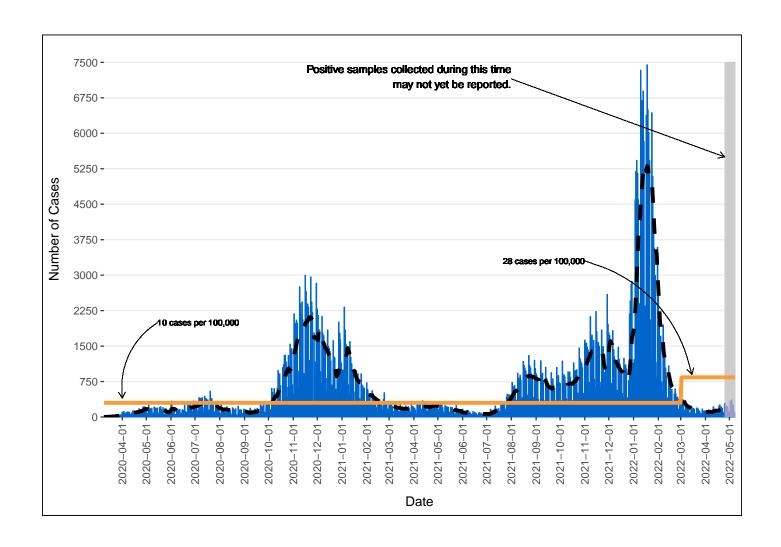
# NEW MEXICO COVID-19 CASES UPDATE STATEWIDE AND COUNTY-LEVEL TRENDS May 09, 2022

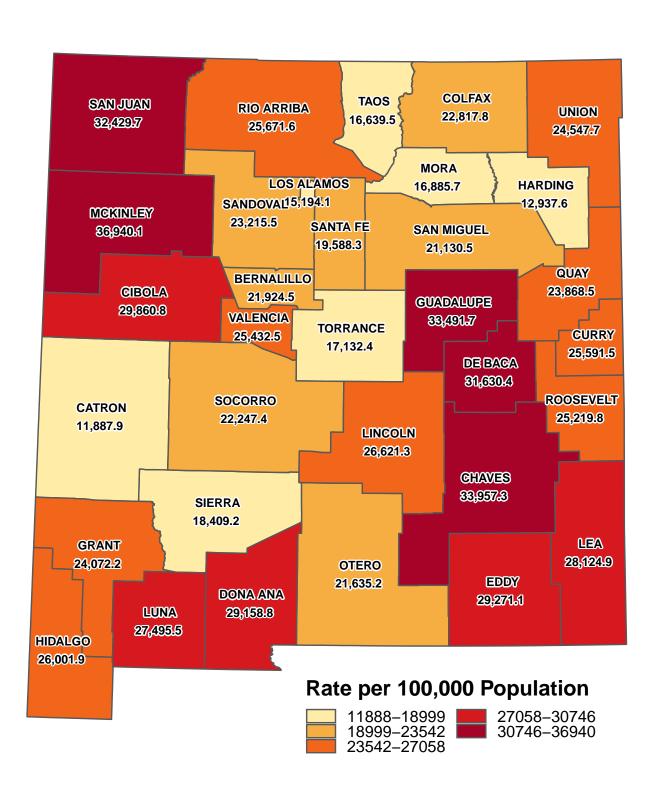
Unless stated otherwise, all data reported here exclude cases who are from out-of-state and cases who are detainees in Federal Immigration and Customs Enforcement (ICE) facilities.

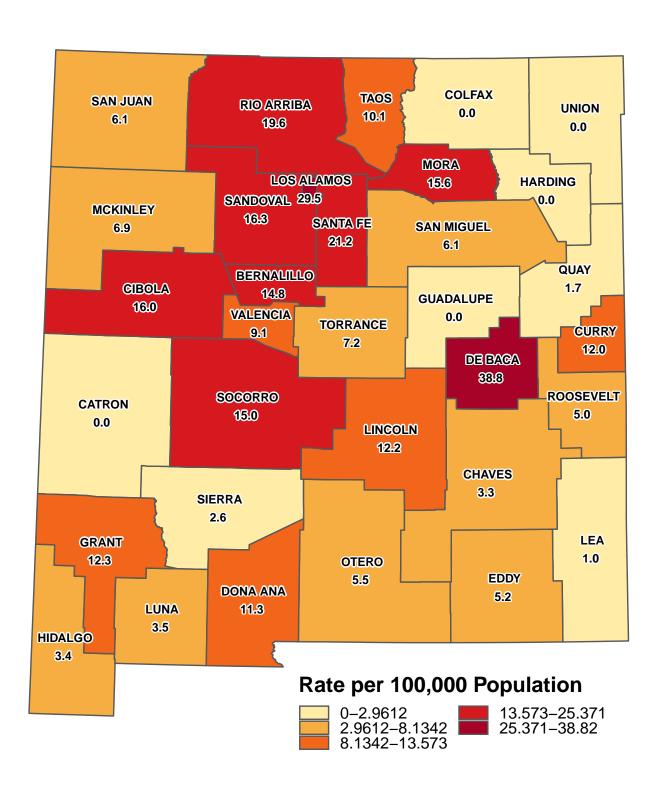
Total Cases	Cases in the Last 7 Days
522,858 <sup>1</sup>	1764

### **SECTION 1: STATEWIDE AND COUNTY-LEVEL CASES**

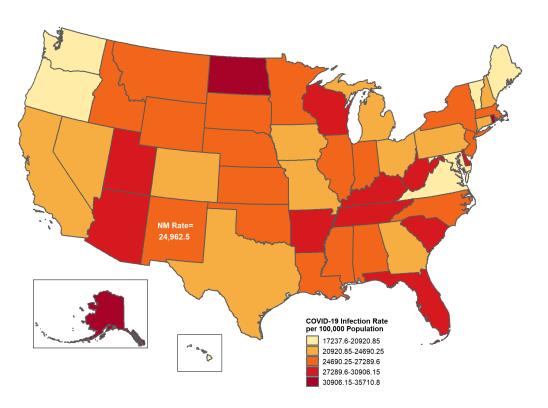
New Mexico cases by date of specimen collection with 7 day moving average

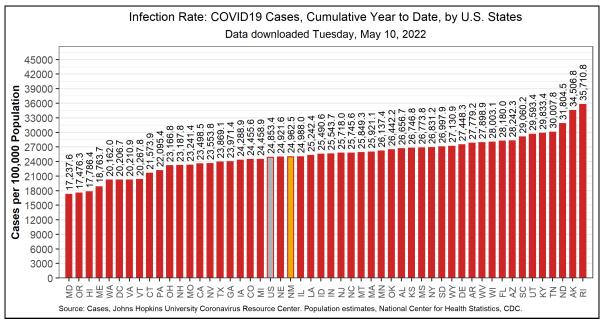






### Cumulative infection rate per 100,000 population by U.S. States

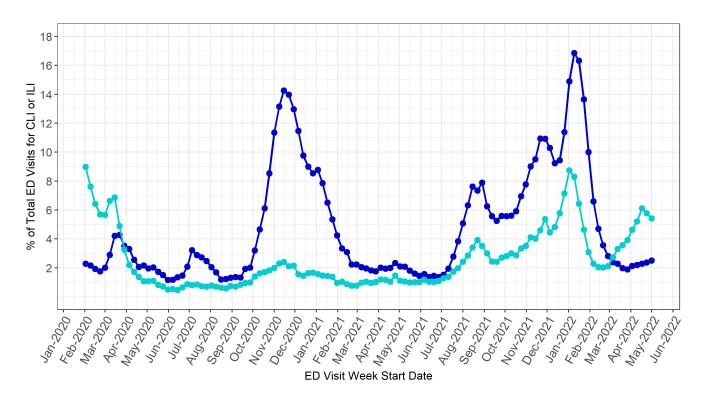




Note: Data updated 05/10/2022 and downloaded from https://coronavirus.jhu.edu/. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

# Percentage of all emergency department (ED) visits that were Coronavirus-like illness (CLI) and Influenza-like illness (ILI) related

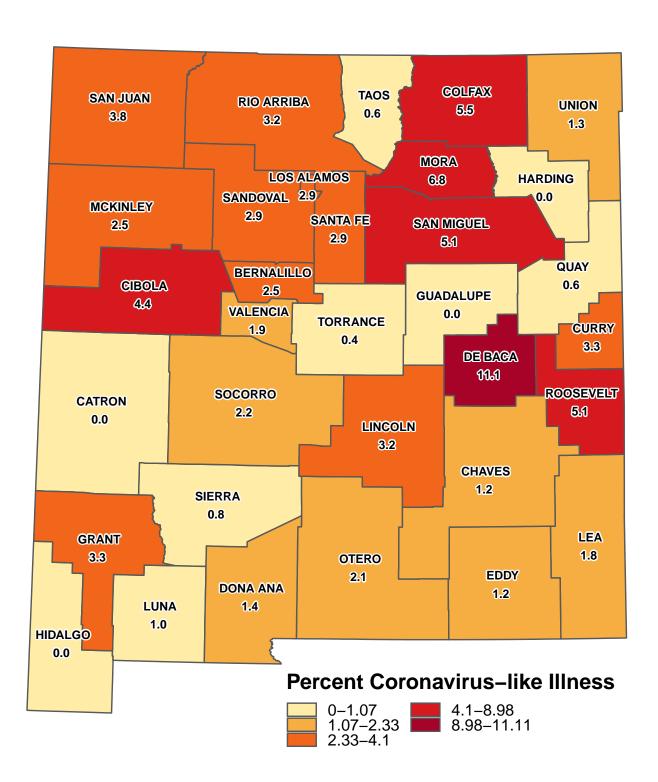
These visualizations are populated from data in New Mexico's Syndromic Surveillance Database. Initial patient encounter information is usually received within 24 hours, but clinical documentation is continuously being updated as it is identified throughout the patient encounter and hospital coding process.



- CLI CC (chief complaint) with CLI DD (discharge diagnoses) and Coronavirus DD
- ILI CC DD

**CLI CC with CLI DD and Coronavirus DD** includes ED encounters with chief complaint consisting of fever and cough, shortness of breath, or difficulty breathing, while also including COVID-19 associated discharge diagnoses codes. The CLI definition excludes known influenza related ED visits coded with related influenza discharge diagnosis.

**ILI CCDD** includes ED encounters with chief complaint consisting of fever and cough, while also including ILI and influenza related discharge diagnoses.

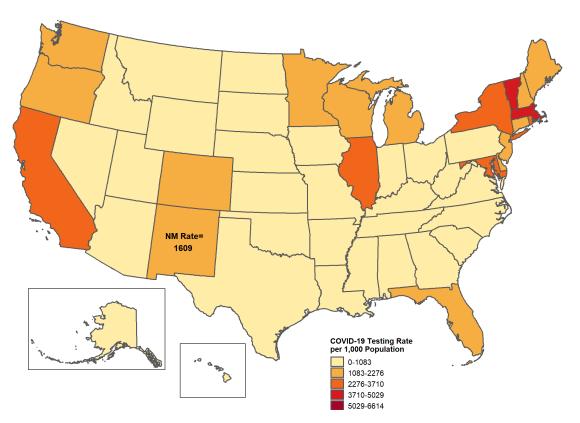


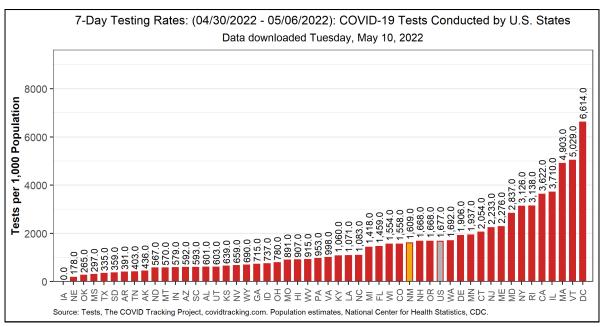
## Cumulative number of cases and recovered cases by county

County	Cumulative Cases	Cumulative Recovered
Bernalillo	148721	144973
Catron	420	402
Chaves	21379	21007
Cibola	7156	6812
Colfax	2436	2359
Curry	12762	12409
De Baca	581	568
Dona Ana	63432	62219
Eddy	17049	16715
Grant	6698	6561
Guadalupe	1108	1090
Harding	85	82
Hidalgo	1103	1085
Lea	19232	18871
Lincoln	5283	5169
Los Alamos	2850	2722
Luna	6721	6575
McKinley	25965	25211
Mora	769	743
Otero	13424	13176
Quay	2004	1942
Rio Arriba	9920	9637
Roosevelt	5018	4901
San Juan	40883	39957
San Miguel	5901	5785
Sandoval	33912	33054
Santa Fe	28947	28020
Sierra	2038	1954
Socorro	3819	3695
Taos	5403	5229
Torrance	2694	2616
Union	786	772
Valencia	18684	18309

# **SECTION 2: TESTING**

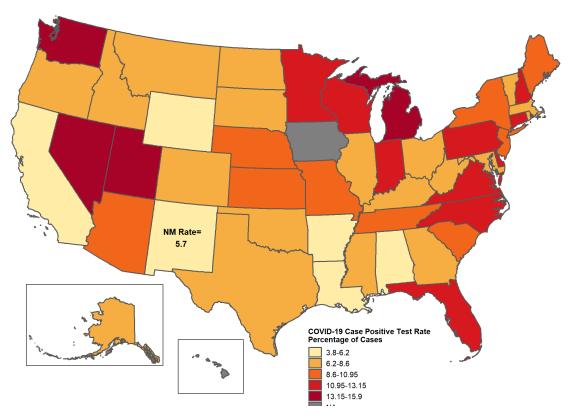
### Testing rate by U.S. States

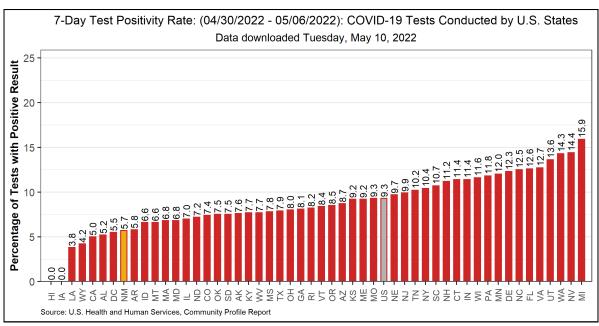




Note: Data downloaded 05/10/2022 and downloaded from https://beta.healthdata.gov/National/COVID-19-Community-Profile-Report/gqxm-d9w9. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

#### Test positivity by U.S. States





Note: Data downloaded 05/10/2022 and downloaded from https://beta.healthdata.gov/National/COVID-19-Community-Profile-Report/gqxm-d9w9. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports. States colored gray in the map are missing data this week.

#### **Data Sources**

- COVID-19 data:
- New Mexico Electronic Disease Surveillance System (NM-EDSS), Infectious Disease Epidemiology Bureau, Epidemiology and Response Division, New Mexico Department of Health.
- Salesforce/MTX COVID-19 Case Investigation Platform.
- Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program.
- Age-adjustment: US 2000 Standard Population Weights

#### **Data Notes**

- The data reported in this weekly update may not match the daily numbers that are reported in the New Mexico
  Department of Health (NMDOH) press releases and/or the NMDOH COVID-19 data dashboard. This may
  be due to variation in the date and time of data extraction from NM-EDSS, corrections after quality assurance
  review, and differences in the exclusion criteria.
- New Mexico Electronic Disease Surveillance System (NM-EDSS). Disease incidence data are derived from reports of notifiable infectious diseases. NMDOH relies on health care providers, laboratories, hospitals, clinics, institutions and individuals to report suspected and confirmed notifiable infectious diseases in accordance with New Mexico Administrative Code 7.4.3.13. Under-reporting can occur due to of lack of awareness about reporting requirements or lack of compliance with those requirements. Not all cases of infectious diseases can be detected for various reasons including lack of access to health care services, lack of laboratory testing or concerns about confidentiality. Specific and standardized national case definitions are used to classify disease reports by case status.
- **New Mexico Population Estimates.** All population estimates apply to July 1 of 2019. Estimates include decimal fractions. The sum of population subgroup estimates may not exactly equal the overall state population estimate due to rounding error. Population estimates for previous years are occasionally revised as new information becomes available. When publishing trend data, always be sure that your rates for earlier years match current rates on NM-IBIS that have been calculated with the most up-to-date population estimates.
- Race/Ethnicity. Race/Ethnicity are reported as a single variable according to the selection of the case. Any case who is Hispanic is in the Hispanic category and all other races are non-Hispanic.
- **Gender** refers to a person's internal sense of being male, female, some combination of male and female, or neither male nor female. Sex refers to the biological anatomy of an individual's reproductive system, and secondary sex characteristics.
- Case rate per 100,000 population. A basic measure of disease-specific case frequency is a rate, which takes into account the number of cases and the population size. It is helpful in making public health decisions for a given population, relative to another population regardless of size.
- Age-adjusted case rate per 100,000 population. The age-distribution of a population (the number of people in particular age categories) can change over time and can be different in different geographic areas. The use of age-adjusted rates permits a valid comparison among populations. It ensures that the differences in cases from one population to another are not due to differences in the age distribution of the populations being compared.