



Memorandum

Date: February 7, 2023

To: Southern Nevada District Board of Health

From: **Cassius Lockett, PhD**, *Director of Disease Surveillance & Control* *CL*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Disease Surveillance & Control Division Monthly Activity Report – January 2023

A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

	Jan 2022	Jan 2023		FYYTD 22	FYYTD 23	
Sexually Transmitted						
Chlamydia	922	845	↓	7176	7085	↓
Gonorrhea	501	370	↓	1363	3486	↑
Primary Syphilis	16	11	↓	159	154	↓
Secondary Syphilis	37	15	↓	239	229	↓
Early Non-Primary, Non-Secondary ¹	48	27	↓	379	447	↑
Syphilis Unknown Duration or Late ²	92	46	↓	798	794	↓
Congenital Syphilis (presumptive)	5	4	↓	23	23	→
Moms and Babies Surveillance						
HIV Pregnant Cases	1	3	↑	10	18	↑
Syphilis Pregnant Cases	7	20	↑	120	132	↑
Perinatally Exposed to HIV	1	0	↓	6	7	↑
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						
	Jan 2022	Jan 2023		YTD 22	YTD 23	
Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	4	↑	2	4	↑
Hepatitis A	1	0	↓	1	0	↓
Hepatitis B, acute	2	0	↓	2	0	↓
Influenza	16	42	↑	16	42	↑
Pertussis	5	1	↓	5	1	↓
Enteric Illness						
Campylobacteriosis	6	15	↑	6	15	↑
Cryptosporidiosis	1	0	↓	1	0	↓

Giardiasis	7	3	↓	7	3	↓
Rotavirus	2	2	→	2	2	→
Salmonellosis	6	7	↑	6	7	↑
Shiga toxin-producing Escherichia coli (STEC)	8	4	↓	8	4	↓
Shigellosis	4	1	↓	4	1	↓
Other						
Coccidioidomycosis	12	7	↓	12	7	↓
Hepatitis C, acute	1	0	↓	1	0	↓
Invasive Pneumococcal Disease	35	23	↓	35	23	↓
Lead Poisoning	15	4	↓	15	4	↓
Legionellosis	4	0	↓	4	0	↓
Meningitis, aseptic	1	1	→	1	1	→
Meningitis, Bacterial Other	1	0	↓	1	0	↓
Streptococcal Toxic Shock Syndrome (STSS)	1	6	↑	1	6	↑
New Active TB Cases Counted (<15 yo)	0	0	→	3	0	↓
New Active TB Cases Counted (>= 15 yo)	5	2	↓	30	24	↓

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	26	1	65	0
Gonorrhea	13	0	43	0
Syphilis	63	2	244	0
HIV/AIDS (New to Care/Returning to Care)	14	0	45	1
Tuberculosis	28	0	8	0
TOTAL	144	3	405	1

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 CT Staffing and Activities

a. Contact Tracers (CTs) – SNHD

i. SNHD staff, Current Total: 30

1. Lead CTs – 5

2. Contact Tracers; investigators and outreach – 25

ii. Contracted Contact Tracers, Current Total: 100

1. CSAA team of 100

b. Testing

i. Contact tracing team continues to work the College of Southern Nevada (CSN) (3 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites

- ii. Strike teams for testing are deployed for outbreak and clusters identified as necessary
 - iii. Vending Machines - providing accessible antigen home kits to vulnerable populations
 - iv. Coordinating Covid Antigen test kit Distribution through CBO partnerships
 - c. Contact Tracing/Outreach/Outbreak Investigations
 - i. School Team – A dedicated team of Contact Tracers who have been assigned to support the schools and work closely with CCSD and other local schools.
 - ii. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but is not limited to, detention centers, homeless shelters, daycares, and congregate settings.
- 4. Disease and Outbreak Investigations
 - a. **Influenza:** The 2022-2023 influenza season surveillance in Clark County, Nevada started on October 2, 2022. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, the seasonal influenza activity continues to decline across the country. Statewide, the Outpatient Respiratory Illness Activity in Nevada has been decreased to minimal level as well. Locally, as of 1/21/2023, for the 2022 - 2023 influenza season, 691 influenza-associated hospitalizations and 35 deaths associated with influenza were reported. Influenza A has been the dominant type circulating. The influenza surveillance will continue through 5/20/2023.
 - b. **2019 Novel Coronavirus (COVID-19):** As of January 31, 2023, Clark County had 597,751 cases; 9,275 deaths, and 115 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Acute Communicable Disease Control (ACDC) program at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations and contact tracing for outbreaks and vulnerable populations. ACDC is providing public health recommendations related to masking, isolation and other public health mitigation measures to prevent the spread of Covid-19 during times of low, medium and high community levels. Currently SNHD continues to monitor trends, investigate cases, provide guidance and maintain community testing sites. This is an ongoing response effort.
 - c. **Monkeypox:** As of January 31, 2023, Clark County had 295 cases of monkeypox. ACDC continues to monitor contacts to these cases as well as residents of Clark County that have been identified as contacts to out of state cases. DSC has partnered with the SNHD vaccination team to provide vaccines to non-traditional locations and times. This response is ongoing.
 - d. **Ebola:** The Ebola outbreak in Uganda has ended. No further airport screenings are being conducted at this time.
 - e. **Norovirus Outbreak Investigation – Private School:** The Division of Disease Surveillance and Control (DSC) initiated a gastrointestinal illness outbreak investigation associated with a local private school on January 18, 2023. DSC staff worked in collaboration with Environmental Health and a site visit was conducted. Absentee lists provided by the school identified 55

students and 4 staff absent on 1/13/2023, with additional students absent before and after. No common food exposure was identified. Stool testing on 2 positive samples identified Norovirus GII. No further illness has been reported. This investigation has been closed.

- f. **Norovirus Outbreak Investigation - CCSD:** On Friday, January 27, 2023, DSC received a notification of gastrointestinal illnesses of unknown etiology at a local elementary school by the Clark County School District. Preliminary information received stated more than 30 students were sent home due to vomiting. Emetic events were documented at multiple locations on school property and not limited to a specific classroom or grade. On Monday, January 30, 2023, DSC initiated an outbreak investigation, and a site visit was conducted along with Environmental Health. This investigation is ongoing.

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. 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/distributions have taken place in the month of January:

1/5/2023: Las Vegas Municipal Court - Marshal Unit (120 doses distributed)

1/5/2023: NDOC (168 doses distributed)

1/5/2023: Crossroads of S. Nevada (25 trained, 60 doses distributed)

1/9/2023: SNHD - L2A (74 doses distributed)

1/9/2023: Las Vegas Fire and Rescue (2 trained, 4 doses distributed)

1/10/2023: Adelson Academy (4 trained, 8 doses distributed)

1/11/2023: Palms Resort and Casino (8 trained, 52 doses distributed)

1/12/2023: Crossroads of S. Nevada (120 doses distributed)

1/12/2023: Moapa Tribal Police Dept (64 doses distributed)

1/12/2023: Attorney General's Office (32 doses distributed)

1/12/2023: LVMPD (392 doses distributed)

1/12/2023: M Resort and Casino (7 trained, 2 doses distributed)

1/17/2023: Coral Academy of Science - Deer Springs (4 trained, 20 doses distributed)

1/19/2023: Care Coalition (7 trained, 16 doses distributed)

1/19/2023: SWAID (60 doses distributed)

1/23/2023: Coral Academy of Science – Cadence (7 trained, 18 doses distributed)

1/23/2023: Las Vegas Comprehensive Treatment Center (50 doses distributed)

- b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl Test Strip Program.

The following participating agencies and internal SNHD programs received FTS during the month of January:

- 01/05/2023 Care Coalition (100 Strips)
- 01/10/2023 SNHD Linkage to Action Team (200 Strips)
- 01/11/2023 Crossroads of Southern Nevada (300 Strips)
- 01/25/2023 Huntridge Family Clinic (300 Strips)
- 01/25/2023 SNHD Linkage to Action Team (200 Strips)
- 01/25/2023 SNHD Pharmacy (600 Strips)
- 01/30/2023 Crossroads of Southern Nevada (1000 Strips)
- 01/31/2023 There is No Hero in Heroin (300 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion of Collect2Protect (C2P) online service for those requesting testing for gonorrhea, chlamydia, and HOME HIV test kits. 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, Huntridge Family Clinic and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.
- b. Express Testing services in SHC/Annex A continues to do well. The [Collect2Protect](#) program allows users to conveniently and privately order an at-home HIV test kit 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. Express Testing is offered Monday – Thursday, 8 a.m. – 4:30 p.m.
- c. ODS continues to offer outreaches on the MTU targeting MSM at Hawks Gym and Fun Hog Ranch. At these sites HIV rapid and syphilis testing is offered along with information on PrEP/PEP, condoms and resources for additional services.

B. High Impact HIV/STD/Hepatitis Screening Sites

Testing is currently being 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	Jan -22	Jan -23		FY 21-22	FY 22-23	
Outreach/Targeted Testing	887	358	↓	6607	6637	↑
Clinic Screening (SHC/FPC/TB)	355	261	↓	1708	2166	↑
Outreach Screening (Jails, SAPTA)	27	84	↑	372	1011	↑
Collect2 Protect	34	8	↓	151	135	↑
TOTAL	1303	711	↓	8838	9949	↑

Outreach/Targeted Testing POSITIVE	10	2	↓	58	49	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	5	1	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	1	↑	2	4	↑
Collect2 Protect POSITIVE	0	0	→	1	0	↓
TOTAL POSITIVES	10	3	↓	66	54	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 01/05/2023: Attended SB 275 Advisory Task Force on HIV Exposure Modernization meeting; 1 ODS staff in attendance along with other Task Force members.
2. 01/05/2023: Harm Reduction in Action training facilitated by ODS Health Educators; ~20 people in attendance; 2 ODS Health Educators in attendance.
3. 01/06/2023: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as Vice-Chair; ~35 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
4. 01/09/2023: Presented to the SNHD Public Health Advisory Board on the Community Health Improvement Plan Report; ~50 people in attendance; 1 ODS Health Educator presented.
5. 01/09/2023: Naloxone Training - Las Vegas Fire and Rescues/Valley Hospital; 2 people in attendance; facilitated by SNHD ODS Health Educator trainer.
6. 01/09-01/10/2023: Cultural Humility Training; ~30 people in attendance and 1 ODS Health Educator attendee.
7. 01/10/2023: Naloxone Training - Adelson Education Campus; 4 people in attendance; facilitated by SNHD ODS Health Educator trainer.
8. 01/10/2023: Academic Detailing Provider visits; 3 provider offices visited; 2 ODS SNHD staff attendees.
9. 01/10/2023: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff with Office of Suicide Prevention; 40 people in attendance including staff from Children's Cabinet; 1 SNHD ODS staff attendee.
10. 01/10/2023: "Motivational Interviewing Training" facilitated by ODS Health Educator Staff; 6 people in attendance; 6 SNHD ODS staff attendees.
11. 01/11/2023: Facilitated SoN HIV Prevention Planning Group (HPPG) meeting; ~22 attendees, including staff from the Center, Alto Pharmacy, Trac B, NDPBH, Sage Brush Health, and Ryan White Planning Council; 7 SNHD staff in attendance, 2 ODS Health Educator attendees.
12. 01/12/2023: Provided Technical Assistance to NJ Governor's Advisory Board on Public Health Vending Machines; 30 people in attendance; 1 ODS Health Educator attendee.
13. 01/12/2023: Facilitated Naloxone Training - The M Resort and Casino; 7 people in attendance; 1 SNHD ODS Health Educator trainer.
14. 01/17/2023: Facilitated Naloxone Training - Coral Academy of Science - Deer Springs Campus; 4 people in attendance; 1 ODS Health Educator trainer.
15. 01/17/2023: PrEP Academic Detailing visit with local OB/GYN provider; 3 ODS staff in attendance, 1 provider and staff attendee.
16. 01/18-01/19/2023: "Improving Community Response to Individuals Behavioral Health Challenges" conference attended by ODS Health Educator Staff as representative; ~400 people in attendance; 3 SNHD ODS staff attendees.

17. 01/18-01/19/2023: Empower Change Rapid HIV Testing and Training hosted by Huntridge Clinic; 3 ODS staff trainers and ~14 people in attendance from the Center, SNHD ODS, Dignity Health, Henderson Equality Center, and Trac B.
18. 01/19/2023: Facilitated "Naloxone Train the Trainer" Session- CARE Coalition; 7 people in attendance; 1 ODS Health Educator trainer.
19. 01/23/2023: Facilitated Naloxone Training - Coral Academy of Science Cadence Campus; 7 people in attendance; 1 ODS Health Educator trainer.
20. 01/23/2023: Provided Technical Assistance Somerville, MA on Public Health Vending Machines; 2 people in attendance; 1 ODS Health Educator attendee.
21. 01/23/2023: "2023 Biomedical HIV Prevention Summit Planning" facilitated by Nevada Department of Health and Human Services (NVDHHS) Office of HIV; 20 people in attendance; 5 ODS Staff attendees.
22. 01/23/2023: Provided Technical Assistance to California Bridge Program on Low Threshold Buprenorphine in Clark County; 3 people in attendance; 1 ODS Health Educator attendee.
23. 01/24/2023: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff; 9 people in attendance; 8 SNHD ODS staff attendees.
24. 01/24/2023: Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting attended by ODS Health Educator Staff as a representative; ~12 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
25. 01/25/2023: "Mental Health in Corrections Training" facilitated by ODS Health Educator Staff; 5 people in attendance; 5 SNHD ODS staff attendees.
26. 01/25/2023: Facilitated Naloxone Train the Trainer Session - HELP of Southern Nevada; 1 person in attendance; 1 ODS Health Educator trainer.
27. 01/25/2023: Facilitated Naloxone Training - Nevada Taxicab Authority; 12 people in attendance; 1 ODS Health Educator trainer.
28. 01/25-1/27/2023: Attended AIDS Education and Training Centers (AETC) "Social Determinants of Health: Train the Trainer" in Houston, TX. ~30 people in attendance from a variety of states/jurisdictions; 1 ODS Health Educator in attendance.
29. 01/25/2023: "ABC's of Hepatitis" Training facilitated by ODS DIIS; 6 people in attendance; 2 SNHD Health Educator attendees.
30. 01/26/2023: Presented at CDC OD2A Community for Harm Reduction: "Assessing Community Readiness for Implementing Harm Reduction Vending Machines"; 114 people in attendance; 1 ODS Health Educator presenter.
31. 01/30/2023: "Mental Health First Aid for Adults" co-facilitated by ODS Health Educator Staff and PACT Coalition; 15 people in attendance; 1 SNHD ODS staff attendees.
32. 01/30/2023: "Beyond Stock Images" Training facilitated by ODS Health Educator; 9 people in attendance; 7 ODS Health Educators in attendance.
33. 01/30/2023: Published 2022-2025 Community Health Improvement Plan (CHIP) Report to www.healthysouthernnevada.org website; 1 ODS Health Educator Uploaded.
34. 01/31/2023: Harm Reduction 101 training facilitated by ODS Health Educators; 14 people in attendance; 2 ODS Health Educators in attendance.
35. 01/31/2023: Field Safety for UNLV School of Nursing Students; 1 ODS Health Educator facilitating, ~50 UNLV School of Nursing students and staff in attendance.
36. 1/31/2023: Tuberculosis Cohort Review of 2022 Quarter 2 cases; 32 people in attendance.

D. Other

1. DSC is pleased to announce their new Medical Epidemiologist, Dr. Arpana Gupta. Dr. Gupta served as Deputy Health Officer in Ventura County from 2004-2006 and subsequently worked with the UCLA Center for Public Health and Disaster while concurrently maintaining a practice as a hospitalist. For the past several years, she has exclusively worked in the inpatient environment, most recently with several health systems in Arizona.
2. Haley Blake, Communicable Disease Supervisor, was selected to participate in the Disease Investigation Specialist (DIS) Job Task Analysis Committee through the National Board of Public Health Examiners. This committee is part of the development process of a certification program for DIS.
3. Communicable Disease Statistics: December 2022 and Quarter 4 2022 disease statistics are attached (see Table 1).

MONTHLY REPORT – January 2023

OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Continue to maintain and enhance Trisano disease surveillance system. Ongoing user account support, access issues, and data corrections.
- B. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems. Continue to support staff and work on exceptions that are requested by staff. Continue to convert COVID lab results from csv files into HL7 messages.
- C. Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems, with continuous interface upkeep, security updates, and server maintenance. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) support. Validation of PHLIP feed (CDC validating data).
- D. Continue working on Laboratory Response Network- Biological Agents (LRN-B) interface and automated delivery feed. BioFire Warrior panel build out completed for LRN-B reporting.
- E. Continue SNPHL data warehouse cleanup and maintenance.
- F. Maintain COVID interface between instruments, COVID POD app and Orchard, to include COVID testing and reporting as needed. Implementing combined testing for SNPHL of Covid/Flu for certain testing locations. Modifications will be needed to current automated processes to support this change.
- G. Maintain the Electronic Health Record (EHR) system for COVID test ordering and COVID vaccination. Configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services. Planning and Preparations to submit the Family Planning Annual Report (FPAR) have begun.
- H. Assist Epidemiology and Surveillance programs, Office of EMS/Trauma System, Environmental Health, and Clinic Services with various data requests, data exports, and report generation.
- I. Continue to maintain and enhance the iCircle web application for OEDS.
- J. Continue to support Clark County Coroner's Office (CCCO) on new CME implementation, testing, data requests, and reports. End of year data sets generated for internal and external media outlets. Created an accreditation metric tracking for new Medical Examiners. Finalized Fit Gap analysis and change order for additional feature request in the Case Management System.

- K.** Continue to support COVID19 surveillance by automating COVID19 hospitalization notifications, demographic extracts, lab tests and treatment information from HIE CCDs for public health surveillance.
- L.** Maintain and update COVID19 dashboard to include COVID19 Reinfections. COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- M.** Maintain and enhance COVID19 lab results portal.
- N.** Continue to work with Epi and Surveillance teams to test EpiTrax and Data warehouse. Trisano data migration being validated through Disease Surveillance workflows. Pentaho reports completed. Retest EpiTrax and EMSA database migration and investigate issues. NETSS CS/STD EpiTrax validated. Continue working on End User Validation.
- O.** Continue data transfer to Wellpartner on prescription notification from eCW.
- P.** Overdose Data to Action (ODTA) research requests completed.
- Q.** Continue new API server testing for internal processes and 3rd party app. Working with IT to upgrade API code with new MongoDB server 4.4. Updated mapping logic for C2P process. Added new Note struckthrough property in API EpiTrax REST response.
- R.** Completed script for csv generation of incomplete records for AI Bot project. Completed csv contact import.
- S.** Continue to work with state on DMI project including eCR onboarding and RCKMS training. Authored 8 new conditions that are reportable to SNHD through RCKMS.
- T.** Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support.
- U.** Continue bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting.
- V.** Continue bi-weekly meetings with UNLV for COVID19 race/ethnicity data geocoding and geospatial analysis.
- W.** Continue working on the Yale project with Epi office for case conferencing.
- X.** Completed various reports including the monthly TB report, RSR Validation report, RWCQM reports, Focus report revision, UDS reports, 13 FPNV reports, and 30 additional FQHC/Clinic reports.
- Y.** Completed Quarterly Grant reports for PHEP, ELC and Covid Health Disparities. Completed office budget augmentation for ELC EDX extension, PHI and RWCQM grants.



December 2022: Clark County Disease Statistics*

Disease	2020		2021		2022	
	Dec	YTD	Dec	YTD	Dec	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	4	12	1	13	4	24
Hepatitis A	0	18	1	3	0	7
Hepatitis B, acute	1	12	2	15	0	19
Hepatitis B, chronic	43	470	41	539	68	669
Influenza	14	884	16	73	419	1090
Meningococcal disease (<i>N. meningitidis</i>)	0	1	0	0	0	0
Pertussis	0	6	3	24	0	81
SEXUALLY TRANSMITTED						
Chlamydia	1121	13157	1013	13029	1063	12467
Gonorrhea	594	5787	553	7186	552	6291
HIV	26	346	29	448	23	466
Stage 3 HIV (AIDS)	9	136	9	181	9	176
Syphilis (Early non-primary, non-secondary)	49	407	43	662	74	716
Syphilis (Primary & Secondary)	51	642	42	733	37	700
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	2	1	6	0	0
Congenital Syphilis	6	43	6	35	4	47
ENTERICS						
Amebiasis	0	8	0	2	0	1
Campylobacteriosis	12	127	7	125	7	128
Cryptosporidiosis	1	11	2	16	4	17
Giardiasis	3	30	5	44	3	42
Rotavirus	0	21	1	29	3	133
Salmonellosis	2	120	10	150	10	155
Shiga toxin-producing <i>E. coli</i> (STEC)	4	26	3	54	7	71
Shigellosis	3	52	6	73	3	72
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	3	1	4	0	7
Yersiniosis	1	5	1	11	1	8
OTHER						
Brucellosis	0	0	0	0	0	1
Coccidioidomycosis	16	167	9	169	15	143
Exposure, Chemical or Biological	0	0	1	3	0	9
Hepatitis C, acute	0	4	0	2	0	2
Hepatitis C, chronic	266	3769	210	3106	186	2748
Invasive Pneumococcal Disease	9	179	27	130	45	220
Lead Poisoning	10	98	8	97	11	134
Legionellosis	1	25	1	22	1	25
Listeriosis	0	2	0	2	0	4
Lyme Disease	1	4	0	13	0	8
Malaria	0	1	0	2	0	7
Meningitis, Aseptic	3	66	1	33	0	33
Meningitis, Bacterial Other	1	24	1	12	0	10
Meningitis, Fungal	0	4	0	4	0	8
Q Fever, acute	0	0	0	1	0	0
RSV	4	1733	885	2687	955	5661
Rabies, exposure to a rabies susceptible animal	9	141	16	264	28	323
Spotted Fever Rickettsiosis	0	0	0	1	0	1
Streptococcal Toxic Shock Syndrome (STSS)	2	22	0	17	2	10
Tuberculosis (Active)	3	51	6	59	1	51

*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. HIV/AIDS/TB case counts are provided on a quarterly basis.

~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 4, 2022: Clark County Disease Statistics\*

| Disease                                          | 2020  |       | 2021  |       | 2022  |       | Rate (Cases per 100,000 per quarter) |              | Quarter Rate Comparison           |
|--------------------------------------------------|-------|-------|-------|-------|-------|-------|--------------------------------------|--------------|-----------------------------------|
|                                                  | Qtr 4 | YTD   | Qtr 4 | YTD   | Qtr 4 | YTD   | Qtr 4 (2017-2021 aggregated)         | Qtr 4 (2022) | Change b/t current & past 5-year? |
| <b>VACCINE PREVENTABLE</b>                       |       |       |       |       |       |       |                                      |              |                                   |
| Haemophilus influenzae, invasive                 | 4     | 12    | 4     | 13    | 9     | 24    | 0.09                                 | .            | ↑                                 |
| Hepatitis A                                      | 4     | 18    | 2     | 3     | 1     | 7     | 0.07                                 | .            | ↓                                 |
| Hepatitis B, acute                               | 3     | 12    | 4     | 15    | 3     | 19    | 0.05                                 | .            | ↓                                 |
| Hepatitis B, chronic                             | 120   | 470   | 126   | 539   | 153   | 669   | 1.47                                 | 2.16         | ↑X                                |
| Influenza                                        | 20    | 884   | 26    | 73    | 664   | 1089  | 3.63                                 | 9.39         | ↑X                                |
| Meningococcal disease (N. meningitidis)          | 0     | 1     | 0     | 0     | 0     | 0     | .                                    | .            | ↓                                 |
| Mumps                                            | 0     | 0     | 0     | 0     | 1     | 2     | .                                    | .            | ↑                                 |
| Pertussis                                        | 0     | 6     | 11    | 24    | 18    | 81    | 0.10                                 | 0.25         | ↑X                                |
| <b>SEXUALLY TRANSMITTED</b>                      |       |       |       |       |       |       |                                      |              |                                   |
| Chlamydia                                        | 3290  | 13157 | 3079  | 13030 | 2952  | 12497 | 41.80                                | 41.73        | ↓                                 |
| Gonorrhea                                        | 1787  | 5787  | 1658  | 7186  | 1548  | 6299  | 19.18                                | 21.88        | ↑X                                |
| HIV                                              | 56    | 293   | 73    | 421   | 106   | 441   | 1.04                                 | 1.50         | ↑X                                |
| Stage 3 HIV (AIDS)                               | 18    | 108   | 29    | 174   | 35    | 150   | 0.44                                 | 0.49         | ↑                                 |
| Syphilis (Primary & Secondary)                   | 168   | 642   | 171   | 733   | 150   | 703   | 2.03                                 | 2.12         | ↓                                 |
| Syphilis (Early non-primary, non-secondary)      | 130   | 407   | 147   | 662   | 232   | 720   | 1.56                                 | 3.28         | ↑X                                |
| <b>CONGENITAL CONDITIONS</b>                     |       |       |       |       |       |       |                                      |              |                                   |
| Congenital Syphilis                              | 13    | 43    | 11    | 35    | 12    | 48    | 0.13                                 | 0.17         | ↑                                 |
| Hepatitis C, Perinatal Infection                 | 2     | 2     | 3     | 6     | 0     | 0     | .                                    | .            | ↓                                 |
| <b>ENTERICS</b>                                  |       |       |       |       |       |       |                                      |              |                                   |
| Amebiasis                                        | 1     | 8     | 0     | 2     | 0     | 1     | .                                    | .            | ↓                                 |
| Campylobacteriosis                               | 35    | 127   | 20    | 125   | 36    | 128   | 0.38                                 | 0.51         | ↑                                 |
| Cryptosporidiosis                                | 2     | 11    | 3     | 16    | 5     | 17    | 0.03                                 | .            | ↑                                 |
| Giardiasis                                       | 8     | 30    | 13    | 44    | 10    | 42    | 0.14                                 | .            | ↑                                 |
| Rotavirus                                        | 6     | 21    | 7     | 29    | 7     | 133   | 0.08                                 | .            | ↑                                 |
| Salmonellosis                                    | 18    | 120   | 33    | 150   | 33    | 155   | 0.39                                 | 0.47         | ↑                                 |
| Shiga toxin-producing E. coli (STEC)             | 8     | 26    | 5     | 54    | 17    | 71    | 0.09                                 | 0.24         | ↑X                                |
| Shigellosis                                      | 11    | 52    | 17    | 73    | 18    | 72    | 0.28                                 | 0.25         | ↓                                 |
| Vibriosis (Non-cholera Vibrio species infection) | 0     | 3     | 2     | 4     | 2     | 7     | .                                    | .            | ↑                                 |
| Yersiniosis                                      | 1     | 5     | 3     | 11    | 2     | 8     | .                                    | .            | ↑                                 |
| <b>OTHER</b>                                     |       |       |       |       |       |       |                                      |              |                                   |
| Coccidioidomycosis                               | 47    | 167   | 48    | 169   | 44    | 144   | 0.52                                 | 0.62         | ↑                                 |
| Encephalitis                                     | 0     | 1     | 0     | 1     | 2     | 15    | .                                    | .            | ↑                                 |
| Exposure, Chemical or Biological                 | 0     | 0     | 1     | 3     | 0     | 9     | .                                    | .            | ↓                                 |
| Hepatitis C, acute                               | 0     | 4     | 0     | 2     | 1     | 3     | 0.05                                 | .            | ↓                                 |
| Hepatitis C, chronic                             | 785   | 3769  | 693   | 3106  | 586   | 2747  | 9.31                                 | 8.28         | ↓X                                |
| Invasive Pneumococcal Disease                    | 29    | 179   | 49    | 130   | 94    | 220   | 0.68                                 | 1.33         | ↑X                                |
| Lead Poisoning                                   | 23    | 98    | 18    | 97    | 36    | 134   | 0.38                                 | 0.51         | ↑                                 |
| Legionellosis                                    | 4     | 25    | 6     | 22    | 3     | 25    | 0.06                                 | .            | ↓                                 |
| Listeriosis                                      | 1     | 2     | 2     | 2     | 1     | 4     | .                                    | .            | ↓                                 |
| Lyme Disease                                     | 1     | 4     | 3     | 13    | 2     | 8     | .                                    | .            | ↑                                 |
| Malaria                                          | 0     | 1     | 1     | 2     | 0     | 7     | .                                    | .            | ↓                                 |
| Meningitis, Aseptic                              | 11    | 66    | 7     | 33    | 8     | 33    | 0.12                                 | .            | ↓                                 |
| Meningitis, Bacterial Other                      | 10    | 24    | 4     | 12    | 4     | 10    | 0.09                                 | .            | ↓                                 |
| Meningitis, Fungal                               | 1     | 4     | 0     | 4     | 0     | 8     | .                                    | .            | ↓                                 |
| RSV                                              | 8     | 1733  | 1992  | 2687  | 4519  | 5655  | 7.98                                 | 63.88        | ↑X                                |
| Spotted Fever Rickettsiosis                      | 0     | 0     | 0     | 1     | 1     | 1     | .                                    | .            | No Change                         |
| Streptococcal Toxic Shock Syndrome (STSS)        | 3     | 22    | 0     | 17    | 5     | 10    | 0.04                                 | .            | ↑                                 |
| Tuberculosis, Active                             | 12    | 51    | 21    | 59    | 8     | 51    | 0.21                                 | .            | ↓                                 |
| West Nile Virus neuroinvasive disease            | 0     | 1     | 0     | 0     | 0     | 0     | .                                    | .            | No Change                         |

\*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.

