

EMS Medical Director Report

Emergency Medical Care Committee

May 28, 2026





NEW APOT Dashboard

Now Live!



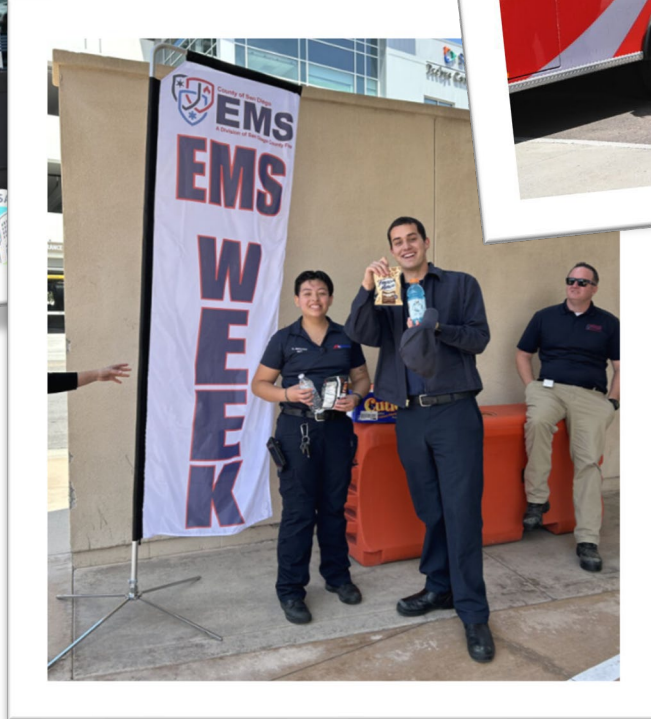
COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

San Diego County Emergency Department APOT Dashboard Previous 14 Days (times in minutes)

Hospital	Date	Median APOT	75th % APOT	90th % APOT	Max APOT	Total Offloads	Within 30	% W/1 30	30-60	% 30-60	60-90	% 60-90	>90	% >90
<input type="checkbox"/> Select all														
<input type="checkbox"/> Camp Pendleton	5/10/2026	13.6	20.0	31.4	198.8	604	537	88.9%	51	8.4%	9	1.5%	7	1.2%
<input type="checkbox"/> Kaiser San Diego	5/9/2026	15.3	22.7	35.4	82.9	688	587	85.3%	91	13.2%	10	1.5%	0	0.0%
<input type="checkbox"/> Kaiser San Marcos	5/8/2026	18.0	32.1	52.5	273.0	700	501	71.6%	148	21.1%	31	4.4%	20	2.9%
<input type="checkbox"/> Kaiser Zion	5/7/2026	16.3	27.1	43.0	130.5	750	584	77.9%	129	17.2%	30	4.0%	7	0.9%
<input type="checkbox"/> Naval Medical Cen..	5/6/2026	15.3	25.7	38.0	130.1	675	552	81.8%	102	15.1%	17	2.5%	4	0.6%
<input type="checkbox"/> Palomar	5/5/2026	15.2	23.6	34.8	84.7	629	544	86.5%	71	11.3%	14	2.2%	0	0.0%
<input type="checkbox"/> Paradise Valley	5/4/2026	16.3	27.7	49.6	238.6	709	552	77.9%	114	16.1%	22	3.1%	21	3.0%
<input type="checkbox"/> Pomerado	5/3/2026	13.9	20.3	32.1	130.5	634	559	88.2%	56	8.8%	11	1.7%	8	1.3%
<input type="checkbox"/> Rady Children's	5/2/2026	14.8	23.1	37.1	124.5	691	584	84.5%	74	10.7%	22	3.2%	11	1.6%
<input type="checkbox"/> Scripps Chula Vista	5/1/2026	16.2	24.8	45.2	177.6	665	550	82.7%	85	12.8%	21	3.2%	9	1.4%
<input type="checkbox"/> Scripps Encinitas	4/30/2026	17.5	27.4	47.1	271.6	664	519	78.2%	105	15.8%	24	3.6%	16	2.4%
<input type="checkbox"/> Scripps La Jolla	4/29/2026	16.7	27.8	43.7	313.1	716	564	78.8%	116	16.2%	17	2.4%	19	2.7%
<input type="checkbox"/> Scripps Mercy	4/28/2026	16.7	28.9	48.1	251.9	686	524	76.4%	119	17.3%	29	4.2%	14	2.0%
<input type="checkbox"/> Sharp Chula Vista	4/27/2026	15.1	24.9	42.1	209.1	736	604	82.1%	96	13.0%	23	3.1%	13	1.8%
<input type="checkbox"/> Sharp Coronado														
Total		15.6	25.4	41.8	313.1	9547	7,761	81.3%	1,357	14.2%	280	2.9%	149	1.6%

EMS Week 2026

Celebrated May 18-22



EMS Week 2026

Congratulations & Appreciations!

Improving Outcomes, Together

- **Monday, May 18:** Education Day
- **Tuesday, May 19:** Safety Tuesday
- **Wednesday, May 20:** EMS for Children Day
- **Thursday, May 21:** Save-A-Life Day (CPR & Stop the Bleed)
- **Friday, May 22:** EMS Recognition Day



Respiratory Virus Surveillance Report

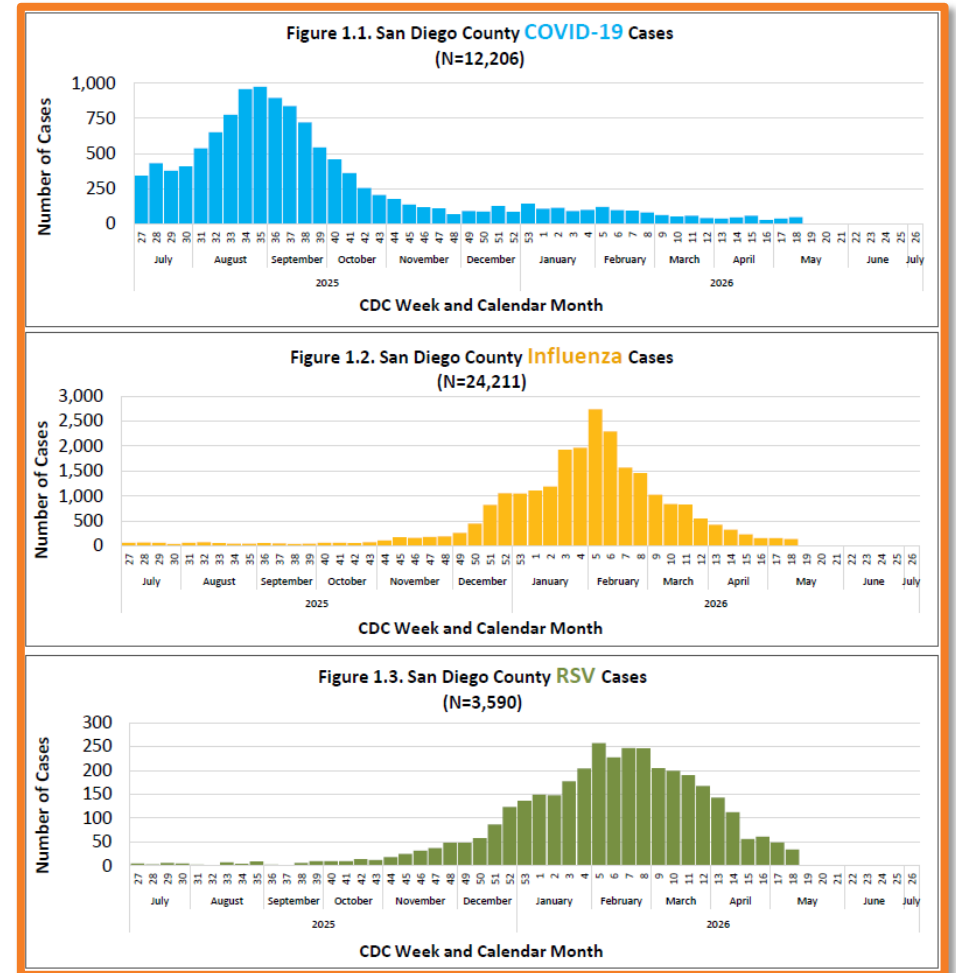
Be Alert for Summer **COVID** Spikes

May 14 Report
(data through May 9, 2026)

*Published second Thursday of the month
Weekly reporting resumes in October 2027*

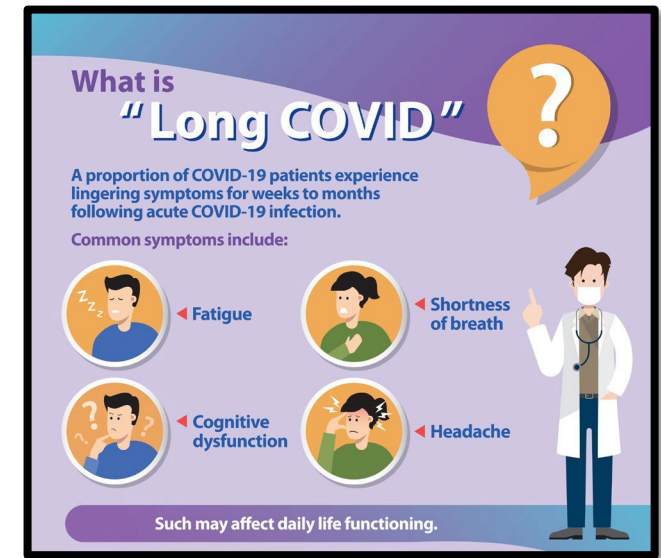
[San Diego County Respiratory Virus
Surveillance Report \(May 14\)](#)

[May 28 next report](#)



COVID

- Vaccination reduces risk
- Avoid infection even if you are healthy
 - Risk of Long COVID (~35% increase with reinfection)
- Updates: Two studies of antivirals in Japan
 - [NEJM: Antiviral Postexposure Prophylaxis in Household Contacts Reduces Risk of COVID](#) (Published May 13)
 - RCT > 2000 people; 5-days of ensitrelvir PEP reduced transmission to household contacts
 - [JAMA: Early Antiviral Use Reduces Long COVID Risk](#) (Published May 15)
 - ~28% of ~7800 people receiving antivirals within 5 days



Measles in May 2026

Outbreaks within United States

(no longer need a history of travel outside the US)

- [CDC Measles Cases and Outbreaks](#)
 - 1,952 cases this year in US as of May 22
 - 92% unvaccinated or unknown
 - Widespread (≥ 40 states)
 - Contagious (9 of 10 susceptible people)
- [Measles in San Diego County](#) (May 23)
 - [County Reports Two Unrelated Measles Cases; Public Exposure Possible at Two Locations](#)
 - Potential exposures at 2 locations (May 17 & 20)
 - Contact tracing, screening, drawing titers



Guidance for EMS Professionals

April 18, 2025 Measles Memo

- 1. BEFORE** Confirm Measles Immunity: EMS agencies should **maintain readily available documentation of employee immunity** (i.e., two doses of MMR vaccine or laboratory evidence). Provide Measles Education: Teach EMS clinicians to identify and manage suspected measles patients. 3, 4 Dispatch Notes: Assess for warnings related to infectious disease risk
- 2. DURING** Don Personal Protective Equipment: Measles is spread via **airborne transmission** and direct contact with infectious droplets. EMS professionals should **wear N95 respirators or equivalent** in addition to applying standard precautions (gloves, eye protection, gown).5 Minimize Exposures: • Assign one crew member to perform initial patient assessment • Direct patient to a well-ventilated area, when possible (e.g., meet patient outside residence) • Place surgical mask on patient for source control • Limit number of people entering and exiting the ambulance • Separate patient cab from driver compartment; if unable, driver should wear N95 respirator • Ensure adequate airflow in the ambulance (i.e., set patient compartment exhaust vent to and driver compartment ventilation fans to high, without recirculation, or open front windows) Notify Receiving Facility Prior to Arrival • Be prepared to follow hospital policies and procedures for infectious patient management
- 3. AFTER** **Notify** Agency Supervisor or Designated Infection Control Officer (DICO) • Contact San Diego County Public Health Services per Agency Protocol (866-358-2966, option 5 during business hours or 858-565-5255 after hours) Decontamination: • Decontaminate surfaces/medical equipment using an EPA-registered hospital disinfectant • **Keep ambulances out-of-service for at least 2 hour**



Hantavirus

**Disclaimer:
Information Subject
to Change in this
Rapidly Evolving
Situation**



- [CAHAN San Diego](#) (May 12)
 - Andes Virus (ANDV) outbreak aboard a luxury cruise ship departing from Argentina reported to World Health Organization on May 2, 2026
 - Unlike other orthohantaviruses, including [Sin Nombre](#), the species that most commonly causes serious illness in humans after zoonotic transmission in many US States and San Diego, [ANDV can spread from person-to-person](#)
 - Infection can result in [hantavirus cardiopulmonary syndrome \(HCPS\)](#)
 - Early use of **AV-ECMO** reduces mortality by 80%



Hantavirus Update

Purple = Changes from last week

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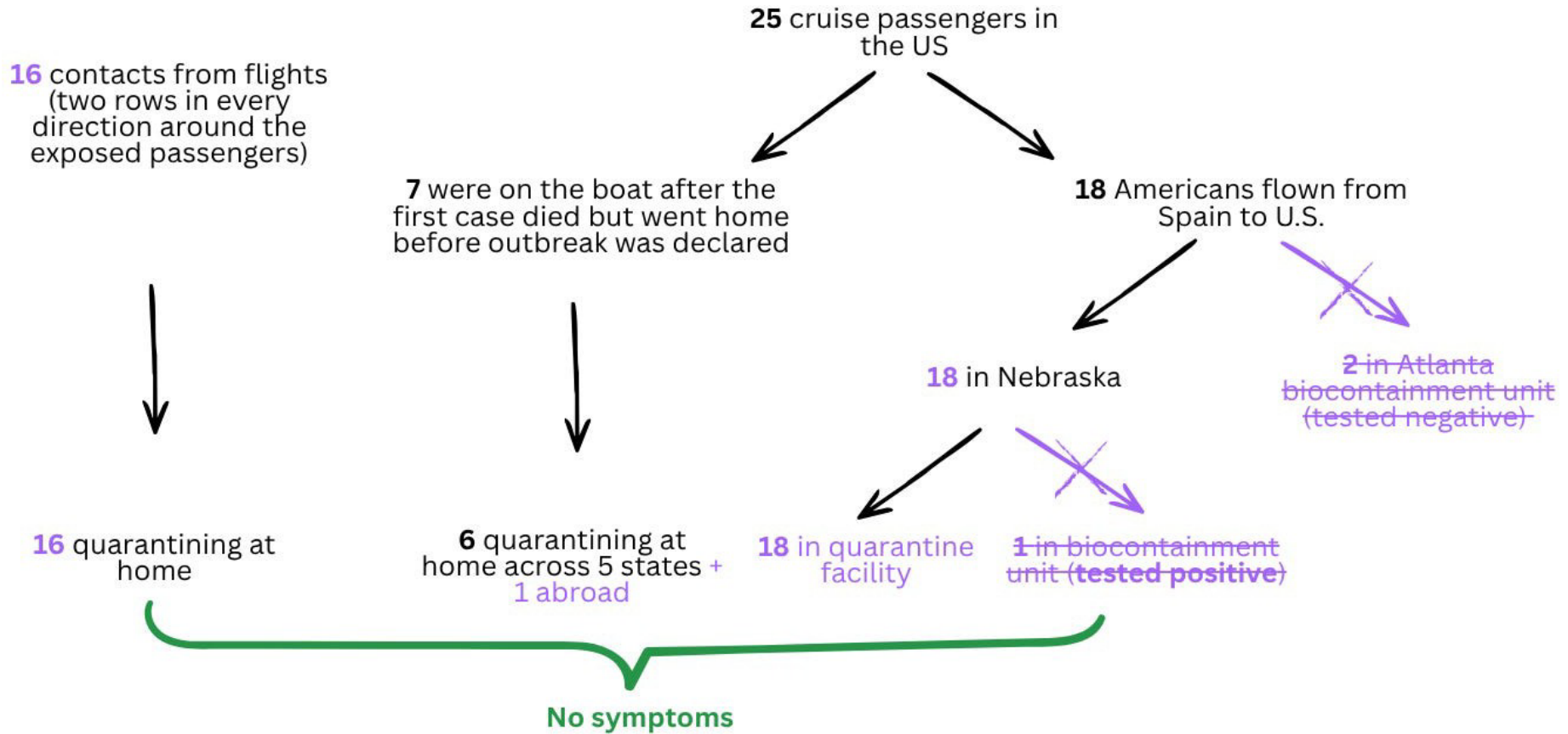


Figure Credit: Your Local Epidemiologist (Dr. Katelyn Jetelina, MPH PhD)





EBOLA

Bundibugyo Ebolavirus Outbreak in the DRC



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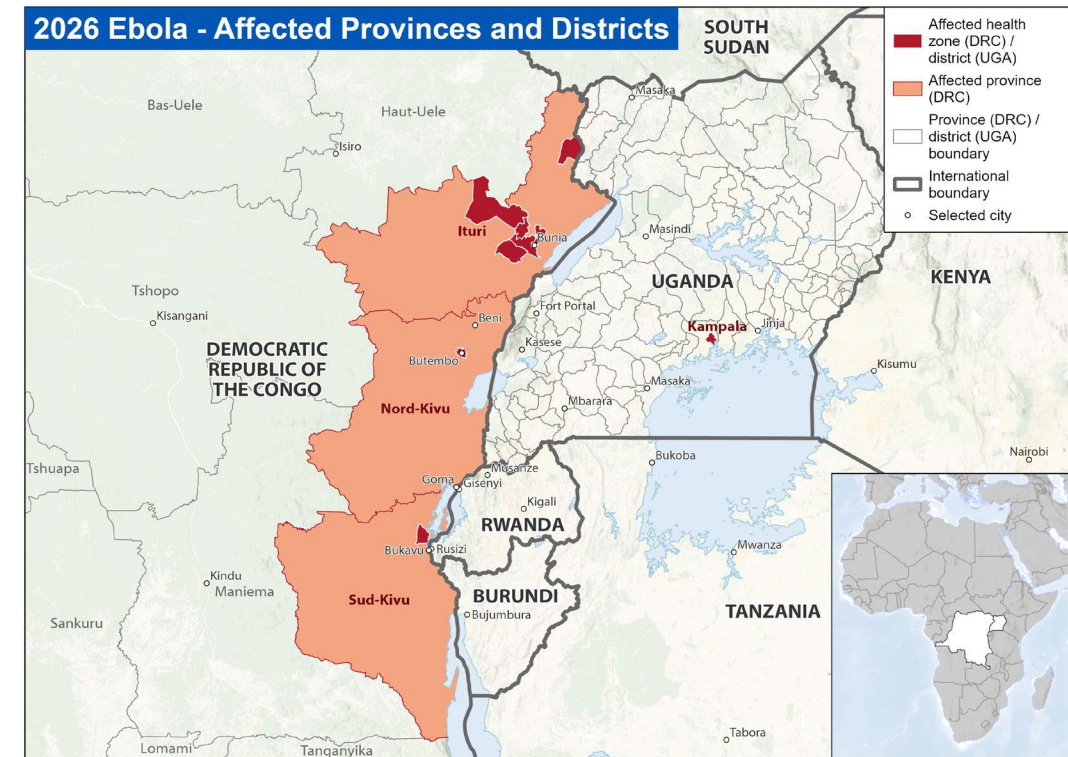


- May 15: Africa CDC announced new Ebola outbreak DRC
 - Confirmed to be **Bundibugyo ebolavirus** (rare, only 2 known prior outbreaks)
- [WHO Declaration of Public Health Emergency of International Concern \(May 17\)](#)
- Suspect 6-10 weeks of unrecognized community transmission
 - Concern for nosocomial transmission
- Similarities to Ebola Zaire (*based on limited information*)
 - 21-day incubation period
 - **Transmitted person-to-person by body fluids when patient symptomatic** (also after recovery and **during funerals**)



Ebola Outbreak in the DRC

- Of six species, most prior outbreaks with Zaire
- **Bundibugyo**
 - **No vaccine/treatment**
- Delayed detection, already widespread
 - Cases detected in the big cities
 - greater, faster spread
 - Difficult contact tracing (security, mining)
 - **Lack testing** to distinguish from other diseases
- Can present like malaria, gastroenteritis, Yellow Fever, leptospirosis, bacterial sepsis with disseminated intravascular coagulation
- [A US doctor working in Congo tested positive for Ebola](#)
 - Evacuated to Germany with six other exposed Americans on May 18
- [Two Symptomatic Italian Humanitarian Aid Workers on May 24](#)
 - Transferred to Milan hospital (tested negative for Ebola)
- [Report by traveler returning to US from Uganda on May 24](#)



Source: [CDC Ebola Outbreak](#)
May 27, 2026



Ebolavirus (Preliminary Data)

Public Health Emergency of International Concern

Ebola Virus (Previously Called Zaire Species)	Bundibugyo Virus Suspected cases/deaths: DRC 1077/246, Uganda 7/1	
Two licensed vaccines	Vaccines under development	
Two licensed monoclonal antibodies (Inmazeb and Ebanga)	Treatments under development Supportive care only	
Case Fatality Rate Very High ~ 80%	Case Fatality Rate Lower ~ 25% to 50%	
Symptoms <ul style="list-style-type: none"> • Headache • Vomiting, Diarrhea, Abdominal Pain • In 1-2 days, often progresses to hemorrhagic rash and life-threatening bleeding • Within a few days, multi-organ failure 	<ul style="list-style-type: none"> • Symptoms (non-specific) <ul style="list-style-type: none"> • Non-bloody diarrhea (81% of hospitalized patients) • Severe headache (81%) • Profound weakness (77%) • Frank hemorrhage ~ only a quarter to a third of hospitalized cases 	

San Diego County Public Health Lab

If you suspect Ebola Bundibugyo

Consult with County Public Health
Epidemiology & Immunization Services
(EISB)

If indicated and approved by EISB

Same day testing for Ebola*

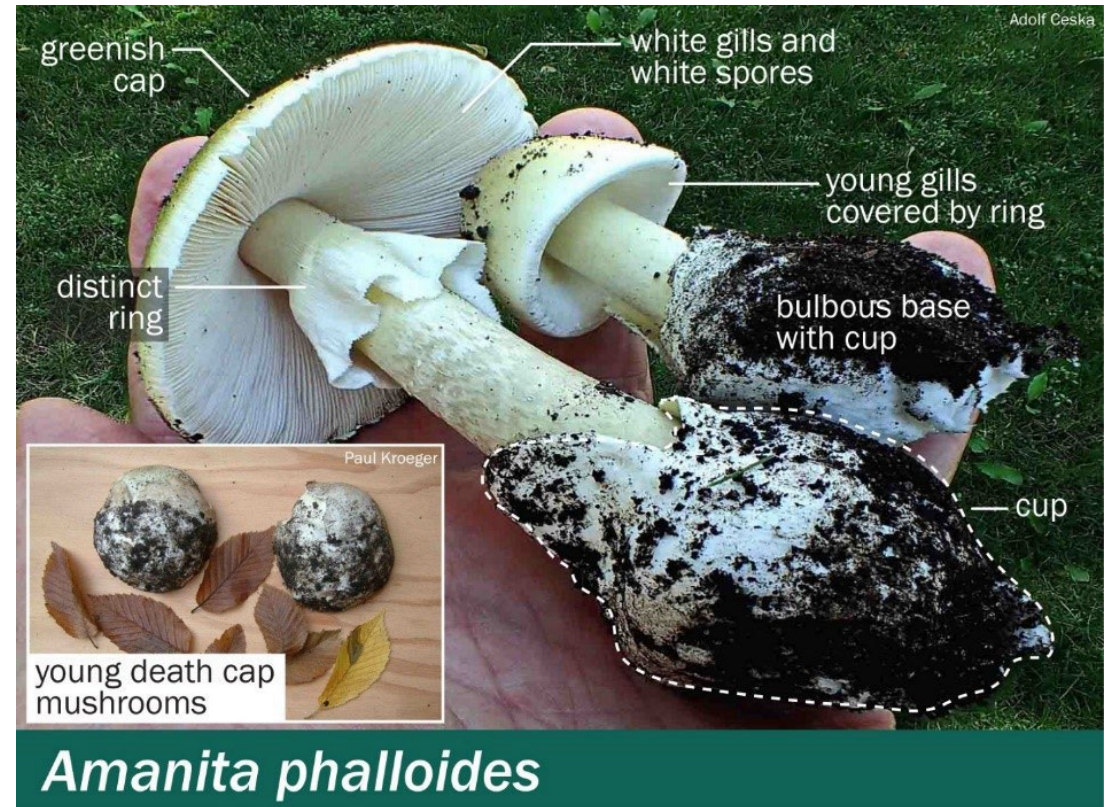
***Testing requires prior authorization from County EISB**





Amatoxin-containing Mushroom Poisoning

- [Health Alert Update #1: Amatoxin Poisoning from Foraged Wild Mushrooms \(May 19\)](#)
 - Update to January HAN
 - Includes May 14 CDPH CAHAN
- Outbreak of severe illness and deaths linked to ingestion of poisonous wild mushrooms
- Increase in severe, potentially fatal liver damage
- Associated with consumption of amatoxin-containing mushroom
 - **Death Caps** and Western Destroying Angels
- Northern CA, Central Coast, parts of Southern California
- Eight cases within the last month



Emerging Synthetic Opioid Threat

NHTSA Alert (May 18)

- [Cyclorhine](#)
- Potent synthetic opioid
 - Linked to at least 55 deaths nationally
- Up to **10x more potent** than fentanyl
- Overdose may require multiple doses of naloxone
- Not detected by standard drug test strips or routine screens
- Found on its own or mixed with other drugs, e.g., fentanyl, methamphetamines, bromazolam, cocaine
- Potential to spread across the nation
- *** Be prepared to give multiple doses of naloxone**



2026-2027 EMS Protocols

- EMS Protocol Workgroup & Community Engagement
 - Reviewed all public comments and recommended changes
 - Introduction of one new medication
 - **Magnesium sulfate** (for treatment of preeclampsia and eclampsia)
- Draft protocols presented and discussed at CoSD EMS MDAC
 - **Final drafts completed**
- Developed **standardized education and training**
 - Distributed May 1 (includes knowledge quiz)
 - Train-the-Trainer session on May 14
- On track for July 1, 2026, implementation
- EBM sessions at CoSD EMS MDAC support science-based protocol development
 - Promotes new QCC framework within EMS Delivery System Redesign





June 23 EBM Session

Public Health Scan in San Diego County



- **Seema Shah, MD, MPH**
- **Medical Director**
- **Epidemiology & Immunization Services Branch**
- **County of San Diego**



E-Bike Injuries



- **July 21 EBM Session**

Emerging E-Bike Injury Crisis

Dr. Romeo Ignacio

Trauma Medical Director

Rady Children's Hospital

- **May 12 at 6 pm**

- [Parent E-Bike Safety Webinar with Supervisor Lawson-Remer and Scripps Trauma Prevention | Videos & Movies on Vimeo](#)

International Border (SYPOE)

Prospective Data Collection Pilot – Live May 20!

- Implemented data collection system to inform quality improvements
- 24/7 direct phone line from CRUM to Metro Dispatch
- Expected Outcomes
 - Streamline communication pathway
 - Improve communication flow, safety, and efficiency
 - Strengthen binational coordination for medical emergencies
 - Match patient needs to resources
- **CRUM** completes online form to capture information on cross-border transports
 - Incident number
 - Patient age and gender
 - Mexican ambulance agency
 - Scene type (911 or IFT)
 - Referring hospital
 - Requested destination



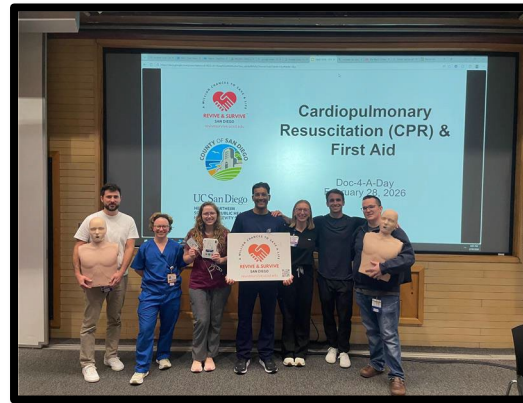
Revive & Survive San Diego

Partnership between County of San Diego County EMS and UC San Diego School of Public Health

Goal: One Million

897,120 trained

23,016 training sessions
since January 2024



UC San Diego
HERBERT WERTHEIM
SCHOOL OF PUBLIC HEALTH AND
HUMAN LONGEVITY SCIENCE

Revive & Survive San Diego Training 1 Million Initiative



COUNTYWIDE HANDS-ONLY SIDEWALK CPR TRAINING WEEK
May 30 to June 7, 2026

Seeking Hands-Only CPR Trainers!

Sidewalk CPR Week May 30 – June 7

April 24, 2026

As co-leads, we are excited to share that [Revive & Survive San Diego](#) is celebrating [National CPR and AED Awareness Week](#) by coordinating Hands-Only CPR events from **May 30 through June 7**. Your organization is encouraged to contribute to our San Diego population of lifesavers by hosting CPR trainings for the public during this designated time. Our goal is to train *at least 3,000 people* during this year's CPR and AED Awareness Week.

If you already have community events planned during this time frame, we encourage you to incorporate a Hands-Only CPR training component. You can choose to have one or more CPR training stations located in or near your facility, or at any high traffic public area. Once confirmed, please [email us](#) the training dates, times, and locations so we can promote your sessions on the Revive & Survive website.

To support our health equity goal, we encourage you to reach out to diverse communities and offer training opportunities across all regions of San Diego County.

It is critical for your organization to [report your data](#) through the *Revive & Survive San Diego* post-training [survey](#). This will ensure the number of people you instructed on Hands-Only CPR contribute to the initiative's One-Million training goal.

We look forward to your participation in Countywide Hands-Only Sidewalk CPR Training Week!



Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS
EMS Medical Director
San Diego County Emergency Medical Services Office
San Diego County Fire



Cheryl A.M. Anderson, PhD, MPH, MS
Professor and Dean
University of California San Diego
Herbert Wertheim School of Public Health and
Human Longevity Science





Strike Out Stroke on June 22, 2026

- Padres Game
- Petco Park Stadium
- 15-year-old stroke survivor to throw out the first pitch



STEMI-Stroke Summit 2026



- STEMI/Stroke Technical Advisory Committee
 - Nominated Dr. Lori Daniels
- Summit planned for an in-person meeting
 - in San Diego!
- **Tentative dates**
 - Oct 27 & 28



National Pediatric Readiness Project

GOAL: 100% ED Survey Completion

pedsready.org



- Nationwide Assessment: Open March 3 - **May 31, 2026**
 - As of May 28, 95% completed (21 of 22)
 - 71% completed in 2021
- EDs have opportunity to
 - Identify new gaps and opportunities for improvement
 - Track progress since 2021 assessment
 - Benchmark to updated national standards
 - Contribute to life-saving research and policy
- Why should we participate?
 - High readiness for injured/ill pediatric patients associated with up to **76% reduced mortality risk**

Supported by:



EMSC
Emergency Medical
Services for Children



EMERGENCY NURSES
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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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Questions?

