



# Memorandum

**Date:** January 23, 2025

**To:** Southern Nevada District Board of Health

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

	November 2023	November 2024		YTD 23	YTD 24	
<b>Sexually Transmitted</b>						
<b>Chlamydia</b>	958	776	↓	11,519	10,974	↓
<b>Gonorrhea</b>	483	328	↓	5,285	4,694	↓
<b>Primary Syphilis</b>	12	0	↓	217	130	↓
<b>Secondary Syphilis</b>	16	11	↓	299	214	↓
<b>Early Non-Primary, Non-Secondary<sup>1</sup></b>	49	16	↓	573	500	↓
<b>Syphilis Unknown Duration or Late<sup>2</sup></b>	131	49	↓	1,389	1,301	↓
<b>Congenital Syphilis (presumptive)</b>	2	1	↓	48	29	↓
<b>Moms and Babies Surveillance<sup>3</sup></b>						
<b>Pregnant Persons Living with HIV<sup>4</sup></b>	6	5	↓	35	56	↑
<b>Pregnant Syphilis Cases</b>	18	1	↓	177	103	↓
<b>Perinatally Exposed to HIV</b>	1	2	↑	22	33	↑
<sup>1</sup> Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary <sup>2</sup> Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late <sup>3</sup> 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. <sup>4</sup> 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.						
<b>Vaccine Preventable</b>	<b>November 2023</b>	<b>November 2024</b>		<b>YTD 23</b>	<b>YTD 24</b>	

	November 2023	November 2024		YTD 23	YTD 24	
Haemophilus influenzae, invasive disease	1	3	↑	27	42	↑
Hepatitis A	0	0	→	6	9	↑
Hepatitis B, acute	2	3	↑	28	36	↑
Influenza	179	102	↓	433	865	↑
Pertussis	11	1	↓	45	48	↑
RSV	706	340	↓	1628	2354	↑
<b>Enteric Illness</b>						
Amebiasis	0	0	→	4	4	→
Campylobacteriosis	20	4	↓	184	184	→
Cryptosporidiosis	0	2	↑	12	30	↑
Giardiasis	4	4	→	69	54	↓
Rotavirus	5	5	→	107	122	↑
Salmonellosis	17	3	↓	200	145	↓
Shiga toxin-producing Escherichia coli (STEC)	7	1	↓	56	79	↑
Shigellosis	14	5	↓	83	129	↑
Yersiniosis	1	2	↑	16	35	↑
<b>Other</b>						
Coccidioidomycosis	31	17	↓	254	222	↓
Hepatitis C, acute	0	0	→	5	10	↑
Invasive Pneumococcal Disease	21	21	→	186	205	↑
Lead Poisoning	8	5	↓	162	147	↓
Legionellosis	0	1	↑	29	29	→
Meningitis, aseptic	1	2	↑	32	28	↓
Meningitis, Bacterial Other	2	0	↓	12	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	5	3	↓	34	31	↓
New Active TB Cases Counted (<15 yo)	0	0	→	2	3	↑
New Active TB Cases Counted (>= 15 yo)	7	4	↓	69	63	↓

**2. Number of Cases Investigated by ODS**

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ Xray <sup>2</sup>	OOJ/ FUP <sup>3</sup>
Chlamydia	11	0	31	0
Gonorrhea	5	0	8	0
Syphilis	14	3	158	0
HIV/AIDS (New to Care/Returning to Care)	16	1	81	0
Tuberculosis	27	0	4	1
<b>TOTAL</b>	<b>73</b>	<b>4</b>	<b>282</b>	<b>1</b>

<sup>1</sup>	Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
<sup>2</sup>	Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
<sup>3</sup>	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 November 30, 2024, Clark County had 321 cases of mpox, an additional 2 cases during the month of November.
- b. **Norovirus outbreak at a private event:** On 11/19/24, ACDC received a complaint from a community member that 20 out of 27 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. By the end of the investigation, 1 individual was confirmed and there were 14 probable cases identified. The outbreak is over, final data and reports are being compiled.
- c. **Norovirus at an elementary school:** On 11/14/24, ACDC received a call from CCSD health office notifying us that 6 out of 10 kids were sick with vomiting and diarrhea from 1 PreK class at a CCSD school. ACDC continued to receive updated line lists of ill kids from the school throughout the following weeks. By the end of the investigation ACDC had interviewed or attempted to interview 97 people. There were 3 confirmed cases and 40 probable cases. This outbreak is over, final reports are pending.
- d. **Norovirus at an elementary school:** On 11/18/24, ACDC received a call from CCSD health office notifying us that approximately 16 students and 3 staff have reported vomiting and fever since the 11/13/24. By the end of the investigation, ACDC had interviewed or attempted to interview 40 people. There were 2 confirmed cases and 40 probable cases. This outbreak is over, final reports are pending.
- e. **Norovirus outbreak at a private event:** On 11/19/24, ACDC received a complaint from a community member that many guests became ill after their event. ACDC and OIE quickly mobilized to obtain a line list of guests and create a tailored survey to administer for detailed analysis. Contact attempts were made to all guests and staff who attended or worked at the event. By the end of the investigation, 2 individuals were confirmed and there were 7 probable cases identified. The outbreak is over, final data and reports are being compiled.
- f. **Gastrointestinal and respiratory illness at an elementary school:** On 11/19/24, ACDC received a call from CCSD health office notifying us that many students and staff have been out ill with both gastrointestinal illness and respiratory illness. It was reported that 7 staff members tested positive for flu. By the end of the investigation,

ACDC had interviewed or attempted to interview 31 people. Only 2 cases were completed as probable. This outbreak is over, final reports are pending.

- g. **Norovirus at an elementary school:** On 11/20/24, ACDC received a call from CCSD health office notifying us that approximately 15-20 students were out sick with vomiting and diarrhea with 1 student hospitalized. By the end of the investigation, ACDC had interviewed or attempted to interview 61 people. There were 3 confirmed cases and 35 probable cases. This outbreak is over, final reports are pending.
- h. **Gastrointestinal illness at an elementary school:** On 11/21/24, ACDC received a call from CCSD health office notifying us that 11 students had been sent home with vomiting and diarrhea. By the end of the investigation, ACDC had interviewed or attempted to interview 14 people. There were 14 cases completed as probable. This outbreak is over, final reports are pending.
- i. **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 but remains low. Statewide, the outpatient respiratory illness activity in Nevada is moderate. Locally, as of 11/30/2024, for the 2024 - 2025 influenza season, 150 influenza-associated hospitalizations and 3 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 training and distributions have taken place in the month of November:

<b>Naloxone Distribution//</b>	<b>Agency</b>	<b># Trained</b>	<b># of Naloxone doses distributed</b>
9/3/2024	Clients		40
9/4/2024	Outreach		110
9/9/2024	Clients		60
9/11/2024	Outreach		122
11/7/2024	Special Education Support Staff		24
11/7/2024	Substance		48
11/7/2024	LVMPD		312
11/14/2024	UNICares Project		1200

11/14/2024	HELP of Southern Nevada		504
11/14/2024	Royal Moving and Storage		48
11/20/2024	CARE Coalition		48
11/21/2024	Epiphany Episcopal Church		24
<b>Total</b>		<b>0</b>	<b>2540</b>

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 November:

<b>FTS Distribution</b>		
11/20/2024	The Center	800 Strips
11/20/2024	The Care Coalition	300 Strips
11/26/2024	SNHD	200 Strips
<b>Total FTS:</b>		<b>1,300 Strips</b>

<b>XTS Distribution</b>		
11/20/2024	The Center	800 Strips
11/20/2024	The Care Coalition	300 Strips
11/26/2024	SNHD	200 Strips
<b>Total XTS:</b>		<b>1,300 Strips</b>

**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 The Moapa Valley Community Resource Fair hosted by Brooke’s Good Deeds at the Clark County Fairgrounds in Logandale, NV on November 2, 2024. In addition to testing for HIV and syphilis, we were able to distribute Narcan, Fentanyl and Xylazine test strips, condoms, STD/HIV educational materials, and provide PrEP/PEP education. Often times we are not able to access the rural community to educate and provide resources. It was good to meet many organizations and offer our support and

collaboration opportunities for the important work they do. This will go a long way in stigma reduction by normalizing availability and visibility of sexual health and harm reduction services. We additionally partnered again with the Just Seen/Safe Neighborhoods project on November 13, 2024. This outreach is focused on providing resources to persons who have been sex trafficked. We also held outreaches with our regular partners, Fantastic Indoor Swap Meet and Oddfellows. 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. Due to congregate settings being a risk factor for acquiring TB infection and the homeless population being especially vulnerable to developing active TB, SNHD TB Surveillance conducted a targeted TB testing event that took place November 7-9, 2024, at Las Vegas Courtyard Homeless Resource Center. The total number tested was 272. For anyone that tested positive, SNHD worked with Nevada Health Centers and Hope Christian Health to navigate clients for follow-up and care at their respective on-site medical facilities at the Courtyard.
- 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	Nov-23	Nov-24		YTD 23	YTD 24	
Outreach/Targeted Testing	965	319	↓	11402	11886	↑
Clinic Screening (SHC/FPC/TB)	794	83	↓	7882	7333	↓
Outreach Screening (Jails)	259	260	↑	3147	2821	↓
Collect2 Protect	9	6	↓	145	98	↓
<b>TOTAL</b>	2027	668	↓	22576	22138	↓
Outreach/Targeted Testing POSITIVE	6	1	↓	67	47	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	2	1	↓	12	13	↑
Outreach Screening (Jails, SAPTA) POSITIVE	2	0	↓	15	7	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
<b>TOTAL POSITIVES</b>	10	2	↓	94	67	↓

**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, auto-assigned staff who created a contact event as an investigator, list contact events under index STD and TB events in the event view, STD field record data and field type updated for case detection, RVCT PDF generation features updated, re-enabled Viral Hemorrhagic Fever condition and assign related forms. Updated STD forms.
- b. Continue to update and enhance data warehouse: add audit schema, tags for cluster linkage, repeating field staff first entered, and occupation fields.
- c. Pentaho report updates: add note clarification and modification to Influenza reports, no activity report, review duplicate 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, 451 tasks have been completed, with 72 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. Investigate multiple syphilis duplicate events, addressed eCR logic issue when processing COVID-19 result should not add a queue to a case, review invalid LOINC mapping for Candida species.
- b. Conduct regular sessions to review message exceptions.
- c. Continues processing eCRs from HCA 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. C. auris testing results automation for processing into the LIS
- h. Rule set modifications for order/result processing
- i. Microbiology changes for Legionella testing

## **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. Evaluate the No-Show Prediction feature.
- h. Generate and review monthly reports for FQHC and Primary Care Center.
- i. Preparations for Uniform Data Set (UDS+) and Family Planning Annual Report (FPAR) submissions
- j. Implement Healthy Start Reporting/Benchmarks, submitted initial report
- k. Behavioral Health Module Build/Implementation

#### **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.
- b. Continue extracting weather data from the National Weather Service API for Heat Related Death and Illness report.

#### **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 error exception handling and mapping new codes.
- d. Continue MMG TB/LTBI mapping variables, lab, occupation, and PHIN VADS in NMI for phase 1.

#### **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.

#### **9. Grant Updates**

- a. ELC DMI and ELC ED grant November monthly progress reports were completed.
- b. Received 2025-2026 ELC EDX grant award from the state to support epi and lab activities in Clark County, Nevada.
- c. Discussed with PACT Coalition for Partnership for Success (PFS) grant award.

#### **10. Contracts**



- a. Interlocal agreement with Clark County Coroner's Office for SUIDS\_25, SUIDB\_25, and SUIDA\_25 was submitted.

**D. Staff Facilitated/Attended the following Trainings/Presentations**

1. 11/01/2024: Attended the Clark County Children's Mental Health Consortium Meeting as Chair and SNHD representative; 41 people in attendance; 2 SNHD ODS staff attendees.
2. 11/01/2024: Meeting with Assemblywoman Brown-May to discuss educational initiatives related to opioids and overdose prevention; 3 attendees, 1 ODS Staff attendee.
3. 11/05/2024: Co-facilitated Congenital Syphilis prevention training webinar by Count the Kicks; 74 people in attendance; 4 SNHD staff attendees.
4. 11/05/2024: Completed "Syphilis: The Basics" on demand training; 1 ODS Health Educator attendee.
5. 11/06/2024 – 11/07/2024: Facilitated Empower Change Rapid HIV Testing Training; 9 people in attendance; 2 ODS staff in attendance.
6. 11/06/2024: Attended American Indian/Alaska Native Focus Group Discussion facilitated by NICRP First Discussion Session for the Community Context Assessment; 5 people in attendance; 1 ODS Health Educator attendee.
7. 11/06/2024: Facilitated "Mental Health in Corrections"; 2 people in attendance; 2 SNHD ODS staff attendees.
8. 11/07/2024: Attended American Indian/Alaska Native Focus Group facilitated by NICRP Second Discussion Session for the Community Context Assessment; 15 people in attendance; 1 ODS Health Educator attendee.
9. 11/08/2024: Presented SUID Community Participatory Sessions to Larson Institute's Health Equity Webinar Series; ~80 people in attendance; 2 ODS staff attendees.
10. 11/12/2024: Attended Child Mental Health Action Coalition meeting as public health representative; ~40 people in attendance; 2 SNHD ODS staff attendees.
11. 11/12/2024: Presented on Credible Mind at the Southern Nevada Maternal Child Health Coalition Meeting; 28 people in attendance; 2 SNHD ODS staff attendees.
12. 11/13/2024: Facilitated and attended Southern Nevada HIV Prevention Planning Group Meeting; 31 people in attendance; 8 ODS staff attendees.
13. 11/13/2024: Invited to discuss NACCHO "Measuring the Success of your MAPP Process: Continuous Quality Improvement through MAPP" with other local health departments; 30 people in attendance; 1 ODS Health Educator attendee.
14. 11/13/2024: Provided CredibleMind interview to "A Healthier Tomorrow" podcast; 4 people in attendance; 1 SNHD ODS staff attendee.
15. 11/13/2024: Facilitated "SafeTALK Suicide Prevention" training; 12 people in attendance; SNHD ODS staff attendees.
16. 11/14/2024: Facilitated, attended, and tabled at Health District after Dark: Gun Violence as a Public Health Issue event; ~50 people in attendance; 20 SNHD DSC Staff Attendees.
17. 11/16/2024 – 11/17/2024: Attended 25th Annual Autumn Update Conference facilitated by Pacific AETC; 150 people in attendance; 4 ODS staff attendees.
18. 11/19/2024: Attended Child Death Review team meeting as SNHD representative; ~20 people in attendance; 1 ODS Health Educator attendee.
19. 11/19/2024: Attended Final Bay Area Regional Health Inequities Initiative (BARHII) Transforming Community Coalitions Training session; 25 people in attendance; 1 ODS Health Educator attendee.
20. 11/19/2024: Facilitated Harm Reduction 101 training; 4 people in attendance; 3 ODS staff attendees.

21. 11/20/2024: Attended Las Vegas TGA Part A (Ryan White Part A) Planning Council as SNHD representative; 20 people in attendance; 2 ODS Health Educator attendees.
22. 11/20/2024: Attended Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting as SNHD representative; 16 people in attendance from multiple agencies; 2 SNHD ODS staff attendee.
23. 11/21/2024: Facilitated "Beyond Stock Images Training;" 5 people in attendance; 1 ODS staff attendee.
24. 11/21/2024: Facilitated lecture at UNLV for Dr. Michelle Turk on local government work to address opioids and overdose prevention; 30 attendees, 1 SNHD staff attendee.
25. 11/26/2024: Presented on CredibleMind at the Southern Nevada Community Health Center FQHC Decatur staff meeting; ~60 people in attendance; 2 SNHD ODS staff attendees

#### **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. Conduct the November Child Death Review.

#### **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 SNPPL 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. Start working on migrating dashboard, Poison Control Center Data, from QlikView to Power BI platform
- j. Review RCKMS authoring updates

### **G. Disease Statistics**

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

Table 1



October 2024: Clark County Disease Statistics\*

Data as of 12/05/2024

Disease	2022		2023		2024	
	October	YTD	October	YTD	October	YTD
<b>VACCINE PREVENTABLE</b>						
COVID-19	5,890	246,634	2,500	26,132	1,110	16,598
Haemophilus influenzae, Invasive	3	18	1	26	2	39
Hepatitis A	0	6	0	6	1	9
Hepatitis B, acute	0	17	2	26	3	33
Hepatitis B, chronic	57	668	128	1,185	92	925
Influenza	20	497	37	254	43	763
Meningococcal disease ( <i>N. meningitidis</i> )	0	0	0	2	0	2
Monkeypox	20	283	8	12	2	10
Mumps	0	1	0	0	0	3
Pertussis	7	70	7	34	4	47
RSV	1,232	2,383	160	922	50	2,014
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	808	8,523	1,066	9,925	1,074	10,199
Gonorrhea	342	3,243	550	4,168	444	4,366
HIV	46	406	36	415	27	456
Stage 3 HIV (AIDS)	15	156	17	136	11	121
Syphilis (Early non-primary, non-secondary)	44	309	50	442	44	486
Syphilis (Primary & Secondary)	40	403	43	433	22	333
<b>CONGENITAL CONDITIONS</b>						
Hepatitis C, Perinatal Infection	0	0	0	1	0	3
Congenital Syphilis	3	39	4	46	1	28
<b>ENTERICS</b>						
Amebiasis	0	1	0	4	1	4
Campylobacteriosis	18	113	19	164	13	180
Cryptosporidiosis	1	13	2	12	6	28
Giardiasis	2	38	9	65	2	50
Rotavirus	2	128	1	102	1	117
Salmonellosis	13	135	23	183	12	142
Shiga toxin-producing <i>E. coli</i> (STEC)	4	58	7	49	5	78
Shigellosis	10	64	8	69	8	124
Vibriosis (Non-cholera <i>Vibrio</i> species Infection)	2	7	1	5	0	14
Yersiniosis	0	7	3	15	5	33
<b>OTHER</b>						
Brucellosis	0	1	0	0	0	0
Coccidioidomycosis	14	124	21	223	20	205
Exposure, Chemical or Biological	0	9	0	1	0	4
Hepatitis C, acute	1	3	2	5	0	10
Hepatitis C, chronic	251	2,552	135	2,094	149	1,389
Invasive Pneumococcal Disease	13	139	15	165	10	184
Lead Poisoning	17	114	30	154	26	142
Legionellosis	1	23	1	29	2	28
Listeriosis	1	4	0	0	0	5
Lyme Disease	1	7	1	8	0	8
Malaria	0	7	0	7	1	5
Meningitis, Aseptic	5	30	6	31	2	26
Meningitis, Bacterial Other	2	8	2	10	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	275	41	305	36	301
Streptococcal Toxic Shock Syndrome (STSS)	1	6	3	29	0	28
Tuberculosis (Active)	3	47	7	62	8	61
West Nile virus neuroinvasive disease	0	0	1	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.