



Memorandum

Date: May 23, 2024

To: Southern Nevada District Board of Health

From: **Anilkumar Mangla, MS, PhD, MPH, FRIPH, Director of Disease Surveillance & Control** 
Cassius Lockett, PhD, Deputy District Health Officer-Operations 
Fermin Leguen, MD, MPH, District Health Officer 

Subject: Disease Surveillance & Control Division Monthly Activity Report – April 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.

	April 2023	April 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	935	952	↑	4150	4173	↑
Gonorrhea	439	359	↓	1872	1823	↓
Primary Syphilis	18	6	↓	79	50	↓
Secondary Syphilis	26	16	↓	114	78	↓
Early Non-Primary, Non-Secondary ¹	47	36	↓	205	190	↓
Syphilis Unknown Duration or Late ²	150	60	↓	494	422	↓
Congenital Syphilis (presumptive)	4	5	↑	26	12	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	1	4	↑	8	20	↑
Syphilis Pregnant Cases	15	8	↓	45	40	↓
Perinatally Exposed to HIV	4	6	↑	10	13	↑
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						
	Feb 2023	Feb 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	3	2	↓	15	17	↑
Hepatitis B, acute	3	1	↓	7	8	↑
Influenza	12	49	↑	104	551	↑

	April 2023	April 2024		YTD 23	YTD 24	
Pertussis	0	0	→	6	23	↑
RSV	39	62	↑	622	1870	↑
Enteric Illness						
Campylobacteriosis	17	19	↑	63	66	↑
Cryptosporidiosis	1	1	→	3	10	↑
Giardiasis	7	2	↓	25	14	↓
Rotavirus	10	26	↑	18	55	↑
Salmonellosis	17	3	↓	59	33	↓
Shiga toxin-producing Escherichia coli (STEC)	3	3	→	11	22	↑
Shigellosis	5	4	↓	21	41	↑
Yersiniosis	1	1	→	3	11	↑
Other						
Candida auris	53	182	↑	198	629	↑
Carbapenem-resistant Enterobacterales (CRE)	14	52	↑	47	185	↑
Coccidioidomycosis	26	8	↓	103	63	↓
Hepatitis C, acute	0	1	↑	1	2	↑
Invasive Pneumococcal Disease	24	22	↓	108	118	↑
Lead Poisoning	14	5	↓	59	46	↓
Legionellosis	5	0	↓	14	3	↓
Meningitis, aseptic	1	4	↑	4	11	↑
Meningitis, Bacterial Other	0	0	→	1	0	↓
Streptococcal Toxic Shock Syndrome (STSS)	1	2	↑	11	14	↑
New Active TB Cases Counted (<15 yo)	2	0	↓	2	2	→
New Active TB Cases Counted (>= 15 yo)	11	2	↓	25	20	↓

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	26	0	45	0
Gonorrhea	1	0	17	0
Syphilis	26	1	254	0
HIV/AIDS (New to Care/Returning to Care)	39	0	120	1
Tuberculosis	9	0	5	0
TOTAL	101	1	441	1

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: 11
 1. Lead CTs – 3
 2. Contact Tracers; investigators and outreach – 8
 - b. Testing
 - i. Strike teams can be for testing are deployed for outbreak and clusters identified as necessary
 - ii. Vending Machines - providing accessible antigen home kits to vulnerable populations.
 - iii. 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 April 30, 2024, Clark County had 312 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 continues to decline nationally and in most areas of the country. Statewide, the outpatient respiratory illness activity in Nevada has been minimal. Locally, as of 4/27/2024, for the 2023 - 2024 influenza season, 1361 influenza-associated hospitalizations, and 84 deaths associated with influenza, including one influenza-associated pediatric death 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. This investigation is ongoing.
 - d. **GI Illness at a Daycare:** A cluster of 14 gastrointestinal illnesses have been reported at a local childcare facility, affecting both children and staff. Symptoms include diarrhea, nausea, vomiting, fever, and abdominal pain, with most cases occurring in individuals between 15 months and 5 years of age. Illnesses generally resolved within 24 to 72 hrs. One specimen has been collected, with results showing positive for Norovirus G2. Environmental

health has also assessed the situation. The investigation has been completed.

- e. **Measles Exposure:** SNHD received notification from CDC that a confirmed case of measles diagnosed in another state was in Las Vegas during their infectious period. Public notification was made on April 12, and individual notifications were made to businesses to identify employees who may have been inadvertently exposed. To date, no contacts have been identified with symptoms from this exposure.
- f. **Respiratory Illness at a School:** A cluster of 11 respiratory illnesses were reported by a local school affecting primarily students. Symptoms included fever, cough, funny nose, and headache. Two specimens were able to be collected and were positive for human metapneumovirus. This investigation has been completed.
- g. **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. 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 has concluded these investigations. Additionally, in March 2024, two different exposures were identified in two more schools. One of these concluded in April. The second is undergoing 2nd round testing in May.

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 April:

Naloxone Distribution	Agency	# Trained	# of Naloxone doses distributed
4/1/2024	SNHD - PHARMACY		180
4/2/2024	LVMPD		-6
4/2/2024	SNHD - Primary and Preventative Care		-3

4/2/2024	SNHD L2A		9
4/3/2024	Outreach		106
4/9/2024	Outreach		120
4/10/2024	Legacy	8	
4/11/2024	El Cortez		40
4/11/2024	Henderson Angels		504
4/11/2024	Fifth Sun Project		216
4/11/2024	The Center		720
4/11/2024	Fremont St Experience	30	80
4/15/2024	The Smiths Center	6	
4/16/2024	Toni's House		600
4/16/2024	MGM Resorts		48
4/16/2024	Mirage/Hardrock		24
4/16/2024	Foundation for Recovery		600
4/16/2024	Valley View Community Cares		600
4/16/2024	City of Henderson Community Outreach		1056
4/16/2024	Bartender Supply		216
4/16/2024	SNHD - Primary and Preventative Care		96
4/18/2024	Crossroads		300
4/18/2024	PACT COALITION		50
4/18/2024	NDOC - Florence Mclure Women's Correctional Facility		54
4/18/2024	City of Las Vegas Department of Public Safety: Marshals		96
4/18/2024	Fusion Community Inc		384
4/18/2024	Catholic Charities		48
4/18/2024	Desert Hope Treatment Center		504
4/18/2024	The Smith Center		50
4/18/2024	Trac B		408
4/18/2024	TAG Recovery		50
Total		44	7150

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 April:

- 04/03/2024 FTS – SNHD Office of Disease Surveillance (100 Strips)
- 04/03/2024 XTS – City of Henderson (300 Strips)
- 04/15/2024 FTS – SNHD Pharmacy (300 Strips)
- 04/16/2024 FTS – Bartender Supply (300 Strips)

04/16/2024 FTS – Foundation for Recovery (2400 Strips)
04/16/2024 FTS – SNHD Office of Disease Surveillance (100 Strips)
04/16/2024 FTS – Toni’s House (1500 Strips)
04/16/2024 XTS – Valley View Community Cares (1200 Strips)
04/16/2024 XTS – Toni’s House (600 Strips)
04/16/2024 XTS – Foundation for Recovery (1200 Strips)
04/17/2024 FTS - City of Henderson (1000 Strips)
04/17/2024 FTS - Valley View Community Cares (2400 Strips)
04/24/2024 FTS - Happy Camper Overdose Response (1000 Strips)
04/24/2024 XTS - Happy Camper Overdose Response (1000 Strips)
Total FTS: 8,200 Total XTS: 4,300

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, 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. On April 6th, our team was present at the Amigos w/ The Community (I Love My City Event) block party hosted by the LVMPD community outreach team. This event was held near Cindysue Street, close to the old Texas Station location. Additionally, to mark National STI Awareness Week staff offered rapid HIV and HCV testing as well as syphilis testing onsite at the SNHD Fremont campus on Friday April 19th. This testing capped off a week of social media posting and coordinated onsite tabling at the main campus. 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

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	April-23	April-24		YTD 23	YTD 24	
Outreach/Targeted Testing	1166	477	↓	4099	3564	↓
Clinic Screening (SHC/FPC/TB)	291	329	↑	1533	1369	↓
Outreach Screening (Jails, SAPTA)	275	228	↓	846	973	↑
Collect2 Protect	17	4	↓	72	37	↓
TOTAL	1749	1038	↓	6550	5943	↓
Outreach/Targeted Testing POSITIVE	14	1	↓	38	11	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	1	↑	5	2	↓
Outreach Screening (Jails, SAPTA) POSITIVE	2	0	↓	3	1	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	16	2	↓	46	14	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

- 04/01-04/2024: Attended Rx and Illicit Drug Summit 2024 held in Atlanta, GA; ~800 people in attendance from multiple states; 4 ODS SNHD attendees.
- 04/02/2024: Presented information on opioids and overdose prevention at the State of Public Health Event hosted by SNHD; ~40 people in attendance; ~ 8 ODS SNHD attendees.
- 04/02/2024: Presented to Fremont FQHC on Expedited Partner Therapy evaluation report; 20 people in attendance; 1 ODS SNHD attendee.
- 04/02/2024: Facilitated Motivational Interviewing Training; 18 people in attendance; 4 SNHD ODS staff attendees.
- 04/02/2024-04/03/2024: Attended the Rural Public Health Summit facilitated by Nevada Public Health Institute as SNHD Representative; 20 people in attendance; 2 ODS SNHD attendees.
- 04/05/2024: Attended the Clark County Children's Mental Health Consortium Monthly Meeting as the chair; 40 people in attendance; 1 ODS SNHD staff member in attendance
- 04/08/2024: Presented to the Public Health Advisory Board; ~60 people in attendance; 1 ODS SNHD attendee.
- 04/09/2024: Attended Southern Nevada Maternal Child Health Coalition; ~21 people in attendance; 1 ODS SNHD attendee.
- 04/09/2024: Attended the Child Mental Health Action Coalition Meeting; 35 people in attendance; 1 SNHD ODS staff attendee.
- 04/09/2024: Attended the Miracle Minds Therapy Student Mental Health Conference 2024; 300 people in attendance; 2 ODS SNHD attendees.
- 04/09/2024: Presented on Big Cities Health Coalition webinar: The Future of Health webinar on harm reduction vending machines; 200 people in attendance; 1 ODS SNHD attendee.

12. 04/10/2024: Attended AG's Substance Use Working Group meeting as appointed representative from Clark County, NV; 60 people in attendance; 1 ODS SNHD attendee.
13. 04/16/2024: Facilitated Public Health Vending Machine Round Table; ~75 people in attendance; 1 ODS SNHD attendee.
14. 04/16/2024: Attended Clark County Child Death Review Team Meeting; ~16 people in attendance; 4 ODS SNHD attendees.
15. 04/17-19/2024: Presented at "Suicide Research Symposium"; ~500 people in attendance; 2 ODS SNHD attendees.
16. 04/23/2024: Attended the Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; ~16 people in attendance from multiple agencies; 2 ODS SNHD attendees.
17. 04/24/2024: Attended Las Vegas TGA Part A (Ryan White Part A) Planning Council Meeting; 27 people in attendance; 1 ODS SNHD attendee.
18. 04/25/2024: Facilitated and attended SNHD Community Partner Assessment (CPA) Meeting co-facilitated by Nevada Institute for Children's Research & Policy; 28 people in attendance; 2 ODS SNHD attendees.
19. 04/25/2024: Facilitated "Mental Health First Aid for Youth"; 17 people in attendance; 7 SNHD ODS staff attendees.
20. 04/30/2024: Facilitated "safeTALK Suicide Prevention" training; 11 people in attendance; 3 ODS SNHD attendees.

D. Other

1. Communicable Disease Statistics: March 2024 disease statistics are attached (see Table 1).

MONTHLY REPORT – April 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.
- b. Continue to update and enhance Data Warehouse - Automated deduplication.
- c. Pentaho report updates: STD Morbidity report.
- d. 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. 362 tasks have been completed.
- e. EpiTrax NORS form implementation planning and implementation underway. 50% of PDF has been converted to EpiTrax custom forms.

B. Electronic Message Staging Area (EMSA)

- a. Continue to work on EMSA2: mapping new codes, incoming labs, data processing, and logic review for exceptions and errors.
- b. Message exception review sessions.
- c. EMSA2 condition logic updated: Candida auris logic.
- d. UMC reporter exception mapping for ECR: ICD-10 code mapping, reporter XLST updates.

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 SNPDL data warehouse cleanup and maintenance.
- d. Maintain COVID-19 interface between instruments, COVID-19 POD app and Orchard, to include COVID-19 testing and reporting as needed. Implementing combined testing for SNPDL of COVID-19/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 extraction and processing using Fast Healthcare Interoperability Resources (FHIR). Working with NV HIE on eCR and FHIR implementation.
- iii. Completed UNLV COVID-19 Geospatial Disparity project.
- iv. Continued adoption of Azara, the data warehouse/analytics platform.
- v. New configurations built for Primary and Preventive Sexual Health Outreach and Prevention Program (PPC-SHOPP), e.g., POC Tests, Resources, and Facilities.
- vi. Pharmacy/eCW interface issue resolution.
- vii. Configuration Modifications for the Healthy Start Program (Maternal Child Health).
- viii. Lab/eCW Fremont test volume report.
- ix. Continue discussions for consolidation/streamlining of Sexual History Documentation.
- x. Results extraction from eCW backup database server for data warehouse ingestion.
- xi. Post version 12 upgrade support

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.
- d. Exploring automation processes for data exchange with National Violent Death Registration System (NVDRS).

F. COVID-19 Support

- a. Maintain COVID-19 interface between instruments, COVID-19 POD app and Orchard, to include COVID-19 testing and reporting as needed.
- b. Provide support by automating COVID-19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
- c. Completed redesign of COVID-19 dashboard to match CDC's COVID-19 dashboard layout and data metrics. Updated vaccination data up to December 2023.
- d. Maintain and enhance COVID-19 lab results portal.
- e. Attend bi-weekly meetings with UNLV for COVID-19 race/ethnicity data geocoding and geospatial analysis.
- f. Bi-weekly upload of State COVID-19 vaccine files.
- 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 completed and in production. Currently refining exception handling process.
- c. Evaluation of OCR vendor underway. State GENV2 Generic MMG excel document updates completed.
- d. Continue collaboration with the State on matching data formats for submission to CDC.
- e. Implementation of all CDC required data fields in EpiTrax custom forms.
- f. CDC test cases 6 of 8 completed and under review by CDC.

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.

J. Grant Updates

- i. PHEP grant BP5 Q3 progress report was completed.
- ii. ELC grant Q3 progress report was completed.

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
 - 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
 - PHEP grant quarterly report
 - ELC grant quarterly report

- ii. Epidemiology Reports:
 - COVID-19 trend reports (public and internal versions)
 - Weekly COVID-19 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
 - Monthly and quarterly disease statistics
 - Daily, biweekly, bimonthly, and monthly COVID-19 reports
 - Weekly Mpox case and vaccination report
 - Ongoing monthly and quarterly reports for FOCUS HIV grant project
 - Monthly NVDRS, SUDORS and NCLPP reports
 - 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 and approved by Dr. Leguen
 - SNHD COVID-19 Health Disparity grant quarterly progress report
 - Monthly and quarterly report from UNLV regarding COVID-19 Health Disparity Assessment and Healthcare Equity Modeling project.

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
 - Leadership Journey Training
 - CSTE DMI summit conference
 - CDC TECCA early Demonstration project engagement
 - UNLV COVID-19 Community Forum

M. Contracts

- a. AMENDMENT A02 to Professional Services Agreement between Southern Nevada Health District and Board of Regents Nevada System of Higher Education on Behalf of University of Nevada, Las Vegas School of Public Health C2300092 regarding “COVID-19 Health Disparity Assessment and Healthcare Equity Modeling” project is pending.
- b. UNLV geocoding service contract for COVID-19 Health Disparity grant was extended to 5/31/2025.
- c. UNLV hospitalization and mortality base model contract for COVID-19 Health Disparity grant was extended to 5/31/2025.

N. CDC Visit: The CDC visited SNHD on April 23rd and 24th. They met with Informatics, EPI, and disease surveillance teams to discuss and observe how reportable disease data is accessed, exchanged, and used.

O. Other Projects

- i. Work with CDC to implement TEFCA early demonstration project.
- ii. Continue to maintain and enhance iCircle web application for OEDS. User account support, site maintenance, data corrections and updates.
- iii. Continue to meet and work on UNLV Base model project.
- iv. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- v. Working on Women's Health Associates of Southern Nevada (WHASN) ELR feed implementation.
- vi. Maintenance of the NHA Data Webservice Script.
- vii. OD2A phase 2, Component B. Dashboard layout planning is underway.
- viii. Monthly Presentation on Death certificates for Residents doing rotations at SNHD.
- ix. Continue working on Healthy Start Project.
- x. Community Status Assessment and Community Context Assessment (CHA) project with NICRP.



Quarter 1, 2024: Clark County Disease Statistics*

Disease	2022		2023		2024		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison	
	Qtr 1	YTD	Qtr 1	YTD	Qtr 1	YTD	Qtr 1 (2019-2023 aggregated)	Qtr 1 (2024)	Change b/t current & past 5-year?	
VACCINE PREVENTABLE										
COVID-19	122,456	122,456	7,518	7,518	2,992	2,992	793.21	40.61	↓X	
Haemophilus influenzae, invasive	4	4	12	12	15	15	0.14	0.20	↑	
Hepatitis A	2	2	0	0	1	1	0.13	-	-	
Hepatitis B, acute	10	10	4	4	7	7	0.09	-	-	
Hepatitis B, chronic	212	212	222	222	334	334	3.98	4.53	↑	
Influenza	144	144	92	92	502	502	7.56	6.81	↓	
Influenza-associated pediatric mortality	0	0	0	0	1	1	-	-	-	
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	1	1	-	-	-	
Mumps	0	0	0	0	2	2	-	-	-	
Pertussis	20	20	6	6	23	23	0.21	0.31	↑	
RSV	608	608	583	583	1,808	1,808	19.82	24.54	↑X	
SEXUALLY TRANSMITTED										
Chlamydia	3,061	3,061	3,215	3,215	3,221	3,221	69.38	43.72	↓X	
Gonorrhea	1,599	1,599	1,433	1,433	1,464	1,464	31.23	19.87	↓X	
HIV	109	109	127	127	83	83	2.30	1.13	↓X	
Stage 3 HIV (AIDS)	37	37	39	39	19	19	0.75	0.26	↓X	
Syphilis (Early non-primary, non-secondary)	154	154	158	158	154	154	2.84	2.09	↓X	
Syphilis (Primary, Secondary)	161	161	149	149	106	106	3.43	1.44	↓X	
CONGENITAL CONDITIONS										
Hepatitis C, Perinatal Infection	0	0	0	0	1	1	-	-	-	
Congenital Syphilis	17	17	22	22	6	6	53.01	-	-	
ENTERICS										
Amebiasis	0	0	1	1	1	1	-	-	-	
Campylobacteriosis	17	17	46	46	47	47	0.60	0.64	↑	
Cryptosporidiosis	3	3	2	2	9	9	0.06	-	-	
Giardiasis	13	13	18	18	12	12	0.26	0.16	↓	
Rotavirus	45	45	8	8	29	29	0.31	0.39	↑	
Salmonellosis	34	34	42	42	30	30	0.70	0.41	↓	
Shiga toxin-producing <i>E. coli</i> (STEC)	26	26	8	8	19	19	0.23	0.26	↑	
Shigellosis	6	6	16	16	37	37	0.25	0.50	↑	
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	1	1	0	0	-	-	-	
Yersiniosis	2	2	2	2	10	10	-	-	-	
OTHER										
Coccidioidomycosis	34	34	77	77	55	55	0.88	0.75	↓	
Encephalitis	2	2	0	0	0	0	-	-	-	
Exposure, Chemical or Biological	1	1	1	1	1	1	-	-	-	
Hepatitis C, acute	2	2	1	1	1	1	-	-	-	
Hepatitis C, chronic	774	774	622	622	399	399	21.13	5.42	↓X	
Invasive Pneumococcal Disease	57	57	84	84	96	96	1.52	1.30	↓	
Lead Poisoning	40	40	45	45	41	41	0.81	0.56	↓	
Legionellosis	6	6	9	9	3	3	0.14	-	-	
Listeriosis	1	1	0	0	1	1	-	-	-	
Lyme Disease	0	0	0	0	2	2	-	-	-	
Malaria	1	1	2	2	0	0	-	-	-	
Meningitis, Aseptic	3	3	3	3	7	7	0.22	-	-	
Meningitis, Bacterial Other	2	2	1	1	0	0	0.08	-	-	
Meningitis, Fungal	0	0	0	0	2	2	-	-	-	
Streptococcal Toxic Shock Syndrome (STSS)	2	2	10	10	12	12	0.16	0.16	↑	
Tuberculosis, Active	12	12	14	14	21	21	0.25	0.29	↑	

*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.'



March 2024: Clark County Disease Statistics*

Disease	2022		2023		2024	
	March	YTD	March	YTD	March	YTD
VACCINE PREVENTABLE						
COVID-19	2,797	122,456	2,197	7,518	367	2,992
Haemophilus influenzae, invasive	2	4	0	12	2	15
Hepatitis A	1	2	0	0	1	1
Hepatitis B, acute	2	10	2	4	2	7
Hepatitis B, chronic	71	212	88	222	115	334
Influenza	104	144	12	92	85	502
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	0	1
Mumps	0	0	0	0	2	2
Pertussis	9	20	0	6	2	23
RSV	97	608	44	583	209	1,808
SEXUALLY TRANSMITTED						
Chlamydia	1,148	3,061	1,195	3,215	1,148	3,221
Gonorrhea	596	1,599	482	1,433	482	1,464
HIV	41	109	60	127	10	83
Stage 3 HIV (AIDS)	18	40	9	39	2	19
Syphilis (Early non-primary, non-secondary)	54	154	50	158	60	154
Syphilis (Primary & Secondary)	51	161	47	149	31	106
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	0	0	1
Congenital Syphilis	7	17	3	22	0	6
ENTERICS						
Amebiasis	0	0	1	1	1	1
Campylobacteriosis	6	17	18	46	18	47
Cryptosporidiosis	2	3	0	2	2	9
Giardiasis	2	13	6	18	4	12
Rotavirus	28	45	3	8	17	29
Salmonellosis	10	34	15	42	11	30
Shiga toxin-producing <i>E. coli</i> (STEC)	11	26	1	8	6	19
Shigellosis	1	6	8	16	9	37
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	1	1	0	0
Yersiniosis	1	2	1	2	3	10
OTHER						
Coccidioidomycosis	8	34	28	77	21	55
Encephalitis	2	2	0	0	0	0
Exposure, Chemical or Biological	1	1	0	1	0	1
Hepatitis C, acute	0	2	0	1	1	1
Hepatitis C, chronic	294	774	222	622	132	399
Invasive Pneumococcal Disease	14	57	30	84	34	96
Lead Poisoning	18	40	20	45	16	41
Legionellosis	0	6	4	9	0	3
Listeriosis	0	1	0	0	1	1
Lyme Disease	0	0	0	0	0	2
Malaria	0	1	1	2	0	0
Meningitis, Aseptic	1	3	1	3	4	7
Meningitis, Bacterial Other	1	2	1	1	0	0
Meningitis, Fungal	0	0	0	0	1	2
Rabies, exposure to a rabies susceptible animal	27	83	25	83	16	76
Streptococcal Toxic Shock Syndrome (STSS)	0	2	3	10	3	12
Tuberculosis (Active)	3	12	5	14	10	21

*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.