



Memorandum

Date: January 23, 2025

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 – December 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.

	December 2023	December 2024		YTD 23	YTD 24	
Sexually Transmitted						
Chlamydia	1044	836	↓	12562	11857	↓
Gonorrhea	478	373	↓	5763	5088	↓
Primary Syphilis	17	5	↓	234	139	↓
Secondary Syphilis	21	6	↓	320	220	↓
Early Non-Primary, Non-Secondary ¹	55	13	↓	628	536	↓
Syphilis Unknown Duration or Late ²	130	50	↓	1519	1404	↓
Congenital Syphilis (presumptive)	4	2	↓	52	31	↓
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV ⁴	2	8	↑	37	66	↑
Pregnant Syphilis Cases	8	10	↑	185	115	↓
Perinatally Exposed to HIV	2	2	→	24	35	↑
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	December 2023	December 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	4	2	↓	31	44	↑

	December 2023	December 2024		YTD 23	YTD 24	
Hepatitis A	2	0	↓	8	9	↑
Hepatitis B, acute	5	1	↓	33	38	↑
Influenza	607	333	↓	1040	1233	↑
Pertussis	14	2	↓	59	55	↓
RSV	1596	1138	↓	3224	3534	↑
Enteric Illness						
Amebiasis	0	0	→	4	6	↑
Campylobacteriosis	9	8	↓	193	194	↑
Cryptosporidiosis	0	1	↑	12	33	↑
Giardiasis	5	2	↓	74	57	↓
Rotavirus	2	4	↑	109	127	↑
Salmonellosis	11	10	↓	211	164	↓
Shiga toxin-producing Escherichia coli (STEC)	3	4	↑	59	86	↑
Shigellosis	5	2	↓	88	134	↑
Yersiniosis	0	2	↑	16	39	↑
Other						
Coccidioidomycosis	29	9	↓	283	246	↓
Hepatitis C, acute	0	0	→	5	10	↑
Invasive Pneumococcal Disease	39	35	↓	225	240	↑
Lead Poisoning	3	7	↑	165	173	↑
Legionellosis	3	0	↓	32	31	↓
Meningitis, aseptic	0	0	→	32	29	↓
Meningitis, Bacterial Other	2	0	↓	14	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	3	0	↓	37	31	↓
New Active TB Cases Counted (<15 yo)	0	0	→	2	3	↑
New Active TB Cases Counted (>= 15 yo)	7	2	↓	76	65	↓

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	14	1	23	0
Gonorrhea	4	0	9	0
Syphilis	12	0	156	0
HIV/AIDS (New to Care/Returning to Care)	14	2	73	0
Tuberculosis	7	0	3	0
TOTAL	51	3	264	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 January 6, 2025, Clark County had 321 cases of mpox with the last case identified in November 2024.
- b. **Gastrointestinal illness at a middle school:** On 12/11/24, ACDC was notified by CCSD of a suspected illness outbreak at a middle school. ACDC received an initial line list of 43 cases. By the end of the investigation, ACDC had interviewed or attempted to interview 62 people. There were 12 probable gastrointestinal cases. This outbreak is over, final reports are pending.
- c. **Influenza at an elementary school:** On 12/13/24, ACDC was notified by CCSD of a suspected respiratory outbreak at an elementary. ACDC received an initial list of 18 students. By the end of the investigation, ACDC had interviewed or attempted to interview 37 people. There were 2 confirmed cases and 30 probable cases. This outbreak is over, final reports are pending.
- d. **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 continuing to increase and is elevated across most of the country. Statewide, outpatient respiratory illness activity in Nevada is very high. Locally, as of 12/28/2024, for the 2024 - 2025 influenza season, 438 influenza-associated hospitalizations and 7 deaths associated with influenza were reported and processed. The total number of cases presented in this report is subject to changes due to possible delays in reporting and processing. Influenza A has been the dominant type circulating. As of December 31, 2024, there have been 66 confirmed and 7 probable cases of H5 influenza in the United States. Although H5 influenza was detected in the wastewater surveillance in Clark County, there have not been any confirmed H5 influenza cases locally. The public health risk of H5 influenza is currently considered low. 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 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 training and distributions took place in the month of December:

Naloxone Distribution//	Agency	# Trained	# of Naloxone doses distributed
12/5/2024	The Center		408
12/5/2024	SNHD SHOP		408
12/5/2024	Inner Healing	8	
12/5/2024	SNHD FQHC		124
12/12/2024	Victory Wholesale Group		24
12/19/2024	Community Counseling Center		48
12/19/2024	Clark County Library District	20	48
12/19/2024	Boulder City Police Dept Volunteers	18	48
Total		46	1108

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 December:

FTS Distribution		
12/04/2024	The Promise	300 Strips
12/18/2024	SNHD Linkage to Action Team	1000 Strips
12/10/2024	SNHD Clinics	400 Strips
Total FTS:		1,700 Strips

XTS Distribution		
12/04/2024	The Promise	300 Strips
Total XTS:		300 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, Sagebrush Health, 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. Sunday, December 1st marked the 37th annual observance of World AIDS Day. The theme this year was “Collective Action: Sustain and Accelerate HIV Progress.” SNHD continues to be wholly committed to doing our part to end the HIV epidemic in Clark County. ODS stationed our MTU at our community partner location, Fantastic Indoor Swap Meet, on Saturday, November 30th in observance. 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. 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	Dec-23	Dec-24		YTD 23	YTD 24	
Outreach/Targeted Testing	915	385	↓	11837	13062	↑
Clinic Screening (SHC/FPC/TB)	606	113	↓	8488	7583	↓
Outreach Screening (Jails)	145	210	↑	2392	3031	↑
Collect2 Protect	6	5	↓	151	107	↓
TOTAL	1672	713	↓	22868	23783	↑
Outreach/Targeted Testing POSITIVE	4	2	↓	71	49	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	↓	13	13	→
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	15	7	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	5	2	↓	99	69	↓

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, continue updating OOJ and RVCT PDF generation, update EpiTrax event view style, STD field record data cleanup, added a new race for Middle Eastern or North African, updated Isolation study contacts and Meningococcal fields, allow condition to automatically updated for all associate events under outbreak to match, setting up a process to import Alchemer’s survey for Gastroenteritis, Unspecified to existing events, implement a NORS outbreak form for enteric diseases as well a food or waterborne diseases.

- b. Continue to update and enhance data warehouse: lab variables export data for NV State
- c. Pentaho report updates: Workload report updated CSV export issue and filters modification, Influenza report updated MMWR Report formatting, counts update, and inpatient visit history flag, disease count chart report
- 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, 457 tasks have been completed, with 71 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. addressed NSPHL ELR lab test date value error, these ELR reported as 0000, this process will use date/time of receipt to replace lab test date
- b. Conduct regular sessions to review message exceptions.
- c. Continue onboarding new eCRs reporter from Intermountain Healthcare Inc. 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.
- 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 (Alinity) and interface it with the Laboratory Information System (LIS).
- g. Rule set modifications for order/result processing.

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. Extract data from eCW for iCircle risk factors.
- f. Implement the Care Plan feature.
- g. Generate and review monthly reports for FQHC and Primary Care Center.
- h. Preparations for Uniform Data Set (UDS+) and Family Planning Annual Report (FPAR) submissions.
- i. Implement Healthy Start Reporting/Benchmarks, submitted initial report
- j. Behavioral Health Module Build/Implementation.
- k. Sexual Health Outreach and Prevention Programs (SHOPP) Ending the HIV Epidemic (EHE) questions added to eCW.

- I. Healthy Start Program Benchmarks submitted.

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). Initiated flat file testing.
- f. Implement Outreach project for orders/results to/from SNPHL.
- g. Working with vendor to implement end user requests/enhancements.
- h. Dataset for UNLV Pathologist 2004-2023, searching for 'Doe' cases identified longer than one year after death.
- i. Explore Smarty geocoding/address validation interface for integration into Census API code to increase success rate.

6. API Server

- a. Continue to review extraction of necessary data process from HIE API response for PILLARS project.

7. 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/Intermountain Healthcare Inc error except handling and mapping new codes.

8. 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.
- b. A new syndromic surveillance feed was set up for a new hospital (West Henderson Hospital).

9. Grant Updates

- a. Discussed with PACT Coalition for a new Partnership for Success (PFS) grant award.

10. Contracts

- a. Interlocal contract with NV DBPH (NVDRS_25) in development
- b. Interlocal contract with Clark County Coroner's Office for SUDORS25 in development
- c. Contract with Naviant Inc for ABBYY FlexiCapture implementation in development
- d. Interlocal SUIDB_24 contract in development
- e. Contract of Master Patient Index application under renewal

D. Staff Facilitated/Attended the following Trainings/Presentations

1. 12/02/2024 – 12/04/2024: Attended the Nevada Narcotics Officers Association Conference as a public health liaison; ~300 people in attendance; 1 SNHD ODS staff attendee.
2. 12/02/2024: Chaired Attorney General's Substance Use Response Group (SURG) Prevention Subcommittee Meeting on behalf of Nevada's AG; 20 attendees, 1 ODS Staff attendee.

3. 12/05/2024: Attended Nevada Strategic Highway Safety Plan Vulnerable Road Users Task Force Meeting as SNHD representative; 40 people in attendance; 1 ODS Health Educator attendee.
4. 12/06/2024: Facilitated the Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as the current Chair; ~48 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
5. 12/10/2024: Facilitated Harm Reduction 201 Training; 7 people in attendance; 5 ODS staff attendees.
6. 12/10/2024: NV Digital Government Summit attended by Informatics staff.
7. 12/17/2024: Facilitated National Public Health Vending Machine (PHVM) Round Table; ~44 people in attendance; 1 ODS Staff attendee.
8. 12/20/2024: Facilitated PHVM technical assistance session follow up with Oklahoma; 3 attendees, 1 SNHD attendee.
9. 12/20/2024: Facilitated PHVM technical assistance session with Fulton Co, Georgia; 2 attendees, 1 SNHD attendee.

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. Maintain the NHA Data Webservice Script.
6. Continue working on the Healthy Start Project.
7. Collaborate on the Community Status Assessment and Community Context Assessment (CHA) project with NICRP.
8. Developed HHS emPOWER Emergency Planning in Power BI platform
9. Prepared 12 abstracts for the 2025 CSTE conference

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 Quarterly 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

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 4 manuscripts for possible publication from these analyses.
- g. The professional service contract has been successfully completed, along with the associated knowledge transfer.
- h. Lead dashboard fully developed in Power BI platform, pending integration with existing website.
- i. Continue working on Poison Control Center Data dashboard in Power BI platform
- j. Review RCKMS authoring updates

G. Disease Statistics

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

Table 1



November 2024: Clark County Disease Statistics*

Data as of 12/31/2024

Disease	2022		2023		2024	
	November	YTD	November	YTD	November	YTD
VACCINE PREVENTABLE						
COVID-19	10,107	256,734	2,648	28,780	887	17,504
Haemophilus influenzae, invasive	2	20	1	27	3	42
Hepatitis A	1	7	0	6	0	9
Hepatitis B, acute	3	20	2	28	3	37
Hepatitis B, chronic	55	722	124	1,308	59	982
Influenza	280	777	179	433	137	900
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	2	0	2
Monkeypox	5	288	4	18	1	11
Mumps	0	1	0	0	0	3
Pertussis	10	80	11	45	4	52
RSV	2,694	5,077	706	1,628	382	2,396
SEXUALLY TRANSMITTED						
Chlamydia	730	9,253	958	10,882	823	11,023
Gonorrhea	293	3,538	483	4,651	348	4,715
HIV	37	443	42	457	12	479
Stage 3 HIV (AIDS)	11	187	22	158	3	138
Syphilis (Early non-primary, non-secondary)	44	353	49	491	31	523
Syphilis (Primary & Secondary)	27	430	28	461	12	347
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	3
Congenital Syphilis	4	43	2	48	1	29
ENTERICS						
Amebiasis	0	1	0	4	1	6
Campylobacteriosis	12	125	20	184	6	186
Cryptosporidiosis	0	13	0	12	4	32
Giardiasis	5	43	4	69	5	55
Rotavirus	2	130	5	107	6	123
Salmonellosis	11	146	17	200	12	154
Shiga toxin-producing <i>E. coli</i> (STEC)	7	65	7	56	3	83
Shigellosis	5	69	14	83	7	132
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	7	1	6	0	14
Yersiniosis	1	8	1	16	4	37
OTHER						
Brucellosis	0	1	0	0	0	0
Coccidioidomycosis	19	143	31	254	28	237
Exposure, Chemical or Biological	0	9	0	1	0	4
Hepatitis C, acute	0	3	0	5	0	10
Hepatitis C, chronic	174	2,722	121	2,212	88	1,473
Invasive Pneumococcal Disease	36	175	21	186	21	205
Lead Poisoning	10	124	8	162	10	166
Legionellosis	2	25	0	29	3	31
Listeriosis	0	4	1	1	0	5
Lyme Disease	2	9	1	9	0	8
Malaria	0	7	0	7	2	7
Meningitis, Aseptic	3	33	1	32	3	29
Meningitis, Bacterial Other	2	10	2	12	0	4
Meningitis, Fungal	0	5	0	0	0	3
Q Fever, acute	0	0	0	1	0	0
Rabies, exposure to a rabies susceptible animal	23	298	21	326	21	322
Spotted Fever Rickettsiosis	1	1	0	0	1	2
Streptococcal Toxic Shock Syndrome (STSS)	2	8	5	34	3	31
Tuberculosis (Active)	4	51	8	70	4	65
Varicella	1	2	1	6	1	19
West Nile virus neuroinvasive disease	0	0	0	2	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.

~~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.

