



Memorandum

Date: June 27, 2024

To: Southern Nevada District Board of Health

From: **Anilkumar Mangla, MS, PhD, MPH, FRIPH**, *Director of Disease Surveillance & Control* 
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Subject: Disease Surveillance & Control Division Monthly Activity Report – May 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.

	May 2023	May 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1038	935	↓	5186	5125	↓
Gonorrhea	460	356	↓	2332	2182	↓
Primary Syphilis	17	3	↓	96	58	↓
Secondary Syphilis	36	5	↓	150	94	↓
Early Non-Primary, Non-Secondary ¹	46	39	↓	251	251	→
Syphilis Unknown Duration or Late ²	145	71	↓	639	565	↓
Congenital Syphilis (presumptive)	4	0	↓	29	12	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	3	4	↑	11	24	↑
Syphilis Pregnant Cases	27	10	↓	72	56	↓
Perinatally Exposed to HIV	1	8	↑	11	22	↑
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	3	5	↑	18	22	↑
Hepatitis A	2	0	↓	2	2	→
Hepatitis B, acute	4	2	↓	11	11	→

	May 2023	May 2024		YTD 23	YTD 24	
Influenza	28	49	↑	132	609	↑
Pertussis	6	2	↓	12	29	↑
RSV	25	33	↑	647	1903	↑
Enteric Illness						
Amebiasis	0	1	↑	1	2	↑
Campylobacteriosis	19	18	↓	82	92	↑
Cryptosporidiosis	1	2	↑	4	13	↑
Giardiasis	5	2	↓	30	20	↓
Rotavirus	26	24	↓	44	79	↑
Salmonellosis	14	8	↓	73	52	↓
Shiga toxin-producing Escherichia coli (STEC)	4	6	↑	15	32	↑
Shigellosis	11	11	→	32	58	↑
Yersiniosis	3	1	↓	6	13	↑
Other						
Candida auris	45	139	↑	243	784	↑
Carbapenem-resistant Enterobacterales (CRE)	9	44	↑	56	251	↑
Coccidioidomycosis	15	13	↓	118	86	↓
Hepatitis C, acute	0	1	↑	1	5	↑
Invasive Pneumococcal Disease	10	18	↑	118	137	↑
Lead Poisoning	20	12	↓	78	70	↓
Legionellosis	2	2	→	16	9	↓
Meningitis, aseptic	5	0	↓	9	11	↑
Meningitis, Bacterial Other	0	0	→	1	1	→
Streptococcal Toxic Shock Syndrome (STSS)	3	1	↓	14	16	↑
New Active TB Cases Counted (<15 yo)	0	0	→	2	2	→
New Active TB Cases Counted (>= 15 yo)	9	5	↓	34	24	↓

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	13	0	25	0
Gonorrhea	8	0	17	0
Syphilis	31	1	154	0
HIV/AIDS (New to Care/Returning to Care)	30	2	109	0
Tuberculosis	98	0	10	0
TOTAL	180	3	315	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: 10
 1. Lead CTs – 2
 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. **Mpox:** As of May 28, 2024, Clark County had 313 cases of mpox.
 - 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 remained low. Statewide, the outpatient respiratory illness activity in Nevada had been minimal. Locally, as of 5/18/2024, for the 2023 - 2024 influenza season, 1390 influenza-associated hospitalizations, and 85 deaths associated with influenza, including one influenza-associated pediatric death were reported. Influenza A had been the dominant type circulating. The influenza surveillance for the 2023-2024 season ended on 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 Cluster at a Preschool:** On May 2, ACDC staff were notified that a preschool had an unknown virus going through the school. 6 staff were reported to have GI symptoms including nausea, vomiting, and diarrhea. An

investigation was initiated and determined that multiple kids were out ill with GI illness as well. School administrators decided to close the school down temporarily for cleaning and disinfection. During the investigation, a total of 11 ill cases were identified, with 1 testing positive for Norovirus. Environmental Health responded to ensure the school was given appropriate guidance for sanitization. This investigation has been completed.

- e. **GI Illness at an Elementary School:** On May 3, DSC received a call from a school regarding 8 students ill from 7 different classrooms. Several staff members were also reported as ill. ACDC initiated an outbreak investigation. Investigation. A causative agent was not identified for this event. This investigation has been closed.
- f. **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. This investigation has been closed with no contacts reported to become symptomatic and no cases found.
- g. **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.
- h. **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 was concluded 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
5/1/2024	Outreach	55	110
5/1/2024	Golden Nugget	20	
5/1/2024	ODTA Client engagement		1
5/2/2024	LVMPD		48
5/2/2024	LVMPD		-41
5/2/2024	L2A		41
5/2/2024	Moapa River Police Department		165
5/2/2024	WestCare		1008
5/2/2024	Coral Academy of Science Las Vegas Nellis AFB		6
5/2/2024	Wellpath		312
5/2/2024	F.A.I.T.H. Behavioral Services and Wellness Center		96
5/2/2024	High Risk Pregnancy Center		120
5/2/2024	Clark County Office of the Coroner/Medical Examiner		48
5/2/2024	Boulder City Municipal Court		120
5/2/2024	The AIDS Healthcare Foundation		168
5/2/2024	Clark County Department of Juvenile Justice Services		96
5/6/2024	ODTA Client engagement		2
5/8/2024	ODTA Client engagement		10
5/9/2024	Red Rock Search and Rescue		96
5/9/2024	Golden Nugget		72
5/9/2024	Las Vegas Comprehensive Treatment Center		72
5/9/2024	UNLV - Pharmacy		168
5/16/2024	Las Vegas Paiute Police Dept		120
5/16/2024	Lee Canyon Ski Resort		14
5/16/2024	Pearl Jam Concert (SNHD Tabling)	15	26
5/16/2024	AFAN	16	

5/18/2024	Pearl Jam Concert (SNHD Tabling)	90	166
5/22/2024	City of Las Vegas Dept of Public Safety: Marshals	12	
Total		208	3044

- 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 May:

05/01/2024	SNHD Office of Disease Surveillance	(300 Strips)
05/06/2024	Founders Club	(300 Strips)
05/08/2024	Comprehensive Treatment Center	(300 Strips)
05/15/2024	SNHD Office of Disease Surveillance	(100 Strips)
05/15/2024	Las Vegas Paiute Police Department	(300 Strips)
05/16/2024	SNHD Office of Disease Surveillance	(100 Strips)
Total FTS:		(1,400 Strips)

05/08/2024	Adelson Clinic	(300 Strips)
05/15/2024	Las Vegas Paiute Police Department	(300 Strips)
05/15/2024	SNHD Office of Disease Surveillance	(200 Strips)
05/23/2024	Shine a Light	(300 Strips)
05/28/2024	SNHD Office of Disease Surveillance	(100 Strips)
05/30/2024	Trac-B/Impact Exchange	(300 Strips)
Total XTS:		(1,500 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion continues of the [Collect2Protect](#) (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD’s main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, 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 May 11th, our office provided HIV, syphilis, HCV testing, STI education, and condom distribution at the NAACP Park Takeover. This took place at the

park on the west side of the Pearson Center at 1625 W. Carey Ave. 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://p.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	May-23	May-24		YTD 23	YTD 24	
Outreach/Targeted Testing	1135	486	↓	5234	4620	↓
Clinic Screening (SHC/FPC/TB)	303	339	↑	1836	1782	↓
Outreach Screening (Jails, SAPTA)	426	147	↓	1272	1171	↓
Collect2 Protect	14	3	↓	86	49	↓
TOTAL	1878	975	↓	8428	7622	↓
Outreach/Targeted Testing POSITIVE	14	1	↓	38	11	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	2	↑	5	4	↓
Outreach Screening (Jails, SAPTA) POSITIVE	3	1	↓	6	3	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	17	4	↓	49	18	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 05/01/2024: Co-presented "Working With or Around the Law: Access to Sexual Health for Minors" at NACCHO 2024 Public Health Law Practitioners Conference; 40 people in attendance; 2 SNHD Staff attendees.
2. 05/01/2024: Attended monthly SUID & SDY meeting with CDC representative; 8 people in attendance; 5 ODS staff attendees.
3. 05/01-05/2024: 2024 National LatinX Conference on HIV/HCV/STD; 1 SNHD ODS attendee.
4. 05/02/2024: Attended Nevada SHSP Safer Roads Quarterly Meeting as SNHD Representative; 30 people in attendance; 1 ODS Health Educator attendee.
5. 05/03/2024: Attended Big City Health Coalition Violence Prevention Workgroup Meeting; 19 people in attendance; 1 ODS SNHD staff attendee.

6. 05/03/2024: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as Chair; ~47 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
7. 05/05-08/2024: ODTA Grant Recipient Meeting in Atlanta, GA; 4 SNHD ODS attendees.
8. 05/06/2024 - 05/08/2024: CDC sponsored "ODTA 2.0 Kick Off Meeting" conference attended by ODS Health Educator; ~500 people in attendance; 4 SNHD ODS staff attendees.
9. 05/06/2024 – 05/09/2024: Attended American Hospital Association Accelerating Health Equity Conference in Kansas City Missouri, ~1,000 people in attendance; 4 SNHD DSC staff attendees.
10. 05/06/2024: Attended 7th Annual Southern Nevada Summit on Children's Mental Health; 50 people in attendance; 1 ODS staff attendees.
11. 05/06/2024: Attended the Ending the HIV Epidemic Workgroup Monthly Meeting as SNHD representatives; 40 people in attendance; 2 ODS Health Educator attendees.
12. 05/07/2024: Co-facilitated virtual iCircle training for Hope Christian Health Center; 5 people in attendance; 3 SNHD ODS Staff attendees.
13. 05/07/2024: Co-Facilitated Harm Reduction 101 Training; 7 people in attendance; 2 ODS Health Educator trainers.
14. 05/08/2024: Co-Facilitated Joint Southern and Northern Nevada HIV Prevention Planning Group Meeting facilitated by Southern Nevada HIV Prevention Planning Group; 50 people in attendance; 6 ODS staff attendees.
15. 05/09/2024: Presented at American Association of Suicidology 2024 Conference; ~600 people in attendance; 1 SNHD ODS staff attendee.
16. 05/09/2024: Facilitated SNOAC General Meeting with PACT Coalition; 57 people in attendance; 5 ODS Staff attendees.
17. 05/13/2024: Facilitated SNSMOPS Planning Committee Meeting; 8 people in attendance; 1 ODS Staff attendees.
18. 05/13/2024: Conducted Media Interview with Washington Post on overdose prevention; 2 people in attendance; 1 ODS Health Educator interviewed.
19. 05/14/2024: Attended Child Death Advanced Review meeting; 11 people in attendance; 5 ODS staff attendees.
20. 05/14/2024 – 05/16/2024: Attended CDC Foundation "Overdose Response Strategy Conference"; ~300 people in attendance; 2 SNHD ODS staff attendees.
21. 05/15/2024 – 05/16/2024: Facilitated "Empower Change Rapid HIV Testing and Counseling Training" facilitated by Southern Nevada Health District; 13 people in attendance; 5 SNHD ODS Staff attendees.
22. 05/15/2024: Facilitated Public Health Vending Machine (PHVM) Technical Assistance call with Louisiana; 6 people in attendance; 1 ODS Health Educator attendee.
23. 05/15/2024: Facilitated Community Committee – Community Health Assessment Update Meeting; 42 people in attendance; 2 ODS Health Educator attendees.
24. 05/16/2024: Presented at Facilities Advisory Board meeting on the Community Status Assessment Survey Launch; 15 people in attendance; 1 ODS Health Educator attendee.
25. 05/16/2024: Attended CDC EFC NV Strategic Planning Steering Committee as SNHD representative; 12 people in attendance; 1 ODS Health Educator attendee.
26. 05/16/2024: Facilitated Harm Reduction training for Help of Southern Nevada; 20 people in attendance; 1 ODS Health Educator attendee.
27. 05/17/2024: Conducted Media Interview with Fox 5 on overdose prevention at EDC; 2 people in attendance; 1 ODS Health Educator interviewed.
28. 05/18/2024: Naloxone Education and Distribution – Outreach Tabling at Pearl Jam Concert; 90 people in attendance; 1 ODS Health Educator attendee.
29. 05/21/2024: Facilitated PHVM Round Table; ~75 people in attendance, 1 ODS Staff attendee.

30. 05/21/2024: Facilitated "Harm Reduction 101"; 7 people in attendance; 5 SNHD ODS staff attendees.
31. 05/21/2024: Attended Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting as a representative; ~20 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
32. 05/23/2024: Attended Canva Create Conference hosted by Canva in Los Angeles, CA; ~ 1000 people in attendance; 1 ODS staff attendee.
33. 05/28/2024: Co-Presented Perinatal HIV Public Health Detailing for Mountain View Post/Ante Partum, NICU, and Labor and Delivery with Raychel Holbert, Magali Canos, and Danielle Halderman; 39 people in attendance; 4 ODS Staff attendees.
34. 05/28-31/2024: Synchronicity 2024 Conference in Washington DC; attended by 1 SNHD ODS staff.
35. 5/29/2024: Presented Overdose Training and Response for Ryan White Coalition meeting; 20 people in attendance; 3 ODS staff attendees.
36. 05/29/2024: Attended Las Vegas Ryan White TGA Part A Planning Council Meeting; 30 people in attendance; 2 ODS staff attendees.
37. 05/31/2024 – 06/01/2024: Attended Washoe County Prevention Conference; ~300 people in attendance; 1 ODS Health Educator attendee.

D. Other

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

MONTHLY REPORT – May 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, ETL optimization, automated error-checking and validation.
- c. Pentaho report updates: Case Workload report, ODTA QA reports.
- 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. 392 tasks have been completed.
- e. EpiTrax NORS form planning and implementation is underway. 50% of PDF has been converted to EpiTrax custom forms. Template error with Outbreak forms corrected.

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: Brucellosis, Granuloma Inguinale.
- d. UMC ECR intake into EMSA in full production – ongoing exception mapping for incoming messages.

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-19 interface between instruments, COVID-19 POD app and Orchard, to include COVID-19 testing and reporting as needed. Implementing combined testing for SNPHL 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. Orchard Outreach module went live on 5/6/24. It provides specimen ordering and result delivery from/to partners in a more efficient and timelier manner.
- 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. Implemented Family Planning interface reconciliation process.
- ix. Continue discussions for consolidation/streamlining of Sexual History Documentation.
- x. Results extraction from eCW backup database server for data warehouse ingestion.
- xi. Exploring automation between eCW and iCircle.

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.
 - c. State GENV2 Generic MMG excel document updates completed.
 - d. Evaluation of OCR vendor continues. Final four vendors under review.
 - e. Continue collaboration with the State on matching data formats for submission to CDC.
 - f. Implementation of all CDC required data fields in EpiTrax custom forms.
 - g. CDC test cases 6 of 8 received and verified by CDC.
 - h. CDC test cases 7 and 8 submitted 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 reports were completed.
 - iii. COVID Health Disparity grant Q3 progress report was completed.
 - iv. Applied CDC Foundation Data Modernization Workforce Acceleration Initiative (WAI) grant.
- 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
 - 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 Mpx 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 SNPDL 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, Atlanta, GA
 - CDC-BCHC future of public health data summit conference, Dallas, TX
 - UNLV Community Forum 2024: COVID-19 Impact on Disparities
 - COOP Tabletop exercise and Recovery Workshop
 - Accelerating Health Equity Conference, Kansas City, MO
 - PHIG Reverse Site Visit, San Diego, CA
 - NVDRS Reverse Site Visit, Atlanta, GA
 - HIDTA Conference, Dallas, TX
 - Global Health Corps In person leadership meeting

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. 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. Initial dashboard layouts completed, undergoing QA and review.
- 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.
- xi. May Child Death Review and Advanced Child Death Reviews.



April 2024: Clark County Disease Statistics*

Disease	2022		2023		2024	
	April	YTD	April	YTD	April	YTD
VACCINE PREVENTABLE						
COVID-19	5,132	127,584	1,629	9,147	267	3,264
Haemophilus influenzae, invasive	1	5	3	15	2	17
Hepatitis A	1	3	0	0	1	2
Hepatitis B, acute	1	11	3	7	1	8
Hepatitis B, chronic	62	274	128	351	94	428
Influenza	170	314	12	104	58	560
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	0	1
Mumps	0	0	0	0	1	3
Pertussis	10	30	0	6	3	26
RSV	102	710	39	622	62	1,870
SEXUALLY TRANSMITTED						
Chlamydia	1,092	4,153	935	4,150	968	4,190
Gonorrhea	583	2,182	439	1,872	361	1,826
HIV	32	141	42	169	19	143
Stage 3 HIV (AIDS)	17	57	10	49	5	31
Syphilis (Early non-primary, non-secondary)	45	199	47	205	58	213
Syphilis (Primary & Secondary)	54	215	44	193	36	143
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	0	1	2
Congenital Syphilis	3	20	3	25	5	12
ENTERICS						
Amebiasis	0	0	0	1	0	1
Campylobacteriosis	6	23	17	63	24	74
Cryptosporidiosis	2	5	1	3	1	10
Giardiasis	1	14	7	25	6	18
Rotavirus	37	82	10	18	26	55
Salmonellosis	18	52	17	59	14	44
Shiga toxin-producing <i>E. coli</i> (STEC)	8	34	3	11	7	26
Shigellosis	8	14	5	21	10	47
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	0	1	2	2
Yersiniosis	1	3	1	3	1	12
OTHER						
Coccidioidomycosis	8	42	26	103	15	70
Dengue	0	1	0	0	0	0
Encephalitis	0	2	0	0	0	0
Exposure, Chemical or Biological	0	1	0	1	0	1
Hepatitis C, acute	0	2	0	1	2	3
Hepatitis C, chronic	277	1,051	449	1,068	153	550
Invasive Pneumococcal Disease	16	73	24	108	23	119
Lead Poisoning	10	50	14	59	11	54
Legionellosis	1	7	5	14	4	7
Listeriosis	0	1	0	0	0	1
Lyme Disease	2	2	0	0	0	2
Malaria	1	2	0	2	0	0
Meningitis, Aseptic	2	5	1	4	4	11
Meningitis, Bacterial Other	0	2	0	1	0	0
Meningitis, Fungal	0	0	0	0	1	3
Rabies, exposure to a rabies susceptible animal	30	113	28	111	32	108
Streptococcal Toxic Shock Syndrome (STSS)	1	3	1	11	3	15
Tuberculosis (Active)	7	19	13	27	2	23

*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.



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) | |
| 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.'