



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

January 12, 2026 – 8:30 A.M.

Meeting was conducted In-person and via Microsoft Teams

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

- MEMBERS PRESENT:** Kenneth Osgood, Chair – At-Large Member, Physician (*in-person*)
Susan VanBeuge, Vice-Chair – At-Large Member, Nurse (*in-person*)
Ronald Kline – Member, City of North Las Vegas (*in-person*)
Paul Klouse – Member, City of Boulder City (*via Teams*)
Brian Labus – At-Large Member, Environmental Health (*in-person*)
Holly Lyman – Member, City of Henderson (*in-person*)
Jennifer Young – Member, City of Las Vegas (*in-person*)
- ABSENT:** N/A
- ALSO PRESENT:** Toluwanimi Barbarinde, Cade Grogan, Matthew Winterhawk
- LEGAL COUNSEL:** Edward Wynder, Associate General Counsel
- EXECUTIVE SECRETARY:** Cassius Lockett, PhD, MS, District Health Officer
- STAFF:** Adriana Alvarez, Emily Anelli, Tawana Bellamy, Daniel Burns, Nancy Cadena, Andria Cordovez Mulet, Aaron DelCotto, Jason Frame, Bob Kingston, Anil Mangla, Brian Northam, Shannon Pickering, Luann Province, Alexis Romero, Chris Saxton, Karla Shoup, Randy Smith, Rosanne Sugay, Lourdes Yapjoco, Lei Zhang

I. CALL TO ORDER AND ROLL CALL

The Chair called the Public Health Advisory Board meeting to order at 8:30 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

II. PLEDGE OF ALLEGIANCE

- III. 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.

Matthew Winterhawk expressed concern about a process issue he has observed across Nevada boards and commissions, including this one. He stated that meeting minutes were frequently placed at the start of agendas and approved months after the meetings occur, often without meaningful review or discussion. He emphasized that minutes were an important part of the public record, documenting questions, concerns, and oversight, and should not be treated as a formality. He stated that delayed or cursory approval undermines transparency and public confidence, and urged the Advisory Board to ensure minutes were reviewed in a timely, thorough, and transparent manner. He thanked the Advisory Board for the opportunity to place his concerns on the record.

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

IV. ADOPTION OF THE JANUARY 12, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Lyman, seconded by Member Labus, and carried unanimously to approve the January 12, 2026 Agenda, as presented.

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

1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING: October 13, 2025 *(for possible action)*

A motion was made by Member Lyman, seconded by Vice-Chair VanBeuge, and carried unanimously to approve the January 12, 2026 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. Update on Seasonal Respiratory Diseases; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Rosanne Sugay, Medical Epidemiologist, provided an update on seasonal respiratory diseases, specifically Influenza A and B, SARS-CoV-2, and RSV.

Member Klouse joined the meeting at 8:47 a.m.

Member Lyman inquired as to the efficacy of the influenza vaccine this year. Dr. Sugay reported that current data indicate pediatric vaccine effectiveness remained at approximately 80%, while effectiveness in preventing infection among adults was estimated at 30–40%. She noted that, regardless of infection rates, available reports consistently show that vaccination reduces the severity of illness. Dr. Lockett advised that the team was currently working to pull together data on hospitalizations for influenza.

- 2. Update on Immunization Rates and Outreach;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Shannon Pickering, Community Health Nurse Manager, and Lourdes Yapjoco, Director of Public Health and Preventive Care and Chief Administrative Nurse, provided an update on the immunization rates and outreach in the community.

Further to an inquiry from Member Labus on any changes to the hepatitis B vaccination recommendations, Ms. Pickering stated that the program was not expected to see significant impact, as it serves clients who are either untested for hepatitis B surface antigen or already known to be positive, and service numbers have remained steady in recent months. Ms. Yapjoco noted that broader impacts may be seen in hospital settings, particularly regarding birth-dose hepatitis B vaccine recommendations. Dr. Lockett emphasized the importance of education, noting that prior to universal hepatitis B vaccination recommendations in 1991, cases exceeded 200,000 annually and declined significantly afterward, highlighting the virus's high transmissibility. He stressed that education will be critical as some vaccines shift from universal to high-risk or shared clinical decision-making recommendations. Ms. Lourdes added that ongoing education efforts for providers, parents, and the community will continue, noting that the vaccines remain available and covered, and that staff are preparing for workflow adjustments while continuing discussions with parents on the importance of vaccination.

- 3. Update on the Sexual Health Outreach and Prevention Program (SHOPP);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Pickering provided an overview of the Sexual Health Outreach and Prevention Program (SHOPP).

Member Osgood noted national reports indicating an increase in congenital (newborn) syphilis and asked whether Nevada had seen a similar rise, particularly among pregnant women. Ms. Pickering responded that while increases have been observed nationally, Nevada had experienced a decrease in cases over the past year, attributing the improvement to ongoing education, treatment efforts, and increased awareness.

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

There were no items raised.

- VIII. HEALTH OFFICER & STAFF REPORTS *(Information Only)***

- DHO Comments

Dr. Lockett expressed concern regarding recent changes to the childhood immunization schedule, noting the removal of several vaccines – including hepatitis A and B, rotavirus, COVID-19, influenza, RSV, and meningococcal disease – from universal recommendations and their shift to high-risk or shared clinical decision-making use. He highlighted particular concern about meningococcal disease, emphasizing its high fatality rate despite its rarity, and noted that universal adolescent vaccination led to more than a 90% reduction in cases since 2005. He reported a recent increase in meningococcal cases in 2024, particularly among adults ages 30-60 and individuals with HIV. Dr. Lockett explained that Nevada has mechanisms in place, including legislation adopted during the Governor’s special session and authority under NRS 441A.200, that allows the State Board of Health to pause or decline implementation of ACIP recommendations. He stated that state partners plan to further discuss these authorities at an upcoming State Board of Health meeting to explore additional protections for the community.

- IX. 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 this portion of the meeting.

X. ADJOURNMENT

The Chair adjourned the meeting at 9:34 a.m.

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

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

January 12, 2026 – 8:30 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/7b2391f8-75f4-402a-9d36-ebb6c2a1b83a@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 461 564 455#

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.

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. 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 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 Chairman 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 meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 461 564 455#. Press *5 to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself.
- **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.

IV. ADOPTION OF THE JANUARY 12, 2026 AGENDA *(for possible action)*

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

1. **APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** October 13, 2025 (*for possible action*)

VI. **REPORT / DISCUSSION / ACTION**

1. **Update on Seasonal Respiratory Diseases;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

2. **Update on Immunization Rates and Outreach;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

3. **Update on the Sexual Health Outreach and Prevention Program (SHOPP);** direct staff accordingly or take other action as deemed necessary (*for possible action*)

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

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

- DHO Comments

IX. **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 Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

X. **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

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

ABSENT: N/A

ALSO PRESENT: Linda Anderson, Sabrina Malik

LEGAL COUNSEL: Edward Wynder, Associate General Counsel

EXECUTIVE SECRETARY: Cassius Lockett, PhD, District Health Officer

STAFF: Emily Anelli, Maria Azzarelli, Tawana Bellamy, Nicole Bungum, Daniel Burns, Victoria Burris, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Gerard Custodio, Aaron DelCotto, Xavier Gonzales, Carmen Hua, Jessica Johnson, Tabitha Johnson, Heidi Laird, Josie Llorico, Anil Mangla, Blanca Martinez, Brian Northam, Luann Province, Emma Rodriguez, Larry Rogers, Alexis Romero, Chris Saxton, Randy Smith, Renee Trujillo

I. CALL TO ORDER AND ROLL CALL

The Chair called the Public Health Advisory Board meeting to order at 8:30 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

Ms. Cordovez Mulet administered the Members' Oath of Office to Member Kline, Member Klouse and Member Lyman; and the Officers' Oath of Office to Chair Osgood, Vice-Chair VanBeuge.

Member Young joined the meeting at 8:36 a.m.

- 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 this portion of the meeting.

- V. ADOPTION OF THE OCTOBER 13, 2025 MEETING AGENDA** *(for possible action)*

A motion was made by Member Labus, seconded by Member Klouse, and carried unanimously to approve the October 13, 2025 Agenda, as presented.

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

- 1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** July 14, 2025 *(for possible action)*

A motion was made by Member Kline, seconded by Vice-Chair VanBeuge, and carried unanimously to approve the October 13, 2025 Consent Agenda, as presented.

- VII. REPORT / DISCUSSION / ACTION**

- 1. Approval of the 2026 Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Advisory Board was informed that the proposed 2026 meeting schedule followed the timeline approved by the Advisory Board in previous years. The Chair requested that meeting in April be moved to April 27, 2026; there was no objection to this proposal.

A motion was made by Member Lyman, seconded by Vice-Chair VanBeuge, and carried unanimously to approve the 2026 Public Health Advisory Board Meeting Schedule, as amended.

- 2. Update on CredibleMind Platform and the Behavioral Health Clinic;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Rebecca Cruz-Nanez, Senior Health Educator, and Heidi Laird, Health Educator, provided an overview of Nevada's mental health; and reviewed the CredibleMind platform, evaluation plan, engagement, feedback and key successes.

Further to an inquiry from Member Lyman, Ms. Cruz-Nanez advised that she would share the CredibleMind toolkit.

Further to an inquiry from Member Young about a partnership with the Clark County School District, Ms. Cruz-Nanez advised that efforts were underway to strengthen connections and information-sharing between Clark County and related entities. Currently, the Clark County Mental Health Consortium includes a representative from the Clark County School District, and information has been shared through that channel. However, a direct link has not yet been established. The goal is to formalize this connection within the coming year.

Member Kline requested flyers or materials that he could include as part of the CERT program through FEMA.

Further to a request from Member Klouse on clarification of the number of users, Ms. Cruz-Nanez advised that, since launch, the platform has had 12,497 users and 14,279 sessions. Of these, 453 users have registered for accounts, which allow participants to track completed sessions, evaluations, and surveys for personal progress monitoring. Data access is limited to two administrators and excludes personal information. Registered users benefit from a private tracking system to review improvements over time.

Further to an inquiry from Chair Osgood on improvements to the CredibleMind platform and the shortage of social workers in the school system, Ms. Cruz-Nanez advised that any feedback on the CredibleMind platform is forwarded to CredibleMind as the owners of the site. Further, Ms. Cruz-Nanez advised that other organizations and coalitions were working on a list of resources for crisis intervention.

Tabitha Johnson, Behavioral Health Manager in the Southern Nevada Community Health Center, provided an overview of the role and services of the Behavioral Health Clinic. Ms. Johnson advised that the Behavioral Health Clinic supports the Southern Nevada Community Health Center patients to integrate behavioral health into primary care services.

Further to an inquiry from Member Lyman, Ms. Johnson confirmed that the Behavioral Health Clinic accepts all Ryan White patients in Clark County.

Further to an inquiry from Chair Osgood on where there was a waiting list to see a behavioral health provider, Ms. Johnson advised that the wait time for an appointment was approximately 3-4 weeks. As a follow-up Ms. Johnson advised that most patients in the Behavioral Health Clinic were adults.

3. Update on Wastewater Surveillance; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Anil Manga, Director of Disease Surveillance and Control, provided an update on wastewater surveillance from the October 2024 meeting, focusing on implementation.

- 4. Update on Nutrition and Food Security;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Nicole Bungum, SNHD Health Education Supervisor, and Dr. Sabina Malik, UNR Extension Health and Nutrition Department, provided an update on food insecurity and nutrition, including updated data, policy and legislative impacts, and highlighting collaborative projects.

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

There were no items raised.

- IX. HEALTH OFFICER & STAFF REPORTS (*Information Only*)**

- DHO Comments

Dr. Lockett advised that in 2024, approximately 89% of Clark County residents received COVID-19 vaccinations through pharmacies, highlighting their essential role in vaccine distribution and public health. The Health District administered about 4% of all vaccinations in the county, a proportion notably higher than many local health departments. Dr. Lockett confirmed that updated COVID-19 vaccines were currently available at the Health District for individuals six months and older, along with seasonal influenza and RSV vaccines for all recommended age groups. Dr. Lockett advised that the Health District maintained a supply of privately purchased vaccines, referred to as “sell vaccines”, for individuals with private insurance or Medicaid coverage. Additionally, the Health District placed an order for 317 program vaccines to serve uninsured and underinsured populations, as well as doses under the Vaccines for Children (VFC) program, with delivery notifications pending.

Dr. Lockett advised that on August 7th, the Health District reported its first local wastewater detection of measles; however, no confirmed cases have been identified, and no spikes have occurred since that date. As noted earlier in the meeting, wastewater-based epidemiology serves as an early warning system, but a single detection does not indicate ongoing transmission. Other sites with multiple detections have confirmed cases, emphasizing the need to integrate case data with wastewater findings. Additionally, the Health District was among 15 sites nationwide selected for a metagenomic study out of more than 150 applicants.

Dr. Lockett advised that the Governor’s budget contained a line-item for a State Public Health Fund, for which the Health District was awarded \$10.7 million. This funding comes at a critical time, as public health departments expected to experience declining resources, with some funding streams remaining flat or being eliminated entirely.

Dr. Lockett advised that the Health District was launching a Healthcare-Associated Infections (HAI) program in January 2026 to investigate multidrug-resistant organisms, including *Candida auris*, across Clark County. The program will emphasize prevention by conducting Infection Control Assessment and Response (ICAR) protocols to healthcare facilities, including skilled nursing, long-term care, and acute care hospitals. This initiative will be supported by a cross-divisional team from Environmental Health, Community Health, and Disease Surveillance and Control, with Dr. Mangla serving as program lead.

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

XI. ADJOURNMENT

The Chair adjourned the meeting at 9:48 a.m.

Cassius Lockett, PhD
District Health Officer/Executive Secretary

/acm



Update on Seasonal Respiratory Diseases

**Public Health Advisory Board Meeting
January 12, 2026**

Rosanne Sugay, MD, MPH
Medical Epidemiologist

Agenda

Background

- Disease Surveillance and Control Respiratory Monitoring

Updates

- Influenza A and B
- SARS-CoV-2
- RSV

Methods of Monitoring Respiratory Diseases



Syndromic



Case-based



Mortality



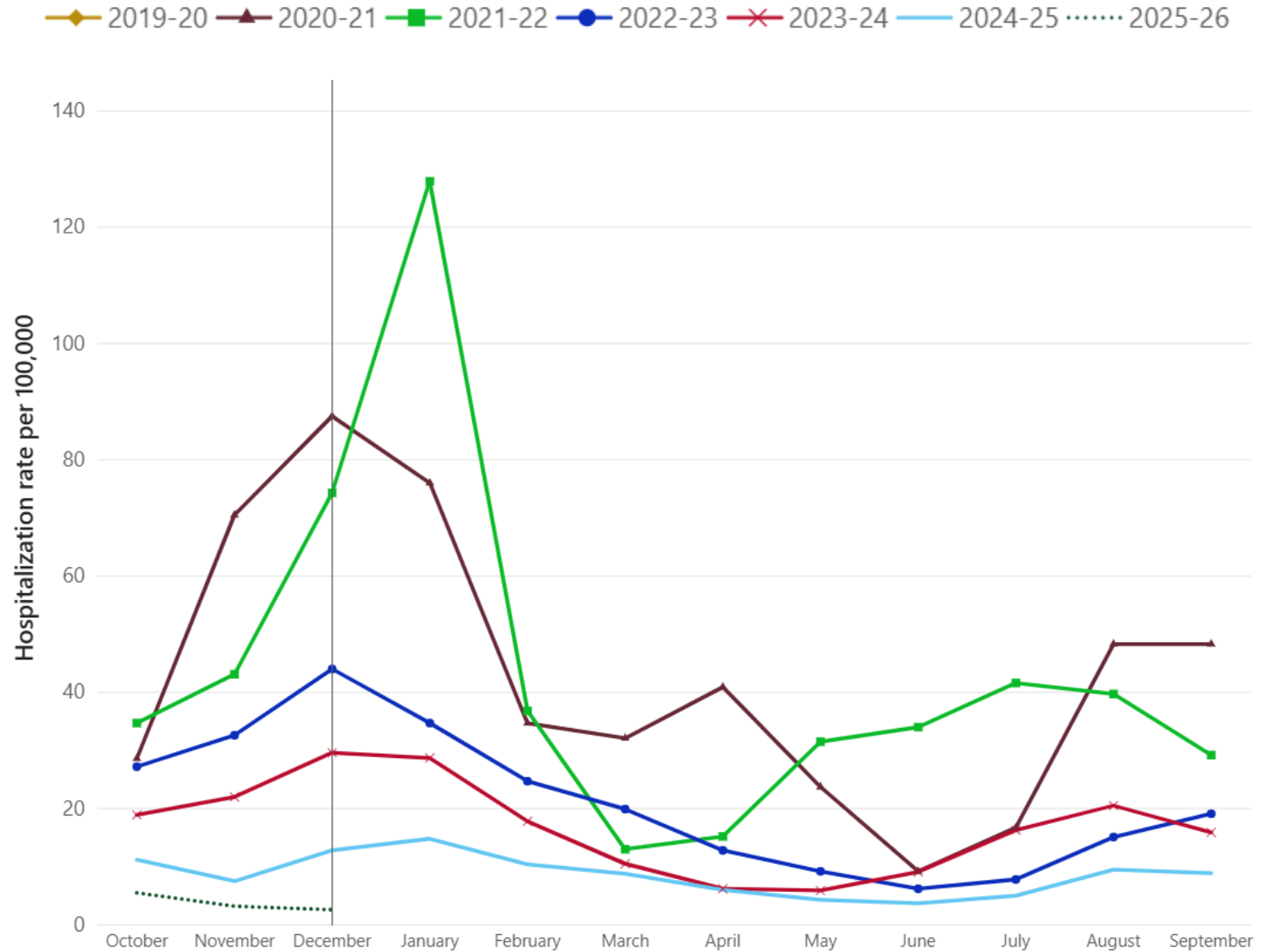
Wastewater

COVID-19

Reported COVID-19 Associated Hospitalizations by Season, United States 2020 - 2026



Monthly Rates of COVID-19 Associated Hospitalizations by Season

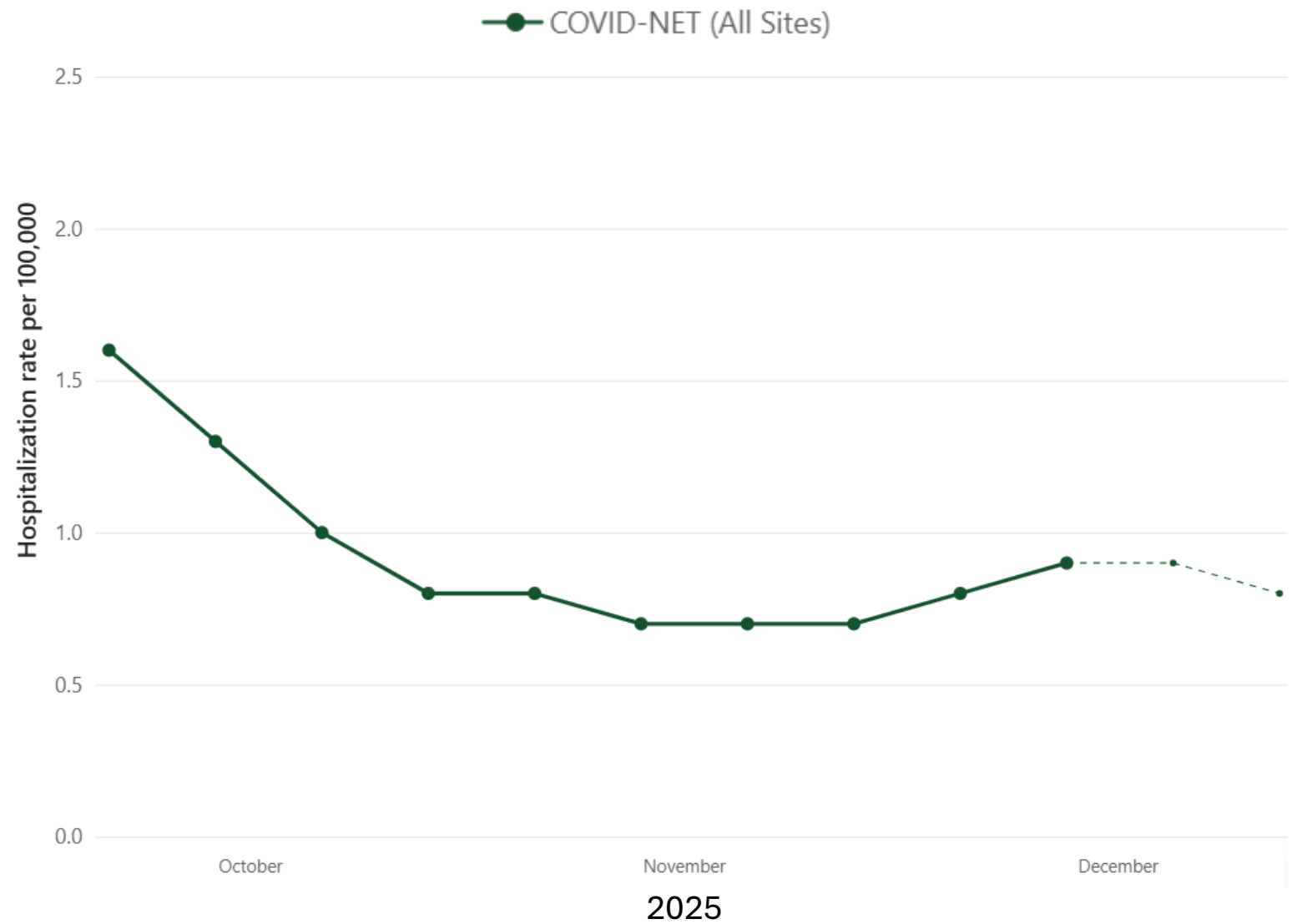


Data Source: [COVID-NET | Covid | CDC](https://www.cdc.gov/covid-net/), accessed 12/31/2025

Reported COVID-19 Associated Hospitalizations, United States 2025-2026 season

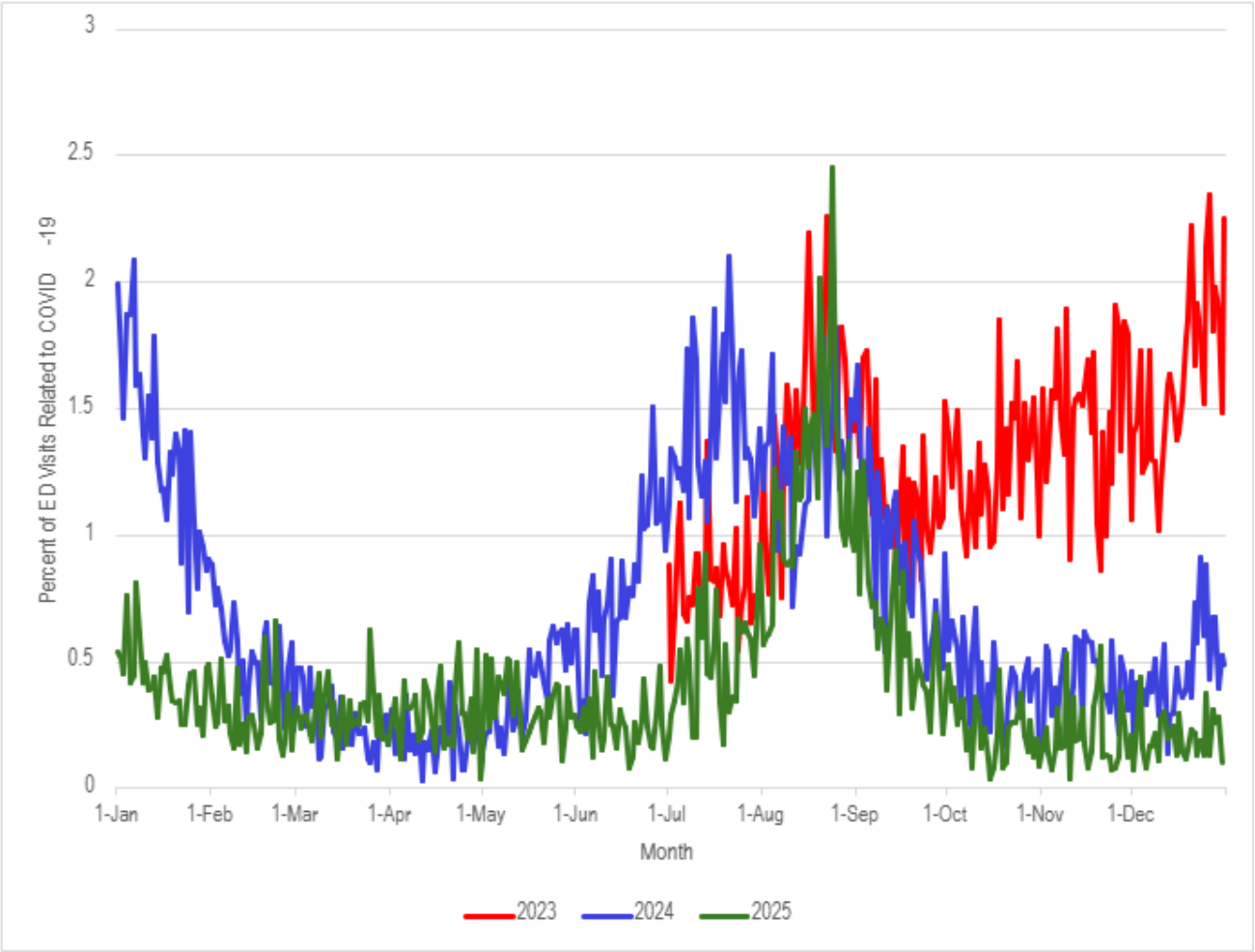


Weekly Rates of COVID-19 Associated Hospitalizations by Site, 2025-26



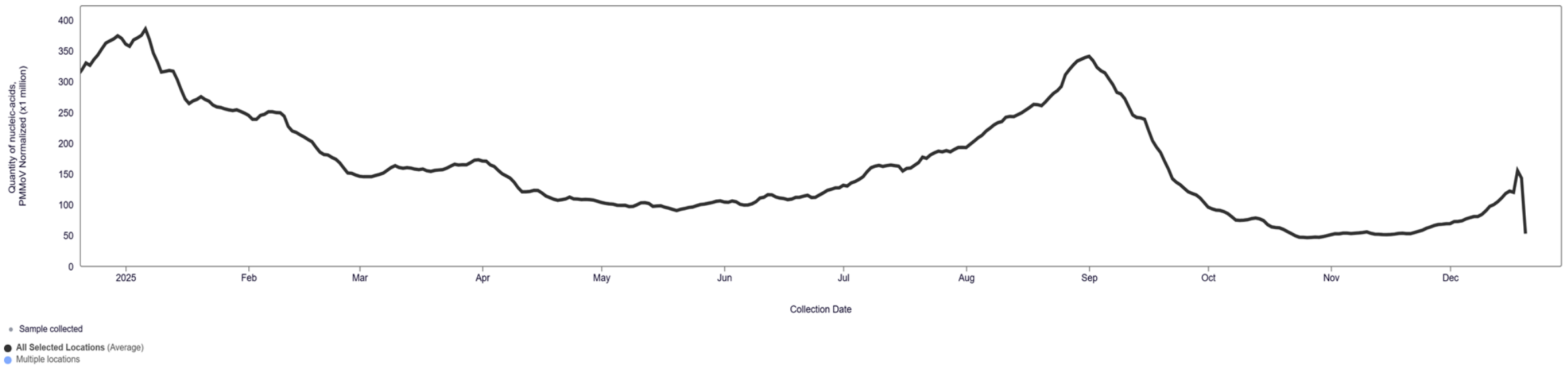
Data Source: [COVID-NET | Covid | CDC](#), accessed 12/31/2025

Percent of ED Visits Related to COVID-19 2023 to 2025 in Clark County, NV



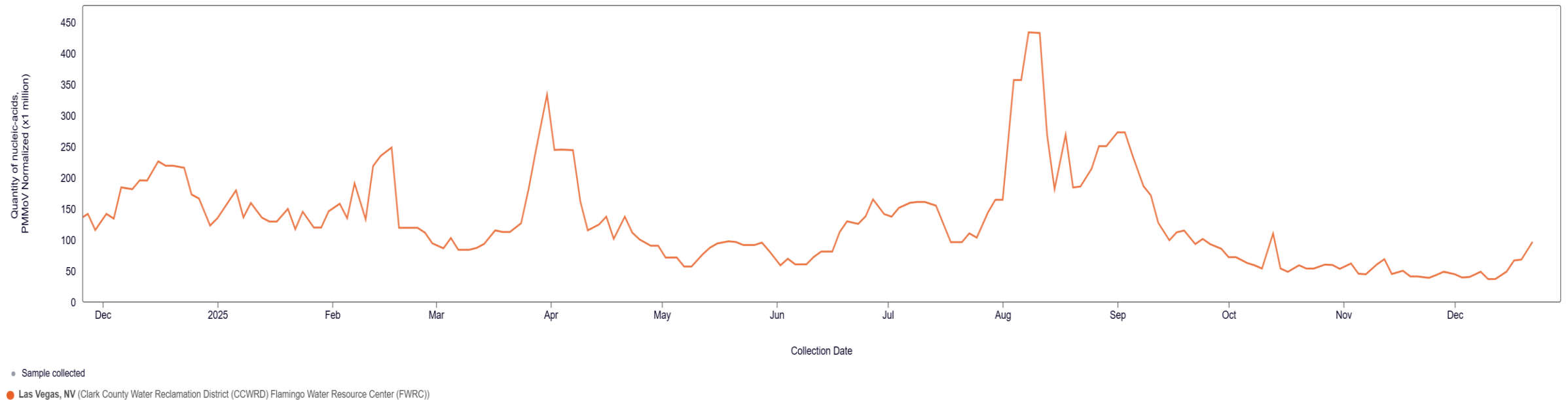
Wastewater Surveillance for COVID-19 United States, as of 12/29/2025

SARS-CoV-2, All Wastewater Sites



Wastewater Surveillance for COVID-19 Clark County, NV, as of 12/29/2025

SARS-CoV-2, Las Vegas, NV



Wastewater Surveillance for COVID-19

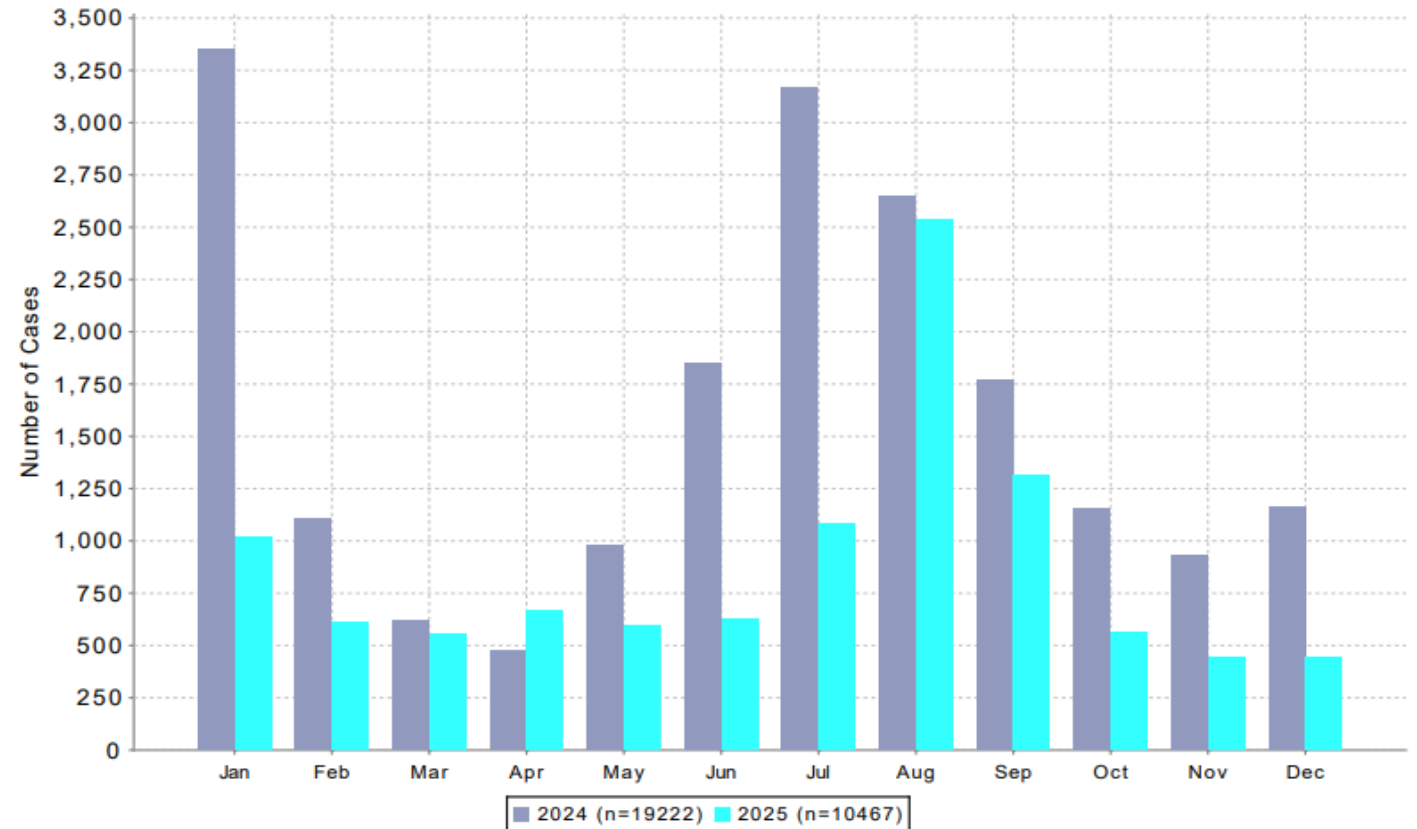
Clark County, NV

Plant Name	City	Timeframe	5 Sample Rolling Mean	14 Day Trend	Last Sample Date
Flamingo Water Resource Center (CCWRD)	Las Vegas	Current	85.30	Decreasing	12/22/2025
Mesquite Wastewater Treatment Plant	City of Mesquite	Current	105.48	Increasing	12/18/2025
Boulder Wastewater Treatment Plant	Boulder City	Current	632.75	Decreasing	12/22/2025

Note: The wastewater data for Las Vegas were collected from the Flamingo Water Reclamation District Plant, where samples were analyzed on solids and sourced from Wastewater SCAN. In contrast, data for the City of Mesquite and Boulder City were analyzed on liquid samples by Verily and provided by the State Wastewater Epidemiology Team. Due to the differences in sample matrices (solids vs. liquids) and analytical methods, variations in virus concentrations between the three facilities are expected. Mesquite and Boulder sampling is conducted using grab sampling and is not performed over a 24-hour period



Novel Coronavirus by Month and Year, Clark County, NV 2024-2025 (n=29,689)



* 2025 data is incomplete.

Inclusion Criteria for cases: Public health status is one of "Approved by Local Health Dept.", "Reopened by State", or "Closed" and LHD case status is one of "Confirmed", "Probable", or "Suspect"

Prepared by Office of Epidemiology and Office of Informatics

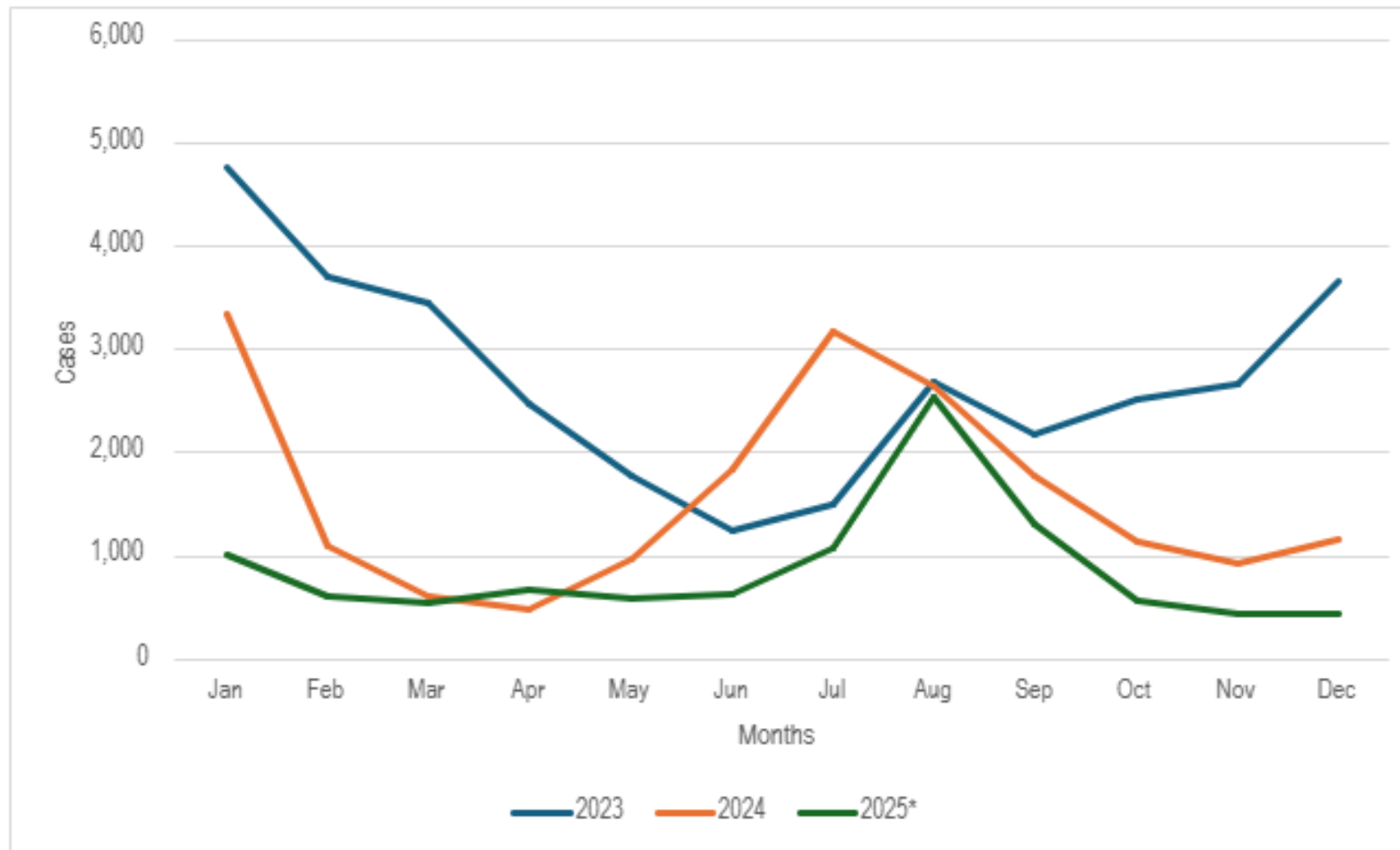
Report produced on December 31, 2025

Reported COVID-19 Cases, Clark County, NV 2024 - 2025

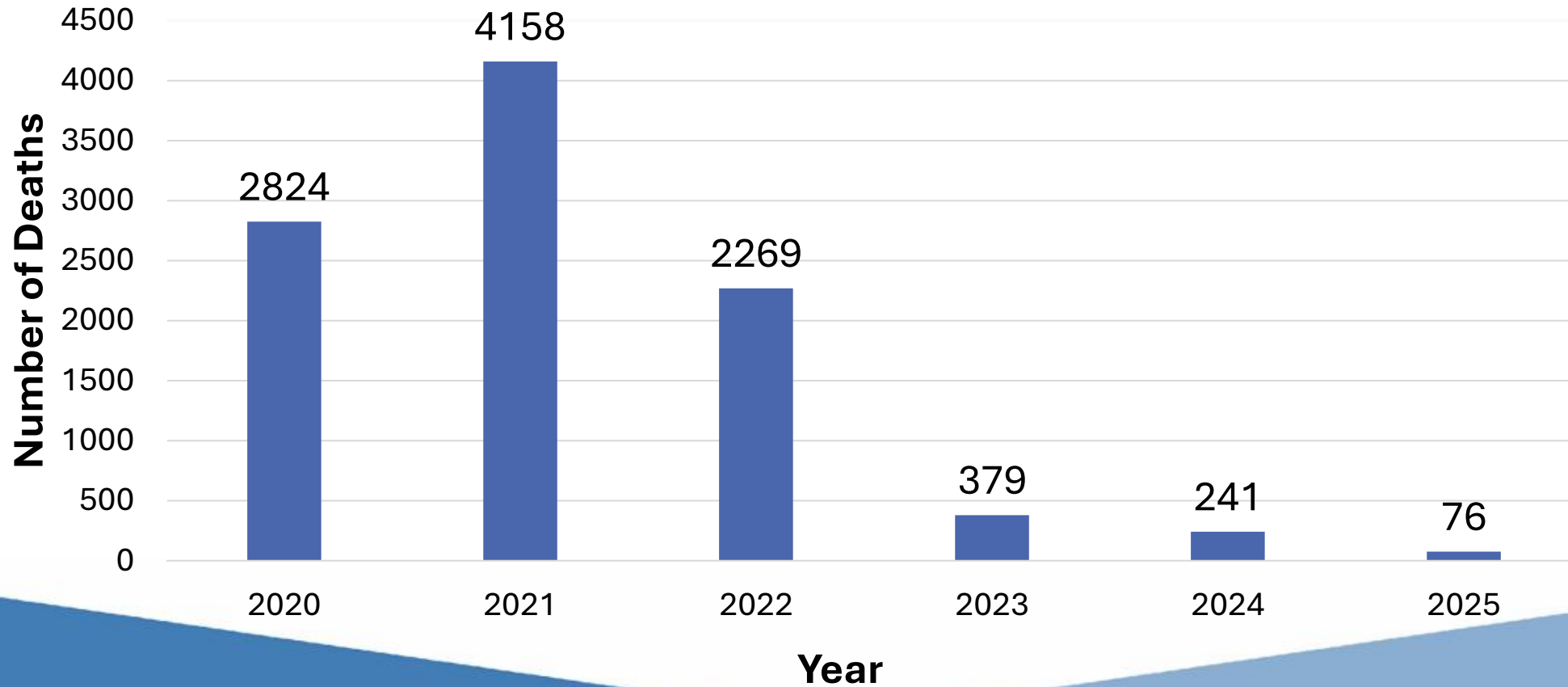


Data Source: SNHD Surveillance Data, accessed 12/31/2025

COVID-19 Cases by Month and Calendar Year 2023 to 2025 in Clark County, NV



Number of COVID Deaths by Year, 2020-2025, Clark County, NV



COVID-19 Deaths in Clark County, NV, by Age, 2025

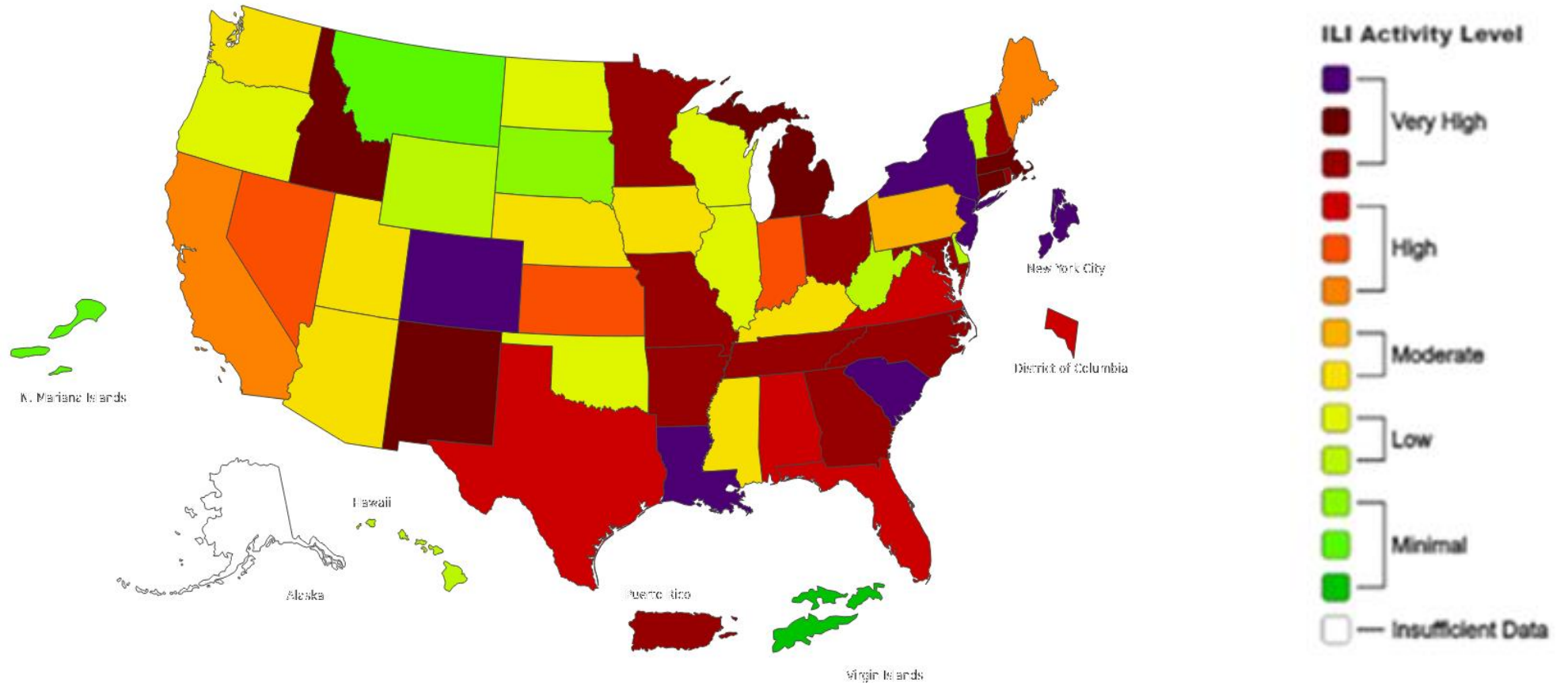
Age Group	Deaths
0 - 4	1
5 - 17	0
18 - 24	0
25 - 49	2
50 - 64	6
65 +	67
Total Deaths	76

Data Source: SNHD Surveillance Data as of 01/05/2026, Clark County residents
*2025 data are preliminary



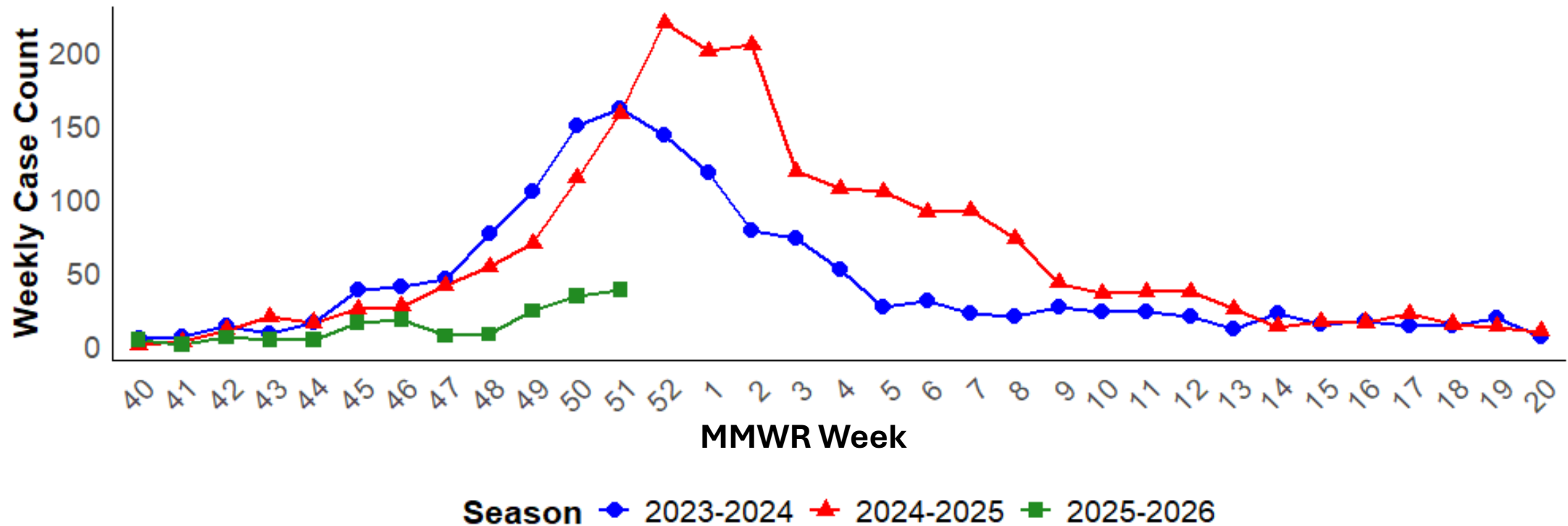
Influenza

National Outpatient Respiratory Illness Activity Level 2025–2026 Influenza Season, CDC Week 51 ending December 20, 2025



Data Source: Centers for Disease Control and Prevention, *FluView*, accessed 12/30/25

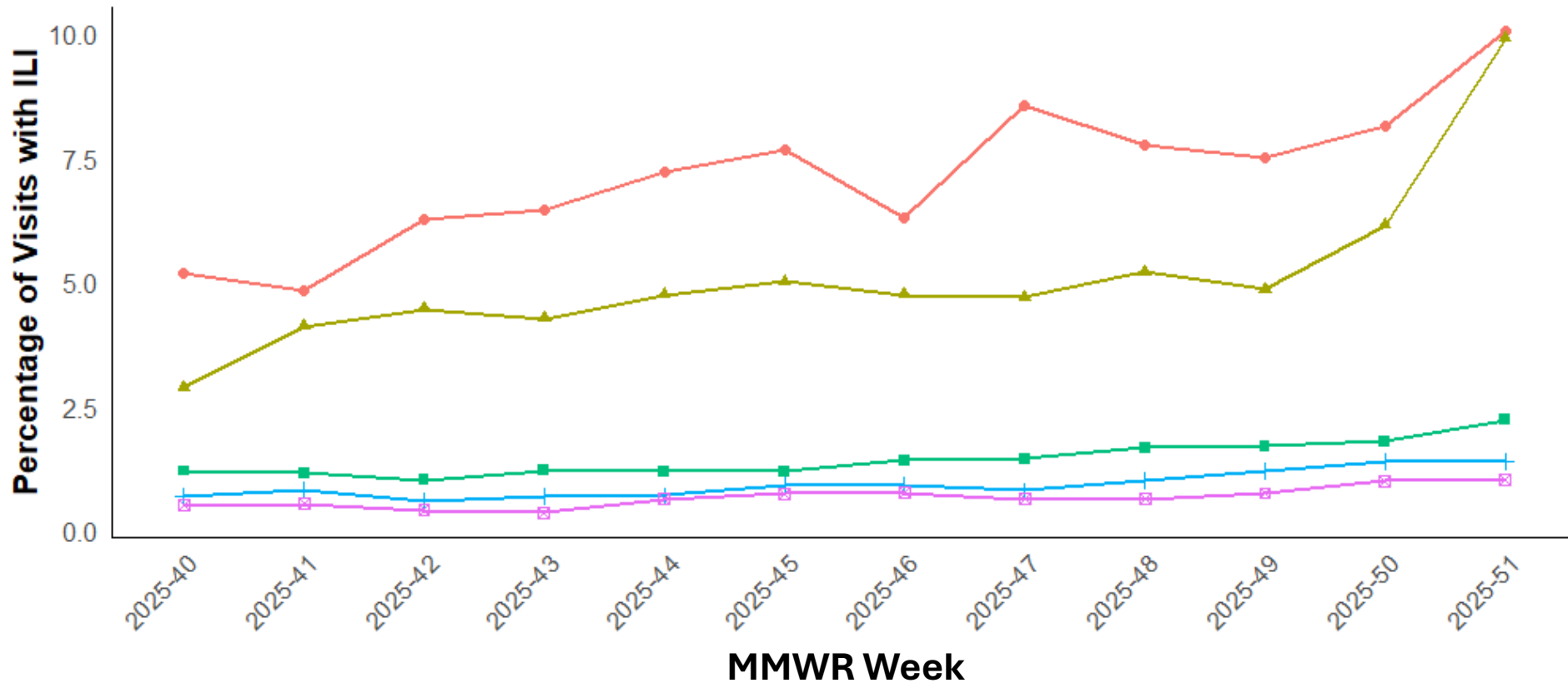
Confirmed Influenza Cases with Hospitalization or Death by Season – 2023 to 2026 in Clark County, NV



*Figure shows Clark County reportable Influenza cases defined as individuals with a positive influenza test who were hospitalized and/or who later died due to flu or comparable illness

Data Source: SNHD Surveillance Data, as of 12/30/2025

Age Distribution of Emergency Room and Urgent Care Visits for Influenza-Like Illness (ILI) in Clark County, NV, MMWR Weeks 40 to 51, 2025

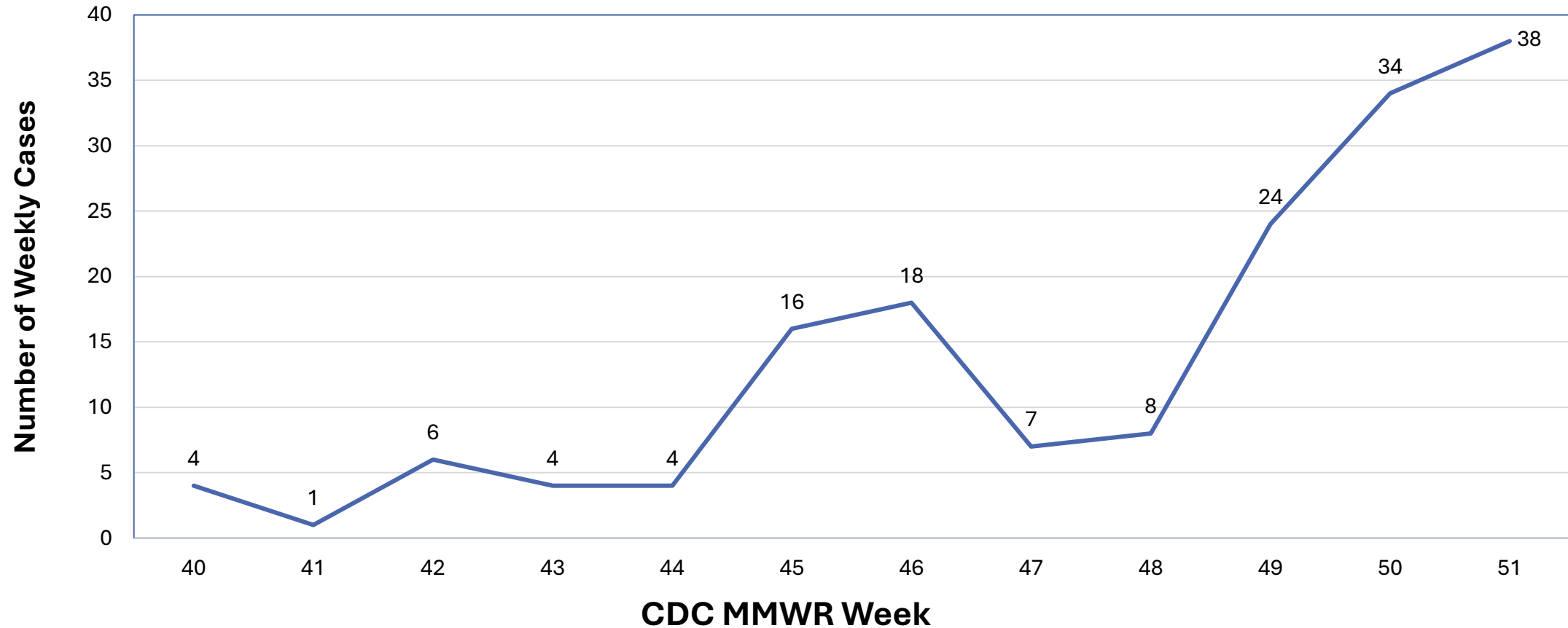


Age Group 00-04 05-17 18-44 45-64 65+

Data Source: Centers for Disease Control and Prevention, National Syndromic Surveillance Program, ESSENCE, as of 12/30/2025

Influenza Surveillance in 2025-2026 Season

Number of Weekly Influenza Cases* In Clark County, Nevada (9/28/25-12/20/25)



*Figure shows Clark County reportable Influenza cases defined as individuals with a positive influenza test who were hospitalized and/or who later died due to flu or comparable illness

Data Source: SNHD Surveillance Data, as of 12/29/2025

Influenza Cases by Virus Strain*, MMWR Weeks 40 to 51, 2025

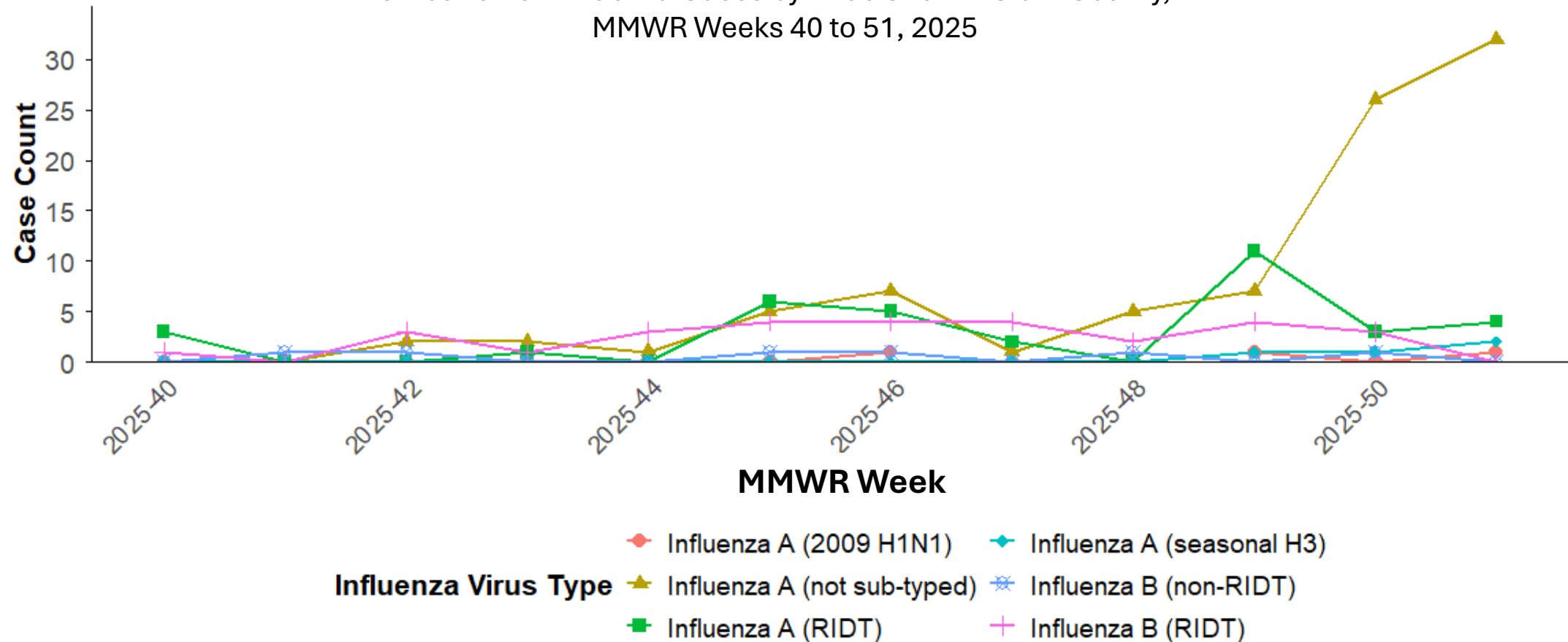
Influenza Strain	Hospitalized	Deaths	Confirmed Cases
Influenza A (2009 H1N1)	2	0	2
Influenza A (RIDT)	35	1	35
Influenza A (not sub-typed)	88	0	88
Influenza A (seasonal H3)	4	0	4
Influenza B (RIDT)	29	0	29
Influenza B (non-RIDT)	6	0	6
Total	164	1	164

*Confirmed cases are defined as a case that meets laboratory criteria AND had a hospitalization (>24 hours) or has died. In rare instances where both Influenza A and B were detected for the same individual, the case is counted under both virus types.

Data Source: SNHD Surveillance Data as of 12/30/2025, Clark County residents
2025 data are preliminary

Influenza Surveillance in 2025-2026 Season

Distribution of Influenza Cases by Virus Strain – Clark County, NV
MMWR Weeks 40 to 51, 2025



*Figure shows Clark County reportable Influenza cases defined as individuals with a positive influenza test who were hospitalized and/or who later died due to flu or comparable illness

Data Source: SNHD Surveillance Data, as of 12/30/2025

Influenza Cases by Age Group, MMWR Weeks 40 to 51, 2025

Age Group	Hospitalized	Hospitalized Deaths	Non-Hospitalized Deaths	Confirmed Cases
0-4	6	0	0	6
05-17	8	0	0	8
18-24	8	0	0	8
25-49	26	0	0	26
50-64	28	0	0	28
65+	88	1	0	88
Total	164	1	0	164

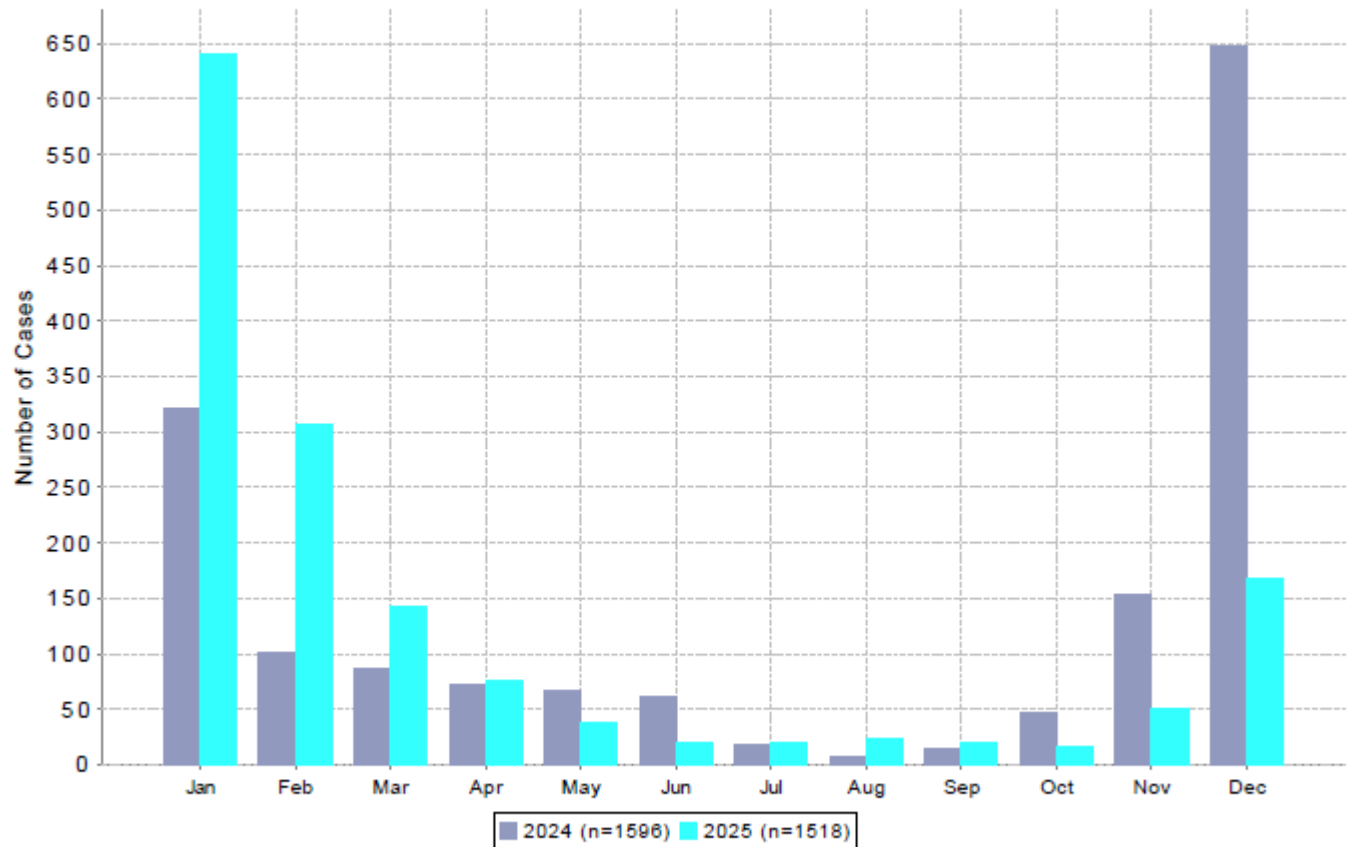
Note: Confirmed cases are defined as a case that meets laboratory criteria AND had a hospitalization (>24 hours) or has died. The total number of confirmed influenza cases is determined by taking the sum of hospitalizations and Deaths W/O hospitalization history.

Data Source: SNHD Surveillance Data as of 12/30/2025, Clark County residents
2025 data are preliminary

Reported Influenza Cases, Clark County, NV 2024 - 2025



Influenza by Month and Year, Clark County, NV 2024-2025 (n=3,114)



* 2025 data is incomplete.

Inclusion Criteria for cases: Public health status is one of "Approved by Local Health Dept.", "Reopened by State", or "Closed" and LHD case status is one of "Confirmed", "Probable", or "Suspect"

Prepared by Office of Epidemiology and Office of Informatics

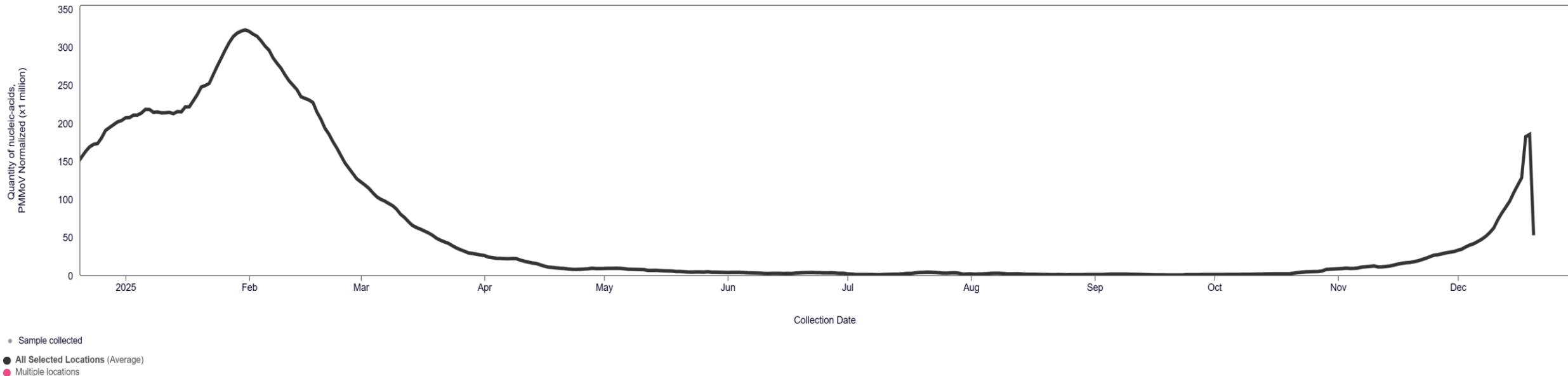
Report produced on December 31, 2025



Data Source: SNHD Surveillance Data, accessed 12/31/2025

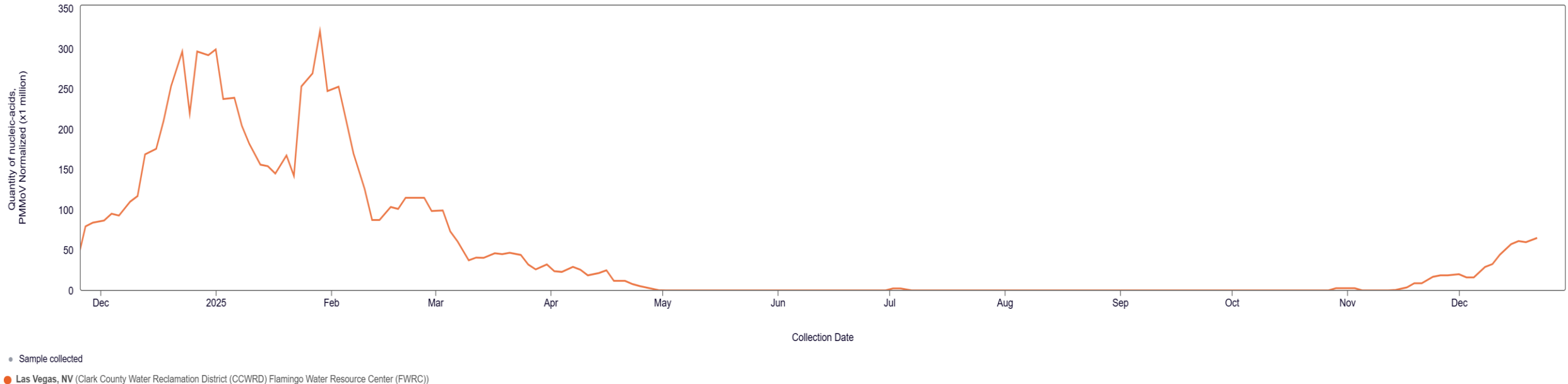
Wastewater Surveillance for Influenza United States, as of 12/29/2025

Influenza A, All Wastewater Sites



Wastewater Surveillance for Influenza Clark County, NV, as of 12/29/2025

Influenza A, Las Vegas, NV



Wastewater Surveillance for Influenza A Clark County, NV

Plant Name	City	Timeframe	5 Sample Rolling Mean	14 Day Trend	Last Sample Date
Flamingo Water Resource Center (CCWRD)	Las Vegas	Current	59.54	Increasing	12/22/2025
Mesquite Wastewater Treatment Plant	City of Mesquite	Current	24.43	Increasing	12/18/2025
Boulder Wastewater Treatment Plant	Boulder City	Current	143.87	Increasing	12/22/2025

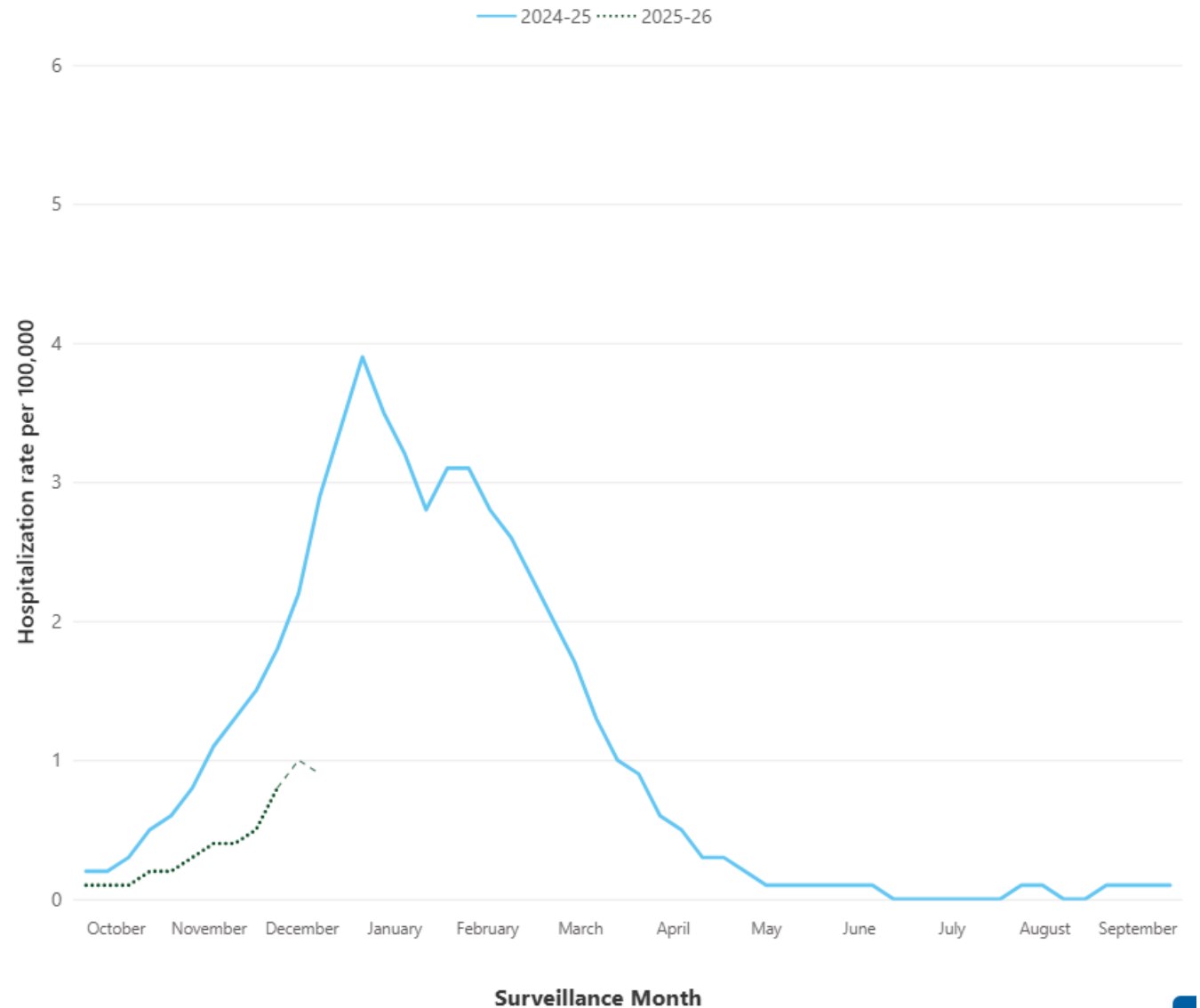
Note: The wastewater data for Las Vegas were collected from the Flamingo Water Reclamation District Plant, where samples were analyzed on solids and sourced from Wastewater SCAN. In contrast, data for the City of Mesquite and Boulder City were analyzed on liquid samples by Verily and provided by the State Wastewater Epidemiology Team. Due to the differences in sample matrices (solids vs. liquids) and analytical methods, variations in virus concentrations between the three facilities are expected. Mesquite and Boulder sampling is conducted using grab sampling and is not performed over a 24-hour period

RSV

Reported RSV Cases, United States 2024-2025 and 2025-2026



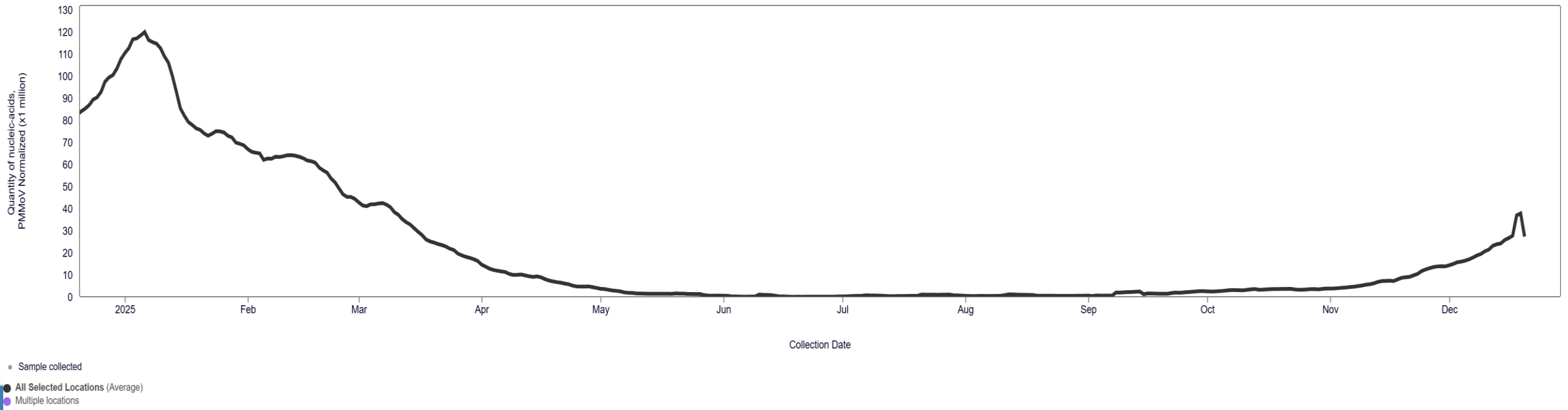
Weekly Rates of RSV Associated Hospitalizations by Season



Data Source: RSV-Net, <https://www.cdc.gov/rsv/php/surveillance/rsv-net.html>, as of 12/25/2025, accessed 12/30/2025

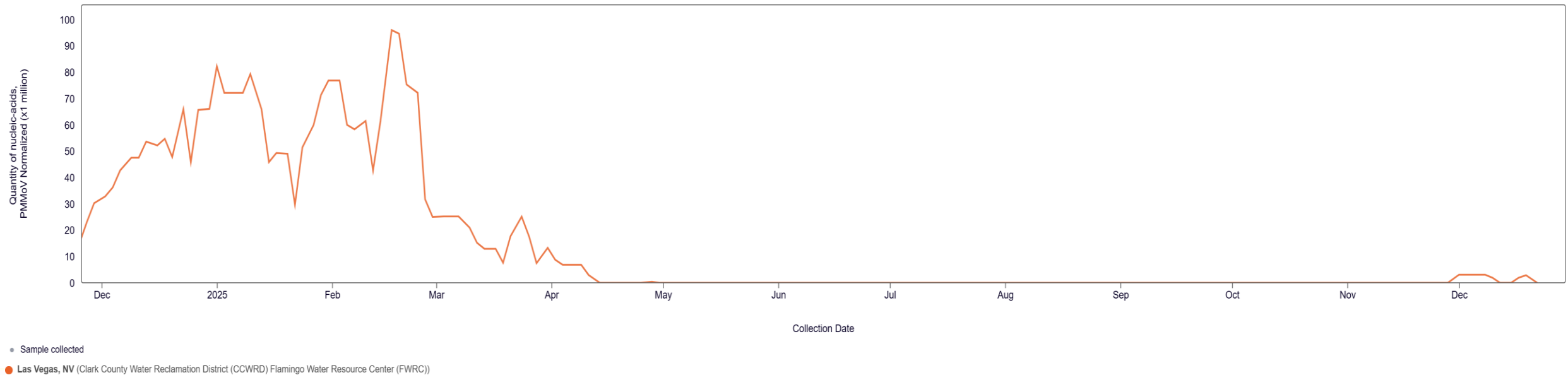
Wastewater Surveillance for RSV United States, as of 12/29/2025

RSV, All Wastewater Sites



Wastewater Surveillance for RSV Clark County, NV, as of 12/29/2025

RSV, Las Vegas, NV



Wastewater Surveillance for RSV Clark County, NV

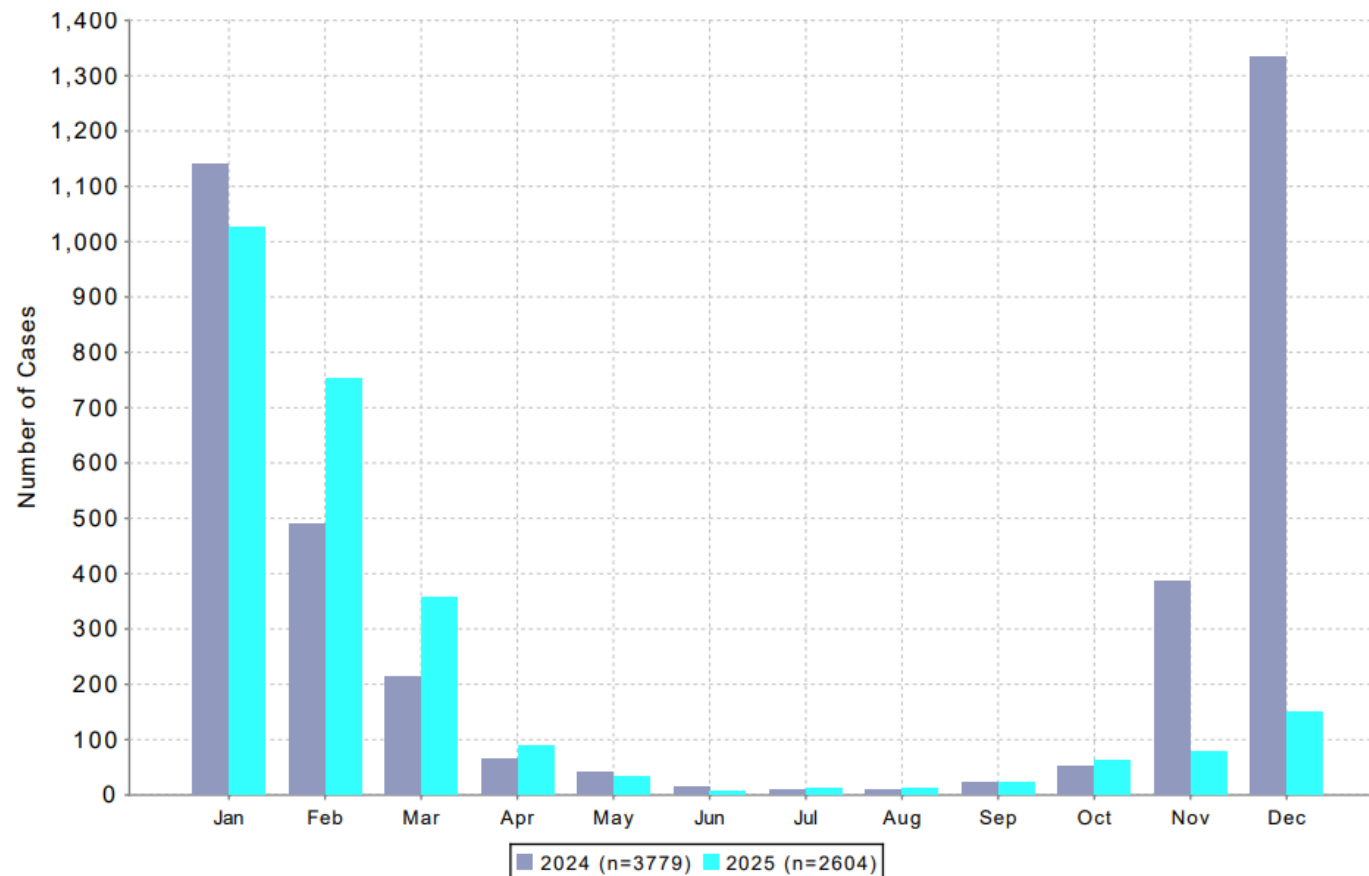
Plant Name	City	Timeframe	5 Sample Rolling Mean	14 Day Trend	Last Sample Date
Flamingo Water Resource Center (CCWRD)	Las Vegas	Current	8.18	Increasing	12/22/2025
Mesquite Wastewater Treatment Plant	City of Mesquite	Current	16.92	Increasing	12/18/2025
Boulder Wastewater Treatment Plant	Boulder City	Current	2.21	Increasing	12/22/2025

Note: The wastewater data for Las Vegas were collected from the Flamingo Water Reclamation District Plant, where samples were analyzed on solids and sourced from Wastewater SCAN. In contrast, data for the City of Mesquite and Boulder City were analyzed on liquid samples by Verily and provided by the State Wastewater Epidemiology Team. Due to the differences in sample matrices (solids vs. liquids) and analytical methods, variations in virus concentrations between the three facilities are expected. Mesquite and Boulder sampling is conducted using grab sampling and is not performed over a 24-hour period

Data Source: ??? as of mm/dd/yyyy



RSV by Month and Year, Clark County, NV 2024-2025 (n=6,383)



* 2025 data is incomplete.

Inclusion Criteria for cases: Public health status is one of "Approved by Local Health Dept.", "Reopened by State", or "Closed" and LHD case status is one of "Confirmed", "Probable", or "Suspect"

Prepared by Office of Epidemiology and Office of Informatics

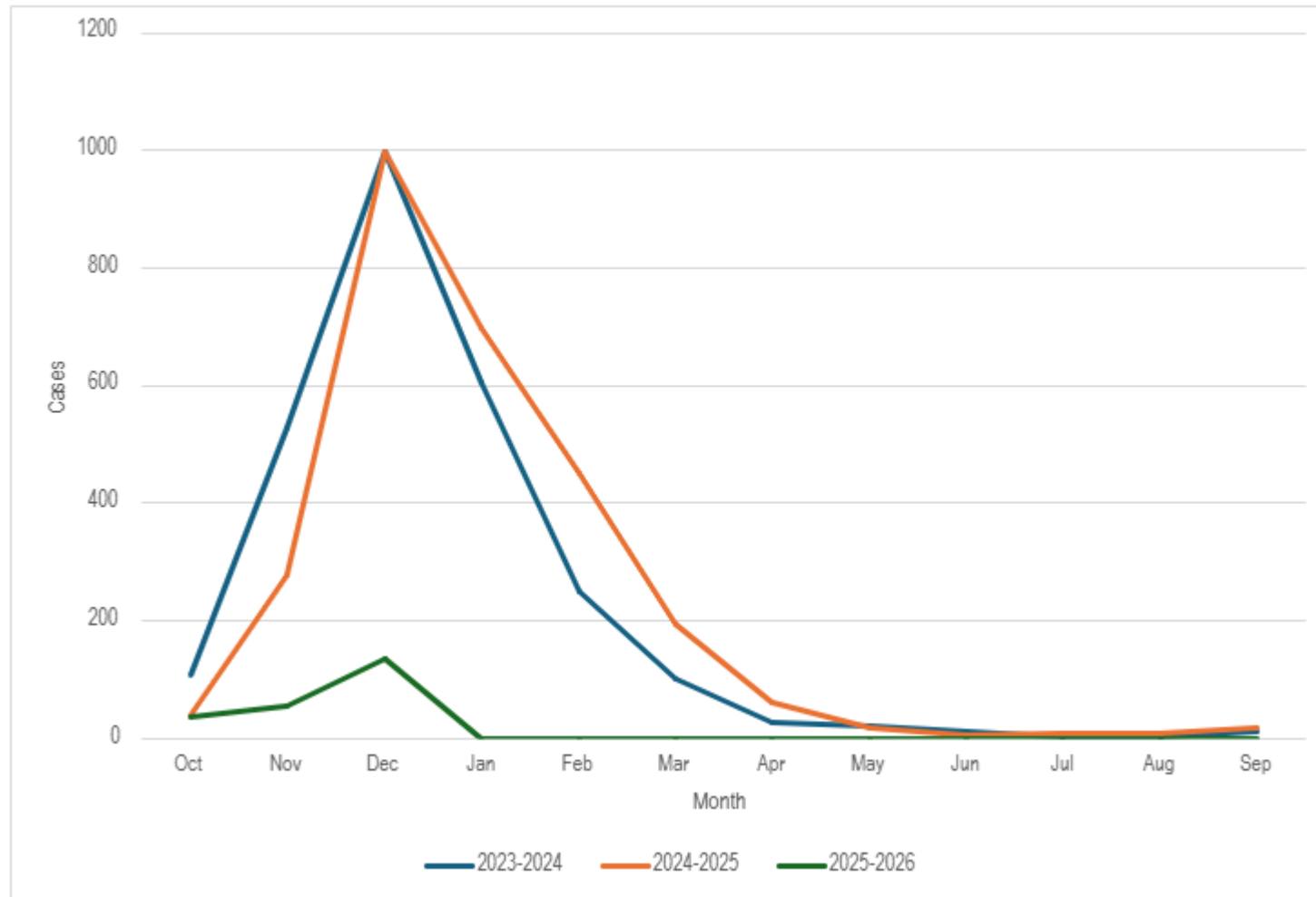
Report produced on December 30, 2025

Reported RSV Cases, Clark County, NV 2024 - 2025

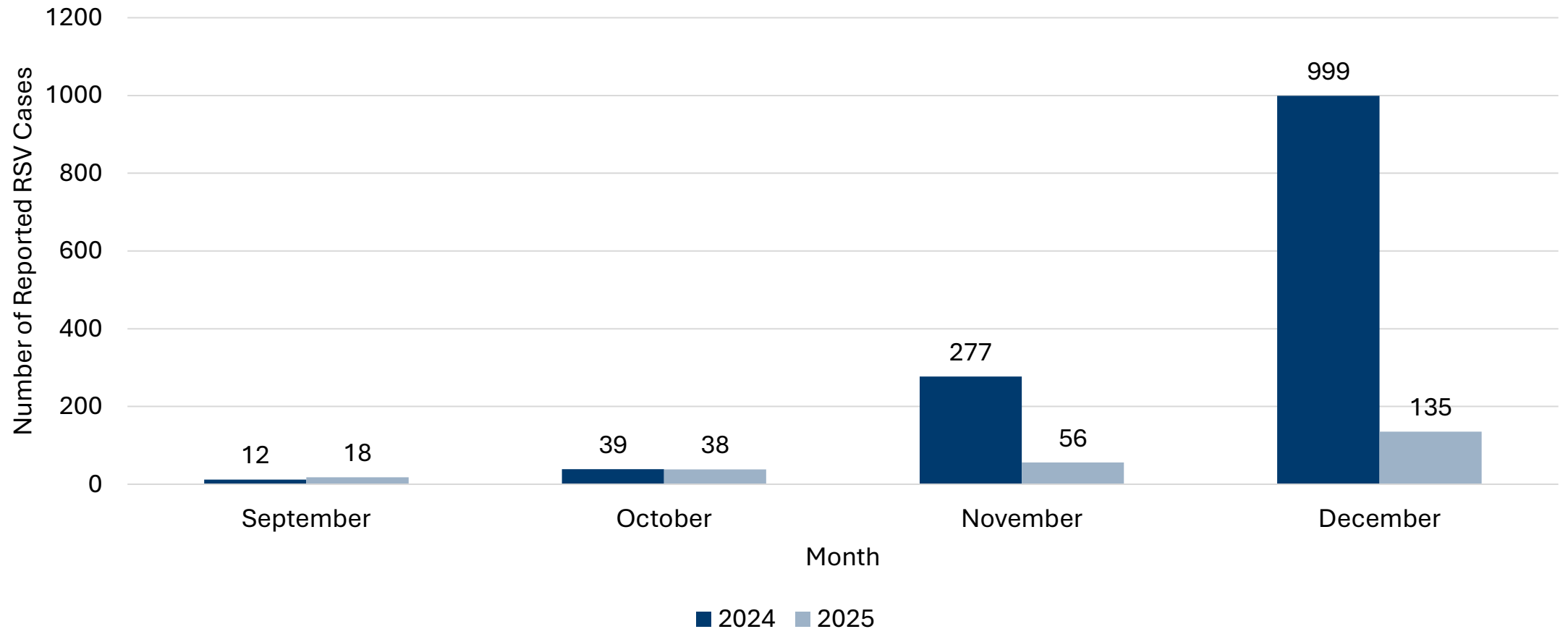


Data Source: SNHD Surveillance Data, accessed 12/30/2025

RSV Cases by Season, 0-4 year olds 2023 to 2025 in Clark County, NV



Reported RSV Cases of 0-4 year old in Clark County, NV September to December in 2024 and 2025



Acknowledgements

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Jeremiah Zablon

Anil Mangla

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[@southernnevadahealthdistrict](https://www.instagram.com/southernnevadahealthdistrict)

Immunization Program

Southern Nevada Health District

Immunization Clinic Locations

Four Public Health Centers (PHC)

1. Main PHC

280 S. Decatur Blvd, Las Vegas NV 89107

2. East Las Vegas PHC

2930 E. Bonanza Rd, Las Vegas, NV 89101

3. Henderson PHC

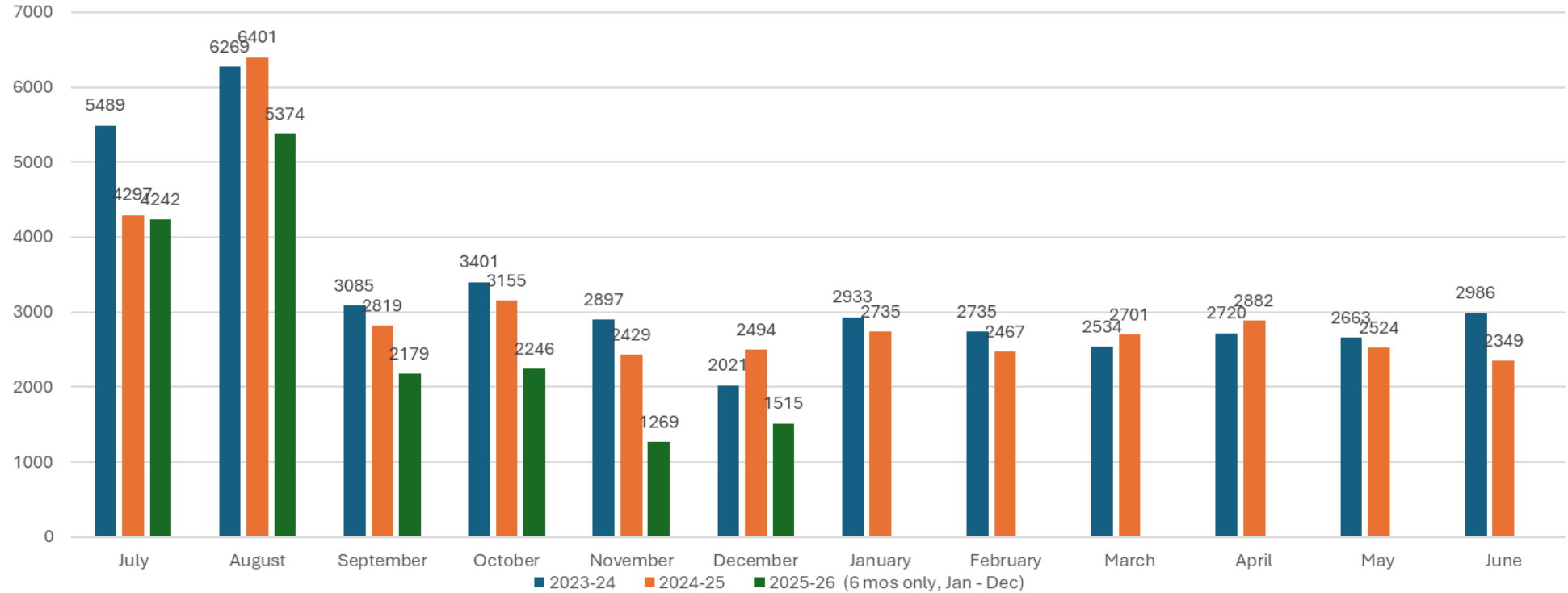
220 E. Horizon Dr., Henderson, NV 89015

4. Mesquite PHC

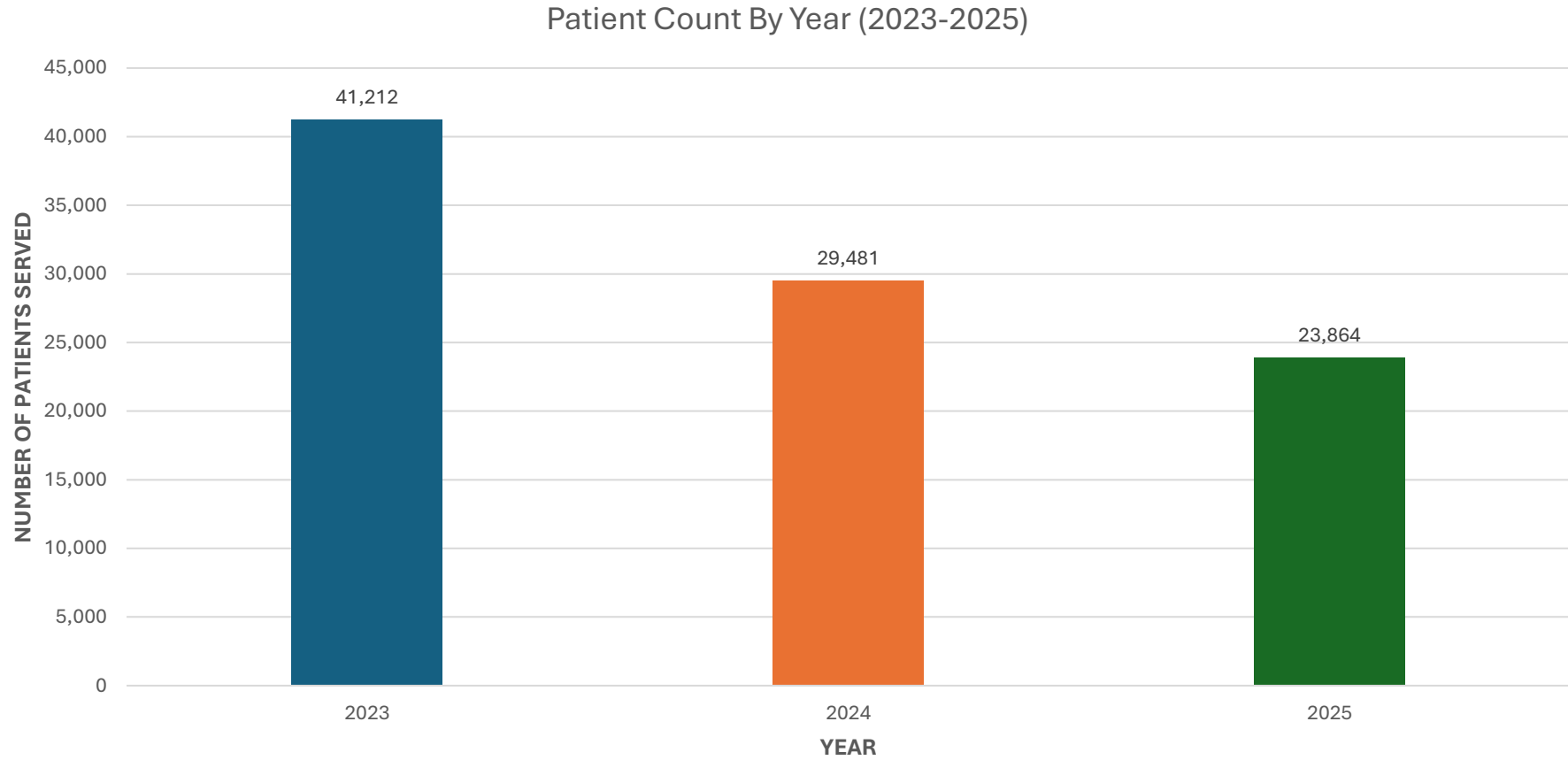
150 N. Yucca St, Ste. 5, Mesquite NV 89027

Immunization Clinic Encounters – Fiscal Year Comparison: 2024-2026

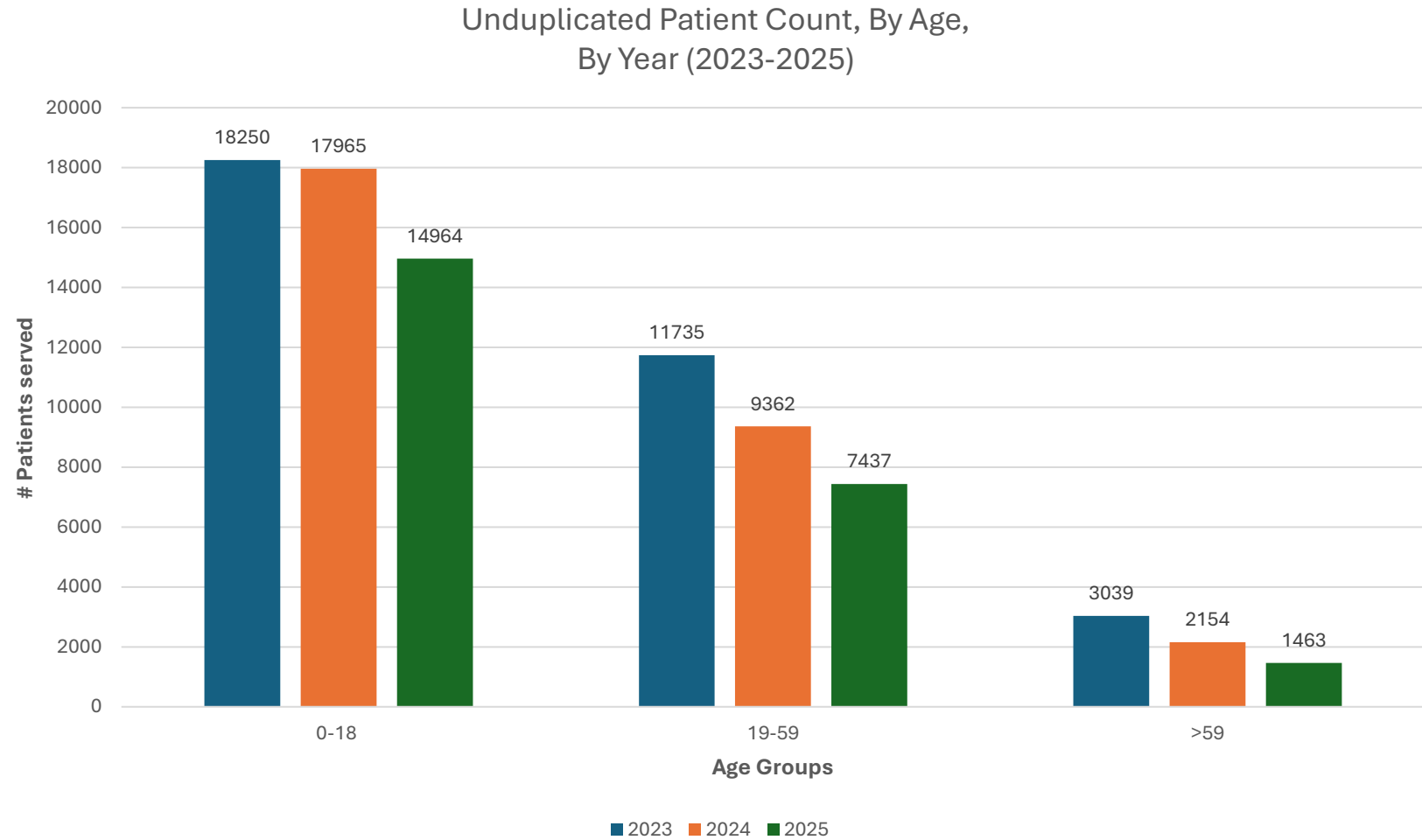
Monthly Patient Encounter Trends FY 2024-2026



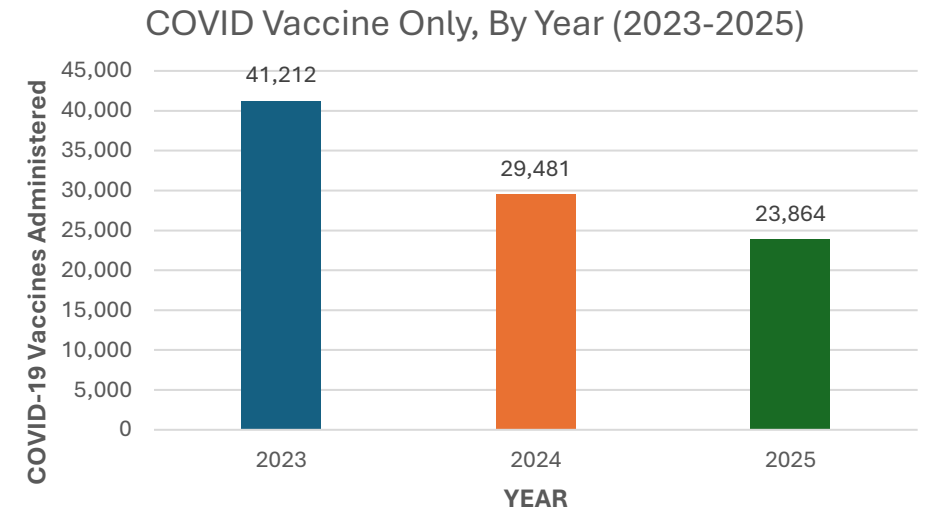
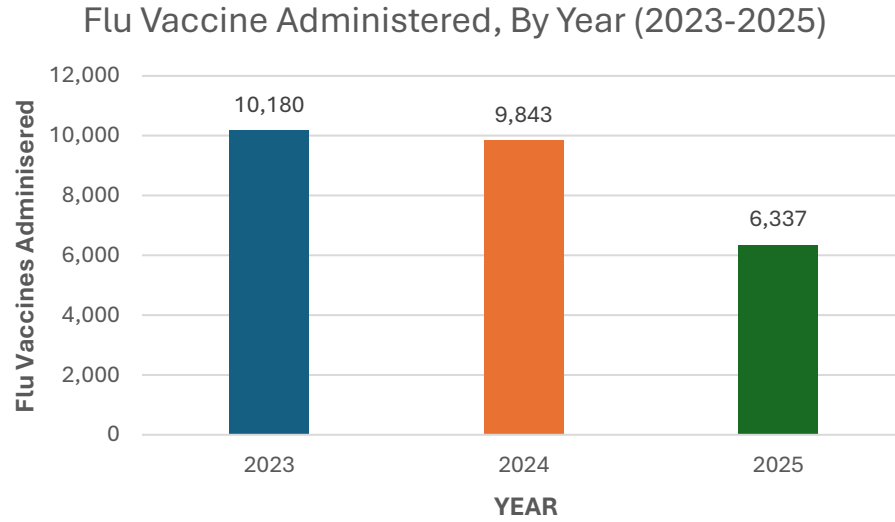
Yearly Unduplicated Patient Count- By Year (2023-2025)



Unduplicated Patient Count By Age and Year (2023-2025)



Flu and COVID Vaccines Administered – by Year (2023-2025)



Immunization Clinic Activities

Workplace Vaccination Program

- 73 clients served

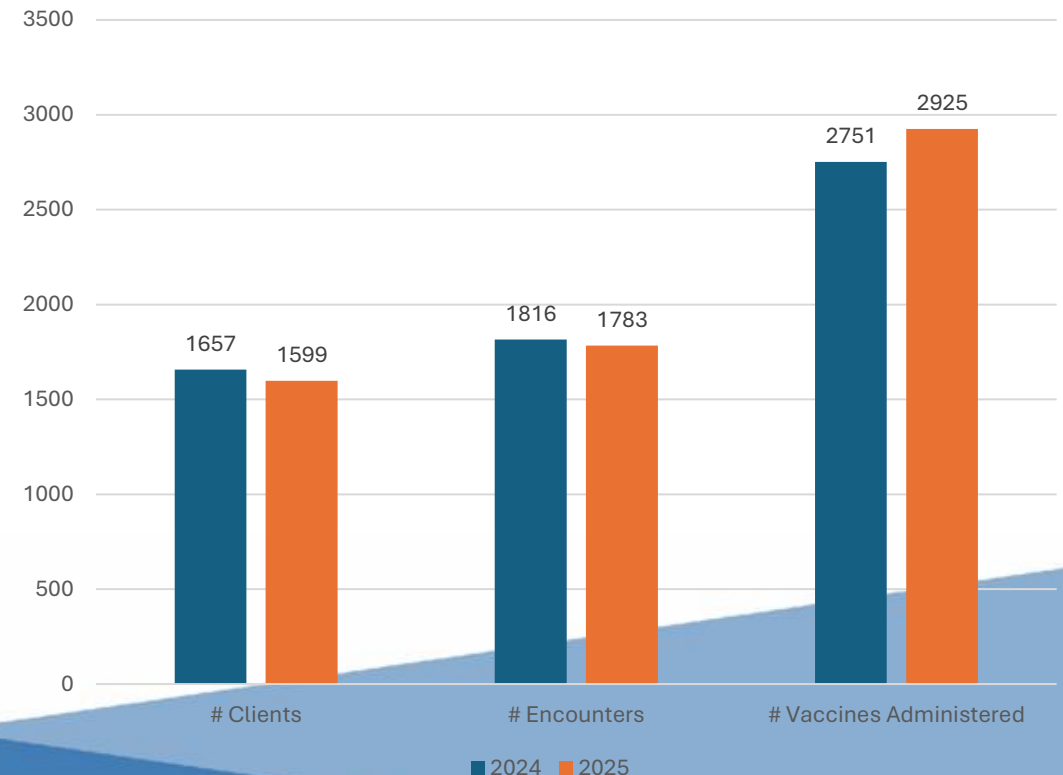
Newborn Screening

- 2024: 13 newborns screened
- 2025: 44 newborns screened

Rabies post-exposure vaccine series completion (post-ER visit)

Travel Vaccines

Travel Vaccine Stats – by Year (2023-24)



Vaccine For Children Program (VFC)

Core Team:

- Nurses
- Admin support

Key Activities:

- Conduct compliance site visits to VFC providers
- Monitor vaccine storage and handling to ensure viability and minimize wastage
- Monitor immunization coverage for children and teens using Immunization Quality Improvement for Providers (IQIP)
- Providers implement strategies to improve vaccine uptake and adherence to the CDC's routine schedule

Quick Stats for 2025:

- 53 site compliance visits completed in 2025
- 39 IQIP visits completed in 2025

Childcare Program

Core Team:

- Nurses
- Admin support

Key Activities:

- Ensure children and adolescents in childcare have required immunizations for attendance in childcare, 7th, and 12th grade
- Monitor facilities for compliance and conduct site visits as needed

Quick Stats for 2025:

- 94 site evaluations completed
- Average compliance rates:
 - Initial immunization rate = 83%
 - Final immunization rate = 96%

School Based Program

Core Team:

- Nurses and Admin support

Key Activities:

- Increase vaccination coverage among children
- Focused on K-12 education
- Conduct school clinics in collaboration with CCSD and other schools
 - Including CCSD Family Support Center

Quick Stats:

- Served 2,033 children
- Administered 5,062 vaccines

Community Outreach

Core Team:

- Nurses and Admin Support

Key Activities:

- Conduct vaccine clinics in the community
- Collaborate with community partners, including
 - Nevada Homeless Alliance
 - Help of Southern Nevada
 - Mexican Consulate
 - Boulder City Library

Quick States:

- Served 405 clients
- Administered 722 vaccines

Perinatal Hepatitis B Program

Core Team

- Nurses and Admin Support

Key Activities:

- Timely completion of post-exposure prophylaxis, Hep B vaccine completion, and post vaccine serology testing
- Provide phone consultations and educational materials to HBsAg positive pregnant women
- Offer online resources provided, in person consultations, and phone support to guide clients on medical management to prevent mother-to-infant transmission

Quick Stats

- 55 new HBsAg positive clients served

Questions?

Sexual Health Outreach and Prevention Programs (SHOPP)

*Division of Public Health and Preventive Care
Southern Nevada Health District*

Presented by:

Shannon Pickering, RN

Community Health Nurse Manager

Date: 1/12/2026

What is SHOPP ?

*Sexual Health Outreach and Prevention Programs
Public Health and Preventive Care Division (PPC)*

SHOPP is a department established in 2023 under SNHD's PPC Division

SHOPP has expanded from two small programs to five as of 2025

Provides accessible and coordinated services that promote early detection, prevention, and connection to care, using a whole person approach

Prevention work includes services for STIs and other public health care concerns

Services are offered in clinics, homes, and in the community through outreaches

Programs continue to evolve with identified community needs, new best practices, and collaborations with community partners

SHOPP Programs: Overview

ET: Express testing

- Quick, accessible STI testing in clinics and outreach

CSCMP: Congenital Syphilis Case Management Program

- Nurse Case Management services for prevention and treatment

Rapid PREVENT: HIV Prevention and Linkage

- Support and navigation for HIV prevention using a whole-person approach

PBH: Pathways to Better Health

- Early connection of high-risk pregnant mothers through coordinated support and services for a healthy first year.

Project SURE: Serving the Unhoused through Resources and Engagement

- Health and social service connection for the homeless

SHOPP Interventions: Overview

Activities that support access to care and prevention services

Neurosyphilis
Emergent Onsite
Navigation
(NEON)

Home
Administered
Treatment for STI's
(HATS)

Express Testing (ET)

Quick, convenient testing for asymptomatic patients – no provider visit needed

Core Team:

- Nurses, Medical Assistants, and Community Health Workers

Key Activities:

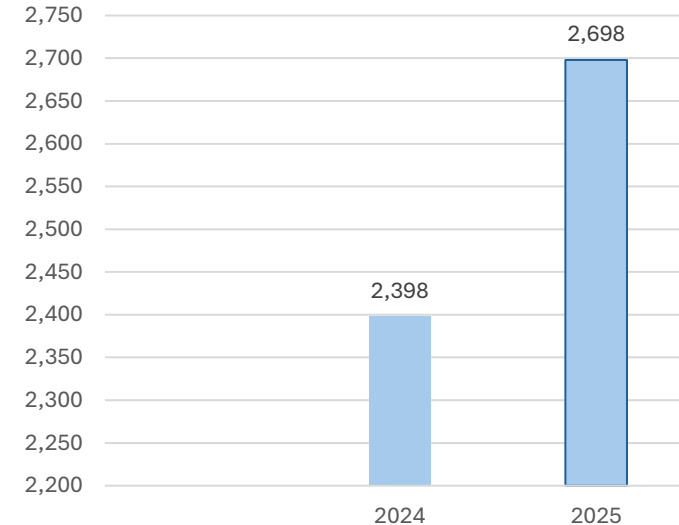
- Asymptomatic testing for sexually transmitted infections
- Pregnancy tests when appropriate
- Assessment of social determinants of health
- Referral and linkage to community resources
- Outreach clinics to offer STI testing in the community

Clinic locations and schedule:

- Main (Decatur) PHC*: Monday-Thursday; Fremont PHC: Fridays; Henderson PHC: Tuesdays since (since April 2025); Mesquite PHC: every 2nd and 4th Monday (since April 2025). Will be decreased to monthly.
- UNLV Student Health Center: Wednesdays (since March 2025) Schedule may change with identified needs and resources

*PHC – Public Health Center

Express Testing Encounters-By
Year (2024 & 2025)



Rapid PREVENT

PRevention **E**ngagement for **V**irus **E**radication through **N**eutral **T**reatment.

In collaboration with the Clark County Office of HIV

Core Team:

- Community Health Workers

Key Activities:

- Provide non-medical case management to patients at risk for HIV infection
- Promote HIV prevention and through patient education, referral, and linkage to care
- Facilitate referrals to preventive services including HIV pre- and post-exposure prophylaxis (PrEP and PEP)

Quick Stats:

- Over 400 clients linked to medical and psycho-social community resources in 2025

Congenital Syphilis Case Management Program (CSCMP)

Core Team:

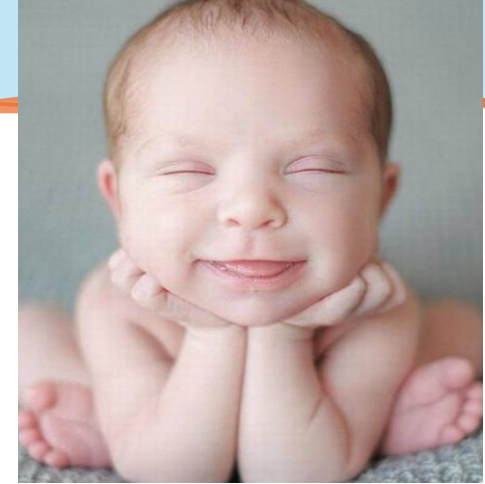
- Nurse Case Managers, Community Health Nurses, and Community Health Worker with specialized training

Key Activities:

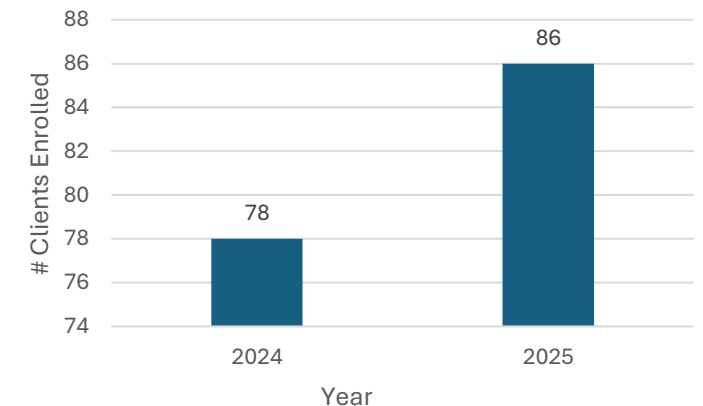
- Ensure treatment completion
- Referral and care coordination for OB care
- Ensure proper blood draws are completed per standard, including third trimester, delivery blood draws, and infant titers.
- Assess social determinants of health and provide appropriate needed/available resources
 - E.g. transportation assistance, diapers, pack'n'plays)
- Academic Detailing at local hospitals

Quick Stats:

- Provided 40 training sessions including to birthing hospitals, ED's and community events to increase awareness



CSCMP Enrolled Clients- By Year
(2024 & 2025)



Project SURE

*Serving the Unhoused through Resources and Engagement
in partnership with the Nevada Homeless Alliance*

Core Team:

- Community Health Workers

Key Activities:

- Provide resources and medical linkage for homeless individuals
- Participate in community outreaches and provide local resources
- Document linkage services in the Homeless Management Information System (HMIS)

Quick stats:

- Participated in 78 outreach events for the homeless in 2025 (Implementation year started in 2024)

Pathways to Better Health (PBH)

Maternity Medical Home in partnership with Southern Nevada Pathways Community Hub and UNLV

Core Team:

- Community Health Workers
- Nurse Supervisor

Key Activities:

- Coordinate and facilitate access to a maternity medical home and other community resources
- Home visiting program that engage high-risk, pregnant, and economically/socially marginalized clients to essential medical, behavioral, and social services through home visiting services

Quick Stats:

- Started enrolling clients Spring 2025 with over 40 active participants currently (Implementation year was 2024)

SHOPP Program Interventions – NEON

Neurosyphilis Emergent Onsite Navigation

Support access to care and prevention services.

- Ensure timely and accurate diagnosis and treatment to improve health outcomes

Core Team:

- Nurses and Community Health Workers across SHOPP

Key Activities:

- Navigate patients to the Emergency Room for neurosyphilis testing, diagnosis, and treatment.
- Assist with post treatment follow up appointments.
- Coordinate with UMC Nurse Navigators to optimize patient access to care

Quick Stats:

- Navigated 41 patients in 2025

SHOPP Program Interventions – HATS

Home Administered Treatment for STI's

Support access to care and prevention services.

- Increase access to STI treatment by delivering care in the field

Core Team:

- Any HATS-trained nurse in SHOPP and across different programs within PPC Division

Key Activities:

- Administer treatment at patient's home or in field
- Remove barriers that would interfere with a person's ability to complete treatment
- Conduct nursing assessments and refer to appropriate level of care, as needed

Quick Stats:

- Completed 74 HATS visits for STI treatment in 2025 (New Intervention)

Questions?

Contact us:

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