



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

July 13, 2026 – 8:30 A.M.

Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room

MEMBERS PRESENT: Kenneth Osgood, Chair – At-Large Member, Physician (*in-person*)
Paul Klouse – Member, City of Boulder City (*via Teams*)
Brian Labus – At-Large Member, Environmental Health (*in-person*)
Holly Lyman – Member, City of Henderson (*in-person*)
Jennifer Young – Member, City of Las Vegas (*in-person*)

ABSENT: Susan VanBeuge, Vice-Chair – At-Large Member, Nurse
Ronald Kline – Member, City of North Las Vegas

ALSO PRESENT: Linda Anderson, Maddison Proctor, Ian Russell

LEGAL COUNSEL: Edward Wynder, Associate General Counsel

EXECUTIVE SECRETARY: Cassius Lockett, PhD, MS, District Health Officer

STAFF: Adriana Alvarez, Tawana Bellamy, William Bendik, Haley Blake, Daniel Burns, Joe Cabanban, Andria Cordovez Mulet, Aaron DelCotto, Xavier Gonzales, Danielle Jamerson, Horng-Yuan Kan, Bob Kingston, Josie Llorico, Brian Northam, Zuwen Qiu-Shultz, Larry Rogers, Alexis Romero, Chris Saxton, Randy Smith, Renee Trujillo, Prut Udomwattawee, Sony Varghese

I. **CALL TO ORDER AND ROLL CALL**

The Chair called the Public Health Advisory Board meeting to order at 8:31 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

II. **PLEDGE OF ALLEGIANCE**

The Pledge of Allegiance was stated by those in attendance.

III. **OATH OF OFFICE**

Ms. Cordovez Mulet administered the Oath of Office to Member Labus and Chair Osgood.

IV. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda.

Seeing no one, the Chair closed this portion of the meeting.

Member Young joined the meeting at 8:34 a.m.

V. ADOPTION OF THE JULY 13, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Kline, seconded by Member Lyman, and carried unanimously to approve the July 13, 2026 Agenda, as presented.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING: April 27, 2026 *(for possible action)*

A motion was made by Member Lyman, seconded by Member Labus, and carried unanimously to approve the July 13, 2026 Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

1. Overview on the Preliminary Findings of the Drug Overdose Epi-Aid Project; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Brandon Delise, Senior Epidemiologist, provided an overview of the preliminary findings of the drug overdose epi-aid project.

Chair Osgood asked whether mental health experts were involved in the survey and whether participants' mental health status was assessed. Mr. Delise stated he would review the survey and provide additional information. Dr. Lockett explained that the Epi-Aid was modeled after similar studies in Pima and Maricopa Counties to allow comparisons and did not specifically involve mental health professionals in the manner described. He added that the mixed-methods study is still being analyzed and that findings related to co-occurring disorders, including among individuals experiencing homelessness, will be presented to the Advisory Board once finalized.

Member Labus commented on the difference between reported fentanyl use and fentanyl-related death rates and asked about the prevalence of polysubstance involvement in overdose deaths. Mr. Delise responded that polysubstance use is involved in a substantial proportion of overdose deaths, estimating that it accounted for more than half of cases. He noted that the most common combination contributing to overdose deaths is methamphetamine and fentanyl.

Member Klouse commented that emergency services in Boulder City sometimes has difficulty keeping naloxone in stock due to high demand, indicating that it was being widely distributed in the community. Mr. Delise noted that the Health District provides naloxone free of charge

to both individuals and organizations and emphasized the importance of broad access as an effective way to help prevent fatal overdoses.

Member Young asked whether the survey included questions about naloxone, such as awareness, access, carrying, or use of the medication. Mr. Delise responded that the survey questions focused on participants' awareness of naloxone and their familiarity with it.

2. Overview of the Healthcare Acquired Infection (HAI) Program; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Danielle Jamerson, Communicable Disease Supervisor; Larry Rogers, Environmental Health Manager; and Will Bendik, Laboratory Manager, presented an overview of the HAI program.

Member Labus noted similarities between the infection control challenges being discussed and issues previously observed during hotel room inspections, including cleaning and disinfection practices, and asked whether existing hotel inspection resources could help inform the program. Mr. Rogers responded that the program currently relies on guidance from ICAR assessments and CDC resources, which are more specifically tailored to healthcare settings, but agreed to consider whether lessons from hotel inspection processes could strengthen the program. Member Labus added that similar problems had been observed during past outbreak investigations, particularly regarding improper disinfection practices. Mr. Rogers noted that many of the reported issues resemble standard environmental health concerns and suggested there is an opportunity to improve infection prevention practices through education and corrective actions.

Member Klouse asked how the Health District collaborates with the Nevada Division of Public and Behavioral Health, given that healthcare facilities fall under the state's regulatory authority. Mr. Rogers explained that while the state retains regulatory oversight and provides funding for the program, the Health District has taken primary responsibility for conducting ICAR assessments and outreach activities, with the state serving as a resource when additional support is needed. Ms. Jamerson added that Disease Surveillance and Control maintains a close working relationship with state epidemiology teams through regular collaboration. She noted that the partnership balances the state's regulatory role with the Health District's relationship-based approach, allowing facilities to openly discuss challenges while both agencies work together to meet community needs.

Dr. Lockett noted that while the Nevada Health Care Quality and Compliance (HCQC) Division has regulatory authority to cite healthcare facilities, the Health District's role is primarily advisory and investigative. He discussed the importance of securing long-term funding and exploring legislative changes that would allow the program to remain sustainable, including the possibility of charging fees for investigations and expanding enforcement capabilities related to infection control measures. Dr. Lockett emphasized that the program, which is currently funded through the state public health fund, serves hundreds of facilities and requires additional resources to meet demand. He also highlighted the value of partnerships with state and federal agencies when addressing issues in higher-risk facilities and requested the Advisory Board's support for future funding and legislative initiatives. Member Klouse expressed support and asked that any proposed legislative changes be brought back to the Advisory Board for consideration.

Chair Osgood asked about trends in hospital-acquired infections, whether local hospitals were being impacted, and whether infection rates affected hospital accreditation. Ms. Jamerson responded that she could not speak about accreditation and noted that the Health District's involvement in this area only began this year. As a result, current data was limited, and the program currently relies on information provided by the state. She added that, over time, the program will collect its own data, which will help guide future prevention and response efforts.

Member Young asked why some healthcare facilities listed were not submitting directly to the Southern Nevada Public Health Laboratory (SNPHL) and whether factors such as cost or private contracts influenced that decision. Mr. Bendik explained that many hospital systems use external reference or contract laboratories, and while their data was still reported to SNPHL, they were not processed directly through the SNPHL. In response to questions about expanding participation, Mr. Bendik noted that integrating systems was often a lengthy process involving information technology departments, funding approvals, and coordination with large healthcare organizations. He shared that one hospital group was beginning implementation and that another large system has been in the process for nearly two years. Chair Osgood asked whether delays were related to decisions being made by corporate leadership outside Nevada. Mr. Bendik agreed that larger organizations typically require more layers of approval, and Dr. Lockett added that navigating regional and corporate healthcare systems can make obtaining approvals particularly challenging.

3. Update on Data Modernization and Artificial Intelligence; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Prut Udomwattawee, Public Health Informatics Supervisor, provided an update on data modernization and artificial intelligence.

Further to an inquiry from Member Young, Mr. Udomwattawee explained that Bedrock was currently in pilot testing, while Healow went live that day. Member Young expressed interest in receiving a future update on Healow, particularly regarding the no-show prediction model, including its anticipated benefits, real-world performance, and impact on clinic operations.

Further to an inquiry from Member Labus on a newer version than HL7 version 2 messaging standards, Mr. Udomwattawee responded that HL7 version 2.5.1 remained the current standard in use. Mr. Udomwattawee noted that current industry discussions were increasingly focused on FHIR, which provides more targeted access to needed data.

Member Labus inquired as to whether EpiTrax was developed in-house to replace Trisano. Mr. Udomwattawee explained that EpiTrax originated through the Utah Department of Health and that the Health District migrated from Trisano to EpiTrax. He noted that EpiTrax offers open API capabilities, making system integration and data exchange more efficient and expanding future opportunities. Mr. Udomwattawee also highlighted the adoption of newer EMSA standards, including planned implementation of EMSA 3, which will support electronic case reporting and improve the processing of public health data.

Chair Osgood raised concerns about reports in medical literature describing challenges with AI implementation and asked whether adequate quality control measures were in place to identify and correct errors in AI systems. Mr. Udomwattawee acknowledged that many organizations have struggled with AI projects and explained that the Health District was taking a cautious approach by focusing on practical use cases that can improve staff efficiency and demonstrate measurable value. He noted that early testing has shown promising results, including the use of AI for handwriting recognition and data extraction. Dr. Lockett agreed that concerns about AI accuracy and governance were valid and discussed the Health District's evaluation of ambient scribe technology within its electronic health record system. He explained that while technology showed potential to reduce administrative workload, it can also generate excessive documentation that required provider review and editing. Dr. Lockett emphasized that AI guardrails continue to evolve and that the Health District was carefully assessing how to use these tools while maintaining efficiency and supporting healthcare providers.

VIII. BOARD REPORTS: The Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Public Health Advisory Board unless that subject is on the agenda and scheduled for action. **(Information Only)**

There were no items raised.

IX. HEALTH OFFICER & STAFF REPORTS (Information Only)

- **DHO Comments**

Dr. Lockett informed the Advisory Board that the Health District was monitoring a multistate cyclospora outbreak affecting 31 states with 843 reported cases as of July 9. He explained that the parasite was primarily transmitted through contaminated food, particularly fresh produce, and causes symptoms including watery diarrhea, nausea, bloating, and gas, typically without vomiting or fever. Dr. Lockett noted that the infection can be diagnosed through stool testing and treated with antibiotics and emphasized that proper hand hygiene remained critical in preventing transmission. He further explained that cyclospora can be difficult to remove from produce because its outer structure allows it to adhere to surfaces, making thorough cooking the most effective method for eliminating the parasite. While no cases had been reported in Nevada at the time of the update, he stated that the Health District continues to closely monitor the ongoing investigation.

Dr. Lockett provided an update on the ongoing Ebola outbreak, noting that it has resulted in a significant number of cases and deaths and was projected to become one of the largest Ebola outbreaks on record. Although the current risk to the United States remained low, Dr. Lockett emphasized that uncertainty remains regarding the outbreak's future trajectory. He noted improvements in treatment capacity and laboratory testing in affected areas but described ongoing challenges related to healthcare capacity, transportation, and outbreak response efforts. Locally, he reported that the Health District was working closely with the CDC, monitoring travelers arriving from Uganda, and coordinating preparedness efforts with emergency management, healthcare facilities, resorts, and airport partners. He added that

response plans have been updated and a standardized process has been developed to guide the identification, evaluation, testing, and management of potential Ebola cases in Southern Nevada.

Dr. Lockett expressed appreciation for the Advisory Board's discussion regarding the HAI program and potential policy recommendations. He stated that staff may develop proposed legislative language related to the program and would welcome the Advisory Board's review and feedback before bringing recommendations forward to the Board of Health.

Dr. Lockett stated that staff will return to the Advisory Board with a more comprehensive analysis of the Epi-Aid findings to help inform future recommendations. He noted that preliminary data identified patterns related to public transportation use, including respondents reporting both substance use and connections to drug suppliers while using transit services. Dr. Lockett also reported that the Health District recently purchased approximately \$3 million in naloxone and fentanyl and xylazine test strips for distribution to community partners and organizations serving at-risk populations. In response to a question from Member Young about the longevity of the supply, Dr. Lockett explained that the purchase was made in anticipation of changing federal funding restrictions that may limit future purchases of certain harm-reduction supplies. He added that previous large-scale naloxone distribution efforts reached more than 80,000 two-dose kits and coincided with the first observed decline in overdose deaths in the community, underscoring the importance of continuing these prevention efforts.

Member Young asked whether healthcare facilities that do not use SNPHL had access to other local testing options. Dr. Lockett responded that laboratory testing operated through a collaborative partnership among reference laboratories, the state laboratory, and SNPHL.

- X. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held.

Seeing no one, the Chair closed this portion of the meeting.

XI. ADJOURNMENT

The Chair adjourned the meeting at 9:55 a.m.

Cassius Lockett, PhD, MS
District Health Officer/Executive Secretary

/acm