



Memorandum

Date: October 24, 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 – September 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.

	September 2023	September 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1076	867	↓	9495	9017	↓
Gonorrhea	462	400	↓	4253	3898	↓
Primary Syphilis	22	4	↓	183	111	↓
Secondary Syphilis	24	11	↓	261	183	↓
Early Non-Primary, Non-Secondary¹	42	23	↓	474	414	↓
Syphilis Unknown Duration or Late²	140	51	↓	1128	1049	↓
Congenital Syphilis (presumptive)	6	0	↓	42	24	↓
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	2	4	↑	25	36	↑
Pregnant Syphilis Cases	15	4	↓	143	91	↓
Perinatally Exposed to HIV	1	2	↑	17	19	↑
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late ³ Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis. ⁴ The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County.						
Vaccine Preventable	September 2023	September 2024		YTD 23	YTD 24	

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	September 2023	September 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	4	3	↓	25	36	↑
Hepatitis A	0	1	↑	6	8	↑
Hepatitis B, acute	2	3	↑	24	28	↑
Influenza	13	9	↓	217	718	↑
Pertussis	9	0	↓	27	40	↑
RSV	52	15	↓	762	1957	↑
Enteric Illness						
Amebiasis	2	0	↓	4	3	↓
Campylobacteriosis	16	13	↓	146	161	↑
Cryptosporidiosis	4	0	↓	10	21	↑
Giardiasis	7	2	↓	56	46	↓
Rotavirus	7	3	↓	101	116	↑
Salmonellosis	18	15	↓	158	124	↓
Shiga toxin-producing Escherichia coli (STEC)	4	3	↓	42	67	↑
Shigellosis	9	13	↑	61	113	↑
Yersiniosis	1	1	→	12	28	↑
Other						
Candida auris	76	124	↑	464	1351	↑
Carbapenem-resistant Enterobacterales (CRE)	33	46	↑	148	472	↑
Coccidioidomycosis	22	11	↓	202	176	↓
Hepatitis C, acute	0	1	↑	3	11	↑
Invasive Pneumococcal Disease	9	6	↓	150	169	↑
Lead Poisoning	8	6	↓	124	89	↓
Legionellosis	4	3	↓	28	24	↓
Meningitis, aseptic	5	2	↓	25	22	↓
Meningitis, Bacterial Other	3	0	↓	8	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	1	0	↓	26	28	↑
New Active TB Cases Counted (<15 yo)	0	0	→	2	3	↑
New Active TB Cases Counted (>= 15 yo)	7	3	↓	54	47	↓

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	8	0	21	0
Gonorrhea	10	0	26	0
Syphilis	34	2	160	0
HIV/AIDS (New to Care/Returning to Care)	20	4	60	0
Tuberculosis	21	0	21	0
TOTAL	93	6	288	0

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1	Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
2	Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
3	OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

3. ACDC COVID-19 Activities

ACDC is transitioning Covid public health response to align with state guidance and CDC recommendations. Universal case investigation has not been recommended by the CDC since 2022. Surveillance for Covid-19 will prioritize hospitalizations and deaths while maintaining ongoing laboratory surveillance and adjusting as needed per the NVDPBH requirements.

4. Disease and Outbreak Investigations

- a. **Mpox:** As of September 27, 2024, Clark County had 318 cases of mpox.
- b. **West Nile Virus Season:** WNV season began with an extremely high positivity rate in mosquitoes beginning in May 2024. The first human case was reported in June. In the month of September, ACDC conducted 0 WNV investigations. It seems that the 2024 WNV season may be coming to an end, mosquito surveillance will continue through October.

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 and distributions have taken place in the month of September:

Naloxone Distribution//	Agency	# Trained	# of Naloxone doses distributed
9/3/2024	Clients/ Harm reduction	20	40
9/4/2024	L2A	55	110
9/5/2024	Community Counseling Center		216
9/5/2024	SNHD - Pharmacy	0	60
9/5/2024	SNHD - L2A	0	240
9/5/2024	Training of Trainers - Multiple agencies	19	0

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9/9/2024	Clients/ Harm reduction	30	60
9/11/2024	Shine a Light	0	10992
9/11/2024	L2A	61	122
9/12/2024	HELP of Southern Nevada		120
9/12/2024	SNHD - Pharmacy Fremont		216
9/12/2024	Henderson Police Dept		-47
9/12/2024	SNHD - L2A	0	47
9/12/2024	Protective Force International	20	0
9/16/2024	The Center	0	240
Total		205	12416

- 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 September:

FTS Distribution		
09/11/2024	Shine a Light	(7000 Strips)
09/11/2024	Desert Winds Recovery/ First Dawn Recovery	(300 Strips)
09/11/2024	AIDS Healthcare Foundation	(300 Strips)
09/11/2024	City of Henderson	(500 Strips)
09/11/2024	SNHD Fremont Pharmacy	(300 Strips)
09/25/2024	SNHD Pharmacy	(300 Strips)
09/26/2024	Valley View Community Cares	(10 Strips)
Total FTS:		8,710 Strips

XTS Distribution		
09/11/2024	Shine a Light	(30000 Strips)
09/11/2024	Desert Winds Recovery/ First Dawn Recovery	(300 Strips)
09/11/2024	City of Henderson	(500 Strips)
09/11/2024	AIDS Healthcare Foundation	(300 Strips)
09/11/2024	SNHD Fremont Pharmacy	(300 Strips)
09/25/2024	SNHD Pharmacy	(300 Strips)
09/26/2024	Valley View Community Cares	(1000 Strips)
Total XTS:		32,700 Strips

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion continues of the [Collect2Protect](#) (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home

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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 continues to collaborate with community partners to participate at various outreach events. This month we were proud to participate in the inaugural SNHD Sexual Health Education and Testing Fair held at SNHD-Main Campus on Sept 3rd. This event brought community partners together onsite to provide education, condoms, testing, and other services in one, easily accessible location. We were able to have the MTU onsite at main, so participants still had a sense of confidentiality with testing. Additionally, we had our first outreach with a new partner, Fantastic Indoor Swap Meet on Sept 28th. We are excited to have gained access to offer services at this location on the MTU. Over 4,000 people flow through Fantastic Indoor Swap Meet during operating hours. This will go a long way in stigma reduction by normalizing availability and visibility of sexual health and harm reduction services at this longstanding Clark County business site. At both events, we offered onsite rapid HIV and HCV testing as well as syphilis testing, harm reduction supplies, and additional educational materials. 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. Special Targeted Outreaches:
 1. Our office received a call from HELP of Southern Nevada on September 9th for targeted testing services. They identified individuals whom they suspected to have Mpox that are residents in the wash tunnels on. We were able to redirect staff the same day to go out with their team to locate and to offer STD, HIV, and Mpox screening, testing and care services. We also were able to redirect L2A, our harm reduction team staff, to offer Fentanyl and Xylazine test strips as well as Naloxone to the residents we encountered that day as well.
 2. On September 28th we facilitated a second targeted testing event as part of an ongoing syndemic cluster that our team had identified via investigation efforts. Clients within the identified cluster suggested that staff present to a park located within the "cluster" neighborhood to offer testing for syphilis, HIV, and HCV. Distribution of harm reduction supplies were also needed as there is heavy substance use within the cluster. Upon arriving to Bob Price Park (5852 E. Lake Mead Blvd) the evening of September 28th our team was met with a large turnout. We were able to screen 37 people for all three infections as well as distribute large quantities of much needed harm reduction supplies. Our team was able to pull this pop-up outreach together within 48hrs with the support of our senior leadership for funding, supplies, and testing strategies. Dr. Mangla,

Director of Disease Surveillance and Control, was onsite to observe and oversee this targeted community outreach effort.

- d. 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	Sept-23	Sept-24		YTD 23	YTD 24	
Outreach/Targeted Testing	1012	523	↓	9310	9654	↑
Clinic Screening (SHC/FPC/TB)	581	392	↓	6142	6786	↑
Outreach Screening (Jails)	274	202	↓	2548	2158	↓
Collect2 Protect	4	2	↓	130	80	↓
TOTAL	1871	1119	↓	18130	18678	↑
Outreach/Targeted Testing POSITIVE	4	0	↓	57	33	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	11	9	↓
Outreach Screening (Jails, SAPTA) POSITIVE	4	1	↓	13	5	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	8	1	↓	81	47	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 09/03/2024: Facilitated Public Health Vending Machine (PHVM) technical assistance session with Oklahoma; 2 attendees; 1 SNHD staff attendee.
2. 09/03/2024: Tabled at Sexual Health Education and Testing Health Fair; 60 people in attendance; 4 ODS Health Educator in attendance.
3. 09/05/2024: Attended NV Strategic Highway Safety Plan Vulnerable Road Users Task Force Meeting as SNHD representative; 50 people in attendance; 1 ODS health educator attendee.
4. 09/05/2024: Facilitated Overdose Response with Naloxone Training of Trainers - Multiple Agencies; 20 people in attendance.
5. 09/05/2024: Provided interview on Mpox in Spanish to NV Independent; 2 people in attendance; 1 ODS health educator in attendance.
6. 09/06/2024: Presented to UNLV Honors Class on Syphilis Media Campaign; 15 people in attendance; 2 SNHD staff in attendance.
7. 09/06/2024: Facilitated Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as Chair; ~45 people in attendance from multiple agencies; 2 SNHD ODS staff in attendance.

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8. 09/06/2024: Attended on Big Cities Health Coalition (BCHC) Substance Use and Violence Prevention Working Groups as SNHD representative; 25 people in attendance; 1 ODS staff member.
9. 09/10/2024: Organized and attended "Pregnancy and Apretude" presentation with Natalie Nix, research scientist at ViiV; 5 people in attendance; 2 ODS Health Educator attendees.
10. 09/10/2024: Co-Facilitated Harm Reduction 101 training; 11 people in attendance; 7 ODS staff in attendance.
11. 09/11/2024: Facilitated and Attended Southern Nevada HIV Prevention Planning Group Meeting; 15 people in attendance; 3 ODS staff in attendance.
12. 09/12/2024: Co-facilitated the SNOAC Executive Committee Meeting; 13 people in attendance; 3 ODS staff in attendance.
13. 09/12/2024: Presented on CredibleMind and Attended Latinx Steering Committee meeting as a representative; 16 people in attendance from multiple agencies; 2 SNHD ODS staff in attendance.
14. 09/12/24 - 09/15/24: Attended "USCHA" conference in New Orleans, Louisiana; ~3000 people in attendance; 7 SNHD staff in attendance.
15. 09/12/2024: Facilitated Overdose Response with Naloxone Training - Protective Force International; 21 people in attendance.
16. 09/17/2024: Presented as Subject Matter Expert on Nevada Opioid Center of Excellence Harm Reduction Panel; 112 people in attendance; 3 ODS health educators in attendance.
17. 09/17/2024: Facilitated training on Congenital Syphilis clinical education session at Mountain View Hospital; 41 people in attendance; 3 SNHD staff in attendance.
18. 09/17/2024: Facilitated Overdose Response with Naloxone - SNHD FQHC Staff; 23 people in attendance.
19. 09/18/2024: Facilitated PHVM follow up technical assistance session with Oklahoma; 2 attendees; 1 SNHD staff attendee.
20. 09/18/2024 – 09/19/2024: Co-Facilitated Empower Change Rapid HIV Testing and Counseling Training; 7 attendees; 4 ODS staff attendees.
21. 09/19/2024: Facilitated Overdose Response with Naloxone - City of North Las Vegas; 8 people in attendance.
22. 09/19/2024: Facilitated Naloxone Training for the Fifth Sun Project; 8 people in attendance; 1 SNHD ODS staff in attendance.
23. 09/20/2024: Facilitated PHVM technical assistance session with Hennepin Co, MN; 2 attendees; 1 SNHD staff in attendance.
24. 09/24/2024: Co-Facilitated Harm Reduction 201 Training; 10 people in attendance; 2 SNHD ODS staff in attendance.
25. 09/24/2024: Co-Facilitated, hosted, and coordinated Mental Health Mingle Event with 3 other team members; ~45 people in attendance; 7 SNHD ODS staff attendees.
26. 09/24/2024: Attended Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; ~20 people in attendance from multiple agencies; 2 SNHD ODS staff in attendance.
27. 09/24/2024: Facilitated training on Congenital Syphilis clinical education session at UMC Hospital; 35 people in attendance; 3 SNHD staff in attendance.
28. 09/24/2024: Facilitated Overdose Response with Naloxone - SNHD FQHC Staff; 71 people in attendance.
29. 09/25/2024: Attended Bay Area Regional Health Inequities Initiative (BARHII) Transforming Community Coalitions Community of Practice Training; 25 people in attendance; 1 ODS health educator in attendance.
30. 09/25/2024: Facilitated Overdose Response with Naloxone - Community Training Team Volunteers; 5 people in attendance.
31. 09/25/2024: Attended DAAT Harm Reduction in Action Training; ~40 people in attendance from multiple agencies; 2 SNHD ODS staff in attendance.

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32. 09/25/2024: Attended Ryan White Las Vegas TGA Part A Planning Council Strategic Planning and Assessment Committee Meeting; 35 people in attendance; 2 ODS staff in attendance
33. 09/25/2024: Facilitated Harm Reduction in Action Training for Roseman University; ~53 people in attendance; 3 ODS staff in attendance.
34. 09/26/2024: Presented as Subject Matter Expert on Nevada Opioid Center of Excellence Podcast; 3 people in attendance.
35. 09/26/2024: Facilitated Overdose Response with Naloxone - Olive Crest; 16 people in attendance.
36. 09/30/2024: Presented Harm Reduction in the Field Training; 11 people attended; 10 ODS staff in attendance.
37. 09/30/2024: Facilitated training on Congenital Syphilis clinical education session at Summerlin Hospital; 24 people in attendance; 3 SNHD staff in attendance.

D. Other

1. Communicable Disease Statistics: August and Quarter 2 2024 disease statistics are attached (see Table 1).

MONTHLY REPORT – September 2024

OFFICE OF INFORMATICS AND EPIDEMIOLOGY (OIE)

1. 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, updated respiratory vaccines and treatments for RSV, COVID, and Flu, added suicide screener fields, new data field for person alias.
 - b. Continue to update and enhance Data Warehouse
 - c. Pentaho report updates; updated STD/HIV, TB, DIIS no activities, and ODTA 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. 433 tasks have been completed with 78 tasks left.
2. 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. HCA Mountainview eCR intake into EMSA in full production – ongoing exception mapping for incoming messages.
 - d. Onboarding other HCA facilities, currently Southern Hills eCR into EMSA, reviewing exceptions and data fields for data mapping completeness into EpiTrax.
3. 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. Clark County Coroner's Office, Sunrise Hospital-Microbiology lab, So. NV Veterans Home, Veterans Administration (VA), and Office of Disease Surveillance (ODS).
 - f. Outreach system live. It provides specimen ordering and result delivery from/to partners in a

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more efficient and timelier manner. Planning for Valley Hospital, Office of Disease Surveillance (ODS), and Environmental Health LRN-B interface for CDC went live.

- g. The electronic laboratory interface between the Nevada State Public Health Lab and the Southern Nevada Public Health Lab for orders/results went live.

- 4. Electronic Health Record (EHR) System**
 - a. Maintain the system for patient care and documentation. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.
 - b. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR). Working with NV HIE and eCW on eCR and FHIR implementation.
 - c. Continued adoption of Azara, the data warehouse/analytics platform.
 - d. Configuration Modifications for the Healthy Start Program (Maternal Child Health).
 - e. Implemented Family Planning interface reconciliation process and FPAR report prompt/filter resolution.
 - f. Continue discussions for consolidation/streamlining of Sexual History Documentation.
 - g. Data extraction from eCW for iCircle risk factors.
 - h. Care Plan implementation.
 - i. No show prediction feature evaluation
 - j. SimonMed Imaging Orders/Results issue resolved
 - k. Family Planning Reproductive History configuration modifications
 - l. Monthly reports

- 5. 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).
 - e. Participating in FHIR specification development with the Georgia Tech Research Institute (GTRI).
 - f. Outreach project implementation for orders/results to/from SNPHL.
 - g. De-commission old data feeds since Outreach system has been implemented and provides this data.
 - h. Working with vendor to implement end user requests/enhancements

- 6. 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.

- 7. API Server**
 - a. Extending data consumption from National Weather Service's API into our data warehouse.
 - b. Continue to review extraction of necessary data process from HIE API response for PILLARS project.

- 8. Data Modernization Initiative (DMI)**
 - a. Continue to work with the State on DMI project.
 - b. Continue to work with NC HIE on TEFCA and FHIR projects.
 - c. eCR project: Onboarding HCA Southern Hills into EMSA.

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- d. MMG GENV2 Phase 2 completed, start YTD data submission from MMWR year 2024 week 1-38
- e. Continue MMG TB/LTBI mapping variables, PHIN VADS in NMI for phase 1

9. 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.

10. Grant Updates

- a. ELC DMI grant September monthly progress reports were completed.
- b. PHEP Q1 progress report was completed.

11. Reports

- a. The following FQHC/Clinical reports were completed and submitted.
 - Update of Immunization Fremont Clinic Monthly Validation Report
 - Update of MPOX Immunization All Facility Report
 - Update of Patient age between 9-13 Vaccine Report
 - Medicaid report for FQHC & SHC providers at all FQHC locations
 - eCW No-Show eBO Reports for SHC
 - EBO sftp report title update
 - PCHP Report to HRSA
 - FY24 Provider Patient Encounter Report
 - eCW tb patients report update with “isolation”
 - RWA Quarterly Reports
 - Gratis and Self-pay Report
 - Report for Insti and Treponema
 - UDS Table 6b – Section B cross-check EBO and Azara
 - CAREWare eCW lab upload data clean discussion
 - FQHC Telephone Encounter Report
- b. Epidemiology Reports:
 - Data quality reports to support the Office of Disease Surveillance’s activities and STD/HIV grant deliverables.
 - Monthly - Drug Overdose Report – External
 - Monthly - BOH report
 - Monthly and quarterly disease statistics
 - Weekly Mpox case and vaccination report
 - Ongoing monthly and quarterly reports for FOCUS HIV grant project
 - Monthly NVDRS, SUDORS and NCLPP reports
 - Outreach site HIV testing stats-weekly
 - EPT report- weekly
 - Weekly arbovirus update
 - Weekly Internal Heat Related Illness report
 - Monthly Heat Related Death and Illness report
- c. 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 - working on updates for 2025SNHD 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. Epi staff have reviewed 3 manuscripts for possible publication from these analyses.

12. Training

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- a. Staff attended and/or completed the following trainings, conferences, presentations, and webinars:
 - Attending EpiTrax User Weekly Collaboration and Learning Meeting Leadership Journey Training
 - HL7 FHIR Connectathon, Atlanta GA
 - UNLV Geospatial Analysis Workshop – Geocoding and Hotspot analysis
 - EpiTrax consortium meeting in Fort Worth, TX
 - Attending the ESRI ArcGIS dashboard collaboration weekly meeting

13. Contracts

- a. BAA with Nevada State Public Health Laboratory fully executed Sep 12, 2024.
- b. Interlocal agreement with Clark County Coroner's Office for SUIDS_25, SUIDB_25, and SUIDA_25 is pending for approval.

14. Other Projects

- a. Continue working with CDC to implement TEFCA early demonstration project.
- b. Continue to maintain and enhance iCircle web application. User account support, site maintenance, data corrections and updates.
- c. Continue to meet and work on UNLV Base model project.
- d. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- e. Working on Women's Health Associates of Southern Nevada (WHASN) ELR feed implementation.
- f. Maintenance of the NHA Data Webservice Script.
- g. Monthly Presentation on Death certificates for Residents doing rotations at SNHD.
- h. Continue working on Healthy Start Project.
- i. Community Status Assessment and Community Context Assessment (CHA) project with NICRP.
- j. September Child Death Review
- k. Updated NETSS file for HIV and SOGI.
- l. Open Enterprise Master Patient Index (EMPI) initial database and application setup is completed.
- m. Completed communicable diseases data export to NV state
- n. Completed data export to the NV state for Norovirus data request from 2010 to June 2024
- o. Completed data export to the NV state for Meningococcal disease cases from 2023 – 2024

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 Disease Surveillance & Control Division Monthly Activity Report



August 2024: Clark County Disease Statistics*

Data as of 09/25/2024

Disease	2022		2023		2024	
	August	YTD	August	YTD	August	YTD
VACCINE PREVENTABLE						
COVID-19	8778	236980	2680	21453	2550	13750
Haemophilus influenzae, invasive	4	13	1	21	2	33
Hepatitis A	2	6	2	6	1	7
Hepatitis B, acute	1	16	5	22	1	25
Influenza	3	473	16	204	6	709
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	0	0	2
Monkeypox	132	201	1	3	1	8
Mumps	0	1	0	0	0	3
Pertussis	4	50	3	18	1	40
RSV	56	995	31	710	9	1942
SEXUALLY TRANSMITTED						
Chlamydia	1177	8576	1211	8419	1075	8151
Gonorrhea	549	4278	508	3791	489	3496
HIV	55	309	42	326	12	300
Stage 3 HIV (AIDS)	21	116	12	103	2	49
Syphilis (Early non-primary, non-secondary)	72	435	65	432	40	390
Syphilis (Primary & Secondary)	68	491	58	398	35	278
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	3
Congenital Syphilis	1	35	5	36	2	24
ENTERICS						
Amebiasis	0	1	0	2	0	3
Campylobacteriosis	17	83	11	130	12	148
Cryptosporidiosis	3	12	1	6	1	21
Giardiasis	7	32	8	49	6	44
Rotavirus	0	125	8	94	8	113
Salmonellosis	13	106	24	140	15	109
Shiga toxin-producing <i>E. coli</i> (STEC)	1	51	5	38	11	64
Shigellosis	16	48	10	52	15	100
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	3	5	1	3	1	9
Yersiniosis	1	7	2	11	2	27
OTHER						
Brucellosis	0	1	0	0	0	0
Candida auris	23	272	43	388	135	1226
Coccidioidomycosis	9	93	22	180	23	160
Denque	3	7	1	1	4	6
Exposure, Chemical or Biological	0	9	0	1	0	4
Hepatitis C, acute	0	2	2	3	1	10
Invasive Pneumococcal Disease	7	116	4	141	9	163
Lead Poisoning	11	90	10	116	4	83
Legionellosis	2	19	3	24	2	21
Listeriosis	0	3	0	0	0	4
Lyme Disease	1	5	3	6	1	7
Malaria	1	6	0	7	0	4
Meningitis, Aseptic	8	18	4	20	4	20
Meningitis, Bacterial Other	0	6	2	5	1	4
Meningitis, Fungal	3	3	0	0	0	3
Q fever, acute	0	0	0	1	0	0
Rabies, animal	2	3	1	6	3	5
Rabies, exposure to a rabies susceptible animal	31	231	32	241	54	239
Streptococcal Toxic Shock Syndrome (STSS)	1	5	5	25	3	28
Tuberculosis (Active)	7	39	3	48	4	46
West Nile virus non-neuroinvasive disease	0	0	0	0	0	12
West Nile virus neuroinvasive disease	0	0	0	0	1	14

*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.

~~Number of Hepatitis B, chronic and Hepatitis C, chronic, are not presented in this report due to the data quality, a surveillance decision made within the Office of Epidemiology & Disease Surveillance.

~~~The number of Covid\_19 includes Novel Coronavirus and Novel Coronavirus MIS.

~~~~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.

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



Quarter 2, 2024: Clark County Disease Statistics*

Data as of 07/31/2024

| Disease | 2022 | | 2023 | | 2024 | | Rate (Cases per 100,000 per quarter) | | Quarter Rate Comparison |
|--|--------|---------|-------|--------|-------|-------|--------------------------------------|--------------|-----------------------------------|
| | Qtr 2 | YTD | Qtr 2 | YTD | Qtr 2 | YTD | Qtr 2 (2019-2023 aggregated) | Qtr 2 (2024) | Change b/t current & past 5-year? |
| VACCINE PREVENTABLE | | | | | | | | | |
| COVID-19 | 58,873 | 207,337 | 5,428 | 17,291 | 3,171 | 8,191 | 448.20 | 43.04 | ↓X |
| Haemophilus influenzae, invasive | 4 | 8 | 7 | 19 | 11 | 26 | 0.07 | - | - |
| Hepatitis A | 1 | 3 | 3 | 3 | 2 | 3 | 0.22 | - | - |
| Hepatitis B, acute | 4 | 14 | 10 | 14 | 11 | 18 | 0.13 | - | - |
| Hepatitis B, chronic | 182 | 394 | 395 | 618 | 274 | 607 | 4.28 | 3.72 | ↓ |
| Influenza | 310 | 454 | 74 | 166 | 184 | 686 | 2.26 | 2.50 | ↑ |
| Influenza-associated pediatric mortality | 0 | 0 | 0 | 0 | 1 | 2 | - | - | - |
| Meningococcal disease (N. meningitidis) | 0 | 0 | 0 | 0 | 1 | 2 | - | - | - |
| Mumps | 0 | 0 | 0 | 0 | 1 | 3 | - | - | - |
| Pertussis | 24 | 44 | 6 | 12 | 13 | 36 | 0.20 | 0.18 | ↓ |
| RSV | 270 | 678 | 82 | 665 | 118 | 1,926 | 2.49 | 1.60 | ↓X |
| SEXUALLY TRANSMITTED | | | | | | | | | |
| Chlamydia | 3,248 | 6,309 | 2,981 | 6,196 | 2,921 | 6,143 | 67.54 | 39.65 | ↓X |
| Gonorrhea | 1,603 | 3,202 | 1,369 | 2,802 | 1,140 | 2,605 | 30.69 | 15.47 | ↓X |
| HIV | 95 | 204 | 121 | 248 | 97 | 239 | 2.17 | 1.32 | ↓X |
| Stage 3 HIV (AIDS) | 40 | 77 | 34 | 73 | 17 | 44 | 0.85 | 0.23 | ↓X |
| Syphilis (Early non-primary, non-secondary) | 147 | 301 | 149 | 307 | 158 | 315 | 2.78 | 2.14 | ↓X |
| Syphilis (Primary, Secondary) | 189 | 350 | 142 | 291 | 95 | 204 | 3.50 | 1.29 | ↓X |
| CONGENITAL CONDITIONS | | | | | | | | | |
| Hepatitis C, Perinatal Infection | 0 | 0 | 1 | 1 | 1 | 2 | - | - | - |
| Congenital Syphilis | 12 | 29 | 8 | 30 | 9 | 16 | 40.89 | - | - |
| ENTERICS | | | | | | | | | |
| Amebiasis | 1 | 1 | 0 | 1 | 2 | 3 | - | - | - |
| Campylobacteriosis | 36 | 53 | 52 | 98 | 68 | 118 | 0.86 | 0.92 | ↑ |
| Cryptosporidiosis | 6 | 9 | 3 | 5 | 7 | 16 | 0.06 | - | ↓ |
| Giardiasis | 7 | 20 | 15 | 33 | 16 | 30 | 0.22 | 0.22 | ↓ |
| Rotavirus | 76 | 121 | 60 | 68 | 70 | 99 | 0.76 | 0.95 | ↑ |
| Salmonellosis | 45 | 79 | 56 | 98 | 42 | 72 | 0.85 | 0.57 | ↓ |
| Shiga toxin-producing E. coli (STEC) | 18 | 44 | 16 | 24 | 20 | 40 | 0.30 | 0.27 | ↓ |
| Shigellosis | 21 | 27 | 22 | 38 | 34 | 72 | 0.45 | 0.46 | ↑ |
| Vibriosis (Non-cholera Vibrio species infection) | 1 | 1 | 1 | 2 | 4 | 6 | - | - | - |
| Yersiniosis | 1 | 3 | 6 | 8 | 10 | 22 | 0.06 | - | - |
| OTHER | | | | | | | | | |
| Coccidioidomycosis | 33 | 67 | 60 | 137 | 48 | 107 | 0.89 | 0.65 | ↓ |
| Encephalitis | 5 | 7 | 0 | 0 | 1 | 1 | - | - | - |
| Exposure, Chemical or Biological | 0 | 1 | 0 | 1 | 1 | 2 | - | - | - |
| Hepatitis C, acute | 0 | 2 | 0 | 1 | 7 | 8 | - | - | - |
| Hepatitis C, chronic | 789 | 1,563 | 954 | 1,572 | 423 | 819 | 21.23 | 5.74 | ↓X |
| Invasive Pneumococcal Disease | 46 | 103 | 41 | 125 | 47 | 143 | 0.86 | 0.64 | ↓ |
| Lead Poisoning | 32 | 72 | 44 | 67 | 33 | 76 | 0.69 | 0.48 | ↓ |
| Legionellosis | 9 | 15 | 9 | 18 | 10 | 13 | 0.14 | - | - |
| Listeriosis | 2 | 3 | 0 | 0 | 2 | 3 | - | - | - |
| Lyme Disease | 3 | 3 | 0 | 0 | 2 | 4 | 0.051 | - | - |
| Malaria | 2 | 3 | 5 | 7 | 1 | 1 | - | - | - |
| Meningitis, Aseptic | 5 | 8 | 6 | 9 | 7 | 14 | 0.26 | - | - |
| Meningitis, Bacterial Other | 1 | 3 | 1 | 2 | 1 | 2 | 0.07 | - | - |
| Meningitis, Fungal | 0 | 0 | 0 | 0 | 1 | 3 | - | - | - |
| Streptococcal Toxic Shock Syndrome (STSS) | 1 | 3 | 7 | 17 | 10 | 22 | 0.14 | - | - |
| Tuberculosis, Active | 17 | 29 | 26 | 39 | 14 | 35 | 0.35 | 0.19 | ↓ |
| West Nile Virus neuroinvasive disease | 0 | 0 | 0 | 0 | 10 | 10 | - | - | - |

*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.'