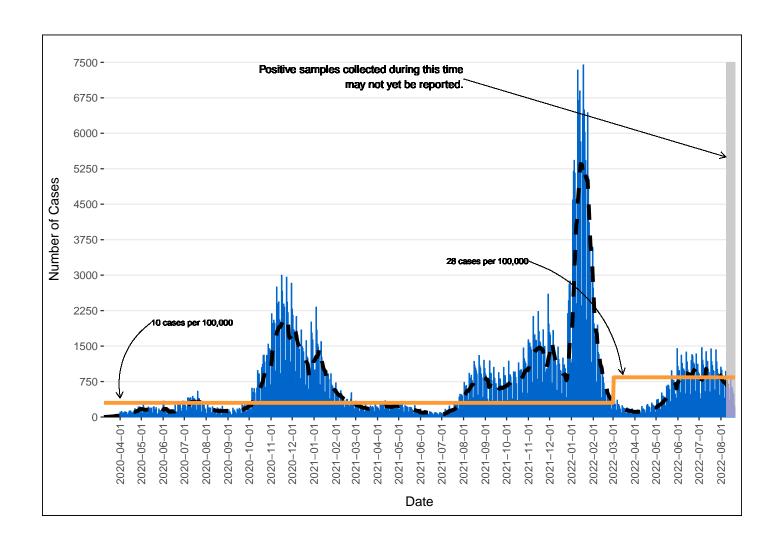
# NEW MEXICO COVID-19 CASES UPDATE STATEWIDE AND COUNTY-LEVEL TRENDS August 22, 2022

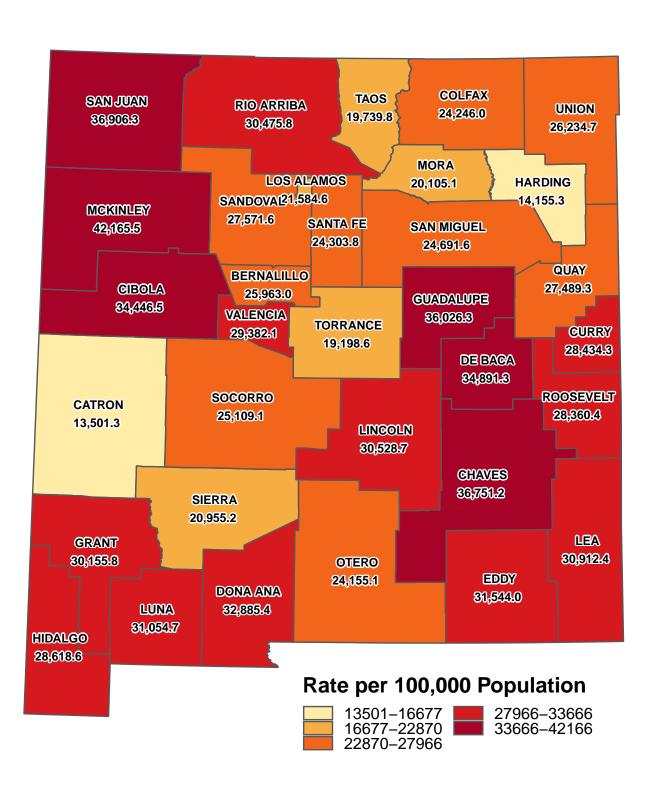
Unless stated otherwise, all data reported here exclude cases who are from out-of-state and cases who are detainees in Federal Immigration and Customs Enforcement (ICE) facilities.

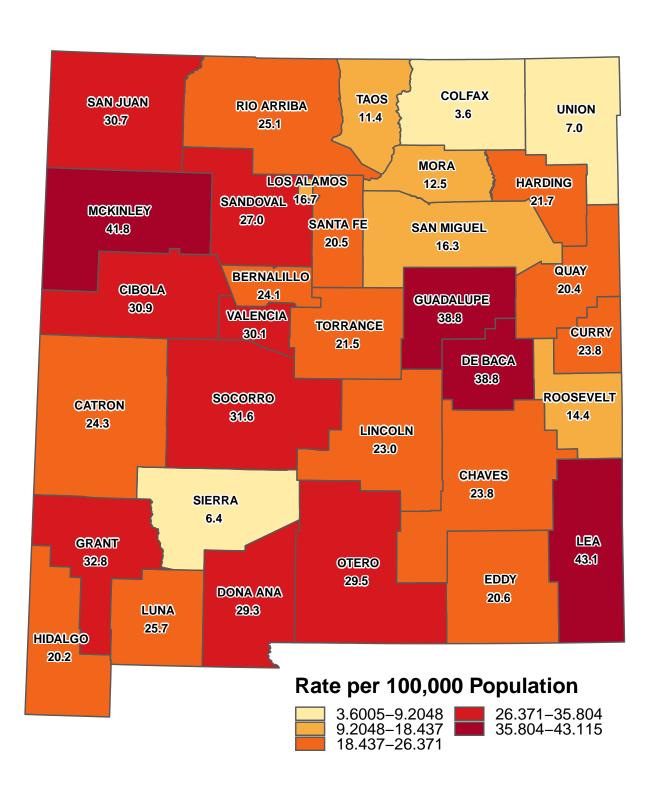
Total Cases	Cases in the Last 7 Days
605,478 <sup>1</sup>	3839

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

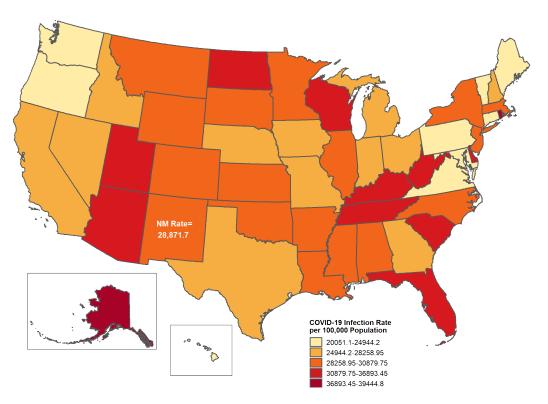
New Mexico cases by date of specimen collection with 7 day moving average

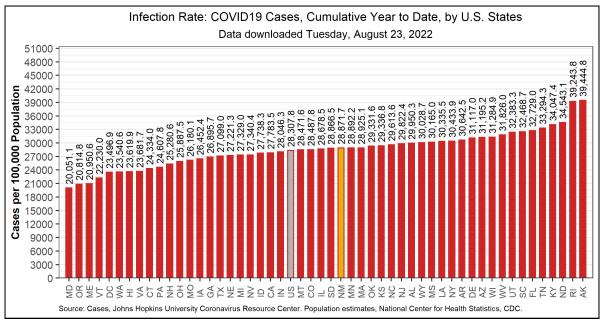






#### Cumulative infection rate per 100,000 population by U.S. States

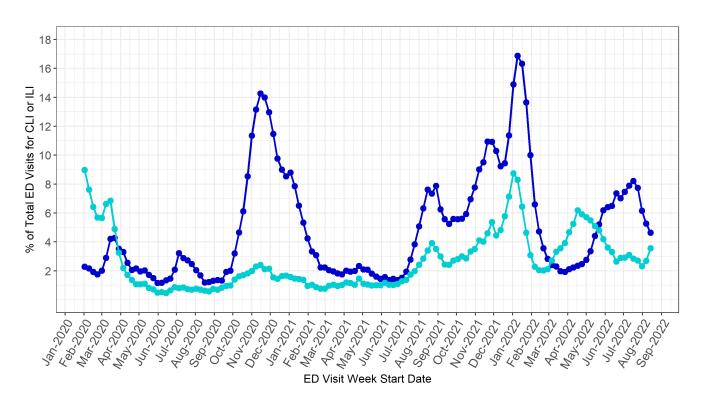




Note: Data updated 08/23/2022 and downloaded from https://coronavirus.jhu.edu/. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

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

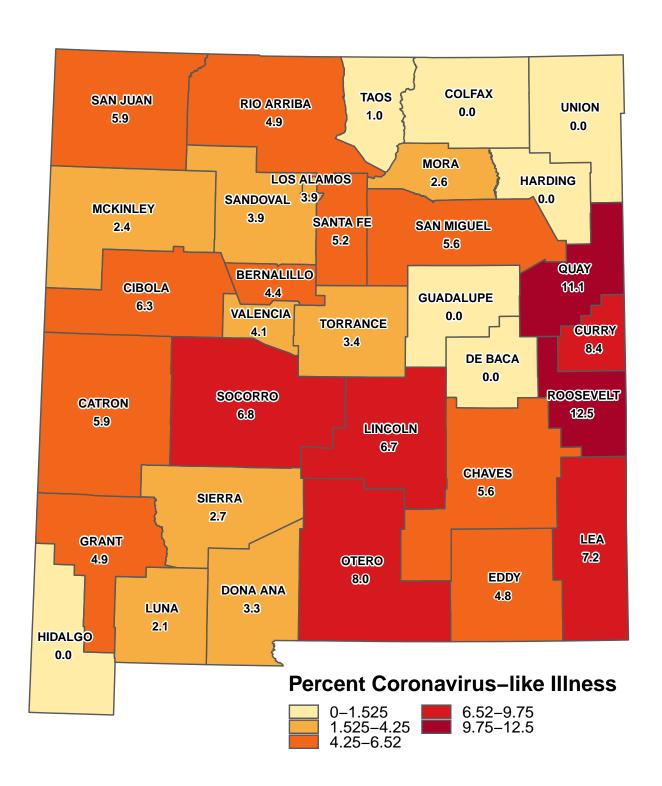
These visualizations are populated from data in New Mexico's Syndromic Surveillance Database. Initial patient encounter information is usually received within 24 hours, but clinical documentation is continuously being updated as it is identified throughout the patient encounter and hospital coding process.



- 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.

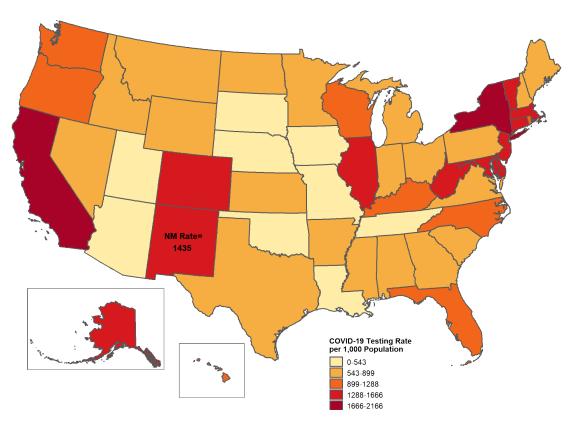


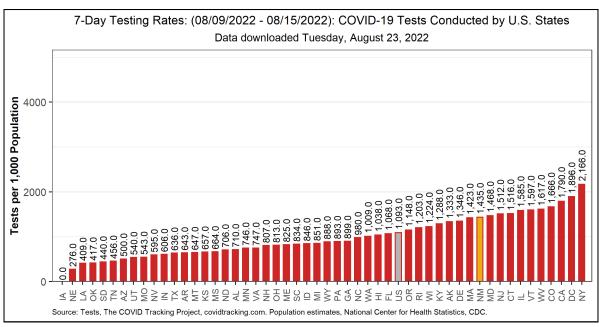
# Cumulative number of cases and recovered cases by county

County	<b>Cumulative Cases</b>	Cumulative Recovered
Bernalillo	176027	168153
Catron	476	431
Chaves	23141	22182
Cibola	8367	7974
Colfax	2600	2494
Curry	14166	13499
De Baca	640	626
Dona Ana	71504	68022
Eddy	18331	17535
Grant	8392	7926
Guadalupe	1219	1166
Harding	93	87
Hidalgo	1212	1165
Lea	21172	19913
Lincoln	6051	5755
Los Alamos	4061	3893
Luna	7579	7159
McKinley	29576	27815
Mora	918	868
Otero	15069	14354
Quay	2307	2139
Rio Arriba	11779	11331
Roosevelt	5641	5242
San Juan	46458	44346
San Miguel	6887	6649
Sandoval	40269	38539
Santa Fe	36017	34387
Sierra	2320	2200
Socorro	4306	4099
Taos	6404	6170
Torrance	3017	2885
Union	853	819
Valencia	21637	20560

# **SECTION 2: TESTING**

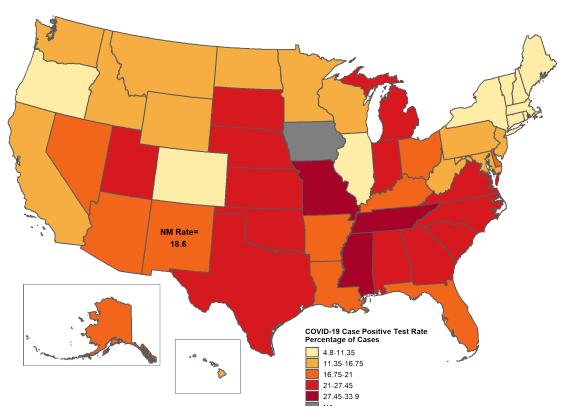
#### Testing rate by U.S. States

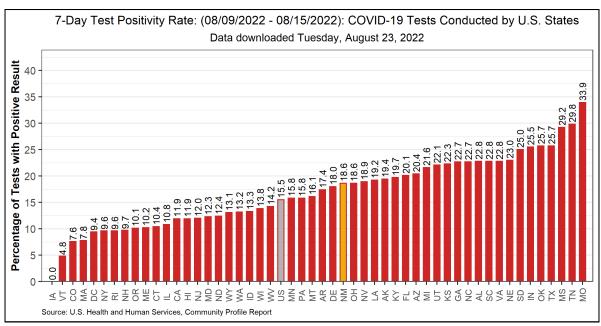




Note: Data downloaded 08/23/2022 and downloaded from https://beta.healthdata.gov/National/COVID-19-Community-Profile-Report/gqxm-d9w9. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

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





Note: Data downloaded 08/23/2022 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.