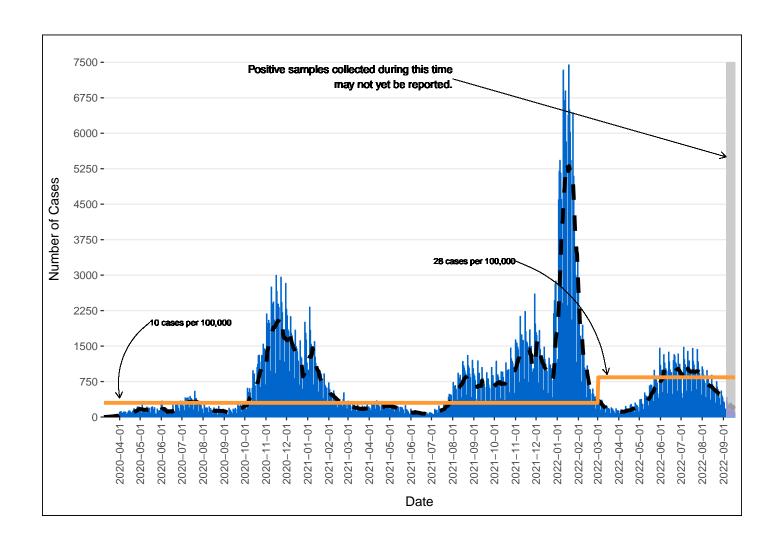
# NEW MEXICO COVID-19 CASES UPDATE STATEWIDE AND COUNTY-LEVEL TRENDS September 19, 2022

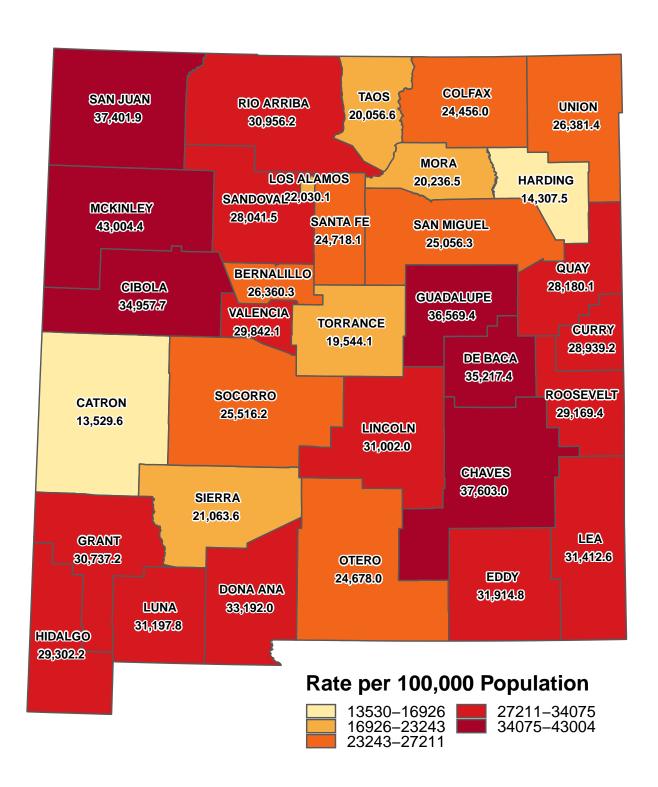
Unless stated otherwise, all data reported here exclude cases who are from out-of-state and cases who are detainees in Federal Immigration and Customs Enforcement (ICE) facilities.

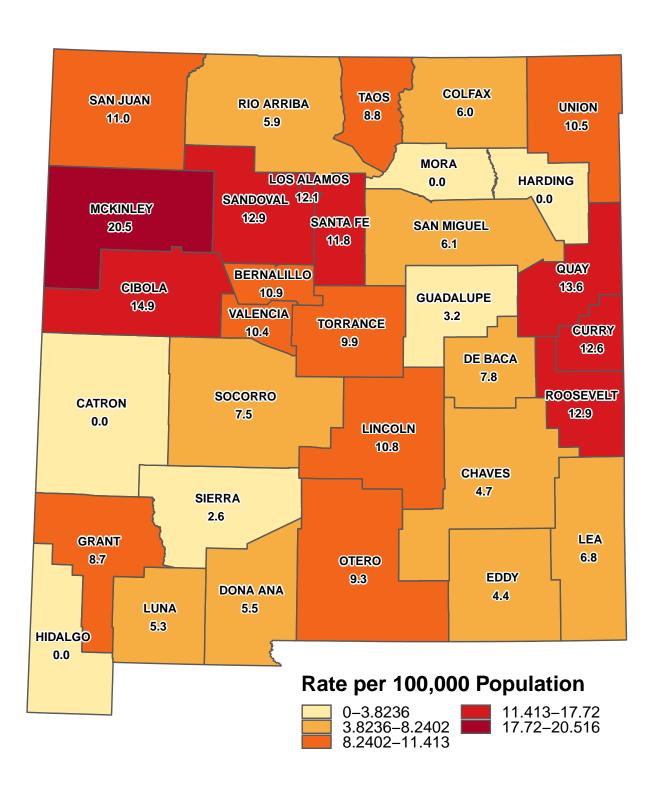
Total Cases	Cases in the Last 7 Days
615,567 <sup>1</sup>	1462

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

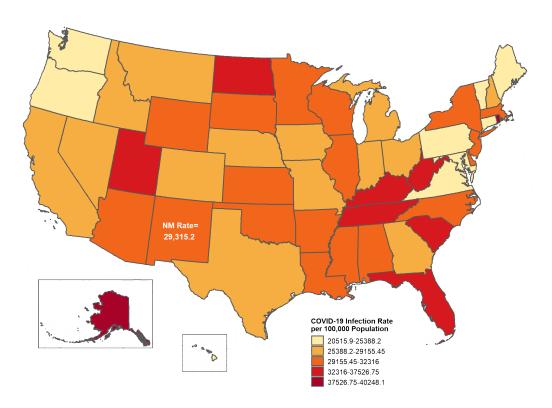
New Mexico cases by date of specimen collection with 7 day moving average

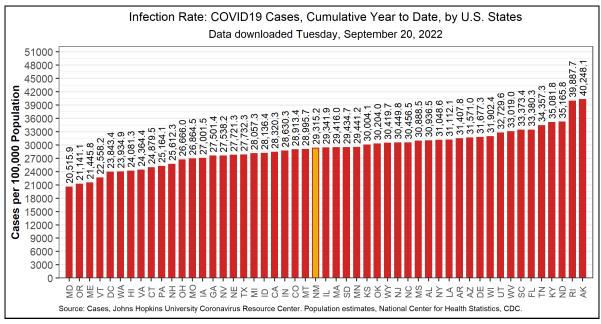






#### Cumulative infection rate per 100,000 population by U.S. States

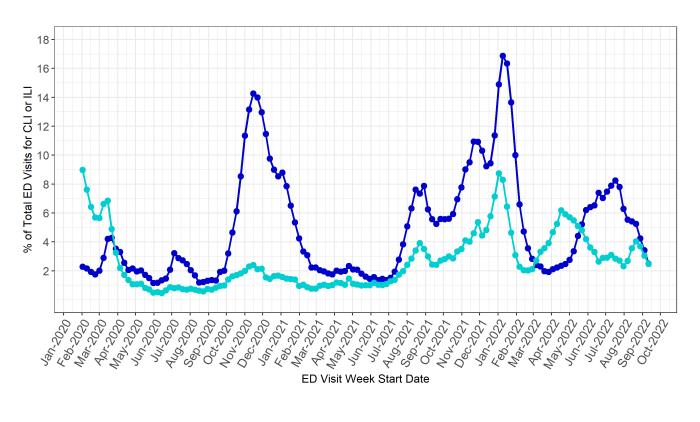




Note: Data updated 09/20/2022 and downloaded from https://coronavirus.jhu.edu/. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

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

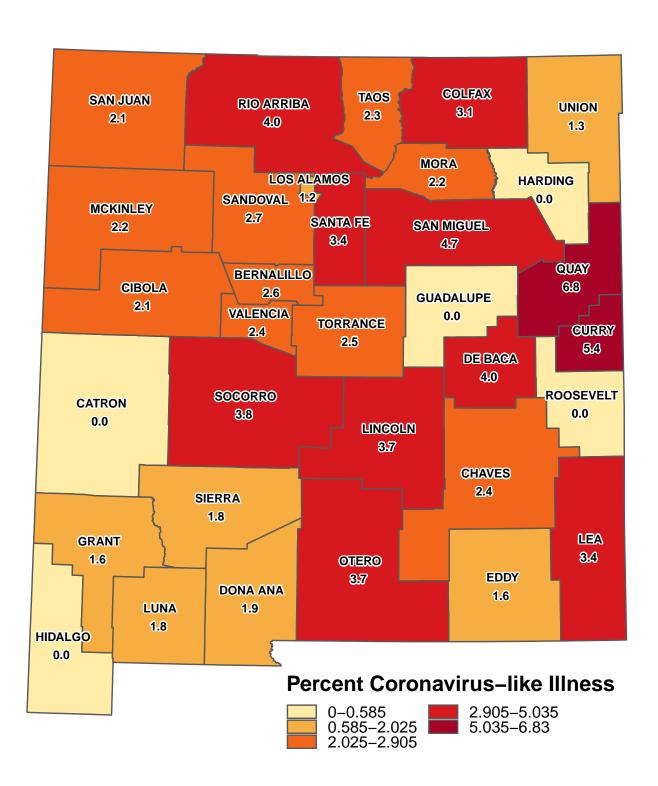
These visualizations are populated from data in New Mexico's Syndromic Surveillance Database. Initial patient encounter information is usually received within 24 hours, but clinical documentation is continuously being updated as it is identified throughout the patient encounter and hospital coding process.



- 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.

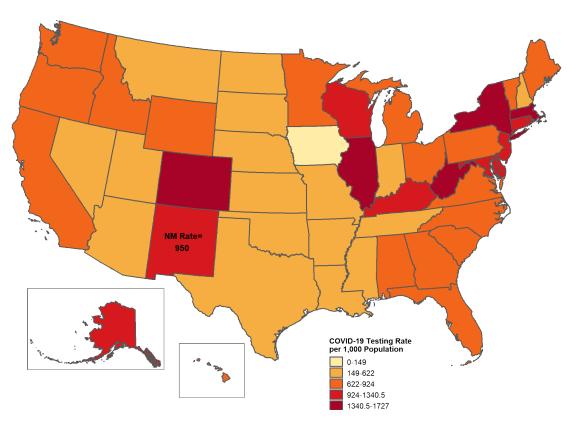


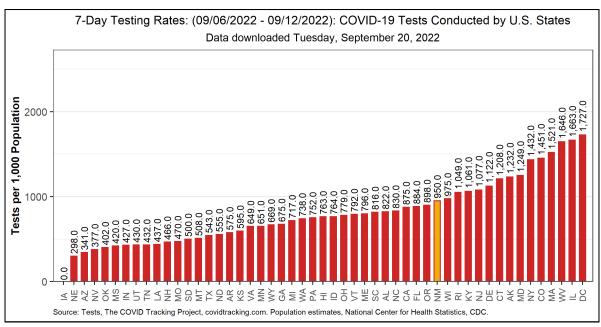
# Cumulative number of cases and recovered cases by county

County	<b>Cumulative Cases</b>	Cumulative Recovered
Bernalillo	178920	173962
Catron	478	455
Chaves	23718	22806
Cibola	8500	8209
Colfax	2626	2536
Curry	14437	13952
De Baca	647	630
Dona Ana	72300	70708
Eddy	18586	18035
Grant	8555	8290
Guadalupe	1244	1206
Harding	94	90
Hidalgo	1243	1198
Lea	21562	20822
Lincoln	6150	5980
Los Alamos	4152	4046
Luna	7621	7442
McKinley	30210	28951
Mora	924	896
Otero	15461	14895
Quay	2365	2244
Rio Arriba	11977	11650
Roosevelt	5805	5536
San Juan	47139	45719
San Miguel	7004	6829
Sandoval	41000	39860
Santa Fe	36665	35655
Sierra	2332	2240
Socorro	4384	4213
Taos	6513	6302
Torrance	3081	2966
Union	859	838
Valencia	21998	21369

# **SECTION 2: TESTING**

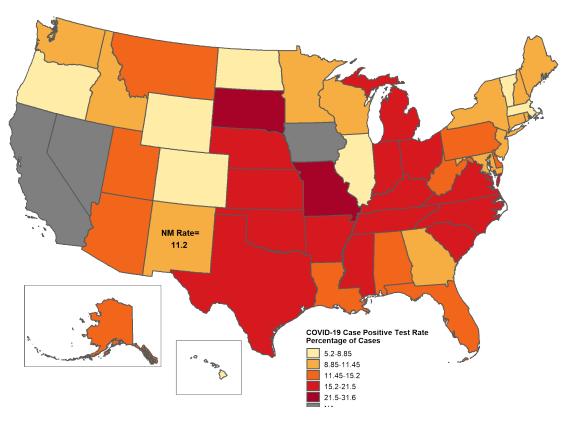
#### Testing rate by U.S. States

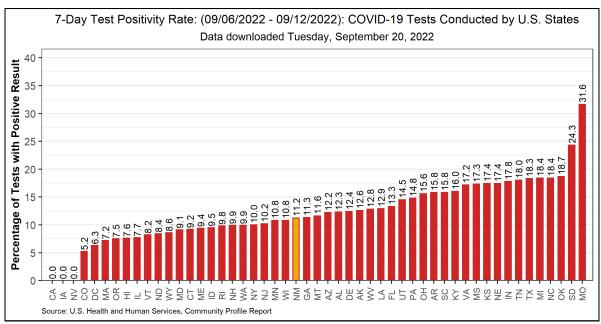




Note: Data downloaded 09/20/2022 and downloaded from https://beta.healthdata.gov/National/COVID-19-Community-Profile-Report/gqxm-d9w9. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

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





Note: Data downloaded 09/20/2022 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.