Nevada

2019 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 *Administrator*

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

PURPOSE

The primary purpose of the *Nevada 2019 Tuberculosis Fast Facts* report is to provide statistics and trends on all 2019 tuberculosis (TB) cases in Nevada. The annual publication is a reference document for policymakers, 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, 2019, to December 31, 2019, 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 (Number) is the basic measure of disease incidence in the total population.

n (number) is the basic measure of disease incidence 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 for the state, and the subgroups of counties, gender, race, and age subgroups.

% Change (Percent Change) represents the percentage difference in the number of verified TB cases between 2019 and 2018, calculated by the number difference between 2019 to 2018, divided by the 2018 number then multiplied by 100%.

% RC (Percent Rate Change) represents the percentage difference in rates between 2019 and 2018 calculated by the rate difference between 2019 to 2018, divided by the 2018 rate then multiplied by 100%.

Rate is based on the incidence of verified TB cases per 100,000 population for that subgroup's population, Nevada State Demographer vintage 2018 population data.

RD (Rate Difference) is based on the difference in incidence rates between 2019 and 2018.

Relative Standard Error (RSE) reflects counts under 12.

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



A B W				11010101010101010											
	2015			2016			2017			2018			2019		
	n	%	Rate†	n	%	Rate†	n	%	Rate†	n	%	Rate†	n	%	Rate†
County															
Clark	72	84.7%	3.4	46	83.6%	2.1	62	77.5%	2.8	60	87.0%	2.7	44	84.6%	1.9
Washoe	11	12.9%	2.5	6	10.9%	1.3	17	21.3%	3.8	9	13.0%	2.0	7	13.5%	1.5
Carson City	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	1	1.9%	1.8
All Other Counties*	2	2.4%	0.7	3	5.5%	1.1	1	1.3%	0.4	0	0.0%	0.0	0	0.0%	0.0
Gender															
Male	43	50.6%	3.0	24	43.6%	1.6	43	53.8%	2.9	44	63.8%	2.9	28	53.8%	1.8
Female	42	49.4%	2.9	31	56.4%	2.1	37	46.3%	2.5	25	36.2%	1.7	24	46.2%	1.6
Race/Ethnicity															
White, non-Hispanic	12	14.1%	0.8	6	10.9%	0.4	7	8.8%	0.5	7	10.1%	0.5	8	15.4%	0.5
Black, non-Hispanic	16	18.8%	6.5	16	29.1%	6.3	9	11.3%	3.5	6	8.7%	2.3	4	7.7%	1.5
Native American	0	0.0%	0.0	1	1.8%	2.9	0	0.0%	0.0	0	0.0%	0.0	1	1.9%	2.8
Asian	37	43.5%	13.9	18	32.7%	6.5	40	50.0%	14.2	35	50.7%	12.0	30	57.7%	10.0
Hispanic	19	22.4%	2.3	13	23.6%	1.5	24	30.0%	2.8	19	27.5%	2.1	9	17.3%	1.0
Multi-race	1	1.2%	N/A	1	1.8%	N/A	0	0.0%	N/A	2	2.9%	N/A	0	0.0%	N/A
Unknown	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A
Age															
0 to 4	0	0.0%	0.0	3	5.5%	1.6	0	0.0%	0.0	4	5.8%	2.1	0	0.0%	0.0
5 to 14	1	1.2%	0.2	0	0.0%	0.0	1	1.3%	0.2	1	1.4%	0.2	0	0.0%	0.0
15 to 24	6	7.1%	1.5	6	10.9%	1.5	6	7.5%	1.5	5	7.2%	1.2	5	9.6%	1.2
25 to 44	28	32.9%	3.5	23	41.8%	2.8	28	35.0%	3.4	19	27.5%	2.3	11	21.2%	1.3
45 to 64	25	29.4%	3.4	10	18.2%	1.3	23	28.8%	3.1	23	33.3%	3.0	19	36.5%	2.5
65+	25	29.4%	6.3	13	23.6%	3.2	22	27.5%	5.2	17	24.6%	3.9	17	32.7%	3.8
HIV Status				ı											
HIV Positive	4	4.7%	N/A	6	10.9%	N/A	5	6.3%	N/A	6	8.7%	N/A	3	5.8%	N/A
HIV Negative	78	91.8%	N/A	43	78.2%	N/A	68	85.0%	N/A	61	88.4%	N/A	47	90.4%	N/A
Not Offered	3	3.5%	N/A	3	5.5%	N/A	6	7.5%	N/A	2	2.9%	N/A	2	3.8%	N/A
Refused HIV Test	0	0.0%	N/A	2	3.6%	N/A	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A
Unknown	0	0.0%	N/A	1	1.8%	N/A	1	1.3%	N/A	0	0.0%	N/A	0	0.0%	N/A
Country of Origin			•	ı		•									
United States	26	30.6%	N/A	16	29.1%	N/A	15	18.8%	N/A	14	20.3%	N/A	12	23.1%	N/A
Philippines	20	23.5%	N/A	15	27.3%	N/A	25	31.3%	N/A	23	33.3%	N/A	20	38.5%	N/A
Mexico	13	15.3%	N/A	8	14.5%	N/A	11	13.8%	N/A	11	15.9%	N/A	5	9.6%	N/A
Ethiopia	5	5.9%	N/A	5	9.1%	N/A	4	5.0%	N/A	1	1.4%	N/A	1	1.9%	N/A
Vietnam	4	4.7%	N/A	1	1.8%	N/A	5	6.3%	N/A	1	1.4%	N/A	1	1.9%	N/A
China	5	5.9%	N/A	0	0.0%	N/A	3	3.8%	N/A	3	4.3%	N/A	2	3.8%	N/A
India	5	5.9%	N/A	2	3.6%	N/A	2	2.5%	N/A	0	0.0%	N/A	3	5.8%	N/A
Peru	0	0.0%	N/A	1	1.8%	N/A	2	2.5%	N/A	1	1.4%	N/A	1	1.9%	N/A
El Salvador	0	0.0%	N/A	1	1.8%	N/A	0	0.0%	N/A	1	1.4%	N/A	1	1.9%	N/A
Guatemala	0	0.0%	N/A	1	1.8%	N/A	1	1.3%	N/A	1	1.4%	N/A	0	0.0%	N/A
Other	7	8.2%	N/A	5	9.1%	N/A	12	15.0%	N/A	13	18.8%	N/A	6	11.5%	N/A
Unknown	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A
Total N =	85	100%	2.9	55	100%	1.9	80	100%	2.7	69	100%	2.3	52	100%	1.7
Total N = Source: Nevada Divis											100%	2.3	52	100%	1

Source: Nevada Division of Public and Behavioral Health NEDSS System (NBS), January 2020.

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

^{*}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

Division of Public and Behavioral Health Tuberculosis Program Tuberculosis in Nevada Percent and Rate Change, 2019

	20	018	2	019	% Change Rate Change				
		Rate†		Rate†			Rate Change RD %RC		
Country	n	Kater	n	Katei	n	%Change	ΚU	%RC	
Clark	60	2.7	4.4	1.0	16	-26.7%	0.0	200/	
Clark	60	2.7	44	1.9	-16		-0.8	-30%	
Washoe	9	2.0	7	1.5	-2	-22.2%	-0.5	-25%	
Carson City	0	0.0	1	1.8	1	N/A	1.8	N/A	
All Other Counties*	0	0.0	0	0	0	N/A	0.0	N/A	
Gender			I		T	1			
Male	44	2.9	28	1.8	-16	-36.4%	-1.1	-38%	
Female	25	1.7	24	1.6	-1	-4.0%	-0.1	-6%	
Race/Ethnicity					T				
White, non-Hispanic	7	0.5	8	0.5	1	14.3%	0.0	0%	
Black, non-Hispanic	6	2.3	4	1.5	-2	-33.3%	-0.8	-35%	
AI/AN**	0	0.0	1	2.8	1	N/A	2.8	N/A	
Asian	35	11.3	30	10.0	-5	-14.3%	-1.3	-12%	
Hispanic	19	2.2	9	1.0	-10	-52.6%	-1.2	-55%	
Multirace	2	N/A	0	N/A	-2	N/A	N/A	N/A	
Unknown	0	N/A	0	N/A	0	N/A	N/A	N/A	
Age	•				•				
0 to 4	4	2.1	0	0.0	-4	N/A	-2.1	N/A	
5 to 14	1	0.2	0	0.0	-1	N/A	-0.2	N/A	
15 to 24	5	1.2	5	1.2	0	0.0%	0.0	0%	
25 to 44	19	2.3	11	1.3	-8	-42.1%	-1.0	-43%	
45 to 64	23	3.0	19	2.5	-4	-17.4%	-0.5	-17%	
65+	17	3.9	17	3.8	0	0.0%	-0.1	-2.6%	
HIV Status		0.5		3.0		0.070	0.1	2.070	
HIV Positive	6	N/A	3	N/A	-3	-50.0%	N/A	N/A	
HIV Negative	61	N/A	47	N/A	-14	-23.0%	N/A	N/A	
Not Offered	2	N/A	2	N/A	0	0.0%	N/A	N/A	
Refused HIV Test	0	N/A	0	N/A	0	N/A	N/A	N/A	
Unknown	0	N/A	0	N/A	0	N/A	N/A	N/A	
		IN/A	0	IN/A	0	N/A	IN/A	IN/A	
Country of Origin	14	NI/A	12	NI/A	2	14 20/	NI/A	NI/A	
United States		N/A		N/A	-2 -3	-14.3%	N/A	N/A	
Philippines	23	N/A	20	N/A		-13.0%	N/A	N/A	
Mexico	11	N/A	5	N/A	-6	-54.5%	N/A	N/A	
Ethiopia	1	N/A	1	N/A	0	0.0%	N/A	N/A	
China	3	N/A	2	N/A	-1	-33.3%	N/A	N/A	
Vietnam	1	N/A	1	N/A	0	0.0%	N/A	N/A	
India	0	N/A	3	N/A	3	N/A	N/A	N/A	
El Salvador	1	N/A	1	N/A	0	0.0%	N/A	N/A	
Guatemala	1	N/A	0	N/A	-1	N/A	N/A	N/A	
Peru	1	N/A	1	N/A	0	0.0%	N/A	N/A	
Other	13	N/A	6	N/A	-7	53.8%	N/A	N/A	
Unknown	0	N/A	0	N/A	0	N/A	N/A	N/A	
Total N =	69	2.3	52	1.7	-17	-24.6%	-0.6	-26.1%	

Source: Nevada Division of Public and Behavioral Health NEDSS System (NBS), January 2020.

 $[\]mbox{\dag}$ Rate is based on the incidence of verified TB cases per 100,000 population.

^{*}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

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
4150 Technology Way, Ste. 300
Carson City, NV 89706
Phone: (775) 684-5936
smcelhany@health.nv.gov

RECOMMENDED CITATION:

Office of Public Health Investigations and Epidemiology. Division of Public and Behavioral Health. *State of Nevada 2019 TB Fast Facts*. Carson City, Nevada. e1.0. March 2020.

Data Source: NEDSS Based System (NBS). 2019. Accessed January 2020.

Acknowledgments:

Data and Technical Support: Michelle Khau, Office of Analytics, Department of Health and Human Services. 4126 Technology Way, Suite 200, Carson City, NV 89706.

Funding Source: This publication was supported by the Centers for Disease Control and Prevention through Grant Number NU52PS910224. 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.