Public Health Matters

A Quarterly Report on Communicable Diseases and Syndemic Illnesses
Division of Disease Surveillance & Control

Issue #1
Local surveillance data to June 30, 2026

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Welcome to ***Public Health Matters***, a quarterly update built for clinicians on the front lines who deserve public health data without the noise. Every issue delivers local case counts on select reportable diseases; updates to legislation for healthcare providers on related notifiable conditions; and a brief clinical topic with tips you can apply at point of care.

Selected Respiratory Illnesses Reported in Clark County, NV

Disease	2025 Q2	2025 YTD	2026 Q2	2026 YTD
Coccidioidomycosis‡	57	144	69	130
COVID-19*	1,859	4,011	470	1,367
Influenza*	132	1,177	298	1,162
Legionellosis‡	19	28	3	15
Pertussis	21	35	27	86
RSV	127	2,215	464	2,467
Tuberculosis, Active‡	22	37	10	29

‡ Reported cases may include extrapulmonary infections.
* Reported cases are in adults hospitalized due to COVID-19 or Influenza.

Selected Sexually Transmitted Infections Reported in Clark County, NV

Disease	2025 Q2	2025 YTD	2026 Q2	2026 YTD
Chlamydia	3,008	5,975	3,101	6,108
Gonorrhea	1,320	2,488	1,168	2,320
HIV‡	122	243	87	189
Mpox‡	0	0	5	21
Syphilis (Primary, Secondary, Early Latent)	151	302	101	226

‡ Primary mode of transmission is sexual.

Selected Congenital Conditions in Clark County, NV

Disease	2025 Q2	2025 YTD	2026 Q2	2026 YTD
Hepatitis C, Perinatal Infection	0	0	1	1
Congenital Syphilis	7	19	6	11

Selected Other Conditions Reported in Clark County, NV

Disease	2025 Q2	2025 YTD	2026 Q2	2026 YTD
Lead Poisoning	30	83	79	166
Lyme Disease	2	3	5	5
Malaria	1	2	0	0
Meningitis, Aseptic	7	11	1	4
Meningitis, Bacterial Other	0	4	3	6
Meningitis, Fungal	0	0	0	1
Streptococcal Toxic Shock Syndrome	7	18	10	20
West Nile Virus neuroinvasive disease	0	0	1	1

Selected Enteric Infections Reported in Clark County, NV

Disease	2025 Q2	2025 YTD	2026 Q2	2026 YTD
Amebiasis	3	7	1	2
Campylobacteriosis	68	123	52	109
Cryptosporidiosis	14	16	6	11
Cyclosporiasis	3	3	6	6
Giardiasis	13	27	25	39
Rotavirus	137	192	91	117
Salmonellosis	49	91	61	102
Shiga toxin-producing E. coli (STEC)	37	49	27	45
Shigellosis	18	38	23	39
Vibriosis (Non-cholera)	2	6	5	7
Yersiniosis	19	31	13	24

DATA: SNHD Epitrax; data to 6/30/2026 pulled on 8/28/2026 (except Cyclosporiasis pulled on 9/2/2026).
NOTE: 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.
AUTHORS: Division of Disease Surveillance & Control

FOCUS ON: Cyclosporiasis

Cyclosporiasis has evolved into a recurring, seasonal U.S. public health problem that demands renewed clinical attention. **As of August 25, 2026, the Centers for Disease Control and Surveillance (CDC) has received 17,180 reports of laboratory-confirmed cases of cyclosporiasis acquired in the U.S. since May 1, 2026. For comparison, 1,180 cases were reported between May 1 and August 31, 2025. (1)** The majority of this surge in cases are associated with an active outbreak investigation that has been linked to contaminated iceberg lettuce. (2) As of September 1, 2026, local case counts have not reflected this surge; only 3 locally confirmed cases associated with the outbreak have been identified, all with out-of-state exposures. The associated iceberg lettuce was not distributed in Clark County.

Cyclosporiasis exhibits predictable seasonality with approximately 90% of cases reported in the spring and summer (May to August). **As we enter September, it is important to note that cases from late-summer exposure can present with symptoms in early fall as incubation periods are from 2 days to 2 weeks or more.**

Cyclosporiasis is a gastrointestinal infection caused by the cyst form of the parasite, *Cyclospora cayetanensis*. Infected individuals shed oocysts, and sporulation into infectious cysts takes days to weeks in the environment. Thus, the mode of transmission is food or waterborne rather than from direct person-to-person transmission.

What can you do?
CONSIDER cyclosporiasis in patients who present with:
1. Watery diarrhea, with frequent, sometimes explosive stool
2. Other common symptoms:
   - Loss of appetite and weight
   - Cramping, bloating, and/or increased flatus
   - Nausea (vomiting is less common)
   - Prolonged fatigue
   - Low-grade fever, body aches and other flu-like symptoms

*If untreated, the illness may last for a few days to a month or longer and may have a remitting-relapsing course.
TEST SPECIFICALLY for *Cyclospora* via:
1. A GI multiplex PCR stool panel that includes *Cyclospora*.
2. Specific staining and microscopy methods to detect *Cyclospora* (routine ova and parasite testing do not reliably detect *Cyclospora*). (3)

TREAT confirmed cases of cyclosporiasis with 7-10 days of trimethoprim-sulfamethoxazole (TMP-SMX) with longer courses for persons with immunocompromising conditions.
REPORT suspected cases to SNHD Disease Surveillance and Control, do not wait for laboratory confirmation.

References:
(1) Cyclospora Case Data | CDC, accessed 08/31/26
(2) Cyclospora Outbreak Linked to Iceberg Lettuce | CDC, accessed 08/31/26
(3) SNHD Public Health Advisory | Cyclosporiasis | 07/16/2026

Nevada Regulatory Updates on Notifiable Conditions

The Nevada Legislative Commission approved amendments to Nevada Administrative Code (NAC) 441A on December 10, 2023.
These amendments expanded the definition of "communicable disease" to include any condition identified by the Centers for Disease Control and Prevention (CDC) as a nationally notifiable condition, along with several other specific diseases. Cyclosporiasis is one of the new conditions added to the list. (NAC 441A.040).

About us: The Division of Disease Surveillance & Control is available to help meet the reporting needs and answer the questions of Clark County, NV health care providers. **To report a suspected or confirmed illness or outbreak, you can contact 702-759-1300 or report online at Reportable Diseases – Southern Nevada Health District.** Non-urgent questions and general inquiries regarding diseases may be directed to epiinfo@snhd.org .