NEW MEXICO COVID-19 CASES UPDATE STATEWIDE AND COUNTY-LEVEL TRENDS

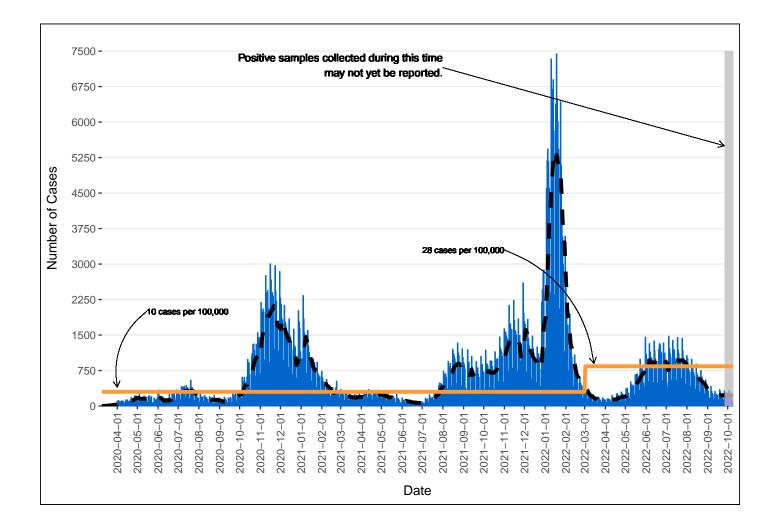
October 10, 2022

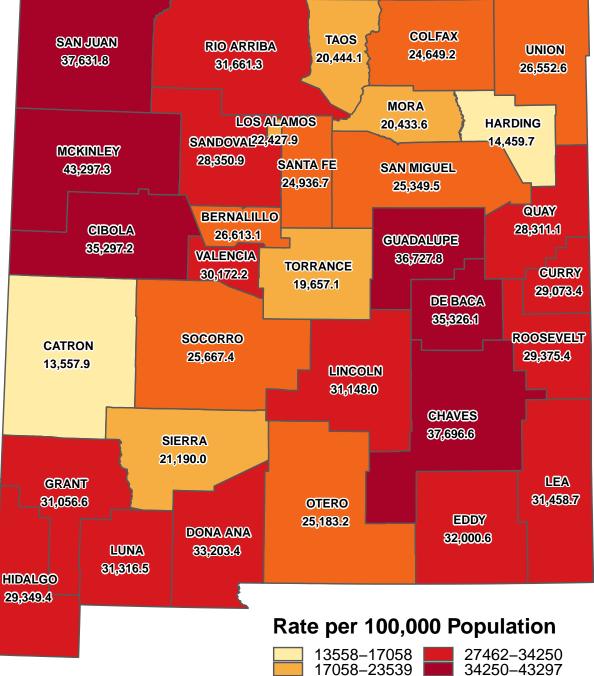
Unless stated otherwise, all data reported here exclude cases who are from out-of-state and cases who are detainees in Federal Immigration and Customs Enforcement (ICE) facilities.

Total Cases	Cases in the Last 7 Days
620,296 ¹	1661

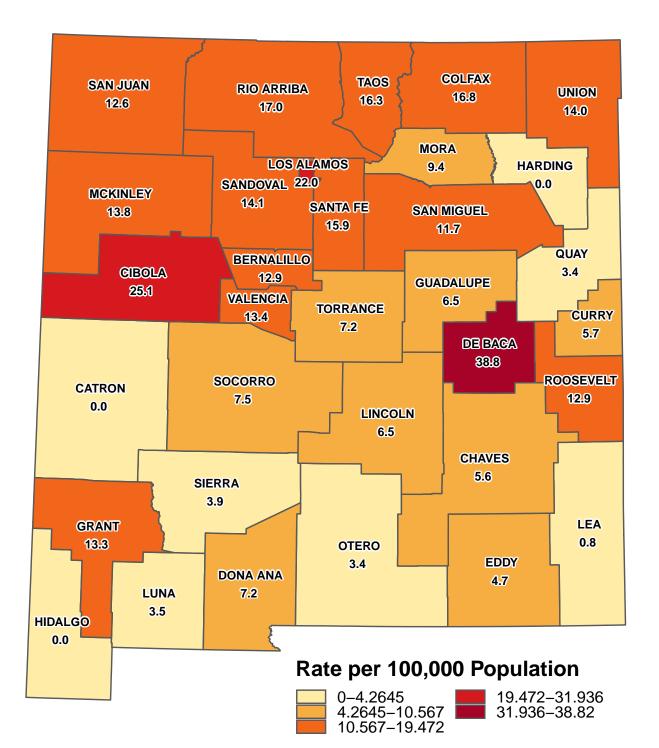
SECTION 1: STATEWIDE AND COUNTY-LEVEL CASES

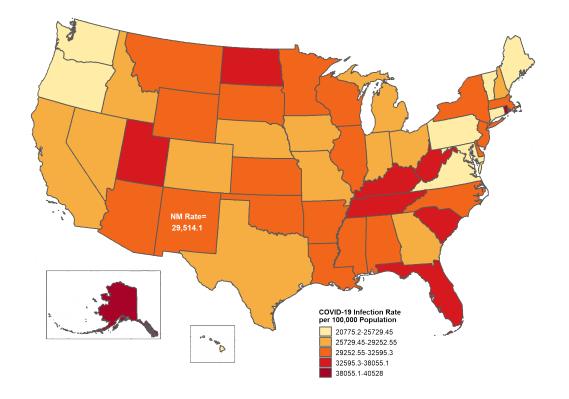
New Mexico cases by date of specimen collection with 7 day moving average

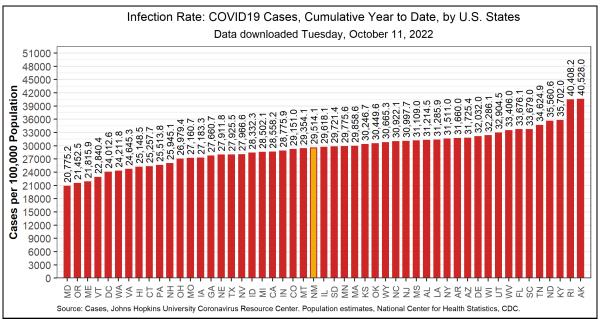




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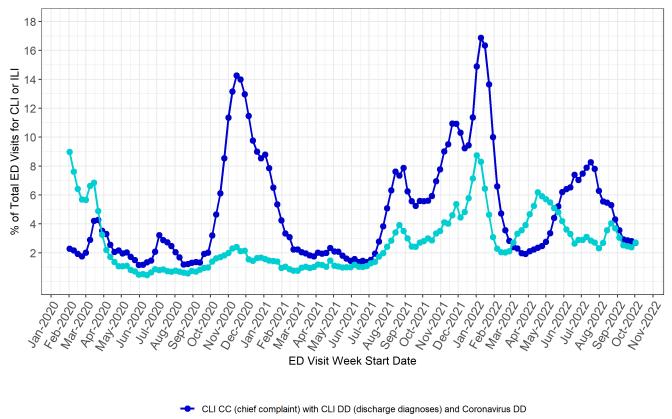




Note: Data updated 10/11/2022 and downloaded from https://coronavirus.jhu.edu/. For U.S. interstate comparisons, the methodology used here is slightly different than methodologies used in other NMDOH COVID-19 reports.

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

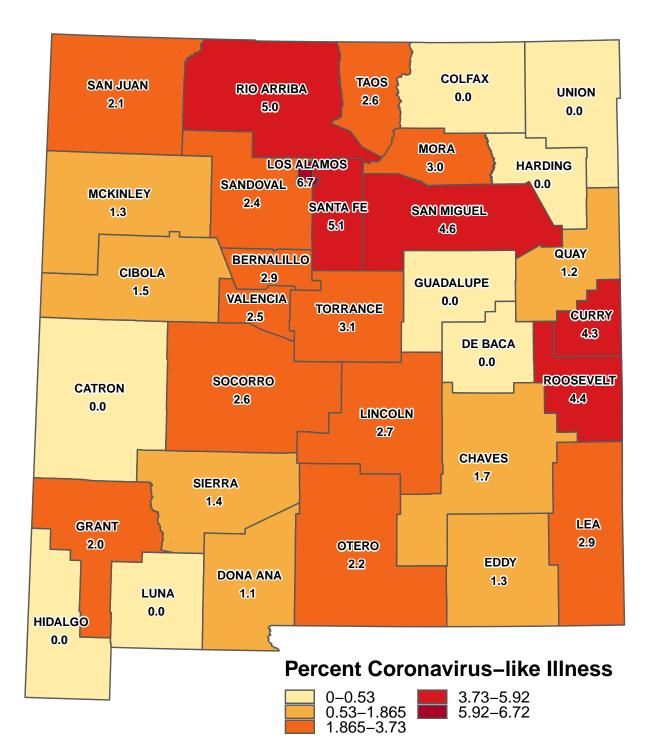
These visualizations are populated from data in New Mexico's Syndromic Surveillance Database. Initial patient encounter information is usually received within 24 hours, but clinical documentation is continuously being updated as it is identified throughout the patient encounter and hospital coding process.



- 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.

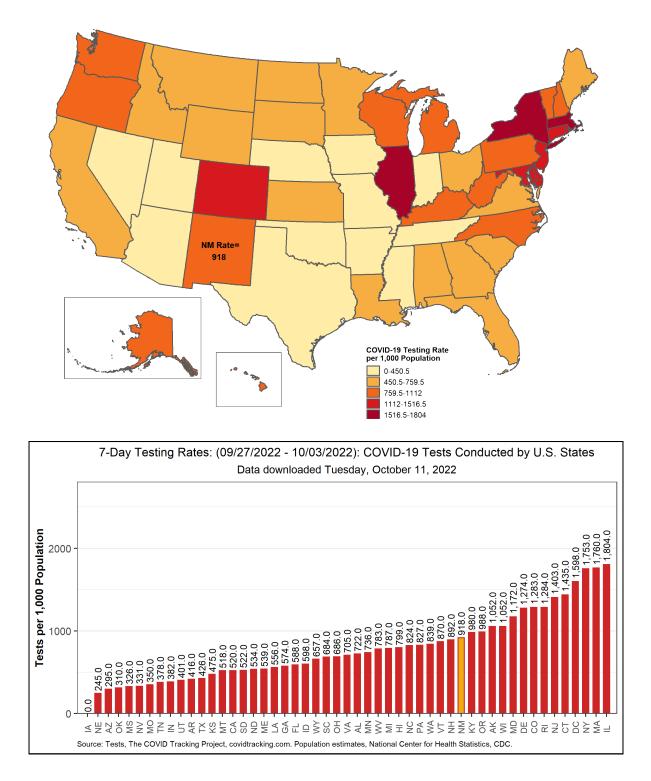


Cumulative number of cases and recovered cases by county

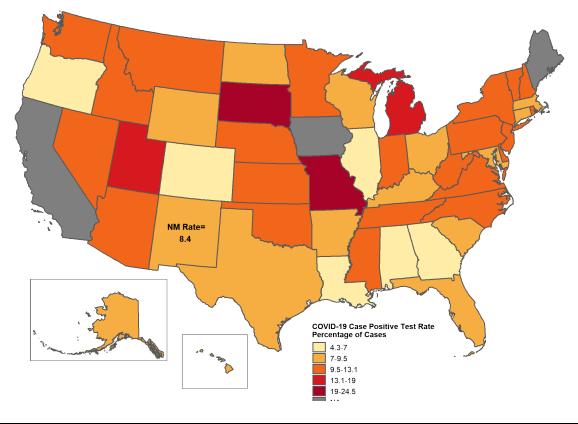
County	Cumulative Cases	Cumulative Recovered
Bernalillo	180628	176227
Catron	479	457
Chaves	23780	23343
Cibola	8597	8294
Colfax	2648	2553
Curry	14507	14175
De Baca	650	638
Dona Ana	72324	71092
Eddy	18637	18245
Grant	8645	8436
Guadalupe	1250	1230
Harding	95	91
Hidalgo	1245	1228
Lea	21602	21166
Lincoln	6184	6063
Los Alamos	4220	4118
Luna	7655	7479
McKinley	30416	29461
Mora	931	903
Otero	15810	15496
Quay	2377	2292
Rio Arriba	12237	11938
Roosevelt	5843	5677
San Juan	47411	46301
San Miguel	7079	6921
Sandoval	41449	40507
Santa Fe	36964	36081
Sierra	2345	2252
Socorro	4410	4278
Taos	6631	6390
Torrance	3098	3008
Union	865	842
Valencia	22252	21660

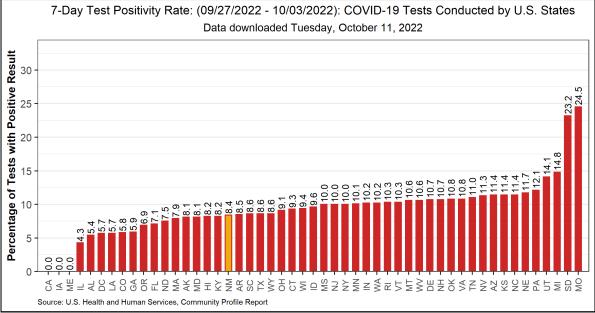
SECTION 2: TESTING

Testing rate by U.S. States



Note: Data downloaded 10/11/2022 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.





Note: Data downloaded 10/11/2022 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.

- 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.