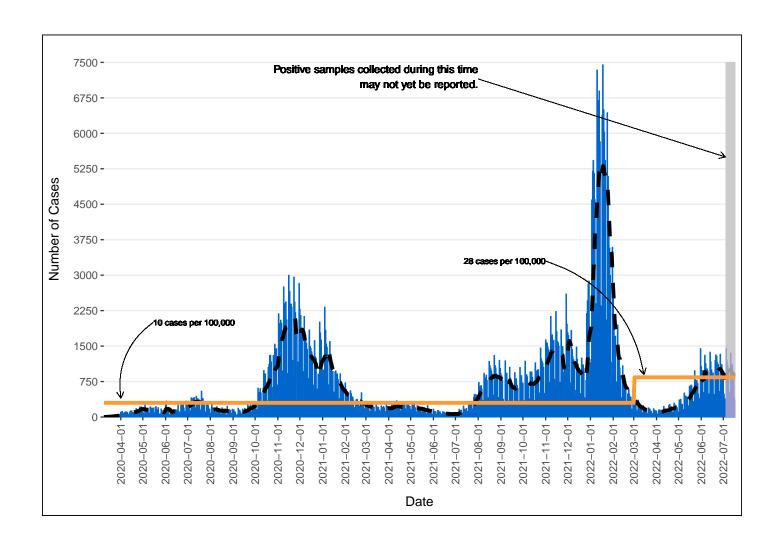
# NEW MEXICO COVID-19 CASES UPDATE STATEWIDE AND COUNTY-LEVEL TRENDS July 18, 2022

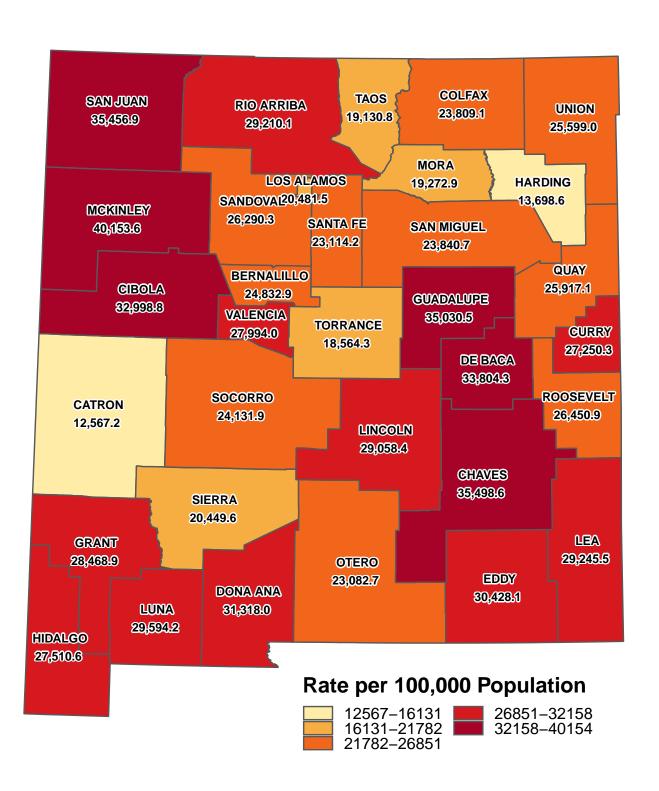
Unless stated otherwise, all data reported here exclude cases who are from out-of-state and cases who are detainees in Federal Immigration and Customs Enforcement (ICE) facilities.

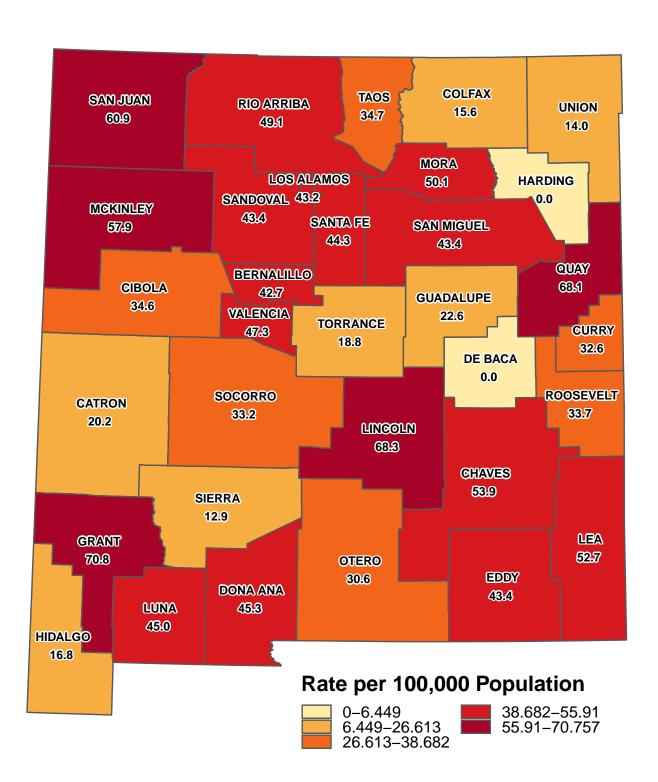
Total Cases	Cases in the Last 7 Days
577,583 <sup>1</sup>	6584

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

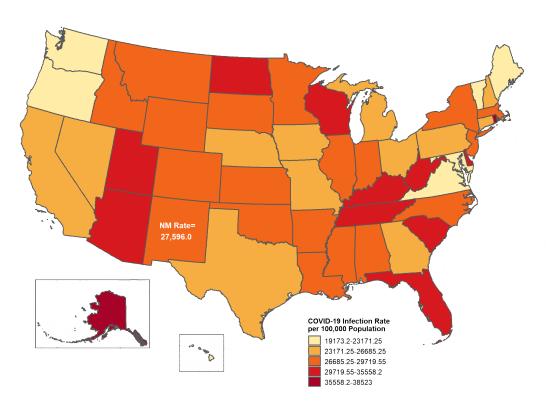
New Mexico cases by date of specimen collection with 7 day moving average

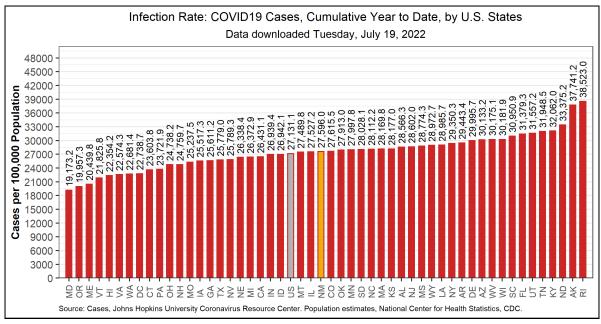






#### Cumulative infection rate per 100,000 population by U.S. States

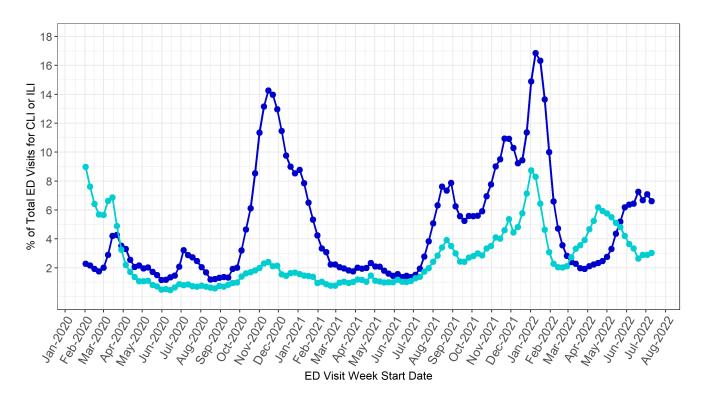




Note: Data updated 07/19/2022 and downloaded from https://coronavirus.jhu.edu/. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

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

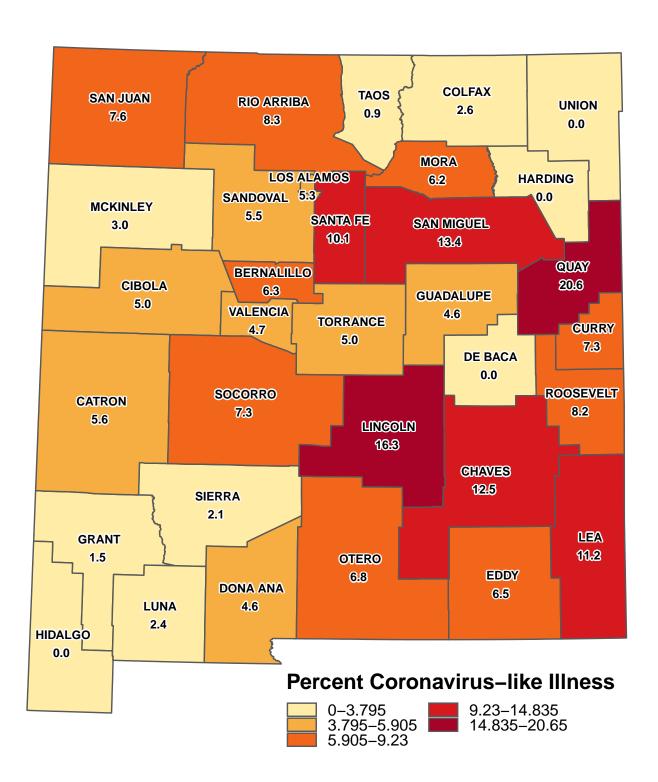
These visualizations are populated from data in New Mexico's Syndromic Surveillance Database. Initial patient encounter information is usually received within 24 hours, but clinical documentation is continuously being updated as it is identified throughout the patient encounter and hospital coding process.



- 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.

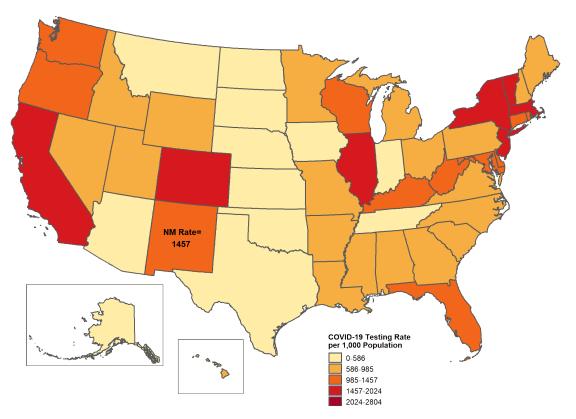


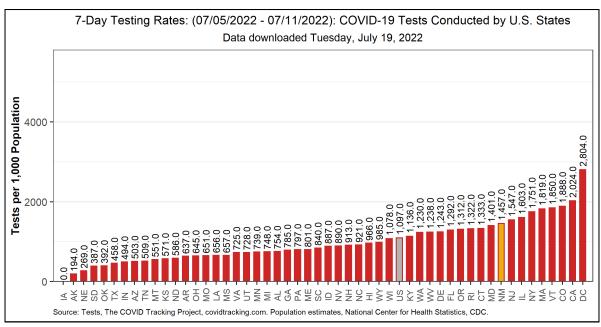
# Cumulative number of cases and recovered cases by county

County	Cumulative Cases	Cumulative Recovered
Bernalillo	168071	157546
Catron	443	412
Chaves	22268	21297
Cibola	7983	7568
Colfax	2542	2417
Curry	13568	12930
De Baca	622	609
Dona Ana	67964	64869
Eddy	17653	16985
Grant	7906	7323
Guadalupe	1175	1126
Harding	90	85
Hidalgo	1164	1117
Lea	19964	19051
Lincoln	5734	5373
Los Alamos	3847	3453
Luna	7194	6815
McKinley	28105	26397
Mora	875	802
Otero	14346	13670
Quay	2162	2027
Rio Arriba	11269	10657
Roosevelt	5251	5035
San Juan	44505	41500
San Miguel	6644	6185
Sandoval	38307	36126
Santa Fe	34148	31853
Sierra	2263	2073
Socorro	4138	3921
Taos	6200	5788
Torrance	2917	2765
Union	828	796
Valencia	20521	19354

# **SECTION 2: TESTING**

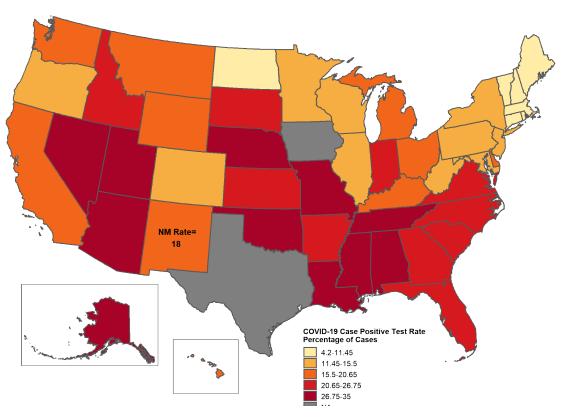
#### Testing rate by U.S. States

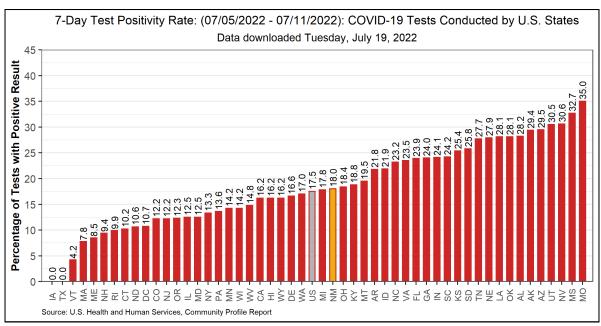




Note: Data downloaded 07/19/2022 and downloaded from https://beta.healthdata.gov/National/COVID-19-Community-Profile-Report/gqxm-d9w9. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

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





Note: Data downloaded 07/19/2022 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.