



**County of San Diego  
HEALTH SERVICES ADVISORY BOARD  
Meeting | Zoom | CAC Rm 402A**

**Tuesday, January 7, 2025  
3:00pm to 5:00pm  
MEETING MINUTES**

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
1	1	Ana Melgoza			Strategic Plan Discussion, <b>Nora Bota, MPH</b> , Performance Improvement Manager, <b>Amber Hilliker</b> , Quality Improvement Specialist, Public Health Services Administration.	<b>Dr. Ankita Kadakia</b> , Interim PHO, PHS
2	1	Dr. Suzanne Afflalo <b>P</b>	Samhita Ilango <b>P</b>	✓		<b>Dr. Elizabeth Hernandez</b> , Director, PHS
3	2	Barry Jantz, <b>CHAIR P</b>		✓		<b>Dr. Jennifer Tuteur</b> , Chief Medical Officer, MCS
4	2	Victoria Floyd		✓		<b>Adrienne Yancey</b> , Assistant Director, PHS
5	3	Todd Walters <b>P</b>		✓		<b>Dr. Anuj Bhatia</b> , Deputy Director, PHS
6	3	Linda Correa				<b>Dr. Porchia Rich</b> , Medical Director, CCS, PHS
7	4	James Lepanto <b>P</b>		✓		<b>Nora Bota, MPH</b> , Performance Improvement Manager, PHS
8	4	Geysil Arroyo, <b>VICE CHAIR P</b>		✓		<b>Amber Hilliker</b> , Quality Improvement Specialist, PHS
9	5					<b>Aaron Brown</b> , Community Health Program Specialist, PHS
10	5					<b>Ann Jimenez</b> , Admin Analyst III, PHS Admin
11	SDC Med Soc	Paul Hegyi <b>P</b>	Jennipher Ohmstede	✓	<b>Joy Bryers</b> , Executive Assistant, PHS	
12	HASDIC	Dimitrios Alexiou	Caryn Sumek <b>Z</b>	✓	<b>Joshua Beidler, MS</b> , Admin Sec II, PHS	
13	HC Partners	Tim Fraser <b>P</b>	Lauren Abrams	✓	<b>Talq Tera</b> , Information Technology Specialist, PHS	
14	Consumer Center	Joanne Franciscus <b>P</b>	Kris Jacobs	✓		
15	BHAB	Judith Yates <b>P</b>		✓		
16	Healthy SD-PRO	Dr. Harriet Seldin <b>P</b>		✓		
17	Healthy SD-Con	Jack Dailey <b>P</b>	Alex Perez	✓		

**Attendance Key:** **P** = In person, **Z** = Zoom

<p><b>I. WELCOME &amp; INTRODUCTIONS</b></p>	<p><b>A. Roll Call</b></p> <ul style="list-style-type: none"><li>a. <b>Barry Jantz</b> called the meeting to order at 3:00 PM.</li><li>b. Introductions from PHS staff and UCSD residents.</li></ul> <p><b>B. Remarks from the Chairperson:</b></p> <ul style="list-style-type: none"><li>a. <b>Barry Jantz</b> addressed questions regarding the status of HSAB board members appointed by former Supervisor Vargas. He clarified that, per the bylaws, these members would continue to serve until officially replaced. <b>Jantz</b> also shared insights from a recent conversation with Supervisor Lawson-Remer regarding youth engagement. Lawson-Remer noted that requiring in-person attendance posed challenges for young people. <b>Jantz</b> explained that administrative appointments made by HHSA staff would not fall under the Brown Act, allowing for virtual participation via Zoom.</li><li>b. <b>Judith Yates</b> raised concerns about conflicting interpretations from legal counsel and bylaws on the applicability of the Brown Act to youth engagement appointments. <b>Barry Jantz</b> clarified that supervisors could suggest candidates, but the appointments would need to be made by HHSA staff.</li><li>c. <b>James Lepanto</b> highlighted the ongoing two-year effort to address barriers preventing youth participation, including unfamiliarity with such settings and Brown Act restrictions. He emphasized the need to streamline the process to make youth involvement easier and more appealing.</li><li>d. <b>Samhita Ilango</b> mentioned receiving a letter instructing board members to reapply for their positions. <b>Barry Jantz</b> explained that appointments do not automatically carry over when there is a new supervisor. He advised reapplying to maintain eligibility.</li></ul> <p><b>C. Approval of January Agenda</b></p> <ul style="list-style-type: none"><li>a. Motion was made by <b>Paul Hegyi</b> and seconded by <b>James Lepanto</b>.</li><li>b. <b>Roll Call:</b> All HSAB members in attendance voted Aye.</li></ul> <p><b>D. Approval of December Meeting Minutes</b></p> <ul style="list-style-type: none"><li>a. Motion was made by <b>Dr. Seldin</b> and seconded by <b>Paul Hegyi</b>.</li><li>b. <b>Roll Call:</b> <b>Geysil Arroyo</b> abstained. All other HSAB members in attendance voted Aye.</li></ul>
<p><b>II. PUBLIC COMMENT</b></p>	<p>None.</p>
<p><b>III. ITEM FOR CONSENT</b></p> <p><b>A.</b> Authorize Single Source Procurement of Hamilton Company Instrumentation, Maintenance, Consumables, Reagents, And Supplies for The Public Health Laboratory, Jeremy Corrigan, DrPH, HCLD/TS(ABB), Public Health Laboratory Director.</p>	<ul style="list-style-type: none"><li>a. Motion to approve was made by <b>Paul Hegyi</b> and seconded by <b>Tim Fraser</b>.</li><li>b. <b>Roll Call:</b> All HSAB members in attendance voted Aye.</li><li>c. There were no questions.</li></ul>

**IV. HSAB STRATEGIC PLAN**

- A.** HSAB Strategic Plan Discussion, **Nora Bota, MPH**, Performance Improvement Manager, **Amber Hilliker**, Quality Improvement Specialist, Public Health Services Administration.

**Nora Bota** explained her office's role in coordinating strategic planning for the HSAB. She emphasized the importance of having a strategic plan with a clear vision, achievable goals, and a limited number of priorities. She commended the advisory board for their dedication and efficiency in drafting the plan, which is now in its second iteration. She noted that while formatting details would be refined later, the current focus was on confirming content. She described the layout, which included names, titles, vision, mission, values, and guiding principles agreed upon over the past three months. She mentioned updates to the leads and the inclusion of long-term goals. She also noted the alignment of the board's goals with the County and Agency strategic plans.



## DRAFT - Health Services Advisory Board (HSAB) Strategic Plan [2025 – 2027]

<p><b>MEMBERS</b> <u>APPOINTED BY BOARD OF SUPERVISORS</u></p> <p><b>District 1</b></p> <ul style="list-style-type: none"><li>• Dr. Suzanne Afflalo</li><li>• Ana Melgoza</li><li>• Samhita Ilango (Alternate)</li></ul> <p><b>District 2</b></p> <ul style="list-style-type: none"><li>• Barry Jantz – Chair</li><li>• Vacant</li></ul> <p><b>District 3</b></p> <ul style="list-style-type: none"><li>• Linda Correa</li><li>• Todd Walters</li></ul> <p><b>District 4</b></p> <ul style="list-style-type: none"><li>• Geysil Arroyo - Vice-chair</li><li>• James Lepanto, MFT</li></ul> <p><b>District 5</b></p> <ul style="list-style-type: none"><li>• Vacant</li></ul> <p><u>COMMUNITY OF REPRESENTATIVES</u></p> <p><b>Behavioral Health Advisory Board</b></p> <ul style="list-style-type: none"><li>• Judith Yates</li></ul> <p><b>Consumer Center for Health Education &amp; Advocacy</b></p> <ul style="list-style-type: none"><li>• Joanne Franciscus</li><li>• Jack Dailey</li><li>• Alex Perez (Alternate)</li><li>• Kris Jacobs (Alternate)</li></ul> <p><b>Health Center Partners of Southern California</b></p> <ul style="list-style-type: none"><li>• Tim Fraser</li><li>• Lauren Abrams (Alternate)</li></ul> <p><b>Healthy San Diego Professional Advisory Committee</b></p> <p>Dr. Harriet Seldin</p> <p><b>Hospital Association of San Diego and Imperial Counties</b></p> <ul style="list-style-type: none"><li>• Dimitrios Alexiou, FACHE, MHA</li><li>• Caryn Sumek (Alternate)</li></ul> <p><b>San Diego County Medical Society</b></p> <ul style="list-style-type: none"><li>• Paul Hegyi, MBA</li><li>• Jennipher Ohmstede (Alternate)</li></ul>	<p><b>VISION</b></p> <p>An Advisory Board that the County of San Diego Board of Supervisors (BOS), Chief Administrative Officer (CAO), and Agency Leadership rely on for expertise to improve the health and wellness of the San Diego population.</p> <p><b>MISSION</b></p> <p>Provide the County BOS, CAO, and Agency Leadership expert and timely advice with input from the community to advance an integrated public health system that is equipped to:</p> <ul style="list-style-type: none"><li>• Provide access to equitable health services and promote quality of life.</li><li>• Prevent disease, injury, and disability.</li><li>• Respond proactively to public health threats.</li></ul> <p><b>VALUES &amp; GUIDING PRINCIPLES</b></p> <ul style="list-style-type: none"><li>• <b>Population Health</b> - Promote equitable health and well-being for all communities in San Diego County through holistic strategies that enhance public health outcomes.</li><li>• <b>Integrated System</b> - Provide equitable access to a comprehensive, responsive, and culturally sensitive public health system.</li><li>• <b>Community Engagement</b> - Create opportunities for residents to provide input on public health services and emerging issues.</li></ul>
---	--

**Amber Hilliker** began by recalling discussions from September and October about the organization's vision, mission, values, and guiding principles. She noted that there was some difficulty with the population health guiding principle and mentioned that it had been reworded to better align with the County's scope of work. She invited feedback on whether the revised wording accurately captured the intended goals, specifically mentioning past concerns over the use of "promoting" versus "ensuring."

**James Lepanto** asked if the County uses the word "holistic" in its terminology. **Barry Jantz** and **Lepanto** agreed that the wording was acceptable.

**Barry Jantz** noted that Victoria Floyd needed to be added under District 2.

**DUTIES AND RESPONSIBILITIES** (Excerpted from SD Co. Admin. Code)

- Make recommendations on new policies and programs.
- Review County Health and Human Services Agency (HHSA) budget.
- Examine variables which impact access to public health services and develop an integrated set of recommendations aimed at an improved health care delivery system.
- Review legislation and make recommendations to the County BOS, CAO, and HHSA Director.
- Solicit and provide a forum for public input, advise and proposed solutions.
- Assist BOS, CAO, and HHSA Director in assessing community issues which could result in a fiscal impact on County government and make recommendations regarding such impacts.

**LONG TERM GOALS**

**Long Term Goal 1**

Enhance HSAB's  
Value to the County  
BOS, CAO, and  
Agency Leadership

**Long Term Goal 2**

Advance Ways to  
Enhance Residents'  
Ability to Navigate  
the Public Health  
System to Ensure All  
Residents have  
Access to Services  
and Ability to Get  
the Care Needed

**Long Term Goal 3**

Engage with the  
Community and  
Elicit Their Input on  
Equitable Public  
Health Services to  
Improve the Health  
and Well-being of  
Residents

**Amber Hilliker** addressed updates to the terminology concerning duties and responsibilities, specifically the inclusion of CAO and HHSa leadership.

**Tim Fraser** raised a procedural concern, reminding the group that recommendations should go to Legislative Affairs before the Board of Supervisors, CAO, or HHSa director. **Dr. Anuj Bhatia** explained the standard process for making recommendations, starting from the HHSa Director and then moving to EDGA. **Barry Jantz** confirmed that Legislative Affairs would be part of this process, and members agreed that the current wording was sufficient. **Nora Bota** inquired about updating the document to include "new legislative representatives," but Barry Jantz suggested keeping the current wording.

**LONG TERM GOAL 1: VALUE**

(\*Aligned to HHSA Service Delivery Coordination Strategic Initiative)

<b>Goal 1: Enhance HSAB's Value to the County Board of Supervisors, Chief Administrative Officer, and Agency Leadership.</b>	
<b>Objectives for Goal 1</b>	<b>Actions for Goal 1</b>
1. Enhance ongoing and bi-directional communication with the BOS, CAO, and HHSA Leadership.	<ul style="list-style-type: none"> <li>• Meet quarterly with the BOS and/or their aides quarterly to discuss priorities and focus areas ensuring at least two of these meetings occur directly with the BOS, each year.</li> <li>• Report on communications with BOS and their aides at HSAB meetings, quarterly.</li> <li>• <b>For HSAB member consideration: Provide recommendations on public health services to CAO and HHSA leadership.</b></li> </ul>
2. Convey community needs and priorities to the County BOS, CAO, and HHSA Leadership.	<ul style="list-style-type: none"> <li>• Advocate for community health needs based on member expertise and knowledge of respective districts.</li> </ul>
3. Provide timely advice and recommendations to the County BOS and HHSA Leadership regarding relevant issues under the scope of HSAB in the areas of budget, legislation, policy and program changes.	<ul style="list-style-type: none"> <li>• Identify key County of San Diego Department contacts for their expertise and solicit their input to HSAB Subcommittee work.</li> <li>• Utilize existing and ad-hoc HSAB Subcommittees and work groups to identify key focus areas or issues to collect information, data, and input relevant for advising, making recommendations, and identifying solutions.</li> </ul>
4. Maintain best practices in the administration of the HSAB through communication, collaboration and transparency.	<ul style="list-style-type: none"> <li>• Produce an annual report for the HHSA Director and the County BOS which summarizes findings and recommendations on issues presented to the HSAB, pursuant to Section 861.9 of the San Diego Code of Administrative Ordinances.</li> <li>• Communicate, share information, and collaborate with other HHSA Boards and Advisory Board Chairs.</li> </ul>



**Aaron Brown** discussed the first goal, "Enhance HSAB's Value to the County Board of Supervisors, Chief Administrative Officer, and Agency Leadership," and outlined the first objective to enhance communication with these entities. The first action proposed was to meet quarterly with the Board of Supervisors and their aides, ensuring at least two meetings directly with the Board. He emphasized setting up these meetings and reporting on communications at HSAB meetings quarterly. A highlighted action was to provide public health service recommendations to CAO and HHSA leadership, emphasizing bidirectional communication.

**James Lepanto** suggested removing one instance of "quarterly," and this change was accepted.

**Tim Fraser** inquired whether the entire HSAB board or just the chair would meet with the BOS. **Paul Hegyi** clarified that HSAB would be represented by the members associated with each of the five districts.

**Barry Jantz** noted the importance of direct approaches to garner attention from the board. **Nora Bota** noted the need for clarity on who would represent community representatives. **Judith Yates** cautioned against being too precise and highlighted the aspirational nature of the goals, as the HSAB cannot guarantee that Supervisors and their staff will have time to meet.

**Dr. Seldin, Dr. Afflalo, and Barry Jantz** suggested that quarterly meetings might be ambitious. **Tim Fraser** and **James Lepanto** suggested keeping quarterly meetings as a goal and evaluating it later. **Joanne Franciscus** proposed using "solicit" or "request" as the action word instead of "meet." **Nora Bota** suggested that the HSAB could send a letter if a meeting was not possible. **James Lepanto** emphasized planning early in the year to secure meetings.

**Aaron Brown** added that no major changes were made to other objectives, except for updating objective three to enhance the use of subcommittees.

**LONG TERM GOAL 2: ACCESS TO SERVICES**

*(\*Aligned to Equity, Community Engagement, Service Delivery Coordination, and Systems and Technology)*

<b>Goal 2: Advance Ways to Enhance Residents' Ability to Navigate the Public Health System to Ensure all Residents have Access to Services and Ability to Get the Care Needed</b>	
<b>Objectives for Goal 2</b>	<b>Actions for Goal 2</b>
1. Identify and monitor the key factors or barriers that underserved residents face in navigating the health care system and accessing the services that they need to be healthy.	<ul style="list-style-type: none"> <li>Review current available data and information on the nature of these barriers.</li> <li>Solicit input from community members, community partners, providers and organizations.</li> <li>Define the focus in terms of patients and clients most likely to experience barriers, and types of barriers commonly faced.</li> </ul>
2. Explore ways in which providers can enhance navigation of underserved residents, and ways to inform and empower underserved residents to be able to navigate the public health system.	<ul style="list-style-type: none"> <li>Review evidence-based research and best practices for enhancing patient and client navigation.</li> <li>Elicit input from County, providers, and community regarding current practices, policies and strategies that contribute to "user friendly" navigation.</li> <li>Consider the role of community health workers, and other community resources, in helping residents navigate the public health system for better health outcomes.</li> <li>Advocate for community health needs based on the HSAB members' expertise and knowledge of respective BOS districts and community residents.</li> </ul>
3. Advise on new systems, policies and practices that would make it easier for all residents to navigate the integrated public health system.	<ul style="list-style-type: none"> <li>Prioritize recommendations, policies, and practices.</li> <li>Consider how these improvements to navigation can best advance health equity and care integration.</li> <li>Explore means of operationalizing recommendations to enhance the ability of underserved populations to access care.</li> </ul>

**Nora Bota** explained that changes to the first objective under the second goal involved reordering the actions to "review first, solicit input, define and focus," without altering the content. Minor wording adjustments included adding "public health" before "system" in objective two. Objective three saw the addition of "integrated public" before "health system."

**Samhita Ilango** questioned whether the phrase "user-friendly" needed quotation marks in objective two's second action. **Nora** agreed to remove the quotation marks.

**LONG TERM GOAL 3: COMMUNITY ENGAGEMENT**

(\*Aligned to HHS Community Engagement, Equity, and Service Delivery Coordination Strategic Initiatives)

Goal 3: Engage with the Community and Elicit Their Input on Equitable Public Health Services to Improve the Health and Well-being of Residents	
Objectives for Goal 3	Actions for Goal 3
1. Increase community and stakeholder participation and attendance at HSAB meetings.	<ul style="list-style-type: none"> <li>Facilitate or attend at least one District community outreach forum and report back to HSAB (HSAB District Appointees).</li> <li>Curate and maintain a list of presenters, community members, community partners, providers and organizations, by area of expertise/interest, to help identify opportunities for participation/ attendance based on HSAB meeting agendas.</li> <li>Aim to provide HSAB meeting agendas in draft form one week prior to meeting to HSAB members <b>OR</b> Follow the Brown Act, to ensure the agenda is available at least 72 hours prior to each HSAB meeting.</li> <li><b>Recommendation for HSAB: Share the HSAB website with the public for updated meeting information.</b></li> </ul>
2. Elicit input from the public and stakeholders by leveraging existing coalitions, Resident Leadership Academies, and other community groups and events.	<ul style="list-style-type: none"> <li>Reach out to specific-community organizations and stakeholders, as appropriate, regarding relevant meeting Agenda items.</li> <li>Review and utilize summary presentations of community feedback at County HHS community forums and relevant events.</li> <li>Increase outreach and requests for data, and utilize existing County, stakeholder, and community data, for HSAB analysis, recommendations, and reports.</li> <li>Obtain or receive updates and assessments from health care provider coalitions and advisory boards to inform recommendations.</li> </ul>
3. Make best practices recommendations that help to advance health equity and promote health and wellbeing in the San Diego communities.	<ul style="list-style-type: none"> <li>Consider and provide insights on how decisions can impact health equity.</li> <li>Provide policy advocacy that address systemic barriers.</li> <li><b>For HSAB member consideration: Bring in Subject Matter Experts (SME) to provide best practices recommendations on items presented at HSAB meetings.</b></li> </ul>

\*Shows alignment to HHS Strategic Initiatives (Equity, Community Engagement, Service Delivery Coordination, and Systems and Technology).

**Amber Hilliker** requested clarification on how the HSAB would “curate and maintain a list of presenters.” **Dr. Bhatia** confirmed that PHS has an internal list of Subject Matter Experts (SMEs). **James Lepanto** and **Judith Yates** agreed on the importance of including community experts for additional perspectives. **Dr. Seldin** mentioned that some SMEs could be from cities outside San Diego, and **Tim Fraser** suggested that those receiving County grants should be prioritized. **Nora Bota** mentioned a county-wide initiative to increase engagement that could provide insights. **Dr. Hernandez** suggested having contractors present their work related to funding during meetings.

**Barry Jantz** cautioned against lengthy presentations. **James Lepanto** suggested setting parameters for presentations to help manage time effectively.

**Barry Jantz** addressed the third bullet point under the first objective, which states that the HSAB should “provide HSAB meeting agendas in draft form one week prior to meeting to HSAB members or Follow the Brown Act, to ensure the agenda is available at least 72 hours prior to each HSAB meeting.” **Tim Fraser** and **Nora Bota** clarified that the Brown Act prohibits sharing the draft agenda with more than two HSAB members without making it generally available. It was agreed that the Brown Act must be adhered to.

**Amber Hilliker** proposed sharing the HSAB website with the public, which **Barry Jantz** strongly supported.

The final action discussed was bringing in subject matter experts as needed. **Jack Dailey** pointed out that “matter” was misspelled and suggested amending the action to read that SMEs should be consulted “as relevant and appropriate.”

**James Lepanto** proposed updating the presentation template to align with recent changes.

- a. A motion to adopt the strategic plan, with final approval to be on the next meeting by consent, was made by **Jack Dailey** and seconded by **Dr. Afflalo**.
- b. **Roll Call:** All HSAB members in attendance voted Aye.

<b>VI. CHAIR'S REPORT</b>	<p><b>A. Youth Engagement:</b></p> <p><b>Barry Jantz</b> stated that he would not discuss youth engagement at this time as he had already done so at the beginning of the meeting.</p> <p><b>B. Discussion of Process for Election of Officers and Related Nominating Committee:</b></p> <p><b>Barry Jantz</b> noted that the bylaws specify officer elections every two years but do not provide specific dates. With his and <b>Geysil Arroyo's</b> terms ending soon, he suggested seating a nominating committee. <b>James Lepanto</b> confirmed the process should involve an ad hoc committee with an odd number of members.</p> <p><b>Samhita Ilango</b> asked how people are appointed to the committee, and <b>Dr. Bhatia</b> clarified that appointments are at the chair's discretion.</p> <p>Members discussed whether an ad hoc committee was necessary. <b>Tim Fraser</b> suggested that members interested in serving should email <b>Dr. Bhatia</b> and a committee would be formed only if needed. <b>James Lepanto</b> and <b>Dr. Afflalo</b> emphasized the importance of forming a committee to ensure an open process. It was agreed that <b>Dr. Bhatia</b> would solicit nominations via email, with a deadline set for January 28th.</p> <p><b>Jack Dailey</b> suggested creating a template resignation letter for board members to streamline the process of stepping down. <b>Judith Yates</b> emphasized that official resignation requires more than notifying <b>Dr. Bhatia</b>; it must be formalized through the clerk's office.</p> <p><b>Barry Jantz</b> and <b>Dr. Bhatia</b> agreed to address the situation with HSAB member <b>Linda Correa</b>, who had indicated plans to resign but had not completed the formal resignation process. The group discussed clarifying and simplifying the resignation process for board members.</p>
<b>VII. INFORMATIONAL ITEMS</b>	<p><b>Subcommittee and Work Group Updates:</b> None</p>

**VIII. PUBLIC HEALTH SERVICES  
LEADERSHIP REPORT**



# Health Services Advisory Board Meeting Public Health Services Report

January 7, 2025





# Public Health Officer Update

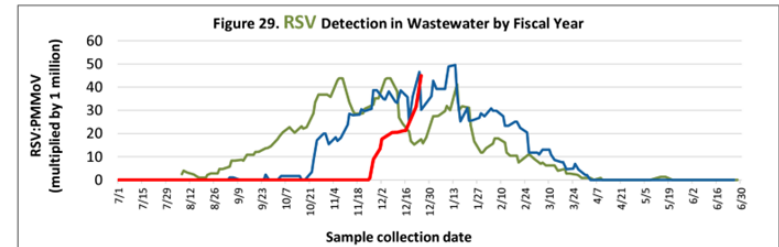
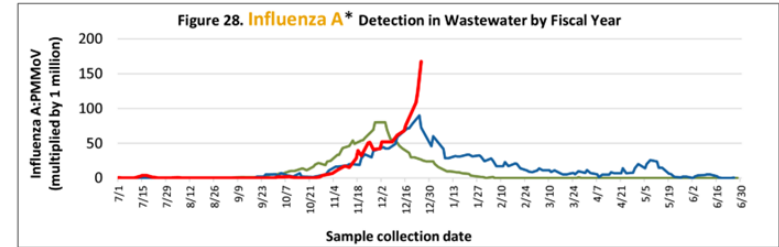
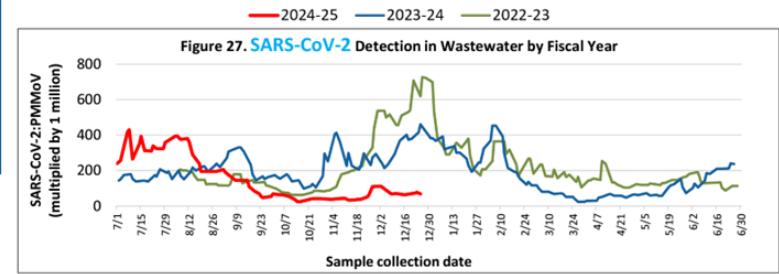
Ankita S. Kadakia, M.D.  
Interim Deputy Public Health Officer  
Public Health Services





# Respiratory Virus Surveillance

## Wastewater Surveillance



# Respiratory Virus Surveillance

## COVID-19, Influenza, and RSV Cases by CDC Episode Week, 2024-25 Fiscal Year-to-Date

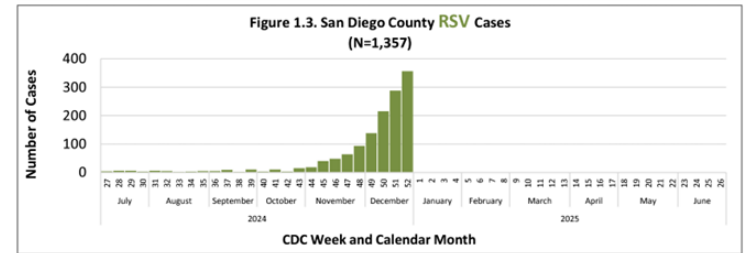
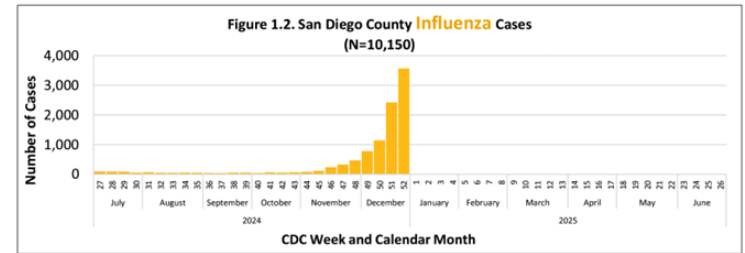
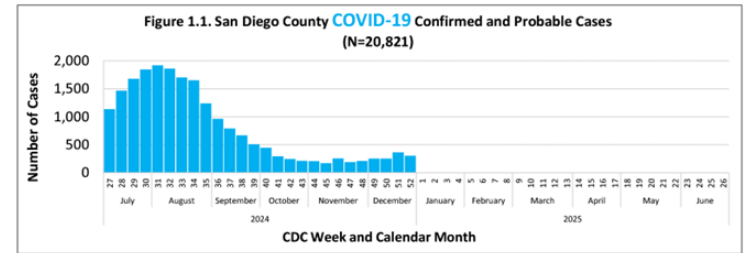
Indicator	2024-25 Fiscal Year		
	Week 52	Total To Date	Week 51
COVID-19 <sup>†</sup>	305	20,821	364
Influenza	3,567	10,150	2,420
RSV	356	1,357	288

↓59

↑1147

↑68

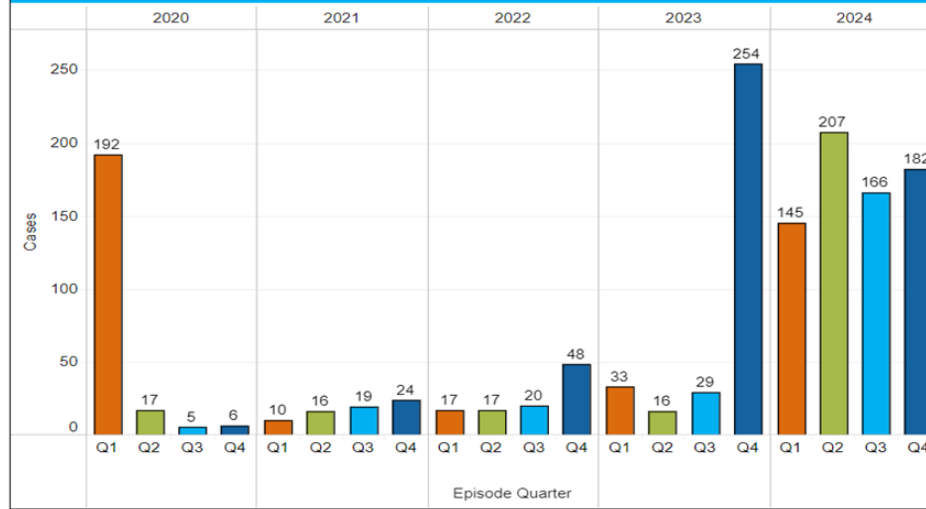
Data through  
12/28/2024



# Pertussis

## San Diego County Pertussis Cases

Cases by Quarter, 1/1/2020-Present



# Mpox

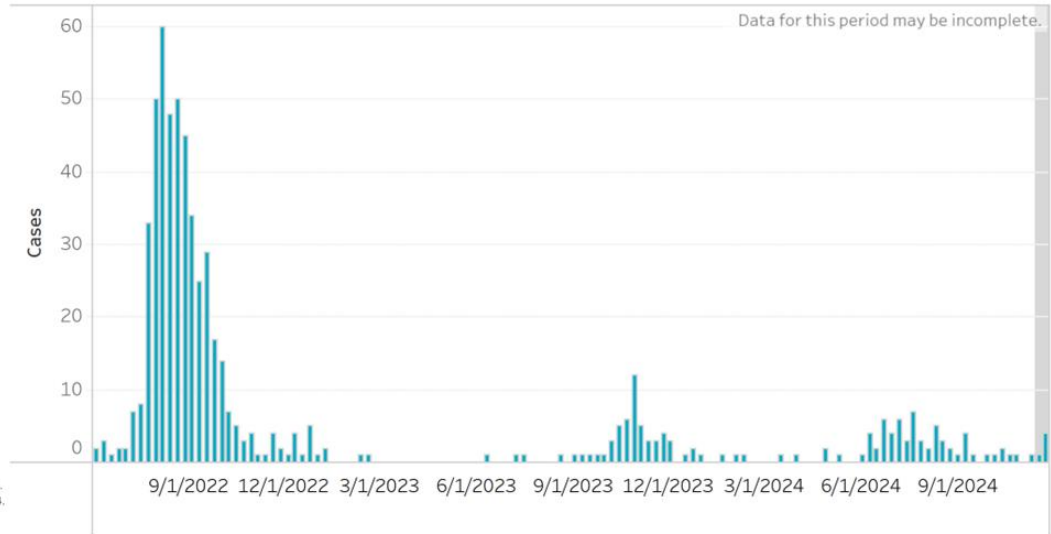
Cumulative Cases\*  
604

Cases Since Last Report  
5

Cumulative Hospitalizations  
23

Cumulative Deaths  
1

MPOX Confirmed and Probable Cases\* by Episode Date, ^ San Diego County



Effective 6/25/2024, data are updated weekly on Tuesdays.  
Data through 12/28/2024. Last updated 12/31/2024.

# Dengue Cases

## Dengue Cases\*\* by Episode Year San Diego County, 2023-2024

Episode Year*	Confirmed	Probable	Suspect	Locally Acquired	Total
2023	19	7	3	0	29
2024***	49	15	20	3	87

\*Cases are grouped into episode years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Episode years match the [CDC disease](#) years.  
 \*\*Confirmed, probable, and suspect cases as defined by Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria when available; for some diseases/conditions, California Department of Public Health (CDPH) or locally defined criteria are used. When possible, inclusion criteria match that used by CDC or CDPH in published data to allow for comparisons. Locally acquired cases refer to any cases where a travel exposure is not identified for a San Diego County resident.  
 \*\*\*2024 data is year to date and includes cases 12/31/2023-12/14/2024. Data is provisional and subject to change as additional information becomes available.  
 Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services, 12/17/2024

HEALTH

## County Warns Against Raw Milk Products Amid Bird Flu Risk



[cdc.gov/bird-flu](https://cdc.gov/bird-flu)

*Photo courtesy of the CDC.*

By [Fernanda Lopez Halvorson](#), County of San Diego Communications Office  
Dec. 20, 2024 | 3:49 PM

- Warn San Diegans not to eat or drink raw milk products or give them to their pets because of the heightened risk for H5N1, or bird flu.
- The Los Angeles County Department of Public Health has confirmed two cases of H5 bird flu in cats that consumed recalled raw milk from Raw Farm, LLC.
- California Gov. Gavin Newsom declared State of Emergency to strengthen the state's response and preparedness for bird flu.
- The CDPH reported 34 confirmed cases statewide in humans and says the current risk remains low to for the public.
- **On January 6**, Louisiana Department of Health reported the [first U.S. H5N1-related human death](#). Patient was over the age of 65 and reported to have underlying conditions.

[County Warns Against Raw Milk Products Amid Bird Flu Risk | News | San Diego County News Center](#)

## Update on CASPER & ACE

### Community Assessment for Public Health Emergency Response (CASPER)

- A type of rapid needs assessment (RNA) that provides household-level information to public health leaders and emergency managers.
- Expected release date mid-January

### Assessment of Chemical Exposure (ACE)

- A way for local and state public health and disaster response agencies to quickly assess how many people were exposed to hazardous agents, and if they are experiencing symptoms or have any immediate needs.
- Expected release date after February 2025

[SANDIEGOCOUNTY.GOV/HHSA](https://sandiegocounty.gov/hhsa)



### Questions and Comments:

**Dr. Seldin:** How good is the [flu] vaccine this year?

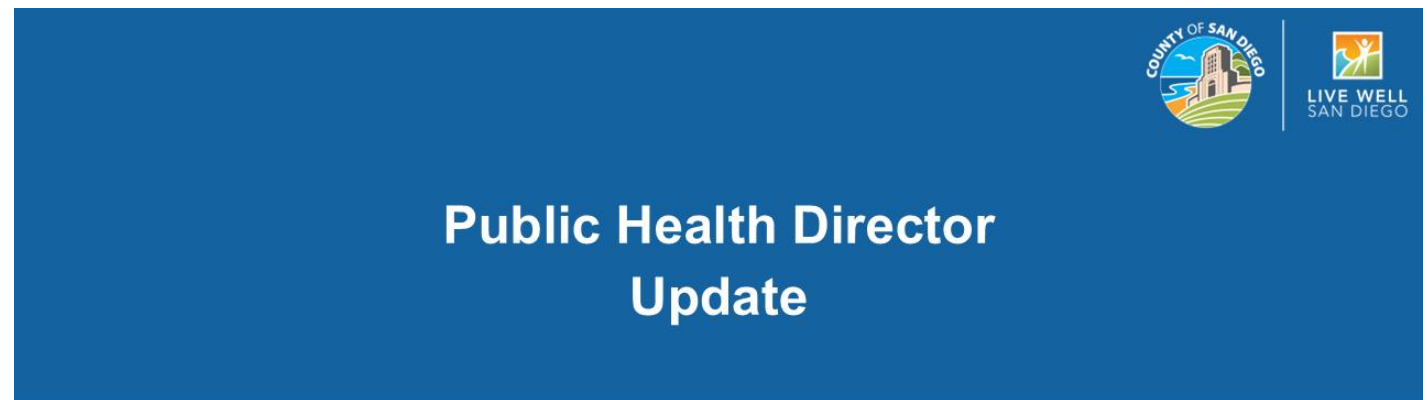
**Dr. Kadakia:** We won't know the data until towards the end of the season, but I'm almost worried that this was a vaccine mismatch, and we can see that. But it's also that we all know the reason why we put out a seasonal influenza vaccine and that it's tailored to what we're anticipating in the season is because of, well, I'm going to bring out med school now, for the physicians in the room, antigenic shift and antigenic drift, right? So that's mutations that occur in the virus that can cause it to shift even during the season so that we get this mismatch, what we thought we anticipated versus what we're actually seeing. And that might be what we're seeing here with this sudden rise in influenza cases that's unusual compared to previous years.

**James Lepanto:** Does [pertussis] go seasonal?

**Dr. Kadakia:** Pertussis is year round, but we do expect to see a little bit more during respiratory season. But looking at the previous years, and of course we were in the pandemic for 2020, 2022. And when we did before that, you know, Q1 of 2020, have a rise, this might be a return back to normal, but I'm hoping this isn't our new norm. And of course we just want to get the information out there so that people are aware of this. We tend to sort of have vaccine fatigue and not want to become vaccinated. And pertussis is one of those routine vaccinations that we should keep up.

**James Lepanto:** And do you have enough team members to be doing this [vector control for dengue]?

**Dr. Kadakia:** Well, we could always use more but I don't think our budget's going to allow that. It is quite an increase and it's quite a workload. We actually have done tabletops and some predictive modeling with a contractor we've had at UCSD to try to do what we can to manage this.



Elizabeth A. Hernandez, Ph.D.  
Public Health Director  
Public Health Services





## Public Health Services

### BOARD LETTER FORECAST

Board Meeting Date	Subject
January 28, 2025	Hamilton Single Source Procurement of Equipment
February 25, 2025	Extending the Existing County Tobacco Control Plan and Revenue Agreement Additional Funding
March 11, 2025	Tobacco Retail Licensing Program California Department of Justice (CADOJ) Award Funding
March 11, 2025	UCSD CDC Resilient Shield
May 20, 2025	Return to BOS   Sustainable, Equitable, and Local Food Sourcing Program and Policy (B-75)
May 20, 2025	HRSA Ryan White Award and Ending the HIV Epidemic Award

Confidential: Subject to the deliberative process.



## Media/Community Events

Targeted Date and Time	Description & Location of Event
November 2023 and ongoing	<b>Perinatal Equity Initiative (PEI) radio ads run on local radio stations, Z90 and Magic 92.5.</b> Digital banners pop up on high-traffic websites. Both the radio and digital ads are played for the target audience and will redirect listeners and viewers to the Black Legacy Now website.
June 2024 and ongoing	<b>PEI creatives</b> (brochures, door hangars, and postcards) are being distributed in the community to promote educating African-American mothers on the importance of advocating for equitable and dignified maternity health treatment for themselves and their babies.
January 16, 2025	<b>Media Inauguration Cross Border Vaccination Event</b> , in Tijuana. The Binational Vaccination Campaign focuses on both sides of the Tijuana-San Diego border to start Winter Vaccination efforts and raise awareness among the region's population about the importance of vaccination.
April TBD	2025 <i>Live Well San Diego</i> 24 <sup>th</sup> Annual Public Health Champion Awards Ceremony
May TBD	New Public Health Laboratory Ribbon Cutting



## Highlights

### **CDC REACH Grant Site Audit**

- **Description:** Racial and Ethnic Approaches to Community Health (REACH) provides communities the opportunity to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk of chronic disease.
- **Term:** September 2023 – September 2028
- **Amount:** Approximately \$4 Million
- **Audit Results:** TBD
- **Feedback Received:**
  - “Among the handful of the best recipients” in the nation, which totals 83 separate awardees through REACH, SPAN, and HOP (the 3 funding streams that DNPAO administers).
  - Our program does “amazing work” and is what the REACH program was established to do.
  - Not many awardees chose to focus on both Component A and B. We are considered a national leader in the combined effort.
  - Going into the site visit, the CDC evaluation lead already felt we were performing very well.

# Health Services Advisory Board Meeting



## Thank you!



*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*

14

### Questions and Comments:

**Tim Fraser:** Can I ask a question on the cross-border vaccination event? I assume we're giving vaccinations out. Is it free vaccinations for both sides?

**Dr. Hernandez:** That's the goal. We're looking at partnering with possibly San Ysidro to do that.

**Tim Fraser:** And if it's free vaccinations, the County's paying for the actual vaccination?

**Dr. Hernandez:** We're going to see if we can possibly bill through San Ysidro, but we'll see how we can make sure that it's definitely free for the public.

**Tim Fraser:** I raised this as an issue just because especially if you using San Ysidro, they receive federal funds to be able to do this and that how they would get their reimbursement. Putting a spotlight on San Diego at a time when the new administration is not supportive, is it the right time to be doing this? I raised that for the County to think about. If you're

going to do it, great, we just use state and local funds and not trying to actually get a federal reimbursement from it so that they can't come after us and say we're misappropriating funds.

**Dr. Hernandez:** Thank you, I appreciate that.

**Dr. Seldin:** And we're looking at both the politically charged issue of funding in another country and immunizations that are all of a sudden controversial.

**Dr. Hernandez:** Our goal is not to fund the Mexico side of the vaccinations. We'll bring resources. It's more on the U.S. side. I think as we move forward, there is going to be a lot of vaccine hesitancy among people of color, and specifically in the Latino population, and the African-American population.

**Tim Fraser:** I'm all for vaccines. We need to push as much as we can, but it's the cross-border part that I worry about.

**Dr. Hernandez:** I appreciate that. And again, we're not funding the Mexico side of the vaccination event, only the U.S. side.

**Tim Fraser:** As long as you make sure that's in the press release.

**Dr. Hernandez:** Yeah, that's helpful.

**Jack Dailey:** I saw something on X the other day. It said there was another flu or virus or something going through China. Is that true? Do you guys have any intel on what that was or what it might be?

**Dr. Kadakia:** Well, there is human metapneumovirus that is emerging currently in China. And there's a reported case. That whole virus has been around, but obviously it's a severe respiratory virus. We aren't seeing any surges here in San Diego County. We are monitoring, of course. It just showed you a respiratory virus surveillance report. But yes, there are case of human metapneumovirus. It's not a new virus, not a novel virus.

## IX. ROUNDTABLE

**Tim Fraser** highlighted a recent Board of Supervisors vote to explore raising Medi-Cal reimbursement rates, noting that the conversation would be facilitated through Healthy San Diego. He expressed pride in the HSAB's previous letter advocating for such discussions, which he believes helped shift the task force's focus to an existing board.

**Judith Yates** brought up SB 43, noting its potential impact on the community, especially the homeless, and its relevance to providers. She suggested monitoring its implementation and considering a discussion in the future, possibly in the next quarter, to evaluate its effects, particularly on behavioral health. **Barry Jantz** agreed, suggesting a possible discussion timing around April, while remaining open to earlier consideration if needed. **Judith Yates** added that coordination with Healthy San Diego would be beneficial, as they would be directly involved in treating affected individuals, ensuring all parties remain informed and engaged.

<b>X. PUBLIC COMMENT</b>	<b>None</b>
<b>XI. ADJOURN</b>	Meeting adjourned at 4:48 PM.
<b>Next Meetings</b>	<b>HSAB Monthly Meeting:</b> Tuesday, February 4, 2025 <b>CAC:</b> 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm