

**IN THIS ISSUE: QUARTERLY COMMUNICABLE DISEASE REPORTING AND STATISTICS: 2023 Q1 AND Q2**

**Reported Cases of Selected Communicable Diseases  
Washoe County, Jan – June 2023**

**Table 1: Reported Cases of Selected Communicable Diseases\*, A – I, Quarters 1 & 2, 2021-2023**

Disease/Causal Infectious Organism	1st Quarter (Jan - Mar)			2nd Quarter (Apr - Jun)			Year to Date (Jan - Jun)		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Botulism (Infant & Adult)	0, 0	0, 0	0, 0	0, 1	0, 0	0, 0	0, 1	0, 0	0, 0
Campylobacteriosis	20	15	9	25	11	18	45	26	27
Candida auris	0	0	0	0	1	0	0	1	0
Carbapenem Resistant Organism (CRO)	21	28	16	10	36	28	31	64	44
Carbapenemase Producing Organism (CPO)	2	0	1	0	0	3	2	0	4
Chlamydia	666	538	590	655	634	551	1,321	1,172	1,141
Coccidioidomycosis	3	2	2	3	1	4	6	3	6
COVID-19	8,376	29,888	2,642	2,685	9,738	1,005	11,061	39,626	3,647
Cryptosporidiosis	0	0	4	0	5	2	0	5	6
<i>E. coli</i> (O157:H7, EHEC/STEC, & HUS)	0, 2, 0	0, 0, 0	0, 2, 0	0, 3, 0	2, 1, 0	0, 2, 0	0, 5, 0	2, 1, 0	0, 4, 0
EBLL, (Child <16 years, Adult >=16 years)	2, 20	6, 31	2, 13	0, 24	1, 9	7, 6	2, 44	7, 40	9, 19
Giardiasis	3	3	3	1	5	1	4	8	4
Gonorrhea	282	250	109	257	214	129	539	464	238
Hantavirus	0	0	0	0	0	0	0	0	0
Hepatitis A (acute)	1	1	0	0	0	0	1	1	0
HIV	3	6	9	8	8	12	11	14	21
HIV Stage 3**	5	8	5	6	3	6	11	11	11
Influenza (Types A, B, & unknown)	2, 2, 0	16, 5, 0	31, 0, 0	1, 4, 0	236, 1, 0	6, 4, 0	3, 6, 0	252, 6, 0	37, 4, 0
Invasive <i>Haemophilus influenzae</i>	2	5	7	2	2	3	4	7	10

\*Data are preliminary and subject to change; data accessed 8/31/2023 from <https://www.washoecounty.gov/health/files/ephp/communicable-diseases/weekly/washoecounty.html>

\*\* HIV Stage 3 was previously known as AIDS.

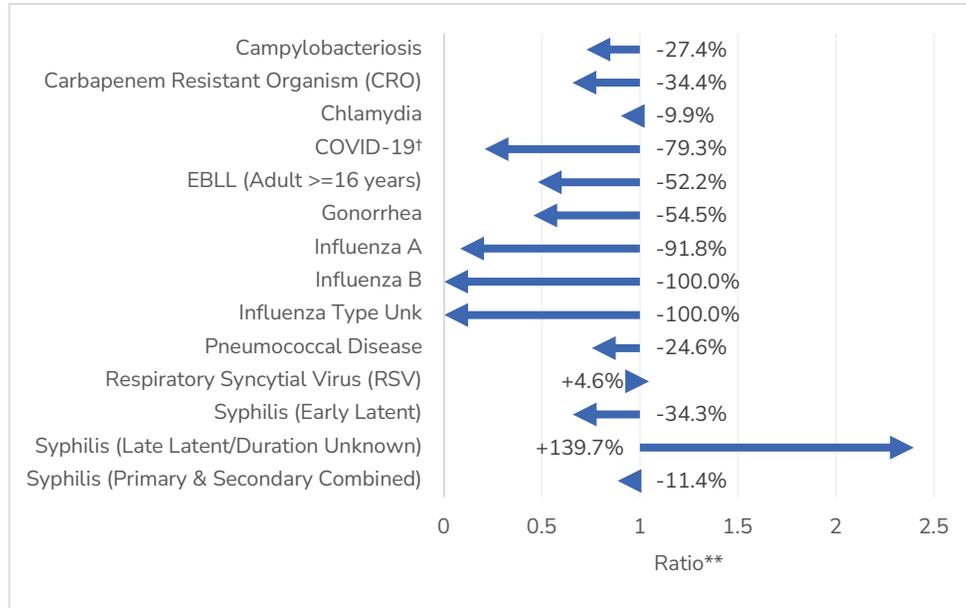
Table 2: Reported Cases of Selected Communicable Diseases\*, J – Z, Quarters 1 & 2, 2021-2023

Disease/Causal Infectious Organism	1st Quarter (Jan - Mar)			2nd Quarter (Apr - Jun)			Year to Date (Jan - Jun)		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Legionellosis	0	1	1	0	0	0	0	1	1
Listeriosis	0	1	0	0	0	0	0	1	0
Lyme Disease (Confirmed, Probable, & Suspect)	0, 0, 0	2, 0, 0	0, 0, 2	1, 1, 0	0, 0, 2	1, 0, 1	1, 1, 0	2, 0, 2	1, 0, 3
Mpox (monkeypox)	0	0	0	0	0	0	0	0	0
Mumps (Confirmed & Suspect)	0, 0	0, 0	0, 0	0, 0	1, 0	0, 0	0, 0	1, 0	0, 0
Pertussis (Confirmed & Probable)	0, 1	0, 2	0, 1	0, 2	0, 3	0, 3	0, 3	0, 5	0, 4
Pneumococcal Disease	13	18	19	8	26	10	21	44	29
Rabies (animal)	0	0	0	1	0	0	1	0	0
Respiratory Syncytial Virus (RSV)	1	276	356	41	137	16	42	413	372
Rocky Mountain Spotted Fever (Confirmed & Probable Combined)	0	0	0	0	0	0	0	0	0
Rotavirus	1	1	4	0	5	2	1	6	6
Salmonellosis	9	6	9	8	5	7	17	11	16
Shigellosis	4	0	1	0	3	1	4	3	2
Syphilis (Congenital)	2	3	3	3	2	6	5	5	9
Syphilis (Early Latent & Late Latent/Duration Unknown)	34, 30	19, 51	18, 70	31, 32	25, 61	17, 41	65, 62	44, 112	35, 111
Syphilis (Neuro)	1	3	1	3	5	0	4	8	1
Syphilis (Primary & Secondary Combined)	45	39	31	53	43	36	98	82	67
Tuberculosis	2	4	1	1	0	2	3	4	3
Vibriosis	0	1	1	0	1	0	0	2	1
Zika	0	0	0	0	0	0	0	0	0

\*Data are preliminary and subject to change; data accessed 8/31/2023 from <https://www.washoecounty.gov/health/files/ephp/communicable-diseases/weekly/washoecounty.html>

## Statistics

**Figure 1: Provisional Q1 total for select notifiable diseases reported\* compared to Q1 average for 2018-2022, Washoe County**



Note: Data are preliminary and subject to change; data accessed 8/31/2023 from <https://www.washoecounty.gov/health/files/ephp/communicable-diseases/weekly/washoecounty.html>

\* This graph includes the diseases with the greatest variance (+/-). Additionally, diseases included in the table and not the graph were excluded due to too small of an n to effectively evaluate the ratio (sum of five-year average and current quarter total < 20) or no change between the five-year average and current year.

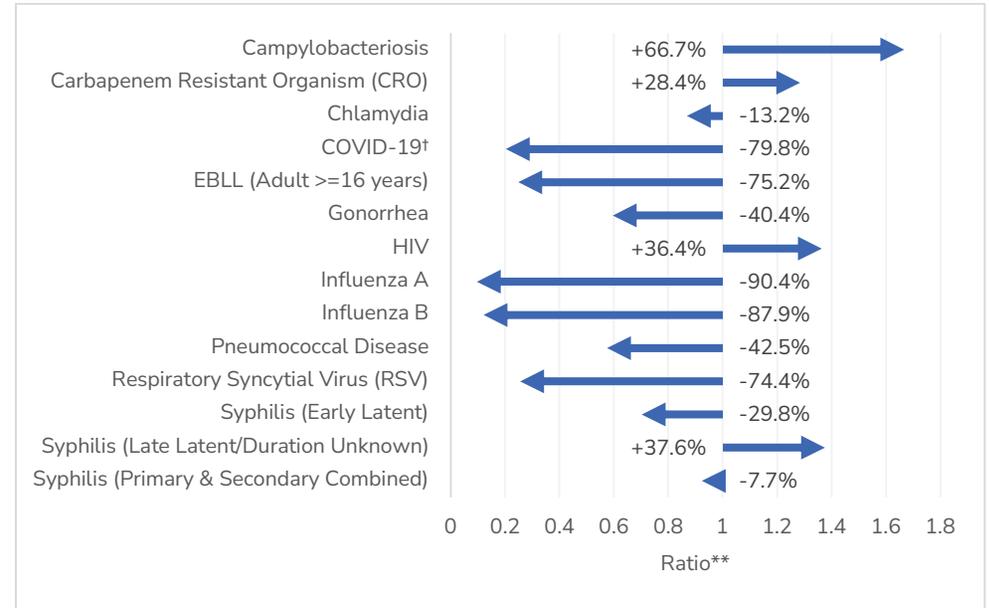
\*\* Ratio of current quarter total to mean of five previous respective quarterly totals (i.e., previous five years of Quarter 1 totals from 2018-2022).

† COVID-19 only uses a mean of the three previous respective quarterly totals as there was no data prior to that.

## To Read Figures

These figures compare reported morbidity for selected communicable diseases during the most current quarter in comparison to the historical morbidities reported in the respective quarter over the previous five years. For example, the total number of cases for campylobacter in 2023 Quarter 2 (Q2) was 18; however, the average of the Q2 totals from the past five years was 10.8. The ratio of the 2023 Q2 total compared to the mean of the Q2 totals from the previous five years is 1.7, when rounded to the nearest tenth, which means that the number of cases of campylobacteriosis reported in 2023 Q2 was 66.7% more than the average number of cases reported during Q2 of the previous five years.

**Figure 2: Provisional Q2 total for select notifiable diseases reported\* compared to Q2 average for 2018-2022, Washoe County**



Note: Data are preliminary and subject to change; data accessed 8/31/2023 from <https://www.washoecounty.gov/health/files/ephp/communicable-diseases/weekly/washoecounty.html>

\* This graph includes the diseases with the greatest variance (+/-). Additionally, diseases included in the table and not the graph were excluded due to too small of an n to effectively evaluate the ratio (sum of five-year average and current quarter total < 20) or no change between the five-year average and current year.

\*\* Ratio of current quarter total to mean of five previous respective quarterly totals (i.e., previous five years of Quarter 2 totals from 2018-2022).

† COVID-19 only uses a mean of the three previous respective quarterly totals as there was no data prior to that.

## Reporting

The list of reportable communicable diseases and reporting forms can be found at: <http://tinyurl.com/WashoeDiseaseReporting>

**Report communicable diseases to Northern Nevada Public Health. To report a communicable disease, please call 775-328-2447 or fax your report to the NNPH at 775-328-3764.**

## Acknowledgement

Thank you to all health care providers, infection control practitioners, laboratory staff, as well as schools and daycares for their reporting and collaboration to make this work possible.