



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

July 24, 2025 – 9:00 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 Rooms A and B

MEMBERS PRESENT: Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*via Teams*)
Nancy Brune, Secretary – Council Member, City of Las Vegas (*via Teams*)
April Becker – Commissioner, Clark County (*in-person*)
Scott Black – Mayor Pro Tem, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)
Joseph Hardy – Mayor, City of Boulder City (*in-person*)
Monica Larson – Council Member, City of Henderson (*via Teams*)
Frank Nemec – At-Large Member, Physician (*in-person*)

ABSENT: Shondra Summers-Armstrong – Council Member, City of Las Vegas

ALSO PRESENT: Victoria Abramowi, Linda Anderson, Toluwanimi Babarinde, Christopher
(In Audience) Boyd, Cynthia Corso, Tiffany Corso, Aika Dietz, Cade Grogan, Megan
Quintana, Evan Sommer

EXECUTIVE SECRETARY: Cassius Lockett, PhD, District Health Officer

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

STAFF: Adriana Alvarez, Emily Anelli, Tonia Atencio, Jacqueline Ayala, Maria Azzarelli,
Sean Beckham, Tawana Bellamy, Haley Blake, Amanda Brown, Lori Bryan,
Nicole Bungum, Cory Burgess, Daniel Burns, Nikki Burns-Savage, Nancy
Cadena, Belen Campos-Garcia, Nicole Charlton, Melissa Constantin, Andria
Cordovez Mulet, Rebecca Cruz-Nanez, Liliana Davalos, Aaron DelCotto,
Amanda DiGoregorio, Lauren DiPrete, Tabby Eddleman, Rayleen Earney, Lisa
Falkner, Xavier Foster, Jason Frame, Kimberly Franich, Nicholas Gabler, Joe
Ginty, Xavier Gonzales, Jacques Graham, Roberto Griffin, Heather Hanoff,
Maria Harris, Amineh Harvey, Richard Hazeltine, Valerie Herzog, Raychel
Holbert, Carmen Hua, Dan Isler, Danielle Jamerson, Jessica Johnson, Theresa
Ladd, Heidi Laird, Dann Limuel Lat, Josie Llorico, Randy Luckett, Sandy
Luckett, Cassondra Major, Anil Mangla, Blanca Martinez, Eric Matesen, Marco
Mendez, Kimberly Monahan, Deborah Moran, Kristina Moreno, Corey
Morrison, Todd Nicolson, Semilla Neal, Brian Northam, Kyle Parkson, Neleida
Pelaez, Lilliana Posocco, Luann Province, Emma Rodriguez, Larry Rogers,
Alexis Romero, Kim Saner, Chris Saxton, Dave Sheehan, Karla Shoup,
Cameron Smelcer, Randy Smith, Angel Stachnik, Ronique Tatum-Penegar,
Candyce Taylor, Rebecca Topol, Greg Tordjman, Danielle Torres, Renee

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:02 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

Ms. Cordovez Mulet administered the Oath of Office to Member Becker, Member Black, Member Brune, Member Gallo, Member Hardy and Member Kirkpatrick.

IV. RECOGNITIONS

1. Tabby Eddleman, Heidi Laird, Dr. Cassius Lockett, Dr. Jessica A. Penney, Dr. Cheryl Radeloff, Angel Stachnik and Dr. Ying Zhang

- Co-authored the published article “*Missed Opportunities for Congenital Syphilis Prevention — Clark County, Nevada, 2017–2022*” in the CDC Morbidity and Mortality Weekly Report (MMWR)

The Chair recognized Tabby Eddleman, Heidi Laird, Dr. Cassius Lockett, Dr. Jessica A. Penney, Dr. Cheryl Radeloff, Angel Stachnik and Dr. Ying Zhang for co-authoring the published article “*Missed Opportunities for Congenital Syphilis Prevention — Clark County, Nevada, 2017–2022*” in the CDC Morbidity and Mortality Weekly Report. Health District surveillance data on syphilis cases identified in pregnant females during 2017–2022 were analyzed to identify missed opportunities for congenital syphilis prevention in Clark County. It was noted that the lack of prenatal care was a barrier to timely syphilis testing and treatment, and that encounters in nontraditional settings such as emergency departments, could provide an opportunity for timely testing and, if linked to timely treatment, might help prevent congenital syphilis. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this publication.

2. Southern Nevada Health District – July Employees of the Month

- Tonia Atencio and Kristina Moreno

The Chair recognized the July Employees of the Month; Tonia Atencio, Community Health Worker in the Southern Nevada Community Health Center, and Kristina Moreno, Environmental Health Specialist II. The Health District, and the Board of Health, recognized those employees that went above and beyond for the Health District and our community and that best represented the Health District’s C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

3. Southern Nevada Health District – Manager & Supervisor of the Quarter

- Lauren DiPrete and Corey Morrison

The Chair recognized the Manager and Supervisor of the Quarter; Lauren DiPrete, Environmental Health Supervisor, and Corey Morrison, Facilities Manager. Each quarter two individuals are selected, as nominated by staff, to recognize leadership, teamwork efforts, ideas, or accomplishments, and best represent the Health District's C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

- V. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment period.

VI. ADOPTION OF THE JULY 24, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Hardy, seconded by Member Nemec, and carried unanimously to approve the July 24, 2025 Agenda, as amended.

- VII. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health 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/BOARD OF HEALTH MEETING: June 26, 2025 *(for possible action)*

A motion was made by Member Hardy, seconded by Member Black, and carried unanimously to approve the July 24, 2025 Consent Agenda, as presented.

- VIII. PUBLIC HEARING / ACTION:** Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

There were no items heard.

IX. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve the Officers (Chair, Vice-Chair and Secretary) of the Southern Nevada District Board of Health for a One Year Term Beginning July 1, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The summary of the nomination and interest forms regarding the officer positions for the Board of Health was presented. After discussion, the following motion was made:

A motion was made by Member Kirkpatrick, seconded by Member Hardy, and carried unanimously to approve the appointment of Scott Black as Chair, Frank Nemec as Vice-Chair, and Joe Hardy as Secretary for the Southern Nevada District Board of Health for FY2026.

2. **Receive, Discuss and Approve the Officers (Chair and Vice-Chair) of the Public Health Advisory Board for a One Year Term Beginning July 1, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The summary of the nomination and interest forms regarding the Public Health Advisory Board was presented. After discussion, the following motion was made:

A motion was made by Member Hardy, seconded by Member Black, and carried unanimously to approve the appointment of Kenneth Osgood as Chair, and Susan VanBeuge as Vice-Chair for the Southern Nevada District Board of Health Public Health Advisory Board for FY2026.

3. **Presentation from Aika Dietz, Student Attorney, UNLV William S. Boyd School of Law, Poverty Law, and Policy Clinic, on Long-Term COVID-19 in Congregate Housing in Clark County;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Aika Dietz, Student Attorney with the Poverty Law and Policy Clinic at the UNLV William S. Boyd School of Law, presented the Clark County commissioned research paper on Long-Term COVID-19 in Congregate Housing. Ms. Dietz advised that the research project was commissioned by Commissioner Tick Segerblom to provide options on how to better support homeless individuals.

The Chair requested clarification of the information presented as the data was countrywide as opposed to data specific to southern Nevada. The Chair noted that there were no longer many congregate shelters in southern Nevada. Ms. Dietz advised that the research paper addressed the lack of specific data on long COVID in Nevada, particularly in southern Nevada and Clark County. A proposed long-term solution was to better understand the local impact of long COVID by: (i) collecting and tracking state- and county-specific data, (ii) training healthcare providers, (iii) raising public awareness, and (iv) coordinating with workforce, housing, and healthcare sectors. Ms. Dietz advised that a key recommendation was to establish a dedicated long COVID task force in Clark County, involving the health department, medical professionals, universities, housing, and workforce agencies, and long COVID patients. The task force could monitor cases, assess community needs, and guide future interventions.

Member Nemec commented that there was currently limited understanding of Long COVID prevalence in the community, especially as symptoms like fatigue overlap with other pre-existing conditions. The widespread presence of COVID antibodies further complicates diagnosis. A focused study—ideally involving collaboration between the School of Medicine, the Health District, and the Poverty Law and Policy Clinic—would be valuable in clarifying these issues and guiding effective responses.

Member Hardy noted that diagnosing Long COVID as complex due to symptoms overlapping with other conditions, and that focus should shift toward actionable solutions—what treatments are effective and what can be done to help. A streamlined list of evidence-based interventions would be more valuable than an exhaustive list of symptoms. Member Hardy requested a copy of the presentation and suggested it be shared to support broader awareness and understanding.

Member Bond expressed support in Member Nemec’s comments regarding further investigation. Member Bond noted that many individuals with long COVID struggle to be taken seriously and simply knowing that there is support and a commitment to understanding this condition can make a significant difference.

Member Gallo commented, from being based in a senior community, that she has noticed a surprising number of residents being diagnosed with Lyme disease. Given the significant impact COVID-19 had in the Mesquite area, Member Gallo wondered if some of the cases might be misdiagnosed. Ms. Dietz responded, as Member Nemec noted, that diagnosing long COVID often involved a process of exclusion, with conditions like Lyme disease identified first. Ms. Dietz noted that nationally, this pattern of misdiagnosis was recognized, though it was unclear whether the same trend was occurring in Nevada.

The Chair noted that forming new task forces for long COVID research was challenging due to statewide financial constraints, however there were opportunities to build on existing community efforts. The Chair advised that, for example, during the pandemic, a group of Asian community physicians and UMC created a learning-focused initiative, which could potentially be re-engaged. Additionally, UNLV’s medical school could be approached to incorporate long COVID into continuing education or awareness programs. The Chair further noted that the key challenge remained data collection. The Chair suggested that by asking targeted questions—such as how many times an individual has had COVID—could help identify patterns, especially among those who experienced multiple infections and vaccinations. The Chair commented that if specific data points were identified, intake forms could be updated to support more effective tracking and research. Ms. Dietz confirmed that she will prepare supplemental information and provide it to the Chair. Member Bond noted that direct engagement with patients experiencing long COVID could offer critical insights that quantitative data alone may not capture. The Chair confirmed that she would work with UMC to send a notice to their patients on whether they would be interested in being part of a study.

- X. **BOARD REPORTS:** The Southern Nevada District Board of Health 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 Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. **(Information Only)**

There were no items raised.

XI. **HEALTH OFFICER & STAFF REPORTS (Information Only)**

- DHO Comments

In addition to the written report, Dr. Lockett advised that the first West Nile virus-positive mosquito has been identified this season, which was detected in 1 of 38 mosquitoes in one pool tested. Dr. Lockett noted that it may indicate a delayed onset of activity, but it was a development worth monitoring closely.

Dr. Lockett advised that the Health District officially closed separate *Legionella* outbreaks at The Grandview and South Point facilities, with final reports pending. Additionally, the number of travel-associated Legionnaires' disease cases linked to Harrah's Laughlin has increased to three, all of whom were hospitalized—two have recovered, and one remains hospitalized at the time it was reported. Environmental sampling at the facility returned multiple positive results, and remediation efforts were underway. Separately, the Health District was investigating two cases of Legionnaires' disease at Harrah's Las Vegas that were reported within the past 12 months. Dr. Lockett advised that, while this was not classified as an outbreak, testing was ongoing, and results were pending.

Dr. Lockett advised that on July 14, 2025, the US Department of Health and Human Services issued a significant reinterpretation of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), that was first enacted in 1996. The new policy reclassified several Department of Health and Human Services programs as Federal Public Benefits, including Federally Qualified Health Centers (FQHC) and Title X Family Planning, which would restrict access for undocumented individuals to these programs. Dr. Lockett advised that the Health District was monitoring the potential impact on the Southern Nevada Community Health Center (SNCHC) patients. Dr. Lockett noted that three service categories remained exempt: (i) immunizations, (ii) communicable disease screening and testing, and (iii) emergency Medicaid. Dr. Lockett noted an unintended consequence of this new policy could be an increase in emergency department visits. Dr. Lockett noted that the Health District was committed to protecting public health and will continue to serve all individuals regardless of immigration status within the boundaries allowed by federal and state law. Randy Smith, Chief Executive Officer of the SNCHC, confirmed that of the SNCHC uninsured patient population, there was no specific knowledge of their immigration status. Mr. Smith confirmed that federal resources could not be used to serve undocumented patient. Mr. Smith advised that the SNCHC generates program income from billable services. The Board expressed concern about the new policy and requested regular updates. Dr. Lockett advised that the sliding fee schedule would still apply if we were to use other funding sources that were not federal funding sources. Dr. Lockett further advised that also due to these restrictions, 340B discounts would no longer apply, which would mean increased drug prices. The Chair commented on the need for a payer mix and expressed concern about the potential impact of this new policy. The Chair confirmed that the Board would be committed to retaining the SNCHC. Dr. Lockett was confident in ensuring the community will continue to be vaccinated

and screened for communicable disease, through the Public Health and Preventive Care Division and Disease Surveillance and Control Division. Dr. Lockett advised that Mr. Smith was in communication with the Nevada Primary Care Association, which was actively discussing this issue. The Chair requested a written update in approximately two weeks, along with regular updates as they become available. Further to Member Nemec's request regarding the messaging to the public, Mr. Smith advised that staff were currently working on the response, which will emphasize the public health implications. Further to an inquiry from Member Hardy, Mr. Smith advised that as SNCHC was within the Health District, it would be required to assess eligibility. Dr. Lockett confirmed that he directed the Deputy District Health Officer-Administration to review the financial implications. Dr. Lockett confirmed that he will update the Board as information becomes available. Further, Dr. Lockett agreed to speak with other local health authorities that also have FQHCs.

- Rising Temperatures: Rising Responsibilities – How SNHD Safeguards Staff from Heat Illness

Ruby Rosano, Safety Officer, provided an overview of the Health District's efforts in protecting employees working in high heat conditions.

The Chair noted that the Health District's main facility was located on a heat island, where surrounding asphalt contributes to temperatures rising by 10–15 degrees. Previous evaluations suggested misting systems as a cooling solution were not supported by the water district. Alternative strategies, such as cool paving or increased tree coverage, should be explored. These could improve conditions for employees and clients walking long distances across the parking lot. If a list of viable options was available, the Chair agreed to assist in identifying potential grant opportunities to support implementation.

Ms. Rosano advised that any ideas would be shared through Dr. Lockett. Ms. Rosano further advised that some programs have already implemented effective strategies, particularly with back-to-school immunizations. For instance, the Red Rock Conference Room has been utilized as an indoor waiting area to avoid long outdoor lines. The teams have demonstrated a proactive approach, consistently exploring practical solutions. Dr. Lockett confirmed that staff will develop a wish list to share with the Board.

- Barbershop Health Outreach Project (BSHOP) and Beauty Shop Outreach Project (BeSHOP)

Amineh Harvey, Senior Health Educator, provided an overview of the Barbershop Health Outreach Project (BSHOP) and Beauty Shop Outreach Project (BeSHOP). This presentation was a request from Member Summers-Armstrong.

XII. INFORMATIONAL ITEMS

1. Board of Health and Public Health Advisory Board
 - A. Letter from the City of Boulder City reappointing Mayor Joe Hardy as member of the Southern Nevada District Board of Health and reappointing Paul Klouse as the Public Health Advisory Board representative, both for the term July 1, 2025 – June 30, 2027.
 - B. Letter from Clark County reappointing Commissioner Marilyn Kirkpatrick and Commissioner April Becker as members of the Southern Nevada District Board of Health, both for the term July 1, 2025 – June 30, 2027.

- C. Letters from the City of Las Vegas reappointing Councilwoman Nancy Brune and Councilwoman Shondra Summers-Armstrong as members of the Southern Nevada District Board of Health, and reappointing Jennifer Young as the Public Health Advisory Board representative, all for the term July 1, 2025 – June 30, 2027.
- D. Letters from the City of Mesquite reappointing Councilwoman Pattie Gallo as member of the Southern Nevada District Board of Health for the term July 1, 2023 – June 30, 2025.
- E. Letters from the City of North Las Vegas reappointing Mayor Pro Tempore Scott Black as member of the Southern Nevada District Board of Health, for the term July 1, 2025 – November 30, 2026, and reappointing Ronald Kline as the Public Health Advisory Board representative, both for the term July 1, 2025 – June 30, 2027.

2. Monthly Reports

- A. Administration Division Monthly Activity Report
- B. Community Health Division Monthly Activity Report
- C. Community Health Center (FQHC) Division Monthly Report
- D. Disease Surveillance and Control Division Monthly Activity Report
- E. Environmental Health Division Monthly Activity Report
- F. Public Health & Preventive Care Division Monthly Activity Report

- XIII. 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. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

XIV. ADJOURNMENT

The Chair adjourned the meeting at 10:51 p.m.

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



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

July 24, 2025 – 9:00 A.M.

Meeting will be conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room

NOTICE

Microsoft Teams:

<https://events.teams.microsoft.com/event/379fc554-9362-444e-b0e9-b1bcfd6a7236@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 488 931 106#

NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
 - The Board may combine two or more agenda items for consideration.
 - The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
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I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

IV. RECOGNITIONS

1. Tabby Eddleman, Heidi Laird, Dr. Cassius Lockett, Dr. Jessica A. Penney, Dr. Cheryl Radeloff, Angel Stachnik and Dr. Ying Zhang

- Co-authored the published article “*Missed Opportunities for Congenital Syphilis Prevention — Clark County, Nevada, 2017–2022*” in the CDC Morbidity and Mortality Weekly Report (MMWR)

2. Southern Nevada Health District – July Employees of the Month

- Tonia Atencio and Kristina Moreno

3. Southern Nevada Health District – Manager & Supervisor of the Quarter

- Lauren DiPrete and Corey Morrison

V. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state and spell your name for the record. If any member of the Board wishes to extend the

length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 488 931 106#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

VI. ADOPTION OF THE JULY 24, 2025 AGENDA *(for possible action)*

VII. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health 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.

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IX. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Approve the Officers (Chair, Vice-Chair and Secretary) of the Southern Nevada District Board of Health for a One Year Term Beginning July 1, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Approve the Officers (Chair and Vice-Chair) of the Public Health Advisory Board for a One Year Term Beginning July 1, 2025;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Presentation from Aika Dietz, Student Attorney, UNLV William S. Boyd School of Law, Poverty Law and Policy Clinic, on Long-Term COVID-19 in Congregate Housing in Clark County;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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- DHO Comments
- Rising Temperatures: Rising Responsibilities – How SNHD Safeguards Staff from Heat Illness
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XII. INFORMATIONAL ITEMS

1. Board of Health and Public Health Advisory Board

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- E. Letters from the City of North Las Vegas reappointing Mayor Pro Tempore Scott Black as member of the Southern Nevada District Board of Health, for the term July 1, 2025 – November 30, 2026, and reappointing Ronald Kline as the Public Health Advisory Board representative, both for the term July 1, 2025 – June 30, 2027.

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XIII. 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. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

XIV. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices

include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

June 26, 2025 – 9:00 a.m.

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Red Rock Trail Rooms A and B

MEMBERS PRESENT: Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*in-person*)
Nancy Brune, Secretary – Council Member, City of Las Vegas (*in-person*)
Scott Black – Mayor Pro Tem, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*in-person*)
Pattie Gallo – Mayor Pro Tem, City of Mesquite (*via Teams*)
Monica Larson – Council Member, City of Henderson (*in-person*)
Frank Nemec – At-Large Member, Physician (*in-person*)
Shondra Summers-Armstrong – Council Member, City of Las Vegas (*via Teams*)

ABSENT: April Becker – Commissioner, Clark County
Joseph Hardy – Mayor, City of Boulder City

ALSO PRESENT: Vincentiu Anghel, Christopher Boyd, Cara Evangelista, Madonna Gardner,
(In Audience) Jhordimae Hernandez, Allison Herzik, Dale Martin, Bradley Mayer, Jose Jaime Morales, Brisa Stephani

EXECUTIVE SECRETARY: Cassius Lockett, PhD, District Health Officer

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

STAFF: Marco Aguilar, Adriana Alvarez, Emily Anelli, Maria Azzarelli, Tanja Baldwin, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Amanda Brown, Lori Bryan, Cory Burgess, Daniel Burns, Victoria Burris, Nancy Cadena, Belen Campos-Garcia, Andria Cordovez Mulet, Susie Crutchfield, Rebecca Cruz-Nanez, Cherie Custodio, Gerard Custodio, Brandon Delise, Lisa Falkner, Jason Frame, Xavier Gonzales, Jacques Graham, Roberto Griffin, Richard Hazeltine, Valerie Herzog, Carmen Hua, Dan Isler, Jessica Johnson, Sabine Kamm, Seth Knowlton, Nami Kremer, Heidi Laird, Dann Limuel Lat, Sandy Luckett, Cassandra Major, Anil Mangla, Blanca Martinez, Geoff Melly, Eric Matesen, Marco Mendez, Kimberly Monahan, Samantha Morales, Kristina Moreno, Todd Nicolson, Brian Northam, Kyle Parkson, Luann Province, Yin Jie Qin, Cheryl Radeloff, Sfurti Rathi, Emma Rodriguez, Larry Rogers, Alexis Romero, Kim Saner, Aivelhyn Santos, Chris Saxton, Karla Shoup, Jennifer Sizemore, Cameron Smelcer, Randy Smith, Jacqueline Sripamong, Rosanne Sugay, Ronique Tatum-Penegar, Will Thompson, William Thompson, Rebecca Topol, Danielle Torres, Renee Trujillo, Shylo Urzi, Jorge Viote, Lauren Weber, Donnie Whitaker, Edward Wynder, Merylyn Yegon, Gabrielle, Yup, Ying Zhang

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:03 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. Danielle Jamerson

- First Place – Oral Presentation [Addressing Health Disparities among those Affected by Communicable Diseases: A Partnership with Disease Investigation Teams and a Family Resource Center] – Nevada Public Health Association

The Chair recognized Danielle Jamerson for being awarded first place for the presentation *“Addressing Health Disparities among those Affected by Communicable Diseases: A Partnership with Disease Investigation Teams and a Family Resource Center”* by the Nevada Public Health Association. Presentations were scored based on content, public speaking skills, and ability to answer questions from the audience. This presentation showcased the efforts of SNHD, and local partners, that successfully facilitated connections between clients affected by communicable disease to resources that address social determinants of health. This project demonstrated a successful approach to including wrap-round services during disease investigation and was shown to have benefited clients identified in high need zip codes. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this award.

Member Summers-Armstrong joined the meeting at 9:07 a.m.

2. Samantha Morales

- First Place – Creación Sobre Traducción: Creating Culturally Competent Training for Latino Audiences – Nevada Public Health Association

The Chair recognized Samantha Morales for being awarded first place for the presentation *“Creación Sobre Traducción (Creation over Translation): Creating Culturally Competent Training for Latino Audiences”* by the Nevada Public Health Association. As mentioned, presentations were scored based on content, public speaking skills, and ability to answer questions from the audience. This presentation showcased the extensive efforts of SNHD to create a culturally adapted version of an existing state-required training. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this award.

3. Brandon Delise, Jessica Johnson, Dr. Cassius Lockett and Dr. Ying Zhang

- Co-authored the published article *“Drug use and harm reduction practices of applicants to a public health vending machine service in Clark County, NV, 2021-2023”* in the Harm Reduction Journal

The Chair recognized Brandon Delise, Jessica Johnson, Dr. Cassius Lockett and Dr. Ying Zhang for co-authoring the article, “*Drug use and harm reduction practices of applicants to a public health vending machine service in Clark County, NV, 2021-2023*” in the Harm Reduction Journal. The study examined the demographics and drug use profiles of individuals that used the public health vending machines between January 2021 to June 2023 with comparison to nation-wide trends. The study concluded that demographic and drug use behaviors are consistent with county and nation-wide. It was noted that public health vending machines could be pivotal tools in the early detection of new risks to facilitate timely adaptation of harm reduction strategies. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this publication.

4. Kristina Moreno, Lauren Weber and Adriana Hemberger

Recognition from the Levy Restaurants for exceptional support during the Electric Daisy Carnival (EDC) 2025

The Chair recognized Kristina Moreno, Lauren Weber and Adriana Hemberger for their recognition from Levy Restaurants for their exceptional support during the Electric Daisy Carnival (EDC). Levy Restaurants commended staff on their preparedness, adaptability, and willingness to collaborate across agencies, corporations, and food vendors to address the unique public health demands of the event. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

5. Southern Nevada Health District – June Employees of the Month

- Jennifer Loysaga and Kacie Washburn

The Chair recognized the June Employees of the Month; Jennifer Loysaga, Administrative Assistant in the Ryan White Program in the Southern Nevada Community Health Center, and Kacie Washburn, Disease Data Collection Specialist II in the Disease Surveillance and Control Division. The Health District, and the Board of Health, recognized those employees that went above and beyond for the Health District and our community and that best represented the Health District’s C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

The Chair recognized Ms. Cordovez Mulet for her continued assistance with the Board to ensure smooth meetings and for ensuring that employee recognitions are thoughtful, personal, and outline staff contributions to the Health District.

- IV. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment period.

V. ADOPTION OF THE JUNE 26, 2025 MEETING AGENDA *(for possible action)*

The presentation “Rising Temperatures: Rising Responsibilities – How SNHD Safeguards Staff from Heat Illness” under Item X was moved to a future meeting.

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the June 26, 2025 Agenda, as amended.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health 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/BOARD OF HEALTH MEETING:** May 22, 2025 *(for possible action)*
- 2. PETITION #35-25: Approval of insurance coverage renewals for Southern Nevada Health District’s Commercial Property, Automobile, General Liability, and Professional Liability for policy period 07/01/2025 – 07/01/2026;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #36-25: Approval of the Addition to the SNHD Employee Handbook to include Pawternity to Bereavement Leave;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. PETITION #37-25: Approval of Workers’ Compensation Insurance Agreement renewal between the Southern Nevada Health District and Risk Administration Services (RAS) for policy period 07/01/2025-06/30/2026;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Black, seconded by Member Brune, and carried unanimously to approve the June 26, 2025 Consent Agenda, as presented.

VII. PUBLIC HEARING / ACTION: Members of the public are allowed to speak on Public Hearing / Action items after the Board’s discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

- 1. Variance Request for an Application to Construct a Septic System located at 565 Straight St., Las Vegas, NV 89110 with the following provisions: 1) allow installation of a new denitrification septic system on an undersized lot;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an application to Construct a Septic System located at 565 Straight St., Las Vegas, NV 89110 with the following provisions: 1) allow installation of a new denitrification septic system on an

undersized lot. Mr. Isler advised that this was a re-application from a previously approved application by the Board in August 2022. Mr. Isler advised that the petitioner was not able to meet the condition that required construction of the system within one year. Mr. Isler advised that the property had an existing septic system on a lot that is 0.47 acres and has a private well. The petitioner would like to replace the septic system. Mr. Isler advised that the nearest sewer connection was more than 700 feet away. Mr. Isler advised that staff was proposing that the petitioner install a nitrogen removal system due to the water quality test showing a high nitrate level. Mr. Isler confirmed that staff was recommending approval of the variance, with conditions.

Dale Martin, representative for the petitioner, was in attendance. Further to an inquiry from the Chair regarding the reasons that the petitioner did not comply with the previous condition, Mr. Martin advised that the petitioner experienced financial issues due to COVID-19 and his employment. Mr. Martin advised that the petitioner opted to pursue a denitrification system to enhance the system at a greater cost than a regular septic system. Mr. Martin further confirmed that the petitioner was willing to install the denitrification system within the next two months, if approved by the Board. Further to an inquiry from the Chair, Mr. Isler advised that the homeowner was responsible for ensuring the proper maintenance of the system. Mr. Martin advised that he was a licensed provider and maintained most of the denitrification systems in Las Vegas. Further Mr. Martin confirmed that the petitioner understood that the denitrification system was an ongoing commitment to maintain.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the Public Comment.

A motion was made by Member Brune, seconded by Member Nielson, and carried unanimously to approve the Variance Request for an application to construct a septic system located at 565 Straight St., Las Vegas, NV 89110 with the following provisions: 1) allow installation of a new denitrification septic system on an undersized lot, with the following conditions:

- 1. Petitioner will install an advanced treatment system in lieu of a conventional septic system.*
- 2. Petitioner and their successors in interest must ensure the advanced treatment system will be maintained for the life of the system. Petitioner and their successors must maintain an active maintenance agreement and provide testing to SNHD annually for the life of the system.*
- 3. Petitioner and their successors in interest shall abide by all local government regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
- 4. Petitioner and their successors in interest must abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*
- 5. Construction of the ISDS must be commenced within one (1) year of the date hereof. If the construction has not been commenced within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and*

approved for an extension of time prior to the expiration date by Petitioner or Petitioner's successors in interest.

VIII. REPORT / DISCUSSION / ACTION

1. PETITION #33-25 – Approval of Augmentation to the Southern Nevada Health District FY2025 Budget; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer, presented the resolutions regarding the budget augmentation, as follows:

- **Resolution #03-25**
 - General Fund: Increase of the General Fund expenditure Budget by \$1,312,900, thereby increasing its appropriation from \$110,559,770 to \$111,872,670
- **Resolution #04-25**
 - Grant Fund (Special Revenue): Decrease of the Grant Fund (Special Revenue) expenditure budget by \$22,730,346, thereby decreasing its appropriation from \$85,231,149 to \$62,500,803

The Chair noted that vacancy savings helped retain staff that were on the reduced grants. Ms. Whitaker noted that with the vacancies of some positions, there was a reduction in salaries and benefits for this augmentation. Dr. Lockett noted that the Health District was trying to save as many employees as possible and not make any kind of reduction. Dr. Lockett thanked the Chair and the Governor's Office for the State Public Health Fund, and Clark County for the additional property taxes, that will help retain a lot of positions that were on the grants that were reduced.

Further to an inquiry from the Chair on the Ending Fund Balance, Dr. Lockett advised that there was a strong possibility that the \$3M contingency in the FY26 budget would be used. Ms. Whitaker advised that there were invoices that would come in June that would require adjustments so there was some flexibility to cover those invoices. If those adjustments were not needed, then there was the potential to increase the estimated Ending Fund Balance.

Further to an inquiry from the Chair, Ms. Whitaker advised that this was the final augmentation for FY25, and that it was anticipated that an augmentation for FY26 would be brought earlier than normal to the Board. Dr. Lockett advised that some grants were being approved monthly since the FY25 federal budget was not yet approved.

Member Bond requested an update at the end of the review to review any changes related to grants. Dr. Lockett advised that the Health District was reaching out to our congressional delegation to make them aware of any proposed reduction in funding. Heather Anderson-Fintak, General Counsel, advised that Emma Rodriguez, Communications & Legislative Affairs Administrator, could address that during the Legislative Update.

A motion was made by Member Nielson, seconded by Member Brune, and carried unanimously to accept the recommendations from the Finance Committee and approve Petition #33-25 related to the Budget Augmentation to the Southern Nevada Health District (i) General Fund (Resolution #03-25) and (ii) Grant Fund (Special Revenue) (Resolution #04-25)

Budget for the Fiscal Year Ending June 30, 2025, as presented, to meet the mandatory financial requirements of NRS 354.598005.

- 2. Receive, Discuss, and Approve Clark County's Fiscal Year 2026 Budget Pages for SNHD's Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for Fund 7620;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker advised that Clark County increased the property tax revenue allocated to the Health District, which revised the Fiscal Year 2026 Budget that was previously approved by the Board. Ms. Whitaker advised that Clark County requested that the revision be presented to the Board for approval.

A motion was made by Member Nielson, seconded by Member Brune, and carried unanimously to approve the Clark County's Fiscal Year 2026 Budget Pages for SNHD's Schedules B for Funds 7050, 7060, 7070, 7090, and Schedules F-1 & F-2 for Fund 7620, as presented.

- 3. PETITION #34-25 – Receive, Discuss, and Approve Food Handler Card Fee Adjustment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Cory Burgess, Health Cards Supervisor, presented a fee increase proposal for the Food Handler Safety Training Cards, as follows:

- Increase to \$25 in Calendar Year 2026
- Increase to \$30 in Calendar Year 2027

Member Nemec left the meeting at 10:04 a.m.

Further to an inquiry from the Chair on whether the increase will assist with challenges to obtain an appointment, Mr. Burgess advised that there were no longer issues with individuals obtaining appointments. Mr. Burgess advised that the Health District offered a combination of advance appointments and same day appointments.

Member Nemec returned to the meeting at 10:09 a.m.

Member Bond recognized the need for the additional revenue; however, noted that the Food Handler Safety Training Card was a job entry requirement and the increase could cause a barrier for individuals. Mr. Burgess advised that there were a number of different organizations, employers, and agencies that issued vouchers to their clients to obtain the Food Handler Safety Training Card. Member Bond noted that individuals may be required to obtain a number of different cards to become employed. Member Black advised that there were a number of community resources available that were funded through state and local funds. Further, Member Black advised that there were also resources for individuals to obtain uniforms, footwear, and bus passes. Member Black noted that the intention was not to create barriers for individuals, but the Health District needs to be in a position to remain viable and have the required funding.

Member Nemec raised the possibility of an e-card. Mr. Burgess advised that if individuals came in person for their test they received a physical card. Mr. Burgess advised that, since July 2022, the Health District offers an online renewal that could be done every other renewal, which provides the individual with a certificate to be downloaded, printed or saved to their phone. Mr. Burgess advised that individuals were supposed to have their card with them while working. The Chair suggested that the Health District look into requiring individuals to have their cards with them while working. Mr. Burgess advised that work had commenced on the ability of a mobile version of the card that could be saved to a mobile wallet; however, the initiative did not proceed as many employers were insisting that their employees have a physical card with them while working. Member Nemec noted that the reason employers required a physical card was because the Health District required a physical card. Dr. Lockett confirmed that the requirement and technology would be further explored.

Member Nielson indicated that the program could not continue at a projected loss of revenue. Member Nielson suggested that the second increase take place in 2028 or 2029.

Further to an inquiry from the Chair, Mr. Burgess advised that his staff had the capacity to handle any renewals that came in December, before the potential fee increase.

Member Black noted that an annual general fund subsidy was required for the program to break even.

Member Summers-Armstrong left the meeting at 10:33 a.m.

A motion was made by Member Black, seconded by Member Bond, and carried unanimously to approve Petition #34-25 related to a fee adjustment for the Food Handler Safety Training Card and Certified Food Safety Manager Card, commencing January 1, 2026, an increase to \$25, and commencing January 1, 2028, an increase to \$30. Prior to the increase on January 1, 2028, the Board of Health has requested an update on the revenue changes from the increase and any concerns received regarding individuals that have expressed that the increase was a potential barrier to obtain employment.

- IX. BOARD REPORTS:** The Southern Nevada District Board of Health 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 Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. **(Information Only)**

The Chair requested the schedule of presentations to the Board on any proposed revisions to Environmental Health regulations.

X. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

In addition to the written report, Dr. Lockett advised that the Health District began the Back-to-School Immunization campaign in June to ensure that students were up to date on their required vaccines. Dr. Lockett advised that, from June through October 2024, the Health District administered a total of 3,495 vaccinations, which was an increase from the previous year. Dr. Lockett advised that the peak months were July and August. During July and August

2024, the Health District administered 2,334 vaccinations. Dr. Lockett noted that there may be a decline this year. Dr. Lockett advised that the Health District has expanded clinic hours, added Friday and Saturday appointments, and scheduled outreach events until the middle of August. Appointments are available at any of our locations (Main, East Las Vegas, Henderson, Mesquite, and Fremont), with flexible hours. Dr. Lockett advised that appointments be scheduled at www.snhd.info/bts or by calling 702-759-0850. Further, Dr. Lockett reminded that students that receive a vaccination early may qualify for free backpacks and school supplies, while supplies lasted.

Dr. Lockett outlined two unrelated outbreaks of Legionnaires' disease reported in Clark County. Dr. Lockett advised that the Health District has confirmed multiple cases linked to guests who stayed at The Grandview and the Southpoint, which met the CDC outbreak case definition. The Health District has received over 100 guest surveys and data analysis is ongoing at the moment. However, remediation efforts were also ongoing at both facilities. At The Grandview, there are three confirmed cases of Legionnaires' disease, one probable case, and six probable cases of Pontiac Fever. At the Southpoint, there are two confirmed cases of Legionnaires' cases, two probable cases, and 25 probable cases of Pontiac Fever. Dr. Lockett advised that these were unrelated investigations. Dr. Lockett advised that the Health District issued a health alert to local providers to increase clinical awareness.

- Oyster Outbreak Investigation

Dr. Geoff Melly, CDC Epidemic Intelligence Service Officer assigned to the Health District, provided an update on the recent oyster outbreak investigation.

Further to an inquiry as to the length of time it took to notify the public and initiate the recall, Dr. Melly advised that the Health District must be conservative. The initial report was that the oysters were consumed, but that did not conclusively identify the oysters as being associated with the norovirus. Dr. Rosanne Sugay, Medical Epidemiologist, outlined that the timeline did seem long; however, that it was typical in outbreak investigations. Dr. Sugay advised that the Health District receives many calls, so an outbreak is not considered until there are two separate notifications received. Dr. Sugay indicated that, with a meal, staff must take into consideration all the ingredients that could have possibly been involved. Dr. Sugay advised that it took time to determine or form a very strong association that it was actually the oysters that were associated with the norovirus. Dr. Lockett added that in the past the FDA would have tested the oysters; however, they do not participate in these investigations immediately any longer. Dr. Lockett advised that the Health District had to rely on the epidemiological investigation to make the linkage.

Member Larson left the meeting at 10:48 a.m.

Dr. Melly advised that the Health District had initial indication to the oysters, but were caution as there are multiple ways for an individual to get norovirus. Dr. Melly advised that contaminated food source was one of the less likely ways, and that it was more likely from cross-contamination from improper hand hygiene. Dr. Melly advised that they wanted to ensure that they were confident with their assessment.

Member Larson returned to the meeting at 10:52 a.m.

Further to an inquiry from the Chair regarding the timeframe of the oysters being removed voluntarily from service, Dr. Sugay advised that the Environment Health team was out within a day of receiving the complaint looking for the lot numbers and working with restaurants to remove them from being served.

- Legislative Report

Ms. Rodriguez addressed the earlier inquiry regarding outreach to congressional delegates. Ms. Rodriguez advised that letters have been sent regarding the proposed fundings cuts, specifically regarding potential elimination of funding on smoking and health, and the Healthy Start program. The letters outlined the programs, their contributions to the community, and the effects on individuals and families. A copy of the letters will be provided to the Board members.

Member Summers-Armstrong returned to the meeting at 11:01 a.m.

Ms. Rodriguez and Bradley Mayer, Argentum Partners, outlined the following bills that were signed into law:

- AB591 – State Public Health Funding – \$15 million statewide, per capita, non categorical public health funding; SNHD to receive \$10,786,480 for the biennium, equally split between FY26 and 27
- AB360 – Revises provisions relating to testing for sexually transmitted diseases. (Syphilis Testing)
- AB50 – Revises provisions relating to victims of a mass casualty incident. (Mass Casualty Database)
- AB325 – Revises provisions relating to artificial intelligence. (AI in Emergencies)
- AB76 – Revises provisions relating to cannabis. (Cannabis Consumption Lounges)
- AB326 – Revises provisions relating to the designation of hospitals as centers for the treatment of trauma. (Rural Access Hospital Trauma Designation)
- SB24 – Provides for the certification and regulation of emergency medical responders. (Emergency Medical Responders)
- AB104 – Revises provisions relating to water. (Water Rights)
- AB352 – Revises provisions relating to businesses. (Cottage Food & Cosmetics)
- SB466 – Revises provisions governing the authority of the State Department of Agriculture relating to food and water. (Department of Agriculture Transfer)
- AB211 – Revises provisions relating to substandard properties. (Substandard Properties)
- SB9 – Revises provisions relating to Medicaid. (Medicaid Claims)
- SB348 – Makes revisions relating to laboratory testing. (Newborn Screening Fees)
- SB494 – Makes revisions relating to health and human services. (Nevada Health Authority)
- AB394 – Authorizes the Board of Regents of the University of Nevada to require certain institutions to adopt emergency response plans related to opioid overdoses. (Opioid Emergency Response Plans in Higher Education)
- AB331 – Makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for a grant program to expand the biennial survey administered pursuant to the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services. (YRBS)
- AB444 – Revises provisions relating to governmental administration. (Regulation Notifications)

Member Nemec left the meeting at 11:11 a.m. and did not return.

- AB269 – Revises provisions relating to education. (Student Loan Repayment)

Ms. Rodriguez outlined the vetoed bills:

- SB295 – Revises provisions relating to food establishments. (Mobile Food Vendor)
- AB244 – Enacts prohibitions relating to the use of disposable foodware containers containing polystyrene foam by certain food establishments. (Styrofoam Ban)
- AB205 – Revises provisions governing sexual education. (Sexual Education Consent)

Ms. Rodriguez outlined the following legislation that did not advance:

- SB423 - Revises provisions governing public health. (Base Public Health Funding)
- SB435 - Revises provisions relating to nicotine products. (Vape Registry)
- AB536 - Revises provisions relating to tobacco. (Heated Tobacco Products)
- SB78 - Revises provisions relating to boards, commissions, councils and similar bodies. (State Licensing Board Overhaul)
- AB186 - Revises provisions governing pharmacists. (Expanded Authority for Pharmacists)
- SB118 - Revises requirements relating to coverage under Medicaid for certain services provided by pharmacists. (Medicaid Reimbursement for Pharmacists)
- AB297 - Revises provisions relating to Medicaid. (Postnatal Support)
- SB244 - Requires Medicaid to provide coverage of certain treatments for obesity. (Medicaid Obesity Treatment Coverage)

Member Bond requested a copy of the presentation.

Mr. Mayer thanked the Board for allowing him to be part of another legislative session on behalf of the Health District and advised the Board of the expertise and passion for public health by all Health District staff.

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as of March 31, 2025
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. Public Health & Preventive Care Division Monthly Activity Report

XII. 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. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

- XIII. CLOSED SESSION:** Go into closed session, pursuant to NRS 241.015(4)(c), to receive information from the Health District's Attorney, regarding potential or existing litigation involving a matter over which the Board has supervision, control, jurisdiction or advisory power, and to deliberate toward a decision on the matter, and direct staff accordingly. *(for possible action)*

The Chair started the Closed Session at 11:28 a.m.

The Chair closed the Closed Session at 12:05 p.m.

XIV. ADJOURNMENT

The Chair adjourned the meeting at 12:05 p.m.

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

Southern Nevada District Board of Health

FY25 – Board of Health Officers

Chair	Vice-Chair	Secretary
Marilyn Kirkpatrick	Scott Nielson	Nancy Brune

FY26 – Board of Health Officers – Nominations Received

Chair	Vice-Chair	Secretary
Scott Black x5 Scott Nielson x1	Scott Black x1 Marilyn Kirkpatrick x1 Frank Nemec x4	Joe Hardy x4 Frank Nemec x2

Public Health Advisory Board (PHAB)

FY25 – PHAB Officers

Chair	Vice-Chair
Kenneth Osgood	Susan VanBeuge

FY26 – PHAB Officers – Nominations Received

Chair	Vice-Chair
Holly Lyman Kenneth Osgood Susan VanBeuge	Kenneth Osgood Susan VanBeuge

THOMAS & MACK
HOOT COURT FACILITY

William S. Boyd Hall
Thomas & Mack Legal Clinic
Waller-Rogers Law Library
Sutman Center for Conflict Resolution

Long COVID in Congregate Housing: A Hidden Driver of Homelessness

THOMAS & MACK
LEGAL CLINIC
WALLER - ROGERS
LAW LIBRARY
SUTMAN CENTER FOR
CONFLICT RESOLUTION

About the Poverty Law & Policy Clinic (PLPC)

- The Poverty Law & Policy Clinic (PLPC) is a Thomas & Mack Legal Clinic at the William S. Boyd School of Law at the University of Nevada, Las Vegas (UNLV) founded and directed by Professor Rachel J. Anderson.
- The PLPC is a public-interest clinic that teaches law students how to use law and policy to help Nevadans with the greatest needs through hands-on learning experiences as student attorneys contributing to systemic change so that more Nevadans can live lives full of opportunity.
- Student attorneys in the PLPC work on issues that intersect with poverty, including housing insecurity, food insecurity and nutrition, health and mental health, education, disability, transportation, voting, environment, internet access, and criminalization. PLPC student attorneys' work includes conducting legal and policy research, drafting legal and policy documents, presenting results, and testifying before law-making, administrative, and other bodies.
- The PLPC works with government agencies, public officials, non-profit organizations, direct service providers, and other organizations, decision-makers, and groups.



Overview

- What is Long COVID?
- Long COVID as a Global Public Health Crisis
- Long COVID as an Economic Crisis
- Homeless and Long COVID
 - Long COVID Causes Homelessness
 - Long COVID Prolongs Homelessness
 - Reinfection and Congregate Housing
- So Why Now?
- Solutions



What is Long COVID?

- It is a public health crisis.
- It is an economic crisis.
- And for those experiencing homelessness, it is both a cause and a consequence.

Long COVID is a Global Public Health Crisis

- **400 million** people worldwide
- 2024 = **17 million people in the U.S.**
 - 200 symptoms
 - Highest rates of serious, persistent cognitive problems in the U.S. than any time in the last 15 years
- **76-90%** occur after **non-severe** illness
- **Only 6-9%** recover in 2-3 years



Mental Health

- Anxiety
- Depression
- Sleep problems
- Substance abuse



Respiratory System

- Cough
- Low blood oxygen
- Shortness of breath



Kidney

- Acute kidney injury
- Chronic kidney disease



Gastrointestinal

- Diarrhea
- Acid reflux
- Constipation



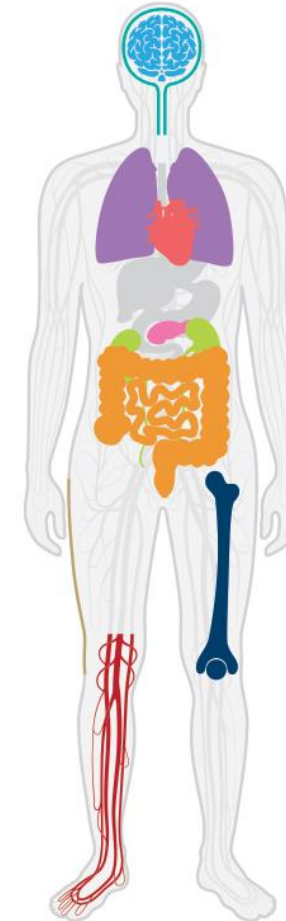
Skin Disorders

- Rash
- Hair loss



Blood Disorders

- Anemia
- Blood clots



Nervous System

- Stroke
- Headaches
- Memory problems
- Loss of smell and taste



Cardiovascular

- Arrhythmia
- Palpitations
- Heart failure
- Acute coronary disease



Metabolic/Endocrine

- Obesity
- Diabetes
- High cholesterol



Musculoskeletal

- Joint pain
- Muscle weakness



General

- Fatigue
- Malaise
- Mitochondrial dysfunction

Long COVID is an Economic Crisis

- 2024 = **1.5 billion work hours** lost in the U.S. (~\$152.6 billion)
- **5 years** of Long COVID = cost **\$3.7 trillion** in the U.S. economy in reduced quality of life, lost earnings, and increased medical spending
- **40% of 3,800** surveyed managers reported seeing long COVID in employees but only **58%** provided **workplace accommodations**
- Long COVID disproportionately impacts certain labor sectors: **low-wage workers**, farm workers, and those in education and the **service industry**

Homelessness and Long COVID

Long COVID impacts homelessness in two ways

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graph LR; A[Long COVID impacts homelessness in two ways] --> B[It can cause homelessness]; A --> C[It can prolong homelessness];
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It can **cause** homelessness

It can **prolong** homelessness

Long COVID Causes Homelessness

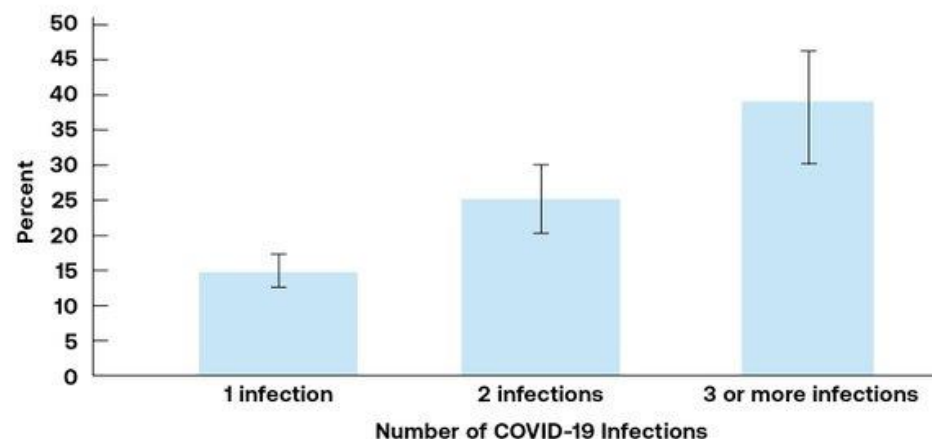
- Functional ability scores ranked **lower than stroke** and **were on par with those found in Parkinson's disease**
 - measuring ability to work, manage the household, engage in leisure, and maintain social relationships
- When illness interrupts income, housing becomes unstable—fast
- **Only 40%** = work full-time after 2 years
- **Over 50%** lose work hours = average income drop of 25%
- **2x** more likely to experience **housing insecurity**
 - Higher rates of food insecurity and difficulty paying utility bills.
- **Lower-income workers face greater risk** = more likely to get COVID, less likely to access treatment, and least able to absorb income loss



Long COVID Prolongs Homelessness

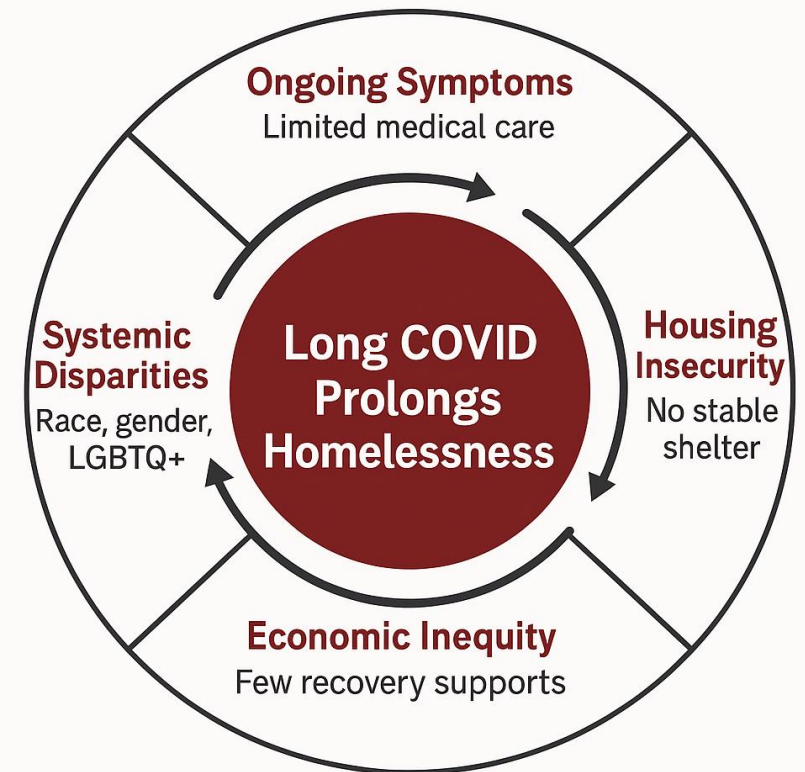
- Shelters are **not equipped** for chronic illness
- Poor ventilation → higher reinfection
- Reinfections = **higher risk** of **developing** and **more severe** Long COVID
 - Reinfections increase the rates of long-term health problems including heart, lung, and brain issues
 - Increased odds of poor immune health, including having many other infections and taking longer to recover from common infections

The risk of developing Long COVID
goes up with each new COVID infection



Long COVID: Compounding Inequities

- **Ongoing symptoms = care**
 - But not even hospitals can provide treatments for Long COVID
 - Only way to effectively mitigate is to prevent
- **Women, Black residents, Hispanic adults, disabled individuals, and LGBTQ+ people** are all more likely to get Long COVID *and* more likely to experience homelessness
 - 42% Black homeless population
 - 40% LGBTQ homeless youth



So Why Now and Why Clark County?: Federal Support Has Collapsed

- Several key federal initiatives have been reduced = **vacuum in leadership** and **resources** for Long COVID patients
 - Closure of HHS Long COVID office
 - Disbanding of the Long COVID advisory committee
 - Termination of NIH funded Long COVID research projects
 - Rescission of public heads funds affecting Long COVID support
- Clark County and Nevada authorities may be the **last line of defense** for Long COVID sufferers
- *“How do they live a life, if they can no longer care for themselves, and no medical solution is yet available?”*

The Solutions

Short-term: Air purifiers + high-quality masks

Long-term: Establishing a Long COVID task force

Short-Term: Air Purifiers + High-Quality Masks

- **Airborne** transmission is the **main** way that COVID-19 spreads
 - Testing also has limits. At-home tests have **high false negatives**
- HEPA filters **reduce** virus by 99%
 - King County pilot showed measurable success
- **Cost-effective:** saves ER visits, reduces spread, reduces reinfection and higher rates of Long COVID

Long-term: Establish a Long COVID Task Force

- Burden of Long COVID in Clark County + Nevada is insufficiently quantified:
 - Lack of **adequate medical data** and physician knowledge
 - Lack of **public knowledge**
 - Insufficient **state/county-specific data**
- Track cases and needs
- Train providers
- Coordinate with workforce and housing partners

State	Initiative Type	Key Actions	Policy Goal
Minnesota	Statewide Program (SF 2995, 2023)	- Community assessments- Epidemiologic investigations- Provider training	Understand local prevalence and improve clinical detection
New York	Department of Labor Study (SB S898, 2023)	- Labor market analysis- Legislative and executive policy recommendations	Address workforce attrition and economic impact
Massachusetts	Proposed Commission (HB 2147, 2023)	- Assess medical, mental health, financial, and social needs	Coordinate multisector response to Long COVID
Alabama	State-funded Study (SB 87, 2023)	- Funding for formal impact study	Build foundational knowledge for policy intervention
Colorado	Executive Appointment (2022)	- Appointed Senior Policy Advisor on Long COVID- Coordinated data collection and stakeholder outreach	Embed Long COVID strategy into health policy infrastructure

Thank you.

Poverty Law & Policy Clinic (PLPC)

Thomas and Mack Legal Clinic
4505 S. Maryland Parkway
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ABOUT THE POVERTY LAW & POLICY CLINIC

The Poverty Law & Policy Clinic (PLPC) is a Thomas & Mack Legal Clinic at the William S. Boyd School of Law at the University of Nevada, Las Vegas (UNLV) founded and directed by Professor Rachel J. Anderson. The PLPC is a public-interest clinic that teaches law students how to use law and policy to help Nevadans with the greatest needs through hands-on learning experiences as student attorneys contributing to systemic change so that more Nevadans can live lives full of opportunity. Student attorneys in the PLPC work on issues that intersect with poverty, including housing insecurity, food insecurity and nutrition, health and mental health, education, disability, transportation, voting, environment, internet access, and criminalization. PLPC student attorneys' work includes conducting legal and policy research, drafting legal and policy documents, presenting results, and testifying before law-making, administrative, and other bodies. The PLPC works with government agencies, public officials, non-profit organizations, direct service providers, and other organizations, decision-makers, and groups.

Memorandum

To: Tick Segerblom, Commission Chairman, Clark County
Beatriz Martinez, Chief of Staff for Commissioner Tick Segerblom, Clark County

From: Aika Dietz, Student Attorney, Poverty Law & Policy Clinic

Copy: George McMullin, Student Attorney, Poverty Law & Policy Clinic
Professor Rachel J. Anderson, Director, Poverty Law & Policy Clinic
Professor Angela Cook, Supervising Attorney, Poverty Law & Policy Clinic

Date: May 7, 2025

Re: Long-Term Covid-19 in Congregate Housing

Introduction

On January 22, 2024, Clark County and the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas, William S. Boyd School of Law entered into CBE No. 606844-23, Interlocal Agreement for Poverty Law and Policy Collaboration. This agreement sets forth a collaboration between Clark County and the Poverty Law & Policy Clinic (PLPC) to help people who are unhoused through various projects. The PLPC met with Clark County Commission Chair Tick Segerblom and his Chief of Staff Beatriz Martinez on January 23, 2025. At that meeting, Commissioner Segerblom and Chief of Staff Martinez stated that they would like our thoughts on how to help people facing housing

insecurity. This project was conceived by PLPC Certified Student Attorney Aika Dietz in spring 2025.

The CDC defines Long COVID as a constellation of symptoms that persist for at least four weeks after the initial illness. Most cases follow mild infections; studies estimate that 76% to 90% occur after non-severe illness.¹ Recovery is rare: only 6% to 9% of affected individuals fully recover within two to three years.² Clinically, Long COVID presents with extraordinary complexity.³ More than 200 symptoms have been documented, affecting nearly every major organ system.⁴ Common manifestations include profound fatigue comparable to Parkinson's disease⁵, significant cognitive impairment⁶, cardiovascular complications such as heart attacks and strokes⁷, respiratory difficulties⁸, and gastrointestinal disruption.⁹ The neurological effects—especially “brain fog”—have drawn particular concern.¹⁰ Studies suggest that Long COVID may cause cognitive decline equivalent to a decade of aging.¹¹ These neurological deficits often

¹ Patient-Led Research Collaborative, *Long COVID Awareness Day: 2025 Fact Sheet*, PATIENTRESEARCHCOVID19 (Mar. 2025), https://patientresearchcovid19.com/storage/2025/03/Long-COVID-Awareness-Day_-2025-Fact-Sheet.pdf.

² *Id.*

³ *Id.*

⁴ Ziyad Al-Aly et al., (2024). *Long-COVID Science, Research and Policy*. NAT. MED., 1–17.

<https://doi.org/10.1038/s41591-024-03173-6> (2024).

⁵ Gregory L. Willis, Takuyuki Endo & Saburo Sakoda, *Circadian Re-Set Repairs Long-COVID in a Prodromal Parkinson's Parallel: A Case Series*, 18 J. MED. CASE REPS. 496 (2024),

<https://jmedicalcasereports.biomedcentral.com/articles/10.1186/s13256-024-04812-9>.

⁶ Studies show that COVID-19 can shrink brain tissue, disrupt memory circuits, and slow down mental processing. Brain scans reveal actual physical changes, including damage to white matter—the brain's wiring system. Scardua-Silva et al., *Microstructural Brain Abnormalities, Fatigue, and Cognitive Dysfunction After Mild COVID-19*, SCI. REP. (2024); Jacqueline H. Becker, et al., *Assessment of Cognitive Function in Patients After COVID-19 Infection* (2021); Ziyad Al-Aly & Clifford J. Rosen, *Long Covid and Impaired Cognition —More Evidence and More Work to Do* (2024).

⁷ Yan Xie et al., *Long-Term Cardiovascular Outcomes of COVID-19*, 28 NAT. MED. 583 (2022),

<https://www.nature.com/articles/s41591-022-01689-3>.

⁸ Cong Dien Trinh et al., *Lung Abnormalities on Computed Tomography of Vietnamese Patients with COVID-19 and the Association with Medical Variables*, 10 IJID REG. 183 (2024), <https://pubmed.ncbi.nlm.nih.gov/38351902/>.

⁹ Hannah Meringer & Saurabh Mehandru, *Gastrointestinal Post-Acute COVID-19 Syndrome*, 19 NAT. REV. GASTROENTEROL. HEPATOL. 345 (2022), <https://doi.org/10.1038/s41575-022-00626-3>; Univ. of Okla. Coll. of Med., *Digestive Problems in Long COVID Linked to Psychological Trauma*, OU COLL. OF MED., <https://medicine.ouhsc.edu/news/article/digestive-problems-in-long-covid-linked-to-psychological-trauma-according-to-ou-college-of-medicine-research>.

¹⁰ Ali A. Asadi-Pooya et al., *Long-COVID Syndrome—Associated Brain Fog*, 94 J. MED. VIROL. 979 (2022).

¹¹ *Id.*

coincide with elevated rates of anxiety, depression, and post-traumatic stress disorder among survivors.¹²

Long COVID falls hardest on people who are already unhoused—exposing them to greater health risks and deeper barriers to recovery—therefore any serious effort to reduce homelessness in Clark County must include targeted measures to prevent, diagnose, and treat Long COVID for this too-often overlooked population. To assist the County’s decision-makers, this memorandum (1) highlights some of the latest research on Long COVID; (2) explains some of the interactions between Long COVID and poverty; and (3) identifies a possible two-tiered response—immediate deployment of portable HEPA air purifiers and high-quality masks in congregate shelters, followed by creation of a multidisciplinary Long COVID Task Force to collect data, train providers, and coordinate policy. The first section discusses the federal government’s withdrawal of leadership and resources for Long COVID. The second section discusses challenges associated with Long COVID’s nexus with homelessness. The third section identifies possible measures that could be implemented to reduce the spread of Long COVID in congregate housing.

1 Federal Withdrawal of Leadership and Resources for Long COVID

This section traces the federal government’s brief rise and recent retreat in Long COVID policy; explains how the resulting loss of research, coordination, and funding heightens both the legal exposure and public-health burden facing Clark County; and shows why the County may want to assume primary responsibility for protecting residents who suffer from this still-emerging condition.

Federal and state support for individuals suffering from Long COVID has historically been minimal, in large part because the condition is new and the medical community’s understanding of it is still evolving.¹³ The federal government made an initial investment in Long COVID research relatively early—allocating \$1.15 billion to the National Institutes of Health’s

¹² Yunhe Wang et al., *Long-Term Risk of Psychiatric Disorder and Psychotropic Prescription After SARS-CoV-2 Infection Among UK General Population*, 8 Nat. Hum. Behav. 1 (2024), <https://www.nature.com/articles/s41562-024-01853-4>.

¹³ See e.g., Danielle Hitch, *Why We Must Keep Using the Term 'Long COVID'*, INSIGHT+ (Apr. 8, 2024), <https://insightplus.mja.com.au/2024/13/why-we-must-keep-using-the-term-long-covid/>.

RECOVER program in December 2020.¹⁴ This early federal investment offered hope to patients and jump-started research efforts.¹⁵ Several federal efforts followed, including the establishment of an Office of Long COVID Research and Practice within the U.S. Department of Health and Human Services (HHS) in 2023 to coordinate a government-wide response.¹⁶ Still, these measures were limited in scope. No comprehensive long-term support system was put in place at the federal level. State-level programs were fragmented and inconsistent—typically offering limited assistance through pre-existing disability or public health frameworks rather than creating targeted stand-alone initiatives for Long COVID.¹⁷ Meaningful government support for Long COVID sufferers lagged behind the growing scale of the problem, as scientific knowledge was still catching up to the condition’s complexity.¹⁸

Although some momentum was built during 2020–2022, federal support has now dramatically receded.¹⁹ Several key federal initiatives have been reduced or terminated, contributing to a vacuum in leadership and resources at the national level, including closure of HHS’s Long COVID Office, disbanding of the Long COVID Advisory Committee, termination of NIH-funded Long COVID research projects, and rescission of public health funds affecting Long COVID support.

- **Closure of HHS’s Long COVID Office:** In March 2025, an internal HHS announcement confirmed that the Office of Long COVID Research and Practice will be closing as part of a departmental reorganization.²⁰ This office served as the primary federal unit coordinating Long COVID strategy and resources;²¹ its dissolution marks a clear retreat of federal engagement on this issue. Agency staff noted that shutting down the office will

¹⁴ Steven Phillips, *The Trump Years Will be Grim for Long Covid Sufferers*, STAT NEWS (Feb. 27, 2025), <https://www.statnews.com/2025/02/27/long-covid-hhs-secretary-advisory-committee-disbanded-trump-rfk-jr/>.

¹⁵ *Id.*

¹⁶ Sophie Gardner & Alice Miranda Ollstein, *Long Covid Office ‘Will be Closing,’ Trump Administration Announces*, POLITICO (Mar. 24, 2025, 9:21 PM), <https://www.politico.com/news/2025/03/24/trump-administration-shuttering-office-of-long-covid-research-and-practice-00246836#:~:text=OLC%2C%20housed%20within%20the%20Office,wide%20long%20Covid%20strategy.>

¹⁷ See *The Federal Long COVID—Here’s What We Know*, GLOBAL AUTOIMMUNE INSTITUTE, https://www.autoimmuneinstitute.org/covid_timeline/office-of-long-covid-research-and-practice-closure/ (last visited Apr. 28, 2025).

¹⁸ *Long-Covid Patients Are Frustrated That Federal Research Hasn’t Found New Treatments*, KFF HEALTH NEWS (Jan. 22, 2025), <https://kffhealthnews.org/news/article/long-covid-nih-recover-clinical-trials-treatment-pennsylvania-texas/#:~:text=Estimates%20of%20prevalence%20range%20considerably%2C,it%20at%2017%20million%20adults.>

¹⁹ Phillips, *supra* note 2.

²⁰ Gardner & Ollstein, *supra* note 4.

²¹ *Id.*

likely save a small amount of money but could cost more in the long run—warning that abandoning a coordinated Long COVID response now means “the country’s health care system will have to provide years if not decades of costly care for tens of millions of chronically ill people.”²²

- **Disbanding of the Long COVID Advisory Committee:** Around the same time, the federal government terminated the HHS Secretary’s Advisory Committee on Long COVID. On February 19, 2025, a presidential executive order directed HHS to disband the advisory panel.²³ The committee consisted of experts and stakeholders guiding federal policy on Long COVID.²⁴ Its abrupt elimination underscores the end of what was an advisory and planning infrastructure at the federal level. This occurred under an executive order, tellingly titled, “Commencing the Reduction of the Federal Bureaucracy,” signaling that the move was part of broader budget-cutting priorities.²⁵
- **Termination of NIH-Funded Long COVID Research Projects:** The NIH’s flagship RECOVER initiative has seen its research efforts curtailed. In early 2025, NIH abruptly terminated funding for a slew of Long COVID studies, including all ongoing pathobiology projects under RECOVER.²⁶ While there was later evidence that some of the distinct 45 Long COVID research studies’ grants were reinstated, it is unclear whether all of the studies have received funding again.²⁷
- **Rescission of Public Health Funds Affecting Long COVID Support:** In a related development, the federal administration has pulled back broad public health funding that also underpinned many COVID-related services. In early 2025, the HHS leadership rescinded nearly \$12 billion in federal public health grants that were allocated by Congress during the pandemic.²⁸ These funds supported a range of programs—from COVID-19 testing and vaccination efforts to community health initiatives—some of which benefit Long COVID patients (for instance, through clinics for post-COVID care, mental health support, and rehabilitation services).²⁹ The withdrawal of these funds has been widely contested: a coalition of 23 states (including Nevada) filed a lawsuit to overturn the grant terminations, arguing that the cuts were abrupt, unlawful, and would

²² *Id.*

²³ Phillips, *supra* note 2.

²⁴ Exec. Order No. 14,217, 90 Fed. Reg. 10,577 (Feb. 19, 2025); Miles W. Griffis, *Trump Commands HHS to Terminate Advisory Committee on Long COVID*, THE SICK TIMES (Feb. 21, 2025), <https://thesicktimes.org/2025/02/21/trump-commands-hhs-to-terminate-advisory-committee-on-long-covid/#:~:text=A%20new%20executive%20order%20from,Advisory%20Committee%20on%20Long%20COVID.>

²⁵ Exec. Order No. 14,217, *supra* note 12.

²⁶ Rowan Walrath, *NIH Cancels RECOVER Grants for Long COVID Projects*, C&EN (Mar. 27, 2025), <https://cen.acs.org/policy/research-funding/NIH-cancels-RECOVER-grants-long/103/web/2025/03/#:~:text=President%20Donald%20J,mechanism%20for%20long%20COVID%20research.>

²⁷ *Id.*

²⁸ NEV. ATT’Y GEN.’S OFF., *Attorney General Ford Sues HHS, Sec. Kennedy to Overturn Public Health Grant Cuts* (Apr. 1, 2025), https://ag.nv.gov/News/PR/2025/Attorney_General_Ford_Sues_HHS,_Sec_Kennedy_to_Overtturn_Public_Health_Grant_Cuts/.

²⁹ *Id.*

cause “serious harm to public health” in their communities.³⁰ Nevada’s Attorney General has noted that if the rescission stands, Nevada alone will lose approximately \$35 million in funding for local public health services, impacting resources like the state public health lab and regional crisis care centers.³¹ Such cuts have an immediate effect on public health infrastructure—for example, some states have already had to issue mass layoff notices to health department staff due to the loss of federal grant support.³²

Collectively, these developments represent a significant withdrawal of federal leadership and resources that address Long COVID. Initial federal efforts that were in place—modest in hindsight—have now been reduced significantly or outright eliminated.³³ The office dedicated to lead the nation’s Long COVID response no longer exists; advisory and coordination bodies have been disbanded; and ongoing research funding has been slashed.³⁴ Long COVID patients and the medical community now have far less federal support to turn to than they did even a year ago.³⁵ The limited federal attention once devoted to Long COVID has largely waned. Experts now argue that government investment in the condition has “all but ended”—even as millions still suffer.³⁶

The lack of federal leadership in Long COVID care and research places the burden on state and local agencies to fill the void. In the absence of robust federal programs, local government departments—including entities like the Clark County Social Services Department—may need to step in and develop supportive measures at the community level to help those suffering from Long COVID. Without intervention, Long COVID sufferers may slip through the cracks of the social safety net, creating severe consequences for both individuals and public systems. HHS’s own Long COVID office staff warned, upon the office’s closure, that many Long COVID patients require services beyond clinical treatment, asking “how do they live a life” if they can no longer care for themselves and no medical solution is yet available?³⁷

³⁰ Devna Bose & Lindsey Whitehurst, *States Sue Trump Administration for Rescinding Billions in Health Funding*, ASSOCIATED PRESS (Apr. 1, 2025, 2:24 PM), <https://apnews.com/article/trump-covid-federal-money-lawsuit-e2fcacccfda994500ce92be94d1ada7d>.

³¹ *Id.*

³² *Id.*

³³ *Morning Briefing*, KFF HEALTH NEWS (Feb. 27, 2025), <https://kffhealthnews.org/morning-briefing/thursday-february-27-2025/>.

³⁴ *Id.*

³⁵ Gardner & Ollstein, *supra* note 4.

³⁶ *Id.*

³⁷ *Id.*

In the absence of federal support, local counties and states could consider establishing their own Long COVID task forces, dedicating resources to Long COVID clinics or support programs, and integrating Long COVID into existing services (such as disability accommodations, employment assistance, and public benefits) to help those suffering from Long COVID. From a policy perspective, this local action could help to prevent further harm to residents and uphold the public welfare. As federal support has waned significantly, Clark County and Nevada authorities may be the last line of defense for Long COVID sufferers.

2 Long COVID Risks in Homeless and Congregate Living Environments

This Part proceeds in three stages. Section 1 surveys the medical literature and public-health data to establish the scale and severity of Long COVID as a mass-disabling condition. Section 2 discusses the illness’s macro- and micro-economic effects—first nationwide, then with a focus on Clark County’s leisure, hospitality, and construction sectors—to show how reduced labor supply and productivity compound the crisis. Section 3 turns to the nexus between Long COVID and homelessness. Subsection 3A traces the typical cascade from prolonged illness to job loss, income shock, housing insecurity, and, ultimately, homelessness; Subsection 3B explains why traditional congregate shelters are ill-equipped for people with Long COVID and how that vulnerability leaves this population doubly exposed to reinfection and prolonged disability.

2.1 Long COVID as a Public Health Crisis

Long COVID is a global public health crisis.³⁸ Over 400 million people worldwide have been impacted by Long COVID.³⁹ The latest Center for Disease Control (CDC) data on Long COVID⁴⁰ in U.S. adults, and an alarming World Health Organization (WHO) statement⁴¹ about its long-term impact, underscore the pandemic’s lingering and debilitating effects. Experts now

³⁸ *Long COVID: Confronting a Growing Public Health Crisis*, 11 LANCET RESPIR. MED. 663, 663 (2023); Mark A. Faghy et al., *Is Long COVID the Next Global Health Crisis?*, 12 J. GLOBAL HEALTH 1, 4–5 (2022).

³⁹ Ziyad Al-Aly et al., *Long COVID Science, Research and Policy*, 30 NAT. MED. 2148, 2150 (2024).

⁴⁰ NAT’L CTR. FOR HEALTH STAT., CTRS. FOR DISEASE CONTROL & PREVENTION, *CDC Science and the Public Health Approach to Long COVID*, <https://www.cdc.gov/covid/php/long-covid/index.html> (last visited Apr. 28, 2025).

⁴¹ WHO: ‘Long COVID’ May Obstruct Return to Normal Life for 36 Million Europeans, UN NEWS (June 27, 2023), <https://news.un.org/en/story/2023/06/1138157>.

call Long COVID the greatest mass-disabling event in human history.⁴² It disrupts daily functioning and quality of life, comparable to severe chronic illnesses such as Parkinson's disease or metastatic cancers.⁴³

At first, when the CDC started tracking Long COVID via the Household Pulse Survey, over one-third of adults with a history of the virus reported enduring symptoms.⁴⁴ This figure varied, decreasing until October 2023 and then rising to nearly 30% by February 2024.⁴⁵ Consistently, a smaller percentage—about 10%—report currently experiencing Long COVID symptoms each month since December 2022.⁴⁶ About 60% of U.S. adults who have had COVID-19 say they've experienced Long COVID at some stage.⁴⁷ In 2024, 17 million people were diagnosed with Long COVID, putting its prevalence on par with major health issues like cancer and coronary artery disease.⁴⁸ Many other cases are likely going undiagnosed or misdiagnosed.⁴⁹

2.2 Long COVID as an Economic Crisis

Long COVID is not just a health crisis but a significant economic challenge affecting labor availability and productivity. This section addresses the economic impacts of Long COVID nationally, with specific analysis of its implications for key industries in Clark County, Nevada, particularly leisure, hospitality, and construction.

⁴² See e.g., Jamie Ducharme, *Long COVID Experts and Advocates Say the Government Is Ignoring 'the Greatest Mass-Disabling Event in Human History'*, TIME (Sept. 19, 2022, 12:35 PM), <https://time.com/6213103/us-government-long-covid-response/>; Marishelle Lieberwerth, *Lost and Changed Meaning in Life of People with Long Covid: A Qualitative Study*, 19 INT'L J. QUAL. STUD. HEALTH WELL-BEING 1, 1 (2024).

⁴³ Sarah Walker et al., *Impact of Fatigue as the Primary Determinant of Functional Limitations Among Patients with Post-COVID-19 Syndrome: A Cross-Sectional Observational Study*, 13 BRIT. MED. J. 1, 8 (2023).

⁴⁴ *Household Pulse Survey: Measuring Emergent Social and Economic Matters Facing U.S. Households*, CENSUS (Dec. 19, 2024), <https://www.census.gov/data/experimental-data-products/household-pulse-survey.html>.

⁴⁵ Alice Burns, *As Recommendations for Isolation End, How Common is Long COVID?*, KFF (Apr. 9, 2024), <https://www.kff.org/coronavirus-covid-19/issue-brief/as-recommendations-for-isolation-end-how-common-is-long-covid/>.

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ Lisa Sanders, *What Is Long COVID? Understanding the Pandemic's Mysterious Fallout*, YALE MEDICINE (Apr. 15, 2024), <https://www.yalemedicine.org/news/what-is-long-covid>.

⁴⁹ Patient-Led Rsch. Collaborative, *2025 Long COVID Fact Sheet* (Mar. 2025), <https://patientresearchcovid19.com/2025-long-covid-fact-sheet/>.

Long COVID has notably disrupted employment.⁵⁰ According to data analyzed by the Brookings Institution, Long COVID has significantly contributed to labor shortages, with approximately 1.6 million full-time workers absent from the workforce due to persistent symptoms.⁵¹ This figure is particularly alarming considering that the nation remains approximately 2.2 million workers short compared to pre-pandemic levels.⁵² The condition's broad spectrum of debilitating symptoms—ranging from chronic fatigue to cognitive impairment—has led 45% of affected workers to reduce their hours, complicating workforce management and diminishing productivity.⁵³

The leisure and hospitality sector, dominant in Clark County⁵⁴, experienced substantial employment disruptions during the pandemic, declining 47% from February to April 2020 and remaining approximately 24% below pre-pandemic levels even after initial recovery efforts.⁵⁵ Clark County's economic vulnerability stems from its heavy reliance on this sector, which accounts for roughly one-third of all jobs and employs over 280,000 workers locally.⁵⁶ The construction sector—another critical industry in Las Vegas⁵⁷—is simultaneously grappling with severe labor shortages exacerbated by the broader labor shortage nationally.⁵⁸ By 2025, the

⁵⁰ Burns, *supra* note 40; Nat'l Conf. of State Legislatures, *Long COVID-19 and Disability Accommodations in the Workplace* (Mar. 13, 2024), <https://www.ncsl.org/labor-and-employment/long-covid-19-and-disability-accommodations-in-the-workplace>.

⁵¹ Brookings Institution, as cited in CBS News, 2022.

⁵² Greg Iacurci, *Long Covid Has 'Underappreciated' Role in Labor Gap: Study*, CNBC (Jan. 30, 2023, 2:18 PM), <https://www.cnbc.com/2023/01/30/long-covid-has-underappreciated-role-in-labor-gap-study.html>.

⁵³ Nat'l Conf. of State Legislatures, *Long COVID-19 and Disability Accommodations in the Workplace* (Mar. 13, 2024).

⁵⁴ CLARK CNTY. GOV'T, *Recovery Plan Performance Report: 2024 Report* (2024), https://webfiles.clarkcountynv.gov//COVID19/ARPA/Annual%20Performance%20Reports/Clark_County_2024_Recovery_Plan_Performance_Report.pdf; *Out of Town Spotlight: CLARK COUNTY, NEVADA*, LOS ANGELES BUSINESS JOURNAL (Aug. 31, 2022), <https://labusinessjournal.com/branded-content/out-of-town-spotlight-clark-county-nevada/#:~:text=Which%20industries%20are%20demonstrating%20the,between%202010%20and%202019%2C%20respectively.>

⁵⁵ *The Economic Impact of Long COVID on Business Operations and Labor Markets: A Focus on the United States and Clark County, Nevada*, BUSINESS IN CLARK COUNTY (2023), <https://businessinclarkcounty.com/wp-content/uploads/Mapping-Clark-Countys-Future-An-Analysis-of-Clark-Countys-Communities-and-Economy.pdf>.

⁵⁶ *Id.*

⁵⁷ Tiffany Lane, *Board to Vote on Possibly Delaying CCSD Construction Projects Because of Increased Costs*, KSNV NEWS 3 LAS VEGAS (Apr. 24, 7:03 PM), <https://news3lv.com/news/local/board-to-vote-on-possibly-delaying-ccsd-construction-projects-because-of-increased-costs>.

⁵⁸ Katie Ann McCarver, *Shifting Construction Industry Could Change Status Quo for Workforce*, VEGAS INC. (Feb. 10, 2025, 2:00 AM), <https://vegasinc.lasvegassun.com/news/2025/feb/10/shifting-construction-industry-could-change-status/>.

Associated Builders and Contractors estimate a deficit of approximately 439,000 workers nationally, with Long COVID exacerbating these shortages through prolonged worker absences, reduced productivity, and heightened safety risks.⁵⁹ Given Clark County's future growth,⁶⁰ such workforce limitations could pose considerable threats to local economic development.

The broader economic impacts of Long COVID are substantial and multifaceted. Harvard research has calculated the total U.S. economic burden of Long COVID at approximately \$3.7 trillion, encompassing lost quality of life, diminished earnings, and additional healthcare expenses.⁶¹ Long COVID's impact transcends traditional employment boundaries, affecting essential and non-essential sectors alike. According to the U.S. Census Household Pulse Survey, approximately 5.5-7.0% of U.S. adults reported experiencing Long COVID symptoms during 2022-2023, impacting essential, non-essential, and non-working individuals nearly equally.⁶²

Employers' response to Long COVID has been inconsistent, adding complexity to workforce recovery. According to a 2022 Kessler Foundation survey, while 40% of nearly 3,800 surveyed managers reported seeing lasting COVID-19 symptoms among employees, only 58% provided workplace accommodations.⁶³ This response has left many workers unsupported and contributed to national productivity losses estimated between \$170 billion and \$230 billion annually.⁶⁴

2.3 Long COVID, Vulnerable Populations, and Homelessness

The COVID-19 pandemic has had far-reaching impacts across society, but certain vulnerable populations have borne a disproportionate burden.⁶⁵ Long COVID is a chronic

⁵⁹ ABC Rocky Mountain Chapter Staff, *Navigating the Construction Worker Shortage in 2025*, ABC ROCKY MOUNTAIN (Jan. 24, 2025, 9:35 PM), <https://www.abcrmc.org/construction-worker-shortage/>.

⁶⁰ Ctr. for Bus. & Econ. Research, *2024–2060 Population Forecasts: Long-Term Projections for Clark County, Nevada* (June 2024), <https://cber.unlv.edu/wp-content/uploads/2024/06/Population-Forecast-2024.pdf>.

⁶¹ ABC Rocky Mountain Chapter Staff, *Navigating the Construction Worker Shortage in 2025*, ABC ROCKY MOUNTAIN (Jan. 24, 2025, 9:35 PM), <https://www.abcrmc.org/construction-worker-shortage/>.

⁶² Kara Suvada, Trinidad Beleche & Deborah Porterfield, *Long COVID-19 among Essential Workers, Non-Essential Workers, and Not Working Persons in the United States, 2022–2023: A Cross-Sectional Study*, OFF. ASSISTANT SEC'Y FOR PLAN. & EVALUATION, U.S. DEP'T HEALTH & HUM. SERVS. (Jan. 2025), <https://aspe.hhs.gov/reports>.

⁶³ Nat'l Conf. of State Legislatures, *Long COVID-19 and Disability Accommodations in the Workplace* (Mar. 13, 2024).

⁶⁴ *Id.*

⁶⁵ Kristen R. Prentice et al., *Advancing Health Equity in the Aftermath of COVID-19: Confronting Intensifying Racial Disparities*, 27 *iSCIENCE*, no. 7, July 19, 2024, <https://doi.org/10.1016/j.isci.2024.110257>.

condition that often leaves individuals unable to work, in need of ongoing medical care, or struggling with daily functioning.⁶⁶ These burdens have fallen disproportionately on groups already contending with systemic inequities—particularly women, racial and ethnic minorities, sexual and gender minorities, and individuals with lower levels of education.⁶⁷ Hispanic adults report higher rates of Long COVID than any other group, followed closely by Black Americans, of whom nearly 32% have experienced long-term symptoms following COVID infection.⁶⁸ These same communities have faced longstanding disparities in healthcare access, treatment quality, and economic stability—conditions that now compound the effects of chronic illness.⁶⁹

These risks are further magnified for individuals experiencing homelessness.⁷⁰ In Clark County, the intersection of race, gender, sexual orientation, and housing insecurity makes the burden of Long COVID particularly acute.⁷¹ Though Black residents make up only 12% of the county's general population, they account for 42% of its homeless population⁷²; women comprise nearly two-thirds of all people experiencing homelessness in the region⁷³; and LGBTQ youth make up an estimated 40% of the homeless youth population.⁷⁴ These are precisely the

⁶⁶ National Academies of Sciences, Engineering, and Medicine, *Long-Term Health Effects of COVID-19: Disability and Function Following SARS-CoV-2 Infection* (C.M. Spicer, B.X. Chu & P.A. Volberding eds., 2024), <https://www.ncbi.nlm.nih.gov/books/NBK607399/>.

⁶⁷ Jennifer Cohen & Yana van der Meulen Rodgers, *An Intersectional Analysis of Long-COVID Prevalence*, 22 INT'L J. EQUITY HEALTH 261, 261 (2023); Dhruv Khullar et al., *Racial/Ethnic Disparities in Post-acute Sequelae of SARS-CoV-2 Infection in New York: an EHR-Based Cohort Study from the RECOVER Program*, 38 J. GEN. INTERN. MED. 1127, 1127 (2023); Brian Glassman, *Household Pulse Survey Shows 31.1% Reported Symptoms Three Months or Longer After They Had COVID-19*, CENSUS (May 1, 2023), <https://www.census.gov/library/stories/2023/05/long-covid-19-symptoms-reported.html>; NAT'L CTR. FOR HEALTH STAT., CTRS. FOR DISEASE CONTROL & PREVENTION, *Long COVID*, <https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm> (last visited Apr. 28, 2025).

⁶⁸ *Id.*

⁶⁹ Samantha Artiga & Nambi Ndugga, *How Present-Day Health Disparities for Black People Are Linked to Past Policies and Events*, KFF (Feb. 7, 2024), <https://www.kff.org/racial-equity-and-health-policy/issue-brief/how-present-day-health-disparities-for-black-people-are-linked-to-past-policies-and-events/>; Sadia Anjum Ashrafi et al., *Disparities in Healthcare Access Experienced by Hispanic Chronic Kidney Disease Patients: A Cross-Sectional Analysis*, 43 J. HEALTH POPUL. NUTR. 18 (2024), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10832131/>.

⁷⁰ Southern Nevada Homelessness Continuum of Care, *2024 PIT Count Executive Summary Final Report* (Sept. 2024), <https://helphomehome.org/wp-content/uploads/2024/09/2024-PIT-Count-Executive-Summary-Final-Report.pdf>.

⁷¹ *Id.*

⁷² *Id.*

⁷³ *Id.*

⁷⁴ Gina Lazara, *Nearly Half of Homeless Youth in Clark County Are Part of LGBTQ Community*, KTNV (May 1, 2020), <https://www.ktnv.com/news/nearly-half-of-homeless-youth-in-clark-county-are-part-of-lgbtq-community>.

populations most susceptible to Long COVID and least likely to have access to sustained treatment or preventive resources.

The pandemic introduced severe disruptions for people experiencing homelessness—but for those who developed Long COVID, the consequences have often been catastrophic. The condition can destabilize even those with steady employment and housing, setting off a chain reaction of job loss, medical debt, and housing insecurity.⁷⁵ For individuals already unhoused at the time of infection, recovery is even more elusive.⁷⁶ Managing chronic symptoms without stable housing, consistent healthcare, or access to social services poses nearly insurmountable challenges.⁷⁷ These compounding pressures—illness, poverty, and systemic neglect—have turned Long COVID into both a cause and a consequence of homelessness. The following subsections examine how Long COVID contributes to housing instability and why congregate shelters remain particularly unsafe for those living with the condition.

2.3.1 From Illness to Homeless

Long COVID can trigger a chain reaction that leads to housing instability and, ultimately, homelessness. This progression typically follows a predictable path:



COVID-19 initially caused widespread economic disruption, disproportionately affecting low-income and gig workers.⁷⁸ Those who develop Long COVID often suffer debilitating health impairments that make stable employment impossible.⁷⁹ Even individuals who were previously

⁷⁵ Elizabeth Yuko, *First They Got Long COVID. Then, It Made Them Homeless*, ROLLING STONE (Feb. 25, 2022), <https://www.rollingstone.com/culture/culture-features/long-covid-homeless-chronic-illness-gig-economy-1312460/>.

⁷⁶ Ashley A. Meehan et al., *COVID-19 Vaccine Acceptability Among Clients and Staff of Homeless Shelters in Detroit, Michigan, February 2021*, 23 HEALTH PROMOT. PRACT. 35, 35 (2021).

⁷⁷ *Id.*

⁷⁸ Jaison R. Abel & Richard Deitz, *Some Workers Have Been Hit Much Harder than Others by the Pandemic*, LIBERTY ST. ECON. (Feb. 9, 2021), <https://libertystreeteconomics.newyorkfed.org/2021/02/some-workers-have-been-hit-much-harder-than-others-by-the-pandemic/>.

⁷⁹ *Id.*; Yuko, *supra* note 62.

financially secure have lost jobs due to prolonged illness, resulting in severe economic hardship.⁸⁰

Recent data highlights the strong correlation between Long COVID and housing insecurity. A nationally representative survey (Sept. 2022–April 2023) found that 28 million U.S. adults reported Long COVID symptoms—and they were far more likely to experience financial distress, fall behind on housing payments, or face eviction or foreclosure.⁸¹ Compared to COVID-19 survivors without long-term symptoms, those with Long COVID were 1.5x more likely to struggle with household expenses; 1.5x more likely to fall behind on rent or mortgage; and 1.9x more likely to face eviction or foreclosure.⁸² The risk was especially high for those with severe functional impairments, such as cognitive, mobility, or self-care limitations.⁸³ These challenges are particularly devastating for individuals in physically demanding jobs or the gig economy, where flexibility is scarce and financial safety nets are minimal.⁸⁴ The impact is most severe for low-income individuals, with the highest rates of housing insecurity among those of lower socioeconomic status suffering from Long COVID.⁸⁵

2.3.2 Long COVID and Congregate Housing

Crowded indoor environments—such as emergency shelters with tightly packed rows of cots—make it nearly impossible to socially distance, compounding the danger.⁸⁶ Traditional congregate shelter settings pose significant risks for homeless individuals with Long COVID. Many are immunocompromised or suffer from underlying conditions that heighten vulnerability to reinfection and other complications.⁸⁷ Homeless individuals already face elevated health risks from pre-existing comorbidities, limited access to healthcare, and socioeconomic instability.⁸⁸ For those with Long COVID, these risks are magnified. Even under the best circumstances,

⁸⁰ See Abel & Deitz, *supra* note 64.

⁸¹ Packard & Susser, *supra* note 61.

⁸² *Id.*

⁸³ *Id.*

⁸⁴ *Id.*

⁸⁵ *Id.*

⁸⁶ Natalia M. Rodriguez et al., “COVID Knocked Me Straight Into the Dirt”: Perspectives from People Experiencing Homelessness on the Impacts of the COVID-19 Pandemic, 22 BMC PUB. HEALTH 1, 2 (2022).

⁸⁷ *Id.*

⁸⁸ *Id.*

shelters “can’t adequately meet the needs of people living with Long COVID.”⁸⁹ Exposure to poorly ventilated, crowded spaces remains hazardous, even as general community infection rates have declined.⁹⁰ For Long COVID sufferers, the risk of reinfection and additional illness persists—and traditional shelter settings often offer no viable alternative.⁹¹

Each new COVID-19 infection also compounds the risk of getting Long COVID, even for vaccinated individuals.⁹² People infected twice are 1.7x more likely to develop Long COVID; those infected three times face a 2.6-fold increase in risk.⁹³ About 24% of reinfections lead to Long COVID and repeat infections often cause more severe or prolonged symptoms.⁹⁴ Reinfections also heighten the risk of long-term damage to vital organs—including the heart, lungs, and brain—and may worsen existing Long COVID symptoms. These findings underscore the critical importance of limiting repeat exposures to the virus.

3 Possible Measures to Reduce the Spread of Long COVID in Congregate Housing

This section outlines both immediate and long-term interventions Clark County could implement to reduce the spread of COVID-19 and mitigate the burden of Long COVID within congregate housing. First, it proposes a short-term solution focused on improving air quality and access to high-quality masks. Then, it recommends establishing a dedicated Long COVID Task Force to collect county-specific data, educate providers, and coordinate a systemic response informed by successful models from other states.

⁸⁹ Yuko, *supra* note 62.

⁹⁰ *Id.*

⁹¹ *Id.*; Rodriguez et al., *supra* note 72.

⁹² Patient-Led Research Collaborative, *Long COVID Awareness Day: 2025 Fact Sheet* (Mar. 2025), https://patientresearchcovid19.com/storage/2025/03/Long-COVID-Awareness-Day_-2025-Fact-Sheet.pdf.

⁹³ *Id.*

⁹⁴ *Id.*

3.1 Short-term Solution: Air Purifiers and Masks in Congregate Housing

Many studies have demonstrated that COVID-19 spreads primarily through respiratory droplets and aerosols.⁹⁵ In enclosed or poorly ventilated settings, such as shelters and communal housing, the risk of viral transmission increases dramatically.⁹⁶ Crowded quarters, shared spaces, and constant turnover within congregate facilities can create ideal conditions for rapid spread.⁹⁷ The CDC and many public health experts emphasize improving indoor air quality as a crucial factor in controlling airborne viruses.⁹⁸ To protect homeless individuals from facing compounded health and economic threats, congregate housing institutions could be provided with air purifiers and disposable, high-quality masks.

Since COVID-19 is transmitted through contact with respiratory fluids carrying the infectious SARS-CoV-2 virus, a person can be exposed if an infected individual coughs or speaks near them, or by inhaling aerosol particles that drift away from the infected person.⁹⁹ In fact, transmission can occur at distances greater than six feet, and particles can move throughout an entire room or indoor space.¹⁰⁰ They can even linger in the air long after a person has left the room, potentially remaining airborne for hours.¹⁰¹ Individuals can be exposed via splashes and sprays of respiratory fluids directly onto their mucous membranes.¹⁰² Although spread can sometimes occur via contact with contaminated surfaces, current data suggest this route is less

⁹⁵ Maria Godoy, *CDC Acknowledges Coronavirus Can Spread Via Airborne Transmission*, NPR (Oct. 5, 2020, 5:44 PM), <https://www.npr.org/sections/health-shots/2020/10/05/920446534/cdc-acknowledges-coronavirus-can-spread-via-airborne-transmission>.

⁹⁶ Aylin Woodward, *You're Most Likely to Catch the Coronavirus in a Poorly Ventilated Space. That Makes Offices Very Risky.*, BUSINESS INSIDER (May 6, 2020, 9:46 AM), [https://www.businessinsider.com/coronavirus-risk-higher-tight-indoor-spaces-with-little-air-flow-2020-5#:~:text=,132%20as%20it%20was](https://www.businessinsider.com/coronavirus-risk-higher-tight-indoor-spaces-with-little-air-flow-2020-5#:~:text=,132%20as%20it%20was; WORLD HEALTH ORG., Advice for the Public: Coronavirus Disease (COVID-19), https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public); WORLD HEALTH ORG., *Advice for the Public: Coronavirus Disease (COVID-19)*, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> (last visited Apr. 28, 2025).

⁹⁷ U.S. Environmental Protection Agency, *Indoor Air and Coronavirus (COVID-19)*, EPA (Mar. 31, 2025), <https://www.epa.gov/indoor-air-quality-iaq/indoor-air-and-coronavirus-covid-19>.

⁹⁸ NAT'L CTR. FOR HEALTH STAT., CTRS. FOR DISEASE CONTROL & PREVENTION, *Long COVID Basics*, <https://www.cdc.gov/covid/long-term-effects/index.html> (last visited Apr. 28, 2025).

⁹⁹ U.S. ENVTL. PROT. AGENCY, *Indoor Air and Coronavirus (COVID-19)*, <https://www.epa.gov/indoor-air-quality-iaq/indoor-air-and-coronavirus-covid-19#:~:text=Transmission%20of%20COVID%2D19%20from,for%20hours%20in%20some%20cases> (last visited Apr. 28, 2025).

¹⁰⁰ *Id.*

¹⁰¹ *Id.*

¹⁰² *Id.*

likely.¹⁰³ In congregate settings, where ventilation may be inadequate and physical distancing difficult to maintain, the risk of airborne transmission is substantially elevated, making interventions targeting air quality essential.¹⁰⁴

Testing limitations present a significant challenge for controlling COVID-19 spread in congregate settings too. Current research demonstrates that false negative test results are common, meaning tests often show negative results even when the person is infected with the COVID-19 virus.¹⁰⁵ The Food and Drug Administration (FDA) specifically notes that “COVID-19 antigen tests are less accurate than molecular tests and may not detect the SARS-CoV-2 virus early in an infection or in people who do not have COVID-19 symptoms.”¹⁰⁶

This limitation is particularly problematic in congregate settings where:

1. Regular testing may create a false sense of security.¹⁰⁷
2. Asymptomatic or pre-symptomatic individuals may test negative while still being infectious.¹⁰⁸
3. Limited resources may prevent the recommended repeat testing protocols.¹⁰⁹

The FDA recommends multiple tests over time to reduce false negatives, but this approach requires resources often unavailable in homeless service settings.¹¹⁰

Better ventilation and air cleaning alone cannot eliminate the airborne spread of SARS-CoV-2.¹¹¹ Still, the EPA recommends boosting airflow from outdoors and improving filtration as part of a broader plan—one that also includes physical distancing, wearing masks, disinfecting surfaces, washing hands, and taking other common-sense precautions.¹¹²

¹⁰³ *Id.*

¹⁰⁴ *Id.*

¹⁰⁵ OREGON HEALTH AUTHORITY, *The Science Behind False Negative COVID-19 Tests*, OREGON HEALTH NEWS BLOG (Jul. 26, 2022), <https://covidblog.oregon.gov/the-science-behind-false-negative-covid-19-tests/>.

¹⁰⁶ U.S. FOOD & DRUG ADMIN., *At-Home COVID-19 Diagnostic Tests: Frequently Asked Questions*, <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-covid-19-diagnostic-tests-frequently-asked-questions> (last visited Apr. 29, 2025).

¹⁰⁷ *Id.*; *Testing Nursing Home Residents for COVID-19*, CENTER FOR MEDICARE ADVOCACY (Sept. 10, 2020), <https://medicareadvocacy.org/testing-nursing-home-residents-for-covid-19/#:~:text=%28BD%29,%E2%80%9D>.

¹⁰⁸ *Id.*

¹⁰⁹ *Id.*

¹¹⁰ *Id.*

¹¹¹ See Yuguo Li et al., *The COVID-19 Pandemic is a Global Indoor Air Crisis That Should Lead to Change: A Message Commemorating 30 Years of Indoor Air*, 31 INDOOR AIR 1683, 1684 (2021).

¹¹² *Id.*

High-efficiency particulate air (HEPA) filters have demonstrated remarkable effectiveness in removing SARS-CoV-2 from indoor air. Quantitative studies show air cleaners equipped with HEPA filters can continuously remove SARS-CoV-2 from the air, with capture ratios of 85.38%, 96.03%, and >99.97% at 1, 2, and 7.1 ventilation volumes, respectively.¹¹³ Air purification systems combining UV-C light with HEPA filtration have successfully removed viable viruses from the air in controlled environments.¹¹⁴ A study conducted in King County, Washington in 2023 also evaluated the real-world effectiveness of portable air cleaners (PACs) equipped with HEPA filters in reducing indoor particle levels within homeless shelters during the COVID-19 pandemic.¹¹⁵ Researchers monitored four rooms across three homeless shelters, measuring particle concentrations indoors and outdoors while tracking the energy consumption (and thus, usage) of the deployed PACs.¹¹⁶ They found that the air inside the shelter was actually cleaner than that found outside.¹¹⁷ The findings suggested that air purifiers are an effective short-term strategy to reduce indoor particulate levels in community congregate living settings.¹¹⁸

A strategic deployment of HEPA air purifiers in congregate housing would not only mitigate the spread of COVID-19 but all other airborne diseases to an already immunocompromised population.¹¹⁹ With no approved treatments yet for Long COVID, the only real defense is to keep infections at bay from the start.¹²⁰ To cover a broad range of building sizes, the County should calculate room volume and Clean Air Delivery Rate (CADR) when

¹¹³ Hiroshi Ueki et al., *Effectiveness of HEPA Filters at Removing Infectious SARS-CoV-2 from the Air*, 7 MSPHERE 1, 1 (2022).

¹¹⁴ Roy E. Barnewall & Werner E. Bischoff, *Removal of SARS-CoV-2 Bioaerosols Using Ultraviolet Air Filtration*, 42 INFECT. CONTROL HOSP. EPIDEMIOL. 1014, 1014 (2021).

¹¹⁵ Ching-Hsuan Huang et al., *Assessing the Effectiveness of Portable HEPA Air Cleaners for Reducing Particulate Matter Exposure in King County, Washington Homeless Shelters During the COVID-19 Pandemic: Implications for Community Congregate Settings*, 891 SCI. TOTAL ENV'T 1,1 (2023).

¹¹⁶ *Id.*

¹¹⁷ *Id.*

¹¹⁸ *Id.*

¹¹⁹ U.S. DEP'T OF HEALTH & HUM. SERVS., OFF. OF THE ASSISTANT SEC'Y FOR PLAN. & EVALUATION, *Individuals Experiencing Homelessness are Likely to Have Medical Conditions Associated with Severe Illness from COVID-19* (June 24, 2020), <https://aspe.hhs.gov/reports/individuals-experiencing-homelessness-are-likely-have-medical-conditions-associated-severe-illness-0>.

¹²⁰ Will Stone, *5 Years Since the Pandemic Started, Long COVID Patients are Still Hoping for a Cure*, NPR (Mar. 12, 2025, 5:16 AM), <https://www.npr.org/sections/shots-health-news/2025/03/12/nx-s1-5324690/long-covid-pandemic-treatments-research>.

deciding how many units to install.¹²¹ Placing these purifiers in common areas, sleeping quarters, and dining facilities will help reduce exposure in the most frequently used spaces.¹²² To keep performance levels high, each purifier should follow a regular maintenance schedule that includes timely filter replacements and routine inspections.¹²³

Beyond safeguarding residents' health, this approach makes financial sense when measured against the economic fallout of Long COVID, which can erode household stability and drive-up healthcare costs.¹²⁴ The investment in HEPA air purifiers is modest in comparison to the potential savings on emergency room visits and other medical expenses.¹²⁵ To reinforce the benefits of this air purification strategy, the County could consider a complementary mask program.¹²⁶ During periods of high community transmission, staff and residents should have ready access to KN95 or N95 masks.¹²⁷ Individuals at heightened risk of severe illness would benefit the most, but masks are especially useful in crowded settings where social distancing is not practical.¹²⁸

3.2 Long-term Solution: Long COVID Task Force

In Clark County and across Nevada, the burden of Long COVID remains insufficiently quantified because of three primary problems:

1. Lack of Adequate Medical Data and Physician Knowledge. Many individuals with Long COVID experience normal results on routine tests, making diagnosis

¹²¹ CALI. DEP'T OF PUB. HEALTH, *Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments* (Jan. 15, 2025), <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx>.

¹²² Huang et al., *supra* note 98.

¹²³ *Id.*

¹²⁴ Marcus Plescia, *From the Chief Medical Officer: Leadership Considerations for Long COVID*, ASTHO (Feb. 28, 2023), <https://www.astho.org/communications/blog/cmo-leadership-considerations-for-long-covid/#:~:text=On%20a%20positive%20note%2C%20recent,The%20public.>

¹²⁵ Zafar Zafari, et al., *The Cost-Effectiveness of Standalone HEPA Filtration Units for the Prevention of Airborne SARS CoV-2 Transmission*, 20 COST. EFF. RES. ALLOC. 1, 1 (2022).

¹²⁶ Margaret A. Honein et al., *Summary of Guidance for Public Health Strategies to Address High Levels of Community Transmission of SARS-CoV-2 and Related Deaths, December 2020*, 69 MORBIDITY & MORALITY WKLY REP. 1860, 1860 (2020).

¹²⁷ *Id.*

¹²⁸ Shama Cash-Goldwasser et al., *Masks During Pandemics Caused by Respiratory Pathogens— Evidence and Implications for Action*, 6 JAMA NETW. OPEN 1, 6 (2023); *see also* Laura López González, *COVID-19 Masks: Expert Tips for What You Should (and Shouldn't) Do*, UNIVERSITY OF CALIFORNIA SAN FRANCISCO (Aug. 13, 2024), <https://www.ucsf.edu/news/2024/08/425456/covid-19-masks-expert-tips-what-you-should-and-shouldnt-do>.

difficult without specialized knowledge.¹²⁹ Providers often lack training on post viral syndromes, leading to underdiagnosis and inconsistent treatment.¹³⁰

2. **Lack of Public Knowledge and Information.** The public—and sometimes employers—may not fully understand Long COVID’s disabling effects.¹³¹ This lack of understanding can result in stigma, inadequate workplace accommodations, or delayed medical intervention.¹³²
3. **Insufficient State/County-Specific Data.** Beyond scattered national and global studies, there is little granular data on the prevalence and severity of Long COVID in Nevada.¹³³ This hampers planning for healthcare needs and social services.

A number of states have begun addressing these problems in novel ways:

- Alabama (SB 87, 2023): Appropriated funding for a formal study of Long COVID’s impacts.
- Minnesota (SF 2995, 2023): Established a program for community assessments and epidemiologic investigations on Long COVID. The program also provides resources for patients and trains health professionals to detect risks and adopt evidence-based practices.
- New York (SB S898, 2023): Directed the Department of Labor to study the impact of Long COVID on the labor market, with recommendations for legislative and executive action. This provision highlights the socio-economic implications of Long COVID, particularly workforce attrition.
- Massachusetts (HB 2147, 2023): Proposed creating a commission to assess medical, mental health, social, and financial needs related to Long COVID. Although still pending, this bill illuminates the importance of a multi-sector approach.
- Colorado (2022): Appointed a Senior Policy Advisor on Long COVID in the Office of Saving People Money on Healthcare. The advisor coordinates data collection and stakeholder engagement to shape the state’s response.

¹²⁹ Hannah E. Davis et al., *Long COVID: Major Findings, Mechanisms and Recommendations*, 21 NAT. REV. MICROBIOL. 133, 141 (2023).

¹³⁰ *Id.*

¹³¹ NAT’L CTR. FOR HEALTH STAT., CTRS. FOR DISEASE CONTROL & PREVENTION, *Living with Long COVID*, <https://www.cdc.gov/covid/long-term-effects/living-with-long-covid.html#:~:text=,tests%20to%20determine%20appropriate%20treatment> (last visited Apr. 28, 2025).

¹³² *Id.*; Elisabeth A. Stelson et al., *Return-to-Work with Long COVID: An Episodic Disability and Total Worker Health Analysis*, 338 SOC. SCI. & MED. 1, 1 (2023).

¹³³ UMC’s Long COVID Care Clinic website has been unsupported for several months. See <https://apps.umcsn.com/Errors/Error-404-Page-Not-Found.aspx?aspxerrorpath=/COVID19/RecoveryClinic.aspx>.

Clark County can build on successful state and national models by creating a dedicated task force—or advisory committee—focused on Long COVID.¹³⁴ This task force could include local health department officials, state health authorities, epidemiologists, patient representatives, and community-based organizations.¹³⁵ Its mandate could center on gathering county-specific data about the prevalence of Long COVID, conducting surveys to pinpoint the most urgent local needs, and recommending evidence-based strategies for healthcare providers. In coordinating with local universities and research institutes, the task force could develop or adapt specialized training modules for clinicians to stay informed about new diagnostic and treatment protocols. By partnering with labor and commerce departments, much like New York’s SB S898, the task force could also evaluate how Long COVID affects Clark County’s workforce and propose measures to mitigate those economic strains. Central to its work would be a systematic approach to data collection and reporting.¹³⁶ A countywide registry could record both diagnosed and suspected cases, exploring demographic trends, resource allocation, and areas of particularly high need. At the same time, a simple and accessible mechanism, such as an online portal, could allow residents to self-report lingering post-COVID (see, for example, the federal CURE ID survey platform for Long COVID patients¹³⁷). This approach could provide a real-time snapshot of Long COVID’s scope and guide the task force in setting priorities.

In addition to collecting data, the task force could spearhead provider education and develop clinical guidelines.¹³⁸ By collaborating with the Nevada State Medical Board and local medical associations, it could create Continuing Medical Education programs on Long COVID, following Minnesota’s example in addressing emerging conditions.¹³⁹ These courses could help

¹³⁴ See COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, *State, Tribal, Local, and Territorial Public Health Agency Approaches to Long COVID-19/Post COVID-19 Condition Surveillance: Lessons Learned, Gaps, and Needs* (Aug. 22, 2023), <https://preparedness.cste.org/wp-content/uploads/2023/09/CSTE-STLT-Long-COVID-Surveillance-August-2023.pdf>.

¹³⁵ See *id.*

¹³⁶ See THE ROCKEFELLER FOUND., *Getting to and Sustaining the Next Normal: A Roadmap for Living with COVID* 88 (Mar. 2022), <https://www.rockefellerfoundation.org/wp-content/uploads/2022/03/Getting-to-and-Sustaining-the-Next-Normal-A-Roadmap-for-Living-with-Covid-Report-Final.pdf>.

¹³⁷ Betsy Ladyzhets, *Long Covid Surveys from a FDA/NIH Initiative Ask Which Drugs Help Alleviate Symptoms*, THE SICK TIMES (Feb. 20, 2024), <https://thesicktimes.org/2024/02/20/long-covid-surveys-from-an-fda-nih-initiative-ask-which-drugs-help-alleviate-symptoms/#:~:text=Last%20month%2C%20a%20U,inform%20priorities%20for%20clinical%20trials>.

¹³⁸ COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, *supra* note 117.

¹³⁹ See S.F. 2995, 93d Leg., Reg. Sess. (Minn. 2023) (enacted).

clinicians identify symptoms that may signal issues like dysautonomia, viral reactivations, or microclots and coordinate appropriate testing.¹⁴⁰ By standardizing best practices for diagnosis and treatment, the task force could strengthen patient care across the County.¹⁴¹

Based on current federal and state approaches to Long COVID funding, there are several promising avenues to secure financial support for the proposed task force. The Agency for Healthcare Research and Quality (AHRQ) represents one of the most direct paths to substantial funding for Long COVID initiatives.¹⁴² As of March 2025, AHRQ has awarded multiple grants of \$1 million each for up to 5 years to support existing multidisciplinary Long COVID clinics across the country, with three additional grants awarded in July 2024.¹⁴³ The proposed Long COVID Moonshot Act also demonstrates there is still interest in comprehensive Long COVID research and care. This draft legislation, championed by Senator Bernie Sanders, would authorize \$1 billion in mandatory federal funding per year for 10 years to address the Long COVID crisis.¹⁴⁴ While this legislation is still pending, it suggests potential for significant federal funding.

Conclusion

Clark County now stands at a pivotal moment for addressing the significant challenges posed by Long COVID. Vulnerable populations—including those already grappling with homelessness—face compounding risks to both their physical well-being and economic security. In the short term, air purifiers and high-quality masks can mitigate transmission in congregate settings, sparing residents from repeated infections and cutting down on associated healthcare costs. In the longer term, a county-level task force could deliver the structured framework needed to track Long COVID data, coordinate training for medical professionals, and advise on workforce policies that protect employees and employers alike. By leveraging potential funding

¹⁴⁰ See Julie Darbyshire et al., *Improving Quality in Adult Long Covid Services: Findings from the LOCOMOTION Quality Improvement Collaborative*, 24 CLIN. MED. 1, 4–5 (2024).

¹⁴¹ See *id.*

¹⁴² Lisa Schnirring, *HHS Awards \$45 Million to Support Long-COVID Clinics*, CIDRAP (Sept. 20, 2023), <https://www.cidrap.umn.edu/covid-19/hhs-awards-45-million-support-long-covid-clinics#:~:text=The%20US%20Department%20of%20Health,in%20underserved%20groups%20and%20areas.>

¹⁴³ *Long COVID Care Network*, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, <https://www.ahrq.gov/coronavirus/long-covid/care-network.html> (last visited Apr. 29, 2025).

¹⁴⁴ OFFICE OF SEN. BERNIE SANDERS, *Fact Sheet: The Long COVID Moonshot Act* (Apr. 9, 2024), https://www.sanders.senate.gov/wp-content/uploads/4.9.2024-Factsheet_The-Long-COVID-Moonshot-Act.pdf.


from agencies such as the AHRQ and NIH—and by drawing on models pioneered in states like Minnesota, Colorado, and New York—Clark County could embark on a well-informed, forward-thinking campaign to contain the fallout of Long COVID. This dual focus on immediate interventions and sustained institutional leadership could put Clark County in a unique position not just to mitigate a mounting crisis, but to serve as a national leader in Long COVID response.

* * *



DATE: July 24, 2025

TO: Southern Nevada District Board of Health Members

FROM: Cassius Lockett, PhD, District Health Officer 

SUBJECT: District Health Officer Report

Legionnaires' Disease Investigation

On July 3, the Southern Nevada Health District announced its investigation into three travel-associated cases of Legionnaires' disease in individuals who stayed at Harrah's Laughlin in May. All three were hospitalized; two have since recovered, and one remained hospitalized at the time the Health District received the report.

Following notification of cases, the Health District conducted environmental sampling at the facility. Multiple samples tested positive for *Legionella*, the bacteria that can cause Legionnaires' disease. In response, Harrah's Laughlin completed disinfection of its water systems, and the most recent samples were non-detect for *Legionella*. Harrah's Laughlin will continue follow-up testing to help ensure the safety of its water systems. The facility is cooperating with the Health District's investigation, has initiated guest notifications regarding the potential exposure, and is implementing precautionary measures to mitigate any further risk of illness.

Legionnaires' disease symptoms typically begin within two to 10 days after exposure to the bacteria. However, people should watch for symptoms such as cough, shortness of breath, fever, muscle aches and headaches for up to two weeks after exposure.

Guests who stayed at Harrah's Laughlin on or after May 1, 2025, and who developed or are experiencing symptoms within 14 days of their stay are urged to complete a confidential illness survey, at <https://survey.alchemer.com/s3/8370305/Harrah-s-Legionella-Investigation>. If guests are currently still symptomatic, they should seek medical attention and alert their medical provider of the potential exposure.

Recommendations for health care providers include:

- Consider *Legionella* infection when evaluating patients for community-acquired pneumonia who:
 - Experience cough, fever, shortness of breath, myalgia or headache.
 - Failed outpatient antibiotics for community-acquired pneumonia.
 - Report overnight travel with water exposure (hot tubs, showering, decorative fountains.)
 - Report a stay or water exposure at Harrah's Laughlin from May 1 to present.
- While testing for more common causes of respiratory illness, consider testing for *Legionella* when [appropriate](#).

- Access the Health District's Public Health Advisory Update for providers on its [website](#) for additional testing, treatment and reporting recommendations.
 - People 50 years or older

People who are at increased risk of getting sick include:

- - People 50 years or older
 - Current or former smokers
 - People with chronic lung disease
 - People with weakened immune systems
 - People who take drugs that can weaken their immune systems (after a transplant operation or chemotherapy)
 - People with underlying illnesses such as diabetes, kidney failure, or liver failure

Anyone with additional questions can contact the Health District's Helpline at (702) 759-4636 (INFO), Monday – Friday, from 8 a.m. – 4:30 p.m. More information on Legionnaire's disease is available on the Centers for Disease Control and Prevention website at www.cdc.gov/legionella/index.html.

Back-to-School Reminder

The first day of school is less than a month away, and the Southern Nevada Health District is reminding parents and guardians to schedule their child's required immunizations now. The new school year begins Monday, August 11, and appointments at Health District clinics—and other providers—fill up quickly.

The Health District is spreading the message, "Don't wait to vaccinate," and reminding everyone that avoiding the last-minute rush can save family time and stress. Making sure children are up to date on their vaccinations helps ensure they are protected from serious diseases and ready for a healthy start to the school year.

A limited number of backpacks and school supplies are available at Health District immunization clinic locations for students who receive their required school vaccination early, while supplies last.

The Clark County School District (CCSD) requires the following vaccinations for school enrollment: chickenpox (varicella), hepatitis A, hepatitis B, polio, tetanus-diphtheria-pertussis (DTaP and Tdap), quadrivalent meningitis and measles-mumps-rubella (MMR). Parents new to Nevada should note that hepatitis A is a required vaccine in the state and may not have been required in other states.

In addition:

- 12th graders must receive the meningococcal vaccine (MenACWY).
- 7th graders must receive both the MenACWY and Tdap vaccines.
- Students new to Nevada schools in grades 8-12, including private or charter schools must also meet these vaccine requirements.

For more information on required vaccinations, visit CCSD's [Student Enrollment Process](#).

Immunization Clinic Locations and Special Back-to-School Hours

All immunizations are available at the following Health District locations by appointment only. To schedule, call (702) 759-0850 or visit www.snhd.info/bts.

- Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107
Monday–Thursday, 7 a.m.–5 p.m. (closed noon–1 p.m.)
Special back-to-school dates and times at Decatur location:
Friday, August 1 and August 8, 8 a.m.–4:30 p.m.
Saturday, August 9, 9 a.m.–2 p.m.
- East Las Vegas Public Health Center, 2950 E. Bonanza Rd., Las Vegas, NV 89101
Tuesday – Friday, 7 a.m.–5 p.m. (closed noon–1 p.m.)
Special back-to-school dates and times at Bonanza location:
Monday, July 28; August 4 and August 11, 8 a.m.–4:30 p.m.
- Henderson Public Health Center, 220 E. Horizon Dr., Ste. A, Henderson, NV 89015
Monday–Thursday, 7 a.m.–5 p.m.
Special back-to-school dates and times at Henderson location:
Friday, August 1; August 8, 8 a.m.–4:30 p.m.
- Mesquite Public Health Center, 150 N. Yucca St., Mesquite, NV 89027
Tuesday and Thursday, 8 a.m.–4:30 p.m. (closed noon–1 p.m.)

Back-to-School Immunizations for Students 11-18 Years of Age

Tdap, MenACWY and HPV vaccines for children 11-18 years of age are available at the Health District's Fremont Public Health Center in the two weeks leading up to the new school year.

Fremont Public Health Center, 2830 E. Fremont St., Las Vegas, NV 89104

- Tuesday–Friday, July 29–August 1 and August 5–August 8, 8 a.m.–4 p.m.
- Open to students ages 11–18
- Appointments are required; call (702) 759-0850 or visit www.snhd.info/bts.

In addition to required vaccines, the Health District also offers recommended immunizations, including:

- Meningitis B (MenB): A rare but serious illness which causes swelling in the membranes and fluid surrounding the brain and spinal cord. Recommended for ages 16-18; parents should consult with their provider.
- Human papillomavirus (HPV): A common virus that can infect children, adolescents and adults, and can cause cancers later in life. Approximately 13 million people, including teens, are infected each year.
- COVID-19: Protection from COVID-19 vaccines declines over time. Updated vaccines help prevent severe illness and hospitalization.

For more information or to schedule an appointment, visit [Immunization Clinic – Southern Nevada Health District](#) or call (702) 759-0850.

Additional Information for Parents

- Back to school appointments are for children and teens under 19 years of age, and immunizations are by appointment only with limited same day availability.
- A parent or guardian must be present for minors. If another adult brings the child, written consent from the parent/legal guardian is required.
- Bring the child's immunization records. If unavailable, contact the health care provider.
- For children immunized in Nevada, records can also be accessed through Nevada WebIZ at <https://izrecord.nv.gov/public/Application/PublicPortal> or call (775) 684-5954.
- Most insurance plans are accepted. Vaccine costs vary, and an administrative fee may apply. Not all immunizations are covered by insurance.

For more information, visit www.snhd.info/bts.

National HIV Testing Day

In recognition of National HIV Testing Day on Friday, June 27, the Health District encouraged everyone to "Level up your self-love: check your health status." This theme highlighted the importance of knowing one's HIV status and connecting with care and treatment if needed.

An estimated 1.2 million people in the United States are living with HIV, and about 13 percent are unaware of their status. In 2021, approximately 32,100 new HIV infections occurred nationwide. In Clark County, 488 new HIV diagnoses were reported in 2022, bringing the total number of people living with HIV in the region to 11,518. HIV continues to disproportionately affect racial and ethnic minority groups, as well as gay, bisexual and other men who have sex with men.

The Health District recommends everyone between the ages of 13 and 64 get tested for HIV at least once. Individuals with ongoing risk of HIV infection, Annual testing is recommended for individuals with ongoing risk of HIV infection, and individuals at higher risk should consider getting tested as frequently as every three months.

Early diagnosis is critical for people with HIV so that they can benefit from antiretroviral therapy (ART). ART decreases HIV-related illnesses, reduces HIV levels in the bloodstream and lowers the risk of transmitting HIV to intimate partners. With ART, people living with HIV can live long, healthy lives.

On National HIV Testing Day, The Center, which serves the LGBTQ community, partners with the Library District to offer free HIV testing at the Sahara West Library, Clark County Library and East Las Vegas Library.

Free HIV testing is also available every Monday through Saturday at The Center's Arleen Cooper Community Health Center, located at 401 S. Maryland Parkway, Las Vegas, NV 89101. Hours are Monday-Thursday, 9 a.m.–5:30 p.m., and Friday-Saturday, 9 a.m.–2 p.m. Appointments are preferred, but walk-ins are accepted.

SHOPP HIV/STI Testing Locations (Symptom-Free Only)

The Health District's Sexual Health Outreach and Prevention Program (SHOPP) offers no-cost HIV/STI screenings as part of Sexually Transmitted Infection Express Testing on a year-round basis. No appointments are needed, but clients must be without symptoms. Additional testing for syphilis, gonorrhea and chlamydia is also available.

- **Main Public Health Center**
280 S. Decatur, Las Vegas, NV 89107
Monday–Thursday, 7:30 a.m.– 4:30 p.m.
- **Fremont Public Health Center**
2830 E. Fremont St., Las Vegas, NV 89104
Friday, 7:30 a.m.–4:30 p.m.

Same-Day HIV Testing and Treatment Services

Same-day HIV testing and treatment services are also available in the Southern Nevada Community Health Center at both the Decatur and Fremont locations. Services include testing, medical care, behavioral health, nutrition counseling, case management, pharmacy access and HIV education. PEP and PrEP navigation and treatment are available for those who test negative for HIV. Services are provided to both insured and uninsured patients. A sliding fee scale is available for self-pay patients who qualify.

These services are available at the following locations:

- 280 S. Decatur Blvd., Las Vegas, NV 89107: Open Monday–Thursday, 7 a.m.–6 p.m.
- 2830 E. Fremont St., Las Vegas, NV 89104: Open Tuesday–Friday, 7:30 a.m.–6 p.m.

At-Home HIV Testing with Collect2Protect

The Health District’s Collect2Protect program provides free at-home HIV testing kits by mail, a convenient and private testing option. Low-cost gonorrhea and chlamydia tests are also available by mail. For more information or to request a kit, visit the [Collect2Protect](#) webpage.

Community Meetings

Week ending 06/29:

Biweekly:

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with Direct Reports (Anderson-Fintak, Crutchfield, Saxton, Zhang)
- Attended the CDC National Measles Response call
- Facilitated the EIS check-in meeting

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Mayor Pro Tem Gallo, Councilwoman Summers-Armstrong, Mayor Pro Tem Black, Councilwoman Larson, Scott Nielson, and Bobbette Bond
- Participated in the Informatics Department leadership meeting
- Participated in the Southern Nevada District Board of Health meeting
- Participated in the Local Health Official Monthly Engagement meeting facilitated by National Association of County and City Health Officials (NACCHO)

Quarterly:

- Participated in the Disease Surveillance and Control leadership meeting

Ad-hoc Meetings:

- Attended a meeting with Dr. Ihsan Azzam, State Chief Medical Officer

- Attended the Big Cities Health Coalition (BCHC) Measles Discussion with Dr. Mehdi Aloosh, Medical Officer of Health at the Windsor-Essex County Health Unit, Ontario, Canada

Week ending 06/22:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports (Gonzales, Mangla, Nicolson, Saner, Smith, Trujillo, Zhang)
- Attended the CDC Response All-STLT Update call

Monthly:

- Participated in the Nevada Public Health Association (NPHA) Coordination call
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Clark County Medical Society (CCMS) Board of Trustees meeting

Professional Development/Conferences:

- Attended the "Writing for Program Impact: Getting Started Technical Assistance" webinar facilitated by the DNPAO Program (CDC)

Ad-hoc Meetings:

- Participated in a meeting with staff from UMC
- Participated in an internal meeting regarding Public Health Accreditation and the Strategic Plan

Week ending 06/15:

Biweekly:

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with Direct Reports (Anderson-Fintak, Saxton, Trujillo)
- Attended the CDC National Measles Response call

Monthly:

- Participated in the NV Pathogen Science Team meeting
- Participated in the BCHC Monthly Member meeting

Ad-hoc Meetings:

- Participated in an internal meeting regarding vital records call volume
- Participated in a meeting with Nevada Anthem BCBS regarding the upcoming Medicaid Access Collaboration quarterly, which includes Anthem Medicaid, United Healthcare Medicaid and SilverSummit MCO, for potential SNHD involvement
- Participated in an internal meeting regarding State Public Health Funding
- Participated in an internal meeting regarding the next steps for the Community Health Improvement Plan (CHIP)
- Attended the Epidemiology Staff meeting

Week ending 06/08:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports (Gonzales, Mangla, Saner, Trujillo)
- Attended the CDC Response All-STLT Update call
- Facilitated one-on-one meeting with EIS Officer

Monthly:

- Facilitated the Informatics Leadership Team
- Attended the Drug, Device and Protocol Committee meeting

- Attended the Medical Advisory Board meeting
- Participated in the Nevada Association of Local Health Officials (NALHO) meeting

Quarterly:

- Participated in the Environmental Health Managers meeting
- Presented at the State Board of Health meeting

Ad-hoc Meetings:

- Participated in an internal FY25 Budget Augmentation Review meeting
- Attended a meeting with Mason Van Houweling (UMC)
- Attended an internal meeting with Epidemiology staff on the Hanlon Method
- Participated in a Southern Nevada Health District CareManager Demo
- Participated in an internal Measles Tabletop Debrief meeting

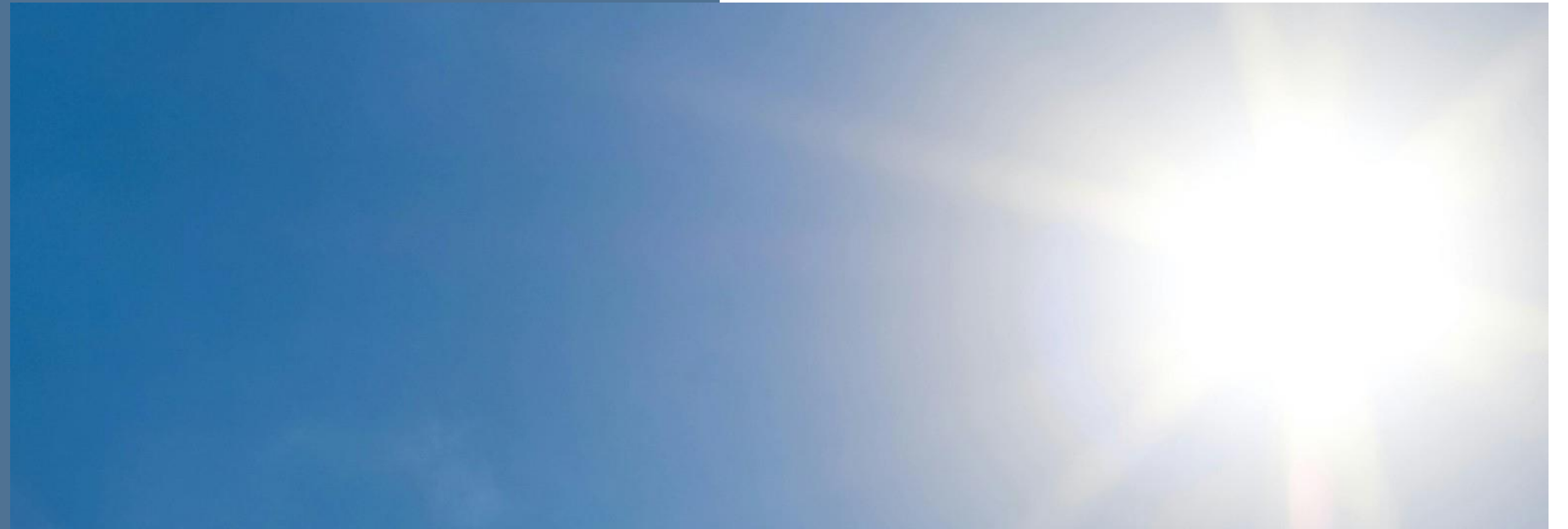
RISING TEMPERATURES, RISING RESPONSIBILITY



● **HOW SNHD SAFEGUARDS STAFF FROM HEAT ILLNESS**
PRESENTED BY: RUBY ROSANO, SAFETY OFFICER

June 2025

CONTEXT & CONTINUATION



01

April's presentation confirms a key threshold: 105°F.

02

Heat-related deaths increase sharply above this point.

03

SNHD is intervening before this threshold is reached.





SEASONAL POLICY ACTIVATION

HEAT ILLNESS PREVENTION PLAN (HIPP) ACTIVE:

- Late April to Early October
- Covers peak mortality risk months
- Focused on prevention, not reaction

NEVADA OSHA COMPLIANCE

EFFECTIVE APRIL 29, 2025

- Written Heat Illness Prevention Plan
- Job Hazard Analyses
- Emergency Response Procedures
- Hydration, Shade, Acclimatization
- Mandatory training



WHO'S COVERED AT SNHD?

APPLIES TO ANYONE WORKING
OUTDOORS >30 MINS:



KEY PREVENTION MEASURES

1. Hydration every 15–20 minutes
2. Cooling breaks and shade access
3. Buddy system or check-ins for field staff
4. Safety reminders on extreme heat days



WHY 105°F MATTERS



TRIGGER THRESHOLD ADOPTED FROM MORTALITY DATA

1. Heat hazard advisories
2. Increased field monitoring
3. Prioritizing early intervention

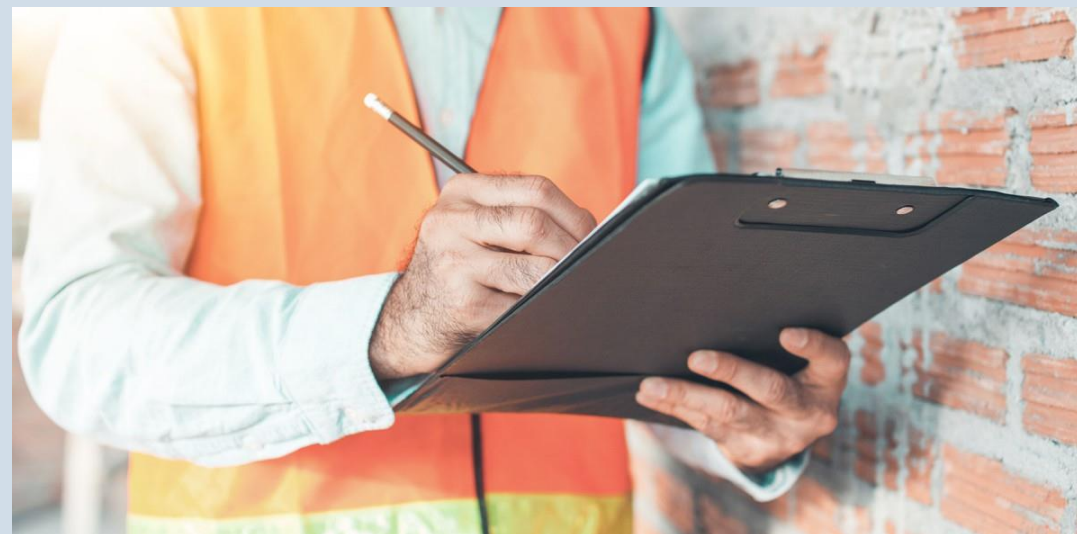
TRAINING & ACCOUNTABILITY



Staff trained to recognize symptoms



Heat Monitors trained to respond



Supervisors ensure accountability



Culture of prevention, not punishment



WHAT'S NEXT?



**HEAT METRICS IN
INJURY TRACKING**

**POST-SEASON
EVALUATIONS**

**COMPLIANCE +
CULTURE = RESILIENCE**

CLOSING

- **SNHD IS BUILDING A CULTURE OF SAFETY.**

- **Data-driven interventions**
- **Regulatory compliance**
- **Commitment to employee wellbeing**



Thank you for your support.



Combating Heart Disease in the Heart of the Community

Date: July 24, 2025

Presented By: Amineh Harvey, MPH,
Senior Health Educator

Office of Chronic Disease Prevention and Health
Promotion | Community Health Division

Email: harveya@snhd.org

Heart Disease Prevention & Self-Management Program

WHO:

Office of Chronic Disease Prevention & Health Promotion

- 1 Senior Health Educator, 1 Health Educator, 1 Community Health Worker
- Supported by 4 temporary workers who primarily work weekend screening events
- Multiple community partners and volunteers

WHAT:

- Program consists of different initiatives that provide education, blood pressure screening, and referrals to raise awareness among communities at greatest risk and connect them to resources to help them self-manage hypertension and prevent heart disease.

WHY:

- Heart Disease is the leading cause of preventable death in the United States.
 - Some populations are at greater risk

Burden of Hypertension in the AA Community

Both

- Hypertension develops earlier in life and more severe organ damage.
- High rates of death and disability from uncontrolled hypertension and Cardiovascular disease.
- In Clark County, 4.2% of adults reported experiencing angina, coronary heart disease or heart attack in 2023.
- In Clark County in 2023, non-Hispanic Black/African American adults had the highest percentage of hypertension (41.1%).

Men

- Lower rates of hypertension treatment and control (medication adherence).
- Less physician interaction compared to black women (distrust in providers).
- 46% are diagnosed with some form of CVD.
- 45% aged 20 and older have hypertension.

Women

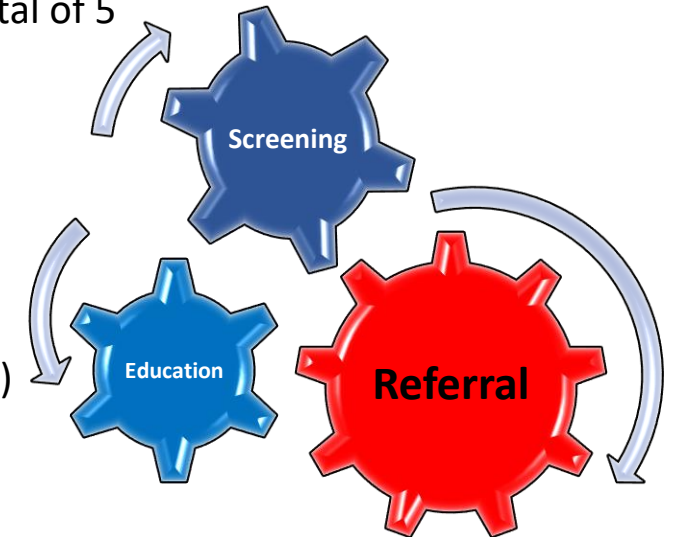
- African American women are 60 percent more likely to have high blood pressure, as compared to non-Hispanic white women.
- Only 52 percent of African-American women are aware of the signs and symptoms of a heart attack



Barbershop and Beauty Salon Initiative

Taking the Client Experience Beyond the Chair

- To empower black men and women to adopt healthier lifestyle choices and reduce their risk for cardiovascular disease and stroke, SNHD partnered with three black-owned barbershops to create the **Barbershop Health Outreach Project (BSHOP)**. Since inception in 2018, the initiative has expanded its partnership with a total of 12 Black-owned barbershops, 1 newly Hispanic-owned barbershop and introduced the program in the beauty salons (**Beauty Shop Health Outreach Project; BeSHOP**) using the BSHOP model, partnering with a total of 5 salons. To date, the initiative has a total of 18 partner sites.
- **Trained volunteers/partners**
 - Eta Eta Eta Chapter of Chi Eta Phi Nursing Sorority
 - Nevada State College of Nursing
 - Southern Nevada Black Nurses Association
 - Nevada Faith and Health Coalition Community Health Workers (CHWs)
 - Lay Community Volunteers
- **Funding**
 - NV Division of Public and Behavioral Health – HDS04 Subgrant
 - Public Health Infrastructure Grant
 - Southern Nevada Health District



Why the Barber & Beauty Shop?

Non-traditional
clinical setting to
raise awareness of
heart health risks

Builds trust through
culturally relevant
outreach

Provides accessible
blood pressure
screening

Culturally
appropriate
implementation site

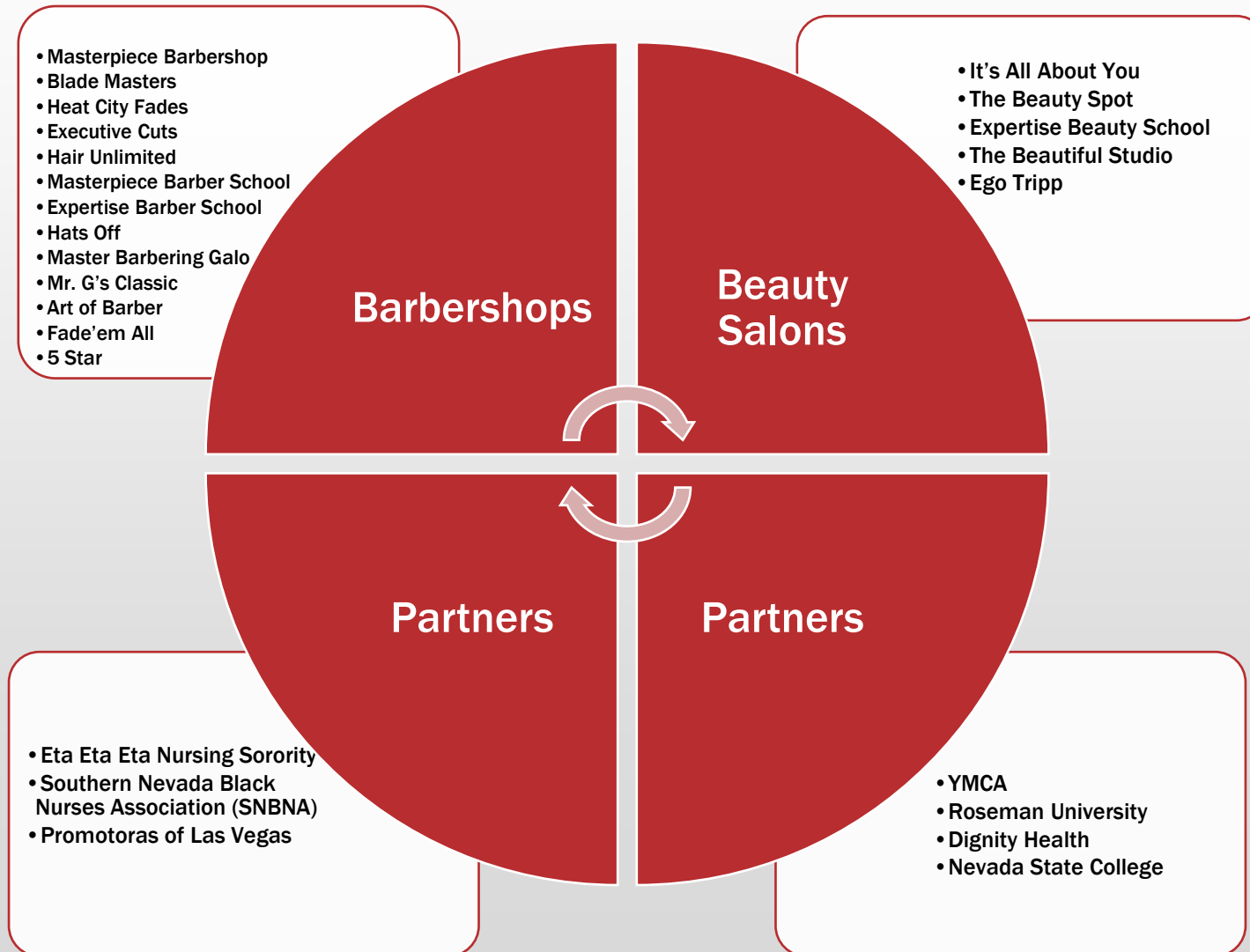
Vehicle for health
promotion/education

Pillar of the African
American Community

Barbers & Stylists
serve as community
leaders

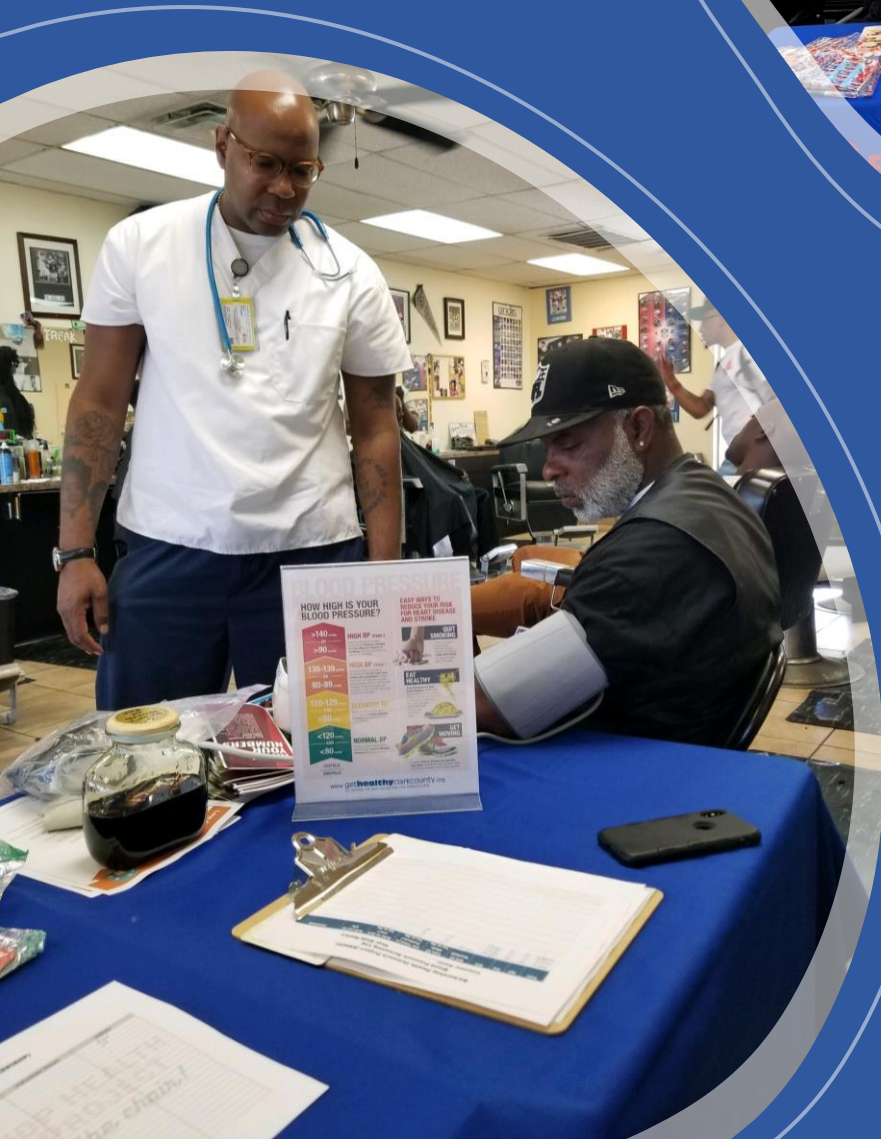
Effective peer-based
messaging approach

Community Partners





*The Barber & Beauty Experience
“More than a Cut or Style”*



The Intervention

Client Engagement:

- Volunteers and CHWs are trained in the AIDET communication model (Acknowledge, Introduce, Duration, Explanation, and Thank you).
- Establish trust and relationship building at the first interaction.
- Volunteers/CHWs introduce the program to clients receiving services.
- BP screenings are offered during wait time or conducted immediately following client service.
- Screening events are scheduled monthly at each partnering locations.
- Outreach blood pressure screenings are scheduled for 2-hour events.

Outreach Resources

Take Control of Diabetes

Free diabetes prevention and self-management programs are available through the Southern Nevada Health District and our community partners. Sign up today to take control of diabetes in your life!

DIABETES SELF-MANAGEMENT CLASSES

Southern Nevada Health District
(702) 759-1270 | gethealthy@snhd.org
gethealthyclarkcounty.org/
Manage-Your-Risk/Local-Diabetes-Resources/
Free diabetes classes are available using the US Diabetes Conversation Maps. Classes include healthy eating and physical activity materials and resources to help you live healthier with diabetes.

Dignity Health
(702) 616-4932
dignityhealth.org/las-vegas/classes-and-events
Diabetes management classes are available. Call for info.

Healthy Living Institute at UMC
(702) 383-7353 (SELF)
umcsn.com/healthy-living-institute
Free and low-cost community classes, several topics, including diabetes.

Nevada Diabetes Association
1-800-379-3839 | diabetesnv.org
Visit the statewide resource directory for information about kids and family camps, support groups, classes, and resources.

DIABETES PREVENTION CLASSES

The Road to Diabetes Prevention Program
gethealthyclarkcounty.org/
Manage-Your-Risk/Local-Diabetes-Resources/
is a free online program developed by the Southern Nevada Health District. Participate at your own pace. The program includes healthy eating and physical activity tips and resources to help you live healthier.

Dignity Health
(702) 616-4975
dignityhealth.org/las-vegas/classes-and-events

Find a listing of CDC-recognized Diabetes Prevention Programs near you: dprp.cdc.gov/Registry

www.gethealthyclarkcounty.org



Southern Nevada Community Health Center
(702) 759-1700 | snchc.org
Primary Care and Family Planning
Las Vegas: 280 S. Decatur Blvd.
Las Vegas: 2830 E. Fremont St.

Community Outreach Medical Center
(702) 657-3873
communityoutreachmedicalcenter.org
Las Vegas: 2080 E. Flamingo Rd., Ste. 302

First Person Care Clinic
(702) 380-8118 | firstpersoncc.org
Las Vegas: 1200 S. 4th St., Ste. 111
Dental Clinic: 2100 Maryland Pkwy., Ste. 5
Henderson: 200 E. Horizon Dr., Ste. A-B

FirstMed Health and Wellness
(702) 731-0909 | fmhwc.org
Las Vegas: 400 Shadow Ln., Ste. 104
Las Vegas: 3343 S. Eastern Ave.
N. Las Vegas: 3940 N. Martin Luther King Blvd., Ste. 110

Hope Christian Health Center
(702) 644-4673 (HOPE) | hopehealthvegas.org
N. Las Vegas: 4357 Corporate Center Dr., Ste. 450
N. Las Vegas: 4040 N. Martin Luther King Blvd., Ste. A

Nevada Health Centers
1-800-787-2568
nevadahealthcenters.org

Cambridge Family Health Center
3900 Cambridge St., Ste. 102
Eastern Family Medical and Dental
2212 S. Eastern Ave.
Dental appointments call (702) 597-3898
Henderson Family Health Center
98 E. Lake Mead Pkwy., Ste. 103
Martin Luther King Family Health
1799 Mt. Mariah Dr.
Walk-in appointments may be available
CP Squires School Based Health Center
1312 E. Tonopah Ave.

North Las Vegas Family Health
2225 Civic Center Dr., Ste. 224

*Find additional locations online



Low-cost Clinics

Low-cost treatment of diabetes and other health care services are available through the Southern Nevada Community Health Center and our community partners.

Please call first to determine eligibility.

Volunteers in Medicine of Southern Nevada
(702) 967-0530 | vmsn.org
Free clinics. Call for appointment, no walk-ins.

Paradise Park Clinic
4770 Harrison Dr.

Ruffin Family Clinic
1240 N. Martin Luther King Blvd.

www.gethealthyclarkcounty.org
GET MOVING, EAT BETTER, LIVE TOBACCO-FREE.



Program Impact

Data Analysis Represents Year 2
(August 2024-2025)

Number of Screening
Events:
N=155

Number of participants
screened in barbershop:
N=795

Number of participants
screened in salon:
N=127

Number of participants
reported tobacco use:
N=190 (BSHOP/BeSHOP)

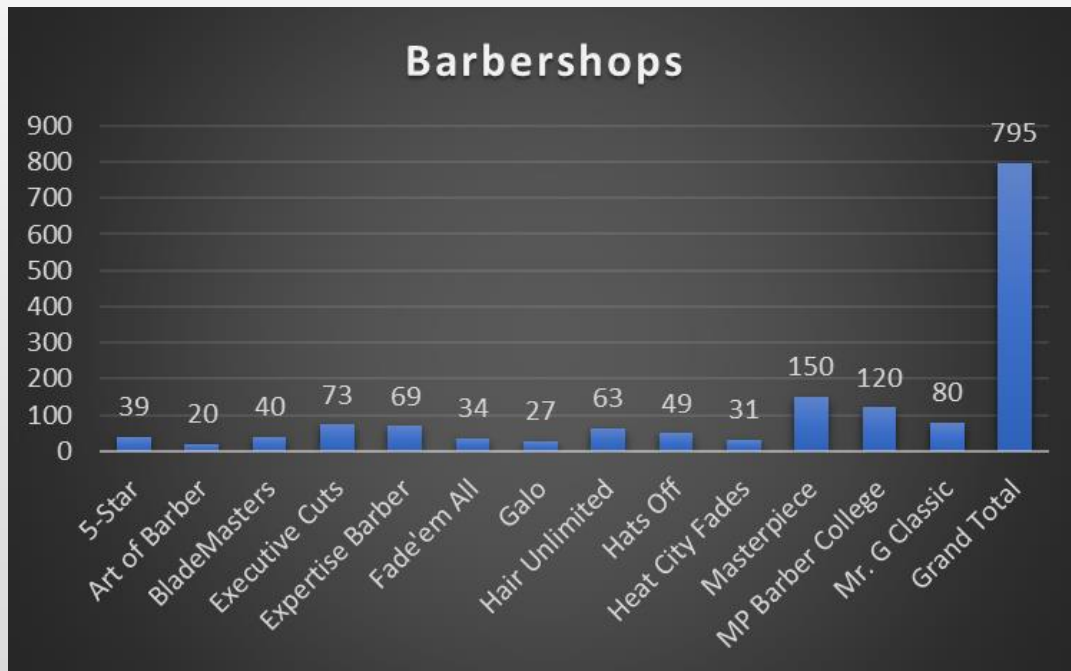
Number of participants
reported diagnosed
with HTN:
N= 160 (BSHOP/BeSHOP)

Average Age:
Barbershop: 38
Salon: 46

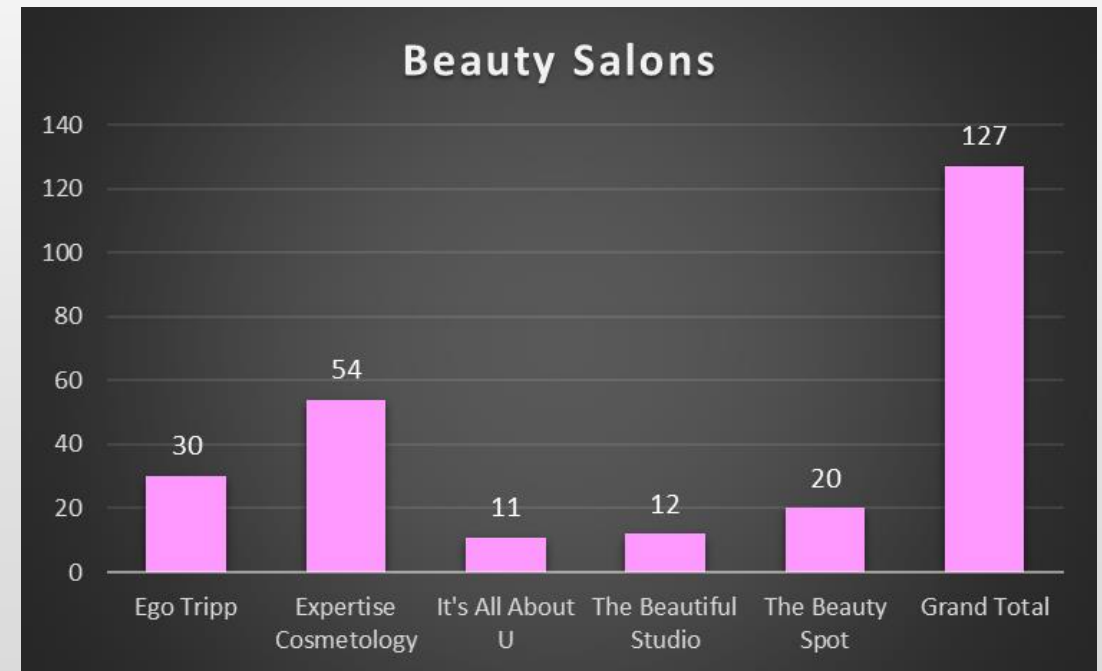


Participant Outcomes By Location

Barbershop

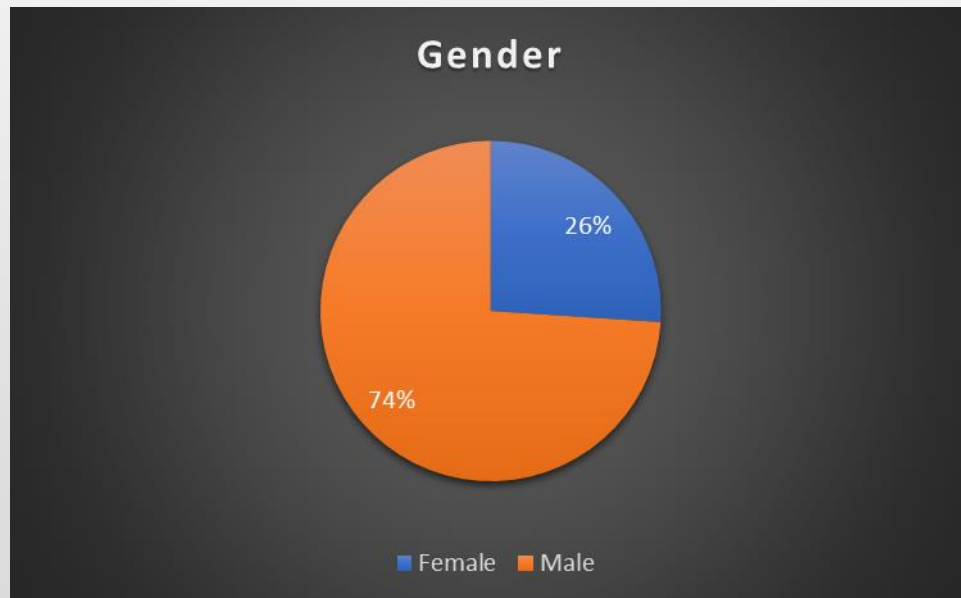


Beauty Shop

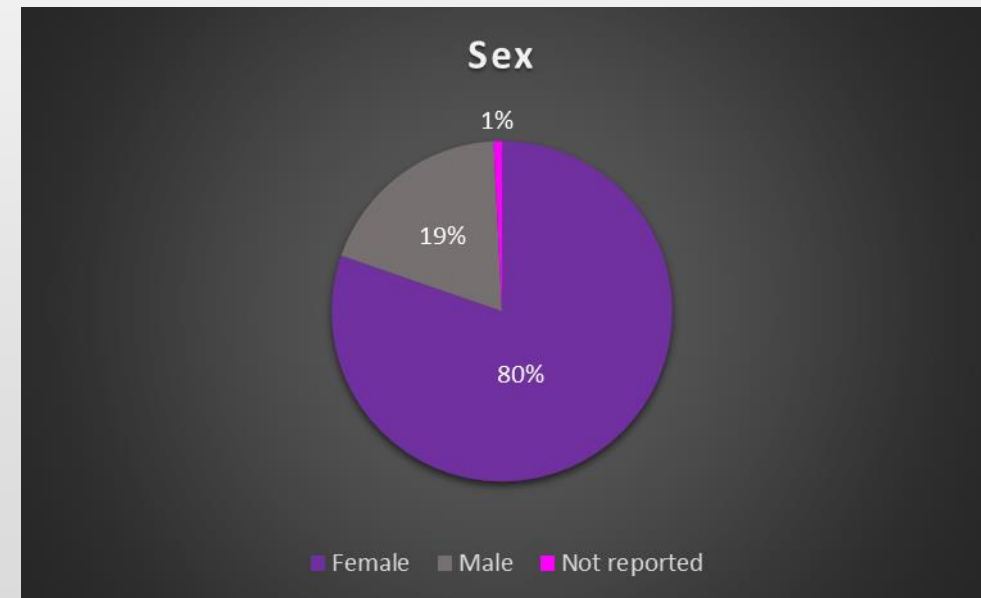


Demographics (Gender)

Barbershop

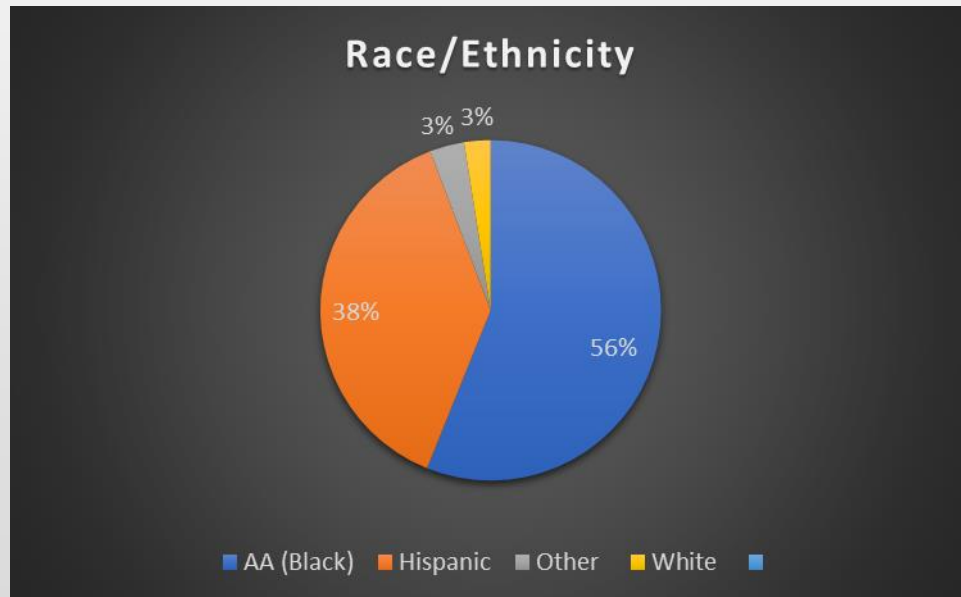


Beauty Shop

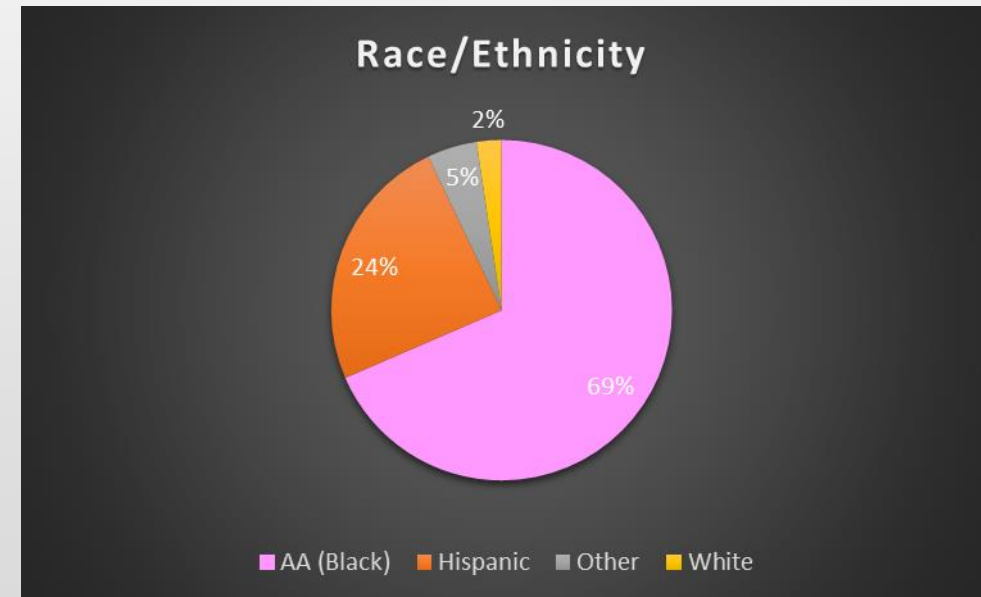


Demographics (Race/Ethnicity)

Barbershop

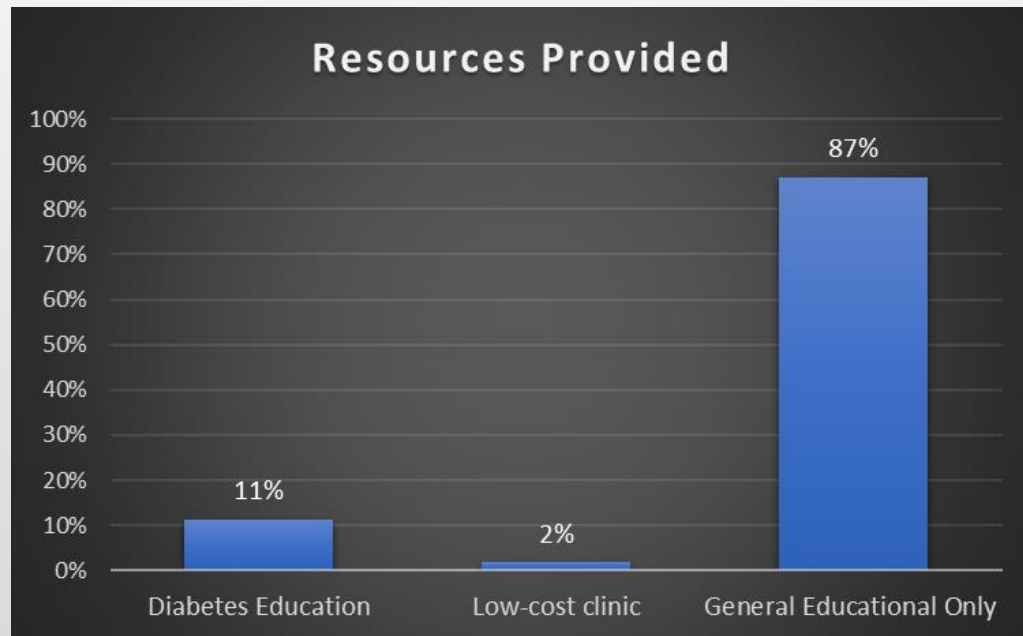


Beauty Shop

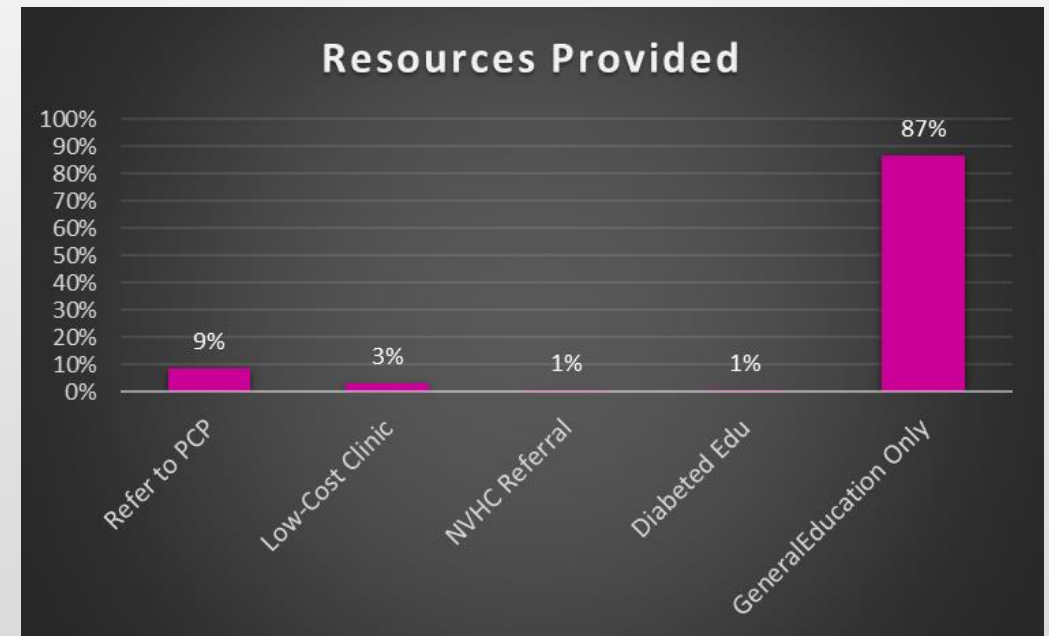


Resources Provided

Barbershop



Beauty Shop



Blood Pressure Reading Outcomes (BSHOP)

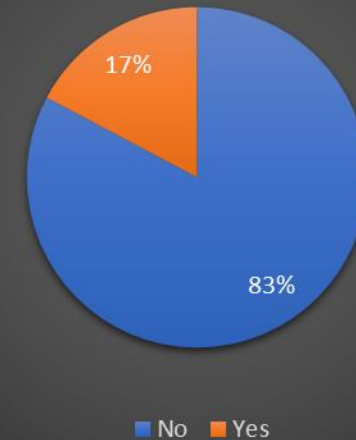
Values Assessed in the Barbershop

- Systolic values reached as high as 228 mmHg (African American participant), which classifies as a Hypertensive Crisis.
- Diastolic values reached as high as 126 mmHg (African American participant), which classifies as Hypertension Stage 2

Average BP Reading by Race/Ethnicity

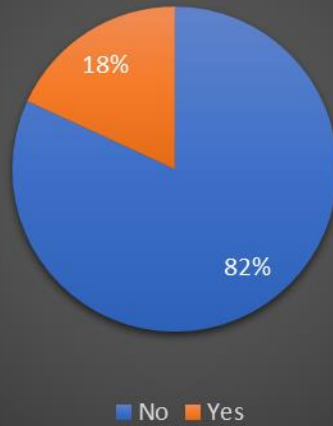
Race/Ethnicity	Avg Systolic	Avg Diastolic	AHA Classification
African American	134	81	Hypertension Stage 1
Hispanic	127	77	Elevated
White	126	77	Elevated
Other	122	75	Elevated

Diagnosed with Hypertension



Blood Pressure Reading Outcomes (BeSHOP)

Diagnosed with Hypertension



Values Assessed in the Salon

- Systolic values reached as high as 195 mmHg (African American participants), which classifies as a Hypertensive Crisis.
- Diastolic values reached as high as 120 mmHg (African American participants), which classifies as Hypertension Stage 2.

Average BP Reading by Race/Ethnicity

Race/Ethnicity	Avg Systolic	Avg of Diastolic	AHA Classification
African American	133	81	Hypertension Stage 1
Hispanic	126	81	Elevated
White	111	70	Normal
Other	131	79	Hypertension Stage 1

Project Expansion

Program sustainability
Identify new outreach
locations (2)

New 3-part educational
series: ***Pressure Point***
to address
hypertension control

Heart Healthy walking
challenge in Fall 2025
implemented in both
barber and beauty
school

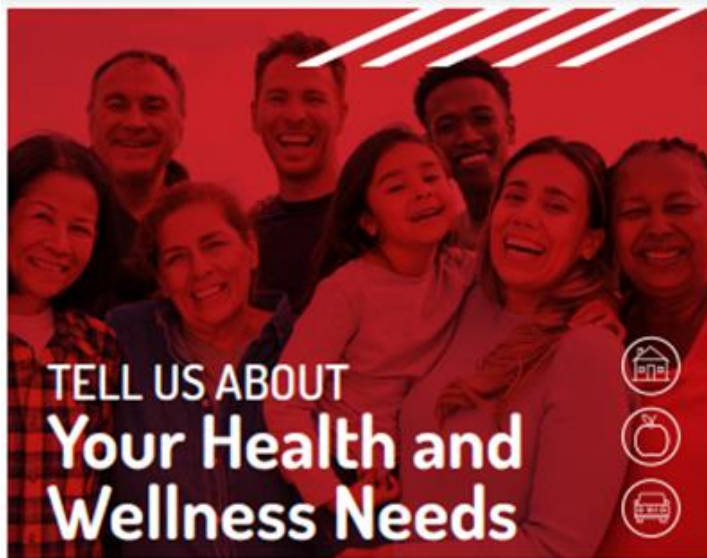
Client Engagement



Pressure Point Challenge

- Developed challenge to provide education, resources and encourage blood pressure screenings.
- Hosted at both barbershops and beauty salons.
- Friendly competition ran throughout the month of June in Quarter 4.
- Participation rates for our outreach screening events increased by 14% compared to the previous Quarter 3.
- Recognized (3) winning barbers, (2) stylists, and (1) barbershop and salon that earned the most points.

Addressing Social Determinants of Health



The Southern Nevada Health District would like to learn about how easily you can get important things you need to stay healthy, like housing, food and transportation. Your answers to a short survey can help us connect you to resources and services.



Please scan this code to take our survey online.

You can also ask for a paper survey to fill out.

Your answers will not include any information that could identify you personally. Your answers will be kept confidential.

BARBERSHOP HEALTH

Your Health and Wellness Needs Survey

The Southern Nevada Health District would like to learn about how easily you can get important things you need to stay healthy, like housing, food and transportation. Your answers to the questions below can help us connect you to resources and services.

Your answers will not include any information that could identify you personally. Your answers will be kept confidential.

Your Housing Needs:

What is your housing situation today? Check one.

- ☐ I have permanent housing.
- ☐ I do not have permanent housing. (I am temporarily staying with others, in a hotel or in a shelter, I am living outside on the street, in a car or in a park)
- ☐ I prefer not to answer this question.

Are you worried about losing your housing?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer this question.

Your Food Needs:

In the last 12 months, did you worry you would run out of food before you got money to buy more? Check one.

- ☐ Most of the time
- ☐ Sometimes
- ☐ Never or hardly ever
- ☐ I prefer not to answer this question.

Your Transportation Needs:

In the last 12 months, has not having transportation kept you from getting to medical appointments, work or somewhere else you needed to go? Check all that apply.

- ☐ Yes, it has kept me from getting to where I need to go.
- ☐ No, I have been able to get to where I need to go.
- ☐ I prefer not to answer this question.

Your Health Care: What kind of health insurance do you have? Check one.

- ☐ None/uninsured
- ☐ Medicaid
- ☐ Medicare
- ☐ Private insurance
- ☐ I prefer not to answer this question.

What is your zip code?

Leave blank if you don't know it or don't have one.

Social Determinants of Health Tool Adapted from The Centers for Medicare and Medicaid Services (CMS) Accountable Health Communities Screening Tool & Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) Rev. 3/2018

This publication was supported by the Nevada State Department of Health and Human Services through Grant Number 1 NUSADP000464-01-00 from Centers for Disease Control and Prevention (CDC). It contains the responsibility of the authors and does not necessarily represent the official views of the Department or Centers for Disease Control and Prevention (CDC).

Would you like more information?



The Southern Nevada Health District can connect you to resources and services to stay healthy. Visit GetHealthyClarkCounty.org for resources to eat better, get moving, manage your risk from chronic disease, and live tobacco-free.

www.gethealthy.clarkcounty.org

BARBERSHOP HEALTH

BARBERSHOP HEALTH

Take it beyond the shop.

BEASTY SHOP HEALTH

SUPREMACY PROJECT

Healthy ingredients, great taste.

NEVADA



BARBERSHOP HEALTH

BEASTY SHOP HEALTH

SUPREMACY PROJECT

NEVADA

NEVADA

NEVADA

- Integrated Social Determinants of Health screening tool to assess client needs.
- Planning to pilot the project in (2) BSHOP/BeSHOP locations
- Planning to implement pilot project in partnership with Roseman University's GENESIS Program as the direct referral source.

** Pending grant funding

MARKETING AND PROMOTION

Barbershop Signage

Care about your

HEART

like you care about your

HAIR

Your hair may change, but your heart will stay with you forever if you take care of it.

FREE BLOOD PRESSURE CHECKS

FAIR KUTZ	MASTERPIECE #2	BLADE MASTERS
JUNE 8	JUNE 9	JUNE 16
3PM-5PM	10AM-1PM	10AM-1PM

www.gethealthyclarkcounty.org

GET MOVING. BE SAFE. EAT BETTER. LIVE TOBACCO-FREE.



**BARBERSHOP HEALTH
OUTREACH PROJECT**
Take it beyond the chair!

FOR MORE INFORMATION,
TALK TO YOUR BARBER



Social Media Ads

- RJ Takeover
- Web Banner
- Facebook/IG
- Black Image Magazine

Get to the **HEART** of the matter



Every 43 seconds someone in the United States has a heart attack, and every four minutes someone dies from a stroke.

Do you know the warning signs?

- Chest discomfort, including uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other upper body areas, including one or both arms, the back, neck, jaw or stomach.
- Shortness of breath that occurs with or without chest discomfort.
- Breaking out in a cold sweat, nausea or lightheadedness.



Take action to improve your heart health. Sign-up for a **FREE Blood Pressure Self-Monitoring Program offered at the YMCA of Southern Nevada. To enroll, contact Lindsey Edmond (702) 838-4901 or email lindseyledmond@lssvegasymca.org.**

Learn more about how to keep your heart healthy at GetHealthyClarkCounty.org



www.gethealthyclarkcounty.org
a division of SNV in the region

This publication was prepared by the Nevada State Division of Public and Behavioral Health through Grant Number 5U49CE00070178 (C) from the Division for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the CDC.

Bus Stop Ad



Care about your HEART like you care about your HAIR

Your hair may change, but your heart will stay with you forever — if you take care of it.

The Southern Nevada Health District is partnering with local beauty shops to raise awareness about the risk for heart disease and stroke in women by offering:

- Blood pressure screenings
- Health education
- Referrals to health care providers

Did you know?

- Of African-American women ages 20 and older, 49 percent have heart disease.
- Only 1 in 5 African-American women believes she is at risk.
- Only 52 percent of African-American women are aware of the signs and symptoms of a heart attack.



**BEAUTY SHOP HEALTH
OUTREACH PROJECT**
Healthy beyond your hair!

www.get**healthy**clarkcounty.org
GET MOVING. BE SAFE. SAY BETTER. TRY TOBACCO-FREE.

SNHD
Southern Nevada Health District

**For more information about the Beauty Shop Health Outreach Project,
 contact Aminah Harvey at harveya@snhd.org**

This publication was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 1 A580900000000000000 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor Centers for Disease Control and Prevention.

KCEP Power 88.1 Radio Ad



HIGHER ACTIVITY, **LOWER BLOOD PRESSURE**

get **healthy** clarkcounty.org
ON SCENES: BILLY KAY REYES, LISA HANCOCK/REYES

SNV
SAN JOSE NEVADA

Care about your
HEART
like you care about your
HAIR

Your hair will change, but your heart will stay with you forever. If you take care of it. February is American Heart Month. Heart disease and stroke is the No. 1 killer in women, and stroke affects African-Americans at an alarmingly higher rate. To learn more about heart disease in women visit www.gettheheartclubcounty.org

  **BEAUTY SHOP HEALTH
OUTREACH PROJECT**
Healing beyond your hair.



DON'T PUT YOUR HEALTH ON PAUSE

Discover the link between perimenopause, menopause, heart health, and how it impacts your health.

Join us for **Salen Talk** for an empowering discussion on heart health with expert panelists, who will share practical tips and guidance on:

- **Understanding Perimenopause:** What is perimenopause and how does it affect women's health?
- **Heart Health Awareness:** The impact of hormonal changes on the heart.

Date: Sunday, May 18th 2025
Time: 3pm-5pm
Location: Ego Tripp Salon
 205 W Centennial Pkwy Ste 100,
 North Las Vegas, NV 89084

Learn more at getthehealthyclarkcounty.org










HEART OF THE COMMUNITY

BLOCK PARTY

It's a new year! Kickstart your health and wellness goals for 2025 with the Southern Nevada Health District as we host the Heart of the Community Block Party.

SAT, FEB. 15 | 11AM - 3PM

MARTIN LUTHER KING JR. SENIOR CENTER
2420 N. M.L.K. BLVD. BUILDING B, NORTH LAS VEGAS, NV 89032



Don't miss the party! Visit:
getthehealthyclarkcounty.org/block-party
to learn more.



Heart of the Community Block Party:

- Hosted a community outreach event to commemorate **American Heart Month**
- Partnered with community partners to provide resources and onsite medical services
- FREE haircuts/styles from BSHOP/BeSHOP partners
- Facilitated educational 'Talk with a Doc' session

Move to the Beat

- Partnership with the Health is Wealth Tour created by Fade'em All Barbershop Owner
- Barber led community walks

Community Outreach

SHOP TALK:
CUT TO THE CHASE
ADDRESSING MEN'S HEALTH ISSUES

Join the Barbershop Health Outreach Project (BSHOP), in collaboration with the Men's Room, to address prevalence of men's health issues. It's time to prioritize your health and stop making excuses. Expert health professionals will lead discussions on general men's health, cardiovascular health, erectile dysfunction, prostate cancer in a safe space created for MEN ONLY. This thought-provoking dialogue will provide opportunity for men to engage in in-depth conversations about health and wellness.

MASTERPIECE BARBER SCHOOL
3510 E. BONANZA, LAS VEGAS, NV. 89110

THURSDAY, JUNE 27
6:00 PM-8:00 PM

FREE EVENT FOR MEN ONLY SPACE IS LIMITED, PLEASE REGISTER
QUESTIONS, CONTACT HARVEYA@SNHD.ORG

SNHD HEALTHY COMMUNITIES



Annual event focused on addressing Men's Heart Health in an open dialogue format.

Shop Talk

- Creates a safe space for men to share health related issues in a non-judgement and unfiltered dialogue.
- Intended to improve the trajectory of men's health.
- All topics have a correlation with the risk of cardiovascular disease and stroke. Shop Talk provides Black Men with a blueprint to health and wellness with discussion topics not limited to mental health, prostate cancer, physical activity, nutrition, access to care, etc.

***Upcoming Shop Talk event; Thursday, August 7th at Blade Masters Barbershop**



Annual event focused on addressing women's health issues

Salon Talk

- 2024 event, **'A Healthy You is a Beautiful You'** focused on health and beauty. Panelists addressed routine screenings, how to navigate the healthcare system and self-advocate with a primary care healthcare provider.
- 2025 event, **'Don't Put Your Health on Pause'** focused on the impact of perimenopause, menopause and cardiovascular health.

****Supported by Senator Dina Neal and Councilwoman Shondra Summers Armstrong**



Program Sustainability

- Blood Pressure Screening Stations
- Self-Administered FREE screenings
 - Available for public use
- Steps on how to accurately measure BP
 - Heart Education & Resources
 - **Locations:**
 - Executive Cuts
 - Blade Masters
 - Master Barbering Galo
 - The Beauty Spot



Thank you!

Contact: Amineh Harvey, MPH

Email: harveya@snhd.org

Phone: (702) 759-0790





CITY OF BOULDER CITY

City Clerk's Office
401 California Avenue
Boulder City, NV 89005
702-293-9208(office)
702-293-9245(fax)
www.bcnv.org

May 15, 2025

Attention: Andria Cordovez Mulet

Cassius Lockett, PhD
District Health Officer
Southern Nevada Health District
P.O Box 3902
Las Vegas, NV 89127

RE: Term of Office

Dear Dr. Lockett,

At its May 13, 2025 City Council meeting, Mayor Joe Hardy was appointed to continue serving on the SNHD Board of Health for the next term July 1, 2025 – June 30, 2027.

Mr. Paul Klouse was appointed to continue serving as Boulder City's representative on the Public Health Advisory Board for the next term July 1, 2025 – June 30, 2027.

If you have any questions, please do not hesitate to contact Tami McKay, tmckay@bcnv.org or 702-293-9210

Sincerely,

Tami J. McKay, MMC, CPO
City Clerk



Office of the County Manager

500 S. Grand Central Pkwy., Las Vegas, NV 89155

Email: CCMGR@ClarkCountyNV.gov

Office: 702-455-3550 | Fax: 702-455-3558 | ClarkCountyNV.gov

June 17, 2025

Andria Cordovez Mulet
Executive Assistant to District Health Officer
Southern Nevada Health District
280 S. Decatur Blvd.
Las Vegas, NV 89107

via email: cordovezmulet@snhd.org

Dear Ms. Cordovez Mulet:

At the Clark County Board of County Commissioners meeting held on June 17, 2025, the Commissioners reappointed Commissioners Marilyn Kirkpatrick and April Becker to the Southern Nevada District Board of Health.

If you have any questions, please contact Katie Walpole in my office at (702) 455-3226 or Kathleen.Walpole@ClarkCountyNV.gov.

Sincerely,

[Les Lee Shell \(Jun 17, 2025 13:45 PDT\)](#)

Les Lee Shell
Deputy County Manager

cc: Marilyn Kirkpatrick, Clark County Commissioner
April Becker, Clark County Commissioner
Katie Walpole, Performance & Engagement Manager, Clark County



**LAS VEGAS
CITY COUNCIL**

SHELLEY BERKLEY
Mayor

BRIAN KNUDSEN
Mayor Pro Tem

VICTORIA SEAMAN
OLIVIA DIAZ

FRANCIS ALLEN-PALENSKE
NANCY E. BRUNE

SHONDRA
SUMMERS-ARMSTRONG

MIKE JANSSEN
City Manager

OFFICE OF THE
CITY CLERK

DR. LUANN D. HOLMES
CITY CLERK

CITY HALL

495 S. MAIN ST.
LAS VEGAS, NV 89101
702.229.6011 | VOICE
702.382.4803 | FAX
711 | TTY



cityoflasvegas
lasvegasnevada.gov

May 28, 2025

Dr. Cassius Lockett
District Health Officer
Southern Nevada Health District
280 S. Decatur Blvd.
Las Vegas, NV 89107

**RE: REAPPOINTMENT -
SOUTHERN NEVADA HEALTH DISTRICT**

The Las Vegas City Council, at a regular meeting held May 21, 2025, has reappointed Councilwoman Nancy Brune and Councilwoman Shondra Summers-Armstrong as the City's representatives to the Southern Nevada Health District.

These reappointments are effective immediately and will expire on Jun 30, 2027.

Sincerely,

Dr. LuAnn Holmes, MMC, CPO
City Clerk

/sm

cc: Councilwoman Nancy Brune
Councilwoman Shondra Summers-Armstrong



**LAS VEGAS
CITY COUNCIL**

SHELLEY BERKLEY
Mayor

BRIAN KNUDSEN
Mayor Pro Tem

VICTORIA SEAMAN

OLIVIA DIAZ

FRANCIS ALLEN-PALENSKE

NANCY E. BRUNE

SHONDRA
SUMMERS-ARMSTRONG

MIKE JANSSEN
City Manager

OFFICE OF THE
CITY CLERK

DR. LUANN D. HOLMES
CITY CLERK

CITY HALL

495 S. MAIN ST.
LAS VEGAS, NV 89101
702.229.6011 | VOICE
702.382.4803 | FAX
711 | TTY



cityoflasvegas
lasvegasnevada.gov

June 5, 2025

Jennifer Young
[REDACTED]

**RE: REAPPOINTMENT - SOUTHERN NEVADA HEALTH
DISTRICT PUBLIC HEALTH ADVISORY BOARD**

Dear Ms. Young,

The Las Vegas City Council, at a regular meeting held on June 4, 2025, reappointed you as the City's representative to the Southern Nevada Health District's Public Health Advisory Board. This appointment is effective July 1, 2025 and will expire on June 30, 2027.

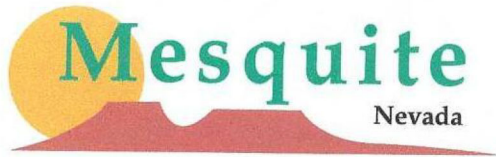
Congratulations on your reappointment!

Sincerely,

Dr. LuAnn Holmes, MMC, CPO
City Clerk

/sm

cc: Dr. Cassius Lockett
District Health Officer
Southern Nevada Health District
280 S. Decatur Blvd.
Las Vegas, NV 89106



MAYOR, CITY OF MESQUITE NV

Jesse Whipple
10 East Mesquite Boulevard
Mesquite, Nevada 89027
jwhipple@mesquitenv.gov
(702) 346-5295 / Fax: (702) 346-2795

June 24, 2025

Andria Cordovez Mulet
Southern Nevada Health District
280 S. Decatur Blvd.,
Las Vegas, NV 89107

RE: Mayor's new appointment for Southern Nevada Health District Board

Andria Cordovez Mulet,

Please be advised of the reappointment by Mayor Jesse Whipple for the Southern Nevada Health District Board of Council Member Pattie Gallo (pgallo@mesquitenv.gov).

Kind regards,

Jesse Whipple
Mayor, City of Mesquite Nevada

EJW:nh

Mayor
Pamela A. Goynes Brown

Council Members
Isaac E. Barron
Ruth Garcia-Anderson
Scott Black
Richard J. Cherchio



City Manager
Micaela Moore

City Clerk's Office
Jackie Rodgers, City Clerk

2250 Las Vegas Boulevard North · Suite 135 · North Las Vegas, Nevada 89030
Telephone: (702) 633-1030 · Fax: (702) 649-3846
www.cityofnorthlasvegas.com

July 8, 2025

Southern Nevada Health District
P.O. Box 3902
Las Vegas, NV 89127

RE: Southern Nevada District Board of Health

Dear Dr. Lockett:

Please be advised that at the July 2, 2025 meeting of the City Council the following item was heard:

Scott Black to the Southern Nevada District Board of Health for a Term Ending on November 30, 2026. (Citywide) (For Possible Action; Recommendation - Reappoint)

The action taken by the City Council was:

ACTION: REAPPOINTED

If you have any questions, please contact the City Clerk's Office at (702) 633-1030.

Sincerely,


Jackie Rodgers
City Clerk

Mayor
Pamela A. Goynes-Brown

Council Members
Isaac E. Barron
Ruth Garcia-Anderson
Scott Black
Richard J. Cherchio



City Manager
Micaela Moore

City Clerk's Office
Jackie Rodgers, City Clerk

2250 Las Vegas Boulevard, North Suite 800 · North Las Vegas, Nevada 89030
Telephone: (702) 633-1030 · Fax: (702) 649-3846
www.cityofnorthlasvegas.com

June 23, 2025

Southern Nevada Health District
P.O. Box 3902
Las Vegas, NV 89127

SUBJECT: Southern Nevada Health District Public Advisory Board

Dear Dr. Lockett:

Please be advised that at their meeting on June 4, 2025, the City Council **approved** the following:

Reappointment of Ronald Kline as the North Las Vegas Representative to the Southern Nevada Health District Public Advisory Board for a Term Ending on June 30, 2027.

If you have any questions please contact the City Clerk's Office at (702) 633-1030.

Sincerely,


Jackie Rodgers
City Clerk

MEMORANDUM



Date: July 24, 2025

To: Southern Nevada District Board of Health

From: Kim Saner, J.D., M.A., SPHR, *Deputy District Health Officer-Administration*  on behalf of Kim Saner
Cassius Lockett, PhD, *District Health Officer* 

Subject: **Administration Division Monthly Report – June 2025**

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Executive Summary

The Office of Communications issued three News Releases and ran multiple public health campaigns, including Your Shot for a Healthier Tomorrow, Beat the Heat, Fight the Bite, Behavioral Health and Back-to-School Vaccination Clinics. Facilities staff upgraded all the access badge readers at the Decatur Location. Health Cards served 11,939 total clients, including 2,867 clients renewing online. As of June 20, 2025, the Health District had 817 active employees. Human Resources posted five employment opportunities, held eight interviews, extended three job offers and onboarded one new employee. There were three terminations, one retirement, no promotions, no transfers and no demotions. 8 Interviews

Office of Communications

News Releases Disseminated:

- Reminder – Health District highlights Men’s Health Month
- Take charge of your health – Get tested for HIV this National HIV Testing Day
- Health District urges early immunizations ahead of the new school year

Press:

- Salmonella cases
- Extreme heat
- Childhood vaccines
- Street food vendors
- Men’s Health Month

Five hundred thirty-nine news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in June. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at <https://media.southernnevadahealthdistrict.org/download/oc/202506-PI-Report.pdf>.

Advertisements, Projects Completed and Social Media Summary:

In June, the Office of Communications ran multiple public health campaigns, including Your Shot for a Healthier Tomorrow, Beat the Heat, Fight the Bite, Behavioral Health and Back-to-School Vaccination Clinics. Staff also provided product support for the Office of Chronic Disease Prevention and Health Promotion, Environmental Health, and Administration. Throughout the month, staff responded to 197 public information email inquiries and completed 59 internal project requests. These include support for graphic design, website content, photography, advertising, marketing, outreach materials and translation services. Staff updated the Health District websites, including SNHD.info, SNHD.info/covid and GetHealthyClarkCounty.org.

On social media, staff focused on promoting Fight the Bite, SNHD.Info/SUID, 2025 Southern Nevada Substance Misuse and Overdose Prevention Summit, Pride Month, Juneteenth, Water Watcher, 4 Steps to Food Safety, Beat the Heat, Back-to-School Immunizations, CredibleMind and Board of Health recognitions.

Community Outreach and Other:

- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: 12
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 220

Legislative Affairs Update:

- Monitored final bill activity and outcomes as the Nevada legislative session concluded
- Reviewed enacted legislation for operational and policy impacts on the Health District
- Began preparing legislative update presentations for the Board of Health and other stakeholder groups
- Provided end-of-session summaries to internal teams to support planning and implementation

Meetings and Events of Note:

- June 05: Table Top Debrief Measles
- June 05: Public Health Reaccreditation meeting
- June 10: Media Relations Today: How to Build Trust in Public Health Guidance
- June 10: Southern Nevada Strong (SNS) Community Engagement Task Force meeting
- June 10: Building capacity through accreditation
- June 11: Back to School meeting
- June 13: Big City Health Coalition PIO/Communications Meeting
- June 17: Accreditation meeting
- June 18: Legislative Update Presentation at Southern Nevada HIV Prevention Planning Group
- June 19: Nevada Public Health Association Advocacy and Policy Committee Meeting
- June 24: 988 Suicide and Crisis Lifeline Meeting
- June 26: Big City Health Coalition Policy Group Meeting
- Meetings related to State Public Health Fund

Please see Appendix A for the following:

- Media, Collateral and Community Outreach Services
- Monthly Website Page Views
- Social Media Services

Facilities

Monthly Work Orders	June 2024	June 2025		YTD FY24	YTD FY25	
Maintenance Responses	161	471	↑	2,288	5,507	↑
Electrical Work Orders	5	90	↑	94	562	↑
HVAC Work Orders	21	49	↑	134	622	↑
Plumbing Work Orders	9	17	↑	74	228	↑
Preventive Maintenance	10	104	↑	233	848	↑
Security Responses	2,322	2,215	↓	29,788	30,059	↑

Current Projects

Decatur Location

- Upgraded access control badge readers
- Remodeled office space for Chief Communications Officer
- Remodeled storage space for Office of Communications
- Expanded access controls to Health Cards front doors for employees

SNPHL Location

- Completed Phoenix Controls installation
- Completed installation of autoclave

Fremont Location

- Assisted with replacement of two exam tables

Finance

Total Monthly Work Orders	June 2024	June 2025		YTD FY24	YTD FY25	
Purchase Orders Issued	406	343	↓	5,743	6,498	↑
Grants Pending – Pre-Award	2	3	↑	52	51	↓
Grants in Progress – Post-Award	9	5	↓	141	103	↓

* Grant applications and NCCs created and submitted to agency

** Subgrants routed for signature and grant amendments submitted

No-Cost Extensions and Carryover requests are not quantified in this report.

Grants Expired – June 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, Immunization Office of Child, Family and Community Wellness, Bridge funding (bridge24)	P-CDC	6/30/2025	\$1,007,722	End of project period	1.59	Project not expected to renew
Comagine, Advancing Health Equity to Address Diabetes (codpp_24)	P-CDC	6/29/2025	\$101,923	End of project period	0.30	The renewal for FY2026 is in progress
Clark County, Public Health Nurse Liaison Services for Child Protective Services, Year 3 of 6 (cps_25)	O-ILA-CC DFS	6/30/2025	\$81,078	End of project period	1.00	The renewal for FY2026 is in progress, will be year 4 of 6
State of Nevada, Public Health Preparedness Program - Cities Readiness Initiative (cri_25)	P-CDC	6/30/2025	\$751,181	End of project period	4.15	The renewal for FY2026 is in progress
State of Nevada, Public Health Preparedness Program - Cities Readiness Initiative, Carryover (crico_25)	P-CDC	6/30/2025	\$32,627	End of project period	0.00	The carryover is for 12 months
State of Nevada, Family Planning (fpnv_25)	State NV	6/30/2025	\$400,500	End of project period	2.70	The renewal for FY2026 is in progress

Grants Expired – June 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, Fund for Healthy Nevada, Behavioral Health (hcincu25)	State NV	6/30/2025	\$150,000	End of project period	1.00	The renewal for FY2026 is in progress
State of Nevada, Chronic Disease Prevention, National Cardiovascular Health Program (hds04_24)	State NV	6/29/2025	\$98,397	End of project period	0.50	The renewal for FY2026 is in progress, will be year 3 of 5
State of Nevada, Public Health Preparedness Program - Hospital Preparedness Program, Carryover (hp2co_25)	P-CDC	6/30/2025	\$32,892	End of project period	0.00	The carryover is for 12 months
State of Nevada, Public Health Preparedness Program - Hospital Preparedness Program (hpp_25)	P-CDC	6/30/2025	\$1,349,420	End of project period	5.90	The renewal for FY2026 is in progress
State of Nevada, Public Health Preparedness Program - Hospital Preparedness Program, Carryover (hppco_25)	P-CDC	6/30/2025	\$158,939	End of project period	0.00	The carryover is for 12 months
State of Nevada, Immunization Program, Year 2 of 6 (imm_25)	P-CDC	6/30/2025	\$713,621	End of project period	5.37	The renewal for FY2026 is in progress, will be year 3 of 6
State of Nevada, Immunization Supplemental Program (immhee25)	P-CDC	6/30/2025	\$203,031	End of project period	2.50	Project not expected to renew

Grants Expired – June 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, Office of Child, Family and Community Wellness, Immunization Supplement (immslv25)	P-CDC	6/30/2025	\$140,059	End of project period	1.40	Project not expected to renew
State of Nevada, Nevada Home Visiting Program TANF, Year 1 of 2 (nfptf_25)	P-ACF	6/30/2025	\$813,239	End of project period	6.00	The renewal for FY2026 is in progress, will be year 2 of 2
Clark County, Community Resources Management, Thrive by Zero to Three Prevention Services (oagth_25)	O-ILA-CC SS	6/30/2025	\$77,076	End of project period	1.00	Application submitted for FY2026 funding, waiting for decision
State of Nevada, ARPA State and Fiscal Recovery Fund, Nevada Healthy Eating Active Living 5-2-1-0 Program, Amendment #2 (obpre_24)	P-U.S. Treasury	6/30/2025	\$134,030	End of project period	0.50	Project not expected to renew; state is looking for alternate funding source
State of Nevada, Public Health Emergency Preparedness Program, Year 1 of 5 (phep_25)	P-CDC	6/30/2025	\$1,782,379	End of project period	9.10	The renewal for FY2026 is in progress, will be year 2 of 5
State of Nevada, Public Health Emergency Preparedness Program, Carryover (phpco_25)	P-CDC	6/30/2025	\$270,262	End of project period		The carryover is for 12 months
State of Nevada, Safe Drinking Water (sdw_25)	O-ILA-P-EPA	6/30/2025	\$150,000	End of project period	0.95	The renewal for FY2026 is in progress

Grants Expired – June 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, Tobacco Control Program, Year 5 of 5 (tob_24)	P-CDC	6/30/2025	\$489,265	End of project period	0.95	The renewal for FY2026 is in progress, will begin a new grant cycle
Nevada Clinical Services, Tobacco Control (tobnacs25)	O-Nevada Clinical Services	6/30/2025	\$465,300	End of project period	0.67	The renewal for FY2026 has been awarded beginning year 1 of 2
State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Underground Storage Tank, Year 4 of 4 (ust_25)	O-ILA-P-EPA	6/30/2025	\$212,500	End of project period	1.68	The renewal for FY2026 is in progress
State of Nevada, Fund for Healthy Nevada (vapfhn25)	State NV	6/30/2025	\$333,333	End of project period	0.30	The renewal for FY2026 is in progress

Grants Awarded – June 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
H80CS33641-06-08, Health Center Service Area, Amendment 8 (hcsac_25)	F-HRSA	6/23/2025	2/1/2025	1/31/2026	\$85,260	Released additional month of funding	0.00
Nevada Clinical Services, Tobacco Control (tobnacs26)	O-Nevada Clinical Services	6/26/2025	7/1/2025	6/30/2026	\$377,946	FY2026 renewal	0.80

Health Cards

1. Appointments continue to be required for food handler card testing and open as follows:
 - a. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
 - b. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.

- c. Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
2. For the month of June, we averaged 96 “passing and paying” online renewal clients per day, with a total of 2,867 clients renewing online.
3. The Board of Health was petitioned to allow us to increase the fees for our Food Handler Safety Training Cards and Certified Food Safety Manager Cards. A \$5 increase was approved to go into effect on January 1, 2026, raising the fee from \$20 to \$25. A further \$5 increase was approved to go into effect on January 1, 2028, raising the fee from \$25 to \$30.

CLIENTS SERVED	June 2025	May 2025	Apr 2025	Mar 2025	Feb 2025	Jan 2025
FH Cards – New	5,910	5,508	5,877	5,368	5,365	6,026
FH Cards – Renewals	1,194	1,180	1,172	1,042	988	970
FH Cards – Online Renewals	2,867	2,842	2,525	2,361	2,024	2,468
Duplicates	511	552	589	517	514	671
CFSM (Manager) Cards	191	199	215	231	233	237
Re-Tests	1,146	1,171	1,280	1,195	1,210	1,402
Body Art Cards	120	112	126	98	99	117
TOTALS	11,939	11,564	11,784	10,812	10,433	11,891

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for June
- 817 active employees as of June 20, 2025
- 1 New Hires, including 0 rehires and 0 reinstatements
- 3 Terminations, including 1 retirement
- 0 Promotions, 1 Flex-reclasses
- 0 Transfer, 0 Lateral Transfers
- 0 Demotions
- 27 Annual Increases
- 8 Interviews
- 3 Offers extended
- 5 Recruitments posted
- Turn Over Rates
 - Administration: 0.000%
 - Community Health: 0.000%
 - Disease Surveillance & Control: 0.840%
 - Environmental Health: 0.505%
 - Public Health & Preventive Care: 0.92500%
 - FQHC: 0.000%

Temporary Employees

- 6 Temporary Staff
- 0 New Agency Temporary Staff Members

- 0 Agency Temporary Staff Members assignment ended

Safety

- Inquiries – 98 (May)
- Inquiries – 128 (June)
- Investigations – 2 (May)
- Investigations – 1 (June)

Employee/Labor Relations

- 1 Coaching and Counseling, 0 Verbal Warnings, 2 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Terminations, 0 Probationary Releases
- 2 Grievances
- 0 Arbitrations
- 60 Hours of Labor Meetings (with Union)
- 80 hours investigatory meetings
- 4 Investigations
- 23 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 3

Interns

There were a total of 38 interns providing 732 applied public health practice hours in June 2025. There were a total of 162 interns providing 4,554 hours of applied public health practice hours for the FY25.

Interns and Clinical Rotations	June 2025	YTD
Total Number of Interns ¹	38	1162
Internship Hours ²	5732	4,554

¹Total number of students, residents, and fellows

² Approximate hours students, residents, and fellows worked in applied public health practice

Training (In-Person and Online)

- New Hire Quarterly Check-In (5 Attendees)
- Toolbox Training: Managing and Leading with DiSC (12 attendees)
- Public Speaking Workshop (4 attendees)
- OVS Division Reports: All Leadership

New Hire Orientation

- June 23, 2025 – 1 New Hire

Informatics

A. EpiTrax

1. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and troubleshoot issues, and resolve them as they arise. Provide ongoing user account support.
 - Import TB Contact list for outbreak response

- Process Alchemer survey line lists for Legionellosis investigation
 - Add new fields for new Mosquito Trapping Outcomes Form for Arboviral diseases
 - Resolve issues with the case verification category field not shown when printing RVCT PDF function
 - Add phone number and email address fields for facility entity
 - Resolved missing fields on STD Risk Assessment Form
 - Expand drop-down option list of “Interviewer” field on the interview record form
2. Continue working with OpenEMPI integration with EpiTrax system:
 - Completed minimum viable product for EpiTrax and EMSA2 integration with OpenEMPI and showcased to ACDC for feedback, pending the next steps to optimize the matching algorithm.

EpiTrax Requests	June 2025	May 2025	April 2025	March 2025
Cumulative EpiTrax Requests Completed	516	507	489	474
Open EpiTrax Requests	69	71	77	74

B. Electronic Message Staging Area (EMSA)

1. Continue to work on EMSA2, including mapping new codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors.
2. Conduct regular sessions to review message exceptions.
3. eCR went live with UHS and Centennial Clinic.

ELRs	May 2025	June 2025	eCRs	May 2025	June 2025
Total Received	133,101	104,562	Total Received	729,905	455,242
Total Processed	132,258	104,353	Total Processed	35,395	44,134
Under Review	868	609	Under Review	1,316,998	1,561,101
Event Updated	24,114	15,867	Event Updated	775	499
Event Created	17,288	8,264	Event Created	68	59

C. Data Warehouse

1. Improve ETL process to make it robust.
2. Update indices from large tables to improve speed of ETL process.
3. Deduplicate form reference data.

D. Pentaho Report

Pentaho Reports	June 2025	May 2025	April 2025	March 2025
Updated	6	5	5	2
Created	0	0	1	1

E. Dashboard

1. Respiratory disease ArcGIS dashboard: COVID-19, Flu and RSV dashboards updated per feedback from reviewer.
2. Power BI finance billing dashboard: Prepare and continue developing additional reports from staff feedback; summary, claim, and CPT. Grouped summary report is completed.

F. Southern Nevada Public Health Laboratory (SNPHL)

1. Sustaining Laboratory Information System (LIS) support and maintenance.
2. Advancing SNPHL data warehouse cleanup and maintenance.
3. Bolstering the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners.
4. Add location, clinical questions, orderables for the Outreach system. Moving clients from faxing to the Outreach system for order/result delivery.
5. Continue to build reports/data extracts for various data requests and Quality Assurance (QA).
6. Completed setup of Decatur lab interface with Outreach and eCW along with wireless label printing.
7. Revise the PHLIP feed to include two new respiratory tests.
8. Revise the LRN orderables and resulting to comply with the CDC requirements.
9. Added additional questions for chain of custody for orders involving Bio-safety Lab Level 3.
10. Completed LIMs integration for UN, XN, and Alinity instrument bi-directional interfacing.
11. Completed LIMs database migration to an updated server OS.
12. Modify LIMs orderables to integrate new BioFire Torch instrument and interface it with Harvest.
13. Fine tune CBC, urinalysis, and other additional clinical testing, along with implementing and testing calculations for tests like eGFR, Anion gap, etc.

G. Electronic Health Record (EHR) System

1. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
2. Continue data extraction and processing using Fast Healthcare Interoperability Resources (FHIR); collaborate with NV HIE and eCW on eCR and FHIR implementation.
3. Continue adopting Azara, the data warehouse and analytics platform.
4. Ongoing review of Clinical Quality Management (CQM) and calculations to ensure accuracy and quality improvement.
5. Build new SNPHL lab orders in the HER for clinical testing.
6. Modify Prenatal Care Documentation Template.
7. Continue working with Finance to optimize claims monitoring and reporting by utilizing the Datawarehouse and Data Visualization tool (Power BI).
8. Generate and review monthly reports for FQHC and Primary Care Center (5 reports).
9. Implement Behavioral Health Module.
10. Implement an interface and workflow for automated urinalysis testing using Clinitek (instrument) and Orchard/HER.
11. Preparing for eCW update for next version.

EHR Requests	May 2025	June 2025
Requests Completed	24	11
Requests Opened	26	15

eCW Reports	May 2025	June 2025
FQHC	6	3
PPC	2	2

H. Clark County Coroner's Office (CCCO)

1. Continue to provide support to CCCO on new Coroner and Medical Examiner Case Management System (CME) implementation, testing, data requests, and reports. Providing post go-live support.
2. Identify and begin researching opportunities for automation of current manual processes to reduce processing time for new cases.
3. Fulfill internal and external data requests using aggregated death data.
4. Assist Public Information Officer with location and release of high-profile deaths.
5. Continue to work with the vendor to implement end user requests/enhancements, including user requirements and end user testing.
6. Continue to work with CME vendor to correct data inconsistencies due to past bugs for reporting purposes.

I. Data Modernization Initiative (DMI)

1. eCR project: Continue UMC/HCA/Intermountain Healthcare Inc/UHS/Centennial Clinic error except handling and mapping new codes.
2. Continue working on the test scenario case worksheet for TB/LTBI cases.
3. Continue mapping fields for the implementation spreadsheet for MMG; Mumps, Pertussis, and Varicella.
4. Continue adding PHIN VADS for Mumps, Pertussis, and Varicella in NMI.

J. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

1. Continue to maintain and enhance syndromic surveillance system for new providers and future support.
2. Continue onboarding four new Intermountain Healthcare clinics. Expected completion Fall 2025. Risk management forms completed.

K. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, and data corrections and updates.
2. Completed new database upload process for Rocky Mountain Poison Control feed.
3. Continue supporting the PILLARS team member for access to HIE standardized data.
4. Go live with the ODTA harm reduction display and user for the CSV data export feature.
5. Completed the ODTA NIST online result lookup feature, allowing clients to check their results online. We are currently pending additional information from ODS regarding substances and integration with other programs, such as L2A, and more.
6. Add a new Mirth service for better encryption support.
7. Developed the Lead online report data export process to data warehouse.
8. Completed the Varicella data request from the State.

L. National and State Meetings/Workshops

1. CSTE Annual Conference
2. CSTE EHI Access Workgroup Meeting
3. CSTE eCR Consensus Criteria Workgroup
4. CSTE Electronic Laboratory and Disease Reporting Subcommittee Call
5. CSTE - CDC Frontline Tools workgroup
6. DMI LC Monthly Call
7. BCHC Data Modernization Work Group
8. Statewide Syndromic Surveillance Monthly Workgroup
9. NACCHO360 Virtual Panel Event

10. Unlocking Big Cities Health Data: Real-Life Applications for Local Health Departments

Information Technology (IT)

Service Requests	June 2024	June 2025		YTD FY24	YTD FY25	
Service Requests Completed	738	770	↑	13,486	12,244	↓
Service Requests Opened	853	887	↑	14,057	13,768	↓
Information Services System Availability 24/7	June 2024	June 2025		YTD FY24	YTD FY25	
Total System	97.37	90.80	↓	98.40	89.81	↓
Total Monthly Work Orders by Department	June 2024	June 2025		YTD FY24	YTD FY25	
Administration	170	213	↑	4,047	3,322	↓
Community Health	122	70	↓	2,446	1,193	↓
Environmental Health	127	106	↓	1,958	1,922	↓
Primary & Preventive Care	187	134	↓	1,304	2,430	↑
Disease Surveillance & Control	103	144	↑	873	1,646	↑
FQHC	113	163	↑	493	2,554	↑
Other	8	10	↑	56	182	↑
First Call Resolution & Lock-Out Calls	June 2024	June 2025		YTD FY24	YTD FY25	
Total number of calls received	853	887	↑	14,057	13,768	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
 - Monthly Position Review Committee cancelled for June 2025.
 - Prepared the June 2025 Hiring Plan for submission to CDC.
 - Participated in the webinar: Control Over Chaos: Cleanrooms, Cyber Resilience, and the Future of Recovery.
 - Participated in the Non-Competing Continuation (NCC) and Annual Performance Request (APR) Webinar receiving updates for the upcoming NCC and PHIG Strategy A2 (Foundational Capabilities). The year 4 budget level is reflective of Budget Period 1 funding levels of \$1,051,460. This level of funding will retain personnel but impact projects in the community.
 - Prepared and met with DHO for monthly 1:1 meeting – providing updates and discussing potential concerns regarding PHIG.
 - Participated in the ASTHO Workforce Development; Subject: The New to Public Health (N2PH) Residency Program is an evidence-based strategy that can complement an

organization's onboarding plans in a way that supports early career public health professionals.

- Participated in the ASTHO PHIG Primary Investigator Monthly Meeting; Subject: The call will feature an update from ASTHO's Government Affairs team, an update on the Annual Recipient Convening, and a discussion on understanding community impact.
- Participated in the Local Workforce Directors Peer Network meeting hosted by Big Cities Health Coalition. The subject of the meeting was adaptive leadership concepts. This workshop is designed to support local public health workforce directors in applying adaptive leadership concepts to the unique challenges they face and taking action that furthers workforce goals and initiatives.
- Participated in the Senior Leadership/Managers Meeting providing updates on the PHAB accreditation process.
- Let the SNHD effort to participate in the NACCHO Profile Survey on local health districts across the nation.
- Participated in the CDC National Measles Response Call.
- Participated in the June's Board of Health Meeting.

CDC Requirements

- Monthly CDC Project Officer meeting was convened on May 14, 2025 – Final decision on PHIG Strategy A2 funding for Year 4 was to return funding to Year 1 funding level (\$1,051,460).
- Finalized, reviewed, and approved monthly hiring plan for submission to the CDC.
- Participated in the Non-Competing Continuation (NCC) and Annual Performance Report (APR) Webinar receiving updates for the upcoming NCC and PHIG Strategy A2 (Foundational Capabilities).
- Received notification that abstract submitted to the Annual Recipients Convening (ARC) by the Workforce Director was accepted to speak at the event.
- Received notification that Workforce Director was invited to speak at the Region 9 HUB in Sacramento, CA.

Performance Management

- Reported to the HEC on progress and support needed to ensure that the Strategic Plan dashboard will provide true information and demonstrate PM for PHAB Reaccreditation.
- Met with DSC Division representatives on the new Strategic Plan priority #6 (Drug Use) to show connections between the CHA, CHIP, and Strategic Plan.
- 13 Team hours spent on Strategic Priority coaching.

Quality Improvement

- Followed up with 3 meetings re. FQHC Call Center spurred from consultant visit to log potential problems for leadership to consider addressing through QI.
 - 4 additional team hours spent with FQHC Leadership identifying Appointment Utilization as the next focus for QI work in this group.
- Spent 6 Team hours examining Express Testing program to drive additional impact.
- 7 Team hours spent identifying quality-related issues in the Healthy Start Program. Conversion of leads to clients was identified with potential interventions.
 - 3 additional team hours spent designing and developing the second QI workshop for the group of CHWs.
- Attended a 5-day course and certificate achieved as Lean Six Sigma Green Belt (LSSGB) driving knowledge of tools and processes to build quality awareness within SNHD.

- 9 Team hours invested in PM/QI team. Discussed lessons learned and new projects resulting from the PHIG-Funded consulting spending 3 days observing in the clinics and coaching.

PHAB Reaccreditation

- Conducted PHAB Documentation contributor All Hands to review success, challenges, and procedures for the August 2025 deadline for drafts to be uploaded for internal review.
- 14 Team hours spent on PHAB documentation coaching.
- 8 Team hours spent on calls and project work with the ASTHO working group on Sustaining Reaccreditation.

PHIG

- 6 Team hours spent on Grant Management functions for PHIG.
- 2 Team hours spent researching and contacting potential speakers for funded All-Hands Retreat scheduled for October 2025.
- 3 Team hours spent on webinars hosted by changelabsolutions.org who serve as a clearinghouse for updates and strategies around situations like claw-backs and executive orders affecting public health funding across the country.

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:

Media – Digital/Print Articles

Media - Broadcast stories

Collateral - Advertising/Marketing Products

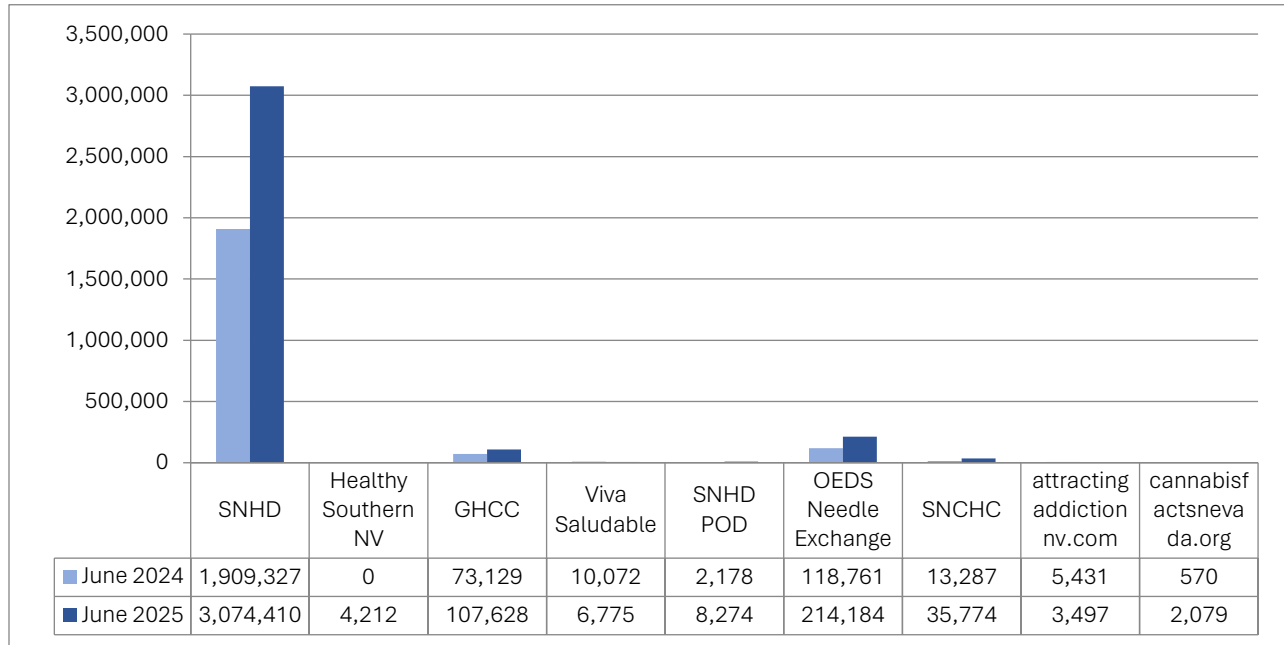
Community Outreach - Total Volunteers¹

Community Outreach - Volunteer Hours

June 2024	June 2025		YTD FY24	YTD FY25	
50	27	↓	454	380	↓
245	40	↓	1,521	1,096	↑
32	45	↑	778	332	↓
8	9				
576	520	↓	7,328	7,628	↑

¹Total volunteer numbers fluctuate from month to month and are not cumulative.

Monthly Website Page Views:



-Began tracking page visits in 2024 for attractingaddictionnv.com and cannabisfactsnevada.org websites.

-Began reporting Health Southern Nevada monthly views in April 2025.

-No longer tracking the COVID-19 results and Registration websites.

Social Media Services		June 2024	June 2025		YTD FY24	YTD FY25
Facebook SNHD	Followers	13,441	13,632	↑	N/A	N/A
Facebook GHCC	Followers	6,123	6,110	↓	N/A	N/A
Facebook SHC	Followers	1,642	1,623	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,308	5,183	↓	N/A	N/A
Facebook Food Safety	Followers	167	179	↑	N/A	N/A
Instagram SNHD	Followers	4,580	5,310	↑	N/A	N/A
Instagram Food Safety	Followers	528	535	↑	N/A	N/A
Instagram GetHealthyCC	Followers	194	307	↑	N/A	N/A
Instagram @Ez2stop	Followers	144	152	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	431	418	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,840	1,746	↓	N/A	N/A
X (Twitter) Food Safety	Followers	104	102	↓	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,334	9,960	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	343	340	↓	N/A	N/A

*SNHD added to TikTok in September 2024

Appendix B – Finance – Payroll Earnings Summary – May 24, 2025 to June 6, 2025

PAYROLL EARNINGS SUMMARY May, 24 2025 to June 6, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 308,923.80	\$ 3,851,643.30	\$ 8,201,812.75	\$ 9,058,929.17	91%	
ENVIRONMENTAL HEALTH	\$ 638,201.17	\$ 7,894,058.07	\$ 16,374,457.26	\$ 17,395,932.56	94%	
COMMUNITY HEALTH	\$ 316,526.47	\$ 3,784,856.59	\$ 7,782,171.62	\$ 9,106,716.49	85%	
DISEASE SURVEILLANCE & CONTROL	\$ 374,678.43	\$ 4,677,922.76	\$ 9,623,984.70	\$ 10,380,887.13	93%	
FQHC	\$ 341,956.01	\$ 4,390,093.83	\$ 8,964,214.02	\$ 9,701,463.62	92%	
ADMINISTRATION W/O ICS-COVID	\$ 605,114.10	\$ 7,434,793.79	\$ 15,304,413.94	\$ 15,310,550.82	100%	
ICS-COVID General Fund		\$ -	\$ -		0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
TOTAL	\$ 2,585,399.98	\$ 32,033,368.34	\$ 66,251,054.29	\$ 70,954,479.79	93%	96%

FTE

822

Regular Pay	\$ 1,958,083.79	\$ 25,764,103.52	\$ 53,626,679.04
Training	\$ 1,906.97	\$ 38,076.52	\$ 112,953.36
Final Payouts	\$ -	\$ 286,030.00	\$ 443,610.87
OT Pay	\$ 10,479.44	\$ 147,494.09	\$ 432,124.91
Leave Pay	\$ 579,537.67	\$ 4,970,647.49	\$ 9,585,412.07
Other Earnings	\$ 35,392.11	\$ 827,016.72	\$ 2,050,274.04
TOTAL	\$ 2,585,399.98	\$ 32,033,368.34	\$ 66,251,054.29

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT May, 24 2025 to June 6, 2025

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION					
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u> <u>Value</u>
Cardona, Anthony (Tony)		10.00	465.13		
Keegan, Dahlia		5.00	257.72		
Ubando, Marjorie		3.00	154.63		
Thede, Stacy		5.50	183.42		
Urena, Maite		4.25	138.15		
Ines, Heinrich		9.00	292.55		
Gonzales, Fabiana		6.00	286.24		
Murphy, Melissa		13.25	514.85		
Sanabria, Luis		11.00	340.05		
Sterling, Nathan		13.80	426.61		
To, Helen		6.00	325.31		
Herrera Ortiz, Maria		12.50	416.87		
Total Administration		99.30	3801.53		0.00

COMMUNITY HEALTH SERVICES					
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u> <u>Value</u>
Young, Angela	PHEPLB25	0.75	58.18	Barry, Nancy	0.38 1.
Archie, Lisa	HDS04_24	5.00	204.55		
Figueredo-Perello, Alessandro	PHEPLB25	4.00	216.87		
Montgomery, Stephanie	PH2HP_25	5.00	215.30		
Total Community Health Services		14.75	694.90		0.38 1.

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		0.75	31.51	Avalos, Mayra	1.88	83.15
Valdes-Ayala, Beatriz		0.20	8.18			
Delarmente, Joannah	FP_25 NO MILEA	0.15	10.50			
Romero, Esther		0.75	34.04			
Total FQHC-Community Health Clinic		1.85	84.23		1.88	83.15

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Robles, Cynthia		6.50	326.24	Johnson, Jessica L	-2.25	-104.99
Arquette, Jocelyn		0.25	18.89	Contreras, Alondra	0.75	37.78
McTier, Chika		0.25	17.50			
Landini, Karleena		0.25	18.53			
Total Public Health & Preventative Care		7.25	381.16		-1.50	-67.21

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Hall, Nancy		10.00	736.70	Sharif, Rabea	1.13	47.42
Garcia, Jason		1.00	66.52	Ortiz-Rivera, Vanessa	3.38	145.77
Taylor, George		5.00	332.62	Nguyen, Linda	3.75	161.97
Daspit, Theresa		0.25	16.63	Jones, Mallory	1.13	37.64
Franchino, Dominick		3.00	221.01	Ross, Alyssa	2.25	69.77
Diaz, Nathan		1.50	99.78	Galvez, Alexis	10.50	342.75
Santiago, Anthony		3.25	216.20	Vinh, Jonathan	2.25	68.07
Sheffer, Thanh		10.50	680.28	Erickson, Sarah	2.63	79.42
Moreno, Kristina		0.25	14.62			
Nguyen, Linda		-3.75	-242.95			
Nguyen, Linda	PH1EH_23 NO M	6.25	404.92			
Cummins, Veronica		1.50	85.53			
McCann, Alexandra		3.25	163.12			
Michel, Guillermo		6.75	338.79			
Thein, Kelsey		1.75	87.83			
Wells, Jordan		1.50	75.29			
Brown, Tevin		3.50	175.67			
Ahmed, Maryam		8.00	391.72			
Bidinger, Joy		1.50	73.45			
Hall, Alyssa		3.00	136.15			
Vinh, Jonathan		3.50	158.84			
Weber, Lauren		3.50	158.84			
Erickson, Sarah		-1.00	-45.38			
Hernandez, Lilian		6.00	265.23			
Herrera, Carlos		4.75	209.97			
Roberts, Jamie		1.50	66.31			
Hernandez, Abel		13.25	585.72			
Flors, Ryan		1.00	44.21			
Total Environmental Health		100.50	5517.62		27.00	952.82

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
				DiGoregorio, Amanda	3.00	108.44
Total Disease Surveillance & Control		0.00	0.00		3.00	108.44
Combined Total		223.65	10479.44		30.75	1090.09

Appendix C – Finance – Payroll Earnings Summary – June 7, 2025 to June 20, 2025

PAYROLL EARNINGS SUMMARY June 7, 2025 to June 20, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2025	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 310,835.74	\$ 4,162,479.04	\$ 8,512,648.49	\$ 9,058,929.17	94%	
ENVIRONMENTAL HEALTH	\$ 638,330.88	\$ 8,534,606.79	\$ 17,015,005.98	\$ 17,395,932.56	98%	
COMMUNITY HEALTH	\$ 314,439.79	\$ 4,099,296.38	\$ 8,096,611.41	\$ 9,106,716.49	89%	
DISEASE SURVEILLANCE & CONTROL	\$ 373,915.99	\$ 5,051,838.75	\$ 9,997,900.69	\$ 10,380,887.13	96%	
FQHC	\$ 346,791.49	\$ 4,736,885.32	\$ 9,311,005.51	\$ 9,701,463.62	96%	
ADMINISTRATION W/O ICS-COVID	\$ 599,475.01	\$ 8,034,268.80	\$ 15,903,888.95	\$ 15,310,550.82	104%	
ICS-COVID General Fund		\$ -	\$ -		0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
TOTAL	\$ 2,583,788.90	\$ 34,619,375.08	\$ 68,837,061.03	\$ 70,954,479.79	97%	100%

FTE 817

Regular Pay	\$ 1,915,706.27	\$ 27,679,809.79	\$ 55,542,385.31
Training	\$ 12,386.05	\$ 50,462.57	\$ 125,339.41
Final Payouts	\$ -	\$ 287,099.59	\$ 444,680.46
OT Pay	\$ 12,402.40	\$ 159,896.49	\$ 444,527.31
Leave Pay	\$ 614,990.32	\$ 5,586,786.06	\$ 10,201,550.64
Other Earnings	\$ 28,303.86	\$ 855,320.58	\$ 2,078,577.90
TOTAL	\$ 2,583,788.90	\$ 34,619,375.08	\$ 68,837,061.03

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT June 7, 2025 to June 20, 2025

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Cardona, Anthony (Tony)		10.00	465.13	Price, Keri	15.00	515.44
Munford, Elizabeth		0.50	25.77	Castelo, Michael	4.50	143.12
Keegan, Dahlia		9.00	463.88	Huerta, Fatima	22.50	463.70
Ubando, Marjorie		6.75	347.92			
Tran, Amy		6.00	369.72			
Thede, Stacy		0.50	16.67			
Masters, Christopher		11.00	366.84			
Urena, Maite		9.00	292.55			
Custodio, Gerard		10.00	342.56			
Gonzales, Fabiana		3.50	166.98			
Corpus, Brian		12.75	403.28			
Murphy, Melissa		9.75	378.85			
Sanabria, Luis		12.25	378.69			
Herrera Ortiz, Maria		11.00	366.82			
De Lisle, Ricky		1.50	55.40			
Total Administration		113.50	4441.06		42.00	1122.26

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
				Barry, Nancy	1.13	38.66
Total Community Health Services		0.00	0.00		1.13	38.66

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		0.25	10.50	Romero, Esther	0.38	11.35
Guerrero, Jocelyne		0.25	8.34	Bingham, Julie	0.38	17.50
Total FQHC-Community Health Clinic		0.50	18.84		0.75	28.84

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Hodge, Victoria		6.25	322.15	Caballero, Lorena	1.50	39.92
Nagai, Sage		11.00	750.84	Espenilla, Marko Rugy	2.50	55.58
Garcia, Ruby		20.00	666.98			
Landini, Karleena		0.50	37.07			
Total Public Health & Preventative Care		37.75	1777.04		4.00	95.50

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Hall, Nancy		10.00	736.70	Daspit, Theresa	0.75	33.26
Diaz, Nathan		3.00	199.57	Cavin, Erin	3.00	133.05
Edwards, Tara		1.00	71.76	Woods, Heather	3.00	129.58
Sheffer, Thanh		16.50	1069.00	Jones, Mallory	1.13	37.64
Piar, Diane		8.25	534.50	Ballard, Jessica	1.75	55.66
Johnson, Rabea		3.75	237.10	Ryan, Erica	1.13	35.78
Pontius, Kevin		1.50	97.18			
Moreno, Kristina		2.00	117.00			
Hernandez, Stephanie		1.50	92.43			
Parangan, Christopher	FDILL_25	5.75	345.53			
Darang, Chase		1.00	51.54			
Rakita, Daniel		2.25	112.93			
Michel, Guillermo		2.00	100.38			
Jones, Mallory		3.75	188.21			
Wells, Jordan	FDILL_25	4.50	225.86			
Sripamong, Jacqueline		1.00	48.96			
Craig, Jill		3.00	146.89			
Wade, Cynthia		1.00	48.96			
Galvez, Alexis		12.75	624.30			
Hall, Alyssa		5.00	226.92			
Gonzalez, Kimberly		1.25	56.73			
Weber, Lauren		2.50	113.46			
Ryan, Erica		3.50	166.98			
Herrera, Carlos		7.75	342.60			
Nwaonumah, Nosa		4.75	209.97			
Total Environmental Health		109.25	6165.46		10.75	424.96

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
				Raman, Devin	0.75	36.84
				Harris, Diana	-0.50	-14.74
				DiGoregorio, Amanda	4.50	162.65
Total Disease Surveillance & Control		0.00	0.00		4.75	184.75
Combined Total		261.00	12402.40		63.38	1894.98

Appendix D – Finance – Payroll Earnings Summary – June 21, 2025 to July 4, 2025

PAYROLL EARNINGS SUMMARY June 21, 2025 to July 4, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	\$ 317,217.90	\$ 4,479,800.43	\$ 317,321.39	\$ 9,195,237.18	3%	
ENVIRONMENTAL HEALTH	\$ 657,417.85	\$ 9,192,024.64	\$ 657,417.85	\$ 17,951,295.42	4%	
COMMUNITY HEALTH	\$ 321,957.10	\$ 4,421,253.48	\$ 321,957.10	\$ 9,910,529.22	3%	
DISEASE SURVEILLANCE & CONTROL	\$ 381,063.37	\$ 5,432,952.12	\$ 381,113.37	\$ 10,671,639.69	4%	
FQHC	\$ 353,312.01	\$ 5,090,197.33	\$ 353,312.01	\$ 11,060,800.45	3%	
ADMINISTRATION W/O ICS-COVID	\$ 619,235.29	\$ 8,653,504.09	\$ 619,235.29	\$ 15,657,123.65	4%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,650,203.52	\$ 37,269,732.09	\$ 2,650,357.01	\$ 74,446,625.61	4%	4%

FTE 817

Regular Pay	\$ 2,177,566.66	\$ 29,857,376.45	\$ 2,177,566.66
Training	\$ 1,484.44	\$ 51,947.01	\$ 1,484.44
Final Payouts	\$ 20,975.07	\$ 308,077.93	\$ 20,978.34
OT Pay	\$ 9,036.45	\$ 168,932.94	\$ 9,036.45
Leave Pay	\$ 405,099.78	\$ 5,991,986.06	\$ 405,200.00
Other Earnings	\$ 36,041.12	\$ 891,411.70	\$ 36,091.12
TOTAL	\$ 2,650,203.52	\$ 37,269,732.09	\$ 2,650,357.01

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT June 21, 2025 to July 4, 2025

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Munford, Elizabeth		1.50	77.32	Gonzales, Fabiana	1.13	37.21
Keegan, Dahlia		5.00	257.72	Huerta, Fatima	15.00	321.50
Galaviz, Monica		9.75	665.51			
Tran, Amy		2.75	169.45			
Urena, Maite		9.15	297.42			
Ines, Heinrich		16.75	546.08			
Murphy, Melissa		8.25	320.57			
Sterling, Nathan		9.89	305.73			
To, Helen		1.00	56.39			
Herrera Ortiz, Maria		9.25	309.80			
Total Administration		73.29	3005.99		16.13	358.71

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Archie, Lisa		5.00	212.73			
Montgomery, Stephanie	PH2HP_25	5.00	223.91			
Total Community Health Services		10.00	436.64		0.00	0.00

FQHC-COMMUNITY HEALTH CLINIC						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		0.75	31.51	Calito, Maria	0.10	2.38
				Dimaya, Katherine	1.01	42.94
Total FQHC-Community Health Clinic		0.75	31.51		1.11	45.32

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Orea-Valencia, Mirelly		0.75	31.51	Calito, Maria	0.10	2.38
				Dimaya, Katherine	1.01	42.94
Total FQHC-Community Health Clinic		0.75	31.51		1.11	45.32

PUBLIC HEALTH & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Chongtai, Loriza		11.00	853.27			
Shin, Jennifer		0.50	35.88			
Landini, Karleena		2.25	163.78			
Total Public Health & Preventative Care		13.75	1052.93		0.00	0.00

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Hall, Nancy		10.00	751.43	Cavin, Erin	4.50	207.55
Bober, Belinda		3.25	239.43	Johnson, Rabea	12.38	542.49
Sheffer, Thanh		5.25	340.13	Blackard, Brittanie	3.00	109.86
Piar, Diane		4.75	320.05	Kuehn, Jennifer	5.25	187.62
Ortiz-Rivera, Vanessa		5.50	367.99	Valadez, Alexis	3.00	107.21
Cummins, Veronica		2.75	156.80	Diaz-Ontiveros, Luz	3.75	130.50
McCann, Alexandra		2.00	100.38	Jones, Mallory	9.38	326.24
Jones, Mallory		7.50	376.43			
Thein, Kelsey		4.00	203.78			
Craig, Jill		4.50	222.79			
Ahmed, Maryam		1.25	61.21			
Bidinger, Joy		3.00	152.77			
Galvez, Alexis		5.50	269.31			
Vinh, Jonathan		3.00	141.60			
Weber, Lauren		2.00	90.77			
Herrera, Carlos		6.50	287.33			
Roberts, Jamie		2.00	88.41			
Hernandez, Abel		6.25	276.28			
Total Environmental Health		79.00	4446.89		41.25	1611.47

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
Eddleman, Tabby		1.00	62.49	Raman, Devin	4.13	210.70
Total Disease Surveillance & Control		1.00	62.49		4.13	210.70
Combined Total		177.79	9036.45		62.61	2226.20



Memorandum

Date: July 24, 2025

To: Southern Nevada District Board of Health

From: **Xavier Gonzales, PhD, Community Health Director**
Cassius Lockett, PhD, District Health Officer

Subject: Community Health Division Monthly Activity Report – June 2025

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)

A. Chronic Disease Prevention Program (CDPP)

CDPP partnered with the YMCA to offer a free, community Blood Pressure Self-Monitoring Class. The 12-week class wrapped up in May with eleven (11) of sixteen (16) participants completing the program. 50% of the participants decreased their blood pressure from an elevated or higher level to normal or a lower stage.

During May, CDPP staff **provided four (4) Diabetes Self-Management, Education & Support classes**. Two (2) of the classes were provided on-site at SNHD, and two (2) classes were offered at community sites including low-income senior housing properties. A total of 55 people participated in a DSMES class in May and 76% of participants completed the course. The DSMES class press release generated an earned media story on Channel 8 in which our Senior Health Educator and class facilitator were interviewed along with three (3) DSMES class participants. CDPP staff were presenters on a **Project ECHO** webinar and shared data on our physical activity quality improvement measure for the ADA Recognition Program to 21 participants.

CDPP staff and BeSHOP partners hosted **Salon Talk: Don't Put Your Health on Pause** on May 18th during National Women's Health Week at Ego Tripp Salon. Councilwoman Summers Armstrong and Senator Dina Neal both participated. Other panelists spoke on topics including perimenopause, menopause, mental health and their impact on cardiovascular health. Over 40 people attended the event. CDPP staff provided on-site BP screening. Eight (8) people were screened during the event and received education and referrals as appropriate.

CDPP staff in partnership with Mountain Top Faith Ministries conducted a 6-week **With Every Heartbeat is Life (WEHIL)** cardiovascular education class for fifteen (15) people. Of the fifteen (15) registered, twelve (12) completed the class. The average blood pressure reading dropped from 138/81 mmHG to 123/81 mmHG from pre-to-post and nine (9) of the twelve (12) class participants lowered their blood pressure to a normal stage.

Our CDPP team partnered with CCSD Safe Routes to School Program to **increase the number of schools who reach Achievement Level Program (ALP) status.** At the end of the 2024-2025 school year, 53 schools received ALP recognition status surpassing the goal of 48 schools. This included eleven (11) schools who met the Platinum level (highest level), seven (7) schools who met the Gold level, ten (10) schools who met the Silver level, and 25 schools who met the Bronze level.

The 2025 Move Your Way Summer Initiative kicked off in May. The initiative promotes physical activity over the hot summer months by providing **free access to local pools and supporting aquatic activities for youth.** A sister initiative in the Hispanic community provides **educational materials and resources at community events.** Two (2) Move Your Way Summer events were held in May at local pools reaching over 1,000 people. Three (3) community outreach events in the Hispanic community were held reaching over 700 people. The initiative will continue until early September.

CDPP staff provided an overview of the 5210 initiative and available educational materials to **27 SNHD FQHC healthcare providers** in May.

B. **Tobacco Control Program (TCP) Update**

In May, staff worked alongside NTCSC to distribute and create tobacco educational postcards for the 2025 Legislative Session. Additionally, staff helped to create policy fact sheets focused on tobacco registries and quit lines.

The TCP staff implemented the fourth annual **No Menthol May** initiative. This program raises awareness about the dangers of menthol tobacco and vaping, highlights the impact of targeted menthol marketing, and connects communities to cessation resources. The campaign includes an educational toolkit featuring print materials, social media content, videos, and multiple events held in priority population communities. Originally hosted exclusively by local faith-based organizations, the 2025 campaign expanded to include local community organizations and Black-owned businesses that serve the priority population. In total, **82 events were held this year** to promote No Menthol May, including:

- Historic Westside Drive-In Movie on May 2nd
- Jazz in the Park concert series on May 10th, 17th, 23rd, and 31st
- Coffee and Conversations on May 8th and May 22nd
- Run-It-Back Game Night on May 24th

- Faith-Based No Menthol May on May 4th, May 11th, May 18th, May 25th in fourteen (14) churches.

Staff **collaborated with community organizations**, including the Mexican Patriotic Committee and Latinas in Power, to promote the tobacco-free initiative Por Mi, Por Ti, Por Nosotros at culturally significant events like the Cinco de Mayo Celebration at Paradise Water Park and the Mother's Day Brunch. These efforts included bilingual signage and announcements, reinforcing a commitment to healthier lifestyles and tobacco-free spaces. Additionally, through the African American focused Because We Matter program staff engaged priority populations through various local events, raising awareness about tobacco-related issues and cessation resources. Collectively, **these initiatives reached over 10,500 people in person and more than 20,500** virtually, fostering community-wide conversations about tobacco-free living.

In May, **seven (7) businesses** including several banks and eating establishments **expanded their tobacco policy** to limit smoking near entrances and exits to businesses.

II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

A. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, editing, and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee continued its review of the SNHD Paramedic Mentorship/Internship Program.

B. Drug/Device/Protocol Committee (DDP)

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee continued its review of protocols related to Childbirth/Obstetric Emergencies, Pediatric Pain Management, and Electrical Therapy protocols. They approved the recommendation to allow AEMTs and Paramedics to continue the administration of IV antibiotics during interfacility transports.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive

patient care. The members include: 1) One (1) medical director of each firefighting/franchised agency; 2) One (1) operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District, whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board heard reports from the Education and DDP committees.

D. OEMSTS – June 2024 / 2025 Data

June EMS Statistics	June 2024	June 2025		Mo. Fiscal Average 2024-2025
Total certificates issued	139	118	↓	318
New licenses issued	122	114	↓	85
Renewal licenses issued (recert only)	1	0	↓	228
Driver Only	45	57	↑	53
Active Certifications: EMT	946	951	↑	897
Active Certifications: Advanced EMT	1898	1898	=	1891
Active Certifications: Paramedic	2091	2210	↑	2134
Active Certifications: RN	70	84	↑	73

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. Staff continued collaboration with Clark County an Impacted Persons Database. Currently working with community partners such as Las Vegas Resiliency Center for extension of services and other limited uses of the minimal necessary patient information for response and recovery operations. SNHD and community partners from Clark County Office of Emergency Management were able to successfully get AB50 through the Nevada Legislative session.
2. OPHP continued to review and revise emergency operation plans, threat response guides, and test these plans through internal and external training and exercises.
3. The Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans.
4. Planners continue to update the Nevada Continuity tool to streamline the process of generating a usable Continuity of Operations Plan (COOP). Planner has created a working group to complete the COOP process.
5. Our Planners have compiled departmental COOPs to create agency COOP and have submitted them to the program Supervisor.
6. OPHP Planners are holding a meeting with COOP planning team to discuss future expectations.

7. Fifteen SNHD employees were FIT tested for personal protective equipment during the month of June.
8. Planners perpetuated revision of SNHD Basic EOP and Direction and Control Annexes.
9. OPHP's Senior Planner is working on revising the BioWatch Plan.
10. Senior Planner met with representatives from the Closed POD Working group to discuss the direction of the working group and a revamp of the working group materials. Material review is underway.
11. Staff continue to participate in NACCHO's Virtual Learning Collaborative for the Inclusion of MCH Populations in Emergency Preparedness and Response.
12. Senior Planner participated in Resources & Supply Chain Work Group and the Health Equity Work Group. Staff also participated in several other working groups that resulted from the State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan.
13. The PHP Planner held a Biological Incident Tabletop Exercise on June 23rd at the Rainbow Library.
14. OPHP planners are developing a Recovery Annex based on lessons learned from real world events and exercises.
15. The Clinical Advisor and OPHP management attended the monthly Local Emergency Planning Committee (LEPC) at Station 18.
16. Our Planner is coordinating with Catholic Charities to provide presentation of Extreme Heat Preparedness to members.

B. Training, Exercises and Public Health Workforce Development:

1. OPHP Trainers continue to provide ICS Position Specific training to fifteen (15) pre-assigned SNHD Emergency Personnel.
2. The Senior Planner, Clinical Advisor attended AWR-140 Radiological/Nuclear WMD Operations Course.
3. OPHP staff participated in TB TTX on June 17th OPHP.
4. The OPHP staff participated in Biological TTX on June 23rd.
5. Our OPHP team continues to support the City of Las Vegas ICS 300/400 training schedule.
6. CPR training was provided to eleven (11) SNHD staff & MRC volunteers on June 11th – 12th.
7. Two (2) SNHD staff were certified as CPR instructors and will support future courses offered at SNHD.
8. The New Hire Orientation was not provided in June. The next orientation is July 16th.
9. Planners have developed the After-Action Report for Excessive Heat Seminar and held AAR meeting.
10. OPHP Trainers provided an Introduction to Radiological/Nuclear WMP Operations (AWR-140) course at SNHD on June 16th, to 35 SNHD staff.
11. Senior Planners participate in SNHD's Website Committee.

12. Our staff presented at the Resort Emergency Management Working group.
13. Senior Planner and Supervisor attended a meeting at USPS to discuss site specific emergency management response protocols relating to the (BDS) Biohazard Detection System.
14. OPHP Planners signed up for the COOP Course that will be held in September.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. The SNHPC meeting was held June 5th at 280 S. Decatur office.
2. Senior Planner and Clinical Advisor participate in NDMS/FCC FSE Initial Planning Meeting.
3. Trainers and Clinical Advisor continue updating the First Receiver Decontamination Training Program and plan for relaunch in Fall/Winter 2025.
4. Ongoing planning for Pediatric Disaster Response and Emergency Management and Medical Management of Chemical, Biological, Nuclear and Explosive (CBRNE) Events courses in 2026.
5. OPHP Trainers continue to manage the upcoming TEEX Personal Protective Measure for Biological Events PER-320 course on September 30th.
6. Cybersecurity education by Cybersecurity & Infrastructure Security Agency (CISA) presentation is confirmed for October SNHPC meeting.
7. Planners attended the UMC Emergency Preparedness Meetings.
8. Planners continue efforts for the SNHPC August workshop.
9. A Senior Planner and Clinical Advisor conducted initial coordination for Hospital Area Command Full Scale Exercises to be held in October.

C. Fusion Center Public Health Analyst:

1. Disseminating public health information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC).
2. Providing public health input for threat assessments on special event assessment rating (SEAR) 2, 3, and 4 events, such as 4th of July celebrations.
3. Participating in weekly counter terrorism analytic group (CTAG) meetings.
4. Attended Department of Homeland Security training for Analysts.
5. Developing appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
6. Collaborating with five (5) surrounding fusion centers on areas of public health concern. Produce and distribute monthly joint public health bulletins.
7. Monitored and advised select Fusion Center contacts of potential medical event of concern.

D. Grants and Administration:

1. OPHP continues to monitor and review grant spending for year-end closeout.
2. Our manager continues to plan for FY2026 First budget augmentation considering projected special revenue fund budget allocations.

3. OPHP staff continue to complete budget and scope of work plan activities for SNHD finance and coordination of quarterly progress reports for state.
4. The OPHP Manager continues to represent Community Health Division management on various SNHD working group committees.
5. Our staff updated the State on Preparedness Planning, Operations, Exercises, Training and Evaluation (POETE) working group.

E. Medical Reserve Corps (MRC) of Southern Nevada:

1. The MRC Coordinator attended NACCHO PPAG meeting, MRC national program meetings, SNHPC meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers. We have purged inactive volunteers from our roster, which now totals 240.
2. MRC Coordinator attended American Red Cross Shelter Fundamentals Overview class.
3. Our MRC Coordinator attended Introduction to Radiological/Nuclear WMD training.
4. On June 18th, 24 volunteers attended an MRC quarterly meeting, training on personal and family preparedness.

MRC Volunteer Hours FY2025 Q4

(Economic impact rates updated April 2025):

Activity	April	May	June
Training	11		48
Community Event	22	15	
SNHD Clinic			
Total Hours	33	15	48
Economic impact	\$1,361.91	\$628.77	\$2,221.92

IV. VITAL RECORDS

- A. June is currently showing a **26% increase in birth certificate** sales in comparison to June 2024. **Death certificate** sales currently showing a **0% increase** in comparison to June 2024. SNHD received revenues of \$ 35,854 for birth registrations, \$22,022 for death registrations; and an additional \$8,878 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Registered – Fiscal Year Data

Vital Statistics Services	June 2024	June 2025		FY 23-24 (June)	FY 24-25 (June)	
Births Registered	2,041	1,823	↓	23,745	24,595	↑
Deaths Registered	1,637	1,760	↑	21,158	21,866	↑
Fetal Deaths Registered	13	19	↑	197	198	↑

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates – Fiscal Year Data

Vital Statistics Services	June 2024	June 2025		FY 23-24 (June)	FY 24-25 (June)	
Birth Certificates Sold (walk-in)	17	1	↓	557	67	↓
Birth Certificates Mail	106	139	↑	1,511	1,481	↓
Birth Certificates Online Orders	3,283	4,113	↑	42,265	46,309	↑
Birth Certificates Billed	40	110	↑	1,282	1,339	↑
Birth Certificates Number of Total Sales	3,446	4,363	↑	45,615	49,196	↑
Death Certificates Sold (walk-in)	23	44	↑	390	275	↓
Death Certificates Mail	200	175	↓	1,892	1,986	↑
Death Certificates Online Orders	7,403	7,393	↓	91,673	94,866	↑
Death Certificates Billed	23	39	↑	440	501	↑
Death Certificates Number of Total Sales	7,649	7,650	↑	94,395	97,628	↑

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Cert. Sales by Source – Fiscal Year Data

Vital Statistics Sales by Source	June 2024	June 2025		FY 23-24 (June)	FY 24-25 (June)	
Birth Certificates Sold Valley View (walk-in)	.5%		↓	1.2%	.1%	↓
Birth Certificates Mail	3.1%	3.2%	↑	3.3%	3%	↓
Birth Certificates Online Orders	95.3%	94.3%	↓	92.7%	94.1%	↑
Birth Certificates Billed	1.2%	2.5%	↑	2.8%	2.7%	↓
Death Certificates Sold Valley View (walk-in)	.3%	.6%	↑	.4%	.3%	↓
Death Certificates Mail	2.6%	2.3%	↓	2%	2%	
Death Certificates Online Orders	96.8%	96.6%	↓	97.1%	97.2%	↑
Death Certificates Billed	.3%	.5%	↑	.5%	.5%	

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates Sales – Fiscal Year Data

Revenue	June 2024	June 2025		FY 23-24 (June)	FY 24-25 (June)	
Birth Certificates (\$25)	\$86,150	\$109,075	↑	\$1,140,375	\$1,229,900	↑
Death Certificates (\$25)	\$191,225	\$191,250	↑	\$2,359,875	\$2,440,700	↑
Births Registrations (\$13)	\$28,782	\$35,854	↑	\$395,005	\$417,040	↑
Deaths Registrations (\$13)	\$22,334	\$22,022	↓	\$273,104	\$280,706	↑
Convenience Fee (\$2)	\$6,706	\$8,332	↑	\$87,426	\$94,062	↑
Miscellaneous Admin	\$394	\$546	↑	\$7,560	\$8,094	↑
Total Vital Records Revenue	\$335,591	\$367,079	↑	\$4,263,345	\$4,470,502	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	June 2024	June 2025		FY 23-24 (June)	FY 24-25 (June)	
Passport Applications	567	732	↑	7,877	8,707	↑
Revenue	June 2024	June 2025		FY 23-24 (June)	FY 24-25 (June)	
Passport Execution/Acceptance fee (\$35)	\$19,845	\$25,620	↑	\$275,695	\$304,745	↑

V. HEALTH EQUITY

- A. The Health Equity program works towards establishing community partnerships and collaborations to increase the capacity of communities to address health disparities.
- During the month of May, the Health Equity team implemented three (3) workshops with the staff of the Southern Nevada Health District. With the goal of maintaining the organizational capacity to address the needs of the community, the following workshop topics provided were, two (2) sessions of Intro to Health Equity, and one (1) session for Intro to Implicit Bias.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

- SNHD Nursing Division:
 - Molecular and microbiology culture.
 - Sexually Transmitted Disease (STD) testing.
- SNHD STD Department:
 - Participates in the CDC Gonococcal Isolate Surveillance Project (GISP) and the enhanced Gonococcal Isolate Surveillance Project (eGISP).
 - SNPHL performs NAAT and culture testing of *N. gonorrhoeae* isolates and submits them to a reference laboratory for the determination of antibiotic susceptibility patterns.
 - SNPHL has joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
- The total monthly samples tested are listed in the table below:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	33	37

NAAT NG/CT	1488	1527
Syphilis	603	817
RPR/RPR Titers	75/15	130/46
Hepatitis Total	2016	2428
HIV/differentiated	491/8	727/20
HIV RNA	100	117

4. COVID testing:

- Performed SARS-CoV-2 PCR extraction on the KingFisher Flex platform exclusively.
- SNPHL maintains a capacity of 2000 tests/day with a turnaround-time of <48 hours (current TAT two-day currently at / near goal).
- For June, the average daily testing was nine (9) and the average turnaround time was 66 hours from collection date to release of the report.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal.
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station.
- Since the script problem of Tecan instrument cannot be resulted by manufacture, we asked SNHD Contracts and SNHD Purchasing to discuss with manufacture to return this instrument if it is feasible.

Monthly summary of COVID PCR/NAAT testing:

Month	# PCR & NAAT/#POS	Month	# PCR & NAAT/#POS
January	471/74	July	-----
February	656/55	August	-----
March	630/22	September	-----
April	195/22	October	-----
May	141/9	November	-----
June	190/43	December	-----

5. Reportable disease reports:

- SNPHL continues to perform routine testing of reportable disease specimens submitted by community stakeholders. Isolates tested are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.

- A monthly summary of reportable diseases tests is listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	9	4	3	2	2	5							25
	Campy Screen	12	8	4	3	6	10							43
Neisseria species	Gonorrhoeae Culture	33	32	47	48	30	33							223
	Gram Stain/WBC	0	5	0	0	0	5							10
	Neisseria ID	2	0	0	0	0	0							2
	Haemophilus ID	0	0	0	0	1	0							1
Unknown ID	Bacterial ID	0	0	0	0	2	0							16
	WGS (PulseNet)	14	12	20	8	26	25							111
Salmonella	Salmonella Screen	3	6	14	13	11	10							57
	Salmonella Serotype	3	7	13	13	9	8							53
Shigella	Shigella Screen	2	5	3	6	4	0							20
	Shigella Serotype	2	4	3	0	1	1							11
STEC	STEC Screen	0	3	3	1	5	4							16
	STEC Serotype	0	0	1	0	1	1							3
Unknown	Stool Culture	1	5	1	4	5	5							21
Vibrio	Vibrio ID	0	0	0	1	0	3							4
	Vibrio Screen	1	0	0	3	0	5							9

Yersinia	Yersinia Culture/ID	1	0	0	2	2	1							6
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B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were zero (0) samples for GI outbreak investigation in June.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In June, SNPHL performed zero (0) respiratory panels on the BioFire.

C. Emergency response and reportable disease isolate testing report:

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.
2. SNPHL is clinically validated for **using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella** species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
3. SNPHL performed 25 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in June 2025.
4. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 173 bacterial organisms have been identified in June.
5. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
6. SNPHL has sustained capacity of sequencing many 96 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of May 2025, SNPHL has sequenced 25 SARS-CoV-2-positive RNA extracts.
7. SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	3	22	0	26	62	45						

8. SNPHL provides vector testing for Environmental Services, Viral testing for Zika, West Nile, Western Equine Encephalitis, and Saint Louis encephalitis. Our facility hosted a CDC demonstration for the Vector team. In June, we tested a total of 987 mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in May. Environmental Health released the test result to the public after we informed the test result to them.

9. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in June, a total of 30 clinical isolates, *Neisseria gonorrhoeae* eleven (11) isolates and *Neisseria meningitidis* two (2) isolate, were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or *N. gonorrhoeae* samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.
10. SNPHL performs *C. auris* PCR screening using Real-Time PCR platform. We performed a total of 1102 samples in June.

D. All-Hazards Preparedness:

1. The SNPHL provides/assists testing for SNHD COVID Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education, and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia; BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.
2. SNPHL provides COVID Biosafety Training/Guidelines to Non-Traditional testing sites.
3. Our SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and the chain of custody procedures.
5. Provided onsite training for COVID online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVID Booster vaccination to laboratory staff.
8. Perpetual Biosafety Training and guidance to SNPHL personnel.
9. The laboratory received double door autoclave and awaiting the local contractor to extend the dry wall and power connection before installation.

E. June 2025 SNPHL Activity Highlights:

1. SNPHL maintains a consistent supply of Viral Transport Medium (VTM) for COVID collection kits, even after the cessation of ELC COVID funding. The reagents for PCR and WGS are expected to be depleted by August 2025.
2. Proficiency tests of CAP BCPV-B Blood Cell Identification; FH9-BHematology Automated Diff Series; VM-BViral Markers; HC6-B Chlamydia/GC by NAA, and QF-A *M.tuberculosis* are 100% grade in June 2025.
3. Phoenix controls completed the integrate system adjustment for the new sensors and damper installed by SunBelt company and ATC for recalibrate the BSC and chemical hood on the second floor.
4. According to the WGS and genomic data analysis, the Omicron variant LP.B.1.1 lineages are domain lineages in June, from the samples received in the laboratory. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.

5. New influenza surveillance season showed that A/H3 and A/H1, and B/Victoria are major subtypes of influenza.
6. SNPHL participates in the CDC Avian Flu surveillance project by sending the testing guidance and specimen collection procedure to the local hospitals through HAN system. Any ICU patient with influenza A positive must send the specimen to our laboratory to do influenza subtyping to rule out avian influenza. There was no suspect avian flu sample received in the lab in June.
7. The new design may focus on building BSL-3 and Micro lab in the 2nd floor and leaving semi shell for the 1st floor in the Phase I project.
8. A local contractor from CWF is set up to install a new double door autoclave for the BSL-3 laboratory. We are currently awaiting the final state inspection. At this moment, the new autoclave has successfully passed the chamber inspection; however, we are still pending the second inspection for the steam generator.
9. The new additional test items for clinical chemistry, hematology and urinalysis will be formally open on Tuesday, July 1st. The outreach email has sent to FQHC and DPP division.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

June SNPHL Services	2024	2025	
Clinical Testing Services ¹	4,909	5,501	↑
Epidemiology Services ²	419	324	↓
State Branch Public Health Laboratory Services ³	0	0	
All-Hazards Preparedness Services ⁴	3	4	↑
Environmental Health Services ⁵	805	510	↓

¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVD Ab immunologic tests.

² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

³ Includes COVD PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

⁴ Includes Preparedness training, teleconferences, and Inspections.

⁵ Includes vector testing.

MEMORANDUM

Date: July 15, 2025

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC *RS*

Cassius Lockett, PhD, District Health Officer *CL*

Subject: Community Health Center FQHC Chief Executive Officer Report – June 2025

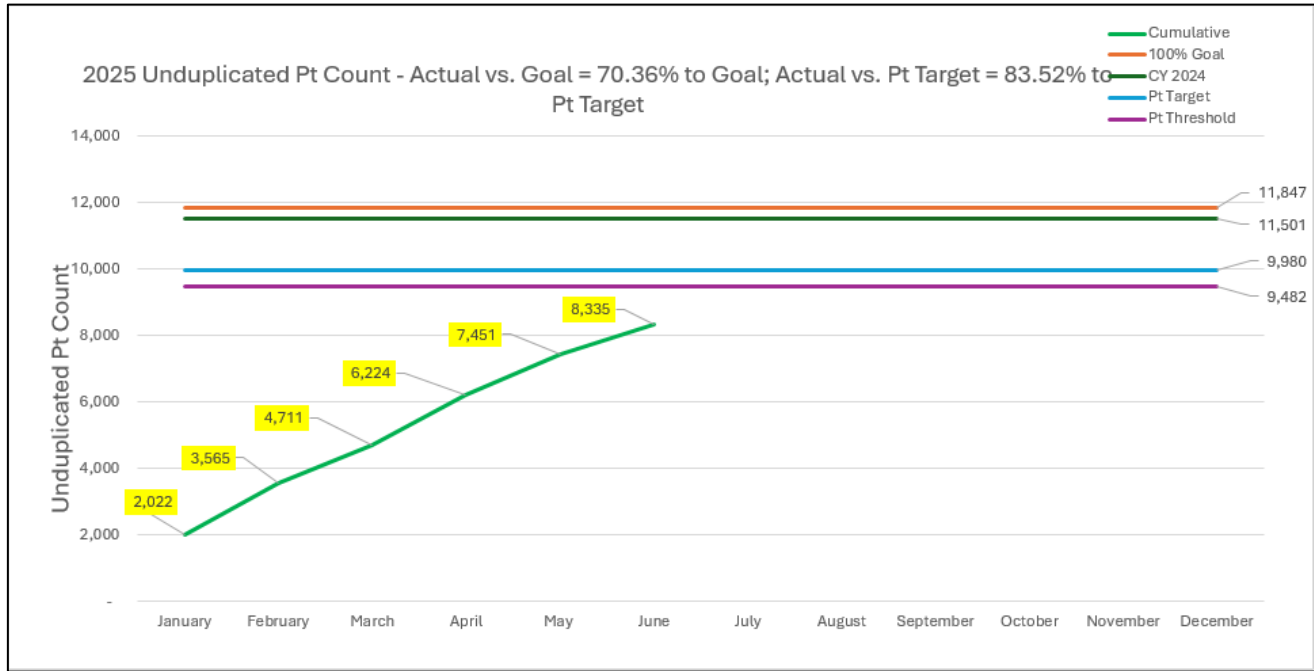
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

June Highlights - Administrative

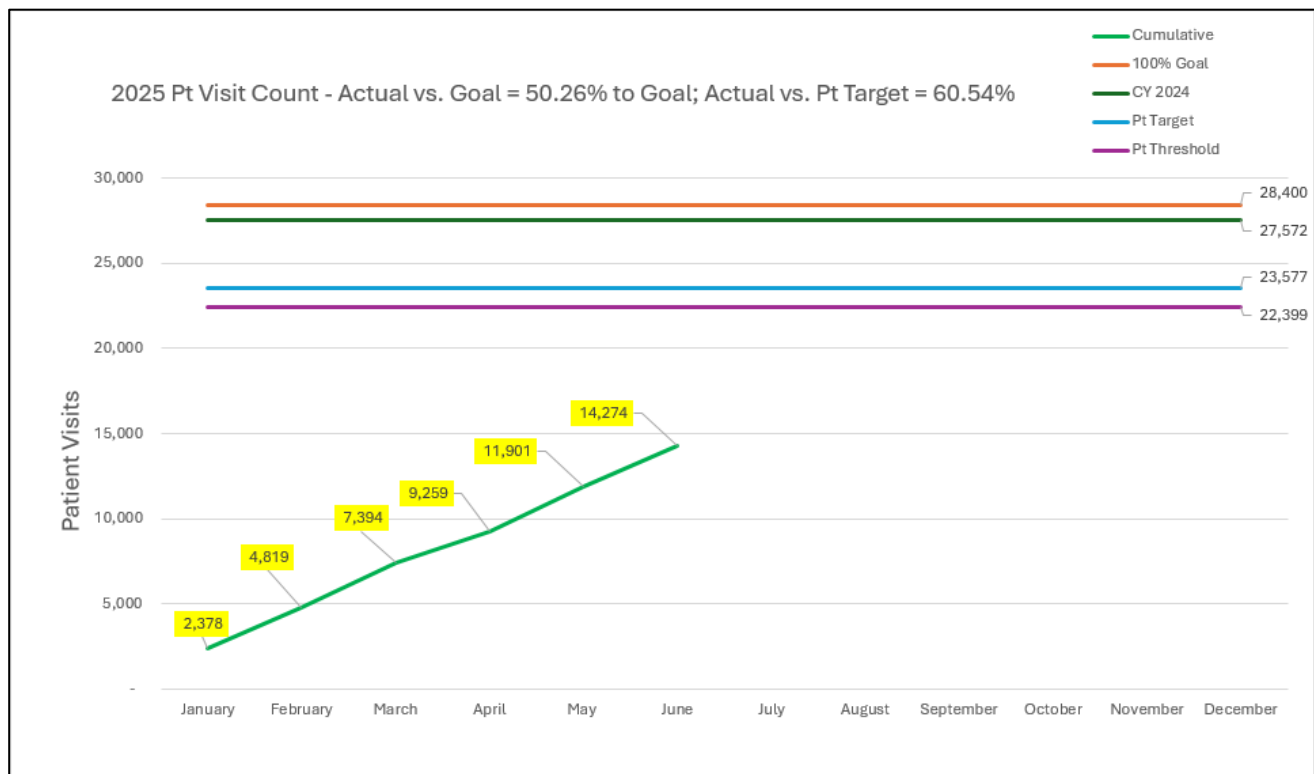
- 22% year-over-year increase in the number of provider encounters conducted.
- 39% year-over-year increase in the number of behavioral health encounters conducted.
- 28% year-over-year increase in the number of pharmacy prescriptions filled.
- Medicaid growth tracking at 13% above the CY25 YTD goal.
- The medical PPS reimbursement rate for qualifying Medicaid services has been finalized.
- Notification of Title X grant funding for the remainder of the program year (10/1/25 – 3/31/26) pending.
- A community health worker providing services in the Ryan White program recognized as an employee of the month for July.
- National Health Center Week celebration activities planned for the week of August 4th.
- The Title X – Family Planning site visit scheduled for September.
- Recruitment for a clinical staff physician for the Fremont health center underway.

Access

Unduplicated Patients – June 2025



Patient Visits Count – June 2025



Provider Visits by Program and Site – June 2025

Facility	Program	JUNE '25	JUNE '24	JUNE YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	790	538	32%	8,058	5,368	33%
Fremont	Family Health	405	316	22%	4,700	2,723	42%
Total	Family Health	1,195	854	29%	12,758	8,091	37%
Decatur	Family Planning	132	174	-32%	2,006	1,815	10%
Fremont	Family Planning	177	121	32%	1,794	1,044	42%
Total	Family Planning	309	295	5%	3,800	2,859	25%
Decatur	Sexual Health	506	449	11%	6,065	6,610	-9%
Fremont	Sexual Health	115	96	17%	1,599	304	
ASEC	Sexual Health		76		113	1,425	
Total	Sexual Health	621	621	0%	7,777	8,339	-7%
Decatur	Behavioral Health	172	113	34%	1,616	1,532	5%
Fremont	Behavioral Health	125	100	20%	1,431	336	
Total	Behavioral Health	297	213	28%	3,047	1,868	39%
Decatur	Ryan White	233	160	31%	2,780	2,555	8%
Fremont	Ryan White	22	17		292	85	
Total	Ryan White	255	177	31%	3,072	2,640	14%
FQHC Total		2,677	2,160	19%	30,454	23,797	22%

Pharmacy Services

	25-Jun	24-Jun		FY25 YTD	FY24 YTD		% Change YOY
Client Encounters (Pharmacy)	1,584	1,236	↑	17,800	15,977	↑	10.00%
Prescriptions Filled	2,848	1,955	↑	30,342	23,479	↑	27.70%
Client Clinic Encounters (Pharmacist)	53	47	↑	773	455	↑	76.50%
Financial Assistance Provided	14	18	↓	374	217	↑	80.90%
Insurance Assistance Provided	2	8	↓	115	72	↑	76.60%

- A. Dispensed 2,848 prescriptions for 1,584 patients.
- B. The pharmacists completed 53 patient clinical encounters.
- C. 14 patients assisted to obtain medication financial assistance.
- D. Assisted two (2) clients with insurance approvals.

Medicaid Managed Care Organization (MCO)

Medicaid MCO	Current # Of Medicaid Pts Empanelled
Anthem	214
HPN	1,543
Molina	219
SilverSummit	81
Total	2,057

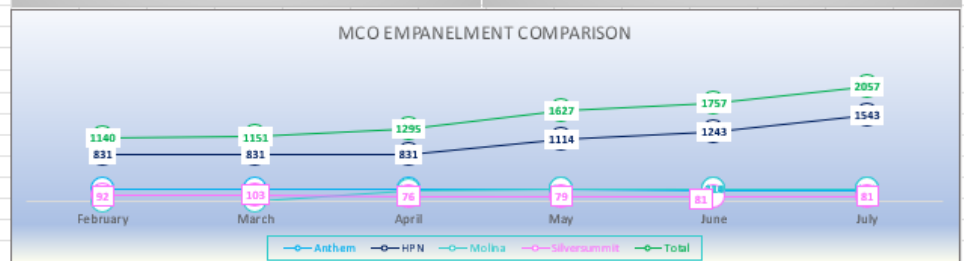
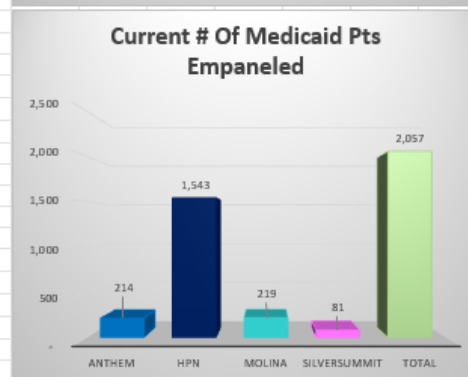
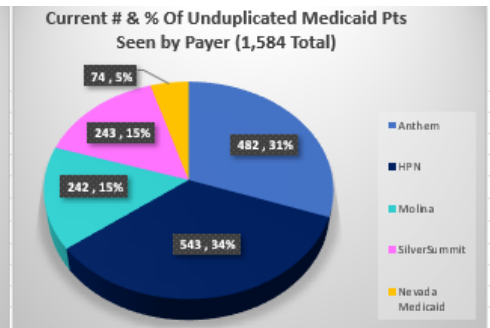
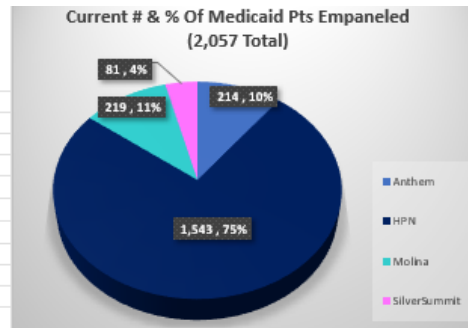
2025 # of MCD Undup Pt Goal	2969
YTD # of MCD Undup Pts Seen	1584
% of Unduplicated Pts to Goal	53.35%
# of Medicaid Pts Assigned to SNCHC	2,057
# of Empanelled Pts Not Yet Seen	?

2025 # of MCD Visits Goal	4104
YTD # of MCD Visits Completed	2578
% of Medicaid Pts Visits to Goal	62.82%
Average # of Medicaid visits per undup pt	1.63

2025 # of Unduplicated MCD Pts Seen	
Anthem	482
HPN	543
Molina	242
SilverSummit	243
Nevada Medicaid	74
Total	1,584

2025 # of Empanelled MCD Pts Seen	
Anthem	?
HPN	?
Molina	?
SilverSummit	?
Nevada Medicaid	?
Total	-

Calendar Year 2024	
# of Unduplicated Pts Seen	2827
# of Medicaid Pts Assigned to SNCHC	920
# of Empanelled Pts Not Yet Seen	474
2024 Goal of Medicaid Visits	2831
YTD # of Medicaid Visits	3908
% of Medicaid Pts Seen to Goal	138.04%
Average # of Medicaid visits per undup pt	1.38



Behavioral Health Services

- The Behavioral Health team, in collaboration with a Ryan White Community Health Worker and Health Educator, has successfully launched a new group therapy program for HIV patients within the FQHC. Patients are actively participating and have provided positive feedback. The plan is to expand marketing efforts to the local HIV community once internal workflows have been streamlined.
- Behavioral Health is working closely with the Ryan White team to ensure all newly diagnosed HIV patients receive integrated visits, providing them with information on both individual and group therapy options.
- The Behavioral Health Manager and FQHC - CEO met with the 988 team to gain a better understanding of their program initiatives and marketing strategy. We will soon implement efforts to increase awareness of 988 within the Decatur and Fremont clinic. The Behavioral Health Manager has joined the Nevada 988 Crisis Response Coalition and its "Someone to Respond" subgroup, which is responsible for managing mobile team coverage and availability.

Family Planning Services

- A. Family Planning program access was up 5% in June and is up 25% year-over-year. Program team administrators and clinical staff continue to engage in a quality improvement project to increase access to care with the aim of simplifying the scheduling process and reducing waste in the appointment schedules. New appointment templates have been implemented in response to this work and the evaluation of the effectiveness of this change is ongoing. New metrics are being tracked focused on the percentage of appointments scheduled per provider per day as well tracking the third next available appointment by new and established appointments. The data will be used to make additional fine tuning to the appointment schedules.
- B. The program is going through a rebranding process to increase access to care to those most in need and provide more comprehensive sexual health services. This rebranding includes redefining the program as a provider of sexual and reproductive health services. Health center providers are receiving Family Planning specific training to support this transition. To further support providing whole-person care and increasing access to services, providers in the Family Planning program will be receiving training around the delivery of basic primary care.
- C. The program is scheduled for a comprehensive Title X site visit in September 2025. Work to prepare for the audit is under way.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 78 referrals between June 1st and June 30th. There were five (5) pediatric clients referred to the Medical Case Management in June and the program received two (2) referrals for pregnant women living with HIV during this time.
- B. There were 536 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 299 unique clients served under these programs in June.
- C. The Ryan White ambulatory clinic provided a total of 497 visits in the month of June, including 23 initial provider visits, 212 established provider visits including seven (7) tele-visits to established patients. There were 26 nursing visits and 236 lab visits. There were 57 Ryan White services provided under Behavioral Health by the licensed mental health practitioners and the Psychiatric APRN during the month of May. There were 14 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in June.
- D. The Ryan White clinic continues to provide the Rapid StART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were six (6) patients seen under the Rapid StART Program in June.

FQHC-Sexual Health Clinic (SHC)

- A. The Sexual Health Clinic (SHC) clinic provided 1,255 unique services to 831 unduplicated patients for the month of June. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC - Sexual Health and Outreach Prevention Programs (SHOPP) on the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services. The SHC continues to

refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services. The SHC Community Health Nurse team began providing services following the new “Nurse Visit for Follow up (HIV) PrEP Therapy” standard operating procedure.

- C. One (1) SHC provider began training in the provision of Family Planning Services and one (1) CHN completed the American Heart Association (AHTA) Basic Life Support (BLS) instructor training

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of June 2025.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	2
Referrals for TB issues	1
Referrals for Chronic Hep B	0
Referrals for STD	4
Pediatric Refugee Exams	1
Clients encounter by program (adults)	22
Refugee Health Screening for June 2025	23
Total for FY24-25	653

Outreach/In Reach Activity

Month of June 2025

Number of events	1 - outreach 4 - in reach
Number of people linked to the clinic	19
Number of people reached	78
Number of hours dedicated to outreach	12

Eligibility and Insurance Enrollment Assistance

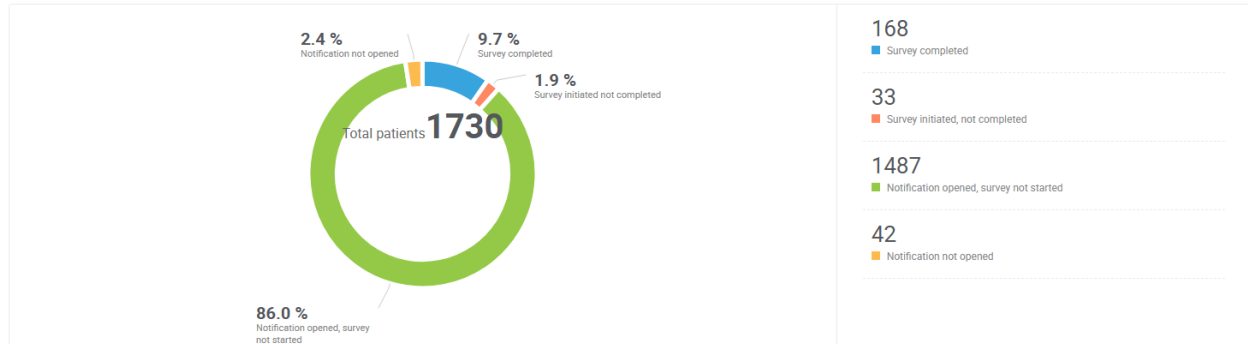
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

Patient Satisfaction: See attached survey results.

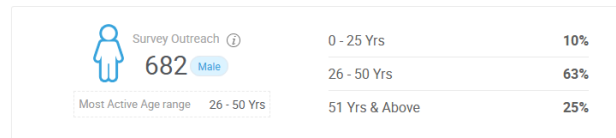
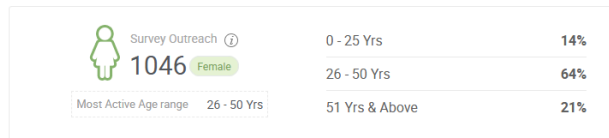
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Southern Nevada Community Health Center Patient Satisfaction Survey – June 2025

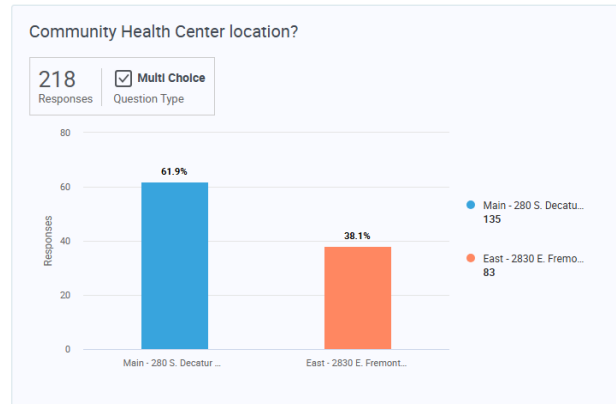
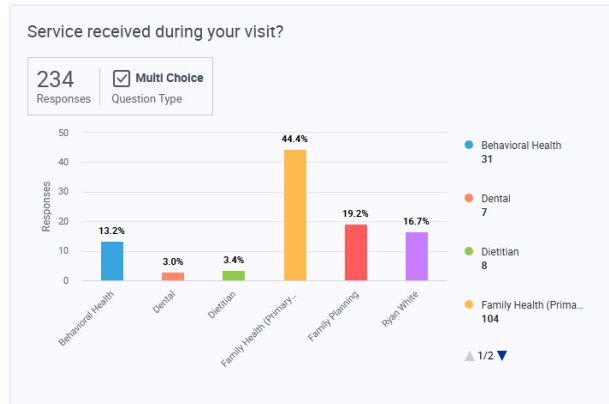
Overview



Gender



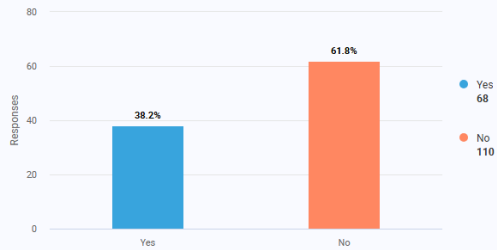
Service and Location



Provider, Staff, and Facility

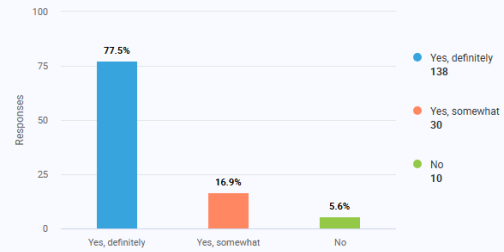
Was your most recent visit for an illness, injury or condition that needed care right away?

178 Responses
Multi Choice Question Type



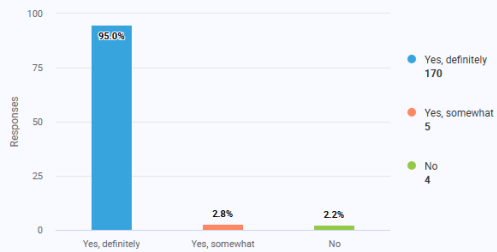
Was the recent visit as soon as you needed?

178 Responses
Multi Choice Question Type



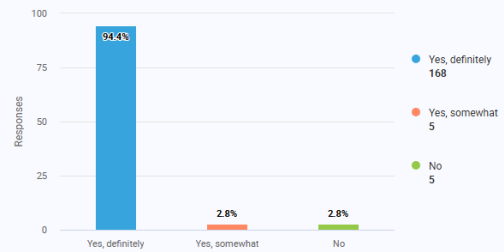
During your most recent visit, did this provider explain things in a way that was easy to understand?

179 Responses
Multi Choice Question Type



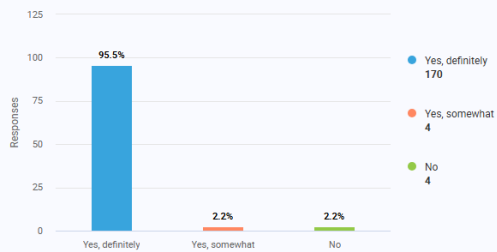
During your most recent visit, did this provider listen carefully to you?

178 Responses
Multi Choice Question Type



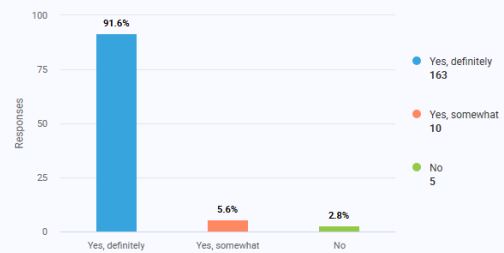
During your most recent visit, did this provider show respect for what you had to say?

178 Responses
Multi Choice Question Type



During your most recent visit, did this provider spend enough time with you?

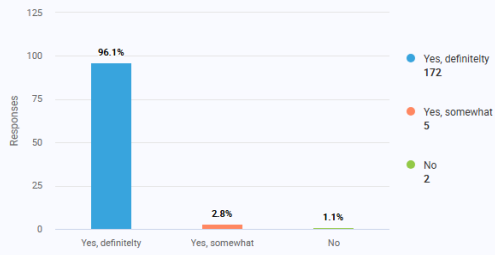
178 Responses
Multi Choice Question Type



Thinking about your most recent visit, were the staff as helpful as you thought they should be?

179
Responses

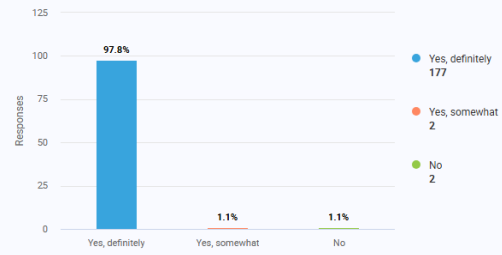
☒ Multi Choice
Question Type



Thinking about your most recent visit, did the staff treat you with courtesy and respect?

181
Responses

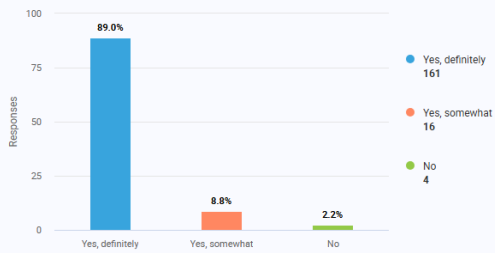
☒ Multi Choice
Question Type



Thinking about your recent visit, was it easy to schedule an appointment?

181
Responses

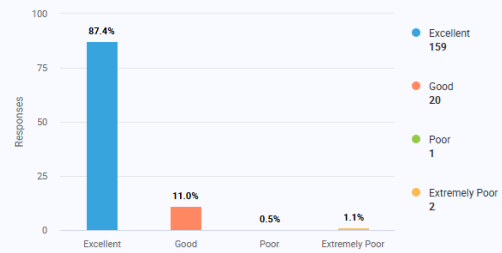
☒ Multi Choice
Question Type



Thinking about the facility, how was the overall cleanliness and appearance?

182
Responses

☒ Multi Choice
Question Type



How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

180

Responses

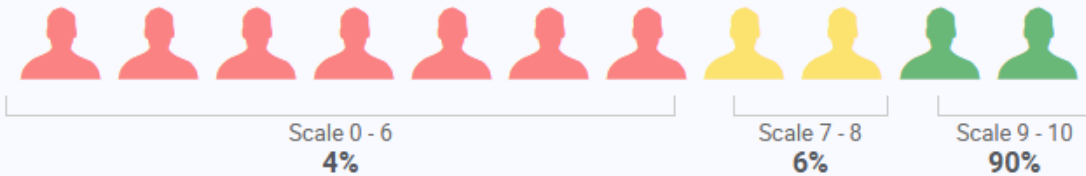
123

Numbers

Question Type

86

Net Promoter Score (NPS)



8

Scale 0 - 6

10

Scale 7 - 8

162

Scale 9 - 10

General Information

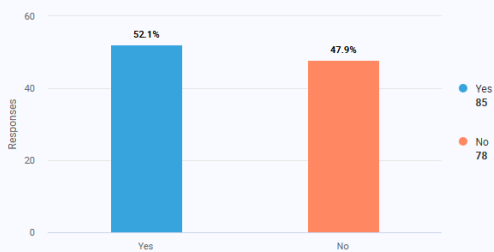
Do you have health insurance?

163

Responses

☒ Multi Choice

Question Type



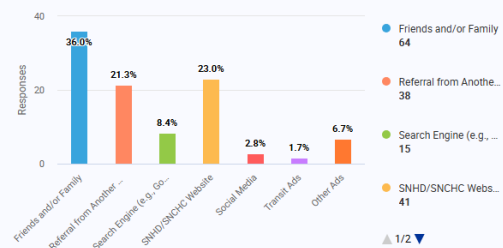
How did you hear about us?

178

Responses

☒ Multi Choice

Question Type





Memorandum

Date: July 24, 2025

To: Southern Nevada District Board of Health

From: Anilkumar Mangla, MS, PhD, MPH, FRIPH, *Director of Disease Surveillance & Control*
Cassius Lockett, PhD, *District Health Officer*

Subject: Disease Surveillance & Control Division Monthly Activity Report – June 2025

A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

*This section has been modified to reflect calendar year reporting instead of fiscal year reporting, effective February 2023. This change is in line with MMWR reporting.

	June 2024	June 2025		YTD 24	YTD 25	
Sexually Transmitted						
Chlamydia	945	863	↓	6147	5749	↓
Gonorrhea	406	411	↑	2592	2407	↓
Primary Syphilis	11	3	↓	82	48	↓
Secondary Syphilis	19	6	↓	127	45	↓
Early Non-Primary, Non-Secondary¹	38	14	↓	325	160	↓
Syphilis Unknown Duration or Late²	126	51	↓	755	643	↓
Congenital Syphilis (presumptive)	2	1	↓	18	17	↓
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	3	3	→	33	28	↓
Pregnant Syphilis Cases	6	20	↑	69	93	↑
Perinatally Exposed to HIV	1	6	↑	23	23	→
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late= CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late ³ Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis. ⁴ The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of the total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County.						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	4	↑	26	22	↓
Hepatitis A	1	1	→	4	1	↓

	June 2024	June 2025		YTD 24	YTD 25	
Hepatitis B, acute	4	2	↓	22	17	↓
Influenza	61	17	↓	687	1123	↑
Pertussis	4	2	↓	37	27	↓
RSV	15	5	↓	1927	2202	↑
Enteric Illness						
Amebiasis	1	0	↓	5	6	↑
Campylobacteriosis	23	25	↑	124	116	↓
Cryptosporidiosis	1	1	→	17	16	↓
Giardiasis	7	1	↓	33	26	↓
Rotavirus	19	23	↑	99	177	↑
Salmonellosis	15	10	↓	74	81	↑
Shiga toxin-producing Escherichia coli (STEC)	1	5	↑	40	38	↓
Shigellosis	11	3	↓	75	34	↓
Yersiniosis	7	3	↓	22	28	↑
Other						
Carbapenem-resistant Enterobacterales (CRE)	56	53	↓	344	285	↓
Candida auris	140	120	↓	956	649	↓
Coccidioidomycosis	20	10	↓	123	128	↑
Hepatitis C, acute	3	1	↓	8	7	↓
Invasive Pneumococcal Disease	7	7	→	148	128	↓
Lead Poisoning	11	6	↓	95	78	↓
Legionellosis	3	1	↓	13	20	↑
Lyme Disease	1	0	↓	4	1	↓
Meningitis, aseptic	3	0	↓	14	9	↓
Meningitis, Bacterial Other	2	0	↓	3	4	↑
Streptococcal Toxic Shock Syndrome (STSS)	6	1	↓	22	18	↓
New Active TB Cases Counted (<15 yo)	0	0	→	2	0	↓
New Active TB Cases Counted (>= 15 yo)	5	4	↓	33	37	↑

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	8	0	30	0
Gonorrhea	2	0	13	0
Syphilis	17	2	176	0
HIV/AIDS (New to Care/Returning to Care)	21	2	93	0
Tuberculosis	516	0	22	0
TOTAL	564	4	334	0

- | | |
|---|---|
| 1 | Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient) |
| 2 | Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms |
| 3 | OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters |
| | Fup= Investigations initiated to follow up on previous reactors, partners, or clusters |

4. Disease and Outbreak Investigations

- a. **Mpox:** As of June 25, 2025, Clark County had 322 cases of Mpox.
- b. **Norovirus in oysters at local restaurants:** On 4/25/25, ACDC was notified of a foodborne illness complaint and coordinated with EH and OIE. DSC is investigating multiple restaurants and has found a possible association with oysters. Two people were confirmed Norovirus. A case control study is being conducted for people who ate at affected restaurants. This investigation is closed, final analysis and report are pending.
- c. **Legionella at three hotels:**
 - a. DSC is investigating 2 travel associated cases of Legionnaires' disease in individuals who stayed at the Southpoint Hotel in August 2024 and February 2025. DSC is working closely with EH to conduct environmental sampling and remediation efforts. The property is cooperating with EH and DSC staff in the investigation. Case finding is being conducted. The investigation is ongoing.
 - b. DSC is separately investigating 3 travel associated cases of Legionnaires' disease in individuals who stayed at the Grandview in February and April 2025. DSC is working closely with EH to conduct environmental sampling and remediation efforts. The property is cooperating with EH and DSC staff in the investigation. Case finding is being conducted. The investigation is ongoing.
 - c. DSC is separately investigating 3 travel associated cases of Legionnaires' disease in individuals who stayed at Harrah's Laughlin Beach Resort and Casino in May 2025. DSC is working closely with EH to conduct environmental sampling and remediation efforts. The property is cooperating with EH and DSC staff in the investigation. Case finding is being conducted. The investigation is ongoing.
- d. **Melioidosis cases:** SNHD identified 2 confirmed cases of *Burkholderia pseudomallei* (Melioidosis) in people who had travel to the Philippines. The first case had sequencing conducted at CDC that identified the strain as having origins with the Philippines. Sequencing is pending with the second case. SNHD drafted a HAN to health providers to alert them to this possible travel risk and consider this diagnosis in travelers returning from the Philippines with vague, unexplained symptoms including fever.

5. Non-communicable Reports and Updates

- a. **Naloxone Training:** SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone distributions took place in the month of June:

Naloxone Distribution	Agency	# of Naloxone doses distributed
6/3/2025	LV Metro	-18 (returned)
6/3/2025	SNHD - Pharmacy Decatur	28
6/3/2025	SNHD - L2A	18

6/3/2025	Harmon Hospital	72
6/16/2025	Clark County Library District	2160
6/17/2025	SNHD - L2A	288
6/24/2025	Vendnovation	30
Total		2578

- b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl (FTS) and Xylazine (XTS) Test Strip Program.

The following participating agencies and internal SNHD programs received FTS and XTS during the month of June:

DATE	AGENCY	FTS	XTS	QTY
06/12/2025	SNHD L2A Team	100	0	100
06/17/2025	SNHD L2A Team	100	0	100
06/24/2025	SNHD L2A Team	500	0	500
06/24/2025	SNHD ODS Health Education	0	200	200
06/25/2025	SNHD L2A Team	0	500	500
06/26/2025	SNHD L2A Team	100	100	200
TOTALS:		800	800	1,600

6. Prevention - Community Outreach/Provider Outreach/Education

- Ongoing promotion continues of the [Collect2Protect](#) (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, Sagebrush Health, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community. Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.
- ODS continues to collaborate with community partners to participate at various outreach events. Activities were suspended for HIV/STI related testing outreaches due to MTU repairs and grant funding expirations. We plan to resume scheduling these activities as soon as possible. Our continued collaboration and presence at events in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic.
- Distribution is ongoing - TB Surveillance developed a laminated flyer titled "Is it TB?" The content includes messaging that encourages providers to "think TB" when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training:
<https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration>

B. High Impact HIV/STD/Hepatitis Screening Sites

- Testing is currently offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness Clinic locations on Monday, Wednesday, and Friday, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Jun-24	Jun-25		YTD 24	YTD 25	
Outreach/Targeted Testing	1277	629	↓	6413	6614	↑
Clinic Screening (SHC/FPC/TB)	726	487	↓	5057	3379	↓
Outreach Screening (Jails)	240	5	↓	1476	1164	↓
Collect2 Protect	4	3	↓	59	38	↓
TOTAL	2247	1124	↓	13005	11195	↓
Outreach/Targeted Testing POSITIVE	4	2	↓	27	29	↑
Clinic Screening (SHC/FPC/TB) POSITIVE	1	1	→	9	2	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	0	↓	3	5	↑
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	6	3	↓	39	36	↓

Targeted outreaches in unhoused communities are ongoing. These efforts are included in the total high impact HIV/STD/Hepatitis screening sites above.

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 06/03/2025: Facilitated Congenital Syphilis Clinical Education training at ER at South Summerlin; 3 people in attendance; 1 ODS staff in attendance.
2. 06/03/2025: Facilitated Overdose Response Training of Trainers; 16 people in attendance; 1 SNHD staff in attendance.
3. 06/04/2025: Attended Big Cities Health Coalition (BCHC) Substance Use Working Groups as SNHD representative; 25 people in attendance; 1 ODS staff member.
4. 06/05/2025: Office of Epidemiology staff provided epidemiology overview to CSN nursing students.
5. 06/05/2025: Presented on CredibleMind to CSN nursing students; 25 people in attendance; 1 SNHD ODS staff in attendance.
6. 06/05/2025: Attended Substance Use Stigma Reduction Training hosted by PT-ROTC; ~50 people in attendance; 2 ODS staff in attendance.
7. 06/06/2025: Facilitated and attended the Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as the current Chair; 48 people in attendance; 2 SNHD ODS staff in attendance.
8. 06/06/2025: Presented on CredibleMind at the Foundation for Recovery; 20 people in attendance; 1 SNHD ODS staff in attendance.
9. 06/08-06/11/25: Epidemiology and Informatics staff attended the CSTE Annual Conference in Grand Rapids, MI. Together they had 8 presentations and 4 posters at the conference.
10. 06/10/2025: Facilitated Virtual Harm Reduction Training With Regional Transportation Commission; 11 people in attendance; 1 ODS staff in attendance.
11. 06/10/2025: Facilitated Congenital Syphilis Clinical Education training at Summerlin ED; 16 people in attendance; 1 ODS staff in attendance.
12. 06/10/2025: Attended Child Mental Health Action Coalition meeting as public health representative; 25 people in attendance; 2 SNHD ODS staff in attendance.
13. 06/11/2025: Co-Facilitated "Mental Health First Aid for Adults" training; 15 people in attendance; 14 SNHD ODS staff in attendance.
14. 06/12/2025: Facilitated PrEP Education at the Culinary Health Center-Craig. 2 people in attendance; 1 ODS staff in attendance.
15. 06/17/2025: Attended the Committee to Review Suicide Fatalities as a representative; 10 people in attendance; 1 SNHD ODS staff in attendance.
16. 06/17/2025: Co-facilitated Harm Reduction 101 training; 8 people in attendance; 2 ODS staff in attendance.

17. 06/18/2025: Co-Facilitated and presented on “Saber es Poder” at the Southern Nevada HIV Prevention Planning Group Meeting; 28 people in attendance; 11 ODS staff in attendance.
18. 06/20/2025: Facilitated training on Congenital Syphilis Clinical Education training to Valley Health Systems Emergency Department directors; 23 people in attendance; 2 ODS staff in attendance.
19. 6/23/2025: ACDC staff attended a bioterrorism exercise with other SNHD divisions as along with community partners including UMC, Metro, SWAT, ARMOR, St Rose, City of Las Vegas and more. This was a tabletop exercise on what would happen if a bioterror agent were released in two locations in the valley.
20. 06/24/2025: Naloxone Presentation to SNHD HR department; 22 SNHD staff in attendance.
21. 06/25/2025: Interviewed on City of Las Vegas Access City Council on substance use and overdose prevention in Ward 5; 5 people in attendance; 2 DSC staff members in attendance.
22. 06/26/2025: Co-facilitated Health District after Dark: Medicalization of Consumer Health. 30 people in attendance; 9 SNHD staff in attendance; 2 DSC staff in attendance.
23. 06/26/2025: Facilitated Virtual Harm Reduction Training With Roseman Nursing Students; 3 people in attendance; 1 ODS staff in attendance.

D. Office of Epidemiology

1. Epidemiology Reports

- a. Data quality reports to support the Office of Disease Surveillance’s activities and STD/HIV grant deliverables
- b. Monthly - Drug Overdose Report – External
- c. Monthly and quarterly disease statistics
- d. Weekly Mpox case and vaccination report
- e. Ongoing monthly and quarterly reports for FOCUS HIV grant project
- f. Monthly NVDRS, SUDORS and NCLPP reports
- g. Outreach site HIV testing stats-weekly
- h. EPT report- weekly
- i. Weekly Arbovirus update
- j. Monthly Heat Related Death and ED Visits report

2. Other Project Updates

- a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
- b. CSTE EHI Access Workgroup Meeting
- c. 2025 SNHD Health Equity Report in progress

Disease Statistics

1. Communicable Disease Statistics: May 2025 disease statistics are below. Please note that these data are retrieved as of July 3, 2025. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (May 2025)

May 2025: Clark County Disease Statistics*

Data as of 07/03/2025

	2023		2024		2025	
Disease	May	YTD	May	YTD	May	YTD
VACCINE PREVENTABLE						
COVID-19	1,761	16,054	959	6,452	502	3,283
Haemophilus influenzae, invasive	3	18	7	24	3	18
Hepatitis A	2	2	0	3	0	0
Hepatitis B, acute	4	11	8	18	2	15
Hepatitis B, chronic	135	497	89	511	84	522
Influenza	28	132	62	626	37	1,106
Meningococcal disease (<i>N. meningitidis</i>)	0	0	1	2	0	0
MPOX	0	2	3	6	0	0
Mumps	0	0	0	3	0	0
Pertussis	6	12	4	33	4	25
RSV	25	646	41	1,912	32	2,197
SEXUALLY TRANSMITTED						
Chlamydia	1,022	5,226	998	5,202	1,032	4,890
Gonorrhea	467	2,333	362	2,186	469	1,996
HIV	34	204	53	254	27	182
Stage 3 HIV (AIDS)	10	62	11	72	13	66
Syphilis (Early non-primary, non-secondary)	49	256	58	287	28	147
Syphilis (Primary & Secondary)	54	248	27	179	11	85
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	1	1	0	2	0	0
Congenital Syphilis	4	30	2	16	1	16
ENTERICS						
Amebiasis	0	1	3	4	2	6
Campylobacteriosis	19	81	23	101	24	91
Cryptosporidiosis	1	4	5	16	8	15
Giardiasis	5	31	5	26	6	25
Rotavirus	26	44	25	80	43	154
Salmonellosis	14	73	12	59	17	71
Shiga toxin-producing <i>E. coli</i> (STEC)	4	15	11	39	14	33
Shigellosis	11	32	15	64	3	31
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	1	1	6	1	5
Yersiniosis	3	6	2	15	6	25
OTHER						
Coccidioidomycosis	15	118	19	103	16	118
Exposure, Chemical or Biological	0	1	0	1	0	2
Hepatitis C, acute	0	1	2	5	0	6
Hepatitis C, chronic	350	1,399	142	689	180	842
Invasive Pneumococcal Disease	10	118	18	141	13	121
Lead Poisoning	20	76	24	84	13	72
Legionellosis	2	16	3	10	6	19
Listeriosis	0	0	1	2	0	0
Lyme Disease	0	0	1	3	0	1
Malaria	4	6	1	1	0	1
Meningitis, Aseptic	5	9	0	11	2	9
Meningitis, Bacterial Other	0	1	0	1	0	4
Meningitis, Fungal	0	0	0	3	0	0
Rabies, exposure to a rabies susceptible animal	34	145	26	135	35	192
Streptococcal Toxic Shock Syndrome (STSS)	3	14	1	16	4	17
Tuberculosis (Active)	9	36	7	29	9	33

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions.

~Diseases not reported in the past two years or during the current reporting period are not included in this report.

~~Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.



Memorandum

Date: July 24, 2025

To: Southern Nevada District Board of Health

From: **Christopher D. Saxton, MPH-EH, REHS, Director of Environmental Health** *CS*
Cassius Lockett, PhD, District Health Officer *CL*

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Routine Inspections	2,538	2,560	↑	26,355	27,289	↑
Reinspections	160	215	↑	1,924	2,144	↑
Downgrades	190	167	↓	1,841	1,978	↑
Closures	13	9	↓	162	164	↑
Special Events	35	46	↑	851	848	↓
Temporary Food Establishments & Tasting Event Booths	189	208	↑	9,016	8,952	↓
TOTALS	3,125	3,205	↑	40,149	41,375	↑

↑ (Up Arrow) - Indicates an increase compared to the previous period.

↓ (Down Arrow) - Indicates a decrease compared to the previous period.

→ (Right Arrow) - Indicates no significant change compared to the previous period.

1. Enforcement Actions and Investigations:

A. Crave Fried Chicken, 5006 S. Maryland Pkwy.: On June 3, the facility was closed for two Imminent Health Hazards (IHHs), pest infestation and lack of refrigeration. The inspector documented 33 demerits. The facility was placed in the SNHD Food Operations Administrative Process, and an Intervention Training occurred on June 5. Additionally, structural repairs, cleaning, and treatment by the pest control operator were completed. The facility was reinspected and reopened with zero demerits on June 6.

B. H2O Agua, 3100 E. Lake Mead Blvd.: On June 5, the facility was closed due to lack of a valid health permit and an unapproved change of permit holder (CPH). The

operator was referred to SNHD Plan Review to apply for a health permit. The facility remains closed at this time.

- C. **AM/PM #42282 Deli, 1619 S. Las Vegas Blvd.:** On June 6, the facility was closed for an IHH, pest infestation. The inspector documented nine demerits. The facility was reinspected and reopened with three demerits on June 20.
 - D. **7 Plus Agua Water Store, 2305 E. Sahara Ave.:** On June 12, the facility was closed due to not having a valid health permit. The operator was referred to SNHD Plan Review to apply for a health permit. The facility remains closed at this time.
 - E. **Kono's Northshore, 3850 E. Desert Inn Rd.:** On June 12, the unit was closed for two IHHs, interruption of electrical service and lack of adequate refrigeration. The inspector documented 11 demerits. The unit remains closed at this time.
 - F. **Canelo's Mariscos and Beer, 2250 E. Tropicana Ave.:** On June 18, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 33 demerits. The facility was reinspected and reopened with three demerits on June 29.
 - G. **Yunnan Garden, 3940 Schiff Dr.:** On June 24, the facility was closed for an IHH, pest infestation. The inspector documented 44 demerits. The facility remains closed at this time.
 - H. **Best Meals on Wheels, 949 Empire Mesa Way:** On June 26, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented 36 demerits. The unit remains closed at this time.
 - I. **Mezzo Bistro and Wine, Restaurant, 6010 W. Craig Rd.:** On June 26, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 38 demerits. The facility was reinspected and reopened with zero demerits on June 27.
 - J. Staff closed 28 unpermitted food vending complaint investigations.
2. **Food Safety Assessment Meetings (FSAMs):**
FSAMs were held with the following facilities: House of Soul LV, 63 N. 30th St., and Antojitos Los Guayabitos 702, 2987 N. Las Vegas Blvd.
 3. **Supervisory/Managerial Conferences:**
 - A. A conference was held with the following facility: The Noypitz Bar and Grill Restaurant, 6605 S. Las Vegas Blvd.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Legionella Travel Associated Investigations	1	2	↑	23	18	↓
Legionella Residential Investigations	4	3	↓	12	16	↑
Foodborne Illness Investigations	7	7	→	52	97	↑
Childhood Elevated Blood Lead Levels	0	1	↑	7	10	↑

4. Legionella Response:

- A.** Residential Legionella investigations began in January 2020 as part of a Centers for Disease Control and Prevention (CDC) grant-funded project. A residential investigation is prompted by a resident becoming ill and the investigation is conducted in their home.
- B.** The increase in residential investigations could be attributed to the increased local population size, increased age of homes, and increased Legionella testing ordered by medical professionals.
- C.** Travel-associated investigations are prompted by a visitor who became ill after staying at a permitted public accommodation. An investigation is conducted at the hotel(s) they stayed at while in town.

5. Foodborne Illness Response:

- A. Biwon, 2721 W. Sahara Ave.:** On June 2, staff responded to multiple reports of illness. Staff observed multiple risk factors that could lead to foodborne illness including improper handwashing practices, barehand contact with ready-to-eat food, and food held at improper temperatures. The investigation resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- B. Nora's Italian Cuisine, 5780 W. Flamingo Rd.:** On June 3, staff responded to multiple reports of illness. Staff observed multiple risk factors that could lead to illness including improper handwashing practices, food held at improper temperatures, and improper cooling of food after cooking. The inspection resulted in an A grade.
- C. Wicked Spoon, 3708 S. Las Vegas Blvd.:** On June 4, staff responded to multiple reports of illness. Staff observed multiple risk factors that could lead to illness including improper handwashing practices, improper storage of food, and food held at improper temperatures without proper monitoring. The inspection resulted in a B downgrade. The facility was reinspected and passed with an A grade.
- D. Subway, 2520 S. Eastern Ave.:** On June 13, staff responded to multiple reports of illness. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
- E. Panera Bread, 740 S. Rampart Blvd.:** On June 13, staff responded to a confirmed case of Salmonella. Staff observed risk factors that could lead to illness including food held at improper temperatures and malfunctioning refrigeration. The inspection resulted in an A grade.
- F. El Segundo Sol and Happy Camper, 3200 S. Las Vegas Blvd.:** On June 21, staff responded to multiple reports of illness. Staff observed multiple risk factors that could lead to illness including improper handwashing practices, food held at improper temperatures, malfunctioning refrigeration, and chemical contamination of food. The inspection resulted in a C downgrade. The facility passed its reinspection with an A grade.
- G. Resorts World Ayu Day Club, 3000 S. Las Vegas Blvd.:** On June 20, staff responded to a confirmed case of Shigella. Staff observed risk factors that could lead to illness including improper handwashing practices and food held at improper temperatures without proper monitoring. The inspection resulted in a C downgrade. A reinspection is still pending.

II. SOLID WASTE AND COMPLIANCE

ENVIRONMENTAL HEALTH Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data

Illegal Dumping and Hearing Officer Process	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Notices of Violations (New & Remails)	0	0	→	58	47	↓
Adjudicated Hearing Cases	4	5	↑	60	42	↓
Total Cases Received	86	71	↓	956	934	↓
Total Cases Referred to Other Agencies	12	13	↑	266	163	↓
Hearing Penalties Assessed	\$3,500	\$7,500	↑	\$120,500	57,103	↓

Remails - Notices of Violations that are returned by the postal service and then mailed to a newly found address.

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Inspections	250	224	↓	3,405	3,178	↓

ENVIRONMENTAL HEALTH Underground Storage Tanks (UST) Full Compliance Inspections – Fiscal Year Data

Underground Storage Tanks	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Compliance Inspections	95	97	↑	754	855	↑
Final Installation/Upgrade/Repair Inspections	0	6	↑	36	38	↑
Closure Inspections	0	0	→	11	10	↓
Spill Report Investigations	1	0	↓	15	20	↑

ENVIRONMENTAL HEALTH Permitted Disposal Facilities (PDF) Inspections – Fiscal Year Data

Permitted Disposal Facilities	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Inspections	3	12	↑	236	239	↑
Reinspections	0	0	→	21	8	↓

III. VECTOR SURVEILLANCE

ENVIRONMENTAL HEALTH Vector Surveillance and Other EH Services - Fiscal Year Data

Vector Surveillance and Other EH Services	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
West Nile Virus Surveillance Traps Set	495	450	↓	3,223	3,368	↑
West Nile Virus Surveillance Mosquitoes Tested	14,289	12,807	↓	87,982	43,494	↓
West Nile Virus Surveillance Submission Pools Tested	722	490	↓	4,702	2,768	↓
West Nile Virus Surveillance Positive Mosquitoes	7,644	0	↓	11,803	1,237	↓
West Nile Virus Surveillance Positive Submission Pools	253	0	↓	370	42	↓
St. Louis Encephalitis Surveillance Positive Mosquitoes	537	0	↓	583	0	↓
St. Louis Encephalitis Surveillance Positive Submission Pools	19	0	↓	21	0	↓
Mosquito Activity Complaints	213	45	↓	1,290	226	↓
Public Accommodations Inspections	7	7	→	471	286	↓
Public Accommodations Complaints	9	12	↑	281	199	↓
Mobile Home/Recreational Vehicle Park Inspections	1	0	↓	218	187	↓
Mobile Home/Recreational Vehicle Park Complaints	4	4	→	26	24	↓

A sample pool is a collection of 50 or less female mosquitoes, from the same species and location, combined into a vial for testing. It is used to determine the prevalence and distribution of arboviruses and can be used to trigger mosquito breeding and disease prevention messages.

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – Western Automotive Cores (Recycling Center)
- B. **Landfills** – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo
- C. **Facility Applications Being Processed** – Recycling Centers (2); Materials Recovery (1); and Waste Grease (1)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in June:**
None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Asbestos Permits Issued	89	71	↓	996	827	↓
Revised Asbestos Permits Issued	6	5	↓	93	88	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Tentative Maps-Received	7	9	↑	114	167	↑
Tentative Maps-Lot Count	144	707	↑	5,024	12,068	↑
Final Maps-Received	17	13	↓	230	211	↓
Final Maps-Lot Count	654	316	↓	9,071	8,251	↓
Final Maps-Signed	16	12	↓	247	183	↓
Final Maps (Signed)-Lot Count	577	553	↓	10,309	8,526	↓
Improvement Plans-Received	12	11	↓	212	197	↓
Improvement Plans-Lot Count	574	313	↓	8,289	7,910	↓
Expedited Improvement Plans-Received	0	1	↑	0	3	↑
Expedited Improvement Plans-Lot Count	0	8	↑	0	233	↑

ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data

Individual Sewage Disposal Systems	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Residential ISDS Permits	5	7	↑	68	70	↑
Commercial ISDS Permits	0	1	↑	3	4	↑
Commercial Holding Tank Permits	1	1	→	34	35	↑
Residential Tenant Improvements	22	22	→	265	227	↓
Residential Certifications	0	0	→	3	2	↓
Compliance Issues	9	6	↓	88	87	↓

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Public Water System Sanitary Surveys	0	0	→	49	52	↑
Public Water System Violations Issued	3	14	↑	169	150	↓

2. Safe Drinking Water Activity:

- A. Six *coliform* positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative:

- **Shetland Water District:** One routine sample was coliform positive. The repeat samples were coliform negative.
 - **Venetian Palazzo:** One routine sample was coliform positive. The repeat samples were coliform negative.
 - **Sandy Valley High School, Clark County School District:** Four routine samples were coliform positive. The repeat samples were coliform positive. A Level One Treatment Technique was ordered and is due by the end of July.
- B.** Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; the Coyote Springs Golf Course; and Apex Regional Waste Management.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
School Facility Kitchen Inspections	0	0	→	882	898	↑
School Facility Kitchen Complaints	0	0	→	11	8	↓
School Facility Inspections	0	0	→	1,035	1,032	↓
School Facility Complaints	0	0	→	34	39	↑
Summer Food Service Surveys	43	49	↑	67	116	↑
Child Care Facility Inspections	38	43	↑	326	386	↑
Child Care Facility Complaints	2	1	↓	31	22	↓
Body Art Facility Inspections	50	53	↑	514	575	↑
Body Art Facility Complaints	8	3	↓	59	59	→
Body Art Artist Special Event Inspections	5	16	↑	50	347	↑
Total Program Services Completed	146	165	↑	3,009	3,482	↑

1. Child Care:

- A. Infinity Learning Center Rainbow, 5447 S. Rainbow Blvd.:** A routine inspection resulted in a non-compliant rating due to multiple violations including unsanitary diaper changing practices; expired milk in the infant refrigerator; physical and chemical hazards accessible to children; no hot water provided in a child-occupied classroom; and crib mattresses with loose fitting sheets. A reinspection is still pending.
- B. YMCA of Southern Nevada, 3050 E. Centennial Pkwy.:** During a routine inspection, staff observed unapproved pour-in-place surfacing installed under the playground structure and installation of permanent shade structures. The permit holder was instructed to submit a remodel application. The playground was removed from use pending submission of plans and approval for use.
- C. UNLV/CSUN Preschool, 4505 S. Maryland Pkwy.:** During a routine inspection, staff observed a refrigerator operating at an unsafe temperature. SNHD Regulations require that refrigerators maintain temperature control for safety (TCS) food at 41°F or less. The daily temperature log of the previous week indicated temperatures in excess of 41°F, reaching as high as 54°F. The milk inside the refrigerator was 47°F.

All the milk was discarded, and the thermostat of the unit was adjusted to a lower setting. By the end of the inspection the unit was operating at 40°F.

- D. KinderCare Childcare, 7830 S. Buffalo Dr.:** During a routine inspection, staff found uncontrolled risk factors in the kitchen and the childcare center in a non-compliant state. In the kitchen, facility staff did not follow proper hand hygiene and did not wash their hands as required. Kitchen staff were also storing their personal items improperly and preparing food without adequate sanitizer present. Soiled food contact surfaces were observed, and the high temperature dish machine was not sanitizing properly. The kitchen received a B downgrade. In the childcare center, violations included improper cleaning and disinfection steps after diaper changes, multiple hand sinks with either inadequate hot water or excessively hot water, and inadequately stocked hand sinks. Additionally, infant cribs had loose fitting sheets, chemicals and physical hazards were accessible to the children, and furnishings and toys used were dirty or in disrepair. A reinspection is still pending.
- E. Children's Learning Adventure, 6980 W. Robindale Rd.:** During a reinspection, staff observed repeat violations and new violations. The repeat violations included inadequate hot water at hand sinks, metered faucets not staying on during hand washing, inadequately stocked hand sinks, soiled activity equipment, incomplete refrigeration temperature logs, and improper storage of children's personal items. During the inspection, a toilet became clogged and flooded the restroom. The facility staff did not remove the children from the affected area and inadequately cleaned and disinfected the contaminated floor. SNHD staff ensured that the toilet was unclogged and educated facility staff on the proper exclusion of children and cleaning and disinfecting of sewage spills. A reinspection is still pending.

2. Body Art:

- A. Bombshell Beauty and Tattoo, 4974 E. Sahara Ave.:** During a routine inspection, the facility was conducting piercings beyond the ear lobe without an approved health permit. SNHD Regulations only allow for ear piercing of the ear lobe without a health permit. Staff also observed reusable equipment not packaged properly prior to sterilization, and a spore test for the autoclave was not available for review. The operator was issued a Cease-and-Desist Order for piercing beyond the ear lobe. The operator has since applied for a permit and is pending a final inspection for the piercing permit.
- B. Work of Art Tattoo, 2375 E. Tropicana Ave.:** During a routine inspection, staff found a visiting artist from another state working in the facility without a visiting artist permit. The artist was issued a Cease-and-Desist Order for providing body art procedures until they receive their permit. Staff directed the facility operator to obtain a visiting artist permit and, if the artist visits for work on a regular basis, the requirements to obtain a permanent body art card.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Food Safety Assessment Meetings	0	0	→	3	2	↓
Total Pre-Permitting Services	903	924	↑	14,852	14,885	↑
New Project Submissions	271	197	↓	2,953	2,981	↑
Completed Projects	213	208	↓	3,382	3,092	↓
Total Service Requests Currently in Pre-Permitting	1,344	1,257	↓			

1. Enforcement Actions and Investigations:

- A. Mi Campo Produce, 441 Eastgate Rd.:** During a final permitting inspection, staff observed multiple flies inside the warehouse; no air curtain installed at the delivery door; gaps present at exterior doors; and a household-only insecticide spray stored onsite. SNHD Regulations require exterior doors to be protected from flying pests. The health permit was approved with a follow-up inspection to ensure that necessary repairs are made, and to confirm installation of an air curtain.
- B. Dutch Bros Coffee, 3445 Volunteer Blvd.:** During a final permitting inspection, staff noted that items related to an approved plan revision had not been completed. The updated scope of work was to add an oven, remove existing floor sinks, and relocate nitro units. Per the contractor, the update to the facility is to be completed within the next couple of months. The health permit was approved with stipulations for a follow-up inspection after the revisions are completed.
- C. Grey Witch, 722 W. Sunset Rd.:** During a CPH inspection, staff observed a new walk-in cooler and a newly built speakeasy bar, which had not been approved. All changes to equipment and new construction must be approved by SNHD. The CPH was approved, and the operator was required to submit after-the-fact plans for the bar and the new speakeasy permit was approved.
- D. Yewon, 5818 Spring Mountain Rd.:** During a final permitting inspection, staff observed damaged and unsealed flooring in multiple areas of the warehouse. SNHD Regulations require that floors be smooth and easily cleanable, with the floor-wall junctions sealed. The health permit was approved with the stipulation that floors are repaired. A follow-up inspection is still pending.
- E. Velvet Vine Wine, 511 S. Las Vegas Blvd.:** During a final permitting inspection, staff found a refrigeration unit operating at an unsafe temperature; inadequate storage in the warewashing area; exterior doors with gaps; unsealed brick walls in the kitchen; and low lighting levels. SNHD Regulations require refrigeration units to operate at 41°F or below; adequate shelving in warewashing areas for proper air drying; all exterior openings to be weather tight; walls properly sealed for cleanability; and adequate light levels for safety and cleaning. The permit was approved with stipulations.
- F. Zoi's Mediterranean Cuisine, 3200 S. Las Vegas Blvd.:** During a CPH inspection, the facility was closed for an IHH, lack of adequate refrigeration. The walk-in cooler was operating at 53°F and condensation was dripping from the ceiling onto food stored beneath. The walk-in freezer was holding at 47°F with liquid pooling on the floor. Multiple food items were in the temperature danger zone and were voluntarily

discarded. Once the units were repaired to maintain food at 41°F or below, a reinspection was conducted and the CPH was approved.

- G. Gung Chae Authentic Korean Cuisine, 6605 S. Las Vegas Blvd.:** Staff were informed by Clark County Fire Prevention representatives that this facility had replaced all the cooking equipment under the exhaust hood without fire prevention approval and had an insufficient fire suppression system. The facility was closed for inadequate ventilation. The operator has successfully submitted a remodel application for the equipment changes and is in the process of obtaining compliance with Clark County Fire Prevention. The final remodel inspection is still pending.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Total Operation Inspections	673	481	↓	9,325	7,826	↓
Complaint Investigations	61	46	↓	338	316	↓
Inactive Body of Water Surveys	10	11	↑	100	90	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	11	5	↓	35	55	↑
Total Program Services Completed	755	543	↓	9,798	8,287	↓

1. Aquatic Health Operations

- A. Motel 6 Las Vegas Boulder, 4125 Boulder Hwy.:** A routine inspection at the pool resulted in an IHH closure due to a total absence of chlorine. Improperly disinfected water exposes bathers to pathogens that can make them sick. The pool was reinspected the same day and approved to reopen.
- B. Prelude at the Park, 501 E. Lake Mead Pkwy.:** A routine inspection at the spa resulted in an IHH closure due to a broken drain cover. A damaged drain cover is a hazard to bathers because it poses an entrapment risk. A reinspection is still pending.
- C. Club De Soleil Club 1, 5499 W. Tropicana Ave.:** A routine inspection at the spa resulted in an IHH closure due to high chlorine. High chlorine is harmful to bathers and can cause eye and skin irritation and burn at high concentrations. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
- D. Harrah's Laughlin, 2900 S. Casino Dr.:** A routine inspection at the spa resulted in an IHH closure due to multiple violations. There was no chlorine detected, and the disinfectant feeder was broken resulting in no continuous disinfection. Lack of disinfection can lead to pathogen growth and increase the chance of waterborne illnesses. A reinspection is still pending.
- E. Verona Apartments, 6765 Tulip Falls Dr.:** A routine inspection at the pool resulted in an IHH closure due to broken glass inside the enclosure. Broken glass can cause injury to bathers. A reinspection is still pending.
- F. Sterling Park Apartments, 2800 S. Eastern Ave.:** A routine inspection at the spa resulted in an IHH closure due to multiple violations. The spa had high chlorine and high cyanuric acid. High cyanuric acid decreases the effectiveness of chlorine.

Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.

- G. El Rancho Boulder Motel, 725 Nevada Way:** Staff responded to a complaint alleging that an uncertified pool operator was adding chemicals to the pool. The SNHD Regulations require that a certified operator performs service to permitted pools. The investigation verified that the facility had two qualified operators with valid SNHD registration who service the pool. The complaint was unsubstantiated.
- H. Intrigue Apartments, 4600 Vegas Dr.:** A routine inspection at the pool and spa found broken drain covers in both. The pool area was management closed but was preparing to open by the end of the week. The inspection resulted in a mandate to remain closed until intact covers are installed in the pool and spa. A reinspection is still pending.
- I. Cameron Apartments, 4600 Sirius Ave.:** A routine inspection at the pool resulted in an IHH closure due to a gap larger than seven inches in the fence. A breach in an enclosure poses a drowning risk because it can allow unattended children to access the pool area. Following corrections, a reinspection was conducted the same day, and the pool was approved to reopen.
- J. Tides on North Paradise Apartments, 3600 University Center Dr.:** A reinspection conducted at the pool as part of a County Multi-Agency Response Team (CMART) action resulted in an IHH closure due to no detectable chlorine. Following corrections, a reinspection was conducted the same day, and the pool was approved to reopen.

**ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program -
Fiscal Year Data**

Aquatic Health Plan Review	Jun. 2024	Jun. 2025		FY 23-24	FY 24-25	
Total Pre-Permitting Services	582	322	↓	5,930	6,217	↑
New Project Submissions	112	111	↓	1,054	1,163	↑
Completed Projects	166	98	↓	976	1,208	↑
Total Projects Currently in Plan Review	458	570	↑			

2. Aquatic Health Plan Review:

- A. Cannery Hotel and Casino, 2121 E. Craig Rd.:** A final remodel inspection for a heater replacement was not approved. The system flow exceeded the rated flow for the heater, which could damage the system. A reinspection is still pending.
- B. Watermark Henderson, 215 S. Water St.:** A final permitting inspection for a new pool was not approved. The doors for the aquatic facility enclosure did not self-latch, which could lead to unsupervised access for small children. A reinspection is still pending.
- C. Buffalo Highlands Phase 7, 8155 W. Charleston Blvd.:** A plan review for installation of new suction outlet fitting assemblies (SOFAs) was not approved. The proposed equipment did not meet the flow requirements for the system. Mismatched equipment could result in suction entrapment. A revised application was submitted, and the review was approved.

VIII. TRAINING OFFICE

- 1.** Training Office staff provided onsite intervention training to: Renaissance LV Zio's Restaurant, 3400 Paradise Rd.; Hacienda El Conejo, 1775 E. Tropicana Ave.; Famous

Daves, 1951 N. Rainbow Blvd.; Rivas Mexican Grill #11, 530 E. Windmill Ln.; Nana Sushi and Ramen, 4870 Blue Diamond Rd.; Durango Taco Shop #4, 2341 N. Rainbow Blvd.; Kono's Northshore, 3850 E. Desert Inn Rd.; and China a Go Go, 860 N. Rancho Dr.

2. Training Office staff provided paid training to the following facility: Milkcow, 4220 S. Grand Canyon Dr.

IX. REGULATORY SUPPORT

1. Regulatory Support Office (RSO) staff participated in or performed the following activities and participated in the following external meetings: Regulatory and Laboratory Training System (RLTS) Steering Committee meeting; National Environmental Health Association (NEHA) Food Safety Program Committee monthly meeting; Association of Food and Drug Officials (AFDO) Food Protection Education Resource Collection Committee; monitor legislation Assembly Bill (AB) 352, Senate Bill (SB) 295, and SB466 relating to cottage food, cottage cosmetics, and other vendors and agency changes associated with Nevada's 83rd (2025) legislative session ending June 3; webinar "Finding Calm in the Chaos: Caring for your Mental Health"; "Managing and Leading with DiSC (Leaders' Toolbox)" training; Conference for Food Protection Board meeting; Program Standards self-assessment; AFDO Federal Agency Update webinar; Association of State and Territorial Health Officials (ASTHO) webinar: Sustaining Programs for Lasting Public Health Impact; Incident Command System (ICS) Position-Specific training; and Retail Flexible Funding Model Mentorship meetings.
2. RSO staff coordinated the Voluntary National Retail Food Regulatory Program Standard self-assessment of all nine standards from July 1, 2020 - June 30, 2025, resulting in meeting seven standards (Standards 1, Regulatory Foundation; Standard 2, Trained Regulatory Staff; Standard 4, Uniform Inspection Program; Standard 5, Foodborne Illness and Food Defense Preparedness and Response; Standard 7, Industry and Community Relations; Standard 8, Program Support and Resources; and Standard 9, Program Assessment). This self-assessment marks the first time Standards 4 and 8 have been met.
3. Special Processes staff, as representatives of both SNHD and the Nevada Environmental Health Association (NvEHA) coordinated, hosted, presented at, and attended the NvEHA/Nevada Food Safety Task Force Joint Annual Educational Conference at the Northwest Career and Technical Academy on June 10 and 11.
4. Special Processes and Label Review staff met with various operators in-person and in a virtual setting, via phone calls and virtual platform meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans.
5. Special Processes staff received two new submissions and released five special process files affecting six facilities. There are currently 16 files in review.
6. Special Processes staff coordinated and attended a HACCP Non-compliance meeting with two facilities, Mulls Meats and Terra Incognita, on June 23 and June 26.
7. Label Review staff received six new submissions and released six label files consisting of 217 labels. There are currently 23 active files in review.
8. Cottage Food Operations staff completed 14 new and updated registrations and 77 new inquiries, frequently with multiple follow-up inquiries per individual.

Memorandum



Date: July 24, 2025

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care *LY*
Cassius Lockett, PhD, District Health Officer *CL*

RE: PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – June 2025

I. Immunization Program

A. Immunization Program Activities

1. The public health centers continued to administer the trivalent Flu 2024-2025 formulation for the season. The 2024-2025 flu season ended on June 30, 2025. A total 190 flu vaccines were administered between all four Immunization Public Health Centers in the month a June. A total of 9,655 flu vaccines were administered during the 2024-2025 flu season within the four Public Health Centers. The 2025-2026 flu season will begin in July 2025, and the trivalent Flu 2025-2026 formulation will be made available soon.
2. Back-to-School (BTS) planning has continued review ways to improve shorter wait times and processing. The four public health centers that provide immunization services will continue with regular days and hours.
 - a. The Henderson Public Health Center will increase services and will be open on Friday August 1, 2025, and August 8, 2025.
 - b. The East Las Vegas Public Health Center will open Monday, July 28, 2025, August 4, 2025, and August 11, 2025.
 - c. Additional immunization opportunities will be provided at the Fremont Public Health Center from July 28, 2025, thru August 8, 2025.

B. Immunization Outreach Activities

1. Total outreach clinics in June- 9 clinics, 355 vaccines were administered to 167 clients. The clinics were held at CCSD schools, Family Support Center, and in partnership with Help of Southern Nevada, Nevada Homeless Alliance, Las Vegas Convention Center, and REACH.
2. With the addition of 2 State subgrants, School Located Vaccinations and Immunization Education, staff conduct clinics to increase immunization compliance and educate the community on the importance of vaccines. During outreach events, SNHD resources, community referrals, and CDC vaccine information are provided.

II. Community Health Nursing

A. Nursing Education

There were no Nursing CEUs offered for the month of June through SNHD.

B. Maternal Child Health

The Maternal Child Health (MCH) Nurse had 4 Lead referrals and no newborn screening referrals in the month of June. Ten active Lead clients were case managed this month. The MCH nurse also assisted during an immunization outreach event and continued to provide nursing assessments for the Healthy Start Program.

C. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 165 active families. Seventy are currently participating in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Twenty-three families are participating through the Temporary Assistance for Needy Families (TANF) funding. Both grants are from the Nevada Division of Public and Behavioral Health.

Nurse home visitors continue to enroll pregnant first-time mothers. They will provide individualized education, guidance, and resources for medical care, food, job training, security, and educational opportunities to help each enrolled family meet their needs and goals. The TANF team wrapped up services in June. The families were offered to continue home visiting services by a different nurse.

D. Healthy Start Initiative- Enhanced

The Southern Nevada Health District's Healthy Start Initiative Program is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The program provides Community Health Workers (CHWs) and Nurses to support, educate, and connect families with community resources at convenient in-home visits. There were 78 active families served in June 2025.

In-person program outreach was conducted at various DWSS locations by the program's CHWs. Outreach was also completed with DAD INC., a new community partner for Healthy Start.

The Healthy Start Program conducted consortium work group meetings with various community partners to work toward meeting goals to help our community. These include improving access to healthcare, increasing the number of Medicaid participants utilizing preventive dental services, improving health literacy and increasing cultural awareness in Clark County. The members of these workgroups are planning community events and projects to work toward these goals. Cultural competency workshops are being organized and offered for healthcare professionals.

E. Embracing Fatherhood

Embracing Fatherhood of Southern Nevada (EFSN) continues to enroll clients and receive referrals from different organizations, including Nevada Family Courts, a new community partner. There was 1 new enrollment in the program in June. Currently, there is a total of 10 active families in the Embracing Fatherhood program.

III. Sexual Health Outreach and Prevention Program (SHOPP)

- A. Express Testing (ET) is a program that conducts testing for sexually transmitted infections (STI's) without a provider exam for asymptomatic patients. ET provided 251 screening encounters for the month of June. This included 27 clients who were tested at Homeless Outreach events, and 21 at the Fremont Friday clinics. The SHOPP team has expanded to doing once weekly testing at the UNLV student center, testing 8 clients in June. The SHOPP team has also expanded testing to include the Mesquite and Henderson SNHD locations. For the month of June both the Mesquite clinic and the Henderson clinic tested 2 clients each, advertising and outreach efforts continue.
- B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The CSCMP nurses, in coordination with perinatal Hep B and HIV programs, continue to meet monthly to plan future targeted education sessions to increase knowledge and awareness of these diseases and available resources. The team continues to serve 53 active clients and completed 5 educational community events.
- C. Members of the SHOPP team attended the SNHD Public Speaking course and Adult Mental Health First Aid training. SHOPP presented for The College of Southern Nevada nursing program, presenting on all of the SHOPP programs to nursing instructors and nursing students. The SHOPP Express Testing team also attended training on Chembio testing, an HIV and Syphilis rapid point of care test.
- D. SHOPP houses a Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. Three NEON referrals were received, and 2 clients were navigated. The SHOPP nurses, in coordination with the Sexual Health Clinic and the University Medical Center's Wellness Center staff navigated 2 of the 3 patients to UMC ER for the appropriate medical evaluation, diagnostic tests, and treatment. The third client that was not navigated sought treatment elsewhere.
- E. SHOPP employs the Home Administered Treatment for Sexually Transmitted Infections (HATS) intervention, an innovative public health solution aimed at increasing access to care. This program is

specific to those who have barriers to getting into a clinic for treatment, such as experiencing homelessness or no transportation. With this intervention, SHOPP and the SNHD DIIS team partner to get those facing barriers treated for STIs in their home or on the streets. In the month of June, the team was able to schedule 1 client for treatment.

- F. The SHOPP *Rapid PREVENT* program recently started its implementation phase and now has a total of seven active clients. The three CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services. In June the team took part in National HIV Day on 06/27/2025 at the Fremont SNHD location, where 9 clients were tested.
- G. SHOPP's Pathways to Better Health (PBH) program serves pregnant/postpartum mothers and follows until the infant turns one year of age. The Community Health Workers support, educate and provide linkages and referrals with the goal of improving health outcomes during and after pregnancy for both moms and babies. During the month of June, the CHWs were able to enroll 6 new clients in the program, with a total of 11 active clients.

IV. Tuberculosis (TB) Clinic

TB clinic has four (4) new adult TB active cases and zero (0) pediatric cases for the month of June 2025.

V. Employee Health Nursing – June 2025

- A. There were zero (0) SNHD employees who tested for COVID-19. Zero (0) PCR tests were conducted. Zero (0) tests from outside entities. Zero (0) employees tested positive for COVID.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catch-up TB testing is ongoing. Forty (40) Tuberculosis tests were completed.
- C. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Thirteen (13) medical clearances were completed.
- D. There were no employee Blood Borne Pathogens exposure case.
- E. There were no new employee TB exposure cases.
- F. Vaccine Clinics
 - 1. June 1 – June 30, 2025
 - 2. Employees Total: 6 employees
 - a) 0 COVID-19 Updated booster.
 - b) 0 Influenza Vaccine
 - c) 0 Monkeypox Vaccine
 - d) 9 other vaccines
 - 3. Total Vaccines Given: 9
- G. New Hire/Onboarding: One (1) new hire was onboarded.
- H. Employee Health Nurse Accomplishments:
 - 1. Hosted Skills Fair
- I. Policies and procedures continue to be reviewed and updated.

MONTHLY REPORT

June 2025

Client Encounters by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic	UNLV	TOTAL
Immunization	1,080	523	235	51	0	0	0	6	160		2,055
Immunization Records Issued	192	76	26	0							294
Newborn Metabolic Screening	0	0	0	0							0
SHOPP	220		2	2			27			7	251
TB Treatment & Control	1,938										1,938
TOTAL	3,430	599	263	53	0	0	27	6	160	7	4,545

Client Encounters by Program

Program	June 2024	June 2025		FY 23-24	FY 24-25	
Immunizations**	2,541	2,055	↓	35,432	33,021	↓
Immunizations Records Issued	325	294	↓	3,565	4,107	↑
COVID-19 Vaccine Given*	238	53	↓	5,267	4,326	↓
Newborn Met. Screening	0	0	→	1	3	↑
SHOPP	216	251	↑	13,152	3,037	↓
TB Treatment & Control	1,576	1,938	↑	17,342	18,615	↑
SAPTA Services	12	^^	↑	293	^^	↑
TOTAL	4,908	4,591	↓	75,052	63,109	↓

^^ SAPTA grant ended 09/30/2024

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	*Other BTS Clinic		TOTAL
Total Immunizations Administered ***	2,595	1126	450	86	0	0	0	12	336		4,605

*Includes Family centers, School clinics, and Immunization Outreach BTS clinics

**Includes BTS encounters by clinic, outreach, and COVID teams

*** New category added 07/01/2024

Total Client Immunizations Administered by Locations

Program	June 2024	June 2025		FY 23-24	FY 24-25	
Total Immunizations Administered **	6,436	4,605	↓	86,727	94,772	↑

Immunization Program

Immunizations	June 2024	June 2025		FY 23-24	FY 24-25	
Flu Vaccine Given	135	190	↑	7,058	9,655	↑
Gratis	31	0	↓	1,419	908	↓
COVID Vaccine*	304	53	↓	4,380	4,326	↓

*Given by Immunization Clinics

Vaccines for Children (VFC)	June 2024	June 2025		FY 23-24	FY 24-25	
Number of VFC Compliance Visits	10	8	↓	91	53	↓
Number of IQIP Visits	9	3	↓	83	36	↓
Number of Follow Up Contacts	21	40	↑	472	443	↓
Number of Annual Provider Training	33	94	↑	156	143	↓
Number of State Requested Visits	16	30	↑	414	203	↓

Perinatal Hepatitis B	June 2024	June 2025		FY 23-24	FY 24-25	
# of Expectant Women	20	12	↓	19	14	↓
# of Infants	84	54	↓	72	62	↓
Total # of Infants Delivered	2	3	↑	32	34	↑
New Cases	2	3	↑	57	45	↓
Closed Cases	0	6	↑	42	78	↑

Childcare Program	June 2024	June 2025		FY 23-24	FY 24-25	
Childcare Audits	2	2	→	100	84	↓
Baseline Immunization Rate	79%	61%	↓	77%	78%	↑
# of Final Audits	2	2	→	100	84	↓
Final Immunization Rate	97%	91%	↓	95%	94%	↓
# of Records Reviewed	141	370	↑	9229	7146	↓

Covid-19 Vaccine Campaign **

	June 2024	June 2025		FY 23-24	FY 24-25	
COVID-19 Vaccine Campaign	238	n/a	↑	5,267	n/a	↑
# of COVID-19 Vaccines administered	21	n/a	↑	374	n/a	↑
# of Monkeypox Vaccine administered	79	n/a	↑	3168	n/a	↑
# of Influenza Vaccine administered	0	n/a	↑	4	n/a	↑
# of Healthcare Provider Compliance Visits	0	n/a	↑	16	n/a	↑
# of Newly Enrolled Healthcare Provider Education Sessions	0	n/a	↑	48	n/a	↑
# of Potential Healthcare Provider Recruitment Sessions	3	n/a	↑	913	n/a	↑
# of Healthcare Provider Contacts						

**Program ended 12/31/2024

Community Health Program

Nursing Field Services	June 2024	June 2025		FY 23-24	FY 24-25	
MCH Team Home Visit Encounter	11	13	↑	128	166	↑

NFP (Team 1)	June 2024	June 2025		FY 23-24	FY 24-25	
Referrals	18	11	↓	174	132	↓
Enrolled	7	6	↓	96	100	↑
Active	129	165	↑			

NFP (Expansion Team)	June 2024	June 2025		FY 23-24	FY 24-25	
Referrals	5	0	↓	77	45	↓
Enrolled	3	0	↓	49	17	↓
Active	64	23	↓			

MCH	June 2024	June 2025		FY 23-24	FY 24-25	
# of Referrals Received	5	7	↑	43	56	↑
# from CPS	2	3	↑	29	41	↑
# of Lead Referrals	3	4	↑	11	13	↑
# of Total Admissions	2	4	↑	23	43	↑

EHB *	June 2024	June 2025		FY 23-24	FY 24-25	
Referrals	n/a	n/a	→	15	n/a	↑
Enrolled	n/a	n/a	→	16	n/a	↑
Active	10	n/a	↑			

*Phasing to Healthy Start

Thrive by 0 – 3	June 2024	June 2025		FY 23-24	FY 24-25	
Referrals	52	41	↓	649	431	↓
One-Time Home Visits	3	1	→	92	33	↓
Enrolled	8	1	↓	35	34	↓
Active	16	21	↑			

Healthy Start**	June 2024	June 2025		FY 23-24	FY 24-25	
Referrals	24	16	↓	59	296	↑
Enrolled	6	13	↑	25	85	↑
Active	23	78	↑			

***New program as of 01/01/2024

Embracing Fatherhood***	June 2024	June 2025		FY 23-24	FY 24-25	
Referrals ***	n/a	2	↓	n/a	16	↓
Enrolled ***	n/a	1	↓	n/a	10	↓
Active	n/a	10	↓			

***New program as of 01/01/2025

Tuberculosis Program

Tuberculosis	June 2024	June 2025		FY 23-24	FY 24-25	
Number of Case Management Activities*	237	454	↑	2,574	4,953	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	18	38	↑	377	342	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	36	125	↑	449	949	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	5	7	↑	218	75	↓
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,356	1,938	↑	15,091	16,292	↑
*New EMR system- Counting only successful activities						

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing	June 2024	June 2025		FY 23-24	FY 24-25	
# of Screening encounters	182	253	↑	2,105	3,039	↑
# of Clients Screened	182	251	↑	2,096	3,037	↑
# of Clients with positive STI identified	15	22	↑	183	292	↑
STI Positivity Rate	^	9%	↓	^		↓
SHOPP- Linkage	June 2024	June 2025		FY 23-24	FY 24-25	
# of clients referred to Linkage	22	33	↑	195	220	↑
# of clients linked to care	18	33	↑	161	225	↑
SHOPP- Congenital Syphilis Case Management Program (CSCMP)	June 2024	June 2025		FY 23-24	FY 24-25	
# of Referrals (pregnant, post-partum, infants)	8	5	↓	135	91	↓
# of Clients enrolled in CM	6	5	↓	95	66	↓
# of Active pregnant/ postpartum clients	29	33	↑			
# of Infants being followed	23	20	↓			
# of Provider/ Community trainings	2	5	↑	15	40	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in care (SURE)	June 2024	June 2025		FY 23-24	FY 24-25	
# of Outreach events	n/a	5	^	n/a	68	^
SHOPP- Complex STI Navigation	June 2024	June 2025		FY 23-24	FY 24-25	
# of Clients referred	n/a	3	^^	n/a	50	^^
# of Clients navigated	n/a	2	^^	n/a	45	^^
# of Home administered treatment of STI (HATS)	n/a	1	^	n/a	78	^

*Outreach started 03/01/2024

^ No data available

^^ No data available - data collecting began 12/01/2023

Non- cumulative