Nevada

2018 Tuberculosis Fast Facts

Nevada Division of Public and Behavioral Health

Office of Public Health Investigations and Epidemiology

Tuberculosis Prevention and Control Program



Steve Sisolak, Governor *State of Nevada*

Richard Whitley, MS, DirectorDepartment of Health and Human Services

Lisa Sherych *Interim Administrator*

Ihsan Azzam, Ph.D., M.D. Chief Medical Officer

PURPOSE

The primary purpose of the *Nevada 2018 Tuberculosis Fast Facts* report is to provide statistics and trends on all 2018 tuberculosis (TB) cases in Nevada. The annual publication is a reference document for policy makers, program managers, health planners, healthcare facilities, researchers, and anyone in the community who are concerned with the public health implications of this disease.

METHODS

The data used for this profile are between January 1, 2018, to December 31, 2018, and obtained from the Nevada National Electronic Disease Surveillance System (NEDSS) Based System (NBS). The NBS database application is provided by the Centers for Disease and Control and Prevention (CDC) and maintained by the Division of Public and Behavioral Health (DPBH) for the TB Program. The data are collected from medical laboratories, private and public health providers, clinics, and disease intervention specialists. Verified tuberculosis cases are reported following the CDC guidelines in the *Report of Verified Case of Tuberculosis (RVCT) Instruction* Manual.¹

TECHNICAL NOTES

Per the Nevada Administrative Code (NAC) 441A.225, TB is a reportable communicable disease. As prescribed by Nevada Revised Statutes (NRS) 441A.150, a diagnosis of TB or a suspected case of TB must be reported to the local health authority by providers, medical facilities, and laboratories. The local health authorities conduct investigations on these cases to complete the case.

Discrepancies from prior Fast Fact publications reflect the incorporation of updated NBS data.

N/A (Not Applicable) indicates cases where the data may not meet the criteria for reliability, data quality or confidentiality due to small counts or inability to calculate rates based on an equivalent population.

N (incidence rate) is the basic measure of disease in the total population.

n (number) is the basic measure of disease for a given subpopulation, such as sex, race/ethnicity, age, or full address.

% (Percentage) within each demographic subset which represents the percentage of the specific demographic taken out of the total number of verified counted TB cases.

Population is based on the 2018 population projections from the Nevada State Demographer vintage 2018 data.

% Change (Percent Change) represents the percentage difference in the number of verified TB cases between 2018 to 2017, calculated by the number difference between 2018 to 2017, divided by the 2017 number then multiplied by 100%.

% RC (Percent Rate Change) represents the percentage difference in rates between 2018 to 2017 calculated by the rate difference between 2018 to 2017, divided by the 2017 rate then multiplied by 100%.

Rate is based on the incidence of verified TB cases per 100,000 population.

RD (Rate Difference) is based on the difference in incidence rates between 2018 to 2017.

Relative Standard Error (RSE) reflects counts under 12; use caution when interpreting the data as the RSE is greater than 30%.

¹Centers for Disease Control and Prevention, Division of Tuberculosis Elimination. Appendix B: Recommendations for Reporting and Counting Tuberculosis Cases. *Report of Verified Case of Tuberculosis (RVCT), Instruction Manual,* May 2009. https://www.cdc.gov/tb/programs/rvct/instructionmanual.pdf

Division of Public and Behavioral Health TB Program Tuberculosis in Nevada Percent and Rate Change, 2018

Z A											
	20	17	20	018	% (Change	Rate Change				
	N	Rate	N	Rate	N	%Change	RD	%RC			
County											
Clark	62	2.8	60	2.7	-2	-3.2%	-0.1	-3.6%			
Washoe	17	3.7	9	2.0	-8	-47.1%	-1.7	-45.9%			
Carson City	0	0.0	0	0.0	0	N/A	0.0	N/A			
All Other Counties*	1	0.3	0	0.0	-1	-100.0%	-0.3	-100%			
Gender											
Male	43	2.9	44	2.9	1	2.3%	0.0	0%			
Female	37	2.5	25	1.7	-12	-32.4%	-0.8	-32.0%			
Race/Ethnicity											
White, non-Hispanic	7	0.5	7	0.5	0	0.0%	0.0	1.3%			
Black, non-Hispanic	9	3.5	6	2.3	-3	-33.3%	-1.2	-34.3%			
AI/AN**	0	0.0	0	0.0	0	N/A	0.0	N/A			
Asian	40	14.2	34	11.3	-6	-15.0%	-2.9	-20.4%			
Hispanic	24	2.8	20	2.2	-4	-16.7%	-0.6	-21.4%			
Multirace/Unknown	0	N/A	2	N/A	2	N/A	N/A	N/A			
Age											
0 to 4	0	0.0	4	2.1	4	N/A	2.1	N/A			
5 to 14	1	0.2	1	0.2	0	0.0%	0.0	0.0%			
15 to 24	6	1.5	5	1.2	-1	-16.7%	-0.3	-20.0%			
25 to 44	28	3.4	19	2.3	-9	-32.1%	-1.1	-32.4%			
45 to 64	23	3.1	23	3.0	0	0.0%	-0.1	-3.2%			
65+	22	5.2	17	3.9	-5	-22.7%	-1.3	-25.0%			
HIV Status			•		•						
HIV Positive	5	N/A	6	N/A	1	20.0%	N/A	N/A			
HIV Negative	68	N/A	61	N/A	-7	-10.3%	N/A	N/A			
Not Offered	6	N/A	2	N/A	-4	-66.7%	N/A	N/A			
Refused HIV Test	0	N/A	0	N/A	0	N/A	N/A	N/A			
Unknown	1	N/A	0	N/A	-1	-100.0%	N/A	N/A			
Country of Origin											
United States	15	N/A	14	N/A	-1	-6.7%	N/A	N/A			
Philippines	25	N/A	23	N/A	-2	-8.0%	N/A	N/A			
Mexico	11	N/A	11	N/A	0	0.0%	N/A	N/A			
Ethiopia	4	N/A	1	N/A	-3	-75.0%	N/A	N/A			
China	3	N/A	3	N/A	0	0.0%	N/A	N/A			
Vietnam	5	N/A	1	N/A	-4	-80.0%	N/A	N/A			
India	2	N/A	0	N/A	-2	-100.0%	N/A	N/A			
El Salvador	0	N/A	1	N/A	1	N/A	N/A	N/A			
Guatemala	1	N/A	1	N/A	0	0.0%	N/A	N/A			
Peru	2	N/A	1	N/A	-1	-50.0%	N/A	N/A			
Other	12	N/A	13	N/A	1	8.3%	N/A	N/A			
Total	80	2.8	69	2.3	-11	-13.8%	-0.5	-17.9%			

Source: Nevada Division of Public and Behavioral Health NEDSS System (NBS), March 2019.

^{*}All Other Counties" includes Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine County.

^{**}AI/AN: American Indian/Alaska Native

Division of Public and Behavioral Health, Tuberculosis Program Nevada Tuberculosis Cases, 2014 - 2018~

KEE	2014			2015		2016			2017			2018			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
County															
Clark	67	90.5%	3.3	72	84.7%	3.5	46	83.6%	2.1	62	77.5%	2.8	60	87.0%	2.7
Washoe	7	9.5%	1.6	11	12.9%	2.5	6	10.9%	1.3	17	21.3%	3.7	9	13.0%	2.0
Carson City	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
All Other Counties*	0	0.0%	0.0	2	2.4%	0.7	3	5.5%	1.1	1	1.3%	0.3	0	0.0%	0.0
Gender															
Male	41	55.4%	2.9	43	50.6%	3.0	24	43.6%	1.6	43	53.8%	2.9	44	63.8%	2.9
Female	33	44.6%	2.4	42	49.4%	2.9	31	56.4%	2.1	37	46.3%	2.5	25	36.2%	1.7
Race/Ethnicity															
White, non-Hispanic	8	10.8%	0.5	12	18.8%	0.8	6	10.9%	0.4	7	8.8%	0.5	7	10.1%	0.5
Black, non-Hispanic	11	14.9%	4.7	16	22.4%	6.5	16	29.1%	6.3	9	11.3%	3.5	6	8.7%	2.3
AI/AN**	0	0.0%	0.0	0	1.2%	0.0	1	1.8%	2.9	0	0.0%	0.0	0	0.0%	0.0
Asian	37	50.0%	15.0	37	0.0%	13.9	18	32.7%	6.5	40	50.0%	14.2	34	47.8%	11.3
Hispanic	15	20.3%	1.9	19	43.5%	2.3	13	23.6%	1.5	24	30.0%	2.8	20	29.0%	2.2
Multirace/Unknown	3	4.1%	N/A	1	0.0%	N/A	1	1.8%	N/A	0	0.0%	N/A	2	4.3%	N/A
Age															
0 to 4	8	10.8%	4.5	0	0.0%	0.0	3	5.5%	1.6	0	0.0%	0.0	4	5.8%	2.1
5 to 14	4	5.4%	1.0	1	1.2%	0.2	0	0.0%	0.0	1	1.3%	0.2	1	1.4%	0.2
15 to 24	8	10.8%	2.1	6	7.1%	1.5	6	10.9%	1.5	6	7.5%	1.5	5	7.2%	1.2
25 to 44	13	17.6%	1.7	28	32.9%	3.5	23	41.8%	2.8	28	35.0%	3.4	19	27.5%	2.3
45 to 64	30	40.5%	4.2	25	29.4%	3.4	10	18.2%	1.3	23	28.8%	3.1	23	33.3%	3.0
65+	11	14.9%	2.8	25	29.4%	6.3	13	23.6%	3.2	22	27.5%	5.2	17	24.6%	3.9
HIV Status															
HIV Positive	4	5.4%	N/A	4	4.7%	N/A	6	10.9%	N/A	5	6.3%	N/A	6	8.7%	N/A
HIV Negative	70	94.6%	N/A	78	91.8%	N/A	43	78.2%	N/A	68	81.3%	N/A	61	88.4%	N/A
Not Offered	0	0.0%	N/A	3	3.5%	N/A	3	5.5%	N/A	6	8.8%	N/A	2	2.9%	N/A
Refused HIV Test	0	0.0%	N/A	0	0.0%	N/A	2	3.6%	N/A	0	0.0%	N/A	0	0.0%	N/A
Unknown	0	0.0%	N/A	0	0.0%	N/A	1	1.8%	N/A	1	3.8%	N/A	0	0.0%	N/A
Country of Origin															
United States	24	32.4%	N/A	26	30.6%	N/A	16	29.1%	N/A	15	18.8%	N/A	14	20.3%	N/A
Philippines	23	31.1%	N/A	20	23.5%	N/A	15	27.3%	N/A	25	31.3%	N/A	23	33.3%	N/A
Mexico	4	5.4%	N/A	13	15.3%	N/A	8	14.5%	N/A	11	13.8%	N/A	11	15.9%	N/A
Ethiopia	4	5.4%	N/A	5	5.9%	N/A	5	9.1%	N/A	4	5.0%	N/A	1	1.4%	N/A
China	0	0.0%	N/A	5	5.9%	N/A	0	0.0%	N/A	3	3.8%	N/A	3	4.3%	N/A
Vietnam	2	2.7%	N/A	4	4.7%	N/A	1	1.8%	N/A	5	6.3%	N/A	1	1.4%	N/A
India	0	0.0%	N/A	5	5.9%	N/A	2	3.6%	N/A	2	2.5%	N/A	0	0.0%	N/A
El Salvador	2	2.7%	N/A	0	0.0%	N/A	1	1.8%	N/A	0	0.0%	N/A	1	1.4%	N/A
Guatemala	0	0.0%	N/A	0	0.0%	N/A	1	1.8%	N/A	1	1.3%	N/A	1	1.4%	N/A
Peru	1	1.4%	N/A	0	0.0%	N/A	1	1.8%	N/A	2	2.5%	N/A	1	1.4%	N/A
Other	14	18.9%	N/A	7	8.2%	N/A	5	9.1%	N/A	12	15.0%	N/A	13	18.8%	N/A
Total	74	100.0%	2.6	85	100.0%	3.0	55	100.0%	1.9	80	100.0%	2.8	69	100%	2.3

Source: Nevada Division of Public and Behavioral Health NEDSS System (NBS), March 2019.

^{*}All Other Counties: Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine County.

^{**}AI/AN: American Indian/Alaska Native

For more information contact:

Susan McElhany, DMD

Tuberculosis Program Manager

Nevada Department of Health and Human Services

Division of Public and Behavioral Health

Office of Public Health Investigations and Epidemiology

4126 Technology Way, Ste. 200

Carson City, NV 89706

Phone: (775) 684-5936

smcelhany@health.nv.gov

Kellie Ducker

HIV, Hepatitis, STD, and Tuberculosis Surveillance & Control Manager
Nevada Department of Health and Human Services
Division of Public and Behavioral Health
Office of Public Health Investigations and Epidemiology
500 Damonte Ranch Parkway, Ste. 657
Reno, NV 89521
Phone: (775) 684-5280
kducker@health.nv.gov

RECOMMENDED CITATION:

Office of Public Health Investigations and Epidemiology. Division of Public and Behavioral Health. *State of Nevada 2018 TB Fast Facts*. Carson City, Nevada. e1.0. March 2019.

Statistical Citation: NEDSS Based System (NBS). 2018. Accessed March 2019.

Acknowledgments:

Statistical Acknowledgement: Michelle Khau, Office of Analytics, Department of Health and Human Services. 4126 Technology Way, Carson City, NV 89706.

Funding Source: This publication was supported by the Centers for Disease Control and Prevention through Grant Number 5NU52PS004681. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.