Enhanced Surveillance conducted during Superbowl week with no concerning events reported.
- xii. 2 Epi staff presented at the Ending the HIV Epidemic CDC site visit.
- xiii. Several Epi staff attended the Epi ready foodborne illness training on Feb 14-15.



January 2024: Clark County Disease Statistics*

	202	22	202	23	2024		
Disease	January	YTD	January	YTD	January	YTD	
VACCINE PREVENTABLE							
COVID-19	110,540	110,540	3.082	3.082	1,966	1.966	
Haemophilus influenzae, invasive	2	2	6	6	8	8	
Hepatitis A	1	1	0	0	0	0	
Hepatitis B, acute	3	3	0	0	2	2	
Hepatitis B, chronic	68	68	62	62	96	96	
Influenza	16	16	55	55	316	316	
Meningococcal disease (N. meningitidis)	0	0	0	0	1	1	
Pertussis	5	5	4	4	12	12	
RSV	384	384	407	407	1,117	1,117	
SEXUALLY TRANSMITTED							
Chlamydia	929	929	1,055	1,055	1,061	1,061	
Gonorrhea	501	501	473	473	476	476	
HIV	38	38	40	40	20	20	
Stage 3 HIV (AIDS)	9	9	20	20	10	10	
Syphilis (Early non-primary, non-secondary)	48	48	62	62	38	38	
Syphilis (Primary & Secondary)	55	55	51	51	31	31	
CONGENITAL CONDITIONS							
Hepatitis C, Perinatal Infection	0	0	0	0	1	1	
Congenital Syphilis	5	5	11	11	2	2	
ENTERICS							
Campylobacteriosis	6	6	17	17	19	19	
Cryptosporidiosis	1	1	1	1	3	3	
Giardiasis	7	7	4	4	3	3	
Rotavirus	2	2	2	2	1	1	
Salmonellosis	6	6	14	14	11	11	
Shiga toxin-producing E. coli (STEC)	8	8	5	5	8	8	
Shigellosis	4	4	5	5	18	18	
Yersiniosis	0	0	0	0	2	2	
OTHER							
Coccidioidomycosis	14	14	21	21	17	17	
Exposure, Chemical or Biological	0	0	1	1	0	0	
Hepatitis C, acute	1	1	0	0	0	0	
Hepatitis C, chronic	221	221	198	198	125	125	
Invasive Pneumococcal Disease	35	35	29	29	39	39	
Lead Poisoning	15	15	12	12	16	16	
Legionellosis	4	4	2	2	0	0	
Listeriosis	1	1	0	0	0	0	
Malaria Meningitia Asentia	1	1	1	1	0	0	
Meningitis, Aseptic Meningitis, Bacterial Other	1	1	0	1	3	0	
		-	0				
Meningitis, Fungal	0	33	29	29	1	1 37	
Rabies, exposure to a rabies susceptible animal Streptococcal Toxic Shock Syndrome (STSS)		33					
Streptococcal Toxic Shock Synotome (STSS)	1	1	4	4	2	2	

*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. HIV/AIDS/TB case counts are provided on a quarterly basis.

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

~~Hepatitis C, chronic, numbers have changed due to surveillance decisions within the Office of Epidemiology & Disease Surveillance.

~~~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.

~~~~Please note that COVID-19 disease statistics include CONFIRMED cases only.

Southern Nevada District Board of Health Disease Surveillance & Control Division Monthly Activity Report



Quarter 4, 2023: Clark County Disease Statistics*

| | 20 | 2021 2022 2023 | | | Cases per 100,000 Quarter
per quarter) Compari | | | | |
|---|-----------|----------------|-------|--------|---|---------|------------------------------------|-----------------|---|
| Disease | Qtr 4 | YTD | Qtr 4 | YTD | Qtr 4 | YTD | Qtr 4
(2018-2022
aggregated) | Qtr 4
(2023) | Change b/t
current &
past 5-year? |
| VACCINE PREVENTABLE | | | • | | | | | | • |
| Haemophilus influenzae, invasive | 4 | 13 | 9 | 24 | 6 | 31 | 0.20 | | - |
| Hepatitis A | 2 | 3 | 1 | 7 | 2 | 8 | 0.12 | | - |
| Hepatitis B, acute | 4 | 17 | 3 | 20 | 7 | 29 | 0.09 | | - |
| Hepatitis B, chronic | 156
26 | 621 | 187 | 798 | 368 | 1,402 | 4.03 | 5.07 | †X |
| Influenza
Meningococcal disease (N. meningitidis) | 20 | 73 | 786 | 1,263 | 808 | 1,025 | 8.91 | 11.13 | †X
- |
| Meningococcal disease (N. meningitidis)
Mumps | 0 | 0 | 0 | 1 | 0 | 0 | | | - |
| Pertussis | 11 | 24 | 17 | 80 | 31 | 58 | 0.27 | 0.43 | t t |
| RSV | 1,992 | 2.687 | 5.019 | 6.170 | 2.453 | 3.215 | 42.52 | 33.79 | X |
| SEXUALLY TRANSMITTED | 1,002 | 2,001 | 0,010 | 0,110 | 2,100 | 0,210 | 12.02 | | |
| Chlamydia | 3,082 | 13,032 | 3,238 | 12,829 | 3,075 | 12,656 | 87.46 | 42.36 | 1X |
| Gonorrhea | 1,659 | 7,190 | 1,635 | 6,412 | 1,514 | 5,813 | 41.87 | 20.86 | 1X |
| HIV | 73 | 421 | 106 | 441 | 109 | 488 | 2.19 | 1.50 | 1X |
| Stage 3 HIV (AIDS) | 29 | 174 | 35 | 150 | 50 | 169 | 0.90 | 0.69 | Ļ |
| Syphilis (Early non-primary, non- | | | | | | | | | 1x |
| secondary) | 147 | 662 | 239 | 730 | 147 | 618 | 3.88 | 2.02 | |
| Syphilis (Primary, Secondary) | 171 | 733 | 159 | 715 | 104 | 548 | 4.22 | 1.43 | ţΧ |
| CONGENITAL CONDITIONS
Hepatitis C, Perinatal Infection | 3 | 6 | 0 | 0 | 0 | 4 | 1 | 1 | 1 |
| Congenital Syphilis | 11 | 35 | 14 | 50 | 0 | 1
51 | 45.18 | | - |
| ENTERICS | | 55 | 14 | 50 | 0 | | 40.10 | | - |
| Amebiasis | 0 | 2 | 0 | 1 | 0 | 4 | | | - |
| Campylobacteriosis | 20 | 126 | 37 | 131 | 47 | 192 | 0.88 | 0.65 | 1 |
| Cryptosporidiosis | 4 | 17 | 6 | 18 | 2 | 12 | 0.10 | | - |
| Giardiasis | 13 | 44 | 10 | 46 | 17 | 71 | 0.29 | 0.23 | Ļ |
| Rotavirus | 7 | 29 | 7 | 133 | 8 | 104 | 0.18 | | - |
| Salmonellosis | 33 | 150 | 35 | 157 | 45 | 203 | 0.80 | 0.62 | 1 |
| Shiga toxin-producing E. coli (STEC) | 5 | 54 | 18 | 72 | 15 | 57 | 0.26 | 0.21 | 1 |
| Shigellosis | 17 | 73 | 21 | 75 | 26 | 86 | 0.53 | 0.36 | Ļ |
| Vibriosis (Non-cholera Vibrio species | | | | - | | | | | |
| infection) | 2 | 4 | 2 | 7 | 2 | 6 | | | - |
| Yersiniosis | 3 | 11 | 2 | 8 | 3 | 14 | | - | - |
| OTHER
Coccidioidomycosis | 47 | 173 | 52 | 160 | 70 | 272 | 1.07 | 0.96 | |
| Encephalitis | | 1/3 | 2 | 15 | 0 | 0 | 1.07 | 0.80 | - |
| Exposure, Chemical or Biological | 1 | 3 | 0 | 9 | 2 | 3 | | | - |
| Hepatitis C, acute | Ö | 2 | 2 | 4 | 2 | 5 | 0.09 | | - |
| Hepatitis C, chronic | 758 | 3.302 | 626 | 2.948 | 386 | 2,377 | 21.96 | 5.32 | TX |
| Invasive Pneumococcal Disease | 49 | 130 | 94 | 220 | 75 | 225 | 1.65 | 1.03 | 1X |
| Lead Poisoning | 18 | 97 | 41 | 138 | 40 | 165 | 0.71 | 0.55 | Ļ |
| Legionellosis | 6 | 22 | 5 | 27 | 2 | 30 | 0.16 | | - |
| Listeriosis | 2 | 2 | 1 | 4 | 1 | 1 | | | - |
| Lyme Disease | 3 | 13 | 3 | 9 | 2 | 9 | | | - |
| Malaria | 1 | 2 | 0 | 7 | 0 | 7 | | | - |
| Meningitis, Aseptic | 7 | 33 | 8 | 33 | 6 | 31 | 0.28 | | - |
| Meningitis, Bacterial Other | 4 | 12 | 4 | 10 | 4 | 12 | 0.19 | | - |
| Meningitis, Fungal
Spotted Fever Rickettsiosis | 0 | 4 | 0 | 5 | 0 | 0 | | | - |
| Streptococcal Toxic Shock Syndrome | 0 | 1 | 1 | 1 | 0 | 0 | | | - |
| (STSS) | 0 | 17 | 5 | 10 | 10 | 36 | 0.09 | | - |
| Tuberculosis, Active | 17 | 56 | 7 | 51 | 21 | 76 | 0.33 | 0.29 | 1 |
| West Nile Virus neuroinvasive disease | 0 | 0 | 0 | 0 | 1 | 2 | | | |

*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.

0~~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 re0d text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'