

# Nevada 2025 Tuberculosis (TB) Fast Facts



## Nevada Division of Public and Behavioral Health Office of State Epidemiology Tuberculosis (TB) Prevention and Control Program

Joe Lombardo, Governor, State of Nevada

Laura Rich, Director, Department of Human Services

Andrea R. Rivers, MS, Administrator, Division of Public and Behavioral Health

Ihsam Azzam, PhD, MD, Chief Medical Officer, Division of Public and Behavioral Health

## *Purpose*

The purpose of the *Nevada 2025 Tuberculosis Disease (TB) Fast Facts* report is to provide an analysis of all TB cases reported in 2025 in Nevada. This annual publication is intended to be a reference document for policy makers, program managers, infection control programs, researchers, and community members concerned with the public health implications of the diseases presented. The figures and tables in this edition supersede those in earlier publications.

## *Methods*

The data used for this profile presents recent data from January 1, 2025, to December 31, 2025, and previously published data, ranging from 2016 to 2025. Data was obtained from the Nevada electronic surveillance system, EpiTrax, and the Centers for Disease Control and Prevention (CDC) National TB Surveillance System. Data is collected from medical labs, private and public health providers, clinics, and state and local disease intervention specialists and TB program specialists. Verified TB cases are reported following the CDC guidelines in the *Report of Verified Case of Tuberculosis (RVCT) Instruction Manual*.<sup>1</sup>

## *Technical Notes*

- Rate is the crude rate based on the incidence of verified TB cases per 100,000 population for that subgroup's population. Population data are made available from the Nevada State Demographer vintage 2023 population data.
- Relative Standard Error (RSE): The publication contains counts under 12, please use caution when interpreting the data as the RSE is greater than 30%.
- NA (Not Applicable) indicates cases where the data may not meet the criteria for reliability, data quality, or confidentiality due to small counts or inability to calculate rates based on an equivalent population.
- N (Number) is the basic measure of disease incidence in the total population.
- n (number) is the basic measure of disease incidence for a given subpopulation, such as sex, race/ethnicity, or age.
- % (Percentage) within each demographic subset which represents the percentage of the number of the specific demographic out of the total number of verified counted TB cases (N).

<sup>1</sup>Centers for Disease Control and Prevention, Division of Tuberculosis Elimination. Recommendations for Reporting and Counting Tuberculosis Cases. *Report of Verified Case of Tuberculosis (RVCT), Instruction Manual*, August 2021. <https://www.cdc.gov/tb/programs/rvct/instructionmanual.pdf>

## Contents

Nevada 2025 Tuberculosis (TB) Fast Facts.....	1
Purpose.....	2
Methods.....	2
Technical Notes.....	2
Tuberculosis Disease by County.....	4
Tuberculosis Disease Incidence Rates.....	5
Tuberculosis Disease by Sex and Age.....	6
Tuberculosis Disease by HIV Status.....	6
Tuberculosis Disease by Race / Ethnicity.....	7
Tuberculosis Disease by Country of Origin.....	8
Program Contacts.....	9
Acknowledgments.....	9

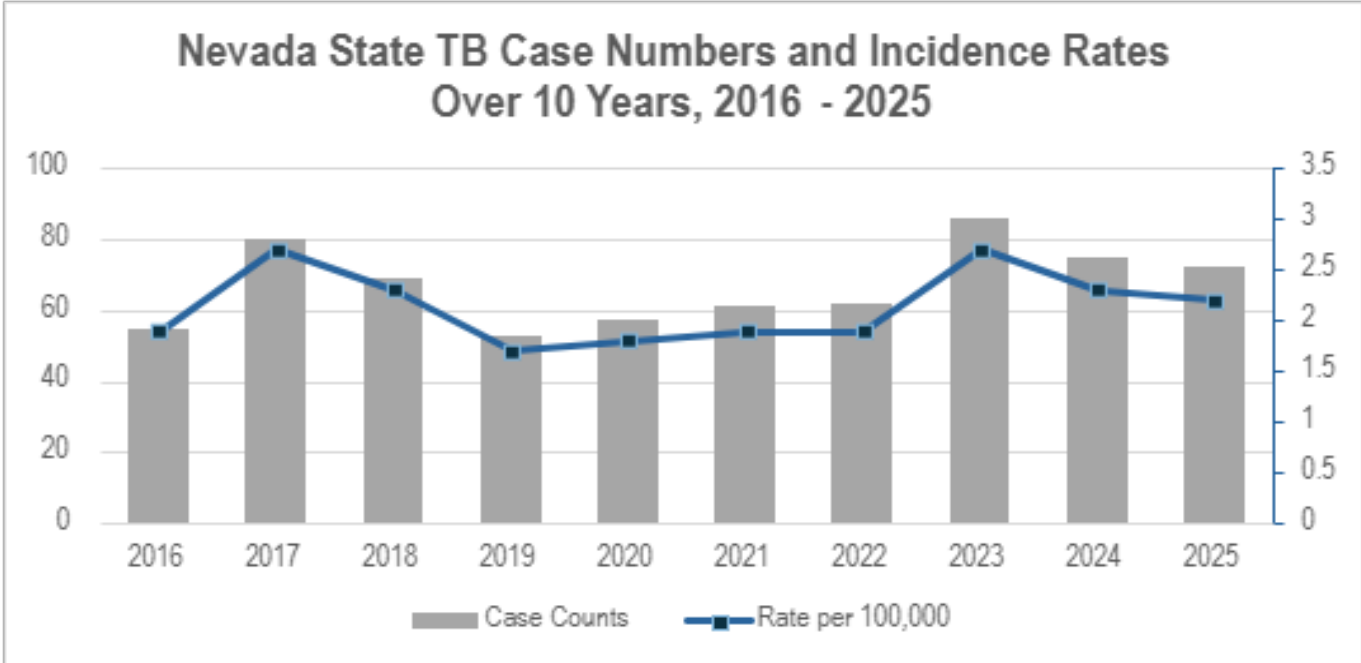
## Tuberculosis Disease by County

Table 1: Tuberculosis Cases in Nevada by County for years 2021-2025

Resident County at Diagnosis	2021			2022			2023			2024			2025		
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
Carson	0	0.0%	0	0	0.0%	0	1	1.2%	1.7	0	0.0%	0	0	0.0%	0
Clark	54	89.0%	2.3	54	87.1%	2.3	76	88.4%	3.2	67	89.3%	2.7	62	86.1%	2.6
Washoe	7	11.0%	1.5	6	9.7%	1.2	9	10.4%	1.8	8	10.7%	1.5	7	9.7%	1.3
All Other Counties*	0	0.0%	0	2	3.2%	0.7	0	0.0%	0	0	0.0%	0	3	4.2%	0.8
<b>Nevada Total</b>	<b>61</b>	<b>100%</b>	<b>1.9</b>	<b>62</b>	<b>100%</b>	<b>1.9</b>	<b>86</b>	<b>100%</b>	<b>2.6</b>	<b>75</b>	<b>100%</b>	<b>2.3</b>	<b>72</b>	<b>100%</b>	<b>2.2</b>

Note: "All other counties" include Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine County. This data was obtained from Nevada Division of Public and Behavioral Health Electronic Disease Surveillance System EpiTrax, and Centers for Disease Control and Prevention, National Tuberculosis Surveillance System, accessed February 2025.

Tuberculosis Disease Incidence Rates



Note: This data was obtained from Nevada Division of Public and Behavioral Health, Electronic Disease Surveillance System Epitrix, and Centers for Disease Control and Prevention, National Tuberculosis Surveillance System, accessed March 2026

**Tuberculosis Disease by Sex and Age**

*Table 2: Tuberculosis Cases in Nevada by Sex and Age for 2025*

Sex	2025		
	n	%	Rate
Male	49	68.1%	3.0
Female	23	31.9%	1.4
Age			
0 to 4	0	0.0%	0.0
5 to 14	0	0.0%	0.0
15 to 24	5	6.9%	1.1
25 to 44	22	30.6%	2.4
45 to 64	25	34.7%	3.0
65+	20	27.8%	3.7
Nevada Total	72	100%	2.2

*Note: This data was obtained from Nevada Division of Public and Behavioral Health, Electronic Disease Surveillance System Epitrax, and Centers for Disease Control and Prevention, National Tuberculosis Surveillance System, accessed February 2025.*

**Tuberculosis Disease by HIV Status**

*Table 3: Tuberculosis Cases in Nevada by HIV Status for 2025*

HIV Status	2025		
	n	%	Rate
HIV Positive	6	8.3%	NA
HIV Negative	59	81.9%	NA
Not offered	7	9.7%	NA
Refused	0	0.0%	NA
Unknown	0	0.0%	NA
Nevada Total	72	100%	2.2

*Note: This data was obtained from Nevada Division of Public and Behavioral Health, Electronic Disease Surveillance System Epitrax, and Centers for Disease Control and Prevention, National Tuberculosis Surveillance System, accessed February 2025.*

*Tuberculosis Disease by Race / Ethnicity*

*Table 4: Tuberculosis Cases in Nevada by Race / Ethnicity Status for 2025*

Race / Ethnicity	2025		
	n	%	Rate
White, non-Hispanic	4	5.6%	0.3
Black, non-Hispanic	7	9.7%	2.3
Hispanic	27	37.5%	2.6
Asian, Pacific Islander, Hawaiian	33	45.8%	9.6
American Indian, Native Alaskan	0	0.0%	NA
Multi-race	0	0.0%	NA
Unknown	1	1.4%	NA
Nevada Total	72	100%	2.2

*Note: This data was obtained from Nevada Division of Public and Behavioral Health, Electronic Disease Surveillance System Epitrax, and Centers for Disease Control and Prevention, National Tuberculosis Surveillance System, accessed February 2025.*

*Tuberculosis Disease by Country of Origin*

*Table 5: Tuberculosis Cases in Nevada by Country of Origin for 2025*

Country of Origin	2025		
	n	%	Rate
United States	13	18.1%	NA
Philippines	24	33.3%	NA
Mexico	15	20.8%	NA
Nicaragua	1	1.4%	NA
Angola	1	1.4%	NA
China	3	4.2%	NA
Republic of Korea	1	1.4%	NA
Cuba	2	2.8%	NA
Ethiopia	1	1.4%	NA
Vietnam	2	2.8%	NA
Haiti	1	1.4%	NA
Columbia	3	4.2%	NA
India	1	1.4%	NA
Laos	1	1.4%	NA
Liberia	1	1.4%	NA
Venezuela	2	2.8%	NA
Nevada Total	72	100%	2.2

*Note: This data was obtained from Nevada Division of Public and Behavioral Health, Electronic Disease Surveillance System Epitrax, and Centers for Disease Control and Prevention, National Tuberculosis Surveillance System, accessed February 2025.*

## *Program Contacts*

Christine B Emmons, PhD, MS, CIC

Tuberculosis Program Manager | Office of State Epidemiology

Division of Public and Behavioral Health

T: (775) 634-5777 | F: (702) 486-0490

[cemmons@health.nv.gov](mailto:cemmons@health.nv.gov) | [dpbh.nv.gov](http://dpbh.nv.gov) | [nvose.org](http://nvose.org)

Ashlyn Torrez, CCM

Tuberculosis Program Coordinator | Office of State Epidemiology

Division of Public and Behavioral Health

T: (775) 688-0427 | F: (702) 486-0490

[atorrez@health.nv.gov](mailto:atorrez@health.nv.gov) | [dpbh.nv.gov](http://dpbh.nv.gov) | [nvose.org](http://nvose.org)

## *Acknowledgments*

Data and Technical Support:

Leena Ho, MPH

Health Resource Analyst II

Nevada Health Authority

Office of Analytics

9850 Double R Blvd | Reno, NV 89521

[lho@nvha.nv.gov](mailto:lho@nvha.nv.gov) | [nvha.nv.gov](http://nvha.nv.gov) | [Office of Analytics](#)

Ted Artiaga, MS

Health Resource Analyst II | Office of Analytics

Nevada Health Authority.

4126 Technology Way, Suite 200, Carson City, NV 89706

[tartiaga@nvha.nv.gov](mailto:tartiaga@nvha.nv.gov) | [nvha.nv.gov](http://nvha.nv.gov) | [Office of Analytics](#)



*This publication is supported by the Cooperative Agreement Number NU52PS910270 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Human Services.*