






Memorandum

Date: November 21, 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 – October 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.

	October 2023	October 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1066	1008	↓	10,561	10,125	↓
Gonorrhea	550	433	↓	4,803	4,354	↓
Primary Syphilis	22	9	↓	205	128	↓
Secondary Syphilis	21	7	↓	282	198	↓
Early Non-Primary, Non-Secondary¹	50	24	↓	524	461	↓
Syphilis Unknown Duration or Late²	121	65	↓	1,249	1,189	↓
Congenital Syphilis (presumptive)	4	0	↓	46	27	↓
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	4	4	→	29	40	↑
Pregnant Syphilis Cases	16	5	↓	159	96	↓
Perinatally Exposed to HIV	3	2	↓	21	30	↑
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	October 2023	October 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	1	2	↑	26	39	↑

	October 2023	October 2024		YTD 23	YTD 24	
Hepatitis A	0	0	→	6	8	↑
Hepatitis B, acute	2	3	↑	26	33	↑
Influenza	37	33	↓	254	752	↑
Pertussis	7	1	↓	34	43	↑
RSV	160	40	↓	922	2002	↑
Enteric Illness						
Amebiasis	0	1	↑	4	4	→
Campylobacteriosis	19	10	↓	165	177	↑
Cryptosporidiosis	2	4	↑	12	26	↑
Giardiasis	9	2	↓	65	49	↓
Rotavirus	1	0	↓	102	116	↑
Salmonellosis	23	7	↓	183	134	↓
Shiga toxin-producing Escherichia coli (STEC)	7	4	↓	49	75	↑
Shigellosis	8	4	↓	69	119	↑
Yersiniosis	3	3	→	15	31	↑
Other						
Coccidioidomycosis	21	13	↓	223	194	↓
Hepatitis C, acute	2	0	↓	5	10	↑
Invasive Pneumococcal Disease	15	10	↓	165	183	↑
Lead Poisoning	30	21	↓	154	135	↓
Legionellosis	1	0	↓	29	26	↓
Meningitis, aseptic	6	1	↓	31	24	↓
Meningitis, Bacterial Other	2	0	↓	10	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	3	0	↓	29	28	↓
New Active TB Cases Counted (<15 yo)	0	0	→	2	3	↑
New Active TB Cases Counted (>= 15 yo)	8	7	↓	62	58	↓

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	20	3	56	0
Gonorrhea	12	0	16	0
Syphilis	29	2	190	0
HIV/AIDS (New to Care/Returning to Care)	25	5	118	0
Tuberculosis	80	0	8	0
TOTAL	166	10	388	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 Activities

- a. 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 October 31, 2024, Clark County had 319 cases of mpox, an additional 1 case during the month of October.
- 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. There were no investigations in the month of October, The 2024 WNV season may be coming to an end, and mosquito surveillance will end October 31.
- c. **Norovirus outbreak at a private event:** On 10/15/24, ACDC received a complaint from a community member that 31 out of 71 guests became ill after their event. ACDC and OIE quickly mobilized to obtain a line list of guests, begin interviews, offer stool kits and create a tailored survey to administer to all guests so a cohort study could be done. Contact attempts were made to all guests and staff who attended or worked at the event. A high response rate was achieved and 2 individuals from separate households tested positive for Norovirus thus confirming the cause of the outbreak. OIE is in the process of analyzing collected data to identify possible sources. The outbreak is over, final data and reports are being compiled.
- d. **Norovirus at an elementary school:** On 10/24/24, ACDC received a call from CCSD health office notifying us that 7 out of 18 kids in a single class were out sick with GI symptoms. ACDC mobilized quickly to obtain a line list of ill kids, begin interviews, and offer stool kits. Two students from separate households tested positive for Norovirus thus confirming the cause of the outbreak. Interviews have been completed; no further illnesses were reported this week. This outbreak is over, final reports are pending.
- e. **Influenza:** SNHD started the influenza surveillance for the 2024-2025 season on September 29, 2024. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, seasonal influenza activity is low. Statewide, the outpatient respiratory illness activity in Nevada has been minimal. Locally, as of 10/26/2024, for the 2024 - 2025 influenza season, 33 influenza-associated hospitalizations and zero deaths associated with influenza were reported. Influenza A has been the dominant type circulating. The influenza surveillance will continue through 5/17/2025.

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 October:

Naloxone Distribution//	Agency	# Trained	# of Naloxone doses distributed
10/1/2024	Shine a Light		1500
10/1/2024	Valley View Community Cares		804
10/1/2024	City of Henderson		1008
10/2/2024	AIDS HEALTHCARE FOUNDATION		240
10/3/2024	Wellpath		360
10/3/2024	Las Vegas Valley Water District		50
10/3/2024	SNHD - PPC		216
10/3/2024	The Center		624
10/3/2024	CrossRoads of Southern Nevada		504
10/3/2024	Protective Force International		72
10/3/2024	Hope Christian Health Center		2400
10/3/2024	The Moorish Science Temple of America, Inc. BT#57		72
10/3/2024	SNHD - Event		36
10/3/2024	PACT COALITION		24
10/3/2024	Olive Crest		26
10/8/2024	SNHD - DIIS		100
10/9/2024	Henderson Comprehensive Treatment Center		288
10/9/2024	Sober Testing Services		936
10/9/2024	NDOC - High Desert		96
10/10/2024	City of North Las Vegas - Homeless Outreach		168

10/10/2024	Happy Campers		72
10/10/2024	Resorts World		96
10/10/2024	Sco-ville		48
10/10/2024	SNHD - FQHC - Decatur		144
10/10/2024	High Risk Pregnancy Center		48
10/16/2024	Nevada Department of Motor Vehicles		24
10/16/2024	Henderson Equality Center		48
10/16/2024	Southern NV CERT 3V Program	16	40
10/16/2024	Puentes		72
10/16/2024	Trac-B		960
10/16/2024	HELP USA		48
10/16/2024	Breaking the Cycle Drug Court		96
10/17/2024	UNLV - Pharmacy		600
10/17/2024	NDOC - Southern Desert		216
10/17/2024	SNHD - DIIS		1032
10/17/2024	SNHD - L2A		720
10/17/2024	Treasure Island		48
10/17/2024	City of Las Vegas Dept of Public Safety		48
10/17/2024	TINHIIH		720
10/17/2024	Nevada Transportation Authority		24
Total		16	14,628

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 October:

FTS Distribution		
10/02/2024	Wellpath at CCDC	300 Strips
10/02/2024	SNHD	100 Strips
10/02/2024	SNHD	100 Strips
10/02/2024	Sin City Sisters of Perpetual Indulgence Inc	300 Strips
10/02/2024	AIDS Healthcare Foundation	1200 Strips
10/04/2024	PACT	300 Strips
10/08/2024	SNHD	200 Strips
10/09/2024	There is No Hero in Heroin	300 Strips
10/09/2024	Sco-ville	300 Strips
10/09/2024	Catholic Charities	300 Strips

10/09/2024	Community Counseling Center	300 Strips
10/09/2024	UNLV Student Wellness Center	700 Strips
10/09/2024	Comprehensive Treatment Center	300 Strips
10/09/2024	Happy Camper Overdose Response	1000 Strips
10/09/2024	Trac-B/Impact Exchange	1100 Strips
10/10/2024	MOAPA Police Department	300 Strips
10/16/2024	Comprehensive Treatment Center	300 Strips
10/16/2024	UNI Cares Project	300 Strips
10/16/2024	Signs of Hope	300 Strips
Total FTS:		8,000 Strips

XTS Distribution		
10/02/2024	Wellpath at CCDC	300 Strips
10/02/2024	SNHD	300 Strips
10/02/2024	Hope Christian Health Center	300 Strips
10/08/2024	SNHD	200 Strips
10/09/2024	UNLV Student Wellness Center	700 Strips
10/09/2024	Sco-ville	300 Strips
10/09/2024	Comprehensive Treatment Center	300 Strips
10/09/2024	Happy Camper Overdose Response	1000 Strips
10/23/2024	SNHD	200 Strips
Total XTS:		3,600 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 continues to collaborate with community partners to participate at various outreach events. This month we were proud to participate in LVMPD’s National Night Out Community Outreach Events. We were present at both Bolden Area Command

location at Doolittle Park, as well as Northeast Area Command location at Bob Price Park. These were non-testing events; however, we were able to distribute Narcan, Fentanyl and Xylazine test strips, condoms, STD/HIV educational materials, and provide PrEP/PEP education. This will go a long way in stigma reduction by normalizing availability and visibility of sexual health and harm reduction services. We additionally partnered with REACH Organization on October 5th to provide services at their annual event held at the East Las Vegas Community Center focused on the Latinx population of Southern Nevada. We also held outreaches with our regular partners, Fantastic Indoor Swap Meet and Oddfellows (2 dates) this month. We offered onsite rapid HIV and HCV testing as well as syphilis testing, harm reduction supplies, and additional educational materials at these locations. 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. ODS participated with LVMPD Vice and associated community partners outreach which focused on diversion for sex workers and those trafficked and was held October 2nd. ODS offered PrEP/PEP information, STD and HIV testing and care services, and harm reduction supplies. These events will happen roughly every 6-8 weeks and SNHD will strive to continue our collaboration to offer these vital services to this vulnerable population in Clark County.
2. On October 19th 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 a “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. We are grateful to our senior leadership for their continued support of 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

1. 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	Oct-23	Oct-24		YTD 23	YTD 24	
Outreach/Targeted Testing	1306	508	↓	10616	10843	↑
Clinic Screening (SHC/FPC/TB)	767	148	↓	6909	6946	↑
Outreach Screening (Jails)	335	357	↑	2887	2561	↓
Collect2 Protect	6	4	↓	136	89	↓
TOTAL	2414	1017	↓	20548	20439	↑

Outreach/Targeted Testing POSITIVE	4	1	↓	60	46	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	10	13	↑
Outreach Screening (Jails, SAPTA) POSITIVE	0	2	↓	13	7	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	4	3	↓	83	66	↓

C. Office of Informatics and Epidemiology (OIE)

1. EpiTrax and Data Warehouse

- a. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and troubleshoot issues, and resolve them as they arise. Provide ongoing user account support, reassign COVID jurisdiction events to SNHD, and review Hepatitis C and Hepatitis B cases to correct any misassigned case statuses from ELR automation logic. Implement auto-assignment of cases to users upon CMR and contact creation. Update AIDS-defining conditions in the clinical tab, revise TB and Norovirus forms, and expand the hospitalization dropdown list.
- b. Continue to update and enhance data warehouse: updated treatments table for form and status, analyze test results to account for multiple flu types within a single patient.
- c. Pentaho report updates: updated HIV/STD Disposition, HIV/STD Timely Activity, TB retesting, DIIS no activities, EpiTrax Case Workload, ODTA QA, and ODTA outcomes reports.
- d. Conduct daily task and issue reviews with the Informatics team and hold weekly reviews with the Epidemiology and Surveillance teams, as well as EpiTrax end users. Continue managing tasks in Microsoft Teams to ensure timely completion. To date, 446 tasks have been completed, with 70 tasks remaining.

2. Electronic Message Staging Area (EMSA)

- a. Continue to work on EMSA2, including mapping new codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors. Review Syphilis titer test result logic, and update ELR logic to automatically set case status based on Arsenic and Mercury levels for "Exposure, chemical or biological" cases.
- b. Conduct regular sessions to review message exceptions.
- c. Begin processing eCRs from HCA Southern Hills in EMSA, with ongoing mapping of exceptions for incoming messages.

3. Southern Nevada Public Health Laboratory (SNPHL)

- a. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support.
- b. Interoperate SNPHL LIMS 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. Clark County Coroner’s Office, Sunrise Hospital-Microbiology lab, So. NV

Veterans Home, Veterans Administration (VA), and Office of Disease Surveillance (ODS).

- e. Continue expanding the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners. Onboarding is planned for Valley Hospital, the Office of Disease Surveillance (ODS), and Environmental Health.
- f. Prepare for the implementation of a new instrument.

4. Electronic Health Record (EHR) System

- a. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
- b. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR); collaborate with NV HIE and eCW on eCR and FHIR implementation.
- c. Continue adopting Azara, the data warehouse and analytics platform.
- d. Implement configuration changes and reporting enhancements for the Healthy Start Program (Maternal and Child Health).
- e. Complete Family Planning interface reconciliation and resolve FPAR report prompt/filter issues.
- f. Engage in ongoing discussions to consolidate and streamline Sexual History Documentation.
- g. Extract data from eCW for iCircle risk factors.
- h. Implement the Care Plan feature.
- i. Evaluate the No-Show Prediction feature.
- j. Generate and review monthly reports for FQHC and Primary Care Center.

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. Implement Outreach project for orders/results to/from SNPHL.
- g. De-commission old data feeds since Outreach system was 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. Maintain and enhance COVID-19 lab results portal.

7. API Server

- a. Continue to review extraction of necessary data process from HIE API response for PILLARS project.
- b. Continue extracting weather data from the National Weather Service API for Heat Related Death and Illness report.

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: Continue UMC/HCA error exception handling and mapping new codes.
- d. MMG GENV2 Phase 3 completed and currently live. Continue MMG TB/LTBI mapping variables, lab, occupation, and 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 surveillance system for new providers and future support.

10. Grant Updates

- a. ELC DMI and ELC ED grant October monthly progress reports were completed.
- b. Received 2024-2025 ELC base grant award from the state to support epi and lab activities in Clark County, Nevada.
- c. COVID health disparity grant Q1 progress report was completed.
- d. Discussed with PACT Coalition for Partnership for Success (PFS) grant award.

11. Contracts

- a. Interlocal agreement with Clark County Coroner's Office for SUIDS_25, SUIDB_25, and SUIDA_25 is awaiting the program's response.

D. Staff Facilitated/Attended the following Trainings/Presentations

1. 10/01/2024: Facilitated Congenital Syphilis (CS) Huddle for Summerlin Hospital; 20 people in attendance; 4 ODS Health Educator attendees.
2. 10/02/2024: Media Interview with Fox 5 on SNHD's "Strip Club" launch; 2 people in attendance; 1 ODS Health Educator attendee.
3. 10/02/2024: Facilitated Harm Reduction in Action Training with Roseman Nursing Students; ~11 people in attendance; 1 ODS staff in attendance
4. 10/02/2024: City of Las Vegas recognized Rebecca Cruz-Nanez as one of the "Citizens of the Month" (September) for her advocacy for children's mental health working with the Children's Advocacy Alliance of Nevada; ~100 people in attendance; 1 SNHD ODS staff attendee.
5. 10/02/2024: Facilitated "Mental Health in Corrections"; 11 people in attendance; 11 SNHD ODS staff attendees.
6. 10/03/2024: Attended African American Steering Committee Meeting facilitated by the Nevada Minority Health and Equity Coalition as SNHD representative; 15 people in attendance; 1 ODS staff attendees.
7. 10/03/2024: Tabled event with Nevada Contractor's Association on Naloxone and harm reduction supplies; ~40 people in attendance; 2 ODS Health Educators in attendance.
8. 10/03/2024: Attended the HIDTA Prevention Summit as a public health representative; ~300 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
9. 10/04/2024: Facilitated Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as Chair; ~45 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
10. 10/07/2024: Attended People with Disabilities Focus Group for Community Context Assessment facilitated by NICRP; 9 people in attendance; 1 ODS Health Educator attendee.
11. 10/07/2024: Media Interview with Stateline on fentanyl and methamphetamine use and overdose increase in Nevada; 2 people in attendance; 1 ODS Health Educator attendee.
12. 10/07/2024: Attended Bureau of Behavioral Health, Wellness and Prevention Presentation on Mental Health Block Grant; ~150 people in attendance; 1 SNHD ODS staff attendee.

13. 10/08/2024: Facilitated Motivational Interviewing Training; 13 people in attendance; 5 SNHD ODS staff attendees.
14. 10/08/2024: Presented SUIDC Community Participatory Sessions to the MCH Coalition; ~35 people in attendance; 1 ODS Health Educator attendee.
15. 10/08/2024: Attended Rural Population Focus Group for Community Context Assessment facilitated by NICRP; 20 people in attendance; 1 ODS Health Educator attendee.
16. 10/08/2024: Attended Child Mental Health Action Coalition meeting as public health representative; ~40 people in attendance; 2 SNHD ODS staff attendees.
17. 10/09/2024: Attended "Clinical Perspectives on STI Diagnostics: Impact of Point of Care Testing for Gonorrhea and Chlamydia"; 50 people in attendance; 1 ODS Health Educator attendee.
18. 10/09/2024: Attended BARHII Transforming Community Coalitions of Community of Practice Session 4 Training; 20 people in attendance; 1 ODS Health Educator attendees.
19. 10/10/2024: Presented on CredibleMind at the Healthy Start Consortium Meeting; 25 People in attendance; 1 SNHD ODS staff attendee.
20. 10/10/2024: Facilitated training on Congenital Syphilis clinical education session at UMC hospital; 12 people in attendance; 3 ODS staff attendees.
21. 10/10/2024: Facilitated Overdose Response with Naloxone Training - Nevada Department of Transportation; 16 people in attendance; 1 ODS Health Educator attendee.
22. 10/14/2024: Presented to the Public Health Advisory Board on Suicide Prevention work and CredibleMind; 40 people in attendance; 3 SNHD ODS staff attendees.
23. 10/15/2024: Attended Nevada 211 Ambassador's Alliance Meeting as SNHD representative; 30 people in attendance; 1 ODS Health Educator attendee.
24. 10/15/2024: Attended Residents Living in ZIP 89101 Focus Group for Community Context Assessment facilitated by NICRP; 20 people in attendance; 1 ODS Health Educator attendee.
25. 10/15/2024: Attended ICS Position Specific Training; 30 people in attendance; 5 ODS staff attendees.
26. 10/15/2024: Attended Child Death Review team meeting as SNHD representative; ~16 people in attendance; 4 ODS staff attendees.
27. 10/16/2024: Media Interview with an Independent journalist on vending machine work; 2 people in attendance; 1 ODS Health Educator attendee.
28. 10/16/2024: Attended Older Adults (60+) Focus Group for Community Context Assessment Facilitated by NICRP; 20 people in attendance; 1 ODS Health Educator Attendee.
29. 10/16/2024: Facilitated Overdose Response with Naloxone Training - Southern Nevada CERT 3V Team; 9 people in attendance; 1 ODS Health Educator attendee.
30. 10/16/2024: Attended Border Health Summit as SNHD representative; ~200 people in attendance; 1 ODS Health Educator attendee.
31. 10/17/2024: Attended HIV Health and Wellness Summit: Building Bridges to Health facilitated by The LGBTQ Center; 100 people in attendance; 10 ODS staff attendees.
32. 10/17/2024: Attended 6-week Leadership Accelerator Training Course; ~40 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
33. 10/17/2024: Facilitated "Living, Working, and Thriving with HIV in the Silver State in the Silver Years" for the Center's Building Bridge's 2 Health; 40 people in attendance; 8 ODS staff attendees.
34. 10/17/2024: Attended Child Death Advanced Review meeting as SNHD representative; 10 people in attendance; 4 ODS staff attendees.
35. 10/18/2024: Presented on SUID at Sunrise WIC staff meeting; ~20 people in attendance; 1 ODS Health Educator attendee.
36. 10/21/2024: Attended Veterans Focus Group for Community Context Assessment. Facilitated by NICRP; 15 people in attendance; 1 ODS Health Educator attendee.
37. 10/21/2024: Facilitated "Social Determinants of Health" with AETC's Dr. Jennifer Bennett at SNHD; 27 people in attendance; 9 ODS staff attendees.

38. 10/22/2024: Facilitated Youth Mental Health First Aid; 14 people in attendance; 12 SNHD ODS staff attendees.
39. 10/23/2024: Facilitated Perinatal HIV Prevention Education at Henderson Hospital Partum, NICU, and Labor and Delivery; 40 people in attendance; 6 ODS Health Educator attendees.
40. 10/23/2024 – 10/24/2024: Attended Day 2 and Day 3 of the SUID & SDY Case Registry Reverse Site Visit in Atlanta, GA; ~108 people in attendance; 1 Health Educator attendee
41. 10/24/2024: Attended Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting; 16 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
42. 10/24/2024: Attended BARHII Transforming Communities of Coalition Session 6; 20 people in attendance; 1 ODS Health Educator attendee.
43. 10/28/2024: Attended Roseman University's IMPACT Award Recognition; 50 people in attendance; 7 ODS staff attendees.
44. 10/29/2024: Facilitated Harm Reduction in Action Training for There is No Hero in Heroin (TINHIIH); ~7 people in attendance; 1 SNHD ODS Health Educator attendee.
45. 10/30/2024: Facilitated on Perinatal HIV Public Health Detailing for Spring Valley Hospital Post/Ante Partum, NICU, and Labor and Deliver; 15 people in attendance; 2 ODS Health Educator attendees.
46. 10/30/2024: ESRI ArcGIS dashboard collaboration knowledge transfer meeting.
47. 10/17/2024: Informatics Academy - 8 Steps to Success: Designing Public Health Informatics Systems.
48. 10/27-30/2024: American Public Health Association (APHA) Annual Conference in Minneapolis, MN.

E. Other Projects

1. Continue collaborating with the CDC to implement the TEFCA early demonstration project.
2. Maintain and enhance the iCircle web application, including user account support, site maintenance, and data corrections and updates.
3. Review manuscripts from the UNLV Base Model project.
4. Assist the Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
5. Complete the implementation of the ELR feed for Women's Health Associates of Southern Nevada (WHASN).
6. Maintain the NHA Data Webservice Script.
7. Continue working on the Healthy Start Project.
8. Collaborate on the Community Status Assessment and Community Context Assessment (CHA) project with NICRP.
9. Conduct the October Child Death Review and Advanced Child Death Review. Continue working with CDC to implement TEFCA early demonstration project.
10. Update NETSS file for HIV and SOGI data fields.
11. Review Open Enterprise Master Patient Index (EMPI) with the vendor, focusing on user and API automation workflows. The following FQHC/Clinical reports were completed and submitted.

F. OIE Reports

1. **The following FQHC/Clinical reports were completed and submitted**
 - a. EBO Custom Report – Referral Report
 - b. County CQM report
 - c. FQHC locations Medicaid visits
 - d. FOCUS Qrtly Report
 - e. Imms HL7 Info filtered Report
 - f. Azara UDS Data validation

- g. RSR Result for site visit documentation
- h. CAREWare eCW lab upload
- i. OCDPHP Referral Reports

2. Epidemiology Reports

- a. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables.
- b. Monthly - Drug Overdose Report – External
- c. Monthly - BOH report
- d. Monthly and quarterly disease statistics
- e. Weekly Mpox case and vaccination report
- f. Ongoing monthly and quarterly reports for FOCUS HIV grant project
- g. Monthly NVDRS, SUDORS and NCLPP reports
- h. Outreach site HIV testing stats-weekly
- i. EPT report- weekly
- j. Weekly arbovirus update
- k. Weekly Internal Heat Related Illness report
- l. Monthly Heat Related Death and Illness report

3. Other Project Updates - OIE

- a. Daily, weekly, and monthly SNPHL reports and upkeep
- b. State NETSS weekly/YTD report
- c. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
- d. CSTE/CDC Forecasting Workgroup calls
- e. SNHD Health Equity Report - working on updates for 2025 SNHD COVID-19 Health Disparity grant quarterly progress report.
- f. 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.
- g. Continue working with ESRI to build a new respiratory disease dashboard.
- h. Continue working with our Power BI contractor to migrate our current lead dashboard from R Shiny into Power BI platform.

G. Disease Statistics

1. Communicable Disease Statistics: September 2024 disease statistics are below. (see Table 1).

Table 1



September 2024: Clark County Disease Statistics* Data as of 11/05/2024

Disease	2022		2023		2024	
	September	YTD	September	YTD	September	YTD
VACCINE PREVENTABLE						
COVID-19	3,778	240,744	2,178	23,832	1,710	15,481
Haemophilus influenzae, invasive	2	15	4	25	4	37
Hepatitis A	0	8	0	8	1	8
Hepatitis B, acute	1	17	2	24	4	30
Hepatitis B, chronic	83	611	153	1,052	69	832
Influenza	4	477	13	217	10	719
Meningococcal disease (<i>N. meningitidis</i>)	0	0	2	2	0	2
Monkeypox	62	283	1	4	0	8
Mumps	0	1	0	0	0	3
Pertussis	13	63	9	27	1	42
RSV	156	1,151	52	762	20	1,962
SEXUALLY TRANSMITTED						
Chlamydia	1,025	9,601	1,076	9,495	964	9,125
Gonorrhea	504	4,782	462	4,253	423	3,923
HIV	51	380	53	379	24	395
Stage 3 HIV (AIDS)	25	141	16	119	3	75
Syphilis (Early non-primary, non-secondary)	56	491	42	474	44	438
Syphilis (Primary & Secondary)	66	557	46	444	29	311
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	3
Congenital Syphilis	1	36	6	42	1	27
ENTERICS						
Amebiasis	0	1	2	4	0	3
Campylobacteriosis	12	95	16	145	17	167
Cryptosporidiosis	0	12	4	10	1	22
Giardiasis	4	36	7	56	2	47
Rotavirus	1	126	7	101	3	116
Salmonellosis	16	122	18	160	18	127
Shiga toxin-producing <i>E. coli</i> (STEC)	3	54	4	42	7	72
Shigellosis	6	54	9	61	16	116
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	5	1	4	0	13
Yersiniosis	0	7	1	12	1	28
OTHER						
Brucellosis	0	1	0	0	0	0
Coccidioidomycosis	17	110	22	202	14	182
Exposure, Chemical or Biological	0	9	0	1	0	4
Hepatitis C, acute	0	2	0	3	1	10
Hepatitis C, chronic	235	2,305	136	1,960	160	1,239
Invasive Pneumococcal Disease	10	126	9	150	9	173
Lead Poisoning	7	97	8	124	13	114
Legionellosis	3	22	4	28	5	26
Listeriosis	0	3	0	0	1	5
Lyme Disease	1	6	1	7	0	8
Malaria	1	7	0	7	0	4
Meningitis, Aseptic	7	25	5	25	2	23
Meningitis, Bacterial Other	0	6	3	8	0	4
Meningitis, Fungal	2	5	0	0	0	3
Q Fever, acute	0	0	0	1	0	0
Rabies, exposure to a rabies susceptible animal	21	252	23	264	26	265
Streptococcal Toxic Shock Syndrome (STSS)	0	5	1	26	0	28
Tuberculosis (Active)	5	44	7	55	7	53
West Nile virus neuroinvasive disease	0	0	1	1	0	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.

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

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

---Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.



Quarter 3, 2024: Clark County Disease Statistics*

Data as of 11/05/2024

Disease	2022		2023		2024		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison	
	Qtr 3	YTD	Qtr 3	YTD	Qtr 3	YTD	Qtr 3 (2019-2023 aggregated)	Qtr 3 (2024)	Change b/t current & past 5-year?	
VACCINE PREVENTABLE										
COVID-19	33,407	240,744	6,341	23,632	7,279	15,481	670.46	98.81	↓X	
Haemophilus influenzae, invasive	7	15	6	25	11	37	0.09	.	-	
Hepatitis A	3	6	3	6	4	8	0.16	.	-	
Hepatitis B, acute	3	17	10	24	10	30	0.11	.	-	
Hepatitis B, chronic	217	611	423	1,052	227	832	4.76	3.08	↓X	
Influenza	23	477	51	217	32	719	0.48	0.43	↓	
Influenza-associated pediatric mortality	0	0	0	0	0	2	.	.	-	
Meningococcal disease (<i>N. meningitidis</i>)	0	0	2	2	0	2	.	.	-	
Monkeypox	259	263	2	4	2	8	1.10	.	-	
Mumps	1	1	0	0	0	3	.	.	-	
Pertussis	19	63	15	27	5	42	0.20	.	-	
RSV	273	1,151	97	762	37	1,962	4.34	0.50	↓X	
SEXUALLY TRANSMITTED										
Chlamydia	3,292	9,601	3,298	9,495	2,982	9,125	71.73	40.48	↓X	
Gonorrhea	1,580	4,782	1,451	4,253	1,320	3,923	33.61	17.92	↓X	
HIV	131	335	131	379	112	395	2.33	1.52	↓X	
Stage 3 HIV (AIDS)	38	115	46	119	19	75	0.83	0.26	↓X	
Syphilis (Early non-primary, non-secondary)	190	491	167	474	119	438	3.07	1.62	↓X	
Syphilis (Primary, Secondary)	207	557	153	444	108	311	3.69	1.47	↓X	
CONGENITAL CONDITIONS										
Hepatitis C, Perinatal Infection	0	0	0	1	1	3	.	.	-	
Congenital Syphilis	7	36	12	42	10	27	44.45	.	-	
ENTERICS										
Amebiasis	0	1	3	4	0	3	.	.	-	
Campylobacteriosis	42	95	48	145	46	167	0.83	0.62	↓	
Cryptosporidiosis	3	12	5	10	5	22	0.11	.	-	
Giardiasis	16	36	23	56	16	47	0.33	0.22	↓	
Rotavirus	5	126	33	101	17	116	0.27	0.23	↓	
Salmonellosis	43	122	62	160	54	127	1.05	0.73	↓	
Shiga toxin-producing <i>E. coli</i> (STEC)	10	54	18	42	32	72	0.27	0.43	↑	
Shigellosis	27	54	23	61	41	116	0.39	0.56	↑	
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	4	5	2	4	3	13	0.05	.	-	
Yersiniosis	4	7	4	12	6	28	0.05	.	-	
OTHER										
Coccidioidomycosis	44	110	65	202	63	182	0.90	0.86	↓	
Encephalitis	6	13	0	0	0	1	.	.	-	
Exposure, Chemical or Biological	8	9	0	1	2	4	.	.	-	
Hepatitis C, acute	0	2	2	3	2	10	.	.	-	
Hepatitis C, chronic	750	2,305	398	1,960	423	1,239	17.63	5.74	↓X	
Invasive Pneumococcal Disease	23	126	25	150	30	173	0.50	0.41	↓	
Lead Poisoning	25	97	37	124	36	114	0.56	0.49	↓	
Legionellosis	7	22	10	28	13	26	0.16	0.18	↑	
Listeriosis	0	3	0	0	1	5	.	.	-	
Lyme Disease	3	6	7	7	4	8	0.08	.	-	
Malaria	4	7	0	7	3	4	.	.	-	
Meningitis, Aseptic	17	25	16	25	9	23	0.35	.	-	
Meningitis, Bacterial Other	3	6	6	8	1	4	0.09	.	-	
Meningitis, Fungal	5	5	0	0	0	3	.	.	-	
Streptococcal Toxic Shock Syndrome (STSS)	2	5	9	26	6	28	0.076	.	-	
Tuberculosis, Active	15	44	16	55	19	53	0.26	0.26	↓	
West Nile Virus neuroinvasive disease	0	0	1	1	3	14	0.14	.	-	

*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.

---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.'