



Memorandum

Date: January 26, 2023

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, *Director of Disease Surveillance & Control* *CL*
 Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Disease Surveillance & Control Division Monthly Activity Report – **November 2022**

A. Division of Disease Surveillance and Control

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

	Nov 2021	Nov 2022		FYYTD 21-22	FYYTD 22-23	
Sexually Transmitted						
Chlamydia	986	772	↓	5238	5031	↓
Gonorrhea	551	405	↓	2957	2505	↓
Primary Syphilis	26	7	↓	127	119	↓
Secondary Syphilis	32	12	↓	176	171	↓
Early Non-Primary, Non-Secondary ¹	53	30	↓	288	292	↑
Syphilis Unknown Duration or Late ²	116	52	↓	596	570	↓
Congenital Syphilis (presumptive)	1	1	→	12	10	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	0	2	↑	6	12	↑
Syphilis Pregnant Cases	8	16	↑	94	95	↑
Perinatally Exposed to HIV	1	1	→	5	6	↑
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						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	2	→	12	20	↑
Hepatitis A	1	1	→	2	7	↑
Hepatitis B, acute	1	2	↑	13	19	↑
Influenza	8	189	↑	57	631	↑
Pertussis	4	1	↓	21	68	↑
Enteric Illness						

	Nov 2021	Nov 2022		FYTD 21-22	FYTD 22-23	
Campylobacteriosis	5	12	↑	118	121	↑
Cryptosporidiosis	1	0	↓	14	13	↓
Giardiasis	1	4	↑	39	39	→
Rotavirus	2	2	→	28	130	↑
Salmonellosis	10	11	↑	140	143	↑
Shiga toxin-producing Escherichia coli (STEC)	1	3	↑	51	61	↑
Shigellosis	3	5	↑	67	69	↑
Other						
Coccidioidomycosis	21	8	↓	160	99	↓
Hepatitis C, acute	0	0	→	2	2	→
Invasive Pneumococcal Disease	15	35	↑	103	174	↑
Lead Poisoning	6	7	↑	89	115	↑
Legionellosis	2	1	↓	21	23	↑
Lyme Disease	3	1	↓	13	7	↓
Meningitis, aseptic	4	2	↓	32	32	→
Meningitis, Bacterial Other	2	1	↓	11	9	↓
Streptococcal Toxic Shock Syndrome (STSS)	0	3	↑	17	9	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	9	3	↓	23	22	↓

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	46	1	67	0
Gonorrhea	50	2	83	0
Syphilis	65	4	215	0
HIV/AIDS (New to Care/Returning to Care)	16	1	63	0
Tuberculosis	51	0	18	0
TOTAL	228	8	446	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 CT Staffing and Activities

- a. Contact Tracers (CTs) – SNHD
 - i. SNHD staff, Current Total: 35
 - 1. Lead CTs – 6
 - 2. Contact Tracers; investigators and outreach – 29
 - ii. Contracted Contact Tracers, Current Total: 100

1. CSAA team of 100
 - b. Testing
 - i. Contact tracing team continues to work the College of Southern Nevada (CSN) (3 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites
 - ii.
 - iii. Strike teams for testing are deployed for outbreak and clusters identified
 - iv. Vending Machines - providing accessible antigen home kits to vulnerable populations
 - v. Coordinating Covid Antigen test kit Distribution through CBO partnerships
 - c. Contact Tracing/Outreach/Outbreak Investigations
 - i. School Team – A dedicated team of Contact Tracers who have been assigned to support the schools and work closely with CCSD and other local schools.
 - ii. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but is not limited to, detention centers, homeless shelters, daycares, and congregate settings.
4. Disease and Outbreak Investigations
 - a. **Influenza:** The 2022-2023 influenza season surveillance in Clark County, Nevada started on October 2, 2022. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, the seasonal influenza activity is high across the country. Statewide, the Outpatient Respiratory Illness Activity in Nevada has been at the high level as well. Locally, as of 12/3/2022, for the 2022 - 2023 influenza season, 217 influenza-associated hospitalizations and 2 deaths associated with influenza were reported. Influenza A has been the dominant type circulating. The influenza surveillance will continue through 5/20/2023.
 - b. **2019 Novel Coronavirus (COVID-19):** As of November 30, Clark County had 587,297 cases; 9,105 deaths, and 115 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Acute Communicable Disease Control (ACDC) program at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations and contact tracing for outbreaks and vulnerable populations. ACDC is making recommendations of isolation and quarantine for individuals that are diagnosed with COVID-19 or have been identified as exposed to someone with COVID-19 through use of technology as capacity allows. Currently SNHD has contact tracers including staff from SNHD and CSAA to follow up on the reports of positive cases and maintain community testing sites, and strike teams for testing. This is an ongoing response effort.
 - c. **Monkeypox:** As of November 30, Clark County had 287 cases of monkeypox. ACDC monitors contacts to these cases as well as residents of Clark County that have been identified as contacts to out of state cases. Additionally, DSC

staff have been trained in monkeypox investigations to assist with the response.

- d. **Ebola:** Airport screenings for persons who are arriving from Uganda are occurring. Persons who arrive in Clark County will be monitored for symptoms by SNHD for up to 21 days after their last possible date of exposure.
- e. **Sapovirus:** ACDC is investigating reports of patrons becoming ill after consuming raw oysters from a local restaurant. Symptoms being reported include diarrhea, fever, nausea, vomiting, abdominal pain, fatigue, body aches, constipation, chills, headache, weakness, and shaking. Onset dates ranged from 10/29/2022 – 11/6/2022. 1 ill person agreed to test and was positive for Sapovirus. The FDA released a Food Safety Alert based on our investigation. Oysters have been collected from the restaurant and submitted to the lab for testing. A self-reporting survey has been created to capture individuals that became ill after food consumption. This is an ongoing investigation.
- f. **Listeriosis:** An individual became ill after consuming a dish that contained enoki mushrooms from a local restaurant. Symptoms reported included neck stiffness, body aches, fever, chills, fatigue, nausea, diarrhea, and altered mental status. Onset date was 10/1/2022. Culture was positive for *Listeria monocytogenes*. The CDC declared an outbreak on 11/17/2022 with cases in Michigan and Nevada.

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 via State Targeted Response funding through the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno. 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 November:

- 11/01/22: SNHD – Sexual Health Clinic (12 trained, 24 doses distributed)
- 11/08/22: Office of the District Attorney (20 trained, 24 doses distributed)
- 11/09/22: North Las Vegas PD (48 doses distributed)
- 11/10/22: City of Henderson – Corrections (500 doses distributed)
- 11/10/22: Casers Resorts Security (1200 doses distributed)
- 11/10/22: High Risk Pregnancy Center (48 doses distributed)
- 11/15/22: The Center (96 doses distributed)
- 11/16/22: Desert Hope (32 trained, 64 doses distributed)
- 11/17/22: SNHD – Immunizations (9 trained, 20 doses distributed)

- 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 November:

- 11/02/2022: Comprehensive Treatment Center (300 Strips)
- 11/02/2022: Nevada Partnership for Homeless Youth (300 Strips)
- 11/03/2022: Behavioral Health Group (3600 Strips)
- 11/03/2022: SNHD Office of Disease Surveillance (200 Strips)
- 11/09/2022: City of Henderson (3600 Strips)
- 11/09/2022: SNHD Linkage to Action Team (100 Strips)
- 11/10/2022: Community Counseling Center (300 Strips)
- 11/15/2022: The Center (3600 Strips)
- 11/17/2022: SNHD Clinics (500 Strips)
- 11/22/2022: UNLV Student Health Center (200 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

Ongoing promotion of Collect2Protect (C2P) online service for those requesting testing for gonorrhea, chlamydia, and HOME HIV test kits. 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, Huntridge Family Clinic and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.

Express Testing services in SHC/Annex A continues to do well. Walk in Services have resumed making it much easier for the community to access services with limited barriers. Outreach events targeting MSM at Hawks Gym and Fun Hog Bar have been moved to quarterly. We continued to offer the MTU services to the 7-11 location this month and included community partners and Immunizations to offer additional resources.

B. High Impact HIV/STD/Hepatitis Screening Sites

Testing is currently being 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	Nov -21	Nov-22		FY 21-22	FY 22-23	
Outreach/Targeted Testing	898	541	↓	4919	4755	↓
Clinic Screening (SHC/FPC/TB)	193	361	↑	1209	1612	↑
Outreach Screening (Jails, SAPTA)	45	61	↑	292	816	↑
Collect2 Protect	32	8	↓	66	96	↑
TOTAL	1168	971	↓	6486	7279	↑
Outreach/Targeted Testing POSITIVE	6	2	↓	38	22	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	5	0	↓

Outreach Screening (Jails, SAPTA) POSITIVE	0	1	↑	2	3	↑
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	6	3	↓	45	25	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 11/01/2022: Harm Reduction in Action facilitated by ODS Health Educator; 32 people in attendance; 2 ODS Health Educators in attendance.
2. 11/01/2022: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff with Office of Suicide Prevention; 43 people in attendance including staff from Henderson Police Department; 1 SNHD ODS staff attendee.
3. 11/02/2022: Academic detailing visit with Clinica Medica Del Pueblo; 5 people in attendance; 2 SNHD ODS Staff in attendance.
4. 11/02/2022: Academic detailing visit with MyOBGYN; 9 people in attendance; 1 SNHD ODS Health Educator attendee.
5. 11/03/2022: Narcan Training facilitated by ODS Health Educator; 4 people in attendance; 2 ODS Health Educators in attendance.
6. 11/03/2022: Mayor's Faith Initiative's Virtual Conference: Reforming the Juvenile Justice System attended by ODS Health Educator Staff as representative; ~60 people in attendance; 1 SNHD ODS staff attendee.
7. 11/04/2022: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as Vice-Chair; ~40 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
8. 11/07/2022: Collective Impact Training facilitated by ODS Health Educator; ~50 people in attendance; 8 ODS Health educators in attendance.
9. 11/08/2022: Harm Reduction in Action facilitated by ODS Health educator; ~20 people in attendance; 2 ODS Health educators in attendance.
10. 11/08/2022: Community of Practice (COP) Zero Suicide Implementation meeting attended by ODS Health Educator Staff as a representative; ~15 people in attendance; 3 SNHD ODS staff attendees.
11. 11/08/2022: "Motivational Interviewing Training" facilitated by ODS Health Educator Staff; 4 people in attendance; 3 SNHD ODS staff attendees.
12. 11/08/2022: Presented Community Health Improvement Plan (CHIP) Update at the Executive Leadership Team Meeting; 12 people in attendance; 3 ODS Staff attendees.
13. 11/08/2022: Sexual Health presentation at WestCare Las Vegas facilitated by ODS Health Educator and Empowered at Roseman University; 34 people in attendance; 1 ODS Health Educator facilitator.
14. 11/09/2022: Academic Detailing Provider visits/follow-up visits with 2 SNHD employees; 5 people in attendance; 2 SNHD ODS Staff attendees.
15. 11/09/2022: SNHD Accreditation Part 2 Update Meeting; 15 people in attendance; 3 ODS Staff attendees.
16. 11/09/2022: Fentanyl Test Strip Training facilitated by ODS Health Educator; 25 people in attendance; 2 ODS Health Educators in attendance.
17. 11/15/2022: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff; 11 people in attendance; 9 SNHD ODS staff attendees.

18. 11/15/2022: Coordinated multi-state Public Health Vending Machine (PHVM) collaborative; 40 people in attendance; 1 ODS Staff member attendee.
19. 11/16/2022: Harm Reduction 201 facilitated by ODS Health Educators; 17 people in attendance; 3 ODS health educators in attendance.
20. 11/16/2022: Vending 101 Training facilitated by Trac-B; 10 people in attendance; 6 ODS Health Educators in attendance.
21. 11/16/2022: Presented on Public Health Vending Machines to SAMHSA's State Opioid Response program; 75 people in attendance; 1 ODS Staff attendee.
22. 11/17/2022: Presented to the SNHD Board of Health – Community Health Improvement Plan Update; ~40 people in attendance; 3 ODS Staff attendees.
23. 11/17/2022: Attended the National Coalition of STF Directors (NCSD) Bicillin Delivery Group Three Month Follow Up and presented on the status of SNHD's Home Administered Treatment for Syphilis proposal; 1 SNHD ODS staff in attendance and ~4 other participants from Orange County, NY and Southeastern Idaho Public Health along with 2 moderators from NCSD.
24. 11/19/2022-11/20-2022: Attended UNR HIV Autumn Update in Incline Village, NV. 2 ODS Health Educators in attendance along with participants from the Nevada Division of Public Health, Clark County Social Services, Washoe Health Department, UMC, ~180 people in attendance.
25. 11/21/2022: Launched SNHD Public Health Vending Machine for public use; SNHD ODS Health Educator Completed 3 interviews; 8 news stories.
26. 11/21/2022: Evaluated PrEP Navigators Public Health Detailing visits with 2 Ob/GYN providers; 1 ODS Health Educator in attendance.
27. 11/28/2022: Facilitated TOPSAFE: Field Safety course for 7 ODS DIIS, DDCS and MPX staff; 1 ODS Health Educator served as trainer.
28. 11/28/2022: Attended "2023 Biomedical HIV Prevention Summit Planning", facilitated by NVDHHS; 20 people in attendance; 5 ODS Staff attendees.
29. 11/29/2022: Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting attended by ODS Health Educator Staff as a representative; ~12 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
30. 11/30/2022: Interview with Clark County School District (CCSD) student on youth HIV/STI rates, sex education curriculum in NV; 1 SNHD ODS Health Educator attendee.
31. 11/30/2022: Harm Reduction in Action facilitated by ODS Health educator; ~12 people in attendance; 2 OD Health educators in attendance.

D. Other

Communicable Disease Statistics: October 2022 and Quarter 3 2022 disease statistics are attached (see Table 1).

MONTHLY REPORT – October 2022

OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A.** Continue to maintain and enhance Trisano disease surveillance system. Ongoing user account support, access issues, and data corrections. Updated monkeypox investigation forms.
- B.** Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems. Continue to support staff and work on exceptions that are requested by staff. Continue to convert COVID lab results from csv files into HL7 messages. Onboarded 9 new labs.
- C.** Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Apply SNOMED and LOINC codes to microbiology tests. PHLIP reverse validation with CDC is nearing completion. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) validation. Created monthly reports for Fremont Health Center and completed turnaround time, fax completion QA report.
- D.** Received PHEP funding for LRN-B interface to help speed up the process. Is being completed manually, the goal is to close out the project by July 2023.
- E.** Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed.
- F.** Continue SNPHL data warehouse cleanup and maintenance.
- G.** Maintain the Electronic Health Record (EHR) system for COVID test ordering and COVID vaccination. Working on import of COVID testing demographic data from POC application into eCW. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services. A plan is being developed to migrate eCW to the eCW cloud. Modifications to eCW interface to accommodate SNPHL lab matching and Express testing results.
- H.** Working on eCW Integration with CareWare. Completed benchmark and baseline numbers for CareWare part B.
- I.** Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- J.** Continue to maintain and enhance the iCircle web application for OEDS. Finalizing new reports for HIV Linkage data.
- K.** Continue to support Clark County Coroner's Office (CCCO) on new CME implementation, testing, data requests, and reports. Assisted with completion of the Coroner's office supplemental gap analysis for the new CME. Collected additional data for our grant abstractors to assist with overdose processing. Helped with the process of onboarding the new interns by providing details of the office functions that pertain to their associated assignments.
- L.** Continue to support COVID19 surveillance by automating COVID19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
- M.** Continue working with Wellpartner on prescription notification from eCW and real time data transfer.
- N.** Maintain and update COVID19 dashboard to include COVID19 Reinfections. COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- O.** Maintain automated COVID19 patient notification application and perform QA for contact tracing and identification.
- P.** Maintain and enhance COVID19 lab results portal.

- Q.** Maintain applications to automate COVID19 contacts upload for contact tracing and testing referral and to produce COVID19 and Monkeypox DECIPHER reports.
- R.** Continue to work with Epi and Surveillance teams to test EpiTrax and Data warehouse. Trisano Data migration being validated through Disease Surveillance workflows. Final validation of Pentaho reports to be completed when EpiTrax production has data for the launch links. Work with IT and set up EpiTrax production server environment. Set up Keycloak connection with EMSA and EpiTrax and reverse proxy authentication for external EpiTrax users. Retest EpiTrax and EMSA database migration.
- S.** Continue working with Epi team for 2022 Antibigram data that is being exported to data warehouse.
- T.** Continue working on EpiTrax migration from Trisano and address issues identified from UAT test. Continue working on End User validation. NETTS Trisano export completed.
- U.** Continue new API server testing for internal processes and 3rd party app.
- V.** Completed testing of API connection with state WebIZ production server.
- W.** Continue to work with state on DMI project including eCR onboarding and RCKMS training. Authored 12 new conditions that are reportable to SNHD through RCKMS.
- X.** Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support.
- Y.** Continue bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting.
- Z.** Continue bi-weekly meetings with UNLV for COVID19 race/ethnicity data geocoding and geospatial analysis.
- AA.** Completed various reports including, SBIRT reports, Focus Reports, 12 Chronic Disease Prevention and Health Promotion Reports, Monthly Monkeypox report, 2021 Finance Wrap report revision, Account for Family Planning (AFP) Quarterly Reports and Fremont FP lab report.
- BB.** 2021 STD reconciliation completed.
- CC.** Continue working on the Yale project with Epi office for case conferencing. Completed project cost analysis for Quarter 3 and 4.
- DD.** NVCLPPP lead dashboard data updates completed.
- EE.** 2 staff attended eCW Conference, 1 staff attended STD Clinic Conference.
- FF.** Submitted CSTE data science project application.
- GG.** Completed ELC and PHEP quarterly grant progress reports.



October 2022: Clark County Disease Statistics*

Disease	2020		2021		2022	
	Oct	YTD	Oct	YTD	Oct	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	0	8	1	10	2	17
Hepatitis A	1	15	0	1	0	6
Hepatitis B, acute	2	11	1	12	1	17
Hepatitis B, chronic	42	392	45	456	40	556
Influenza	0	864	2	49	18	443
Meningococcal disease (<i>N. meningitidis</i>)	0	1	0	0	0	0
Pertussis	0	6	4	17	4	66
SEXUALLY TRANSMITTED						
Chlamydia	1168	11035	1079	11029	951	10477
Gonorrhea	599	4599	553	6082	522	5265
HIV	29	284	36	389	13	370
Stage 3 HIV (AIDS)	8	114	11	157	13	152
Syphilis (Early non-primary, non-secondary)	44	321	51	566	69	557
Syphilis (Primary & Secondary)	58	532	71	633	61	613
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	2	5	0	0
Congenital Syphilis	1	31	4	26	2	38
ENTERICS						
Amebiasis	1	8	0	2	0	1
Campylobacteriosis	12	104	8	113	17	109
Cryptosporidiosis	0	9	0	13	1	13
Giardiasis	1	23	7	38	2	33
Rotavirus	4	19	4	26	2	128
Salmonellosis	9	111	13	130	12	132
Shiga toxin-producing <i>E. coli</i> (STEC)	2	20	1	50	4	58
Shigellosis	3	44	8	64	9	63
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	3	1	3	1	6
Yersiniosis	0	4	1	9	0	6
OTHER						
Brucellosis	0	0	0	0	0	1
Coccidioidomycosis	14	134	18	139	0	85
Exposure, Chemical or Biological	0	0	0	2	0	9
Hepatitis C, acute	0	4	0	2	0	2
Hepatitis C, chronic	286	3270	273	2686	248	2422
Invasive Pneumococcal Disease	5	155	7	88	13	139
Lead Poisoning	7	82	4	83	9	106
Legionellosis	2	23	3	19	0	21
Listeriosis	0	1	1	1	1	4
Lyme Disease	0	3	0	10	0	6
Malaria	0	1	1	2	0	7
Meningitis, Aseptic	5	60	2	28	3	22
Meningitis, Bacterial Other	2	16	1	9	2	7
Meningitis, Fungal	1	4	0	4	0	7
Q Fever, acute	0	0	0	1	0	0
RSV	2	1727	462	1177	1078	2213
Rabies, exposure to a rabies susceptible animal	12	122	25	228	22	271
Spotted Fever Rickettsiosis	0	0	0	1	0	0
Streptococcal Toxic Shock Syndrome (STSS)	1	20	0	17	2	7
Tuberculosis (Active)	7	46	6	44	3	46

*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.



Quarter 3, 2022: Clark County Disease Statistics*

Disease	2020		2021		2022		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 3	YTD	Qtr 3	YTD	Qtr 3	YTD	Qtr 3 (2017-2021 aggregated)	Qtr 3 (2022)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	0	8	7	9	6	14	0.05	.	↑
Hepatitis A	1	14	0	1	3	6	0.11	.	↓
Hepatitis B, acute	5	9	3	11	3	16	0.06	.	↓
Hepatitis B, chronic	123	350	145	413	169	516	1.73	2.39	↓X
Influenza	2	864	10	47	22	425	0.17	0.31	↑
Meningococcal disease (<i>N. meningitidis</i>)	0	1	0	0	0	0	.	.	No Change
Mumps	0	0	0	0	1	1	.	.	↑
Pertussis	0	6	7	13	17	61	0.07	0.24	↓X
SEXUALLY TRANSMITTED									
Chlamydia	3457	9867	3173	9950	3264	9430	44.96	46.14	↓
Gonorrhea	1607	4000	1853	5528	1554	4699	19.60	21.97	↓X
HIV	69	237	121	348	131	335	1.22	1.85	↓X
Stage 3 HIV (AIDS)	28	90	50	145	36	115	0.46	0.54	↑
Syphilis (Primary & Secondary)	150	474	174	562	197	544	2.05	2.78	↓X
Syphilis (Early non-primary, non-secondary)	91	277	184	515	180	480	1.56	2.54	↓X
CONGENITAL CONDITIONS									
Congenital Syphilis	11	30	7	24	7	36	0.11	.	↓
Hepatitis C, Perinatal infection	0	0	1	3	0	0	.	.	↓
ENTERICS									
Amebiasis	2	7	0	2	0	1	.	.	↓
Campylobacteriosis	43	92	24	103	40	92	0.43	0.57	↑
Cryptosporidiosis	2	9	8	13	3	12	0.06	.	↓
Giardiasis	5	22	13	31	12	31	0.16	0.17	↓
Rotavirus	1	15	8	22	5	126	0.08	.	↓
Salmonellosis	52	102	33	117	40	118	0.69	0.57	↓
Shiga toxin-producing <i>E. coli</i> (STEC)	5	18	22	49	10	54	0.15	.	↓
Shigellosis	14	41	15	56	26	53	0.27	0.37	↑
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	3	2	2	5	5	.	.	↑
Yersiniosis	1	4	1	8	3	6	.	.	↑
OTHER									
Coccidioidomycosis	39	120	33	121	22	85	0.44	0.31	↓
Encephalitis	1	1	1	1	3	4	.	.	↑
Exposure, Chemical or Biological	0	0	1	2	8	9	.	.	↑
Hepatitis C, acute	2	4	0	2	0	2	0.06	.	↓
Hepatitis C, chronic	883	2984	808	2411	669	2168	9.86	9.46	↑
Invasive Pneumococcal Disease	16	150	25	81	23	126	0.27	0.33	↑
Lead Poisoning	16	75	25	79	24	96	0.33	0.34	↓
Legionellosis	3	21	7	16	5	20	0.07	.	↓
Listeriosis	1	1	0	0	0	3	.	.	↓
Lyme Disease	0	3	5	10	3	6	0.04	.	↑
Malaria	0	1	1	1	4	7	.	.	↑
Meningitis, Aseptic	13	55	6	26	1	10	0.17	.	↓
Meningitis, Bacterial Other	4	14	3	8	2	4	0.07	.	↓
Meningitis, Fungal	1	3	0	4	4	4	.	.	↑
RSV	5	1725	632	694	253	1096	1.73	3.58	↓X
Spotted Fever Rickettsiosis	0	0	0	1	0	0	.	.	↓
Streptococcal Toxic Shock Syndrome (STSS)	2	19	1	17	17	20	0.05	0.24	↓X
Tuberculosis, Active	11	39	8	38	14	39	0.17	0.20	↑

*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 red text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'

