Joe Lombardo
Governor

Rique Robb
Interim Director

DEPARTMENT OF HUMAN SERVICES
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Andrea R. Rivers, *MS*
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

MEMORANDUM

DATE: December 31, 2025

TO: Nevada Local Health Authorities

FROM: Clarence Collins, Office of State Epidemiology HAI Program Manager

RE: Guidance on Reporting and Counting of Healthcare-Associated Infection Cases in Nevada

In 2026, Nevada is shifting investigational authority for healthcare-associated infections (HAIs) from the state to the local health authorities (LHAs). The exact timeline of the transition will vary for each LHA, but starting January 1, 2026, Nevada will follow the counting and reporting guidance outlined in this document.

OSE wanted to clarify which HAIs are considered reportable for case surveillance and outline how cases will be counted and reported moving forward. We will update this document as questions come up that need to be clarified.

Please note that facilities will continue to be required to report into NHSN as they have been.

REPORTABLE HAI CONDITIONS:

Nevada Administrative Code (NAC) 441A includes mandatory reporting of cases of the below-listed conditions. The Nevada Legislative Commission approved amendments to NAC 441A on Dec. 10, 2023. Official codification of those updates to NAC 441A is pending, however the drafted approved amendments can be found here.

- *Candida auris*
- Carbapenemase Producing Organisms (CPOs) – including *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, *Enterobacterales*)
- Carbapenem-resistant *Enterobacteriaceae* (state reportable)
- We also ask that facilities report all CRO's, not just *Enterobacterales*, but technically only CRE is reportable.
- Vancomycin-intermediate *Staphylococcus aureus* (VISA)
- Vancomycin-resistant *Staphylococcus aureus* (VRSA)
- Any disease causing a confirmed or suspected outbreak in a healthcare facility
- Any infection with a novel organism/resistance mechanism

INVESTIGATIONAL RESPONSIBILITY OF STATE/LOCAL HEALTH AUTHORITIES:

As outlined in NAC 441A, when a case of a reportable HAI is identified in a resident of a jurisdiction, the health authority shall within the limits of available resources:

- Investigate the case;

- Confirm diagnosis;
- Determine the extent of any outbreak
- Identify, categorize, and evaluate contacts; and
- Ensure effective infection prevention practices are in place within the medical facility.

The investigating health authority should notify the health authority with jurisdiction where the case was receiving care, if the two are different.

CASE COUNTING GUIDANCE

Nevada will follow Council of State and Territorial Epidemiologists (CSTE) guidance and CSTE/CDC case definitions to count cases of HAIs.

In alignment with CSTE's Revised Guidelines for Determining Residency for Disease Notification Purposes, which states that "nationally notifiable diseases (NNDs) are notified to CDC based on the case's place of residence," case counting and *case* investigations will happen in the jurisdiction of a case's residence.[1] The above-linked CSTE guidance provides the following clarifications for determining residency for cases in healthcare facilities:

- Case notifications to CDC for cases of NNDs in U.S. residents who are patients in general hospitals or wards at the time of symptom onset should be made by the jurisdiction of the patient's usual residence
- In general, case notifications to CDC for cases of NNDs in persons who are institutionalized for indefinite or long-term stays should be made by the jurisdiction of the facility where the people are staying at the time of disease onset (e.g., LTCFs, SNFs, nursing homes, etc.)

Due to the nature of HAIs, it is also important that the jurisdiction where the facility is located is notified of the case, if in a different jurisdiction from the case's residence. This will allow jurisdictions to conduct *facility* investigations as needed and maintain overall situational awareness about facility infection prevention and control.

- This notification should mostly be done automatically in EMSA/EpiTrax – OSE is working with SNHD to set it up so when facility address is in a different jurisdiction than case address, the system sends a duplicate record to the facility's jurisdiction.
- Please use "Jurisdiction of residence" (exportable variable name is patient_jurisdiction_of_residence) on the "Administrative" tab of EpiTrax for determining where the case should be counted
- When not done automatically in EMSA/EpiTrax, LHAs should follow these processes for alerting the LHA of a case in a facility in their jurisdiction:
    - For LHAs that use the same instance of EpiTrax as the state, please use "Agency Sharing" in EpiTrax to share the case or notify each other directly in alignment with your normal case notification processes
    - For SNHD, please notify the other LHA in alignment with your normal case notification processes

REPORTING PROCESS

- All LHAs are asked to share case counts of HAIs with OSE on a weekly basis
    - For LHAs that use the same instance of EpiTrax as the state, OSE prefers that all HAI cases be entered into EpiTrax[2]

[1] This is also in alignment with CSTE's Interim Operational Guidance for PS-22-ID-05 (*Candida auris*)

[2] If all cases are entered into EpiTrax, no further reporting action is needed. OSE will export and filter data for reporting needs. If an LHA chooses to use alternate means for logging cases outside of EpiTrax (e.g. outbreak REDCap or a line list), the state asks that the LHA please share cases from those systems on a weekly basis.

4150 Technology Way, Suite 300 ● Carson City, NV 89706 ● (775) 684-4200 ● Fax (775) 687-7570 ● dpbh.nv.gov

    - For SNHD, OSE will work with you to design an export to be regularly uploaded to the SFTP
- OSE will combine case data from all LHAs for regular reporting to CDC[3]
- OSE will continue to produce and distribute weekly statewide *C. auris* update reports

QUESTIONS

Please direct any questions to outbreak@health.nv.gov.

[3] When combining data from all LHAs, OSE will perform a process to identify any potential duplicate cases that multiple LHAs may have counted. If this happens, OSE will coordinate with the relevant LHAs to clarify where the case should be counted.

4150 Technology Way, Suite 300 ● Carson City, NV 89706 ● (775) 684-4200 ● Fax (775) 687-7570 ● dpbh.nv.gov