



MINUTES

SOUTHERN NEVADA HEALTH DISTRICT FACILITIES ADVISORY BOARD MEETING August 18, 2026, 1:00 P.M.

MEMBERS PRESENT

Chair Alexis Mussi, *CEO, (Mountainview) HCA*
Leo Gallofin, *Director, Rawson-Neal Hospital*
Robert Freymuller, *CEO, (Summerlin) UHS VHS*

Vince Variale, *CEO, North Vista*
Mason Van Houweling, *CEO, UMC*
Pat Kelly, *CEO, Nevada Hospital Association*

MEMBERS ABSENT

Vice-Chair Todd Sklamberg, *CEO, (Sunrise) HCA*
Nicholas Johnson, *CEO, (Southern Hills) HCA*
Shelly Mirato, *CEO, Desert Winds Hospital*
Thomas Maher, *CEO, Boulder City Hospital*
Christopher Loftus, *CEO, (Desert Springs) UHS VHS*
Claude Wise, *CEO, (Spring Valley) UHS VHS*
Col. Eric Phillips, *Nellis AFB Hospital*

Craig McCoy, *CEO, (Centennial Hills) UHS VHS*
Katherine Vergos, *President, Dignity Health*
Sam Kaufman, *CEO (Henderson Hospital) UHS VHS*
Purcell Dye *CEO, Spring Mountain Treatment Center*
Ryan Tingey, *CEO, (Valley Hospital) HCA*
Michael Kiefer, *CEO, VA Southern NV Hospital*

SNHD STAFF PRESENT

Cassius Lockett, *District Health Officer*
Edward Wynder, *Associate General Counsel*
Xavier Gonzales, *Community Health Director*
Christopher Saxton, *EH Director*
Horng-Yuan Kan, *SNPHL Director*
Will Bendik, *SNPHL Manager*
Larry Rogers, *EH Manager*
Todd Bleak, *Pharmacy Services Manager*
Jason Agudo, *IT Manager*
Ying Zhang, *Epidemiology Manager*
Sui Ching Sikes, *SNPHL Supervisor*
Rosanne Sugay, *Medical Epidemiologist*
Cheri Gould, *Human Resources Manager*
Kimberly Monahan, *Human Resources Analyst*
Luann Province, *Human Resources Analyst*
Jeff Quinn, *OPHP Manager*
Misty Robinson, *OPHP Supervisor*

Andria Cordovez Mulet, *Executive Assistant*
Victoria Burris, *Acting ODS Director*
Sabine Kamm, *Administrative Assistant*
Pavlin Nikolov, *Applications Programmer Analyst II*
Jorge Viote, *Community Outreach Coordinator*
Rosanna Silva-Minnich, *Comm Outreach & Info Spec*
Annie Lin, *Creative Services Specialist*
Emily Anelli, *Sr. Administrative Specialist*
Tawana Bellamy, *Sr. Administrative Specialist*
Jacques Graham, *Administrative Specialist*
Jeffrey Dawson, *HR Administrative Specialist*
Aivelhyn Santos, *Sr. Administrative Assistant*
Jacqueline Romero, *Administrative Assistant*
Corinne Henri, *Administrative Assistant*
Ryan Kelsch, *Administrative Analyst*
Amanda DiGoregorio, *Communicable Disease Sup*
Candyce Taylor, *Communicable Disease Sup*

Lauren DiPrete, *EH Supervisor*
Alicia Mitchell, *EH Supervisor*
Tara Edwards, *EH Supervisor*
Larry Navarrete, *EH Training Officer*
Donna Houston, *Sr. EH Specialist*
Shuhan He, *EH Specialist I*
Shaunte Walton, *EH Specialist I*
Abel Hernandez, *EH Specialist I*
Ronald Ordonez, *EH Specialist I*
Christopher Jay Castillo, *EH Specialist I*
Cynthia Wade, *EH Specialist II*
Adriana Hemberger, *EH Specialist II*
Rabea Johnson, *EH Specialist II*
Chase Darang, *EH Specialist II*
Michelle Goodsell, *EH Specialist II*
Jacqueline Sripramong, *EH Specialist II*
Deshawn Thompson, *EH Specialist II*
Luz Diaz-Ontiveros, *EH Specialist II*
Kristina Moreno, *EH Specialist II*
Kevin Bratcher, *Procurement Specialist*
Raychel Holbert, *Health Educator I*
Lei Zhang, *Public Health Informatics Manager*
Taylor Marchetta, *Computer Systems Analyst*
Yuan Xu, *Surveillance Biostatistician I*
Tiffany Flournoy, *Sr DIIS*
Gregory Lang, *Public Health Informatics Scientist*
Alondra Contreras-Araiza, *Sr. Comm Health Nurse*

David Greer, *Sr Public Health Preparedness Planner*
Kyle Parkson, *Compliance Officer*
Emma Rodriguez, *Comm & Leg Affairs Administrator*
Toby Ashmore, *Sr Systems Engineer*
Nicole Leng, *DIIS II*
Serebe Gebrie, *Epidemiology Surveillance Specialist*
Roberto Griffin, *Disease Data Collection Specialist II*
Sherilyn De Los Santos, *Sr Disease Data Coll Spec*
Maria Harris, *Contract Administrator*
Lauro Solomo II, *EPI Surveillance Specialist*
Marie Cris Bucalig, *Payroll Specialist*
Jennifer Jaime, *Billing Specialist*
Kia Matthews, *Billing Specialist*
Cynthia Robles, *Program Project Coordinator*
Luis Ruiz, *Software Engineer*
Alexander Felix, *Software Engineer*
Chris Rojas-Garcia, *Software Engineer*
Rich Hosey, *IT Systems Administrator II*
Carmen Hua, *Health Educator II*
Julie Maldonado, *Accountant II*
Danielle Torres, *Grant Coordinator*
Justin Tully, *Financial Analyst*
Jonas Maratita, *Financial Analyst*
Danielle Bohannon, *Financial Analyst*
Cassandra Major, *Clinical Office Supervisor*
Abigail Reyes, *DIIS I*
Esther Romero, *Lab Assistant*

GUESTS

Samuel Scheller
Anthony Asay

Maddie Proctor

I. CALL TO ORDER/ROLL CALL

Chair Mussi called the Southern Nevada Health District Facilities Advisory Board to order at 1:02pm
Jacques Graham, Community Health Administrative Specialist conducted roll call.

II. FIRST PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items appearing on the agenda. All comments are limited to five (5) minutes.

Chair Mussi asked if anyone wished to address the Board pertaining to items appearing on the agenda. Hearing no one, the public comment portion of the meeting was closed.

III. ADOPTION OF THE AUGUST 18, 2026 AGENDA (for possible action)

Initially, due to lack of quorum, no action was taken on this item. During the meeting members joined & quorum was determined. A motion was made by member Van Houweling, seconded by member Variale and carried unanimously to approve the August 18, 2026 Agenda, as presented.

IV. CONSENT AGENDA

Items for action to be considered by the Southern Nevada Health District Facilities 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/FACILITIES ADVISORY BOARD MEETING: September 2, 2025 (for possible action)**
- 2. APPROVE MINUTES/FACILITIES ADVISORY BOARD MEETING: March 31, 2026 (for possible action)**

Initially, due to lack of quorum, no action was taken on this item. During the meeting members joined & quorum was determined. A motion was made by member Van Houweling, seconded by member Variale and carried unanimously to approve the Consent Agenda, as presented.

V. REPORT/DISCUSSION/POSSIBLE ACTION

The Facilities Advisory Board may take any necessary action for any item under this section. Members of the public are allowed to speak on action items after the Board's discussion and prior to their vote. Once the action item is closed, no additional public comment will be accepted.

- 1. Receive and discuss presentation regarding Ebola Response Protocols – Rosanne Sugay, MD, MPH; SNHD – Medical Epidemiologist; direct staff accordingly or take other action as deemed necessary (for possible action)**

Dr. Sugay's presentation explained that Ebola disease encompasses four viruses, with the Bundi-Bourgeau virus being the current cause of the 2026 outbreak, and described the clinical presentation, transmission routes, and high mortality rate. She detailed that Ebola is transmitted through direct contact with body fluids, is not primarily airborne, and described the progression from non-specific dry symptoms to more severe wet symptoms, emphasizing the need for high suspicion in clinical settings. Dr. Sugay outlined the use of RT-PCR testing for Ebola, noting the importance of symptom onset timing due to a 72-hour window period, and clarified that there are currently no FDA-licensed treatments or vaccines for the Bundi-Bourgeau virus. She provided a timeline and data on the 2026 DRC outbreak, highlighting its rapid exponential growth to 4,945 cases in under 100 days, far surpassing previous outbreaks at the same stage.

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

Chair Mussi announced the dates for the 2026-2027 meetings would be sent out via email to allow participants to reserve them on their calendars, with the goal of increasing attendance.

VI. FACILITIES ADVISORY BOARD REPORT

Chair Mussi asked if FAB members had anything to report. Seeing no items brought forward, the Chair closed the Facilities Advisory Board Report portion.

VII. COMMUNITY HEALTH DIRECTOR & STAFF REPORTS (Information Only)

- Director of Community Health Comments

VIII. SECOND PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items appearing on the agenda. All comments are limited to five (5) minutes.

Chair Mussi asked if anyone wished to address the Board pertaining to items appearing on the agenda. Hearing no one, the public comment portion of the meeting was closed.

IX. ADJOURNMENT

Chair Mussi adjourned the meeting at 1:22 p.m.



Healthy People Thriving in a Healthy Southern Nevada



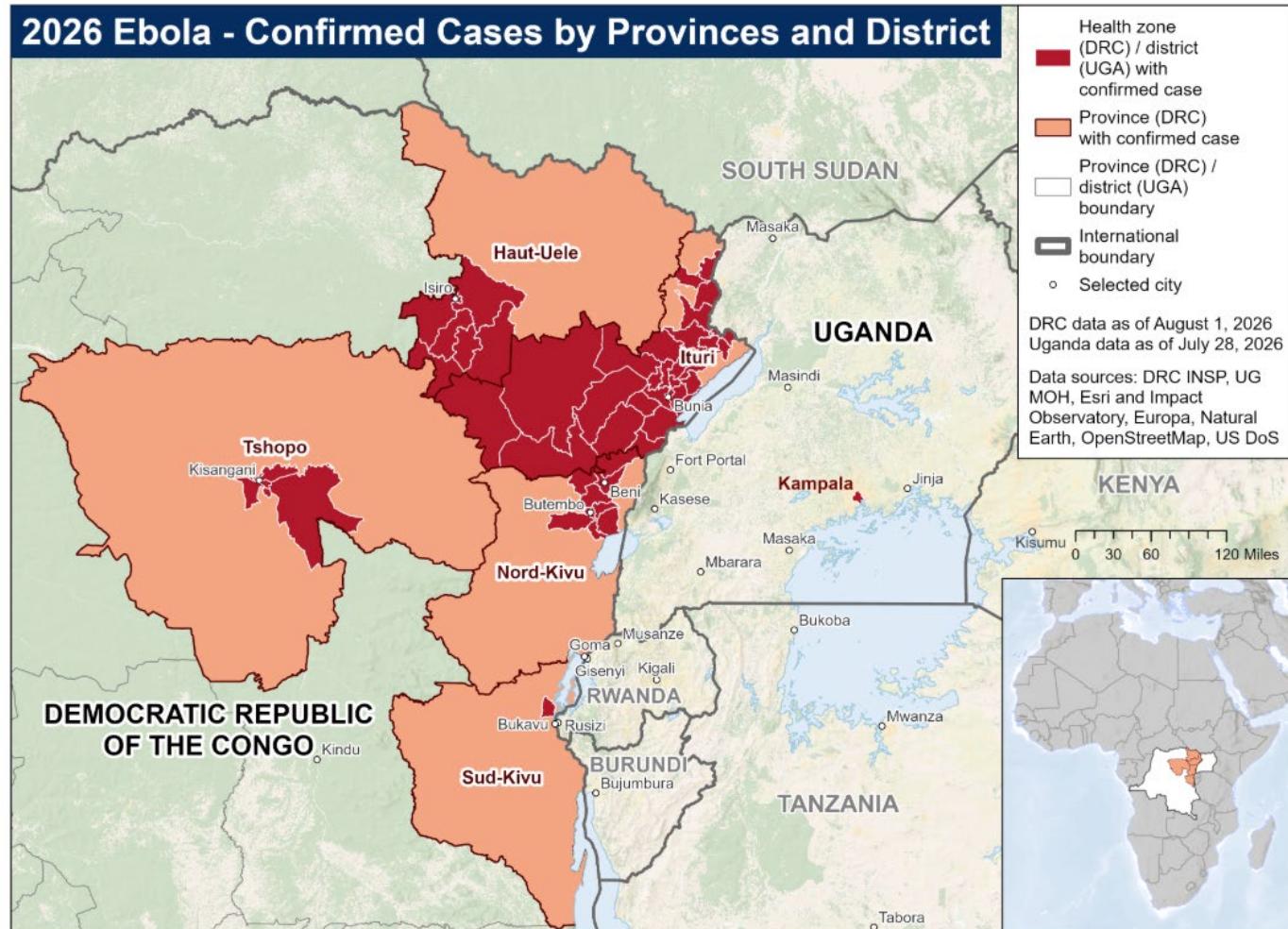
Ebola: Bundibugyo Virus Disease

Rosanne Sugay, MD, MPH
Medical Epidemiologist

18 August 2026

Agenda

- Basics of Ebola
- Outbreak overview
- Public health response
- Resources



SOURCE: [Ebola Outbreak: Current Situation](#) | [Ebola](#) | [CDC](#)

Basics of Ebola

Ebola Terminology

- Ebola disease: Umbrella term to describe clinical disease due to infection with any of the 4 viruses within the genus *Orthoebolavirus* that cause disease in humans:
 - Ebola virus (*Orthoebolavirus zairense*)
 - Sudan virus (*Orthoebolavirus sudanense*)
 - Bundibugyo virus (*Orthoebolavirus bundibugyoense*)
 - Taï Forest virus (*Orthoebolavirus taiense*)
- Illnesses caused by infection with these viruses are clinically indistinguishable

Ebola Virus Disease (EVD) in Humans

- Vast majority of data on Ebola disease in humans come from Ebola virus (Orthoebolavirus zairense) cases and are considered applicable to all human-disease-causing orthoebolaviruses
- Serious, highly transmissible, often rapidly fatal
- Without treatment, Ebola disease has a high mortality rate
- Bats are the likely reservoir

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf (accessed 6/15/26)

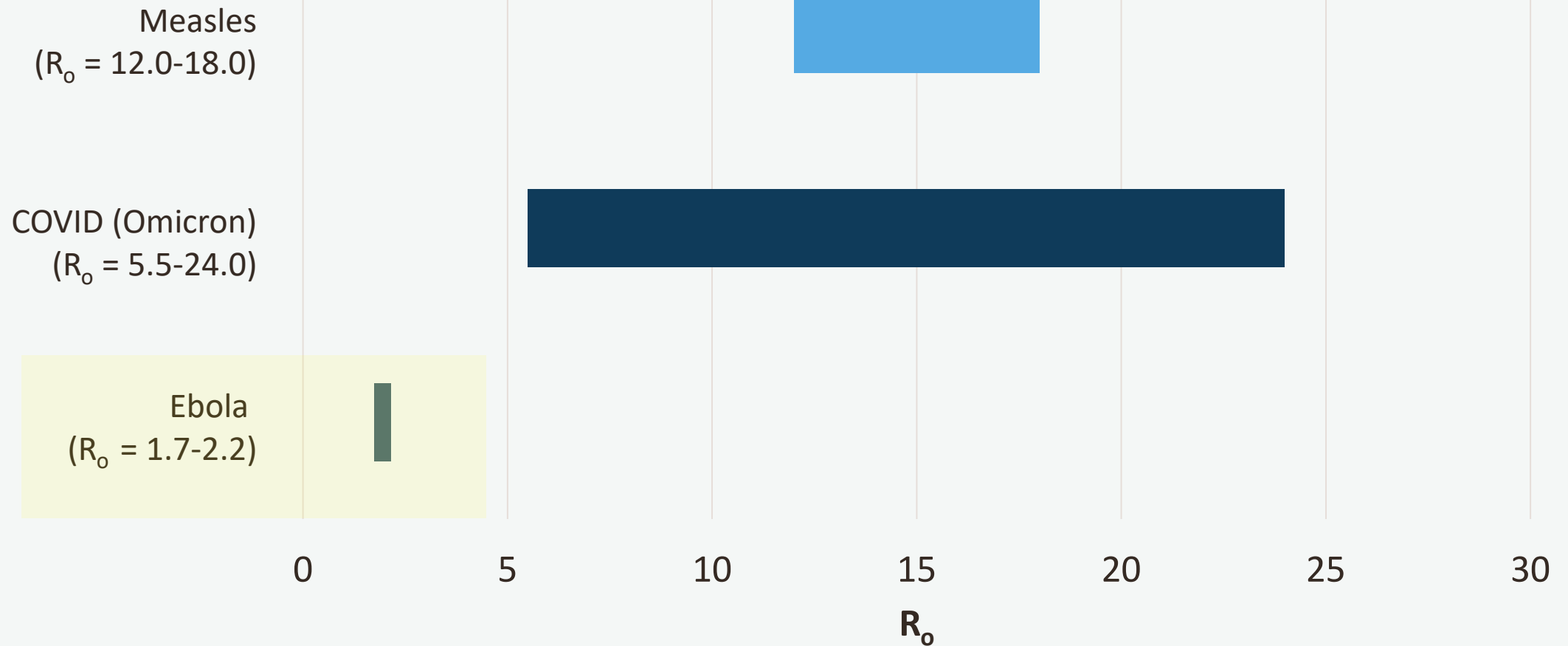
Ebola Transmission

- In acutely infected persons, the virus can be found in all body fluids:
 - Blood
 - Feces/Vomit
 - Urine
 - Tears
 - Amniotic fluid
 - Saliva
 - Breast milk
 - Sweat
 - Semen
 - Vaginal secretions*
- Virus transmitted through:
 - Direct contact with the body fluids of a person who is sick with or has died from Ebola disease
 - Contact with contaminated items (clothes, bedding, needles, or medical equipment)
 - Sexual activity with a cisgender man who has recovered from Ebola disease (no evidence that virus spreads through vaginal fluids*)
- Ebola is not primarily spread through airborne transmission

**vaginal fluids have been RT-PCR reactive on testing, but live virus has never been isolated*

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf (accessed 6/15/26)

Estimated R_0 for Select Infections



SOURCE: (all accessed 6/15/26)

Ebola - <https://www.sciencedirect.com/science/article/pii/S147789392300145X>

COVID - <https://academic.oup.com/jtm/article/29/3/taac037/6545354>

Measles - [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30307-9/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30307-9/abstract)

Ebola Clinical Presentation

- Signs and symptoms of Ebola disease include:

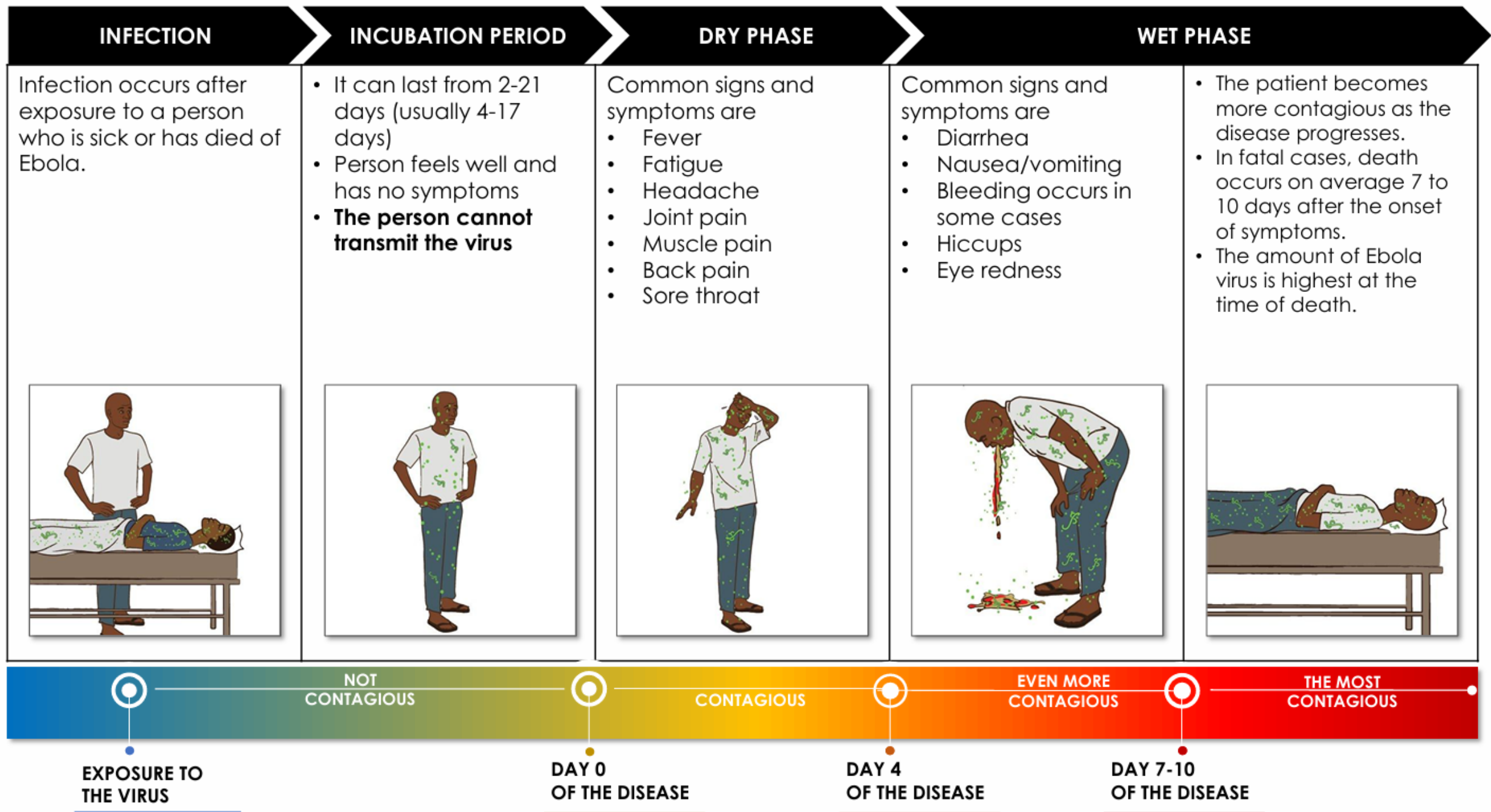
Dry Symptoms

- Headache
- Fatigue
- Sore throat
- Anorexia
- Abdominal Pain
- Muscle/joint pain
- Rash

Wet Symptoms

- Conjunctivitis
- Diarrhea
- Vomiting
- Unexplained bleeding/bruising (gums, mouth, nose, injection sites)

- No sign or symptom is pathognomonic for Ebola
- Fever is not universally present
- Bleeding/bruising is not universally present



Ebola Diagnostic Testing

- Reverse transcription polymerase chain reaction (RT-PCR) is the diagnostic test of choice for acutely ill persons with suspected Ebola disease
- Symptom onset date is critical to interpreting RT-PCR results in a symptomatic patient
- A negative RT-PCR test result from a blood specimen collected less than 72 hours after symptom onset does not rule out Ebola disease

Therapeutics for Bundibugyo EVD

- There is no FDA-licensed treatment for Bundibugyo virus EVD
- Supportive care improves chances of survival when provided early
 - Intravenous (IV) fluids and electrolytes
 - Symptomatic treatment for vomiting, diarrhea
- There is no FDA-licensed vaccine against Bundibugyo virus

2026 Ebola Outbreak

Timeline: 2026 Ebola Outbreak (DRC)

May 5

Democratic Republic of Congo (DRC) identifies a cluster of ill healthcare workers (HCW) and reports cases to the World Health Organization (WHO)

May 17

WHO declares outbreak a public health emergency of international concern

May 15

Outbreak declared by DRC (HCW with 8 of 13 samples +BVD).

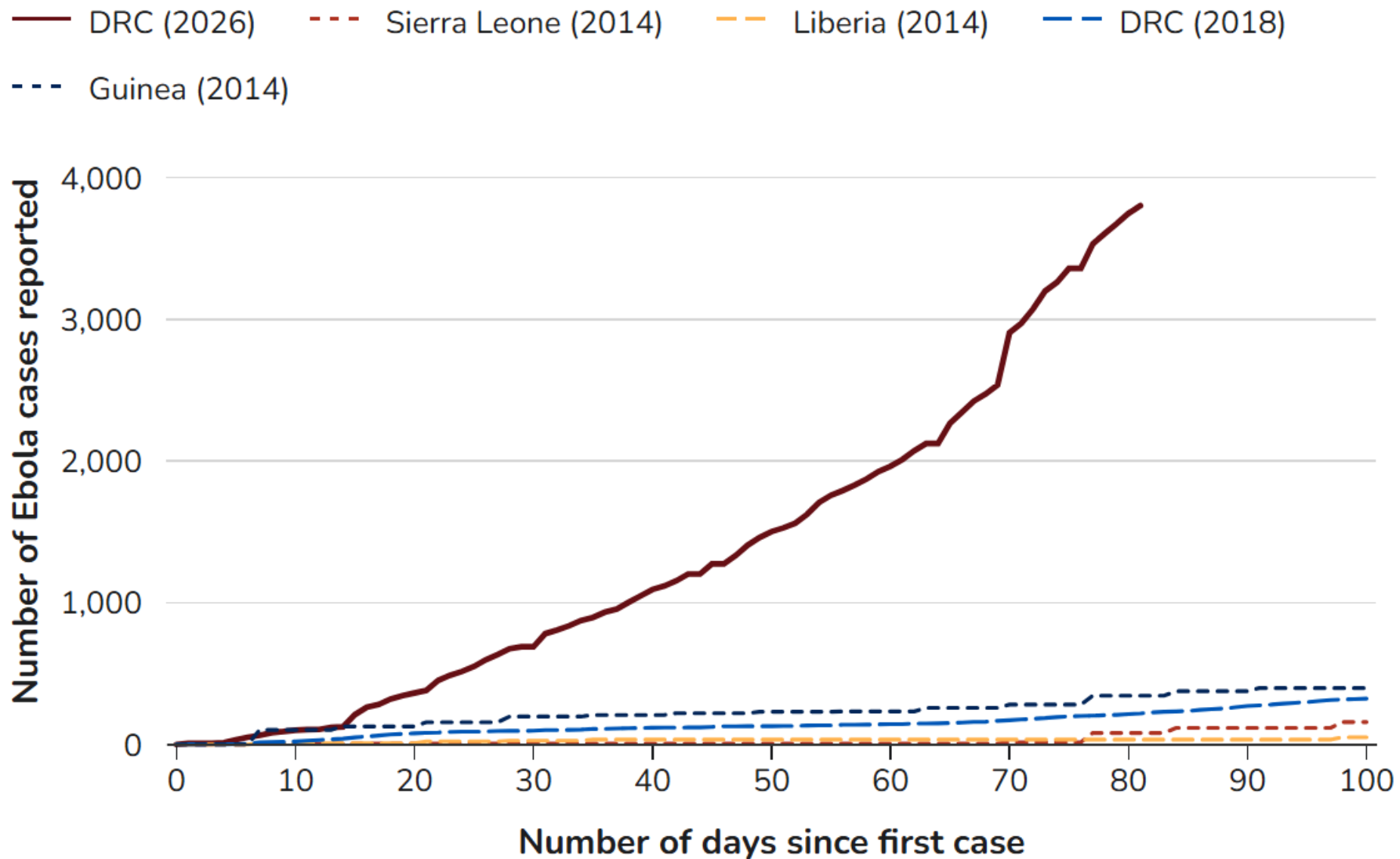
17th EVD outbreak in DRC.

Concurrent notice from Uganda (one imported case)

May 18

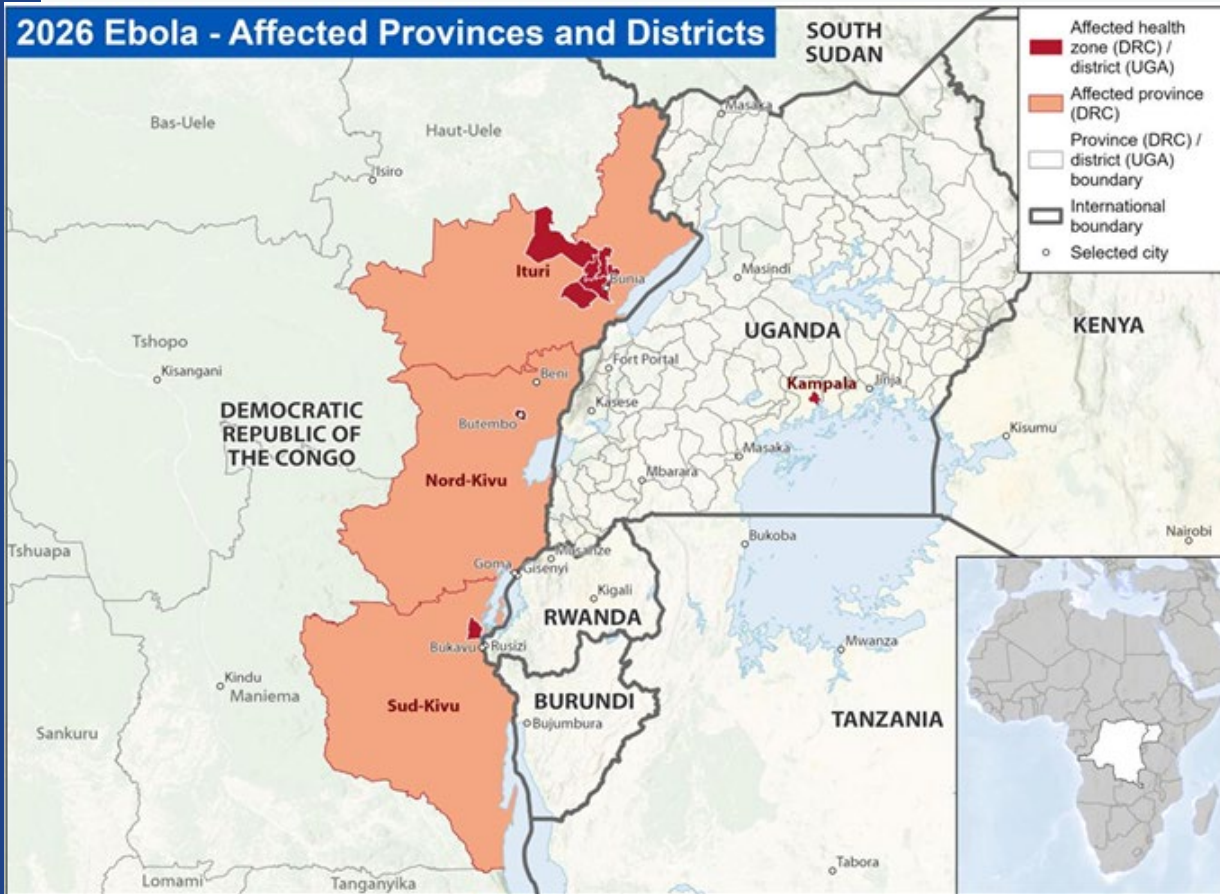
US Centers for Disease Control & Surveillance (CDC) and US Department of Homeland Security (DHS) begin proactive public health measures

Ebola cases in the first 100 days of five Ebola outbreaks 2014–2026



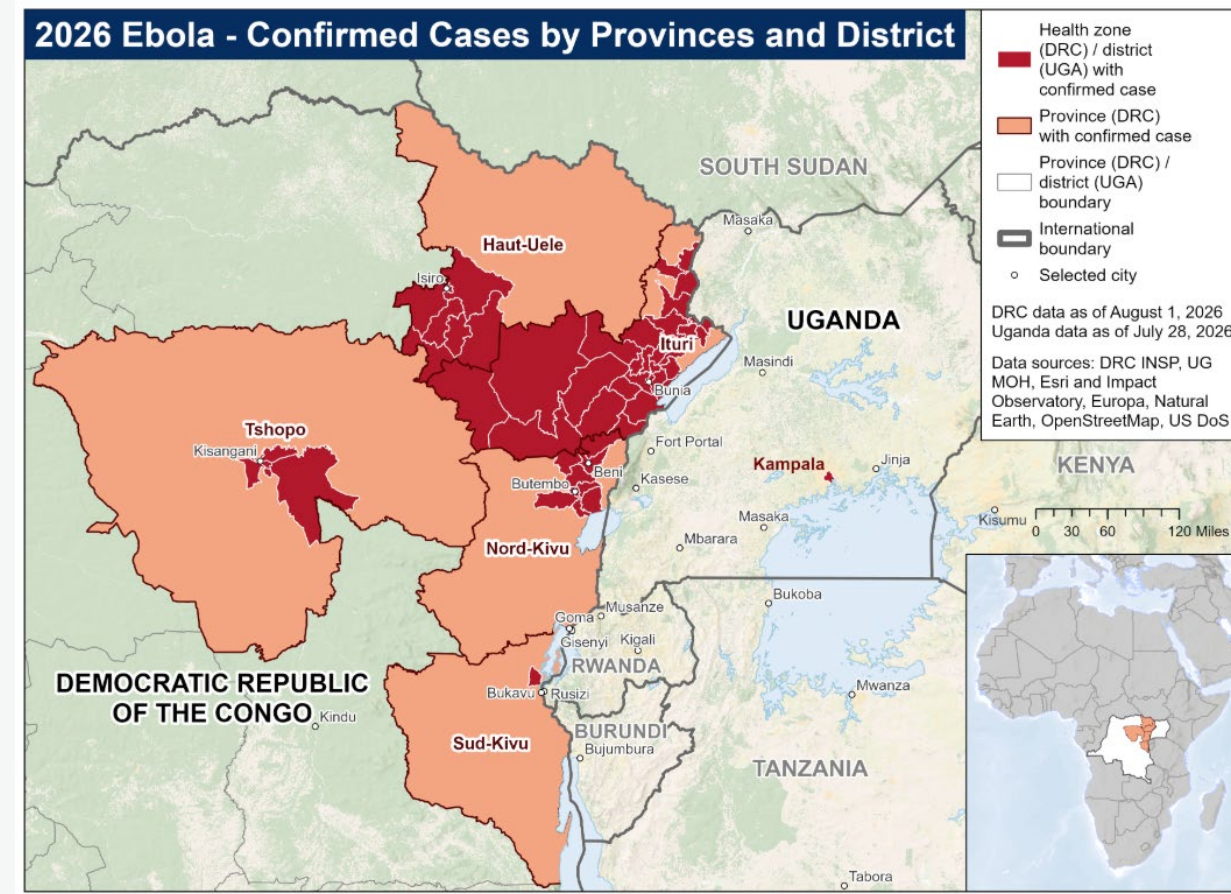
SOURCE: [Ebola Outbreak: Current Situation | Ebola | CDC](#), accessed 8/4/26

Map of Ebola Cases, May 2026 and August 2026



SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf, accessed 6/15/26

May 2026



SOURCE: [Ebola Outbreak: Current Situation | Ebola | CDC](#), accessed 8/4/26

August 2026

Ebola Response

U.S. Response

- Risk of spread to U.S. low (as of August 4, 2026)
- Top priority is keeping Americans and U.S. communities safe
- CDC and US Department of State:
 - Border screening
 - Entry restrictions on non-US citizens
 - Routing to 4 US airports: IAD | ATL | IAH | JFK
- Continued coordination with global partners
- Communication with key audiences:
 - Health Alert Network
 - Travel Health Notice
 - Symptom surveillance

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf accessed 8/4/26

Travel History and Risk Factors

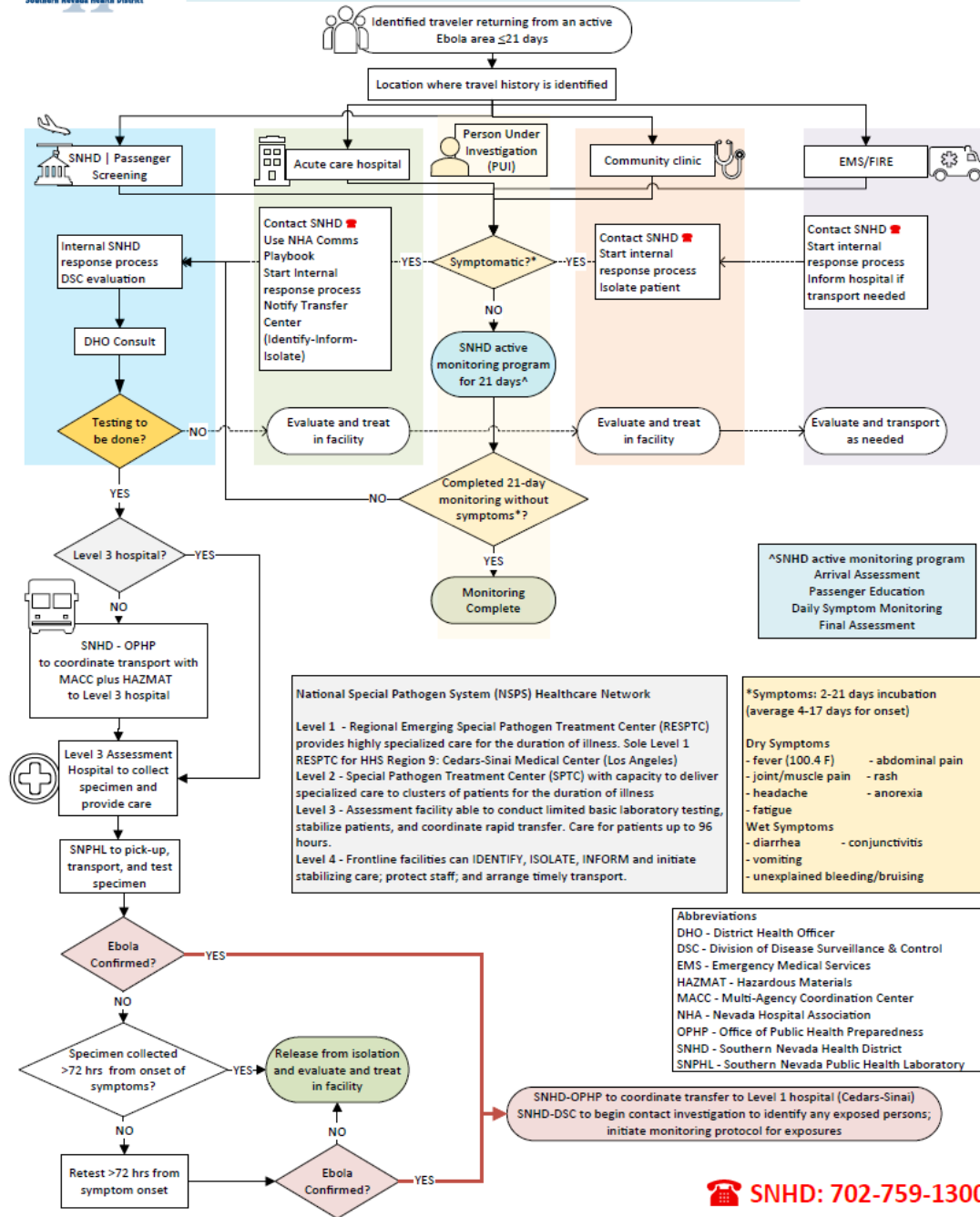
- Travel history for all ill patients with clinical picture of infection
- Travelers returning (21 days) from DRC, South Sudan, Uganda
- Exposure risk to Ebola:
 - Contact with symptomatic person with suspect/confirmed Ebola or any objects contaminated with their body fluids
 - Contact with semen from a man who has recovered from Ebola
 - Participated in any of below while in area with active outbreak:
 - Contact with someone sick or died or any objects contaminated by their body fluids
 - Attend or participate in funeral rituals
 - Work in healthcare facility or laboratory
 - Visited healthcare facility or traditional healer
 - Contact with bats or wild animals
 - Work or spend time in a mine/cave

SOURCE: https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf accessed 6/15/26

SNHD Traveler Monitoring

As of 8/4/26

- Monitoring: 6
- Completed monitoring: 26
- Total travelers received: 32



Resources



Viral Hemorrhagic Fevers (VHFs)

EXPLORE THIS TOPIC ▾

Q SEARCH



Evaluating an Ill Person for VHF

Guide for evaluating an ill person for a VHF or other high-consequence disease

Learn More >

Infection Control Guidance

Guidance for U.S. hospital staff caring for a suspected or confirmed VHF patient

Guidance for Personal Protective Equipment (PPE)

PPE procedures for caring for VHF patients in U.S. hospitals

Clinical Testing and Screening

Guidelines for screening patients for VHFs

SOURCE: <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/index.html> accessed 6/15/26

References

- CDC. *Ebola Outbreak in the DRC: Current Situation*. 2026. Accessed August 4, 2026. <https://www.cdc.gov/ebola/situation-summary/index.html>
- CDC. *What Clinicians Should Know about Ebola Bundibugyo Virus*. 2026. Accessed August 4, 2026. https://www.cdc.gov/coca/media/pdfs/2026/COCA-Call-Slides_05.28.2026_1.pdf
- WHO. *Ebola Disease Caused by Bundibugyo Virus, Democratic Republic of the Congo & Uganda*. 2024. Accessed August 4, 2026. <https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON602>

Contact Information

Rosanne Sugay, MD, MPH

sugay@snhd.org

702-759-0563

Acknowledgements

- Division of Disease Surveillance & Control
- Office of Public Health Preparedness

Thank you!





*Healthy People Thriving in a
Healthy Southern Nevada*



Commitment

Accountability

Respect

Excellence

Service



2026 - 2027 FACILITIES ADVISORY BOARD MEETING SCHEDULE

All Facilities Advisory Board meetings are proposed to occur on the first Tuesday of each quarter at 1:00 p.m., beginning November 2026.

<u>Date</u>	<u>Time</u>	<u>Meeting Type</u>
November 3, 2026	1:00 p.m.	In-person & Virtual
February 2, 2027	1:00 p.m.	In-person & Virtual
May 4, 2027	1:00 p.m.	In-person & Virtual
August 3, 2027	1:00 p.m.	Virtual only
November 2, 2027	1:00 p.m.	In-person & Virtual