

Health and Human Services Agency  
Health Services Advisory Board (HSAB)  
Public Health Officer's Report

October 19, 2017 \* 3-5PM \* 3851 Rosecrans Street, SD 92110

## I. Communicable Disease Issues

### A. Infectious Disease Issues

#### 1. Influenza – baseline

#### 2. Zika Virus (As of 10/13/17)

- Total Zika Testing referrals to EPI Program for consultation of potential cases: **2,980 referrals**
- **Ruled out: 2,651 cases**
- Confirmed Zika cases (all travel-associated): **96**
- Cases pending lab results or submission: **210**
- 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), **Maldives (1)**, 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.
- [http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/zika\\_virus.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/zika_virus.html)
- San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG).

#### 3. Hepatitis A (As of 10/12/17)

- 32 non-outbreak cases for 2017
- Outbreak
  - At-risk Populations: Homeless population and illicit drug-using individuals or both.
  - **Genotype 1B, with 16 strains**
  - **Case Demographics**
    - **507 cases with onset dates from 11/22/16 – 10/14/17, 19 deaths, 351 hospitalizations**
      - **351 (69%) hospitalizations, 19 (3.7%) deaths**
      - **346 males (68%); 161 females (32%)**
      - 5-87 years (median 43 years, mean 44 years)
      - **166 (33%) documented homeless and illicit drug use**
      - **83 (16%) homeless only**
      - **62 (12%) illicit drug use only**
      - **135 (27%) neither homeless nor illicit drug use**
      - **61 (12%) unknown (no records or interview)**
- Co-infection
  - **21/401 (5.2%) confirmed or probable Hepatitis B**
  - **70/393 (17.8%) confirmed or probable Hepatitis C**
- Other Characteristics
  - **45 cases in jail/detention facilities (Completed vaccinations of 7 facilities, now continuing at central intake)**
  - **17 Food Handlers**
  - **6 healthcare workers**
  - **Other jurisdictions linked to San Diego:**
    - California: Santa Cruz (73), OC, SLO, Imperial County, Riverside County
    - U.S.: Iowa, Arizona, Colorado, Illinois, Oregon, Rhode Island, Utah
    - International: Canada

- **Strategies**
  - Conducting outreach to homeless and substance use treatment facilities using Point of Distribution (PODs), mobile vans, and field foot teams.
  - Vaccinating jail/detention facilities
  - Partnering with hospitals (nurses), AMR (paramedics), and temporary nursing staff to vaccinate SRO's, treatment facilities (contract and non-contract), and other locations with at-risk populations.
  - Continuing to work closely with medical community (i.e., FQHCs, EDs), law enforcement, behavioral health and Regional Task Force on Homeless.
- Vaccinations: 76,562
- Hygiene Kits: 7,722
- Handwashing Station: 142
- Communications:
  - News Stories:
    - 11 issued; last issued on October 12, 2017
  - Publications
    - 9 issued: CAHAN alert issued September 26, 2017.
  - Web page:
    - [http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/Hepatitis\\_A.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A.html)

## 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
  3. **October 10, 2017: Review and continue local health emergency: Hepatitis A Outbreak**
  4. **October 24, 2017: Next request for continuation of local health emergency**

## III. Public Health Issues

- A. Hepatitis A:
  1. DOC activated to Level 2 for Hepatitis A response.
  2. **Governor of California, Jerry Brown, declared a state of emergency for Hepatitis A on October 13, 2017.**

## 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 15<sup>th</sup>; Amount is \$71,000. Award status pending.
2. **Naloxone Proposal:** to participate in a naloxone distribution effort. Application submitted May 1<sup>st</sup>. 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:
  1. PrEP education and navigation.
  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 (Prop 56)

**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 30<sup>th</sup>

**V. Public Health Initiatives**

**A. Major initiative updates and highlights**

**VI. Board Letter Forecast**

DATE / BOARD LETTER	BRANCH	REVENUE	POC
<b>November 14, 2017</b>			
1. Purchase Equipment and Contract with Hospitals for Disaster Preparedness (presented to HSAB on 9/21/17)	Lab		Brett Austin
2. Accept Tobacco Tax Funds from the California Department of Public Health Oral Health Program and Extend Tobacco Control Contract (scheduled for HSAB on 10/19/17)	MCFHS		Dr. Coleman
<b>January 2018</b>			
3. Amend HIV Planning Group by-laws (scheduled for HIV Planning Group on 10/25/17)	HSBH		Patrick Loose
<b>February/March 2018</b>			
4. Request to Procure for HIV Prevention Services (scheduled for HSAB on 2/15/18)	HSBH		Patrick Loose

**VII. Announcements**

**A. Personnel**

**VIII. Site Visits**

Timeframe	Description	Auditor
11/08/17	California Awards for Performance Excellence (CAPE)	State Org
11/27/17	County of San Diego Single Audit of California Children Services funding entitlement 93.778.	County of San Diego Single Audit
12/15/17	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.	State CCS
10/30/17-11/3/17	State audit of public health nursing levels ratios.	State

## **IX. Legislation**

### **A. Tobacco Leg**

1. 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.

Submitted by: Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, October 19, 2017