MEETING MINUTES

Members/Alternates Present
Seat 5/Dist 3  Effron Harris
Seat 6/Dist 3  Elly Garner
Seat 8/Dist 4  Kyle Edmonds, Vice Chair
Seat 2/Dist 1  Paul Raffer
Seat 4/Dist 2  LaVonna Connelly
Seat 11/Cmty  Paul Hegyi
Seat 12/Cmty  Judith Yates (alt)
Seat 13/Cmty  Henry Tuttle
Seat 14/Cmty  Greg Knoll

Members Absent/Excused
Seat 1/Dist 1  (vacant)
Seat 3/Dist 2  Judith Shaplin
Seat 7/Dist 4  James Lepanto, Chair
Seat 9/Dist 5  (vacant)
Seat 10/Dist 5  (vacant)
Seat 12/Cmty  Dimitrios Alexiou
Seat 15/Cmty  Phillip Deming
Seat 16/Cmty  Leonard Kornreich
Seat 17/Cmty  (vacant)

Presenters
Patrick Loose, Chief HIV, STD, Hepatitis Branch (HSHB), Public Health Services
Brett Austin, Public Health Lab Director
Jackie Werth, Performance Improvement Manager

HHSA Support
Dr. Wilma Wooten, Public Health Officer
Dr. Liz Hernandez, Assistant Director
Dr. Saman Yaghmaee Deputy Director
Nora Bota, Community Health Program Specialist
Donna White, Office Assistant

Minutes
7/20/17
Lead
Follow-up Actions
No Action Items
Due

Near Dates of Importance

Annual Form:  Friday, June 23 – Form submitted to Saman Yaghmaee for Clerk of the Board [see sample Incompatible Activities Form]

Biennial Training:  Friday, June 23 - Confirmation of training submitted to Saman Yaghmaee for Clerk of the Board [see Ethics Training Notice and web address for online course]

Next Meeting:  Thursday, October 19, 2017, 3-5 PM – Coronado Room, 3851 Rosecrans St., San Diego, CA 92110

Board Advance:  Wednesday, October 4, 2017, 1-5 PM – Center for Creative Leadership, 3377 N. Torrey Pines CT

Agenda Item
1. Welcome & Introduction
2. Public Comment

Discussion
Kyle Edmonds called the meeting to order, and the Board and audience members were introduced.
No public comment
### Agenda Item: Discussion

#### 3. Action Items

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Approval of July 7, 2017 meeting Minutes</td>
<td>Elly Garner requested that her name be moved to the members present since she was in attendance. Greg Knoll motioned to approve; Elly Garner seconded. All voted Aye with the addition of the suggested changes to the minutes.</td>
</tr>
</tbody>
</table>
| B. Approval of Board Letter | 1) HIV/AIDS Service Grant: Accept Ryan White Part A and MAI funding and Increase Contract Funding  
Presenter: Patrick Loose, Chief; HIV, STD & Hepatitis Branch (HSHB)  
The presentation was to seek approval from the Health Services Advisory Board for a board letter with two components:  
• Acceptance of revenue from the Health Services and Resources Administration for the Ryan White HIV/AIDS Treatment Extension Act of 2009. HRSA had awarded the County $11.5 million.  
• Authorization to increase funding for a contract that provides temporary housing for persons living with HIV.  

**Ryan White**  
• Ryan White is the single largest federal funding source for services provided to persons living with HIV. The primary purpose is to ensure that persons living with HIV have access to life-saving treatment. It pays for medical care as well as other core and support services that are necessary to ensure that persons living with HIV can remain in care over time. Other services funded by Ryan White include case management, mental health, substance abuse treatment, and temporary housing, among others.  
• The primary medical outcome measured in Ryan White is viral suppression. Almost 90% of persons enrolled in Ryan White are virally suppressed, and in 2015, San Diego County had the highest rate of viral suppression among all jurisdictions funded by Ryan White.  

**Temporary Housing**  
• We were seeking authorization from the Board of Supervisors to increase funding for a temporary housing program, known as the Partial AIDS Rental Subsidy or PARS.  
• PARS pays up to 40% of the rent for up to 48 months for persons living with HIV who are experiencing financial difficulty.  
• PARS is a crucial program for the Getting to Zero initiative because housing instability is one of the primary factors that leads to people falling out of care.  
• We required Board authorization because the funding, $201,000, increased the total contract value above $1 million. Please see [Appendix](#).  

Approval: All voted Aye with no oppositions or abstentions to approve the board letter. |
| 2) Accept Revenue, Purchase of Equipment, and Authorize Single Source Contract with Hospitals | Presenter: Brett Austin  
Purpose: To support the Public Health Lab |
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Action Items (continued)</td>
<td>(continued)</td>
</tr>
<tr>
<td><strong>Background</strong></td>
<td>The request is to authorize the Health and Human Services Agency (HHSA) to accept future State and Federal revenue for public health emergency preparedness and response activities. This funding will not only support laboratory response, but also ongoing public health emergency preparedness and hospital preparedness activities. This will also authorize the HHSA to enter into contracts with local hospitals, the Council of Community Clinics (Health Center Partners), and First Watch for emergency preparedness planning/training and disease surveillance as well as authorizing potential agreements with other counties and Mexico for coordinated Zika testing.</td>
</tr>
<tr>
<td><strong>EUA Declarations:</strong></td>
<td>Before Food and Drug Administration (FDA) may issue and Emergency Use Authorization (EUA), the Health and Human Services (HHS) Secretary must declare that circumstances exist to justify the authorization. This declaration is referred to as a EUA declaration. Under section 564 of the Federal Food, Drug, and Cosmetic Act, the FDA Commissioner may allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by Chemical, Biological, Radiological, and Nuclear (CBRN) threat agents when there are no adequate, approved, and available alternatives. This declaration (referred to in this guidance as an “EUA declaration”) must be based on one of the following actions:</td>
</tr>
<tr>
<td>1. A determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a CBRN agent(s);</td>
<td></td>
</tr>
<tr>
<td>2. A determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to United States military forces of attack with a CBRN agent(s). Please see Appendix.</td>
<td></td>
</tr>
<tr>
<td>Approval: All voted Aye with no oppositions or abstentions to approve the board letter.</td>
<td></td>
</tr>
<tr>
<td>4. Updates/ Presentations/ Follow-up Action Item</td>
<td>A. Public Health Accreditation Annual Report Presenter: Jackie Werth, Performance Improvement Manager The purpose of this presentation was to provide the board an update on the Public Health Accreditation annual report results. The County received national recognition from the Public Health Accreditation Board (PHAB) on May 17, 2016 for meeting public health standards. These standards are based on 100 measures and 12 domains that a health department needs to demonstrate conformance in order to achieve public health accreditation. The first ten domains address the full array of public health functions as demonstrated in the 10 Essential Public Health Services (PHS). In the U.S., there are almost 200 accredited health departments, nine of which are in California.</td>
</tr>
</tbody>
</table>
### Agenda Item

<table>
<thead>
<tr>
<th>4. Updates/ Presentations/ Follow-up Action Item (continued)</th>
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(continued)

In the past year, PHS has made improvements addressed in the site visit report, including:

1) Tracking key measures by Branch with an automated performance management tool and quarterly status report;
2) Convening metrics workshops for each Branch to enhance and expand on measures and design dashboards; and
3) Continuation of monitoring performance with the use of the Performance Improvement Management Committee;

In addition, the site visit report stated information regarding quality improvement advancements, emerging issues, innovation, community impact, and health status outcomes. The report also noted that there were organizational changes within PHS as some functions and services have transferred to the new Medical Care Services Division, the Community Health Statistics Unit has moved to the Administration Office, and California Children Services is not its own Branch, separate from Maternal, Child, and Family Health Services.

### C. Update on Hepatitis A

**Presenter: Dr. Wilma Wooten**

The purpose of this presentation was to inform and educate the board about the current Hepatitis A outbreak in San Diego County.

Hepatitis A is caused by a virus, easily spread from person-to-person. The virus can cause liver disease lasting a few weeks to a serious illness lasting several months. In some cases, it can cause death. The Hepatitis A vaccine was introduced in the early 1990s. Following this date, the number of reported cases decreased drastically nation-wide. Routine vaccinations for all U.S. children began in 2006.

In San Diego County, the Hepatitis A cases began to show an increase of incidence from prior years in 2016. Currently, there are 444 confirmed outbreak cases from November 22, 2016 to September 11, 2017. A local public health emergency was declared on September 1, 2017. The Incident Command System is in place to manage the current Hepatitis A outbreak. Meetings with core staff (public health, behavioral health, and integrative services) are convened on Mondays and Wednesdays and County of San Diego-wide meetings on Fridays. The implemented plan is focused on three strategies: 1) Vaccinate; 2) Sanitize; and 3) Educate. Notifications have been sent out in May, July, and August of 2017. Letters were sent out to specific food facility operators on September 15, 2017. Repeat letters were sent out the week of September 18, 2017. As of September 16, 2017, 28,235 Hepatitis A vaccines were administered across the County.

The at-risk population is homeless, intravenous/non-intravenous illicit drug users, travelers to countries with high or intermediate endemicity of HAV infection, men who have sex with men, people with chronic liver disease, persons with clotting factor disorders, and persons working with non-human primates or laboratory research.
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Chair’s Report</td>
<td>A. Board Training Requirements Update – No updates</td>
</tr>
<tr>
<td></td>
<td>B. HSAB Advance – October 4, 2017, 1 pm to 5 pm</td>
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<td></td>
<td>C. Board Evaluation</td>
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<td></td>
<td>James reminded the board to complete the evaluation. A follow-up email will be sent with the survey link. The evaluation results will be reviewed at the Health Services Advisory Board Advance.</td>
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<td></td>
<td>D. Vacancies Update – No updates</td>
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<td></td>
<td>E. Agenda Items for Future Meetings</td>
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<tr>
<td></td>
<td>LaVonna suggested having updates on community planning and getting input from community stakeholders, including the Resident Leadership Academies. Kyle also suggested presentations about health equity efforts.</td>
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<tr>
<td></td>
<td>F. Nominating Committee - No updates</td>
</tr>
<tr>
<td>6. Informational Items</td>
<td>A. Committee Reports - No reports were given</td>
</tr>
<tr>
<td>7. Public Health Officer’s Report</td>
<td>A. Dr. Wooten reviewed new items in red text on the Public Health Officer’s Report.</td>
</tr>
<tr>
<td></td>
<td>1) Communicable Disease Issues</td>
</tr>
<tr>
<td></td>
<td>• Influenza</td>
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<td></td>
<td>• Zika Virus</td>
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<tr>
<td></td>
<td>• Hepatitis A</td>
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<tr>
<td></td>
<td>2) Board Actions</td>
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<td></td>
<td>3) Public Health Issues</td>
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<td></td>
<td>4) Grants</td>
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<td></td>
<td>5) Public Health Initiatives</td>
</tr>
<tr>
<td></td>
<td>6) Branch and Program Fact Sheets</td>
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<tr>
<td></td>
<td>7) Board Letter Forecast</td>
</tr>
<tr>
<td></td>
<td>[See Attachment]</td>
</tr>
<tr>
<td>8. Agenda Items for Future Meetings</td>
<td>OCT – Tobacco Tax Funds for Public Health Oral Health Program and Extension of Tobacco Control Contract Presentation</td>
</tr>
<tr>
<td>9. Adjournment</td>
<td>This meeting was adjourned at 5:00 PM.</td>
</tr>
<tr>
<td></td>
<td>Next meeting: October 19, 2017</td>
</tr>
</tbody>
</table>
BOARD LETTER: HIV/AIDS SERVICE GRANT

HIV, STD and Hepatitis Branch
Public Health Services
September 21, 2017

LIVE WELL SAN DIEGO
HIV/AIDS SERVICES GRANT

TWO PRIMARY REQUESTS

- Accept Ryan White HIV/AIDS Treatment Extension Act funding for FY17-18
- Increase funding for temporary housing subsidy program for persons living with HIV
HIV/AIDS SERVICES GRANT

RYAN WHITE FUNDING

$11,401,786 for FY 17-18

- Part A: $10,693,969
- Part A MAI: $707,817
# HIV/AIDS SERVICES GRANT

**Core Medical**
- Primary Care & Dental
- Medical Case Management
- Mental Health & Psychiatry
- Early Intervention Services
- Outpatient Substance Abuse Tx

**Support**
- Inpatient Substance Abuse Tx
- Legal Services
- Outreach & Referral
- Non-Medical Case Management
- Housing
- Food Services
- Emergency Financial Assistance
RYAN WHITE OUTCOMES

Ensure all people living with HIV are linked to and retained in HIV primary medical care

Success = Viral Suppression

Countywide: approximately 67% (12,265) of people living with HIV have achieved viral suppression

Ryan White program: 89.8% achieved viral suppression (4,442)
PARTIAL ASSISTANCE RENTAL SUBSIDY (PARS)
HIV/AIDS SERVICES GRANT

PARS

Increase from 41 to 73 clients

Request authorization to increase funding for PARS by $200,001, increasing the total contract amount to $1,200,000.
HIV/AIDS SERVICES GRANT

Building Better Health
Living Safely
Thriving

LIVE WELL SAN DIEGO
HIV/AIDS SERVICES GRANT

GETTING 2 ZERO STOP HIV

Test
Improve
Engage
Prevent
Treat
PARS Linkage to Getting to Zero Implementation Plan

• 2.3 Develop systems to ensure all individuals newly diagnosed with HIV are linked to care and commence treatment within 30 days
• 5.9 Refine referral and linkage services to address co-factors that lead to disparate outcomes, such as mental illness, substance abuse, unemployment/underemployment, poverty, lack of insurance, unstable housing, and food scarcity.
PUBLIC HEALTH LABORATORY

“Providing quality laboratory services to protect community health and prevent the spread of disease.”
San Diego County’s Public Health Laboratory provides a wide variety of diagnostic tests that:

• Support disease control efforts
• Provide patient diagnostic information
• Characterize the types of disease agents in our jurisdiction
• Look for antibiotic resistance
• Detect environmental threats
TODAY’S REQUEST

Authorizes the Health and Human Services Agency (HHSA) to accept future State and federal revenue for Public Health emergency preparedness and response activities. This funding not only supports laboratory response (recent examples include H1N1, Ebola, and now Zika) but also ongoing Public Health emergency preparedness and hospital preparedness activities.
TODAY’S REQUEST

Authorizes HHSA to enter into contracts with local hospitals, the Council of Community Clinics (dba Health Center Partners), and First Watch for emergency preparedness planning/training and disease surveillance as well as authorizing potential agreements with other counties and Mexico for coordinated Zika testing.
Tests for human diagnostics must be approved by the Food and Drug Administration

- Test manufacturers must demonstrate by clinical evaluation that the test is effective and reliable.
EMERGENCY USE AUTHORIZATION (EUA)

Under section 564 of the Federal Food, Drug, and Cosmetic Act the FDA Commissioner may allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by CBRN threat agents when there are no adequate, approved, and available alternatives.
Before FDA may issue an EUA, the HHS Secretary must declare that circumstances exist justifying the authorization. This declaration is referred to in as an “EUA declaration”.
Before FDA may issue an EUA, the HHS Secretary must declare that circumstances exist justifying the authorization (section 564(b)(1)). This declaration (referred to in this guidance as an “EUA declaration”) must be based on one of the following actions:

1. A determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a CBRN agent(s);

2. A determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to United States military forces of attack with a CBRN agent(s);
This guidance explains FDA's general recommendations and procedures applicable to the authorization of the emergency use of certain medical [and] include key legal authorities to sustain and strengthen national preparedness for public health, military, and domestic emergencies involving chemical, biological, radiological, and nuclear (CBRN) agents,

including emerging infectious disease threats such as pandemic influenza.
H1N1- INFLUENZA APRIL 2009

<table>
<thead>
<tr>
<th>TEST AVAILABLE IN COUNTY LAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC Human Influenza Virus Real-time RT-PCR Detection and Characterization Panel with additional specimens and reagents – May 2, 2009</td>
</tr>
<tr>
<td><strong>First National case was a patient in San Diego</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST AVAILABLE IN COMMERCIAL/HOSPITAL LAB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Roche RealTime ready Influenza A/H1N1 Test</strong></td>
</tr>
<tr>
<td><strong>Prodesse ProFlu-ST Influenza A assay for the diagnosis of 2009 H1N1 Influenza virus infection</strong></td>
</tr>
<tr>
<td><strong>Diatherix 2009 H1N1 Test</strong></td>
</tr>
</tbody>
</table>
On April 19, 2013 Secretary Kathleen Sebelius determined that avian influenza A(H7N9) poses a significant potential for a public health emergency.
CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel-Influenza A/H7 (Eurasian Lineage) Assay (CDC) - April 22, 2013

This device will be distributed by CDC to public health and other qualified laboratories.
<table>
<thead>
<tr>
<th>TEST AVAILABLE FOR COUNTY LAB</th>
<th>TEST AVAILABLE FOR COMMERCIAL/HOSPITAL LABS</th>
</tr>
</thead>
</table>
| **DoD EZ1 Real-time RT-PCR Assay**  
(Ebola)  
8/5/14 | **BioFire Defense LLC FilmArray**  
NGDS BT-E Assay  
10/25/14 |
On February 6, 2015, the Secretary of Health and Human Services (HHS), Sylvia Burwell, determined that there is a significant potential for a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad and that involves EV-D68.

**EV-D68 2014 rRT-PCR Assay (CDC) - May 12, 2015**

*No commercial test has been developed*
ZIKA VIRUS DETECTION

TEST AVAILABLE IN COUNTY LAB

Emergency Use Authorization (EUA) to use the Centers for Disease Control and Prevention's (CDC) Trioplex Real-time RT-PCR Assay (Trioplex rRT-PCR) for the qualitative detection and differentiation of RNA from Zika virus

March 17, 2016

TEST AVAILABLE IN COMMERCIAL/HOSPITAL LAB

Emergency Use Authorization (EUA) to Focus Diagnostics, Inc.'s, Zika Virus RNA Qualitative Real-Time RT-PCR test for the qualitative detection of RNA from Zika virus

April 28, 2016
ZIKA (EUA)

The assay is intended for use.... by qualified laboratories designated by CDC.

- This was initially State and local Public Health Laboratories
IMPLEMENTATION BARRIERS

EXCERPT FROM AUTHORIZATION

Equipment:

- the Applied Biosystems (ABI) 7500 Fast Dx Real-Time PCR instrument

BARRIER TO LOCAL TESTING

None

- SD PHL was already using this equipment for Influenza testing
IMPLEMENTATION BARRIERS

EXCERPT FROM AUTHORIZATION

Equipment:
- the Applied Biosystems (ABI) 7500 Fast Dx Real-Time PCR instrument

Reagents
- SuperScript™ III RT/Platinum® One-Step qRT-PCR Kit
- Quanta qScript™ One-Step qRT-PCR Kit, Low Rox™

BARRIER TO LOCAL TESTING

None

- SD PHL was already using this equipment for Influenza testing

None

- SD PHL was already using this equipment for Influenza testing
IMPLEMENTATION BARRIERS

EXEMPLARY FROM AUTHORIZATION

Equipment

- the MagNA Pure LC Total Nucleic Acid Isolation Kit
  - Used on the MagNA Pure 96 automated instrument

BARRIER TO LOCAL TESTING

$50,000 purchase acquisition

- The lab had to use a manual method to prepare samples while we went through the 3 month purchase process.
In the event that the Food and Drug Administration grants Emergency Use authorization or the Secretary of Health and Human Services (has) determined that there is a significant potential for a public health emergency
...the Public Health Laboratory may accept funding passed down through Federal and State agencies and acquire Authorized equipment and supplies to protect the health of the people and to respond to the significant potential for a public health emergency.
Authorizes HHSA to enter into contracts with local hospitals, the Council of Community Clinics (dba Health Center Partners), and First Watch for emergency preparedness planning/training and disease surveillance as well as authorizing potential agreements with other counties and Mexico for coordinated Zika testing.
THANK YOU

For More Information

Brett.Austin@sdcounty.ca.gov

619-692-8500
HIGHLIGHTS OF ANNUAL REPORT
TO THE PUBLIC HEALTH ACCREDITATION BOARD

Presentation to the Health Services Advisory Board
County of San Diego, Health and Human Services Agency
Public Health Services
September 21, 2017
Public Health Accreditation status was conferred on the County of San Diego on May 17, 2016

This was based on submission of more than 1,100 documents and interviews and observations from a Site Visit conducted on February 22-23, 2016
An organization seeking accreditation needs to demonstrate conformity for 100 measures across 12 domains.

The standards address the full array of public health functions set forth in the 10 Essential Public Health Services.
Public Health Accreditation Board
Standards & Measures, Version 1.5

Includes detailed requirements, number of examples needed, and time frames

Each of the 100 measures is assessed in terms of degree to which the documentation demonstrates conformance to requirements

- Fully Demonstrated
- Largely Demonstrated
- Slightly Demonstrated
- Not Demonstrated
Recap of San Diego County’s Journey

Seven Step Process

Step 1: Pre-application (preparations began in 2011)
Step 2: Submit Application and 3 Prerequisite documents (July 2014)
Step 3: Documentation Selection & Submission (July 2015)
Step 4: Site Visit (Feb 22-23, 2016)
Step 5: Decision (May 17, 2016)
Step 6: Annual Reports (due every year for 5 years)
Step 7: Reaccreditation (2021)

Year #1 Annual Report submitted August 2017
RESULTS OF REVIEW

FULLY DEMONSTRATED FOR 94 OF 100 MEASURES
FEEDBACK FROM SITE VISIT

STRENGTHS

- PHS is “mission-driven” and strong alignment to Live Well San Diego
- Strong ties to community residents as well as community partners
- Strong commitment to a culture of improvement

OPPORTUNITIES

- Expand our ability to meet the needs of a diverse population and engage our community partners to a greater degree
- Implement a workforce development plan to build staff competencies
- Embed training in QI tools and principles
SECTION I: ORGANIZATIONAL CHANGES

- Transfer of certain functions to new Medical Care Services Division

- Disaster preparedness function kept in Public Health Services as Public Health Preparedness and Response Branch

- Community Health Statistics Unit (formerly in the EMS Branch) was moved to PHS Administration

- California Children Services now its own branch, whereas used to be part of Maternal Child & Family Health Services Branch
SECTION I: ADDRESS FINDINGS

FINDING:
Slightly Demonstrated: Implementation of PHS Strategic Plan (5.3.3.)
• Branches need to monitor progress for all Branch strategic plans on a more frequent basis

ACTIONS:
▪ Tracking all key measures by Branch with an automated performance management tool and quarterly status report sent to management team

▪ Metrics Workshops convened for each Branch to enhance and expand on measures and design dashboards

▪ Performance Improvement Management (PIM) Committee, the governance body, continues to advance performance monitoring within each Branch.
QUALITY IMPROVEMENT

- Continue to elevate QI projects with target of 8 QI Projects per year in Operational Plan

- Featured QI Project, **Linking Foster Children to Medical and Dental Care**, at request of HSAB
  - Medical Exam timeliness increased by 4 percentage points (92% in December 2015 to 96% in June 2017), and Dental Exam timeliness increased by 8 percentage points (84% to 92%) during same time period, well above the State target of 90%
  - Piloted in South and East Regions, rolling out to all Regions in January 2018
HEALTH EQUITY INTERNALLY AND IN THE COMMUNITY

- **Health Equity Coordinator and Committee:** 90% of staff received 3-4 hour training on both Customer Service and Cultural Competency. Ongoing efforts to improve access to interpretation and translation services.

- **Live Well Communities Project:** Addressing inequities by engaging with four communities struggling to achieve outcomes to live well.

- **Healthy Cities, Healthy Residents:** Providing technical assistance to CBOs in low-income communities to bring about policy, systems and environmental changes with coalitions including residents.

- **Resident Leadership Academies:** Trained 135 community residents in practical ways to promote community change. New effort has provided 6 RLA graduates with extended training and tools to advocate for sustainable change in the Live Well Communities.
SECTION II: INNOVATION

BRAIDING OF FUNDING STREAMS TO ACHIEVE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE

- Live Well Community Market Program (live well where you shop) in which technical assistance provided to retailers to promote healthier options
  - 17 markets in underserved neighborhoods were offered advice on products, placement, price, and promotions
- Live Well @ Work (live well where you work) in which technical assistance was provided to employers to establish or enhance their workplace health programs
  - 48 employers served since FY 15-16, with focus on employers with low wage workers (hospitality, casinos, retail, nurseries, schools)
PROTECTING THE COMMUNITY

- **Getting to Zero Project to eliminate new HIV infections**
  - Identifying everyone who is living with HIV (those aware of status or those at high-risk) and linking them to care
  - Implementing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)

- **Enhancements to the Lab and benefit to response to new disease threats**
  - Incorporating refinements to tests for Zika infection to ensure quicker results, including genetic sequencing equipment
SECTION II: HEALTH STATUS OUTCOMES

3-4-50 Death† Percentages* Among San Diego County Residents, 2000-2013

*3-4-50 deaths as a percentage of all cause deaths.
†3-4-50 Deaths include Stroke, Coronary Heart Disease (CHD), Diabetes, COPD, Asthma, and Cancer.
§Percents not calculated for fewer than 5 events. Percents not calculated in cases where zip code is unknown.
## Live Well San Diego Top 10 Indicators
### Annual Progress
#### October 2016

<table>
<thead>
<tr>
<th>Indicator: Measure</th>
<th>San Diego County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Current Year</td>
<td>Baseline</td>
</tr>
<tr>
<td>Quality of Life: Percent of the population sufficiently healthy to live independently (not including those who reside in nursing homes or other institutions)</td>
<td>95.0% (2009)</td>
<td>94.9% (2014)</td>
<td>94.8% (2009)</td>
</tr>
<tr>
<td>Education: Percent of population ages 25 and over with at least a High School Diploma or Equivalent</td>
<td>84.0% (2009)</td>
<td>85.2% (2014)</td>
<td>80.6% (2009)</td>
</tr>
<tr>
<td>Unemployment Rate (5-Yr. Trend): Percent of the total labor force that is unemployed (based on ACS Table S2301, 1 and 5-yr estimate data)</td>
<td>7.0% (2009)</td>
<td>9.8% (2014)</td>
<td>11.3% (2009)</td>
</tr>
<tr>
<td>Income: Percent of population spending less than 1/3 of income on housing</td>
<td>49.7% (2009)</td>
<td>50.9% (2014)</td>
<td>50.3% (2009)</td>
</tr>
<tr>
<td>Physical Environment-Air Quality: Percent of days that air quality was rated as unhealthy for sensitive populations</td>
<td>13.4% (2009)</td>
<td>11.2% (2015)</td>
<td>9.2% (2009)</td>
</tr>
<tr>
<td>Built Environment-Distance To Park: Percent of population living within a half mile of a park</td>
<td>50.0% (2010)</td>
<td>N/A</td>
<td>58.0% (2010)</td>
</tr>
<tr>
<td>Vulnerable Populations-Food Insecurity: Percent of population with income of 200 percent of poverty or less, who have experienced food insecurity</td>
<td>35.1% (2009)</td>
<td>38.1% (2014)</td>
<td>40.4% (2009)</td>
</tr>
</tbody>
</table>

- Moving in the right direction
- Moving in the wrong direction
- No change due to data not being available

Note: The most current local data, that has state and national comparison data, is reported. N/A means data is not available.
HOW WILL REACCREDITATION BE DIFFERENT?

- Greater emphasis on demonstrating impact by implementing each standard and measure
  - Fewer documents required
  - Narratives explaining “how” the measure was implemented and “what” was the result
- Requirement to Report Health Outcomes
  - 5 to 10 over time, which fits nicely with Live Well San Diego Indicators
Annual Report Due to PHAB every summer through 2020

Re-constitute Domain Leads & Co-Leads to strengthen conformance

Prepare for Reaccreditation in 2021
## Live Well San Diego Top 10 Indicators
### Annual Progress
#### October 2016

<table>
<thead>
<tr>
<th>How Are We Doing?</th>
<th>Indicator: Measure</th>
<th>We want to increase this</th>
<th>San Diego County</th>
<th>We want to decrease this</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Baseline</td>
<td>Current Year</td>
<td>Baseline</td>
<td>Current Year</td>
<td>Baseline</td>
</tr>
<tr>
<td></td>
<td>Quality of Life: Percent of the population sufficiently healthy to live independently (not including those who reside in nursing homes or other institutions)</td>
<td>↑</td>
<td>95.0% (2009)</td>
<td>94.9% (2014)</td>
<td>94.8% (2009)</td>
<td>97.0% (2014)</td>
</tr>
<tr>
<td>KNOWLEDGE - Learning throughout the lifespan</td>
<td>Education: Percent of population ages 25 and over with at least a High School Diploma or Equivalent</td>
<td>↑</td>
<td>84.0% (2009)</td>
<td>85.2% (2014)</td>
<td>80.6% (2009)</td>
<td>82.1% (2014)</td>
</tr>
<tr>
<td>STANDARD OF LIVING - Having enough resources for a quality life</td>
<td>Unemployment Rate (5-Yr. Trend): Percent of the total labor force that is unemployed (based on ACS Table S2301, 1 and 5-yr estimate data)</td>
<td>↓</td>
<td>7.0% (2009)</td>
<td>9.8% (2014)</td>
<td>11.3% (2009)</td>
<td>11.0% (2014)</td>
</tr>
<tr>
<td></td>
<td>Income: Percent of population spending less than 1/3 of income on housing</td>
<td>↑</td>
<td>49.7% (2009)</td>
<td>50.9% (2014)</td>
<td>50.3% (2009)</td>
<td>54.3% (2014)</td>
</tr>
<tr>
<td></td>
<td>Physical Environment-Air Quality: Percent of days that air quality was rated as unhealthy for sensitive populations</td>
<td>↓</td>
<td>13.4% (2009)</td>
<td>11.2% (2015)</td>
<td>9.2% (2009)</td>
<td>7.4% (2015)</td>
</tr>
<tr>
<td></td>
<td>Built Environment-Distance To Park: Percent of population living within a half mile of a park</td>
<td>↑</td>
<td>50.0% (2010)</td>
<td>N/A</td>
<td>58.0% (2010)</td>
<td>N/A</td>
</tr>
<tr>
<td>SOCIAL - Helping each other to live well</td>
<td>Vulnerable Populations-Food Insecurity: Percent of population with income of 200 percent of poverty or less, who have experienced food insecurity</td>
<td>↓</td>
<td>35.1% (2009)</td>
<td>38.1% (2014)</td>
<td>40.4% (2009)</td>
<td>38.4% (2014)</td>
</tr>
</tbody>
</table>

Note: The most current local data, that has state and national comparison data, is reported. N/A means data is not available.

7/13/2017
3-4-50 CHRONIC DISEASE DEATH PERCENTAGES, TREND 2000-2015

3-4-50 Death† Percentages*
Among San Diego County Residents, 2000-2015

Note: 2014 and 2015 Preliminary Data
†3-4-50 deaths include stroke, coronary heart disease (CHD), diabetes, COPD, asthma, and cancer.
*3-4-50 deaths as a percentage of all cause deaths. Rates per 100,000 population.
Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2017.
HEPATITIS A OUTBREAK
SAN DIEGO COUNTY

Health Services Advisory Board Meeting
September 21, 2017
<table>
<thead>
<tr>
<th>Source</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Feces</td>
<td>Blood</td>
<td>Blood</td>
<td>Blood</td>
<td>Feces</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Body fluids</td>
<td>Body Fluids</td>
<td>Body fluids</td>
<td></td>
</tr>
<tr>
<td>Route</td>
<td>Fecal-oral</td>
<td>Percutaneous</td>
<td>Percutaneous</td>
<td>Percutaneous</td>
<td>Fecal-oral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Permucosal</td>
<td>Permucosal</td>
<td>Permucosal</td>
<td></td>
</tr>
<tr>
<td>Chronic</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Prevention</td>
<td>Immunization</td>
<td>Immunization</td>
<td>Blood donor screening</td>
<td>Immunization</td>
<td>Safe water</td>
</tr>
<tr>
<td></td>
<td>Hygiene</td>
<td>Blood donor screening</td>
<td></td>
<td>Hygiene</td>
<td></td>
</tr>
</tbody>
</table>
Incidence of hepatitis A, by year
United States, 1980-2014

Source: CDC (adapted). Downloaded 3/7/17 from https://www.cdc.gov/hepatitis/hav/havfaq.htm
Hepatitis A Cases, San Diego County
1994 - 2017

*2017 year to date  Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services, 9/18/17
<table>
<thead>
<tr>
<th>YEAR</th>
<th>LOCATION</th>
<th>METHOD OF SPREAD/SOURCE</th>
<th>#CASES</th>
<th>#HOSPITALIZATIONS</th>
<th>#DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>PA &amp; OH</td>
<td>Food (Green Onions)</td>
<td>660</td>
<td>Unknown</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td>2016</td>
<td>SAN DIEGO</td>
<td>Close Person to Person Contact</td>
<td>444</td>
<td>305 (69%)</td>
<td>16 (3.6%)</td>
</tr>
<tr>
<td>2016</td>
<td>HAWAII</td>
<td>Food (Raw Scallops)</td>
<td>292</td>
<td>74 (25%)</td>
<td>0</td>
</tr>
<tr>
<td>2016</td>
<td>MICHIGAN</td>
<td>Close Person-to-Person Contact</td>
<td>190</td>
<td># Unknown (87%)</td>
<td>10 (5.2%)</td>
</tr>
<tr>
<td>2013</td>
<td>10 states</td>
<td>Food (Pomegranate Seeds)</td>
<td>165</td>
<td>71 (43%)</td>
<td>0</td>
</tr>
</tbody>
</table>
HEPATITIS A OVERVIEW

Caused by a virus

Hepatitis A can easily spread from person-to-person

Can cause liver disease lasting a few weeks to a serious illness lasting several months

Can cause death in some cases
HEPATITIS A VIRUS OVERVIEW

The virus can live outside the body for months, depending on the environmental conditions.

Average incubation period for Hepatitis A infection is 28 days (range: 15–50 days).

An individual can be contagious up to two weeks before developing symptoms or 1 week after onset of symptoms.

Adequate chlorination of water kills the virus that enters the water supply.

Vaccination with the full, two-dose series is the best way to prevent infection.
HEPATITIS A - SYMPTOMS

- Fever
- Fatigue
- Nausea
- Loss of Appetite
- Jaundice
- Stomach Pain
- Vomiting
- Dark Urine, Pale Stools and Diarrhea
In kids <6 years, 70% of infections are asymptomatic; if illness does occur, typically no jaundice.

Among older children and adults, infection is typically symptomatic, with jaundice in >70%.

Symptoms usually last <2 months, although 10%–15% of symptomatic persons have prolonged or relapsing disease for up to 6 months.

Hospitalization required in about 20%, higher (>40%) in older adults.
HEPATITIS A – AT RISK

- Homeless*
- Intravenous and non-intravenous illicit drug users##
- Travelers to countries with high or intermediate endemicity of HAV infection
- Men who have sex with men
- People with chronic liver disease
- Persons with clotting factor disorders
- Persons working with nonhuman primates or laboratory research

* = Local Recommendation
# = CDC Recommendation
VACCINATIONS ARE FURTHER RECOMMENDED FOR:

- Fire and Emergency Medical Services Agencies
- Food Handlers
- Healthcare Personnel
- Law Enforcement Agencies
- Local Businesses
- Service Providers
  - Homeless Providers
  - Substance Use Treatment Providers

- Notifications have been sent out in May, July, and August.
- Letter specifically to Food Facilities Operator on 9/15/17.
- Repeat letters going out next week of September 18th.
HEPATITIS A, SAN DIEGO

- 444 confirmed outbreak cases from 11/22/16 thru 9/11/17
  - 305 (69%) hospitalizations, 16 (3.6%) deaths
  - 306 (69%) male (2 MSM), 138 (31%) female
  - Age range 5-87 (median 44)

- Suspected Exposure Type
  - 152 (34%) homeless and illicit drug use
  - 74 (17%) homeless only
  - 56 (13%) illicit drug use only
  - 105 (24%) neither
  - 57 (12%) unknown
Rate of HAV Infection by Age, San Diego County 1996-2017*

*2017 year to date. Data current as of 9/5/2017. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services, 9/18/17
Co-infections
- 18/344 (5.2%) with hepatitis B
- 64/340 (18.8%) with hepatitis C

26 non-outbreak (travel) cases not included in outbreak count

44 cases under investigation

Linked cases in other CA counties and states (AZ, CO, RI, UT)
HEPATITIS A, SAN DIEGO

- **15 Food Handlers**
  - No known secondary cases
  - 4 worked at homeless services providers (incubation period ended)
  - 7 remain within incubation period

- **5 Healthcare Workers**
  - One within incubation period, under investigation, may not be part of outbreak
  - No known secondary cases

- **Tourists** – 2 confirmed, 2 suspect
Outbreak-associated Hepatitis A cases by onset week

11/1/2016 – 9/18/2017, N = 444*

*Date of specimen collection or report used if onset date unknown; dates may change as information becomes available.
MANAGEMENT OF HEPATITIS A OUTBREAK

- Developed an Incident Command System to manage outbreak.
- Convened meetings with core staff (public health, behavioral health, integrative services) on **Mondays** and **Wednesdays** and CoSD-wide calls on **Fridays**.
- Conducted case investigations, post-exposure prophylaxis, and surveillance (includes RTFH database).
- Worked closely with DEH on possible food sources and communication to partners. No food sources identified.
- Implemented plan focused on three **strategies:**
  - Vaccinate, Sanitize, Educate
- Requested CDC staffing support via CDPH on **May 2**. Two CDC epidemiologists stationed for 3 weeks.
- Met with HUD on **April 18**, more recent meetings in **August** resulted in formal TA request. HUD site visit held **Sept 13-15**.
- Issued Directive to the City of San Diego on **August 31**.
- Declared a local health emergency on **September 1**.
- Provided briefing to **7 of 9 jurisdictions** with > 5 Hepatitis A cases
- HHSA/DOC activated **September 18**; EOC activated **September 19**.
March: Contacted homeless, substance use disorder (SUD), and healthcare providers to identify approaches to immunize at-risk groups.

March: Began to offer vaccinations to at-risk staff.

March – August: Local recommendations made to vaccinate homeless, food handlers, emergency responders, healthcare workers, and others with occupational exposure to homeless and illicit drug using populations.
  - 317-funded vaccine offered to interested community providers.

March 27: Facilitated obtaining and distributing the supply of 317-vaccine from CDPH.

March – June: Identified opportunities to implement systems approaches:
  - Probation routinely brings clients to TB Clinic and PH Center.
  - House of Metamorphosis routinely brings clients to PH Center.
  - SUD programs began including vaccinations into their treatment goals.

May 17: MOAs started to be executed with hospital Emergency and other Departments to receive and administer vaccines; 20 MOAs with EDs, Psychiatric hospitals, etc to date

May 4: Piloted “Foot team” concept which was implemented by end of month.

July – August:
  - Stationed County PHN at Service Provider locations, including Public Health Nurses stationed at Central Jail Intake (July 3rd).
  - RFSQ issued to secure additional nursing support.

July 31: Required vaccinations for volunteer jail food handlers.

August 22: Vaccine recommended for food handlers; notice sent to Restaurant Assoc.
VACCINATION UPDATES

- **As of September 11:** Approximately 22,966 people have been vaccinated, this includes:
  - ~10,530 doses of HAV vaccine given by County staff at County clinics, vaccination events, and jails to at-risk individuals. Over 12,436 vaccines given by community partners.
  - There were 451 field events (251 mass vaccination clinics, 193 “foot” teams, and 7 MV).

- **As of September 16:** 28,235 total vaccines administered across the County
  - 12,874 given by County staff through field events (e.g., foot teams, mobile vans, and mass vaccination clinics), jails/detention centers, Tuberculosis Clinic, and the County Psychiatric Hospital.
  - 15,159 provided by health care systems, federally qualified health centers, and pharmacists.
  - 202 vaccinations provided as post exposure prophylaxis.
  - There were 559 field events (280 mass vaccination clinics, 271 “foot” teams, and 8 MV).
BEST PRACTICES

OPPORTUNITIES

 ED call EPI before patient is discharged.
 Foot Teams pairing up with HOTs
 Placing nurses at homeless service facilities
 Vaccinating at Jail intake
 Vaccinating Behavioral Health programs
 Utilizing Temp nurses

SOME PARTNERS

 Regional Task Force
 Restaurant Association
 Food and Beverage
 Champions of Health
 Local Cities
Foot Team Vaccination Efforts
Sanitation of streets being conducted by City of SD

Disinfection guidance for indoor areas

- Food inspectors provided guidance information to operators during more than 6,200 inspections

- 3,657 hygiene kits distributed

- 45 handwashing stations placed

- 96 public restrooms available in City of San Diego
**April 4:** Began distributing **Hygiene Kits**; as of **Sep 15,** 3,657 hygiene kits have been distributed.

**May 4:** Convened first face-to-face meeting with the City of San Diego.

**May 17:** In collaboration with DEH, conducted ongoing outreach to food facilities and organizations that provide meals to homeless to educate on proper handwashing, to prevent contamination of food, and sanitize common areas, such as public restrooms.
  - DEH provided information during in person inspections 5,540 food facilities.

**June 28 & July 6:** Cleaned up homeless encampments in Lakeside community.

**July 13:** Placed two handwashing stations at Rosecrans.

**July 17:** Issued first version of disinfection protocol for food facilities developed by DEH.

**August 8:** Conducted foodborne illness workshop to local food facilities and food handlers (150 attendees).

**August 11:** Contacted the City of Los Angeles Public Works department to obtain their protocol for street sanitation.

**August 14:** Met with the City of San Diego.

**August 18:** Drafted sanitation protocol completed by DEH.

**August 23:** Provided sanitation recommendation to the City of SD, based on CDC guidelines and protocols used by the City of Los Angeles Public Works.

**August 29:** Met with El Cajon leadership to discuss outbreak, including sanitation recommendations.

**September 2:** Completed placement of **40 handwashing stations** in areas of the City of San Diego with high concentrations of homeless populations.

**September 15:** An additional **3 units** placed; placement at 22 additional locations in process.
HAND WASHING STATIONS & HYGIENE KITS

Hygiene Kits: 3657 as of 9/15/17
Contain water, non-alcohol hand sanitizer, cleaning wipes, clinic location information, plastic bags, and information card.

Hand Sanitizer Stations:
45 as of 9/15/17
Handwashing station being installed in downtown San Diego on 9/2 (Photo: San Diego Union Tribune)
Handwashing station being used in downtown San Diego on 9/2 (Photo: San Diego Union Tribune)
MAP OF HANDWASHING STATIONS AND PUBLIC BATHROOMS ON 211 PAGE

http://211sandiego.org/resources/health-wellness
City contractor cleaning a street in downtown San Diego on 9/11 (Photo: San Diego Union Tribune)
March:
- Facilitated calls and presentations about the Hepatitis A outbreak to medical community, homeless service providers, and substance use disorder treatment providers.
- Established webpage presence for Hepatitis A outbreak.

March – August:
- Issued eight health alerts (first March 10th; last Sept 12th) and eight news stories (first April 7th after first two deaths; last Sept 6th).
- Provided information and educational materials for stakeholders (vaccination and proper handwashing hygiene).
  - May 1: Over 52 presentations made to community stakeholders to date.
  - May 24: First letter to stakeholders about the outbreak and FAQs issued.
  - July 7: Interviewed by homeless individual for local videographer.
  - July 13: Handout on infectious period issued for hospital discharge planners.
  - July 25: Second letter and FAQs issued to stakeholders.
  - August: Presentations provided to the local chapter of the California Restaurant Association (CRA) Executive Committee and Full Board and guidance information emailed to local membership. Information distributed to more than 1,800 CRA members statewide.

August 14:
- Hepatitis A outbreak education campaign began; posters placed in trolleys and bus stations and made available to partners.

September 1:
- DEH sent a memo on cleaning and sanitizing to over 35 fitness and recreation centers with public pool facilities.

September 6:
- Presentation to the local chapter California Board of Pharmacy.

September 13:
- California Board of Pharmacy issued email to members. September 15:
- Letter sent to the Restaurant Association to “strongly recommend” vaccination of all food handlers.
SUMMARY OF COUNTY ACTIONS
As of 9/16/17

- As of 9/16/17: Administered **28,106 doses** of HAV vaccine across the County; 10,530 doses were given by County staff at County clinics, vaccination events, and jails to at-risk individuals; 12,436 vaccines given by community partners. Eight health alerts (recent [CAHAN 9/06/17](#)), nine news stories (recent 9/15/17) and [webpage](#) established

- Public ad campaign began in early August; modified on 9/1/17.

- Local public health emergency declared on 9/1/17. Board of Supervisors meeting 9/6/17, 9/12/17. Return every 2 weeks.

- Established **2-1-1** as public information source

- Continuing to partnering with community stakeholders to increase vaccination, hygiene and awareness.
COUNTY ACTIONS

- Working closely with DEH on possible food sources
- Conducting case investigations, post-exposure prophylaxis, surveillance, & public education ongoing
- Made local recommendations for occupational vaccination
  - All food handlers in county
  - Healthcare workers who work with at-risk populations (includes EMS)
  - Sanitation workers
  - Public safety workers who work with at-risk
  - Homeless services and drug treatment service providers and volunteers
- Emphasizing that ANY person who desires immunity can get vaccinated! (CDC recommendation)
CONTINUING NEXT STEPS

- **Expand VACCINATION Effort Via:**
  - Conducted an additional *84 Foot Team* efforts to bring the total to *193* since presentation to the BOS (as of 9/11/17).
  - Expanded use of temporary nurses to vaccinate clients at substance use disorder treatment facilities and homeless service provider locations.
  - Finalizing additional MOAs with hospitals.
  - Placed PH Nurses at services provider locations.

- **Directing Municipalities to Implement Recommended SANITATION Efforts**
  - Provided sanitation recommendation to local municipalities, based on CDC guidelines and protocols used by the City of Los Angeles Public Works.
  - Scheduled joint site visit to City of Los Angeles to observe sanitation procedure.

- **Expanding EDUCATION Efforts**
  - Convening medical providers meeting tonight (9/19/17) at UCSD; and other stakeholders (e.g., Pharmacy Board).
  - Updated and issued third letter and FAQs to stakeholders informing them of local health emergency.
  - Updated Hepatitis A webpage.
  - Expanding placement of outreach campaign to North County.
STRATEGIC APPROACHES - REQUESTS

**VACCINATION**
- Support from law enforcement to have PH nurses to accompany on homeless outreach teams.
- Vaccinate employees who have contact with at-risk populations.

**SANITATION**
- Support indoor disinfection of bathrooms in municipality and business facilities.
- Assist with identification of locations to place handwashing stations.
- Increase access to public bathrooms & ensure proper sanitation. Consider other options.

**EDUCATION**
- Dissemination of letters to stakeholders.
- Distribution of educational materials.
- Request presentation to educate employees about Hepatitis A.
- Provide connections to specific stakeholders in municipality.
Public Health Services Administration
Health and Human Services Agency
County of San Diego
Wilma J. Wooten, MD, MPH
3851 Rosecrans Street (MS-P578)
San Diego, CA 92110
Phone: (619) 542-4181

General information: 2-1-1 San Diego

Presentations: Email
kimberly.pettiford@sdccounty.ca.gov
## Agenda for Advance

October 4, 2017  
1 pm to 5 PM  
Center for Creative Leadership  
3377 N Torrey Pines Court #300, La Jolla, CA 92037

<table>
<thead>
<tr>
<th>Activity #</th>
<th>What</th>
<th>Lead</th>
<th>When</th>
</tr>
</thead>
</table>
| I.         | Welcome & Warm-Up                                                    | James Lepanto  
Dr. Kyle P. Edmonds  
Dr. Wilma Wooten | 1:00 to 1:15 |
| II.        | Board Evaluation of HSAB                                             | James Lepanto  
Dr. Kyle P. Edmonds | 1:15 to 2:00 |
|            | **Health Break and Refreshments**                                    |                                           | 15 minutes   |
| III.       | Review HSAB Priorities for Year 2                                    | All                                       | 2:15 to 3:30 |
|            | - What We've Accomplished To-Date                                   | James Lepanto                             |              |
|            |  o Quick summary of what has been accomplished so far in the Year 1  |                                           |              |
|            |  o Work Plan                                                          |                                           |              |
|            | - What New Issues are on the Horizon?                                | All                                       |              |
|            |  o Exercise to identify any new issues or factors impacting HSAB's  |                                           |              |
|            |  o Work                                                                  |                                           |              |
|            | - What Changes are Needed to the Year 2 Work Plan                    | All                                       |              |
|            |  o "Keep, Toss, Tweak, or Add" Exercise                              |                                           |              |
|            | **Health Break and Refreshments**                                    |                                           | 15 minutes   |
| IV.        | Review and Evaluate Proposed Committee Structure for HSAB           | Breakout Groups by Subcommittee           | 3:45 to 4:45 |
|            |  o Discuss how will organize individual Subcommittees               |                                           |              |
| V.         | Appreciation & Wrap Up                                               |                                           | 4:45 to 5:00 |
I. Communicable Disease Issues

A. Infectious Disease Issues

1. Influenza – baseline

2. Zika Virus (As of 9/18/17)
   - Total Zika Testing referrals to EPI Program for consultation of potential cases: 2,756 referrals
   - Ruled out: 2,323 cases
   - Confirmed Zika cases (all travel-associated): 95
   - Cases pending lab results or submission: 316
   - Travel associated cases: American Samoa (1), Belize (1), Brazil (2), Caribbean (multiple islands) (3), Columbia (2), Costa Rica (5), Dominican Republic (2), Fiji (1), Grenada (1), Guatemala (3), Haiti (2), Indonesia (1), Jamaica (2), Kiribati (1), Latin America (4), Mexico (36), Nicaragua (9), Philippines (1), Puerto Rico (4), Saint Lucia (1), Senegal (1), Singapore (1), Trinidad (3), USVI (1), Venezuela (3), and sexual transmission from a traveler (2).
   - Again, all reported cases are imported; 11 cases confirmed in pregnant women.
   - The first case in Baja California has been documented in Ensenada, approximately 80 miles from the San Diego County border.
   - CDC has created a US Zika Pregnancy Registry for local, state, and territorial health departments.
   - To date, none of the invasive Aedes species detected have tested positive for Zika.
   - Focus in on education and outreach, case reporting, and prevention of mosquito breeding.
   - San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG).

3. Hepatitis A (As of 9/18/17)
   - Homeless population and illicit drug-using individuals.
   - 444 cases with onset dates from 11/22/16 – 9/14/17, 16 deaths, 305 hospitalizations
     - 305 (69%) hospitalizations, 16 deaths
     - 306 males (69%); 138 females (31%)
     - 5-87 years (median 43 years, mean 44 years)
     - 152 (34%) documented homeless and illicit drug use
     - 74 (17%) homeless only
     - 56 (13%) illicit drug use only
     - 105 (24%) neither homeless nor illicit drug use
     - 57 (13%) unknown (no records or interview)
   - Common locations
     - St. Vincent de Paul/Father Joe’s homeless facility (housing, healthcare, food)
     - First Methodist Church, El Cajon
     - Jail / Detention Facilities
     - Carroll Community Care
   - Conducting outreach to homeless and substance use treatment facilities using Point of Distribution (PODs), mobile vans, and field foot teams.
   - Working closely with medical community (i.e., FQHCs, EDs), law enforcement, and behavioral health.
   - Communications:
     - Publications
       - CAHAN #5 issued August 16, 2017.
       - CAHAN #6 issued September 12, 2017.
II. Board Actions
A. San Diego County has declared a local health emergency, which signed on Sept 1, 2017. It declares that the “spread of Hepatitis A in San Diego is a threat to public health” and “a local health emergency is declared in San Diego County.”
   1. September 6 & 12, 2017: Ratify declaration of local health emergency: Hepatitis A Outbreak
   2. September 26, 2017: Review and Continue Local Health Emergency: Hepatitis A Outbreak

III. Public Health Issues
A. Hepatitis A: DOC activated to Level 2 for Hepatitis A response.

IV. Grants
A. New Applications
   1. Gonorrhea Surveillance: California Department of Public Health is applying for a CDC grant. HSHB submitted an application specific to San Diego County. Funds are gonorrhea surveillance and to support lab testing in identifying ways to eliminate the disease. Start date is August 1, 2017; Application was submitted on May 15th; Amount is $71,000. Award status pending.
   2. Naloxone Proposal: to participate in a naloxone distribution effort. Application submitted May 1st. Approved. A plan has been developed and will implement. $248,300 (full amount)

B. Funding
   1. Hep A Funding: CDPH funding $350,000 to hire 2 Epidemiologists
   2. Oral Health Funding: Prop 56 Funding - $842,000 Estimated
   3. Zika Funding for PH Lab: The State awarded PH Lab $1,046,404 (June 2017 – June 2018). Scope of work includes following additional outcomes:
      - Add the Gene Sequencing Instrument
      - Establish agreement for Zika testing for binational/Baja/Mexico cases
      - Establish agreement for Zika testing with Imperial County
   4. Zika Funding: EISB was awarded $413,793 for staffing support. Funding is for March 1, 2017-July 31, 2018.
   5. Public Health Lab Microbiologist Training Funds: $75,500 was awarded to the lab to train 2 microbiologists.
   6. Strategic HIV Prevention Projects, funded by the state: PHS will receive $1.8 million over the next two years (July 2017 through June 2019). There were only four awards, and San Diego County was the only health department that was funded. The other awardees include two community-based organizations (the LA LGBT Center and the San Francisco AIDS Foundation) and one federally qualified health center (AltaMed in LA/Orange County).
      - Proposal focused on a couple of core activities related to Getting to Zero:
         2. Rapid initiation of anti-retroviral therapy (ART) for individuals newly diagnosed with HIV.
         3. Awareness Campaigns.
   7. Tobacco Control Program
      a. Tobacco program is anticipated to receive over $2.8 million from the state in FY17-18.
      b. Additional Tobacco Funding $182K one time only; pending funding from recent legislation
   8. STD Funding: The CDPH STD Control Branch (STDCB) received a $5 million one-time increase in funding spendable in FY16-17, FY17-18, and FY18-19. Recently received $427,649 of that amount.
   9. Sodium:
      - Partnering with LAHD on new Sodium reduction grant. Local focus: School districts and health care systems. Application submitted last week. $100K/year X 5 years. AWARDED
   10. SNAP-ED (Also known as NEOP (Nutrition, Exercise and Obesity Prevention)):
      - Submitted next 3-year cycle application and work plan; activities will continue to focus on policy, systems, and environmental change for nutrition and PA
   11. Prevention (Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke): funded to work in the City of San Diego geographic area
      - Components 1 & 2:
         1. For implementing food sodium standards and environment and lifestyle changes (DPPs) – excited about the development of the Diabetes Prevention Programs
         2. Diabetes prevention and community clinical linkages; health system interventions – Chronic Disease Surveillance via EHRs
      - Submitted Year 3 application and work plan on April 30th
V. Public Health Initiatives
   A. Major initiative updates and highlights
      1. Public Health Accreditation Board
         a. Submitted annual report to Public Health Accreditation Board; response expected in the next few months.

VI. Branch and Program Fact Sheets – completed by July 2016; will provide to board members on flash drive.
   A. Completed draft fact sheets for each Public Health Services program.

VII. Board Letter Forecast

<table>
<thead>
<tr>
<th>DATE / BOARD LETTER</th>
<th>BRANCH</th>
<th>REVENUE</th>
<th>POC</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 26, 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Accept Ryan White Part A and MAI Funding (scheduled for HSAB on 9/21/17)</td>
<td>HSHB</td>
<td>Patrick Loose</td>
<td></td>
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<tr>
<td>October 10, 2017</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Purchase Equipment and Contract with Hospitals for Disaster Preparedness (scheduled for HSAB on 9/21/17)</td>
<td>Lab</td>
<td>Brett Austin</td>
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</tr>
<tr>
<td>October 24, 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Extend Tobacco Control Resource Program with Vista Community Clinic Contract and Authorize the BOS to Accept the Oral Health Initiative Funds from State (scheduled for HSAB on 10/19/17)</td>
<td>MCFHS</td>
<td>Dr. Coleman</td>
<td></td>
</tr>
<tr>
<td>January 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Amend HIV Planning Group by-laws (scheduled for HSAB on 12/21/17)</td>
<td>HSHB</td>
<td>Patrick Loose</td>
<td></td>
</tr>
<tr>
<td>February/March 2018</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Request to Procure for HIV Prevention Services (scheduled for HSAB on 2/15/18)</td>
<td>HSHB</td>
<td>Patrick Loose</td>
<td></td>
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</tbody>
</table>

VIII. Announcements
   A. Personnel - 1 Key Position
      1. CCS Medical Director candidate has been selected.

IX. Site Visits

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Description</th>
<th>Auditor</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/15/17</td>
<td>The State CCS Facility Site review of UCSD Neonatal Intensive Care Unit (NICU) and the Neonatal Surgery program was completed last December 15, 2016. The letter has been issued that granted Conditional Approval as a CCS Program-approved Regional Neonatal Intensive Care Unit and Neonatal Surgery Program to the University of California, San Diego Medical Center.</td>
<td>State CCS</td>
</tr>
</tbody>
</table>

X. Legislation
   A. Tobacco Leg
      California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) was passed in November 2016. It raises the state’s tobacco tax by $2 per pack (from $0.87 to $2.87) and directs this funding to tobacco prevention, cures and strengthening a health care system strained by tobacco-related disease. In addition to the $2 per pack tobacco tax on all tobacco products, programs that have received funding via Proposition 99 and Proposition 10 would receive corresponding backfill. Furthermore, this initiative not only includes electronic cigarettes, but corrects previous definitions, to ensure that all tobacco products (e.g., snus) are captured in the State’s Other Tobacco Product (OTP) definition and taxed at a rate equivalent to the cigarette tax. Anticipated increased net state revenue of $1 billion to $1.4 billion in 2017-18, with potentially lower annual revenues over time.

XI. Suggested Future Agenda Items
   A. Prevention Grant
   B. Eat Well Standards
   C. Summary of PHAB 2017 Accreditation Annual Report

Submitted by: Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, September 21, 2017
HEALTHY SAN DIEGO (HSD)

Enrollment
Please see below for June 2017 data.

<table>
<thead>
<tr>
<th>Managed Care</th>
<th>June 2017</th>
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<tbody>
<tr>
<td>HSD Enrollment</td>
<td>724,443</td>
</tr>
<tr>
<td>State Default Rate*</td>
<td>34%</td>
</tr>
<tr>
<td>San Diego Default Rate*</td>
<td>36%</td>
</tr>
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</table>

*Data provided by the Department of Health Services’ Health Care Options Section (HCO) via COPS-11 Monthly Enrollment summary report.

COUNTY MEDICAL SERVICES (CMS)

<table>
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<tr>
<th>Enrollment</th>
<th>June 2016</th>
<th>June 2017</th>
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<tbody>
<tr>
<td>CMS</td>
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<td>58</td>
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Current CMS materials are available on the CMS website.

BOARD LETTERS

N/A
HEALTH SERVICES ADVISORY BOARD UPDATE – ELIGIBILITY OPERATIONS

HEALTHY SAN DIEGO – SEPTEMBER 2017

HEALTHY SAN DIEGO (HSD)

Enrollment
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<tbody>
<tr>
<td>HSD Enrollment</td>
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<tr>
<td>State Default Rate*</td>
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<tr>
<td>San Diego Default Rate*</td>
<td>41%</td>
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COUNTY MEDICAL SERVICES (CMS)

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BOARD LETTERS

N/A