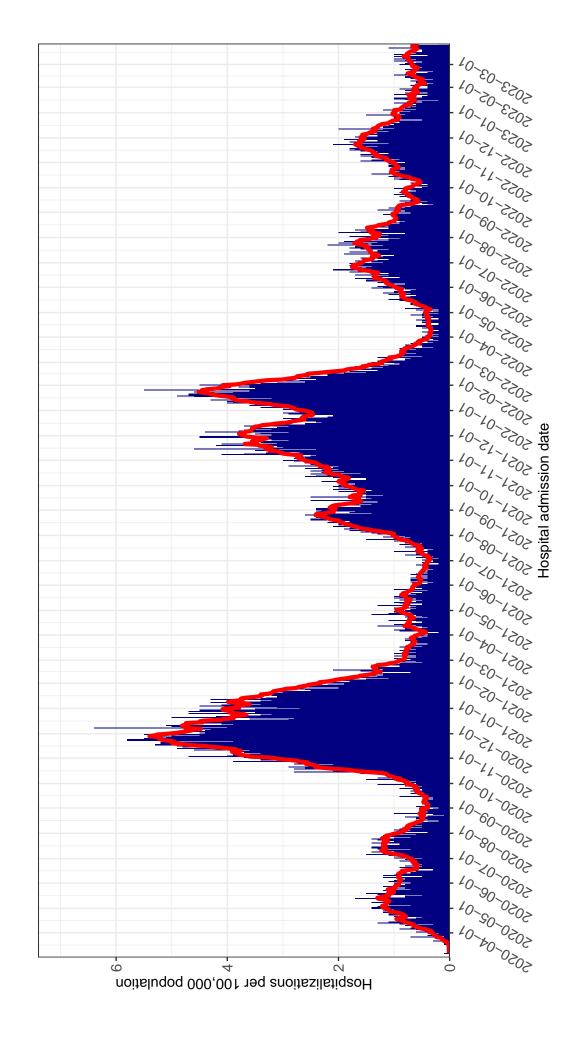
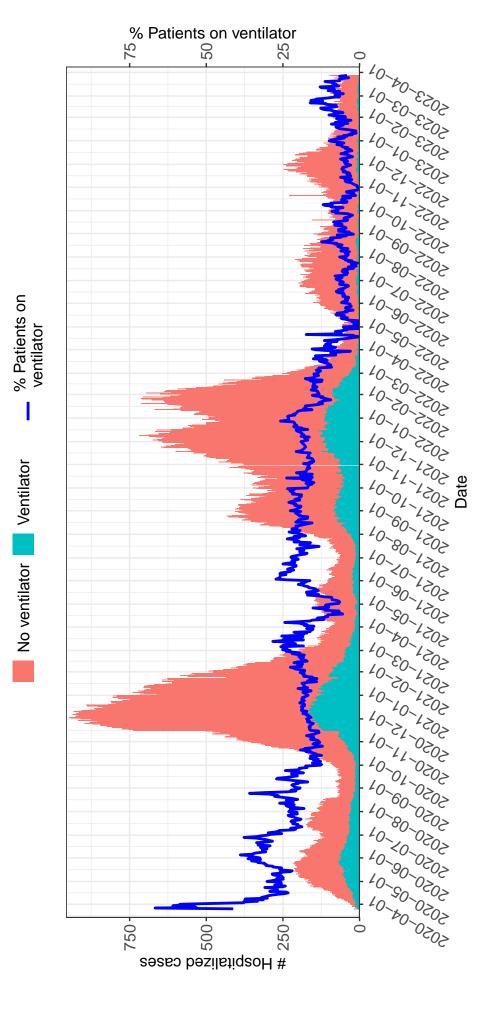
# NEW MEXICO COVID-19 HOSPITALIZATION UPDATE March 27, 2023

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 Hospital Admissions <sup>1</sup>	Hospital Admissions in the Last 7  Days
34,400	83

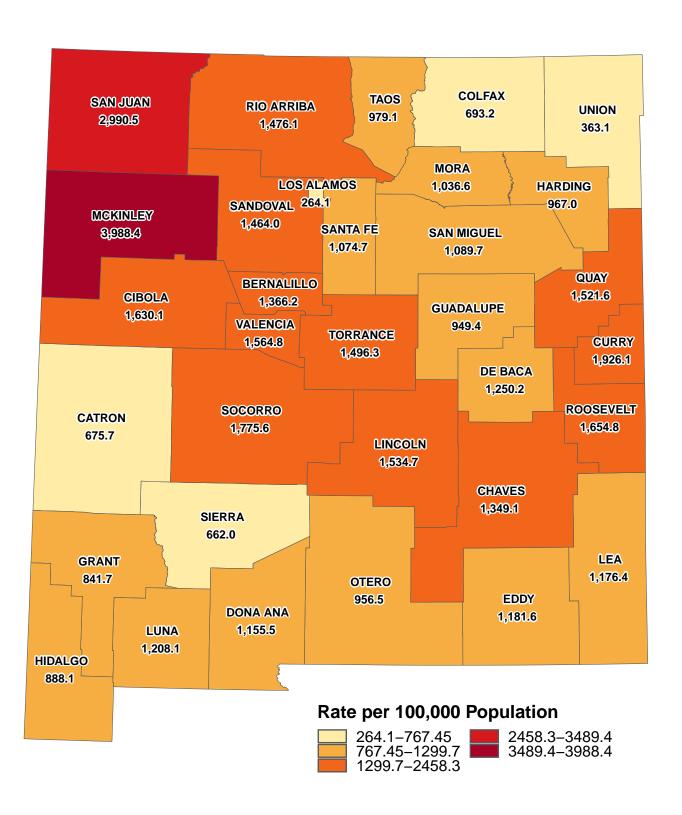
Total Number and percentage of	5,977 (17.4%)
hospitalized patients who died	

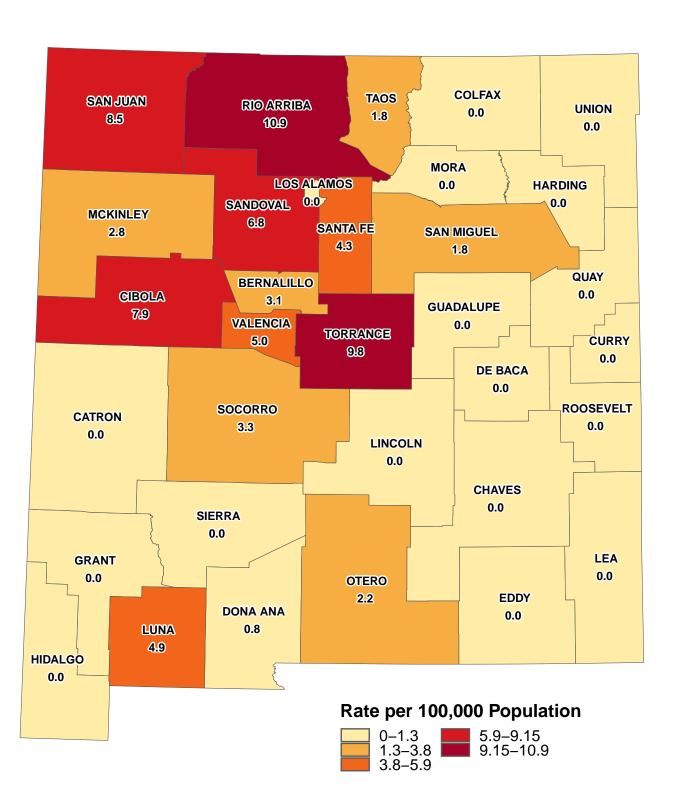




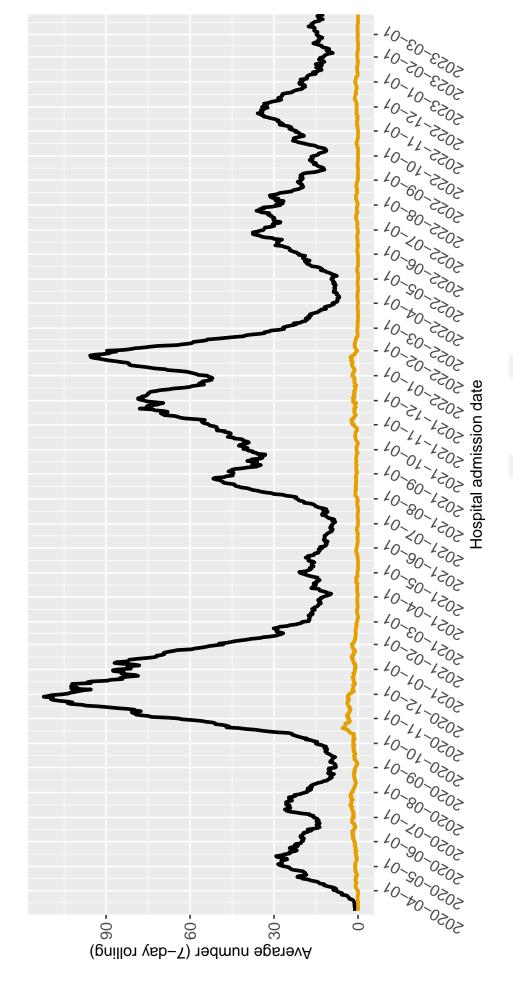
Note: Hospitalization numbers were lower than expected on January 25, 2021 due to several facilities not reporting.

The daily number of hospitalizations includes patients who are ICE detainees. For each day, the number of hospitalized patients is separated into those who are on ventilators (green bars) and those patients who are not on ventilators (red bars). The blue line indicates the percentage of daily hospitalized patients on ventilator each day.



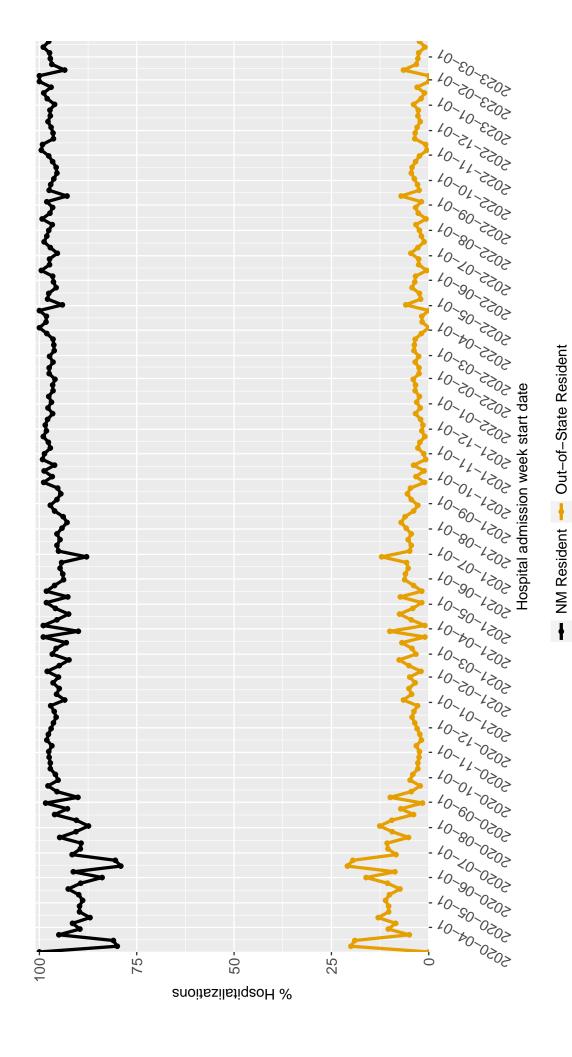


Hospital admissions in the last week may not yet be reported.



NM resident hospitalization - In-State - Out-of-State

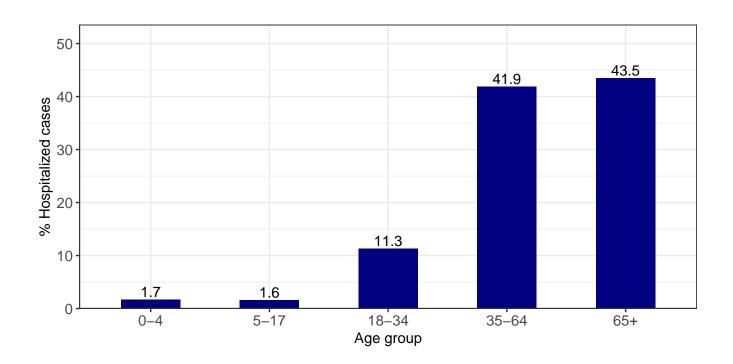
Hospital admissions in the last week may not yet be reported.



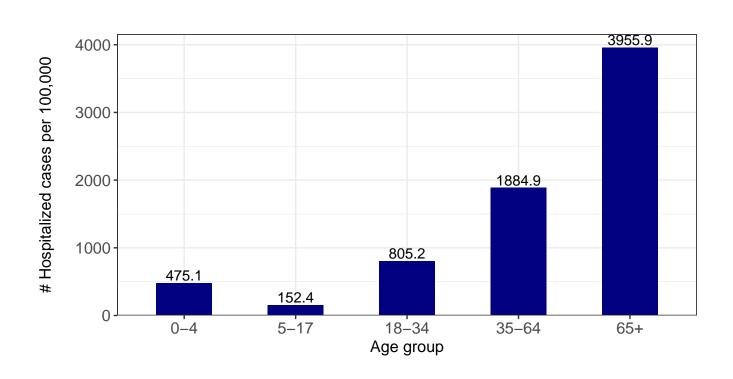
Hospital admissions in the last week may not yet be reported. For each hospital admission week, the sum of the percentages for each age group is 100%.

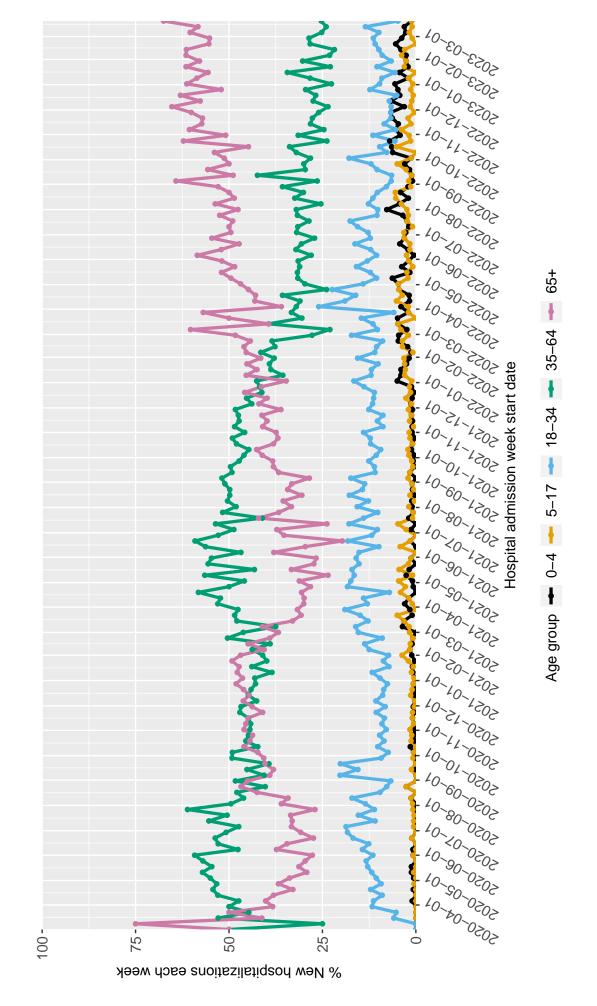
# SECTION 3: AGE

# Percentage of all hospitalized cases by age



# Cumulative hospitalization rate per 100,000 population by age

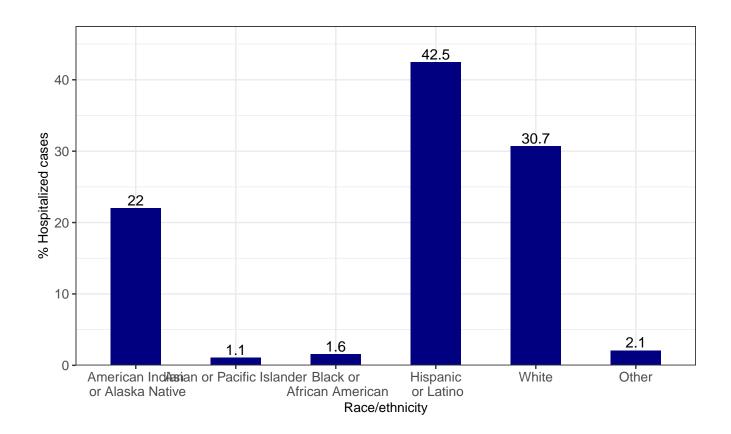




Hospital admissions in the last week may not yet be reported. For each hospital admission week, the sum of the percentages for each age group is 100%

## **SECTION 4: RACE/ETHNICITY**

### Percentage of all hospitalizations by race/ethnicity



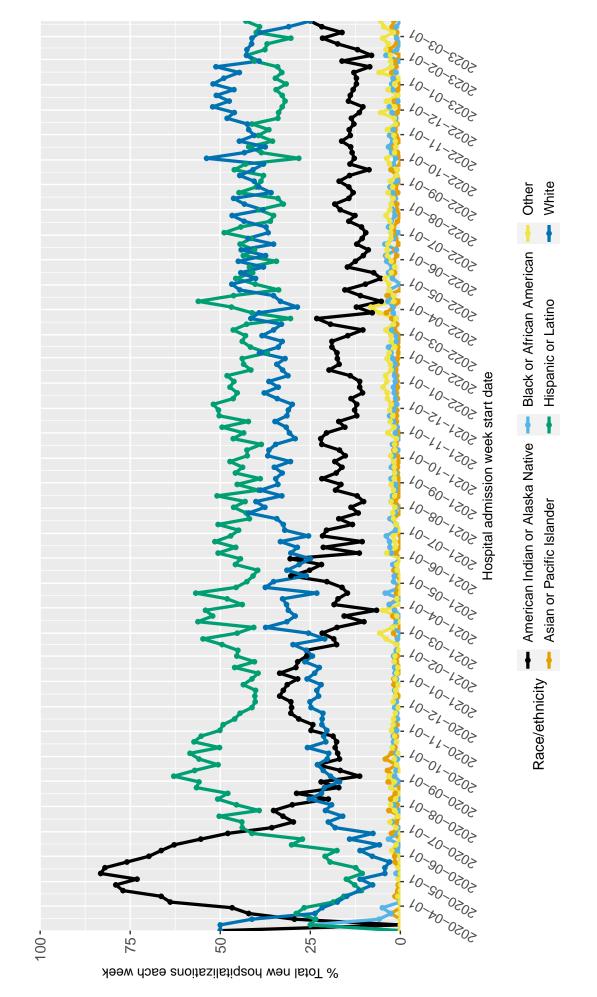
1,205 hospitalized cases with missing race/ethnicity information were excluded. 39 cases who self-identified as "Refused to answer" and 1 who were "not asked" about race/ethnicity were also excluded.

### Cumulative age-adjusted hospitalization rate per 100,000 population by race/ethnicity

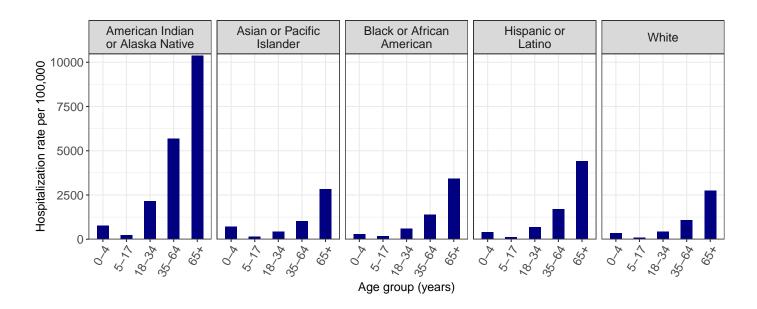
Race/Ethnicity	Hospitalization rate per 100,000
American Indian or Alaska Native	4,057.1
Asian or Pacific Islander	916.6
Black or African American	1,176.6
Hispanic or Latino	1,424.2
White	875.8

1,205 hospitalized cases with missing race/ethnicity information were excluded. 730 cases who self-identified as Other Race, "Refused to answer", or "not asked" were also excluded.

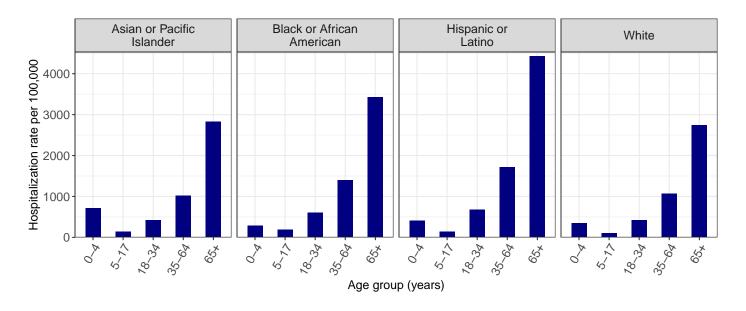
Due to the small numbers of hospitalizations and lower population sizes of Asian or Pacific Islanders and Black or African Americans in New Mexico, the hospitalization rate per 100,000 population for these two groups are currently considered unreliable and should be interpreted with caution.



1,245 cases with missing race/ethnicity (including "Refused to answer" and "not asked") or hospital admission date information were excluded. Hospital admissions in the last week may not yet be reported. For each hospital admission week, the sum of the percentages for each race/ethnicity group is 100%.



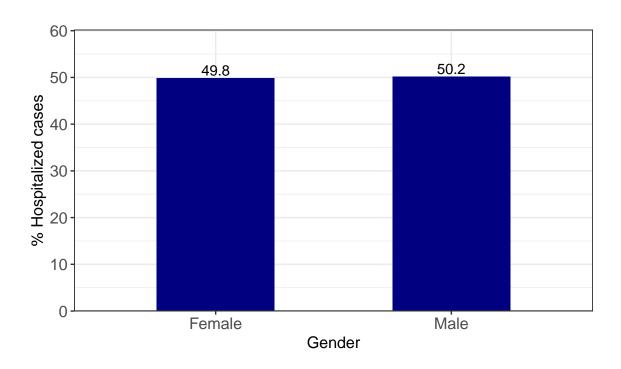
The following figure excludes American Indian or Alaska Native to illustrate in more detail the hospitalization rate per 100,000 population of the other race and ethnicity groups.



1,205 hospitalized cases with missing race/ethnicity information were excluded. 730 cases who self-identified as Other Race, "Refused to answer", or "not asked" were also excluded.

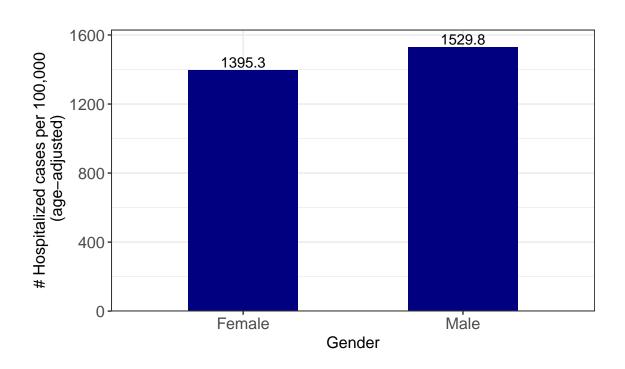
# **SECTION 5: GENDER**

## Percentage of all hospitalizations by gender



102 hospitalized cases with unknown or missing gender information were excluded.

# Cumulative age-adjusted hospitalization rate per 100,000 population by gender

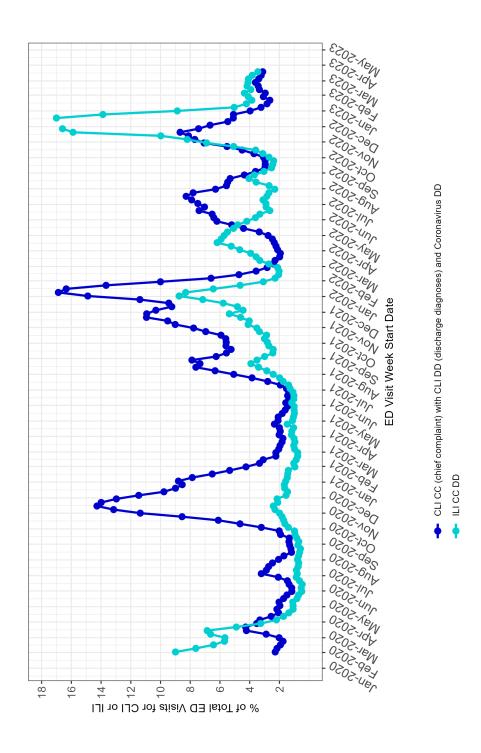


102 hospitalized cases with unknown or missing gender information were excluded.

# SECTION 6: CORONAVIRUS-LIKE ILLNESS (CLI) AND INFLUENZA-LIKE ILLNESS (ILI) RELATED VISITS IN EMERGENCY DEPARTMENTS

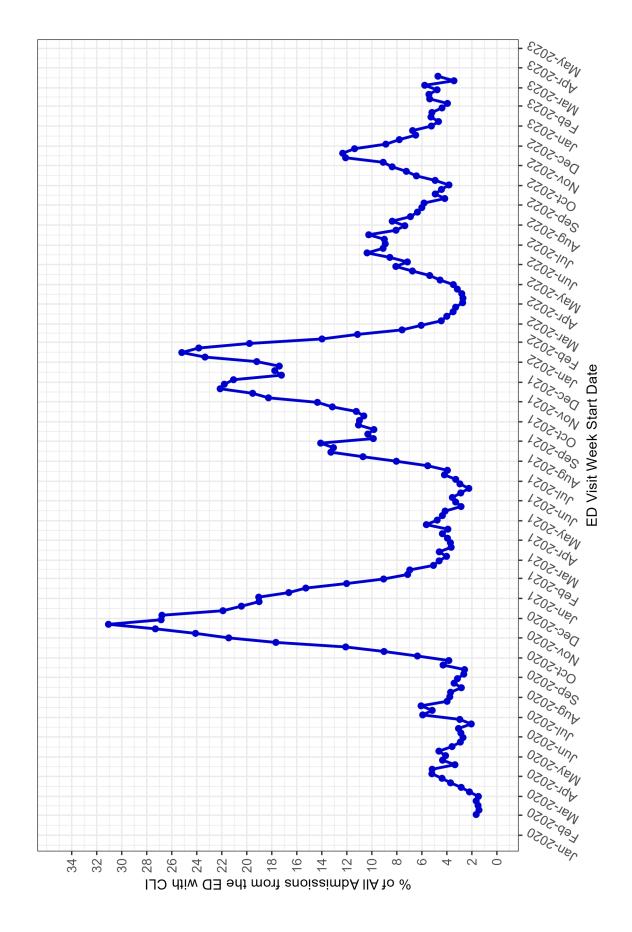
These visualizations are populated from data in New Mexico's Syndromic Surveillance Database. Initial patient encounter information is usually received within 24 hours, but clinical documentation is continuously being updated as it is identified throughout the patient encounter and hospital coding process.

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



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.



### **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.
- Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program.
- Age-adjustment: US 2000 Standard Population Weights
- Coronavirus-like illness (CLI) and Influenza-like illness (ILI) related emergency department visits and admissions: New Mexico's Syndromic Surveillance Database.

### **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 and ethnicity are reported as a single variable, race/ethnicity, 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.
- Hospitalization rate per 100,000 population. A basic measure of disease-specific hospitalization frequency is a rate, which takes into account the number of hospitalizations 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 hospitalization 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 hospitalizations from one population to another are not due to differences in the age distribution of the populations being compared.