

# Southern Nevada Health District HAI Program

## Healthcare-Associated Infections (HAI) Program Newsletter

Clark County | 2026 Program Launch Edition

As announced by the Nevada Division of Public and Behavioral Health, the Southern Nevada Health District (SNHD) officially assumed primary responsibility for Healthcare Associated Infections (HAI) prevention and control activities in Clark County, Nevada, beginning January 1, 2026.

Under this transition, SNHD now leads:

- HAI investigations in licensed healthcare facilities
- Outbreak detection and response
- Infection prevention and control (IPC) consultation
- Infection Control Assessment and Response (ICAR) activities
- Surveillance for multidrug-resistant organisms (MDROs)

**Our goal is clear: strengthen healthcare infection prevention infrastructure and reduce preventable morbidity and mortality across Southern Nevada.**

### SNHD HAI Program Contacts

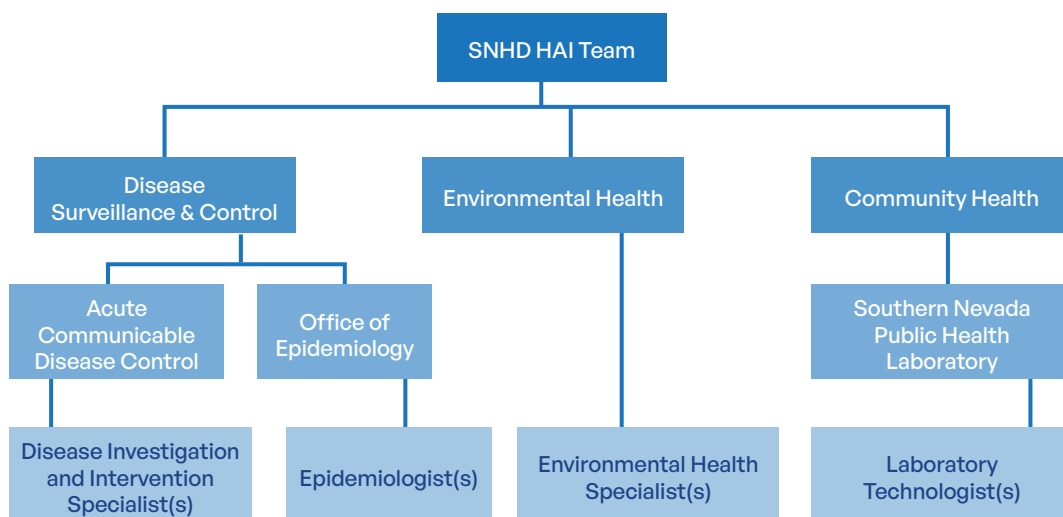
The SNHD HAI team is available to assist facilities with reporting questions, infection prevention guidance, outbreak response, and ICAR assessments.

✉ [hai@snhd.org](mailto:hai@snhd.org)

📞 (702) 759-1300

🌐 [www.SNHD.info/healthcare-associated-infections-program/](http://www.SNHD.info/healthcare-associated-infections-program/)

## SNHD HAI Team



The HAI program is a multidisciplinary collaboration across:

- Disease Surveillance and Control
- Environmental Health
- Southern Nevada Public Health Laboratory

This integrated structure ensures coordinated epidemiologic, environmental, and laboratory response capacity.

# HAI Surveillance Update

## *Candida auris* (*Candidozyma auris*)

In recent surveillance activities, the SNHD Public Health Laboratory identified two isolates of *Candida auris* (*Candidozyma auris*) with nonsusceptibility to rezafungin from patients at a local acute care facility. In the first case, two isolates from blood and urine were morphologically distinct and demonstrated different antifungal susceptibility profiles, with the urine isolate resistant to rezafungin. The second case involved a single rezafungin-resistant isolate from a wound specimen. At this time, no epidemiologic linkage has been established between the two cases.

Although rezafungin resistance among *C. auris* isolates is uncommon, with only approximately 3.8% of reported isolates showing resistance, these findings emphasize the importance of timely reporting, laboratory characterization, and coordinated public health response to emerging antifungal resistance.

SNHD continues to monitor *C. auris* and other multidrug-resistant organisms while supporting healthcare facilities in implementing evidence-based IPC measures.

## Reporting Healthcare Associated Infections (HAI)

Healthcare facilities are required to report specific HAI and organisms to SNHD to support public health response and prevention efforts.

To support consistency in applying reporting requirements, below are examples of HAI-related infections, organisms, conditions and events that should be reported to SNHD.

Reportable diseases and conditions, including but not limited to:


- *Candida auris*
- Carbapenem-resistant Enterobacteriaceae (CRE), including *Enterobacter spp.*, *Escherichia coli* and *Klebsiella spp.*
- All Carbapenem Resistant Organisms (CRO), including
  - Carbapenem Resistant *Pseudomonas Aeruginosa* (CRPA)
  - Carbapenem-Resistant *Acinetobacter Baumannii* (CRAB)
- Any Multidrug resistant organism (MDRO)
- Outbreak or increased incidence of any MDRO, such as methicillin-resistant *S. aureus* (MRSA) colonization or infection in a [neonatal intensive care unit \(NICU\)](#), or a specific CPO in a long-term care facility
- Single case of presumptive healthcare-associated [Legionnaires' disease](#)
- Single case of postpartum, post-surgical, or facility outbreak of healthcare-associated invasive group A beta-hemolytic *Streptococcus*
- Vancomycin intermediate *staphylococcus aureus* (VISA)
- Vancomycin resistant *enterococcus* (VRE)
- Vancomycin resistant *staphylococcus aureus* (VRSA)
- Outbreak or increased incidence of any infectious agent, device- or procedure-associated infection, such as an increase in cases of patients with positive cultures for *Burkholderia* in an intensive care unit, or a case of post-operative or post-procedure extrapulmonary nontuberculous mycobacteria


- Facility outbreak of [COVID-19](#), [influenza](#), pneumonia, other respiratory viral pathogen (e.g., respiratory syncytial virus), or gastroenteritis (e.g., [norovirus](#))
- Infections suspected to be associated with contaminated medication, transfused blood products (e.g., platelets), or other distributed [medical product](#)
- Foodborne infectious disease outbreak

**(This list is not all-inclusive; when in doubt, please report.)**

## **How to Report:**

 [www.southernnevadahealthdistrict.org/news-info/reportable-diseases/reportable-diseases-form/](http://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/reportable-diseases-form/)

 702-759-1414

 702-759-1300



## **Ongoing Communication**

SNHD is committed to ongoing communication with healthcare facilities through newsletters, Health Alert Network notifications, laboratory updates, and training announcements. Facilities are encouraged to ensure that contact information is current to receive timely updates **Next Steps**.

SNHD aims to continue strengthening infection prevention capacity, enhancing antimicrobial resistance surveillance, improving outbreak readiness, and reducing healthcare-associated infections across Southern Nevada.

For guidance, reporting assistance, or ICAR scheduling, healthcare facilities may contact the SNHD HAI team at [hai@snhd.org](mailto:hai@snhd.org) or **(702) 759-1300**.

**Together, we can advance patient safety and protect public health across Clark County.**