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DEPARTMENT OF HUMAN SERVICES



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DATE: May 15, 2026
TO: Nevada State Board of Health
THROUGH: Laura Rich, Director, DHS
Andrea Rivers, Administrator, DPBH
FROM: Ihsan Azzam, PhD, MD, MPH, Chief Medical Officer
RE: Report to the State Board of Health for June 05, 2026

Introduction

Nevada continues to face several evolving public health challenges requiring coordinated surveillance, prevention, and response efforts. This report provides an overview of current public health concerns affecting the state, including above national average drug overdose mortality trends, concerns regarding extreme heat-related illnesses, infectious disease outbreaks, wildlife health threats, and seasonal respiratory pathogen activity. It also highlights ongoing collaborations between the Nevada Division of Public and Behavioral Health (DPBH), local health authorities, federal partners, and national agencies such as the Centers for Disease Control and Prevention (CDC) to strengthen preparedness, surveillance, and response activities across Nevada.

Hantavirus Outbreak Associated with Cruise Ship

On 2 May 2026, a cluster of passengers with severe respiratory illness aboard a cruise ship in the Atlantic Ocean was reported to the World Health Organization (WHO). At that time 147 passengers and crew remained onboard, while 34 passengers and crew had previously disembarked. And as of the 8th of May 2026, a total of eleven cases, including three deaths (case fatality ratio: 28%), had been reported. Nine of these cases were laboratory-confirmed as hantavirus infections, and all cases were due to the Andes virus (ANDV).

WHO reported that the risk posed by this event to the global population is low, while the risk to the passengers and crew aboard the ship is considered moderate. The Centers for Disease Control and Prevention (CDC) are actively monitoring and responding to the outbreak and as of the 15th of May, a total of 11 Hantavirus cases has been reported, and some additional cases are anticipated as the investigation and monitoring of those who could have been exposed continue.

CDC has deployed a team of epidemiologists and medical professionals to the Canary Islands, where the cruise ship docked to conduct exposure risk assessments for American citizens who were onboard the vessel; develop recommendations regarding the level of monitoring required for exposed individuals, and coordinate with international partners to establish consistent monitoring guidance and resources for state health departments and jurisdictional partners. CDC also rapidly developed and distributed health guidance for impacted American passengers.

According to most recent CDC reports, three cases died and 41 individuals continue to being monitored for a total of 42 days for possible exposure, including passengers and some flight contacts. So far, there have been no confirmed hantavirus deaths or confirmed cases in the United States.

Laboratory testing has confirmed that the outbreak is caused by Andes virus, a hantavirus strain primarily found in Argentina and Chile. This Andes virus is unique among hantaviruses because it is the only known hantavirus capable of person-to-person transmission. Symptoms may start 4 to 42 days after exposure. Person-to-person transmission generally requires direct and prolonged physical close contact with an infected individual in enclosed spaces; exposure to saliva, respiratory secretions, or other bodily fluids and exposure to activities such as kissing, sharing utensils, or handling contaminated bedding.

CDC continues to coordinate closely with state, federal, and international public health partners and will provide updated guidance as new information becomes available. At this time, no evidence suggesting any increased risk to the general American Public or American Travelers. Current assessments indicate that routine travel may continue as normal.

Hantaviruses are a family of viruses capable of causing severe illness and death in humans. Infection most commonly occurs through exposure to rodents, particularly contact with rodent urine, droppings, or saliva. Less commonly, transmission may occur through rodent bites or scratches. In the Western Hemisphere, including the United States and Nevada, New World hantaviruses including the Sin Nombre virus can cause Hantavirus Pulmonary Syndrome (HPS), a severe and potentially fatal respiratory disease. Andes virus primarily spreads to humans through contact with long-tailed rice rats found throughout much of Argentina and Chile. Like other hantavirus infections, Andes virus infection may progress to HPS.

Symptoms of hantavirus infection may initially resemble influenza-like illness with common viral infection symptoms such as fatigue, fever and muscle aches, especially in the thighs, hips, back, and shoulders, and can rapidly progress to severe respiratory disease. Approximately half of all Hantavirus cases may experience headache, dizziness, chills, nausea, vomiting, diarrhea and abdominal pain. Patients may later develop severe and potentially fatal respiratory illness requiring advanced supportive medical care.

Currently, no specific antiviral treatment is available for Andes virus infection. However, early recognition and rapid access to advanced supportive care remain critical for improving patient outcomes.

Drug Overdose Mortality Trends - CDC Epi-Aid Deployment to Nevada/Clark County

Recent data indicate that overdose deaths in Nevada are not declining at the same pace as those observed nationally. In 2025, the United States experienced a 15.9% decline in annual predicted overdose deaths during the 12-month period ending in November 2025, compared with the previous 12-month period (December 2023–November 2024). In contrast, Nevada experienced only a 2.2% decline in predicted drug overdose deaths during the same timeframe.

In Nevada, deaths involving illegally manufactured fentanyl (IMF) and methamphetamine accounted for substantial proportions of overdose deaths in 2024. According to the State Unintentional Drug Overdose Reporting System (SUDORS) 28% of overdose deaths involved both IMF and methamphetamine without other opioids or stimulants. And an additional 28% involved methamphetamine without opioids or other stimulants.

The increasing prevalence of poly substance use/abuse is particularly concerning because it presents significant challenges for both overdose prevention strategies and substance use disorder treatment programs, many of which remain primarily opioid focused. Although local counties and the state public health teams have identified geographic hotspots where overdose deaths have increased dramatically; much remains unknown regarding the individual and structural risk factors contributing to these trends. Further investigation is essential to better

understand the drivers of overdose mortality and to develop effective interventions to reverse these alarming patterns.

Southern Nevada Health District (SNHD) requested assistance from the Centers for Disease Control and Prevention (CDC) through an Epidemic Assistance Investigation (Epi-Aid) to support surveillance and investigation activities related to overdose deaths occurring in Clark County. The Nevada Division of Public and Behavioral Health (DPBH) has worked closely with SNHD, CDC, and several other state and local partners to coordinate and facilitate this request.

CDC approved the Epi-Aid request, and a team of six Epidemic Intelligence Service (EIS) Officers is planned to be deployed to Las Vegas from May 18–29, 2026 to closely collaborate with state and local epidemiologists.

This Epi-Aid deployment will focus on the following objectives:

1. Characterize trends in drug exposures and fatal overdoses.
 - Assess recent trends in fatal and nonfatal overdose events in Clark County.
2. Assess contributing factors using surveillance systems.
 - Utilize SUDORS and other state surveillance systems to identify factors and characteristics associated with fatal and nonfatal drug overdoses.
3. Conduct stakeholder interviews and focus groups.
 - Engage healthcare providers, community-based organizations, and first responders (e.g., EMS personnel and law enforcement) to
 - Assess barriers and facilitators to overdose-related services.
 - Identify recent changes in overdose presentation and response needs.
 - Conduct interviews with individuals at risk of overdose to assess the following:
 - Perceptions of the illegal drug supply, including availability, potency, composition, and recent changes.
 - Individual overdose risk factors.
 - Personal overdose prevention strategies.
 - Awareness, access, and utilization of overdose prevention, treatment, and community-based services.

It is important to note that the State of Arizona has experienced similar overdose-related challenges and recently conducted a CDC-supported Epi-Aid investigation that proved effective in enhancing and informing public health response efforts.

The CDC Epi-Aid program has been available for decades to support states and local public health authorities in responding to urgent public health concerns. Nevada has previously utilized this resource on multiple occasions. Most recently, an Epi-Aid investigation was conducted in Clark County in 2022 in response to concerns related to the newly emerging multi drug resistant *Candida auris* (*C. auris*).

Heat-Related Negative Health Outcomes

The Nevada Division of Public and Behavioral Health (DPBH) is in the process of issuing a technical bulletin to alert the public and healthcare providers about anticipated extreme weather conditions this summer that will increase the risk of heat-related illness and other adverse negative health outcomes. Exposure to excessive environmental heat can overwhelm the body's ability to regulate temperature, resulting in a range of heat-related illnesses that vary in severity from mild conditions to life-threatening emergencies. Types of Heat-Related Illnesses include:

- Heat Stroke, which is the most severe form of heat-related illnesses and constitutes a medical emergency. It is characterized by core body temperature of 104°F (40°C) or higher, and central nervous system dysfunction,

including confusion, slurred speech, seizures and loss of consciousness. Immediate medical attention is required.

- Heat Exhaustion is a moderate condition caused by excessive sweating and dehydration. Symptoms may include heavy sweating, tachycardia or rapid pulse, dizziness, nausea, vomiting, weakness and fatigue.
- Heat Cramps are painful muscle spasms that commonly occur during intense physical activity in high temperatures. They usually affect the abdomen, arms and legs.
- Heat Rash is a skin irritation caused by excessive sweating that appears as small red bumps, blisters and itchy or irritated skin

Warning Signs and Symptoms among individuals exposed to high temperatures include:

- Confusion or slurred speech (critical signs of heat stroke).
- Elevated body temperature.
- Heavy sweating or hot, dry skin.
- Dizziness, nausea and/or vomiting.
- Tachycardia.
- Headache.
- Weakness and fatigue.

Certain individuals can be more vulnerable to developing heat-related negative health outcomes, particularly those with chronic illnesses or those on diuretics which may increase susceptibility to heat stress. Vulnerable populations include infants and young children, adults aged 65 years and older, and individuals with chronic medical comorbidity such as heart disease, COPD, diabetes and mental/behavioral conditions. High-risk groups include outdoor workers such as those in construction, agriculture, landscaping and other outdoor occupations, individuals without adequate cooling, people living in homes without air conditioning, and individuals experiencing homelessness.

To reduce the risk of heat-related illnesses, the following preventive measures are recommended:

- Drinking water frequently, even if/when not thirsty.
- Staying in air-conditioned environments whenever possible.
- Visiting public cooling centers, malls, or libraries during extreme heat events.
- Avoiding or limiting strenuous physical activities during the hottest parts of the day.
- Wear lightweight, loose-fitting, and light-colored clothing.
- Using wide-brimmed hats and sun protection when outdoors.
- Checking regularly on older adults, children, and vulnerable individuals.

Healthcare providers, caregivers, employers, and community organizations are encouraged to educate individuals about recognizing early symptoms of heat-related exposure and illness and taking prompt preventive action during periods of extreme heat. Early recognition and intervention can prevent severe complications.

Concerns Regarding Chronic Wasting Disease (CWD)

Chronic Wasting Disease (CWD) is a fatal neurodegenerative disease affecting members of the deer family, including deer, elk, and moose. It is caused by abnormal infectious prions and continues to expand geographically across the United States.

According to the Centers for Disease Control and Prevention (CDC), CWD has now been detected in at least 37 states nationwide. In May 2026, Delaware confirmed its first case of CWD, marking another expansion of the disease's geographic range. The infected animal, a wild white-tailed deer, was identified through routine wildlife surveillance efforts, and the diagnosis was confirmed by the National Veterinary Services Laboratory (NVSL). Following confirmation, Delaware immediately activated its CWD response plan.

At this time, Chronic Wasting Disease has not been detected in Nevada. However, significant concern remains due to the presence of CWD in neighboring states, including California, Idaho, Utah and Colorado.

The proximity of confirmed cases in bordering states has heightened concerns regarding the potential spread of the disease into Nevada wildlife populations.

Recent developments have prompted increased surveillance and prevention activities within Nevada, as in 2024, CWD was confirmed in a road-killed deer near Bishop, California, located fewer than 30 miles from the Nevada border. Because deer and other wildlife herds frequently migrate between California and Nevada, the Nevada Department of Wildlife (NDOW) has expanded monitoring and surveillance activities. These measures include mandatory CWD sampling requirements for hunters in designated western Nevada hunt units.

To reduce the risk of introducing infectious prions into Nevada, current state regulations prohibit hunters from importing certain high-risk animal parts such as brain and spinal cord and other high-risk nervous system tissues from out of state. These restrictions are intended to minimize the risk of environmental contamination and protect Nevada’s wildlife populations from the introduction of CWD.

Although there is currently no confirmed evidence that CWD infects humans, public health and wildlife agencies continue to monitor the disease closely because of ongoing concerns regarding possible transmission risks and the long-term ecological impact on wildlife populations.

The Division of Public and Behavioral Health and the Nevada wildlife officials encourage hunters and the public to follow all CWD testing and sampling requirements, properly dispose of carcass waste, avoid transporting high-risk animal parts across state lines, and remain informed about current wildlife health advisories. Consistent with the One Health approach, the DPBH is continuing public health surveillance, environmental health monitoring and disease tracking among wild animals and livestock. Prevention and public awareness remain critical components of Nevada’s efforts to keep the state free of CWD and other zoonotic illnesses.

Measles Surveillance (Data as of May 15, 2026)

The United States has recorded 1,842 confirmed measles cases in 2026 so far, with 1,830 infections reported from 39 states with 12 cases among international visitors. This represents a high transmission trajectory compared to 2025, where 2,288 total cases (including 25 among international visitors) across 45 jurisdictions. Notably, Nevada has reported zero cases in 2026, contrasting with two cases reported in 2025. This localized “elimination” is attributed to intensified public health campaigns and increasing vaccination coverage.

Distributed across 25 outbreaks, outbreak-associated cases comprised 93% (1,712 of 1,842) of the 2026 caseload. Only 428 cases of those originated from clusters initiated this year, while 1,284 cases originated in clusters from the previous calendar year.

Year	2024	2025	2026 (YTD)
Total Confirmed Cases	285	2,288	1,842
Reported Outbreaks	16	48	25
Outbreak-Associated Cases (%)	69%	90%	93%

This increasing frequency and percentage of outbreak-associated cases year after year from 2024 to 2026 may reflect a higher vulnerability to contract the infection among isolated pockets of susceptible/un or under vaccinated individuals and communities.

Update - Seasonal Influenza and other Respiratory Pathogen (2025–2026 Season)

National and regional influenza activity continues to gradually decline. Influenza A(H3N2) predominated throughout the season, though late-season surveillance shows an increased proportion of influenza B viruses.

Genetic characterization of 2,377 influenza A(H3N2) isolates collected from September 28, 2025, reveals that 93.0% belonged to subclade K (specifically A(H3N2) J.2.1), which is associated with an increased transmission and significant immune-evasion capabilities, contributing to increased complications and elevated hospitalization rates.

CDC classified the overall severity of this current Respiratory Infections Season as moderate with an estimated 32 million illnesses, 380,000 hospitalizations, and 23,000 influenza-related deaths. However, age-stratified analysis reveals some discrete age-related disparities, as the cumulative overall hospitalization rates this season was the second highest among children age ≤18 and the third highest among adults since 2010–2011. During MMWR Week 18, six influenza-associated pediatric deaths were reported to CDC, bringing the season’s total to 155 deaths in the U.S. with approximately 85% of these fatal cases were not fully vaccinated. Nevada's influenza-like illness (ILI) activity peaked at 8.0% of outpatient visits during MMWR Week 52 (ending December 27, 2025), marking a five-year regional high. However, by Week 18, ILI metrics declined steadily to 2.0%, placing Nevada below its state baseline of 2.24% and the Region 9 baseline (3.9%), indicating a return to regular annually observed expected levels.

Interim CDC estimates from March 2026 indicate moderate vaccine protection. Reduced effectiveness is primarily driven by antigenic mismatch between the circulating H3N2 subclade K variant and the seasonal vaccine strain. However, vaccination was able to moderately reduce medical visits and hospitalization for both children and adults as illustrated in the diagram below.

Pediatric (<18 Years)

- Medical Visits Reduced by:  38%–41%
- Hospitalization Reduce by  41%

Adult (18+ Years)

- Medical Visits Reduce by:  22%–34%
- Hospitalization Reduced by  30%

High vaccination rates remain the primary defense against vaccine-preventable illnesses such as measles and influenza. Additionally, the administration of prescription influenza antiviral drugs is recommended, particularly for individuals at high risk for secondary complications.

Co-circulating Respiratory Pathogens

- Syndromic surveillance showed that COVID-19 activity in Nevada remained low (2.0%–3.5% of emergency department visits) with a minor peak in Weeks 51–52. By Week 18, emergency room visits dropped to 0.1%, with only 7 laboratory-confirmed hospital admissions, indicating a significant decline in the epidemic trends.
- Cumulative seasonal cases of Respiratory Syncytial Virus (RSV) in Nevada reached 4,854. Activity peaked between Weeks 5 and 9 (late January to early March 2026) before dropping to 8 reported cases statewide in Week 18.
- No new human cases of Avian Influenza A(H5) have been reported in the United States in 2026, The cumulative total for the avian influenza outbreak initiated in 2024 stands at 71 human cases and 2 deaths. The most recent reported case occurred in November 2025 in an older resident of Washington state who subsequently died. So far no person-to-person transmission has been verified in the U.S.

Multistate Salmonella Outbreak

An epidemiological investigation is underway tracking a multistate outbreak of *Salmonella* linked to backyard poultry contact. 34 cases were confirmed by 13 states, with 13 hospitalizations and no deaths reported to date.