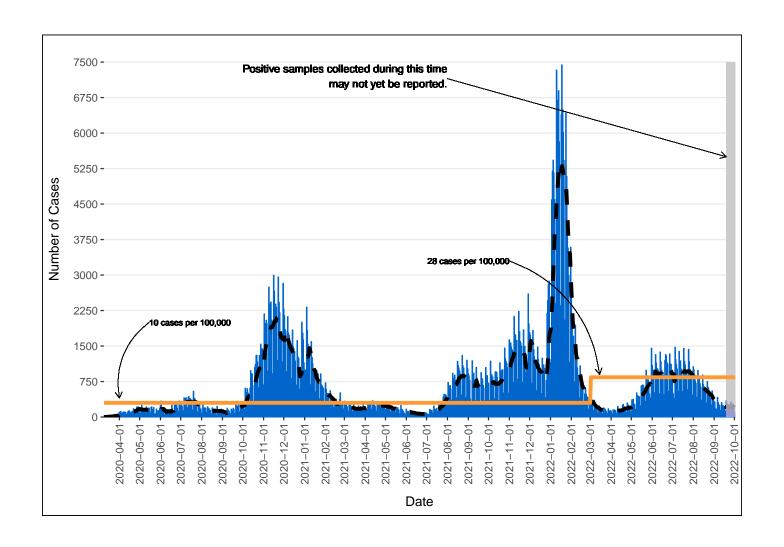
NEW MEXICO COVID-19 CASES UPDATE STATEWIDE AND COUNTY-LEVEL TRENDS October 03, 2022

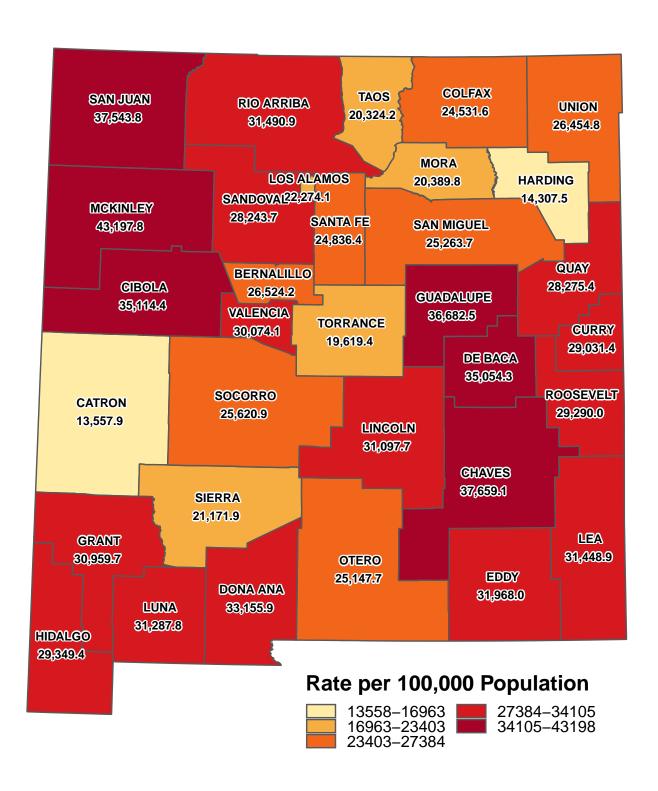
Unless stated otherwise, all data reported here exclude cases who are from out-of-state and cases who are detainees in Federal Immigration and Customs Enforcement (ICE) facilities.

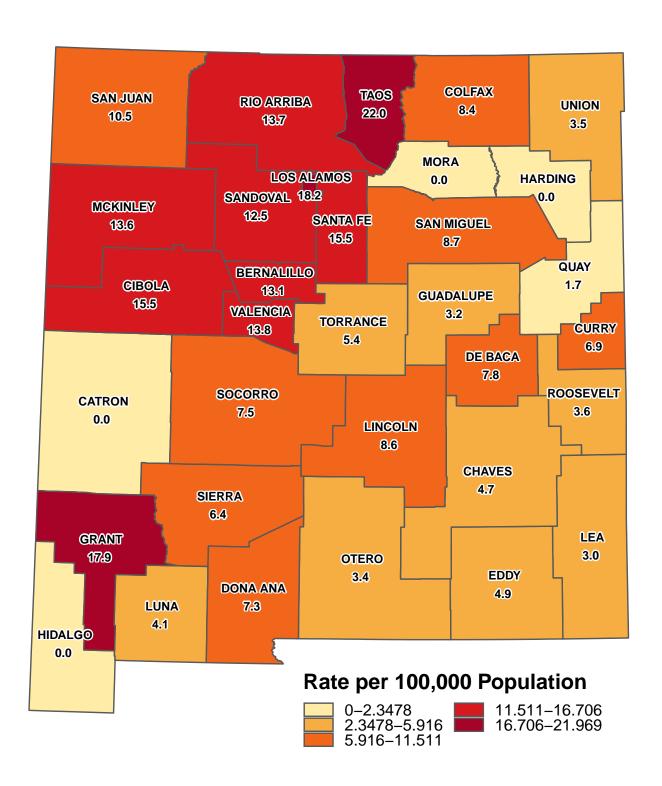
Total Cases	Cases in the Last 7 Days
619,235 ¹	1604

SECTION 1: STATEWIDE AND COUNTY-LEVEL CASES

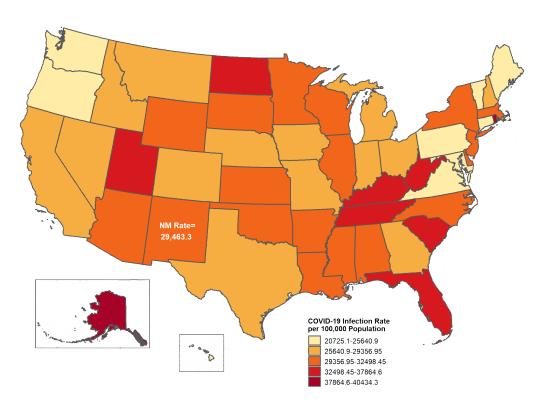
New Mexico cases by date of specimen collection with 7 day moving average

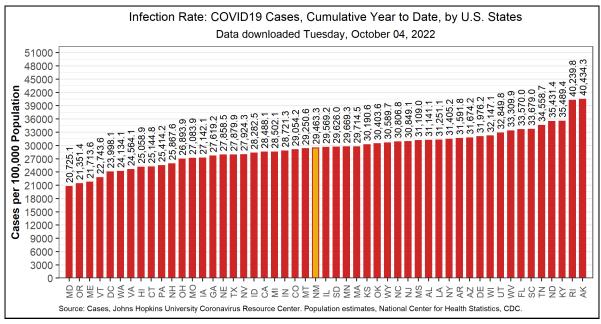






Cumulative infection rate per 100,000 population by U.S. States

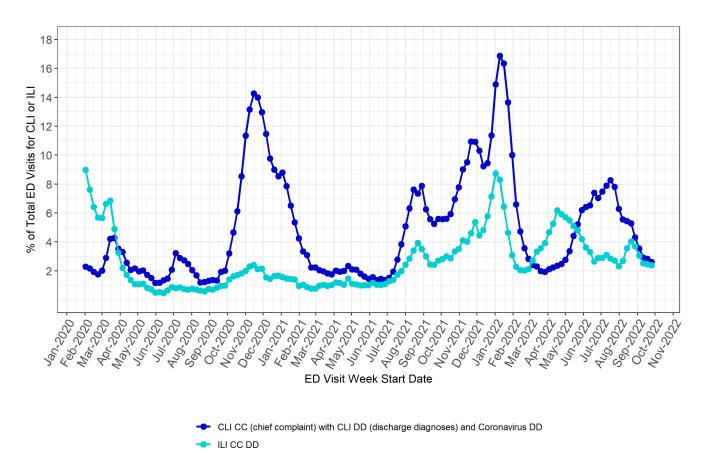




Note: Data updated 10/04/2022 and downloaded from https://coronavirus.jhu.edu/. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

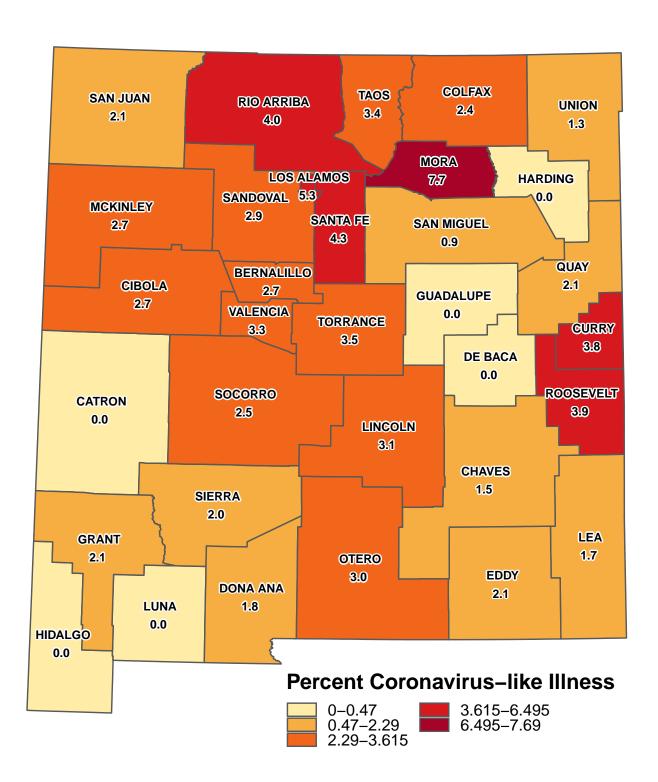
Percentage of all emergency department (ED) visits that were Coronavirus-like illness (CLI) and Influenza-like illness (ILI) related

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 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.

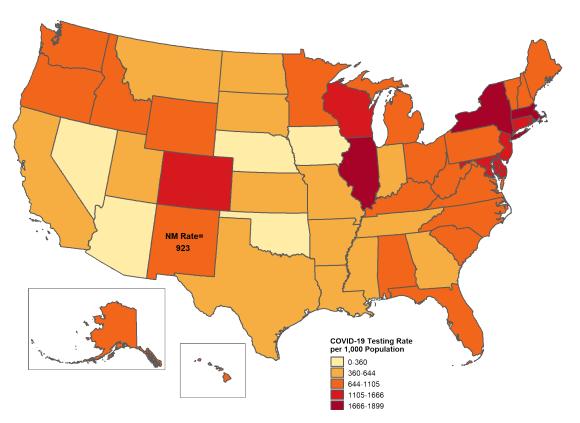


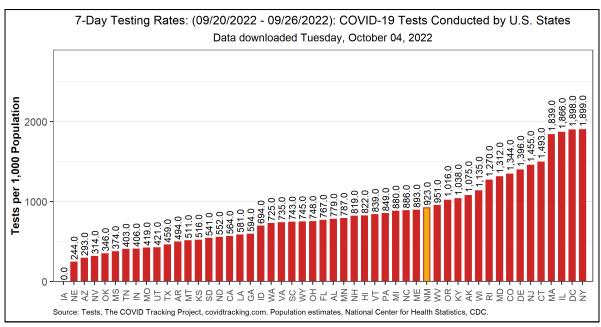
Cumulative number of cases and recovered cases by county

County	Cumulative Cases	Cumulative Recovered
Bernalillo	179660	174887
Catron	480	457
Chaves	23742	23192
Cibola	8535	8256
Colfax	2632	2542
Curry	14470	14037
De Baca	647	634
Dona Ana	72266	70883
Eddy	18604	18131
Grant	8594	8368
Guadalupe	1248	1215
Harding	94	90
Hidalgo	1245	1208
Lea	21580	20972
Lincoln	6165	6019
Los Alamos	4175	4079
Luna	7642	7462
McKinley	30318	29229
Mora	929	896
Otero	15644	15178
Quay	2374	2260
Rio Arriba	12089	11746
Roosevelt	5819	5622
San Juan	47261	45987
San Miguel	7043	6859
Sandoval	41217	40141
Santa Fe	36803	35814
Sierra	2339	2245
Socorro	4397	4240
Taos	6560	6337
Torrance	3089	2979
Union	861	839
Valencia	22117	21491

SECTION 2: TESTING

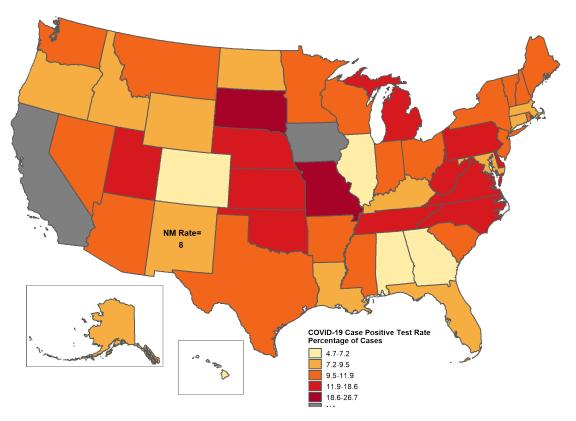
Testing rate by U.S. States

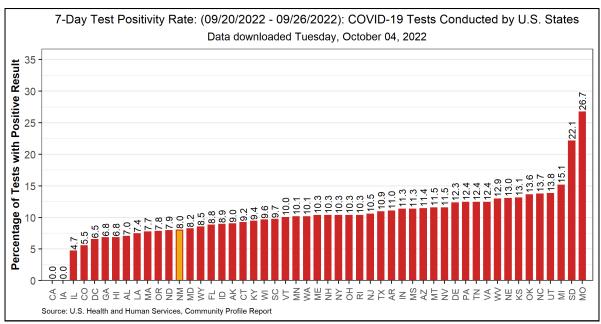




Note: Data downloaded 10/04/2022 and downloaded from https://beta.healthdata.gov/National/COVID-19-Community-Profile-Report/gqxm-d9w9. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

Test positivity by U.S. States





Note: Data downloaded 10/04/2022 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.