NEW MEXICO COVID-19 CASES UPDATE
HEALTH AND SOCIAL CHARACTERISTICS
September 26, 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.

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>Cases in the Last 7 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>617,622</td>
<td>1577</td>
</tr>
</tbody>
</table>

SECTION 1: SYMPTOMS

Percentage of cases reporting symptoms each week

Data for the week of 2022–09–19 to 2022–09–25, 2021 are incomplete and subject to change.
### Percentage of specific symptoms reported by cases

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percent of Symptomatic Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (Measured or Subjective)</td>
<td>46.3</td>
</tr>
<tr>
<td>Chills</td>
<td>45.7</td>
</tr>
<tr>
<td>Muscle Aches</td>
<td>56.5</td>
</tr>
<tr>
<td>Runny Nose</td>
<td>57.3</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>51.4</td>
</tr>
<tr>
<td>Cough</td>
<td>70.6</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>26.6</td>
</tr>
<tr>
<td>Nausea or Vomiting</td>
<td>24.3</td>
</tr>
<tr>
<td>Headache</td>
<td>66.0</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>15.5</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>27.9</td>
</tr>
<tr>
<td>Fatigue</td>
<td>67.5</td>
</tr>
<tr>
<td>Loss of Appetite</td>
<td>36.5</td>
</tr>
<tr>
<td>Loss of Taste or Smell</td>
<td>38.3</td>
</tr>
</tbody>
</table>

Data on “Loss of Taste or Smell” are from cases with positive tests on or after 8/3/2020, as this question was not asked consistently until August. Previously, measured fever (100.5 degrees Fahrenheit or higher) and subjective fever were reported as separate symptoms. From this week forward, cases reporting either of these symptoms will be recorded as experiencing “Fever (Measured or Subjective).”

### Percentage of cases with underlying conditions each week

Data for the week of 2022−09−19 to 2022−09−25, 2021 are incomplete and subject to change.
SECTION 2: SOCIOECONOMIC STATUS

Case rate per 100,000 population by census tract below poverty level

COVID-19 Infection Rates by Census Tract Poverty Group, New Mexico

COVID-19 Cases per 100,000 Population

Census Tracts Grouped by Poverty Rate

- <5%
- 5% to 9.9%
- 10%-19.9%
- 20%-29.9%
- 30%-39.9%
- 40% or more
Figure excludes 60498 individuals with addresses that have not been geocoded. Due to delays in reporting of positive lab results to NMDOH, data for the week of 2022–09–19 to 2022–09–25 are incomplete and subject to change.
Hospitalizations and ICU stay by poverty level

- Percent of hospitalizations (age-adjusted)
  - Less than 5%: 3.72%
  - 5% to 9.9%: 4.44%
  - 10% to 19.9%: 5.33%
  - 20% to 29.9%: 6.39%
  - 30% to 39.9%: 7.17%
  - 40% and over: 8.07%

- Percent hospitalized in ICU
  - Less than 5%: 0%
  - 5% to 9.9%: 1%
  - 10% to 19.9%: 2%
  - 20% to 29.9%: 3%
  - 30% to 39.9%: 4%
  - 40% and over: 5%

Case fatality rate by poverty level

- Percent of hospitalizations admitted to ICU
  - Less than 5%: 0%
  - 5% to 9.9%: 5%
  - 10% to 19.9%: 10%
  - 20% to 29.9%: 15%
  - 30% to 39.9%: 20%
  - 40% and over: 25%

- Case fatality rate (age-adjusted)
  - Less than 5%: 0.88%
  - 5% to 9.9%: 1.28%
  - 10% to 19.9%: 1.57%
  - 20% to 29.9%: 1.99%
  - 30% to 39.9%: 2.09%
  - 40% and over: 2.43%
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.

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.