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## TELEBRIEFING

Upcoming Telebriefing will be **Thursday, November 17, 2022, 2:00-3:00 PM**

For listen mode only, call: 1 (669) 900-6833, when prompted, enter the following Meeting ID:  
826 2009 8291. Passcode: 242111

[Zoom Meeting Link](#)

[Submit Telebriefing Topics](#)

[Submit Telebriefing Questions](#)

### Telebriefing Slides and Recording: October 27, 2022

**NEW:** Dr. Raymond Chinn, County of San Diego Medical Consultant, [COVID-19 Update](#)

**NEW:** Jennifer Wheeler, County of San Diego, [LTC Update](#)

## SECTOR ANNOUNCEMENTS

October 28, 2022,

The County of San Diego introduced a new Respiratory Virus Surveillance Report, which replaces the Influenza Watch and the COVID-19 Watch. It contains both influenza and COVID-19 data and, in the future, may include data on other respiratory illnesses. If you were subscribed to either the Influenza Watch or the COVID-19 Watch, you are automatically subscribed to the new report. To subscribe to the Respiratory Virus Surveillance Report, please visit the [Subscriber Preferences Page](#).

The California Department of Public Health (CDPH) has released [MPX Guidance for Congregate Living Settings](#), which includes Adult and Senior Care facilities. Licensees are encouraged to review this guidance. Given that each setting may have unique characteristics and business practices, each setting should consider this guidance as providing general prevention strategies, and focus efforts on areas that are most relevant for their setting.

Additionally, Community Care Licensing has published the [Adult and Senior Care Fall 2022 Quarterly Update](#). Inside the issue you can find helpful information on, COVID-19, Monkeypox awareness, mental health, preventing caregiver burnout, and more.

We want to remind facilities that in 2014, the County Public Health Officer issued an order mandating that all licensed acute care hospitals, skilled nursing facilities, long-term care facilities, ambulatory and community clinics, and ambulance providers in San Diego County require their healthcare personnel to receive an annual influenza vaccination, or, if they decline, to wear a mask while in contact with patients or working in patient care areas during each annual influenza season. In the order, the influenza season is defined as November 1 to March 31 of the following year. The order and resources that may be used in a vaccination program for healthcare personnel [may be found at this link](#). Staff can find a vaccine site near them at [Flu Vaccine Location](#).

Facilities should ensure residents are given the opportunity to be vaccinated for the flu. COVID-19 and flu vaccines can be administered during the same visit, and it is not recommended to delay either vaccination. If you have residents who are immobile, cognitively impaired, or have behavioral challenges and need onsite vaccination, please email [COVID-HealthcareStatus@sdcounty.ca.gov](mailto:COVID-HealthcareStatus@sdcounty.ca.gov) and staff will assist you.

Facilities should also consider antiviral medication for the treatment and chemoprophylaxis of influenza especially in those at high risk for severe disease. Please see the CDC's [Antiviral Treatment of Influenza](#) page for more information.

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Please find a summary of important resources the County and other partners are currently offering below:

#### Vaccines and Boosters

- Visit [COVID-19 Vaccines](#) to locate vaccination sites for staff or mobile residents.
- If you have residents who need vaccines or new bivalent boosters administered at your facility, our County of San Diego Rapid Response Team can assist. Please email [COVID-HealthcareStatus@sdcounty.ca.gov](mailto:COVID-HealthcareStatus@sdcounty.ca.gov) and one of our team members can help you.

#### Testing

- Visit the [County's webpage](#) to find free COVID-19 testing site locations and times.
- If your facility is in need of antigen or Over-The -Counter(no CLIA waiver required) test kits, please email [moc.logs.hhsa@sdcounty.ca.gov](mailto:moc.logs.hhsa@sdcounty.ca.gov)
- If you have a health plan, you can purchase over-the-counter COVID-19 tests at no cost. See more details [here](#).

#### Treatment

- Visit [Treatment \(sandiegocounty.gov\)](#) for COVID-19 treatment options near you. Please note since demand for treatment has decreased, our number of local sites has been reduced as well.

For other questions, email [COVID-LTC@sdcounty.ca.gov](mailto:COVID-LTC@sdcounty.ca.gov) or for more information for long-term care facilities, visit [www.coronavirus-sd.com/LTC](http://www.coronavirus-sd.com/LTC).

Thank you for your continued efforts and partnership with the County of San Diego!

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## California Department of Public Health

[AFL 22-07.1](#) to Skilled Nursing Facilities, October 6, 2022

This AFL notifies SNFs of updated California Department of Public Health (CDPH), Centers for Medicare and Medicaid Services (CMS), and Centers for Disease Control and Prevention (CDC) guidance for improving their infection control and prevention practices to prevent the transmission of COVID-19, including guidance for visitation. This AFL provides CDPH guidance for group activities and communal dining. This AFL revision announces that, effective September 17, 2022, the visitation requirements outlined in the [August 26, 2021 Public Health Order](#) (PHO) are rescinded. Visitors are no longer required to show proof of vaccination or a negative test to have indoor visitation. Visitors must continue to comply with [CDPH Masking Guidance](#) while visiting in these indoor healthcare settings and should continue to maintain all current infection prevention practices to continue protecting these most vulnerable populations.

[AFL 21-14.2](#) to all Intermediate Care Facilities, October 6, 2022

This AFL notifies all ICF/DD-H-N-CN facilities of the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) guidance for improving their infection control and prevention practices to prevent the transmission of COVID-19, including guidance for visitation. This AFL revision announces that, effective September 17, 2022, the visitation requirements outlined in the [August 26, 2021 Public Health Order](#) (PHO) are rescinded. Visitors are no longer required to show proof of vaccination or a negative test to have indoor visitation. Visitors must continue to comply with [CDPH Masking Guidance](#) while visiting in these indoor healthcare settings and should continue to maintain all current infection prevention practices to continue protecting these most vulnerable populations.

[AFL 21-34.4](#) to All Facilities, October 5, 2022

This AFL revision notifies all facilities of the [Public Health Order](#) – Health Care Worker Vaccine Requirement and [State Public Health Order – Adult Care Facilities and Direct Care Worker Vaccine Requirement](#) issued September 13, 2022. The routine diagnostic screening COVID-19 testing requirements for all unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster are rescinded.

[AFL 22-21](#) to Skilled Nursing Facilities, October 5, 2022

This AFL supersedes AFL 19-22, and releases updated guidance on Enhanced Standard Precautions for Skilled Nursing Facilities

[AFL 22-13.1](#) to Skilled Nursing Facilities, October 5, 2022

This AFL revision provides updated testing recommendations from the California Department of Public Health (CDPH) for SNFs. This AFL revision incorporates the September 13, 2022 amended [Public Health Order](#) which maintains the current vaccination and booster requirement for healthcare personnel (HCP) but rescinds the requirement for routine diagnostic screening testing for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster.

[AFL 22-20](#) to Skilled Nursing Facilities, September 12, 2022

This AFL provides guidance recommending that all SNF residents with symptomatic COVID-19 be evaluated by a prescribing clinician to be considered for COVID-19 therapeutics. In addition, SNFs should evaluate all residents for any oral COVID-19 therapeutics drug-drug interaction risk, renal and hepatic impairment in advance of a COVID-19 diagnosis and indicate such information in charts to facilitate access to appropriate therapeutics when a COVID-19 diagnosis is made. This AFL also provides information regarding available guidance and resources for evaluating, prescribing, and obtaining COVID-19 therapeutics for SNF residents. This AFL encourages SNFs to provide information for healthcare personnel (HCP) who test positive for COVID-19 to obtain treatment with appropriate therapeutics.

[AFL 20-83.2](#) to Skilled Nursing Facilities and Intermediate Care Facilities, August 31, 2022

This AFL notifies SNFs and ICFs of the appellate court's decision in *California Advocates for Nursing Home Reform (CANHR), et al. v. Sonia Angell, Director of CDPH*, regarding the interdisciplinary team (IDT) process codified in HSC section 1418.8. The AFL provides guidance and clarification to facilities regarding the court's decision pertaining to the IDT process. This AFL clarifies an IDT's authority to administer antipsychotic medications and create or change certain orders according to [HSC section 1418.9](#). This AFL clarifies that a patient representative serving as part of the IDT must be unaffiliated with the facility. This revision announces the extension of the date by which facilities must identify a patient representative before the facility may initiate an IDT to make treatment decisions pursuant to HSC section 1418.8 to January 27, 2023.

[AFL 22-13](#) to Skilled Nursing Facilities, June 9, 2022

This AFL incorporates updated recommendations from the California Department of Public Health (CDPH) for SNFs conducting diagnostic screening testing of SNF HCP and response testing of SNF residents and HCP to prevent spread of COVID-19 in the facility informed by [CDC recommendations](#) and Centers for Medicare and Medicaid Services requirements. This AFL includes [updated CDC guidance](#) related to quarantine and outbreak

investigations. This AFL revision incorporates the January, 25 2022 amended [Public Health Order](#) requiring SNF HCP to receive boosters and complete their primary series and booster dose by March 1, 2022, unless exempt. This revision also updates the testing requirements to require twice weekly COVID-19 testing for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster. CDPH continues to recommend that all HCP in SNFs (including those that have completed their primary series and booster dose) undergo at least twice weekly screening testing wherever feasible.

### [Recent AFLs](#)



## California Department of Social Services

[PIN 22-29-ASC](#) to All Adult and Senior Care Program Licensees, October 11, 2022  
PIN 22-29-ASC supersedes PIN 22-20-ASC, dated June 22, 2022, and informs Adult and Senior Care (ASC) licensees about CDPH resources on COVID-19 vaccines, including how to access COVID-19 vaccines for updated (bivalent) booster doses.

[PIN 22-05.2-ASC](#) to All Adult and Senior Care Program Licensees  
PIN 22-05.2-ASC supersedes PIN 22-05.1-ASC, dated March 18, 2022, and notifies all Adult and Senior Care (ASC) licensees of updated COVID-19 vaccination, booster, and testing requirements for all workers in ASC facilities, pursuant to the State Public Health Officer Order of September 13, 2022

[PIN 22-28-ASC](#) to All Adult and Senior Care Program Residential Licensees  
PIN 22-28-ASC provides best practices for visitation related to COVID-19 as a result of the State Public Health Officer Order of September 15, 2022. Effective September 17, 2022, the State Public Health Officer Order of September 15, 2022, rescinds the February 11, 2022, State Public Health Officer Order and the Statewide Waiver of Licensing Standards for Visitation in PIN 22-07-ASC, dated February 7, 2022

[PIN 22-06-CCLD](#) to All CCLD Providers and Licensees  
PIN 22-06-CCLD notifies all Community Care Licensing Division licensees, providers, and

applicants of best practices when initiating a background check and provide step-by-step instructions on how to navigate the application process in the Guardian system.

[PIN 22-15.1-ASC](#) to All Adult and Senior Care Program Residential Licensees, September 1, 2022

PIN 22-15.1-ASC supersedes PIN 22-15-ASC, dated May 13, 2022, and updates the definition of close contact, the recommended timeframe to test after an exposure, and duration of resident quarantine. This PIN also provides guidance related to resident cohorting, isolation and quarantine, staffing considerations, and use of Personal Protective Equipment (PPE) based on the resident's COVID-19 status.

[PIN-22-23-ASC](#) to All Adult and Senior Care Providers, July 18, 2022

PIN 22-23-ASC provides updated guidance on infection control specific to Adult Day Programs (ADP) during the Coronavirus Disease 2019 (COVID-19) pandemic. Specifically, this PIN provides new guidance on participation in day programs, as well as updated guidance on mitigation plans, masking, testing, COVID-19 vaccination, visitors, communal dining, public outings, and transportation. All residential Adult and Senior Care (ASC) licensees with participants in an ADP should review this PIN. This PIN supersedes PIN 21-33-ASC, dated July 27, 2021.

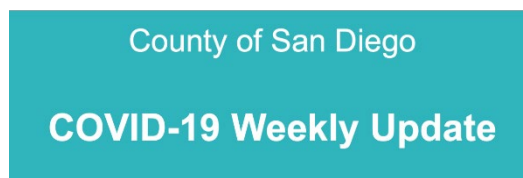
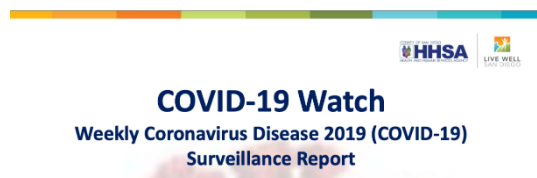
[PIN 22-18-ASC](#) to all Adult and Senior Care Providers June 03, 2022

PIN 22-18-ASC announces the release of the Infection Control Plan courtesy forms for Adult and Senior Care (ASC) facilities with the exception of Adult Residential Facilities for Persons with Special Health Care Needs.

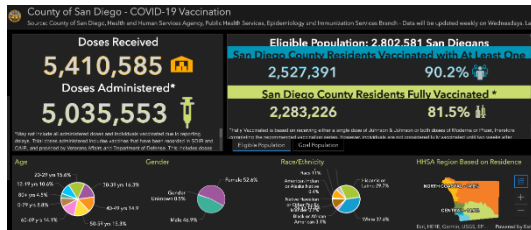
### [Recent PINs](#)

## COVID-19 UPDATES & RESOURCES

### COVID-19 in San Diego County

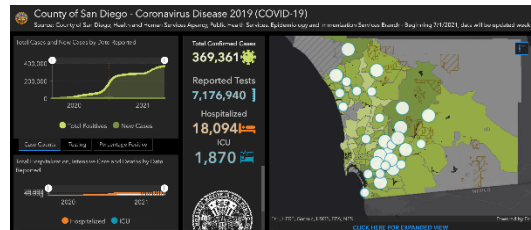


[COVID-19 Watch: Weekly COVID-19  
Surveillance Report](#) (10/13/22)



[County of San Diego - COVID-19  
Vaccination Dashboard](#)

[COVID-19 Weekly  
Update Presentation](#) (10/13/22)



[County of San Diego - COVID-19  
Dashboard](#)

## PREVENTION

### COVID-19 Vaccines - Cornerstone of Prevention



**Second COVID-19 mRNA boosters** are authorized for all persons  $\geq 50$  years of age and for persons  $\geq 12$  years of age with moderate to severe immunosuppression. A study published in the NEJM demonstrated increased [Vaccine Effectiveness with the Second Booster](#), when given at least 4 months after the first booster.



Please email [COVID-HealthcareStatus@sdcounty.ca.gov](mailto:COVID-HealthcareStatus@sdcounty.ca.gov) if your facility would like onsite assistance from the Rapid Response Team (RRT) to administer vaccinations and boosters for immobile residents.



## EVUSHELD INFORMATIONAL SHEET SUMMARY

### Pre-Exposure Prophylaxis for COVID-19

#### A Prescription Guide for Providers

**Evusheld** is a combination of tixagevimab plus cilgavimab monoclonal antibodies issued under Emergency Use Authorization (EUA) for individuals: (1) who do not have COVID-19, (2) who have not been recently exposed to COVID-19, **AND** (3) who are severely to moderately immunocompromised **OR** who are not able to be fully vaccinated **with any available COVID-19 vaccine** due to a history of severe adverse reaction to a COVID-19 vaccine or any of its components.

#### Dosage and Administration

Evusheld is only for pre-exposure prophylaxis. A negative COVID test is required 5 days prior to administration along with a history of no known recent exposures. If a person has received a COVID-19 vaccine, Evusheld should be administered at least 2 weeks after vaccination. The drug is not authorized for treatment of COVID-19. One dose of Evusheld, administered as two separate gluteal 3 mL injections consecutively (one 300-mg injection per monoclonal antibody), likely provides protection in the 3-month range with new variants. A one-hour observation period is required following treatment. Limited data inform the timing of repeat doses and are not included in the current EUA.

Dosing for individuals who initially received 150 mg of tixagevimab and 150 mg cilgavimab: Initial dose  $\leq 3$  months prior: 150 mg tixagevimab and 150 mg cilgavimab; Initial dose  $> 3$  months prior: 300 mg tixagevimab and 300 mg cilgavimab.



### Evusheld Injection

Evusheld is a combination monoclonal antibody indicated for prevention (pre-exposure

prophylaxis) of COVID-19 for adults and pediatric individuals ( $\geq 12$  years of age, weighing at least 40kg) with [moderate or severe immunosuppression](#) or who have had a severe allergic reaction to COVID-19 vaccine. Evusheld reduces the relative risk of getting COVID by up to 77%. Persons eligible include those who:

- Are receiving active cancer treatment
- Received an organ transplant and are taking medicine to suppress the immune system
- Have moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Have advanced or untreated HIV infection
- Take high-dose corticosteroids or other drugs that may suppress their immune response

**Evusheld Availability:**

Evusheld can be found throughout San Diego at hospital systems, medical groups, and community health centers using the [therapeutics locator](#), and at Family Health Centers of San Diego by completing a [treatment request form](#). For more information, call ASPR at 1-800-232-0233.

If your skilled nursing facility is interested in Evusheld, please email [MCSDNursingM\\_MAT.HHSA@sdcounty.ca.gov](mailto:MCSDNursingM_MAT.HHSA@sdcounty.ca.gov) for more information. Please note that the County is available to provide both the drug **and** the administration for qualifying patients at your facility.

If your facility is interested in carrying Evusheld, email [moc.logs.hhsa@sdcounty.ca.gov](mailto:moc.logs.hhsa@sdcounty.ca.gov) to learn more about becoming a provider.

[Evusheld Informational Flyer](#)

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## TREATMENT



### PAXLOVID INFORMATIONAL SHEET SUMMARY

#### ORAL ANTIVIRAL MEDICATIONS TO TREAT MILD TO MODERATE COVID-19

#### A Prescription Guide for Providers

**PAXLOVID** is a combination of nirmatrelvir and ritonavir protease inhibitors issued under Emergency Use Authorization (EUA) for treatment of mild to moderate COVID-19 in adults and children older than 12 years and weighing at least 40 kg. Nirmatrelvir inhibits the SARS-CoV-2 main protease preventing viral replication. Ritonavir inhibits the CYP3A-mediated metabolism of nirmatrelvir, resulting in increased plasma concentrations of nirmatrelvir.

The medication has EUA for those at high risk for progression to severe COVID-19, including hospitalization and death. PAXLOVID is not authorized for patients requiring hospitalization or for pre-exposure or post-exposure prophylaxis.

#### Dosage and Administration

- Initiate as soon as possible after diagnosis of COVID-19 and **within 5 days** of symptom onset
- 300 mg (two 150-mg tablets) nirmatrelvir and one 100-mg tablet ritonavir all taken together twice daily for 5 days.
- For moderate renal impairment (eGFR  $\geq 30$  to  $<60$  mL/min): 150 mg nirmatrelvir (one 150-mg tablet) with 100 mg ritonavir (one 100-mg tablet) taken together twice daily for 5 days.
- PAXLOVID is not recommended in patients with severe renal impairment (eGFR  $<30$  mL/min) or severe hepatic impairment (Child Pugh Class C)
- Take with or without food. Swallow all tablets whole – do not chew, break, or crush tablets.
- If a dose is missed within 8 hours, take as soon as possible and resume normal dosing schedule. If missed by more than 8 hours, do not take the missed dose. Instead take the next dose at the regularly scheduled time.



#### **Paxlovid Oral Therapy - First Line of Therapy**

Paxlovid is a combination of protease inhibitors to treat mild to moderate COVID-19 in high-risk outpatient adults and children over 12, weighing at least 40kg. Paxlovid reduces the relative risk of hospitalization and mortality by up to 88%. The potential for Drug Interactions can be checked using the [Liverpool COVID-19 Interactions Tool](#). Please note

that there is potential for extensive drug-drug interaction which can either result in high levels of co-administered drug or result in increased clearance. Additionally, dosage and administration must be modified for patients experiencing Renal failure.

**Paxlovid Availability:**

Paxlovid requires a prescription. The [therapeutics locator](#) identifies pharmacies and community health centers that may carry Paxlovid.

[Paxlovid Informational Flyer](#)

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4 April 2022

# BEBTELOVIMAB INFORMATIONAL SHEET SUMMARY



## Monoclonal Antibody for Treatment of COVID-19

### A Prescription Guide for Providers

The U.S. Food and Drug Administration (FDA) issued Emergency Use Authorization (EUA) of intravenous bebtelovimab monoclonal antibody for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg [88 lbs]). Bebtelovimab is a human immunoglobulin G1 (IgG1 variant) monoclonal antibody composed of 449 amino acids produced by a cell culture or cell line. Bebtelovimab binds the spike protein of SARS-CoV-2 virus and blocks attachment to the human ACE2 receptor. Of significance, bebtelovimab is active against the BA.2 Omicron variant.

### Dosage and Administration

Dosage of bebtelovimab in adults and pediatric patients ( $\geq 12$  years of age and weighing at least 40 kg [88 lbs]) is 175 mg/2 mL. The medication should be administered as soon as possible after positive results of SARS-CoV-2 viral testing and within 7 days of symptom onset. The medication is administered as a single intravenous injection over at least 30 seconds. After the entire contents of the syringe has been administered, flush the injection line with 0.9% sodium chloride to ensure delivery of the required dose.



### Bebtelovimab Intravenous - Minimum 30 Second Infusion

Monoclonal antibody treatment for mild to moderate COVID-19 reduces risk of hospitalization and death 70% in those with a risk of progression to severe COVID-19.

#### **Bebtelovimab Availability:**

Bebtelovimab is available at the Monoclonal Antibody Regional Centers (**MARCs**) located throughout San Diego County to medically eligible individuals who are 12 years of age and older. Call **619-685-2500** to access a MARC site, open 7 days a week. There is no cost to patients, regardless of insurance or immigration status. Provider referral is not required.

If your skilled nursing facility is interested in monoclonal antibody treatment, email [MCSDNursingM\\_MAT.HHSA@sdcounty.ca.gov](mailto:MCSDNursingM_MAT.HHSA@sdcounty.ca.gov) for more information. Please note that the County is available to provide both the drug **and** the administration for qualifying patients at your facility.

Bebtelovimab can also be found at other sites using the [therapeutics locator](#).

If your facility is interested in carrying Bebtelovimab, email [moc.logs.hhsa@sdcounty.ca.gov](mailto:moc.logs.hhsa@sdcounty.ca.gov) to learn more about becoming a provider.

### [Bebtelovimab Informational Flyer](#)



## Federal Retail Pharmacy Program (FRPP) Update on COVID-19 Vaccines

The CDC allocates COVID-19 vaccines directly to enrolled retail and LTC pharmacies. Three LTC-specific groups (MHA, Innovatix-PharMerica, and GeriMed) receive federal doses and allocate them to member pharmacies who can then provide vaccines to LTC facilities. Not every LTC pharmacy in California is enrolled in the the Federal Retail Pharmacy Program (FRPP). To request vaccines from your contracted LTC pharmacy:

1. Enroll in the San Diego Immunization Registry: <http://www.sdiz.org/cair-sdir/enrollment.html>
2. Contact your pharmacy to determine if they are enrolled in the FRPP.
  - If the LTC pharmacy is enrolled in the FRPP, the pharmacy can subcontract with facilities to also administer the vaccine, and the facility does NOT need to enroll as a vaccine provider.
  - If the LTC pharmacy is **NOT** enrolled in the FRPP, facilities can register to be a vaccinator through <https://mycavax.cdph.ca.gov/s/>.
3. If your contracted pharmacy cannot assist, you may request assistance from other San Diego LTC pharmacies enrolled in the FRPP:

- Guardian Pharmacy Services (MHA): [cvrs@guardianpharmacy.net](mailto:cvrs@guardianpharmacy.net)
- Omnicare of San Diego: [Chadd.Eno@omnicare.com](mailto:Chadd.Eno@omnicare.com)
- Pharmerica (Innovatix): [ImmunizeLTC@pharmerica.com](mailto:ImmunizeLTC@pharmerica.com)
- SNP Pharmacy LLC (MHA): [vaccines@snp-rx.com](mailto:vaccines@snp-rx.com)

**UPDATED:** Please view contact information for [additional retail pharmacies](#) that offer on-site clinics:

If you have residents that are immobile or unable to leave the facility (such as those with dementia or behavioral health challenges) and the resources above are not able to accommodate your facility for an on-site vaccination clinic, please email [COVID-HealthCareStatus@sdcounty.ca.gov](mailto:COVID-HealthCareStatus@sdcounty.ca.gov).



### **CDC Streamlines COVID-19 Guidance**

Starting August 11, 2022, the Centers for Disease Control and Prevention streamlined its COVID-19 guidance to help people better understand their risk, how to protect themselves and others, what actions to take if exposed to COVID-19, and what actions to take if they are sick or test positive for the virus. See the [CDC website](#) for more information.

CDC COVID-19 Community Level:



### **San Diego County Surge has Experts Concerned About Long COVID-19**

San Diego County has moved into the high-risk level for COVID-19. Case numbers have continued to increase over the last few weeks, which has experts worried about the risk for severe outcomes from infection and long COVID-19. To learn more view the [article](#).



### **COVID-19 Resources**

Visit these links for quick COVID-19 resources in San Diego County.

- [COVID-19 Vaccine & Booster](#)



- [What to do if you have COVID-19](#)
- [What to do if you have been exposed to COVID-19](#)
- [COVID-19 Treatment](#)
- [Free At-Home COVID-19 Tests](#)

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## MONKEYPOX RESOURCES & UPDATES

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### Monkeypox Home Isolation Guidance

On August 18th, 2022 the CDPH released new Monkeypox (MPX) Home Isolation Guidance for people with confirmed MPX and those with MPX symptoms who are waiting to be evaluated or waiting for test results. Please visit [CDPH MPX website](#) for more information.



### San Diego County Declares Monkeypox a Public Health Emergency

On August 1, 2022, Governor Gavin Newsom declared a State of Emergency as part of California's ongoing response to the monkeypox outbreak. On August 2, 2022, the County of San Diego followed suit by declaring monkeypox a Public Health Emergency.

Keep yourself and your family safe by practicing the following health and harm reduction strategies:

1. Limit close skin to skin contact with multiple partners
2. Know the Signs: Check yourself and ask your partner(s) about recent rashes and illnesses
3. See your healthcare provider if you are experiencing symptoms

For more information visit San Diego County's [monkeypox](#)



[website](#) and sign up to get [County News Center stories](#) emailed directly to you.

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### **What is Monkeypox?**

Anyone can get monkeypox. While risk remains low, it is important to stay informed about how it spreads and contact your health provider if you have been exposed or have symptoms. To learn more about monkeypox please visit the California Department of Public Health [website](#).

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## **COMMUNITY RESOURCES**

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### **Be Prepared for Wildfire & Public Safety**

SDG&E continually monitors weather and other climate conditions and may have to shut off power to help prevent a wildfire. All residents in San Diego county could be affected and should be prepared. To learn how to stay informed and how to be prepared visit the [SDGE Wildfire Safety website](#).

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### **SD Emergency App**

Download the free SD Emergency App to help you plan, prepare, stay informed and recover from an emergency. Find out more by visiting the [Ready San Diego website](#).

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