



LIVE WELL SAN DIEGO: HEALTH AND WELL BEING IN SAN DIEGO COUNTY

Presented to Health Services Advisory Board (HSAB)

Presented by Leslie Ray, Senior Epidemiologist

*County of San Diego, Health & Human Services Agency, Public Health
Services, Community Health Statistics Unit*

June 5th, 2018





OUR VISION



LIVE WELL
SAN DIEGO



LIVE WELL
SAN DIEGO

Building
Better
Health






Living
Safely

Thriving

5 AREAS OF INFLUENCE



LIVE WELL
SAN DIEGO

Areas of Influence	Definition	Top 10 Indicators
 HEALTH	Enjoying good health and expecting to live a full life	<ul style="list-style-type: none">• Life Expectancy• Quality of Life
 KNOWLEDGE	Learning throughout the lifespan	<ul style="list-style-type: none">• Education
 STANDARD OF LIVING	Having enough resources for a quality life	<ul style="list-style-type: none">• Unemployment Rate• Income
 COMMUNITY	Living in a clean and safe neighborhood	<ul style="list-style-type: none">• Security• Physical Environment• Built Environment
 SOCIAL	Helping each other to live well	<ul style="list-style-type: none">• Vulnerable Population• Community Involvement



Top Ten Indicators

Life Expectancy

82

Years

measuring

Detail >

Quality of Life

94.8

Percent of Population Living Independently

measuring

Detail >

Education

85.5

Percent of Population with at least a High School Diploma or Equivalent

measuring

Detail >

Unemployment Rate

3.2

Percent of Population (over 16 years of age)

measuring

Detail >

Income

51.8

Percent of Population Spending Less Than 1/3 of Income on Housing

measuring

Detail >

Security

2,180.4

Crimes per 100,000 People

measuring

Detail >

Physical Environment

11.5

Percent of Days Air Quality Rated as Unhealthy

measuring

Detail >

Built Environment

61.5

Percent of Population Living within a 1/4 mile of a Park or Community Space

measuring

Detail >

Vulnerable Populations

42.2

Percent of Population who have Experienced Food Insecurity

measuring

Detail >

Community Involvement

33.2

Percent of Population who Volunteer

measuring

Detail >



CAUSES OF DEATH

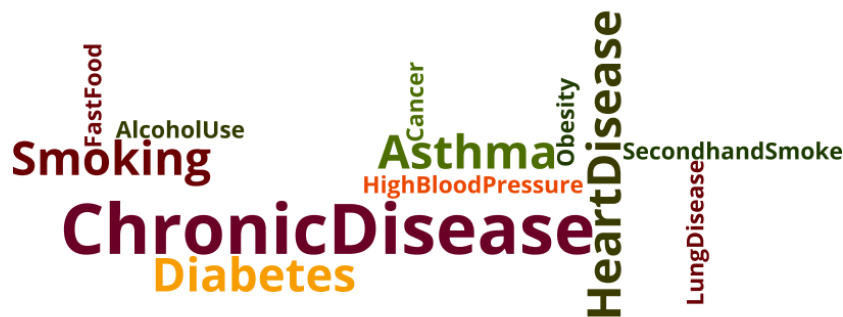


LEADING CAUSES OF DEATH, NATIONWIDE



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- Nationwide, 70% of deaths are the result of chronic diseases and treatment of these conditions accounts for the majority of health care costs.¹
- About half of American adults suffer from at least one chronic disease.
- Risk factors:
 - High blood pressure
 - Smoking and exposure to smoke
 - High BMI
 - Sedentary lifestyle
 - High alcohol use
 - Diet: low in fruits and vegetables and high in sodium and saturated fats.

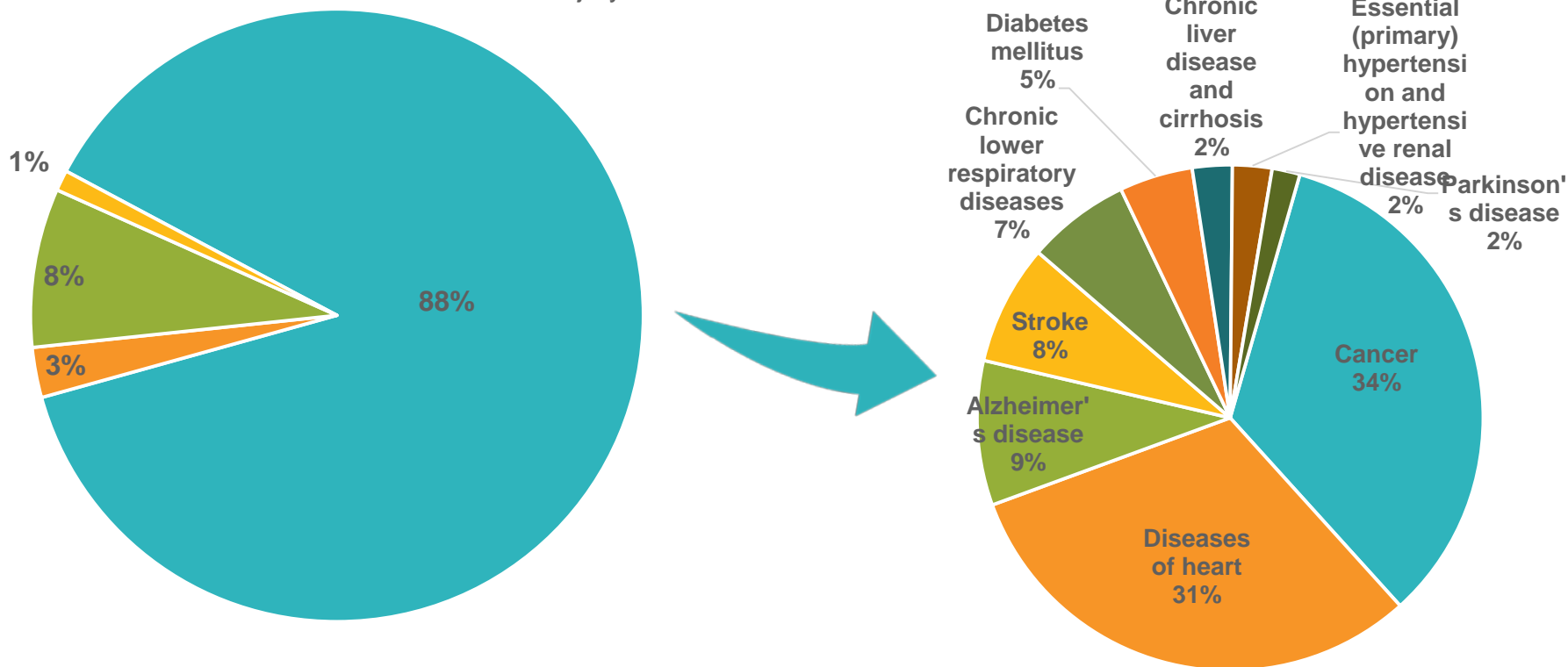


LEADING CAUSES OF DEATH, SAN DIEGO



15 Leading Causes of Death by Type of Condition, San Diego County, 2015

■ Chronic Diseases ■ Infectious Diseases ■ Injury ■ Other



a Rank is based on total number of deaths in each of the National Center for Health Statistics (NCHS) "rankable" categories. The top 15 leading causes of death presented here are based on the county-wide rank among San Diego County residents in 2015.

b Cause of death is based on the underlying cause of death reported on death certificates as classified by ICD-10 codes.

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System; SANDAG January 1 population estimates (2013-2015 estimate released March 2017).

Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018.

BUILDING BETTER HEALTH

Did you know...

3
Lead To

Behaviors

No Physical Activity
Poor Diet
Tobacco Use

4
Result in

Diseases

Cancer
Heart Disease & Stroke
Type 2 Diabetes
Lung Disease

over 50

Percent

Of deaths
In San Diego

Change your life by...

- Walking for 30 minutes every day
- Eating healthy, at least 5 fruits and veggies daily
- Not smoking!

POTENTIALLY PREVENTABLE DEATHS



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If we eliminated smoking attributable deaths in **San Diego County**, the percent of deaths due to 3-4-50 would drop from 53% to 34%.



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3-4-50 BEHAVIORS, 2015

	Tobacco	Physical Activity	Diet
San Diego County	1 out of 7 (13.9%) adults were current smokers.	18.3%* of children ages 5-11 engaged in physical activity at least one hour every day in the past week.	Over 1 out of 5 (21%) residents ate fast food three or more times in the past week.
Regions	Nearly 1 out of 5 (19.8%) Central Region adults were current smokers.	38.1%* of North Coastal Region children ages 5-11 engaged in physical activity for at least one hour every day in the past week.	1 out of 4 (24%) North Inland Region residents ate fast food three or more times in the past week.

*Indicates a statistically unstable estimate. Proceed with caution. Estimate is included for trending purposes.

Source: 2015 California Health Interview Survey.

Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018.



RELATED DATA



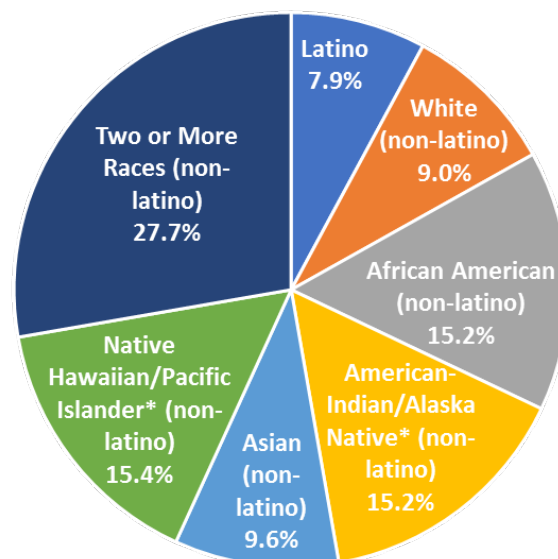
Obesity

- **Age:** 26% of teens and 60% of adults in San Diego County had a BMI in the **overweight or obese** category between 2014-2016. During this time, **16% of children** were considered overweight for their age (does not factor height).
- **Gender:** Overall, a higher percent of males were overweight or obese compared females in San Diego County between 2014-2016 (67% and 54%, respectively).

Smoking

- Between 2014-2016, 11% of San Diego County adults, ages 18+, were current smokers.

Percent of Adult Current Smokers, by Race/Ethnicity, San Diego County, 2014-2016



Due to sample sizes, data years were combined to get more statistically stable estimates.

*Indicates a statistically unstable estimate.

Source: California Health Interview Survey.

Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018.

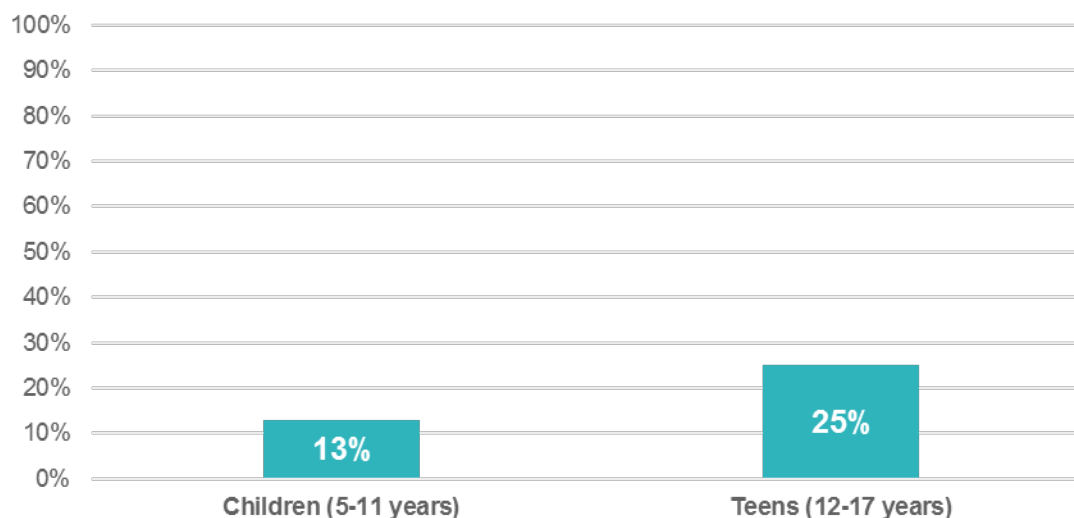


RELATED DATA



Exercise*

**Percent of Children and Teens Physically Active
at Least One Hour Every Day,
2012-2016**



- 29% percent of male children exercised for at least one hour daily compared to 22% of female children (2012-2016).

Due to sample sizes, several years of data were combined to get more statistically stable estimates. Teen data was unstable for further breakdowns.

Source: California Health Interview Survey.

Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018.



3-4-50 DISEASES, 2015



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	Cancer	Heart Disease	Diabetes	Lung Disease
San Diego County	Cancer was the leading cause of death.	8.8% adults had ever been diagnosed with heart disease.	1 out of 10 (10%) adults had ever been diagnosed with diabetes.	Over 1 out of 7 (15.4%) residents had ever been diagnosed with asthma.
Regions	Cancer was the leading cause of death except in Central and South Regions (heart disease).	12.1% East Region adults had ever been diagnosed with heart disease.	Over 1 out of 7* (15.4%) South Region adults had ever been diagnosed with diabetes.	1 out of 5 (19%) South Region residents had ever been diagnosed with asthma.

*Indicates a statistically unstable estimate. Proceed with caution. Estimate is included for trending purposes.

Source: 2015 California Health Interview Survey.

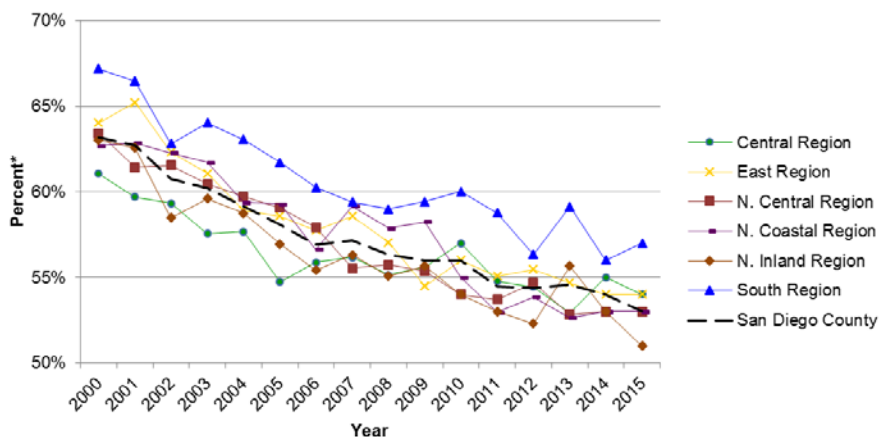
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3-4-50 PERCENTAGES



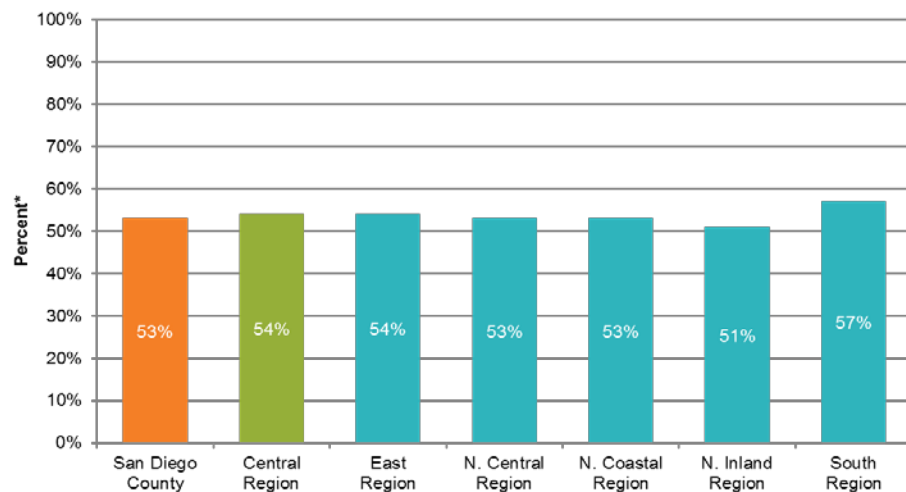
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**3-4-50 Death[†] Percentages*
Among San Diego County Residents,
2000-2015**



From 2000 to 2015, the overall percent of all deaths due to chronic disease decreased in the six Health and Human Services Agency (HHSA) regions.

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

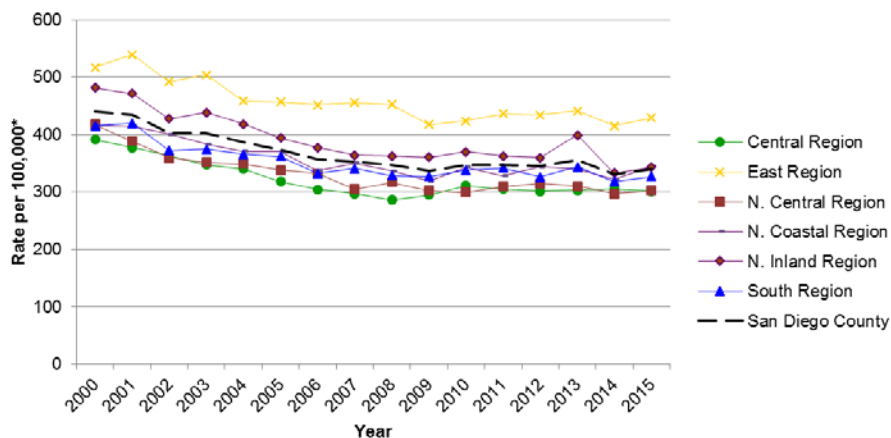


Among the HHSA regions, South Region had the highest percent of deaths due to chronic disease every year from 2000 to 2015.

3-4-50 RATES

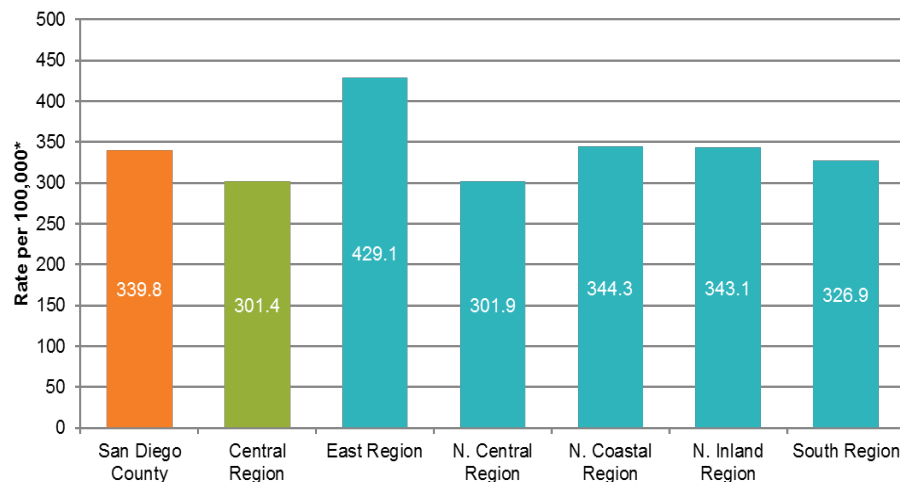


3-4-50 Death† Rates*
Among San Diego County Residents,
2000-2015



Overall, chronic disease death rates have decreased in all HHS regions from 2000 to 2015.

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



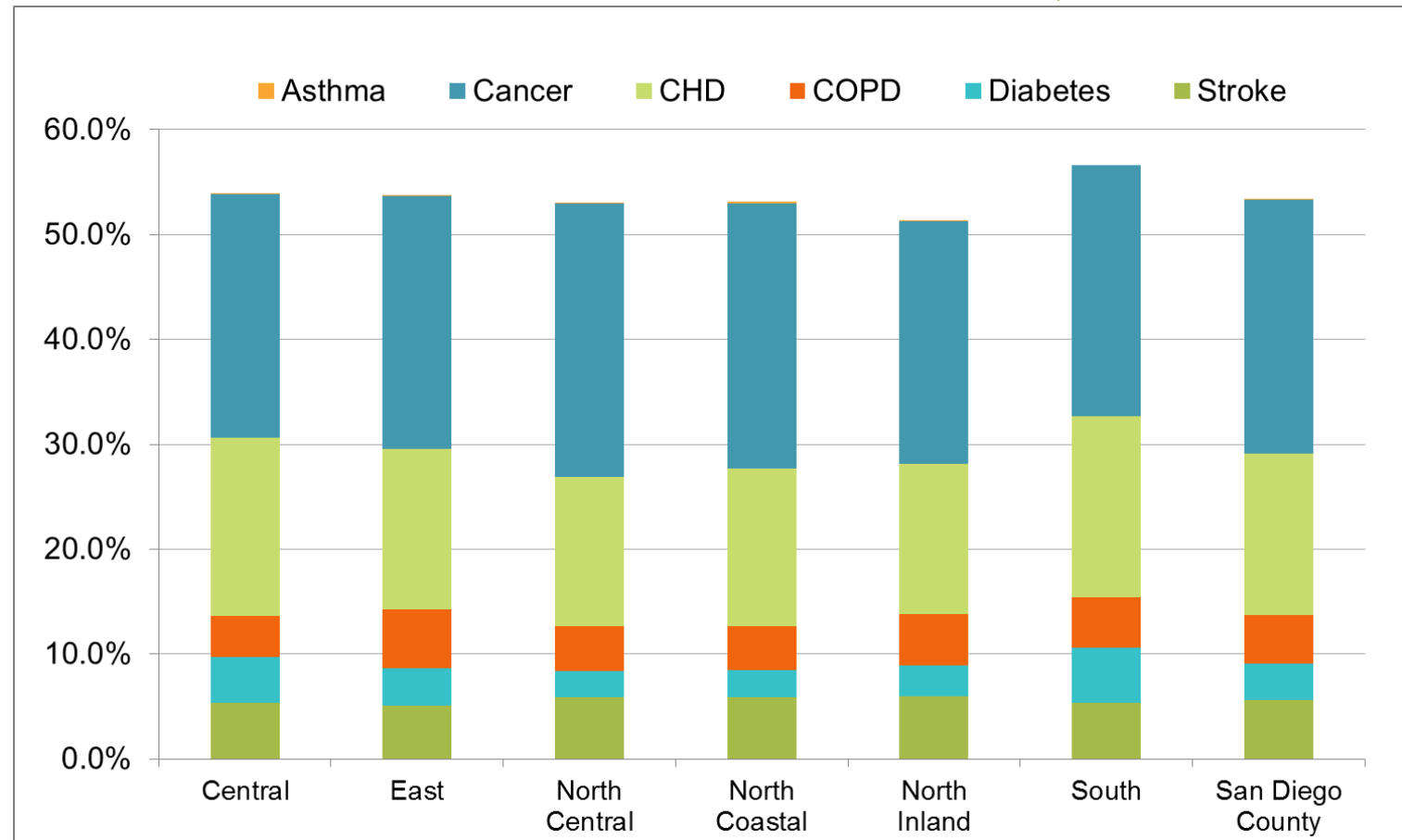
Among the HHS regions, East Region had the highest rate of death due to chronic every year from 2000-2015.



3-4-50 PERCENTAGES BY REGION



PERCENTAGES* OF 3-4-50 DEATHS IN SAN DIEGO COUNTY BY REGION, 2015



*3-4-50 deaths as a percentage of all cause deaths.

§Percents not calculated for fewer than 5 events. Percents not calculated in cases where zip code is unknown.

Source: California Department of Public Health, 2015 California Vital Records Business Intelligence System (VRBIS).

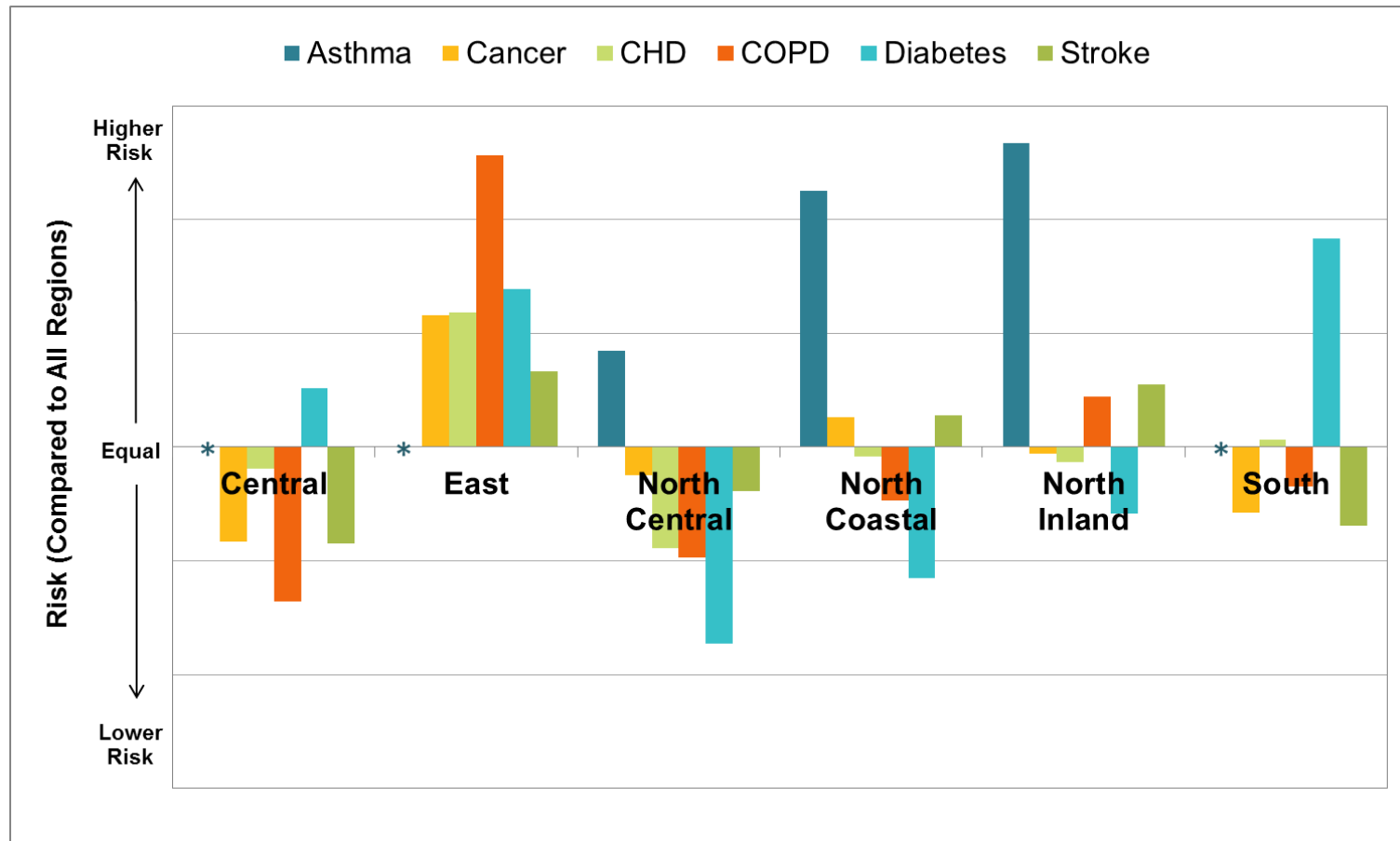
Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services, Community Health Statistics, 2018.



3-4-50 RISK OF DEATH BY REGION



RISK OF 3-4-50[†] OUTCOMES COMPARED TO SAN DIEGO COUNTY BY REGION, 2015



* Risk was not calculated for fewer than 5 events.

[†]3-4-50 Deaths include Stroke, Coronary Heart Disease (CHD), Diabetes, COPD, Asthma, and Cancer.

Source: California Department of Public Health, 2015 California Vital Records Business Intelligence System (VRBIS), SANDAG, Current Population Estimates, Received 03/2017.

Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services, Community Health Statistics, 2018.



3-4-50 BY HEALTH EQUITY LENSES

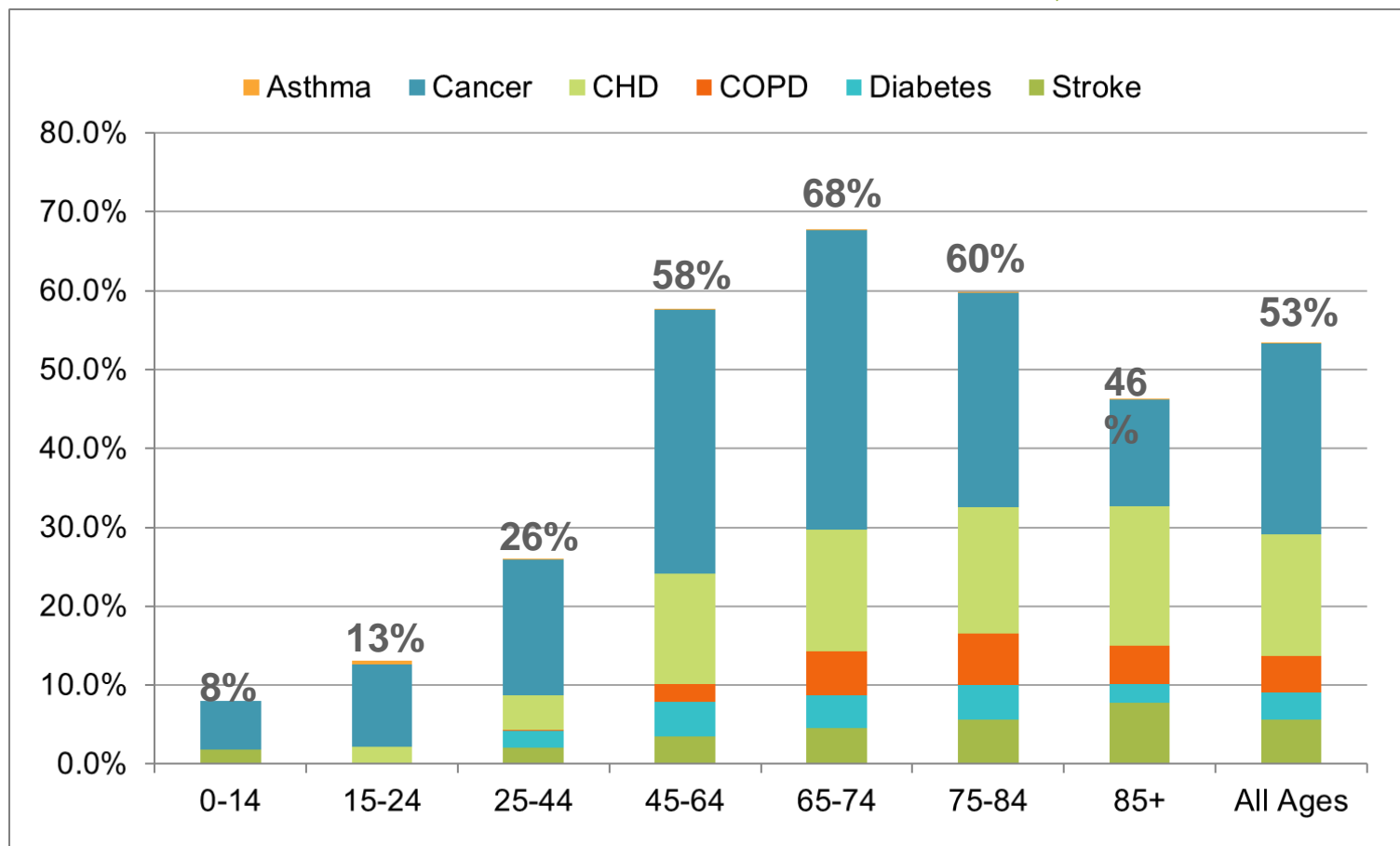




AGE



PERCENTAGES* OF 3-4-50 DEATHS IN SAN DIEGO COUNTY BY AGE, 2015



*3-4-50 deaths as a percentage of all cause deaths.

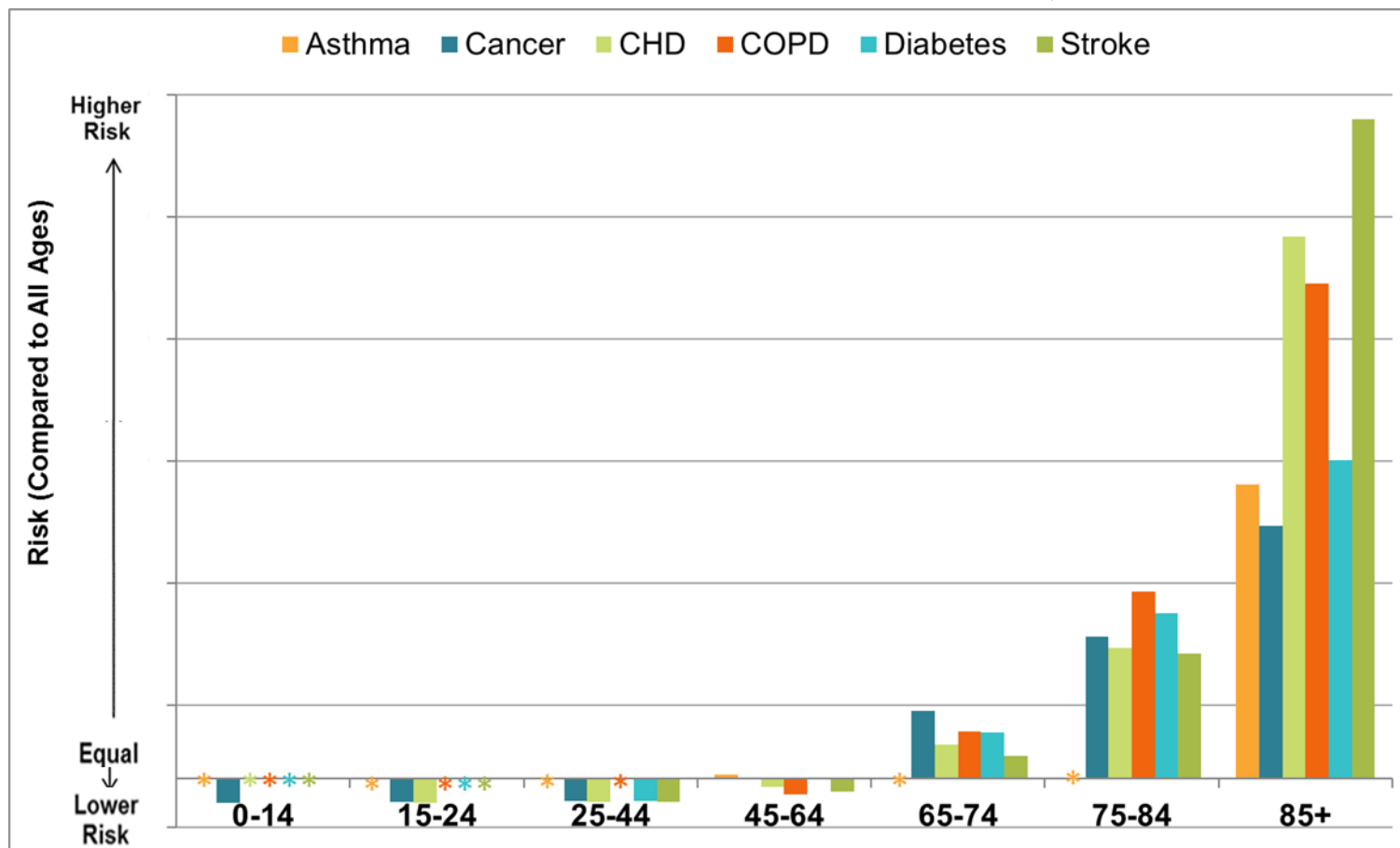
§Percents not calculated for fewer than 5 events. Percents not calculated in cases where zip code is unknown.

Source: California Department of Public Health, 2015 California Vital Records Business Intelligence System (VRBIS).

Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services, Community Health Statistics, 2018.



RISK OF 3-4-50[†] OUTCOMES COMPARED TO SAN DIEGO COUNTY BY AGE, 2015



[†]3-4-50 Deaths include Stroke, Coronary Heart Disease (CHD), Diabetes, COPD, Asthma, and Cancer.

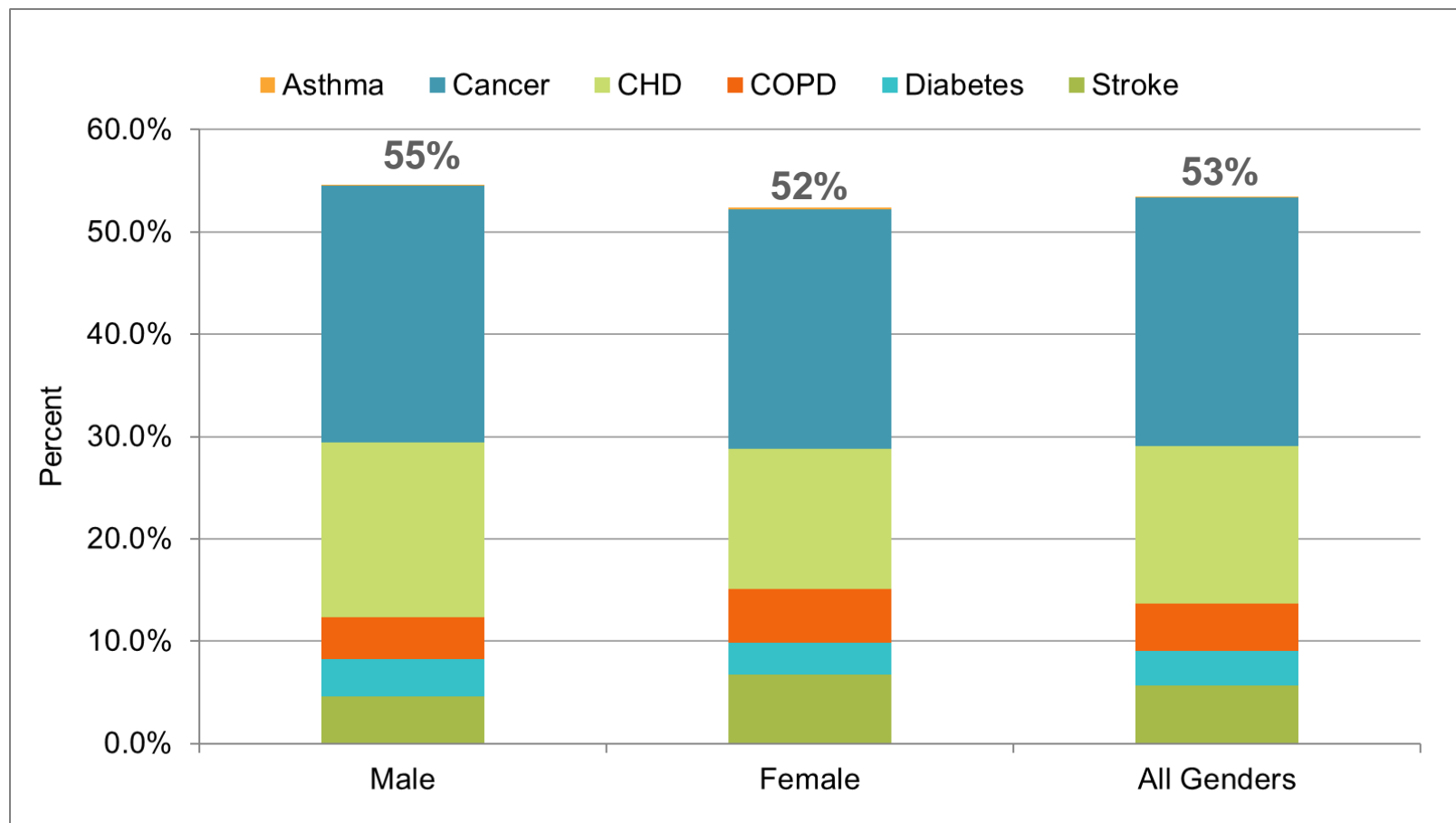
*Rates not included for less than 5 cases.

Source: California Department of Public Health, 2015 California Vital Records Business Intelligence System (VRBIS), SANDAG, Current Population Estimates, Received 03/2017.

Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services, Community Health Statistics, 2018.



PERCENTAGES* OF 3-4-50 DEATHS IN SAN DIEGO COUNTY BY GENDER, 2015



*3-4-50 deaths as a percentage of all cause deaths.

§Percents not calculated for fewer than 5 events. Percents not calculated in cases where zip code is unknown.

Source: California Department of Public Health, 2015 California Vital Records Business Intelligence System (VRBIS).

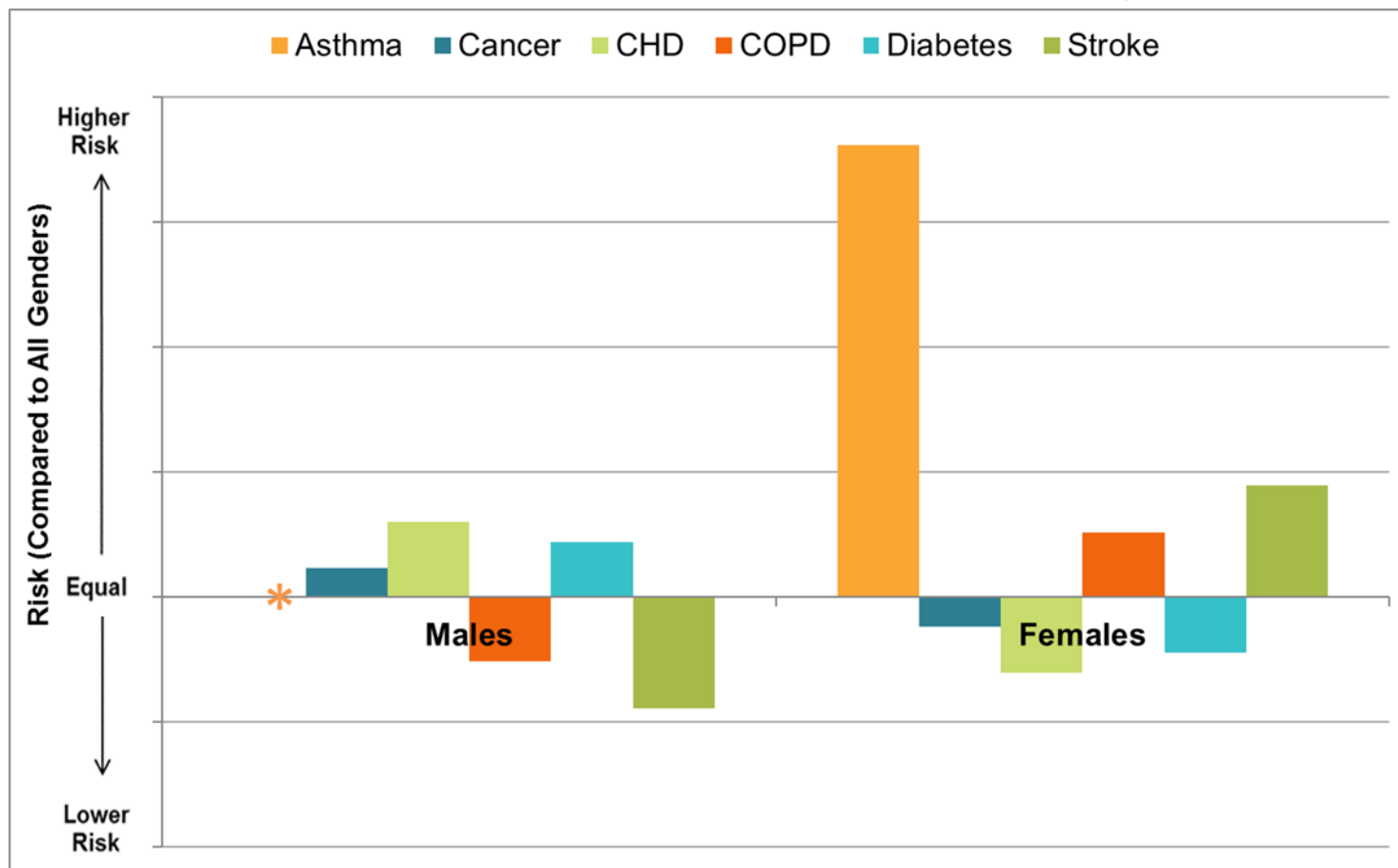
Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services, Community Health Statistics, 2018.



GENDER



RISK OF 3-4-50[†] OUTCOMES COMPARED TO SAN DIEGO COUNTY BY GENDER, 2015



[†]3-4-50 Deaths include Stroke, Coronary Heart Disease (CHD), Diabetes, COPD, Asthma, and Cancer.

*Rates not included for less than 5 cases.

Source: California Department of Public Health, 2015 California Vital Records Business Intelligence System (VRBIS), SANDAG, Current Population Estimates, Received 03/2017.

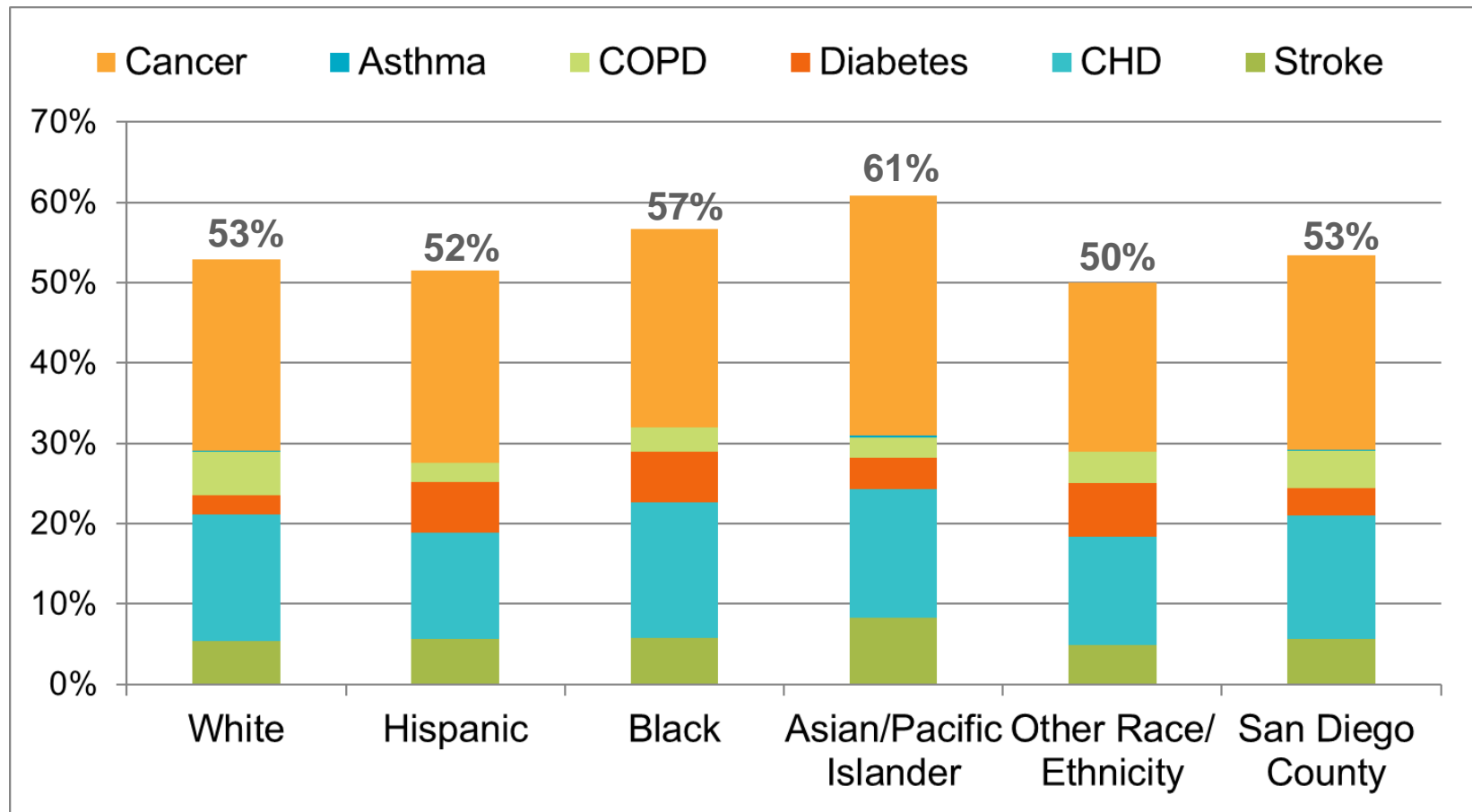
Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services, Community Health Statistics, 2018.



RACE/ ETHNICITY



PERCENTAGES* OF 3-4-50 DEATHS IN SAN DIEGO COUNTY BY RACE/ETHNICITY, 2015



*3-4-50 deaths as a percentage of all cause deaths.

§Percents not calculated for fewer than 5 events. Percents not calculated in cases where zip code is unknown.

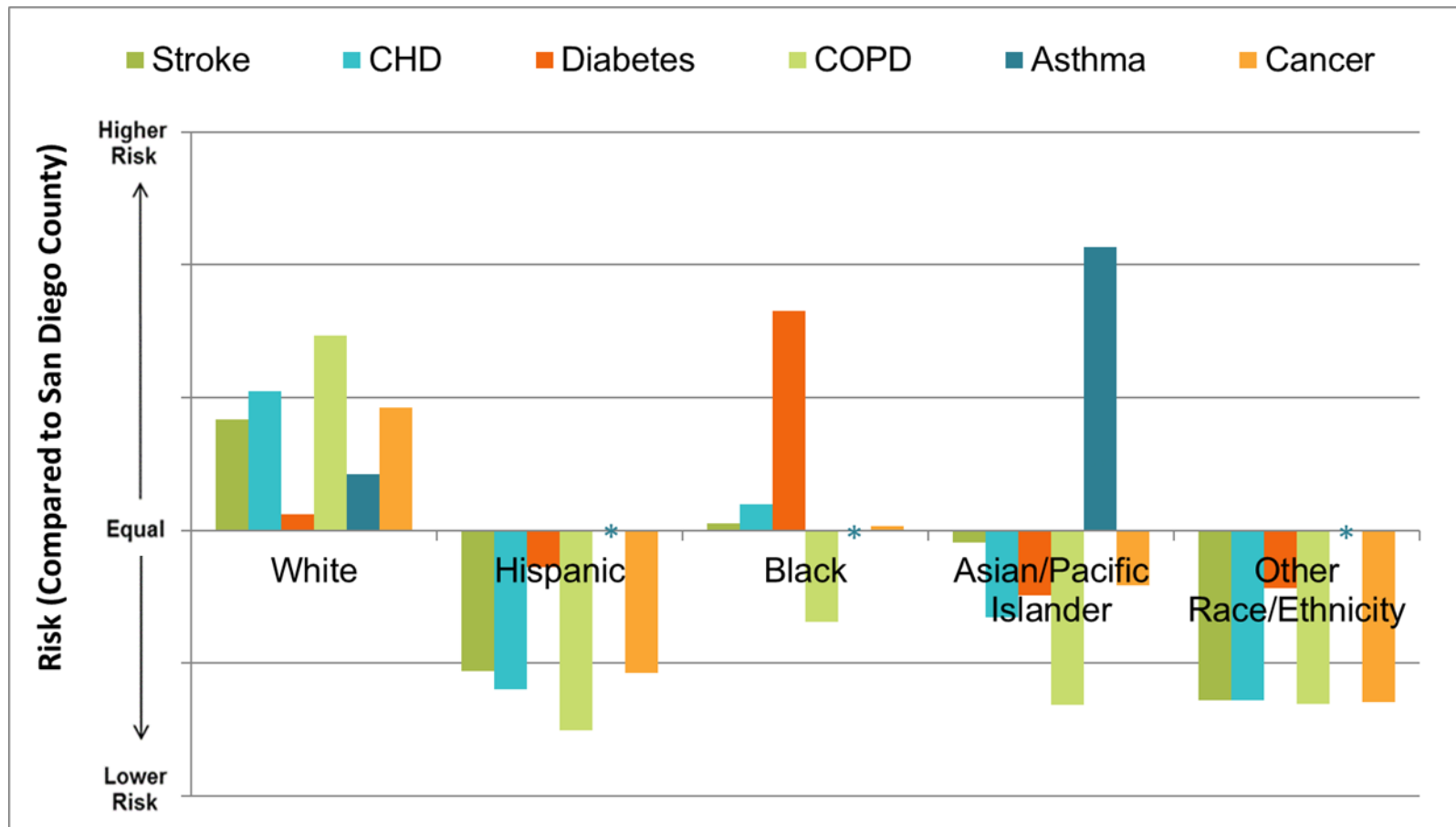
Source: California Department of Public Health, 2015 California Vital Records Business Intelligence System (VRBIS).

Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services, Community Health Statistics, 2018.

RACE/ ETHNICITY



RISK OF 3-4-50[†] OUTCOMES COMPARED TO SAN DIEGO COUNTY RACE/ETHNICITY, 2015



[†]3-4-50 Deaths include Stroke, Coronary Heart Disease (CHD), Diabetes, COPD, Asthma, and Cancer.

*Rates not included for less than 5 cases.

Source: California Department of Public Health, 2015 California Vital Records Business Intelligence System (VRBIS), SANDAG, Current Population Estimates, Received 03/2017.

Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services, Community Health Statistics, 2018.



CURRENT CHALLENGES





ALZHEIMER'S DISEASE AND RELATED DEMENTIAS (ADRD)



Live Well to Age Well: Alzheimer's Disease and Related Dementias (ADRD)



1 in 3 cases of ADRD could be prevented by Living Well throughout the lifetime.



EARLY LIFE

⇒ Low Education



MID LIFE

⇒ Hearing Loss
⇒ Hypertension
⇒ Obesity



LATER LIFE

⇒ Smoking ⇒ Social Isolation
⇒ Depression ⇒ Diabetes
⇒ Physical Inactivity

**A
D
R
D**

Education, health and health behaviors, and social behaviors contribute to 35% of ADRD cases.

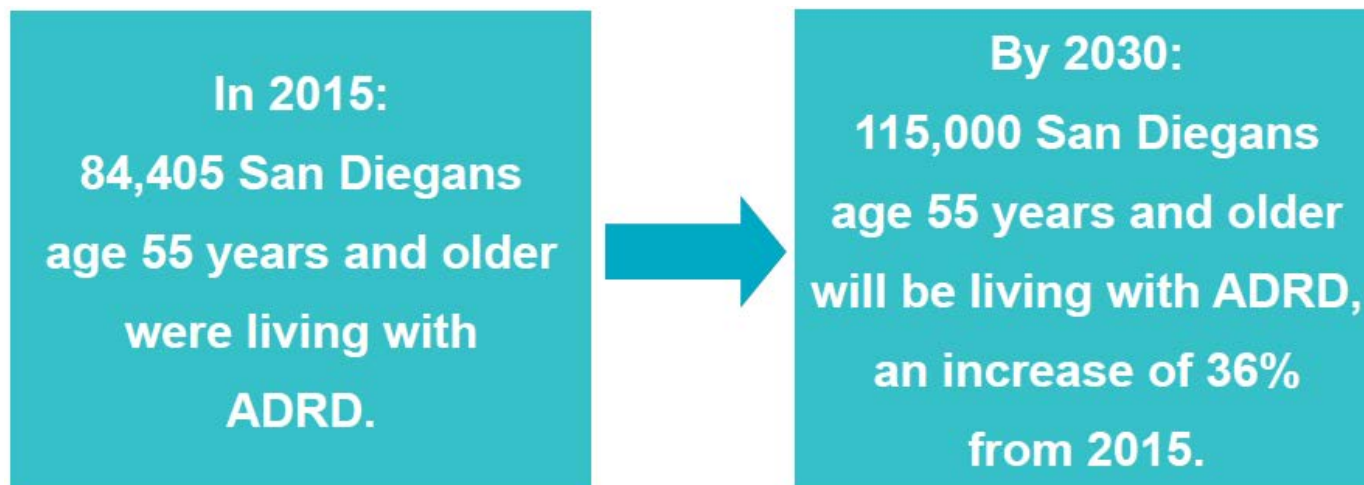


ALZHEIMER'S DISEASE AND RELATED DEMENTIAS (ADRD)



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- Alzheimer's disease is the most common form of dementia, accounting for 60-80% of cases, yet all dementias are characterized by a decline in thinking skills, memory loss, and reduced ability to perform everyday activities.
- Alzheimer's disease is the sixth leading cause of death in the U.S., and the third leading cause of death in California and San Diego County.
- In 2015, an estimated 84,405 San Diegans age 55 years and older were living with Alzheimer's disease and related dementias (ADRD), accounting for 11% of the 55 years and older population.
- Assuming current trends continue, by 2030 just over 115,000 residents 55 years and older will be living with ADRD, a 36% increase from 2015.

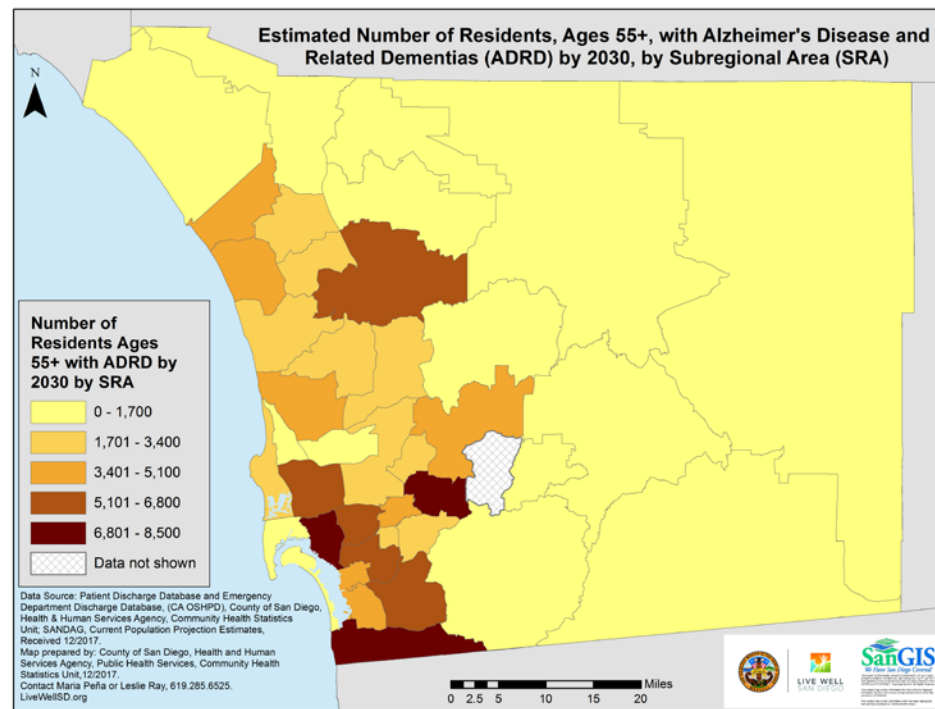
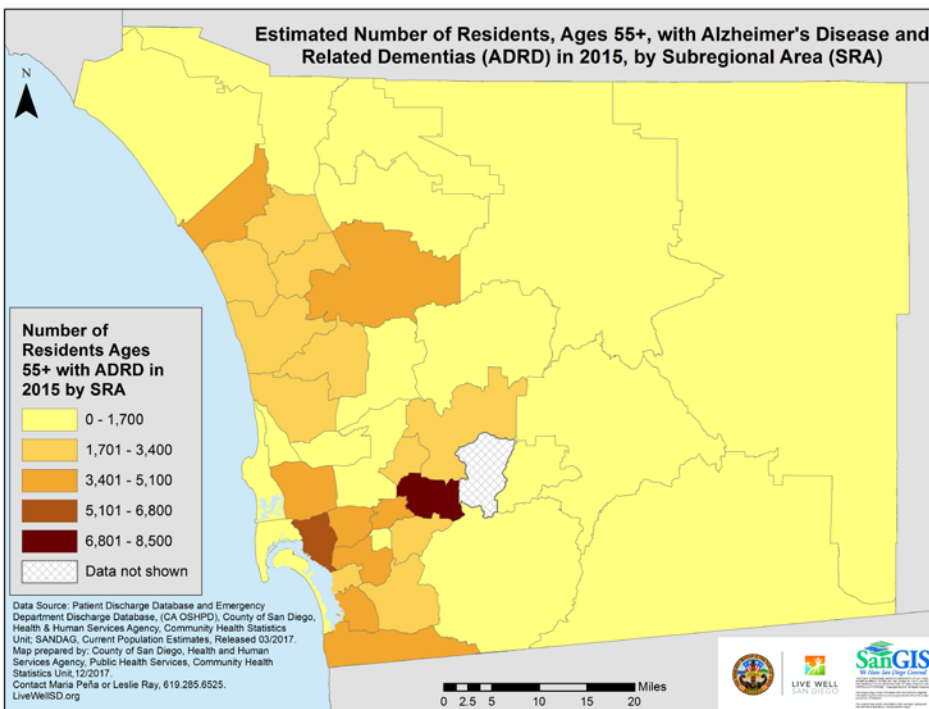


ALZHEIMER'S DISEASE AND RELATED DEMENTIAS (ADRD)



CURRENT ESTIMATE

PROJECTED ESTIMATE



HEALTHY BRAIN STRATEGIES



Some risk factors for Alzheimer's disease and related dementias (ADRD), such as age and genetics, cannot be controlled or prevented. However, there is growing evidence that it may be possible to delay, slow down, or even prevent ADRD.⁹ Studies suggest that individuals who keep their brains healthy by practicing some of the following strategies may be able to delay or prevent the onset of ADRD.¹⁰



Eat a Healthy Diet

A heart and brain-healthy diet reduces the risk of heart disease and diabetes, stimulates blood flow to the brain, and is low in fat and cholesterol.¹¹

- Eat dark-skinned vegetables, such as spinach, broccoli, bell peppers, beets, and onions.
- Choose fruits with high antioxidant levels, such as oranges, strawberries, plums, red grapes, and cherries.

Connect with Family, Friends, and Community

Studies have shown that regular social interaction helps to maintain brain vitality.¹²

- Volunteer with community organizations.
- Join clubs and social groups.
- Spend time with loved ones.
- Stay active in the workplace.
- Attend local events.

Get Active and Stay Active

Exercise maintains good blood flow to the brain, stimulates the growth of new brain cells, and has been shown to reduce brain cell loss.¹³

- Walk, bike, garden, practice tai chi, or engage in another physical activity for at least 30 minutes per day.
- Avoid injury by being aware of medications that may cause side effects, using appropriate protective equipment, recognizing physical limitations, and taking precautions to avoid falls (i.e. using handrails, watching for tripping hazards, wearing appropriate footwear).¹⁴

Manage Chronic Conditions

There is emerging evidence that the presence of chronic disease may increase the risk of Alzheimer's and cognitive decline.⁹

- Manage chronic conditions such as vascular disease, high blood pressure, heart disease, and type 2 diabetes.⁹

Learn New Things

Research has shown that keeping the brain active may increase its vitality, maintain brain cell reserves and connections, and even generate new brain cells.¹⁴ Keep the brain active by:

- Reading, writing, and working on puzzles.
- Playing games and trying memory exercises.
- Enrolling in courses at a local adult education center or other community group
- Attending lectures and plays.



Sleep 7 to 8 Hours Each Night

Insufficient sleep has been shown to increase the risk of chronic diseases, such as diabetes and cardiovascular disease.¹⁵

- Adults (including the elderly) are recommended to sleep seven to eight hours each night.

Drink Alcohol Moderately

Excessive alcohol consumption may lead to persistent brain deficits and has also been linked to unintentional injuries, violence, and chronic diseases such as liver cirrhosis and cancer.¹⁶ Limit alcohol intake by drinking moderately.

- Moderate alcohol consumption is defined as no more than one drink per day for women or two drinks per day for men.



WHAT'S GOOD FOR THE BODY IS GOOD FOR THE BRAIN!

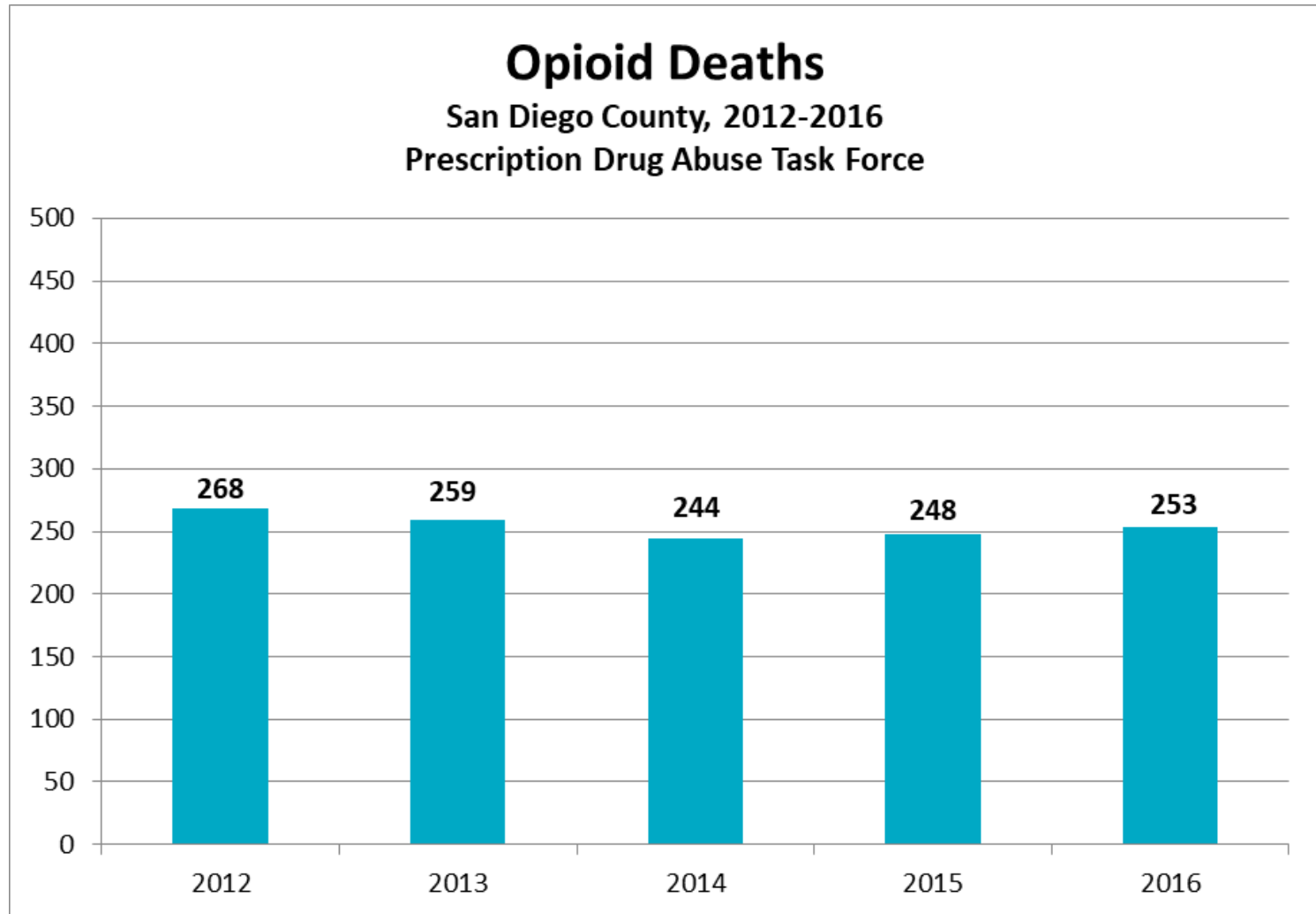


OPIOIDS

THE SCALE OF THE PROBLEM



Approximately
125 MILLION
opioid pills were sold
in San Diego County in 2016
(almost 38 pills per person)



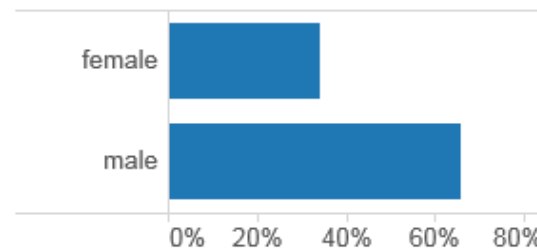
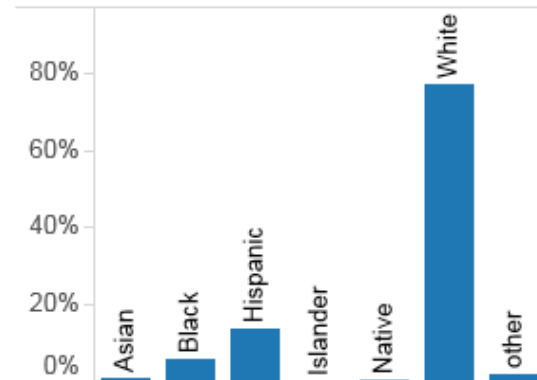
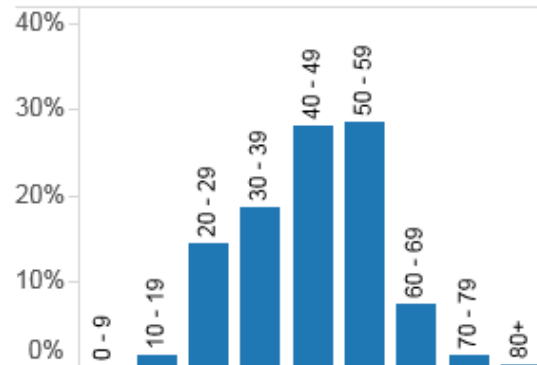


SAN DIEGO COUNTY

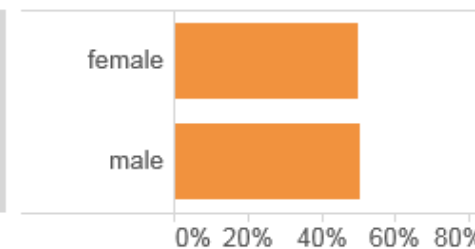
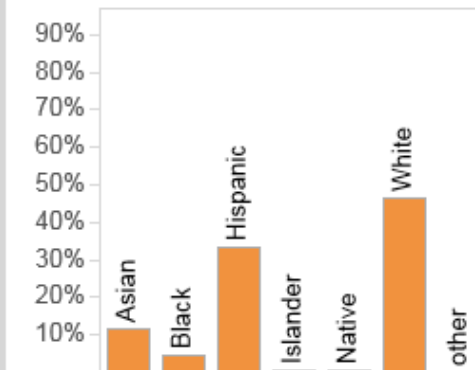
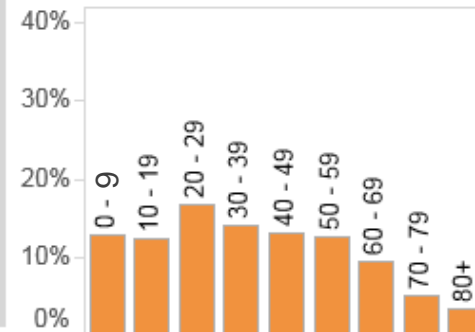


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Opioid Overdose Deaths



San Diego County Population



Age

Race / Ethnicity

Gender

OPIOID HOSPITALIZATION CHARGES



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TOTAL CHARGES FOR GENERAL ACUTE CARE HOSPITALIZATION WITH PRIMARY DIAGNOSIS OR ANY MENTION OF OPIOID ABUSE, 2015

Age Group	Primary Diagnosis of Opioid Abuse	Any Mention Opioid Abuse
All Ages	\$30,139,770.00	\$377,963,745.00
65+	\$5,669,752.00 (19%)	\$98,464,956.00 (26%)



HOMELESSNESS, POVERTY, AND COST OF LIVING IN SAN DIEGO COUNTY



HOMELESSNESS HEALTH, 2018



HEALTH

One of the biggest challenges facing unsheltered homeless individuals is to avoid illness. A significant part of the survey process was to ask respondents health benchmark questions. All responses were self-reported by those that agreed to take the survey.

Notably we found that 43 percent of the unsheltered respondents suffer from a physical disability, chronic health condition and/or mental health issue.

Physical Disability



Developmental Disability



Chronic Health Condition



Living with HIV/AIDS



Mental Health Issue



Domestic Violence*



*HUD changed this question to ask, "Are you currently experiencing domestic violence?"

Alcohol Abuse



Substance Abuse



2018 POINT IN TIME COUNT (PITC)

Countywide, 8,576** homeless individuals were counted on January 26, 2018. This is a 6 percent decrease from the 2017 WeAllCount and a 9 percent decrease since 2011.

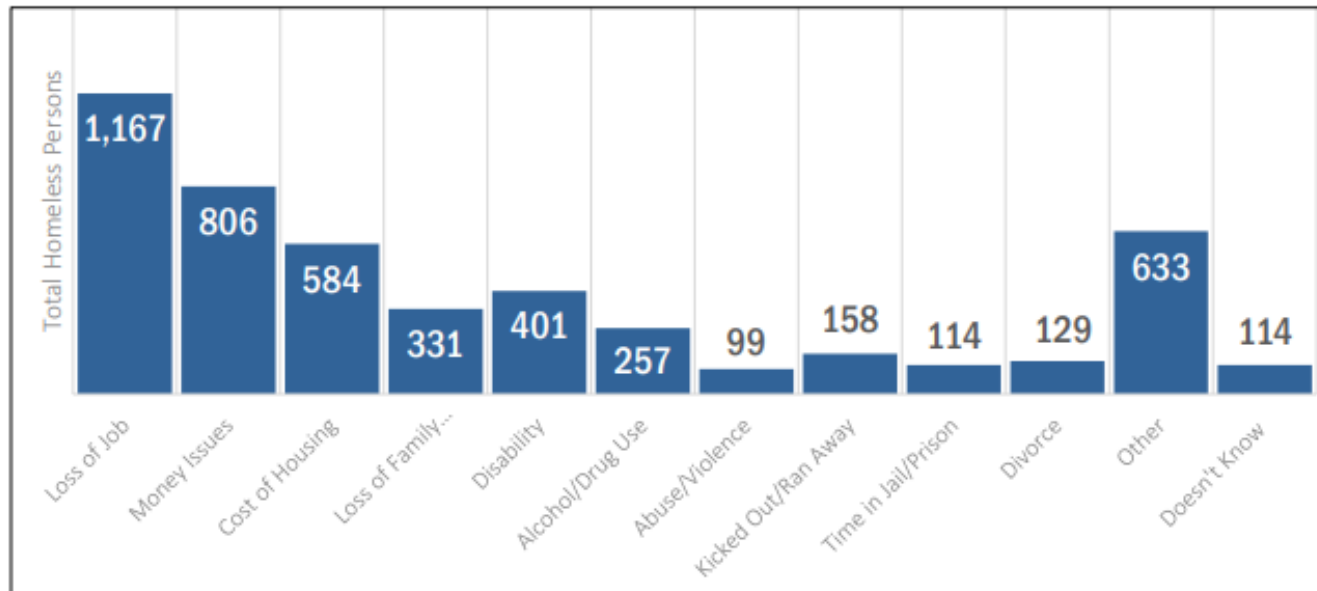


2018 POINT IN TIME COUNT (PITC)



PRIMARY CAUSE OF HOMELESSNESS

Choosing a “primary” cause of homelessness can be difficult for survey respondents, as instances of homeless are often the result of compounding factors. The most common response provided was “loss of job,” but respondents also indicated that many of the other options from the survey in addition to losing their job led to their homelessness.





ECONOMIC CHARACTERISTICS, 2016



- 14% of the population lived below 100% federal poverty level (FPL)*
- 32% of the population lived below 200% federal poverty level (FPL)**
- 44% of households spent 30% or more of their monthly household income in housing costs

Cost of Living

SAN DIEGO COUNTY	
Expense Type	Monthly Cost
Housing	\$1,734.34
Child Care	\$564.50
Food	\$498.52
Transportation	\$941.49
Health Care	\$414.02
Miscellaneous	\$415.29
Taxes	\$1,218.23
Earned Income Tax Credit	-\$184.91
Child Care Tax Credit	-\$45.02
Child Tax Credit	-\$98.21
Self-Sufficiency Wage	
Hourly per adult	\$15.74
Monthly	\$5,458.25
Annually	\$65,498.96
Emergency Savings Fund	
Monthly Contribution	\$99.49

*Individual: \$12, 228; Family of 4 (including 2 children under 18 years): \$24,339

***Individual: \$24, 456; Family of 4 (including 2 children under 18 years): \$48,678

Source: U.S. Census Bureau; 2012-2016 American Community Survey 5-Year Estimates, Table B17024; S2503.

IN SUMMARY...





QUESTIONS?





For more information,
including data, resources and reports,
from Public Health Services:

www.SDHealthStatistics.com

Leslie.Ray@sdcounty.ca.gov

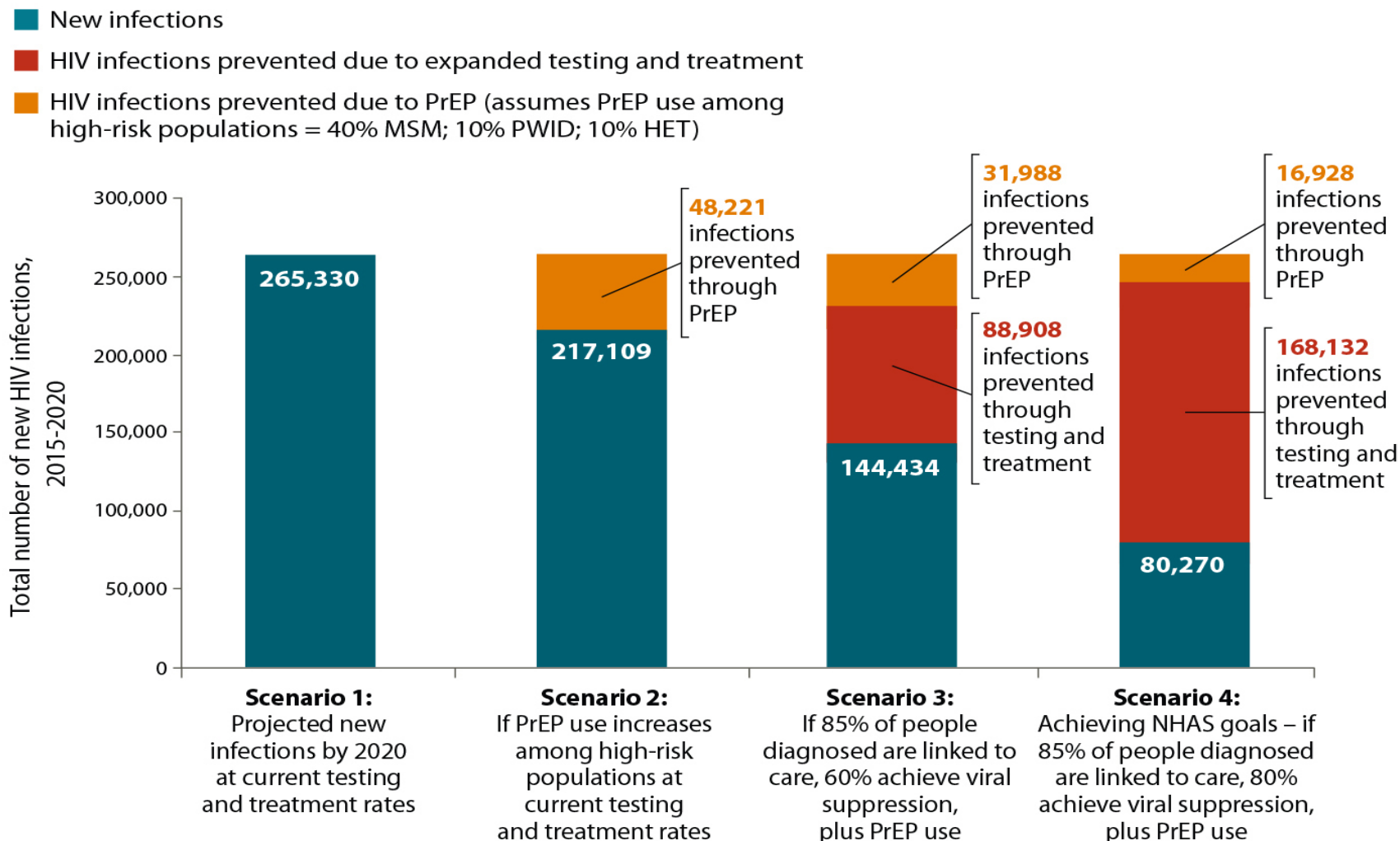


GETTING TO ZERO ANNUAL REPORT

**Patrick Loose, Chief
HIV, STD & Hepatitis Branch
June 6, 2018**

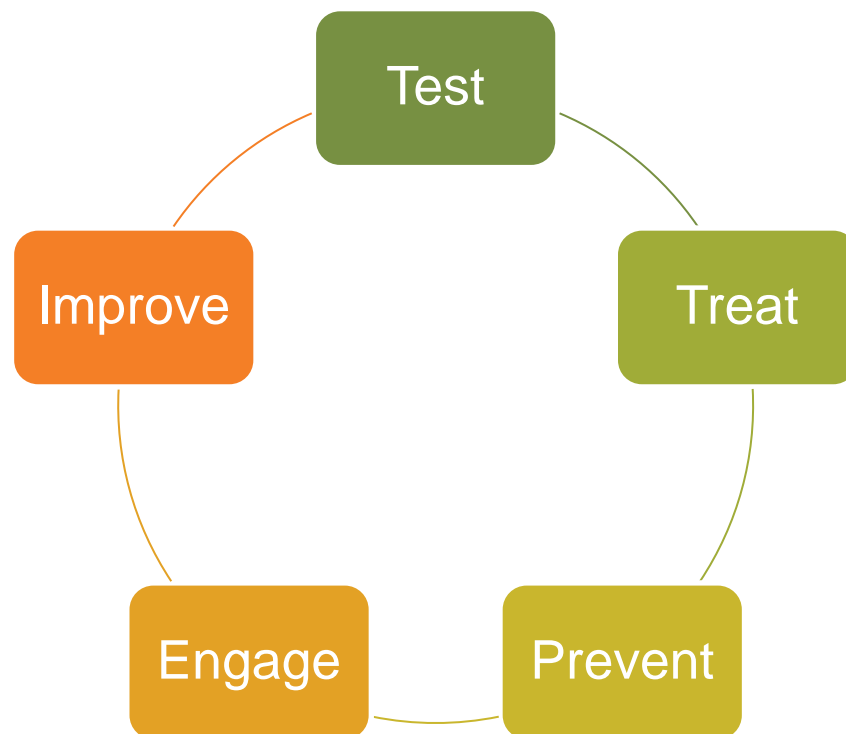
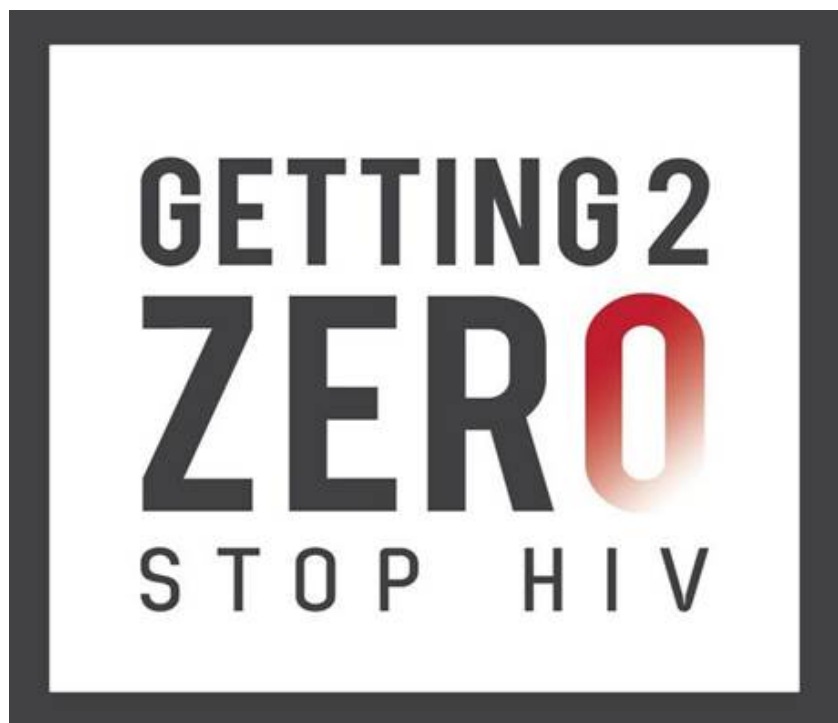


Four Scenarios of the Potential Impact of Expanded HIV Testing, Treatment and PrEP in the United States, 2015-2020





GETTING TO ZERO





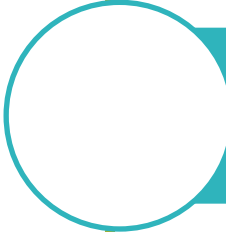
INTEGRATED HIV PREVENTION AND CARE PLAN



OBJECTIVES



Objective 1: By 2021, maintain the percentage of people living with HIV who know their serostatus at 90% or higher

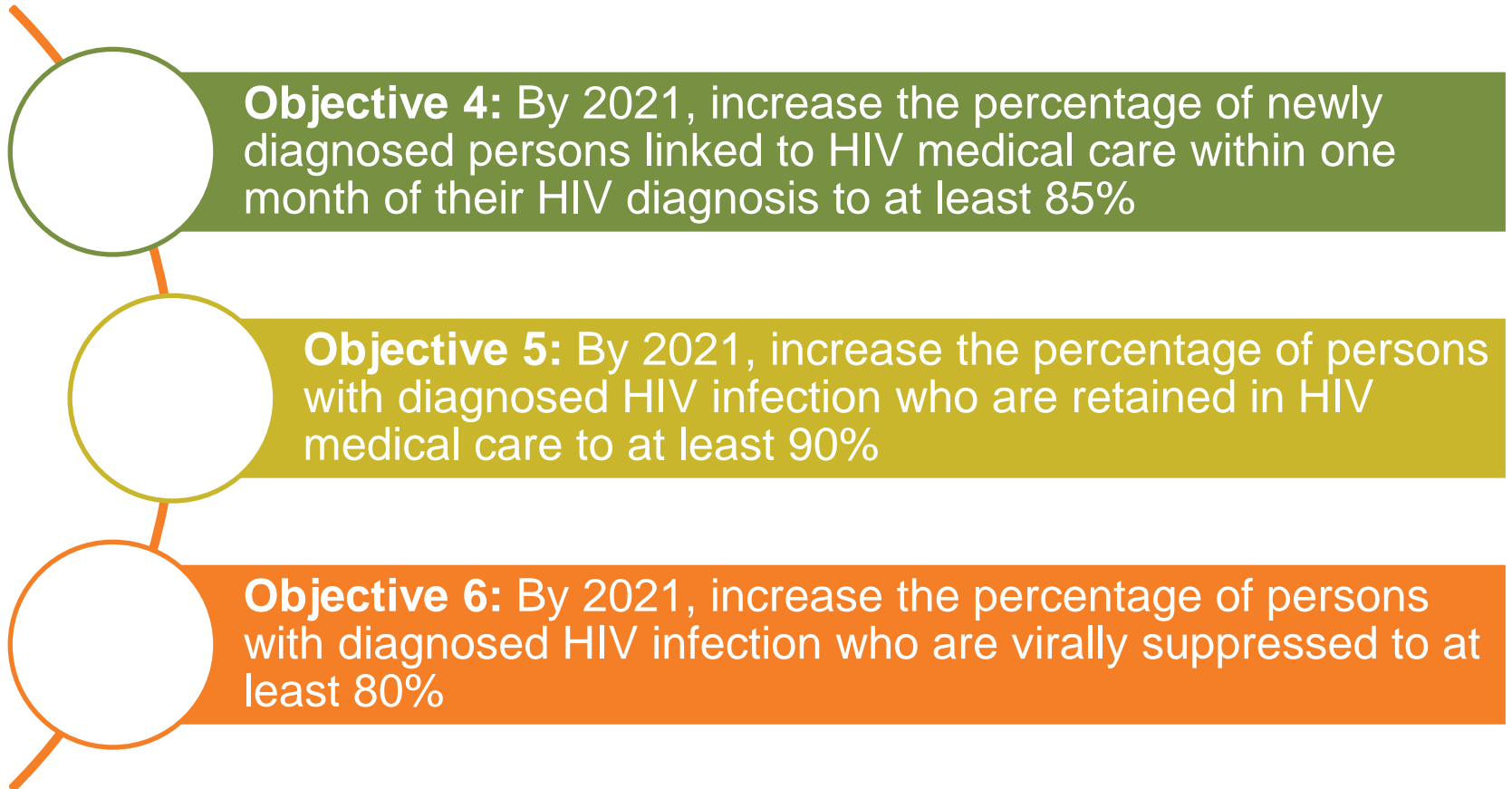


Objective 2: By 2021, reduce the number of new HIV diagnoses by 25%



Objective 3: By 2021, link 25% of adult gay, bisexual and other men who have sex with men to PrEP

OBJECTIVES



OBJECTIVES



Objective 7: By 2021, reduce the percentage of persons in HIV medical care who are homeless to no more than 5%



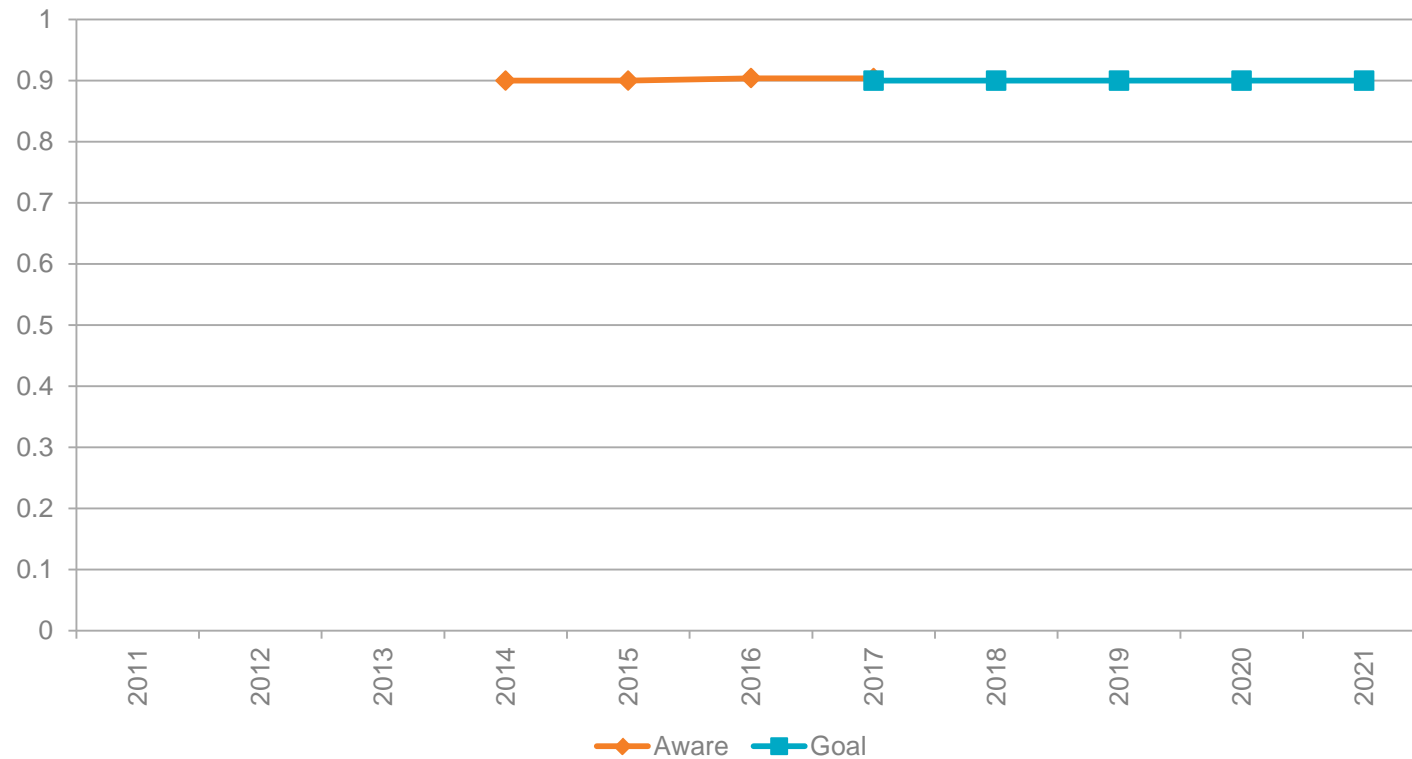
Objective 8: By 2021, reduce the death rate among persons with diagnosed HIV infection by at least 33%



Objective 9: By 2021, reduce the proportion of new HIV diagnoses that progress to AIDS within one year by 50%



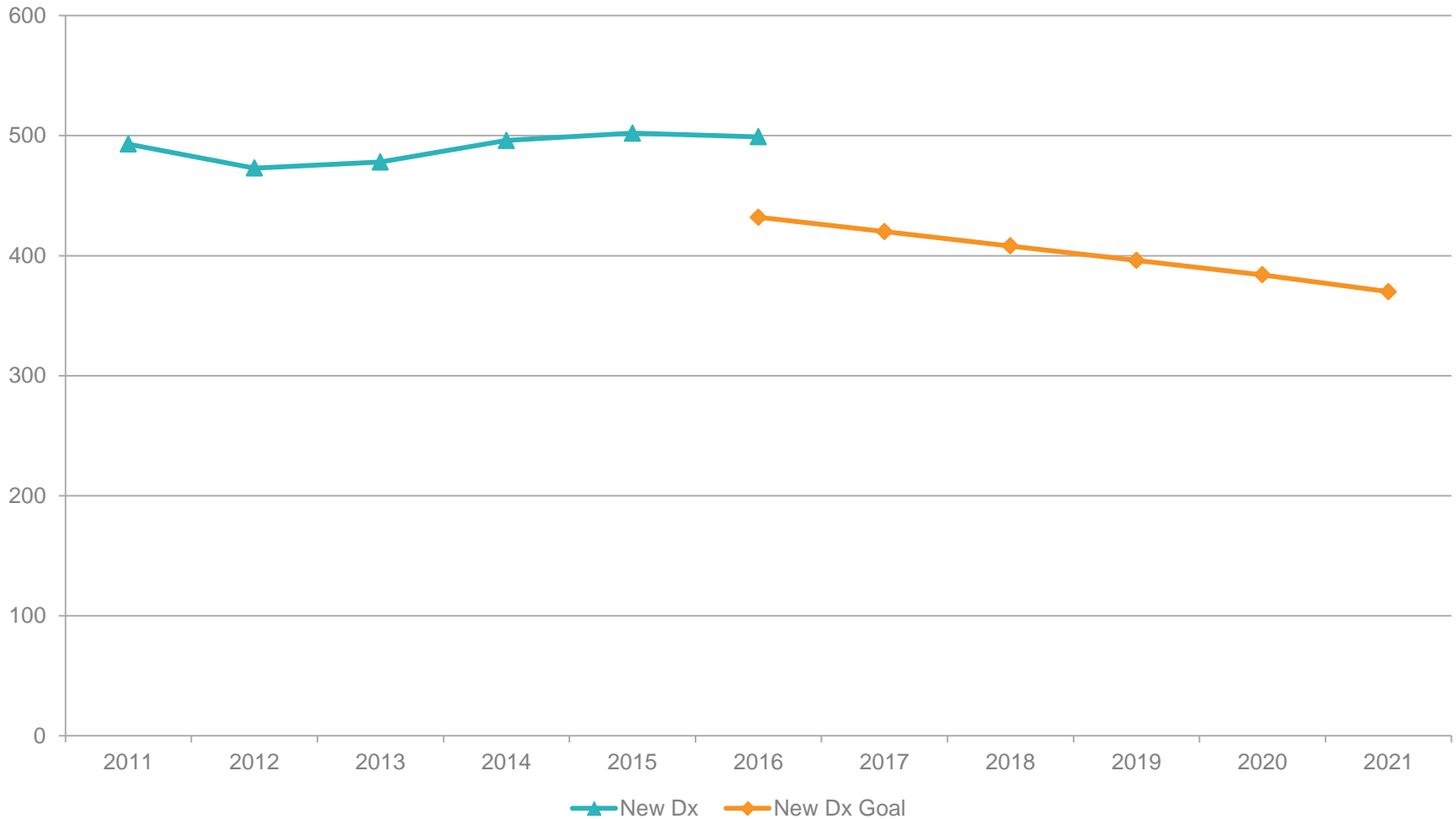
GTZ 1: Reduce the Unaware



Source: Centers for Disease Control and Prevention, National HIV Behavioral Surveillance Survey.

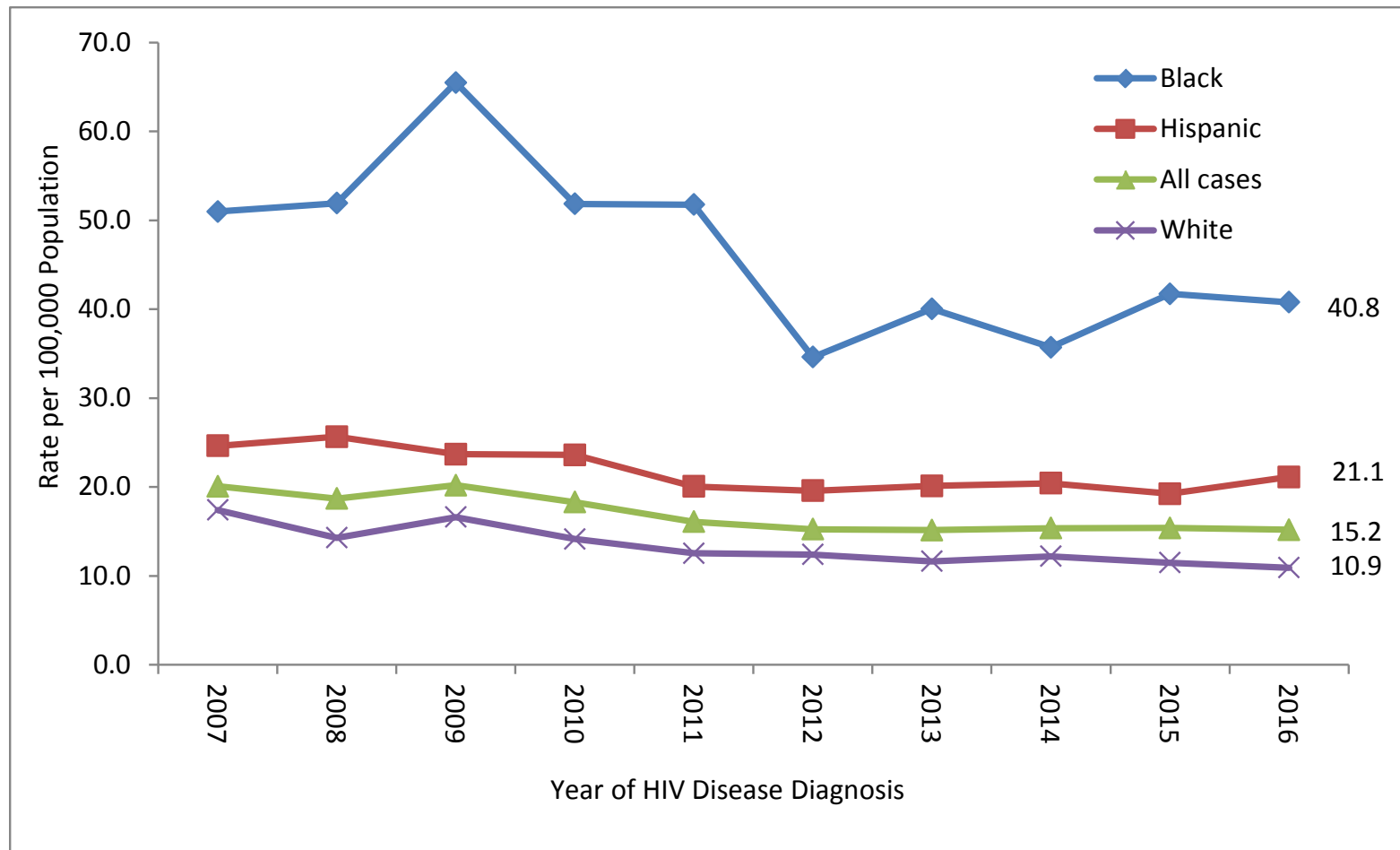


GTZ 2: New HIV Diagnoses, San Diego County



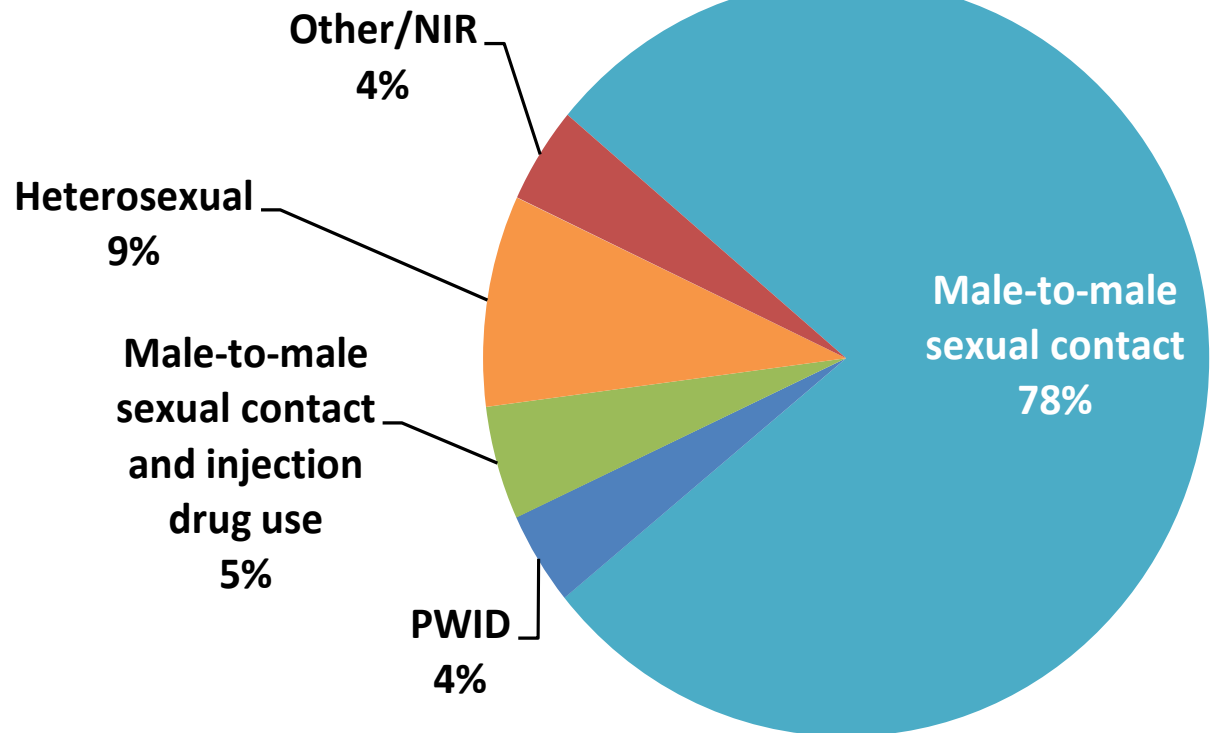


DIAGNOSIS RATES BY RACE/ETHNICITY





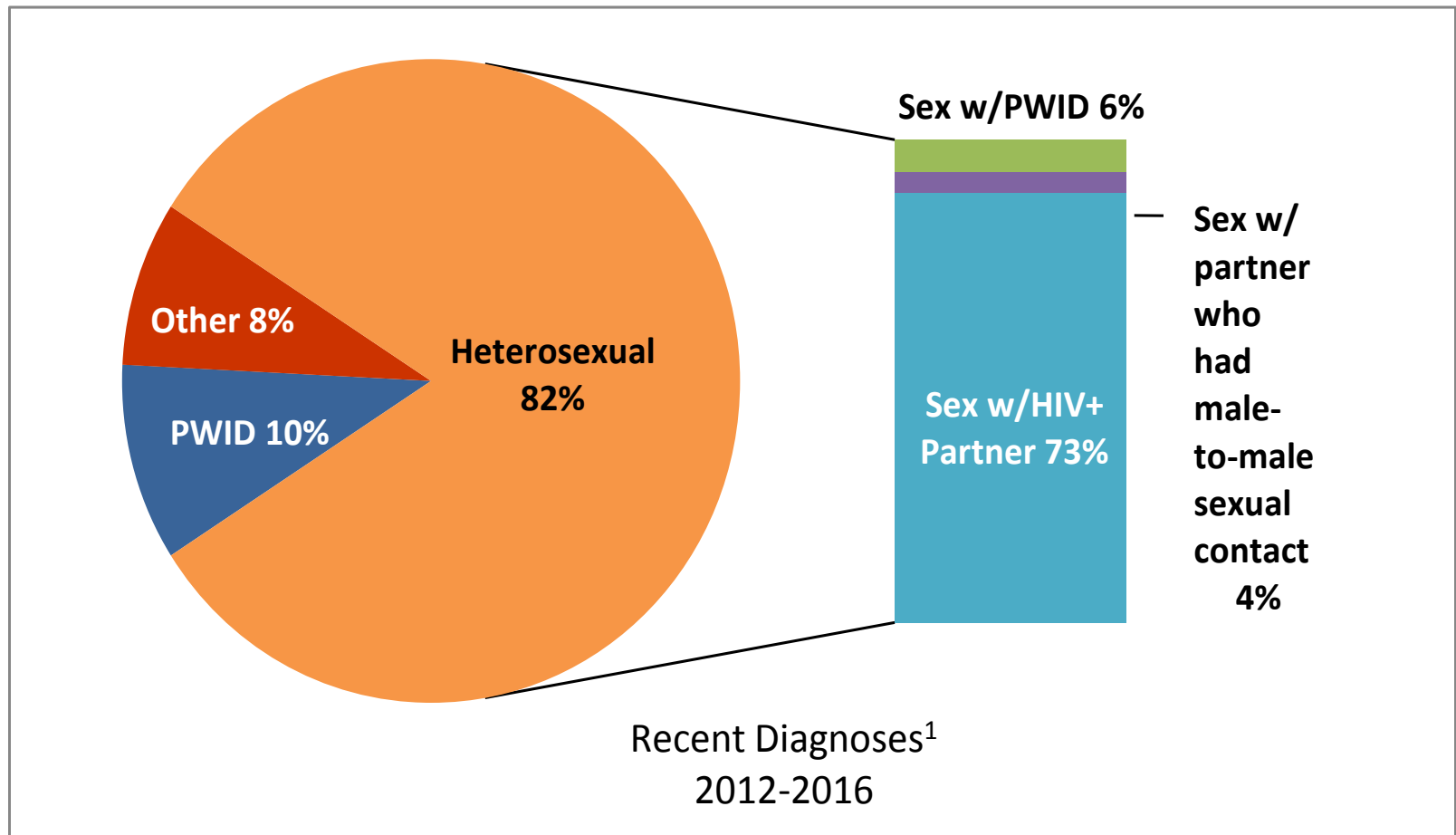
RECENT HIV DIAGNOSES AMONG MEN



Recent Diagnoses¹
2012-2016

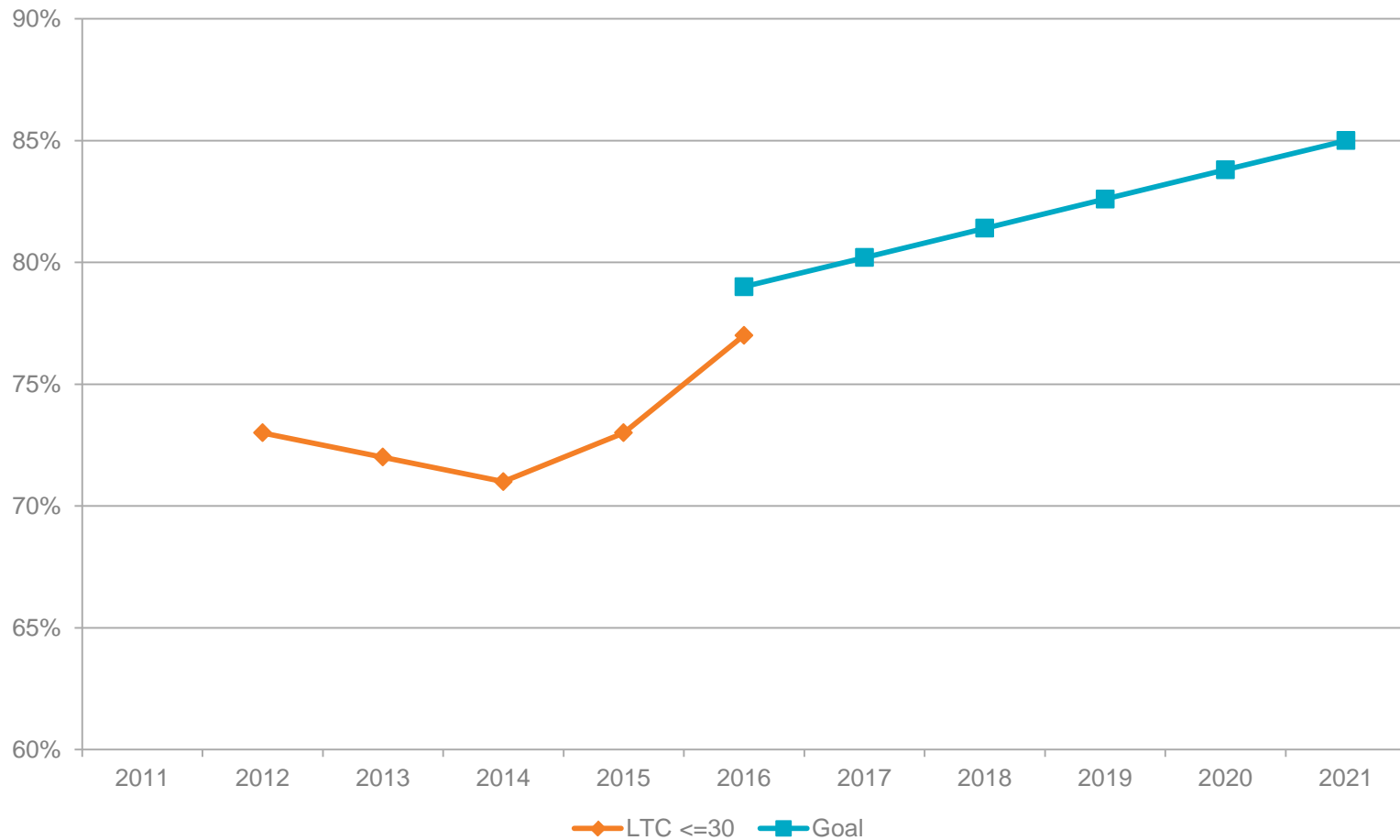


RECENT HIV DIAGNOSES AMONG WOMEN



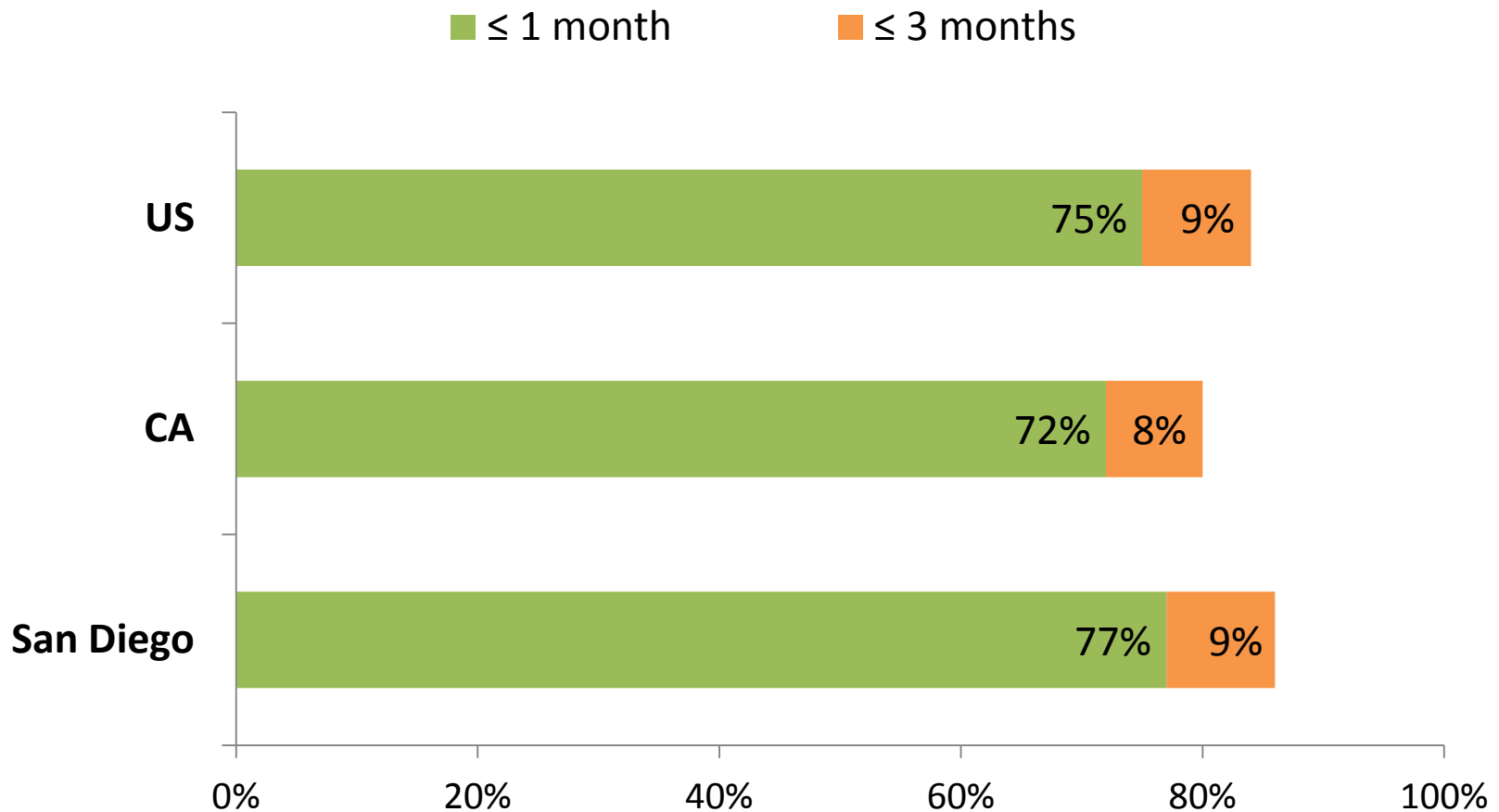


GTZ 4: Linkage to Care \leq 30 Days



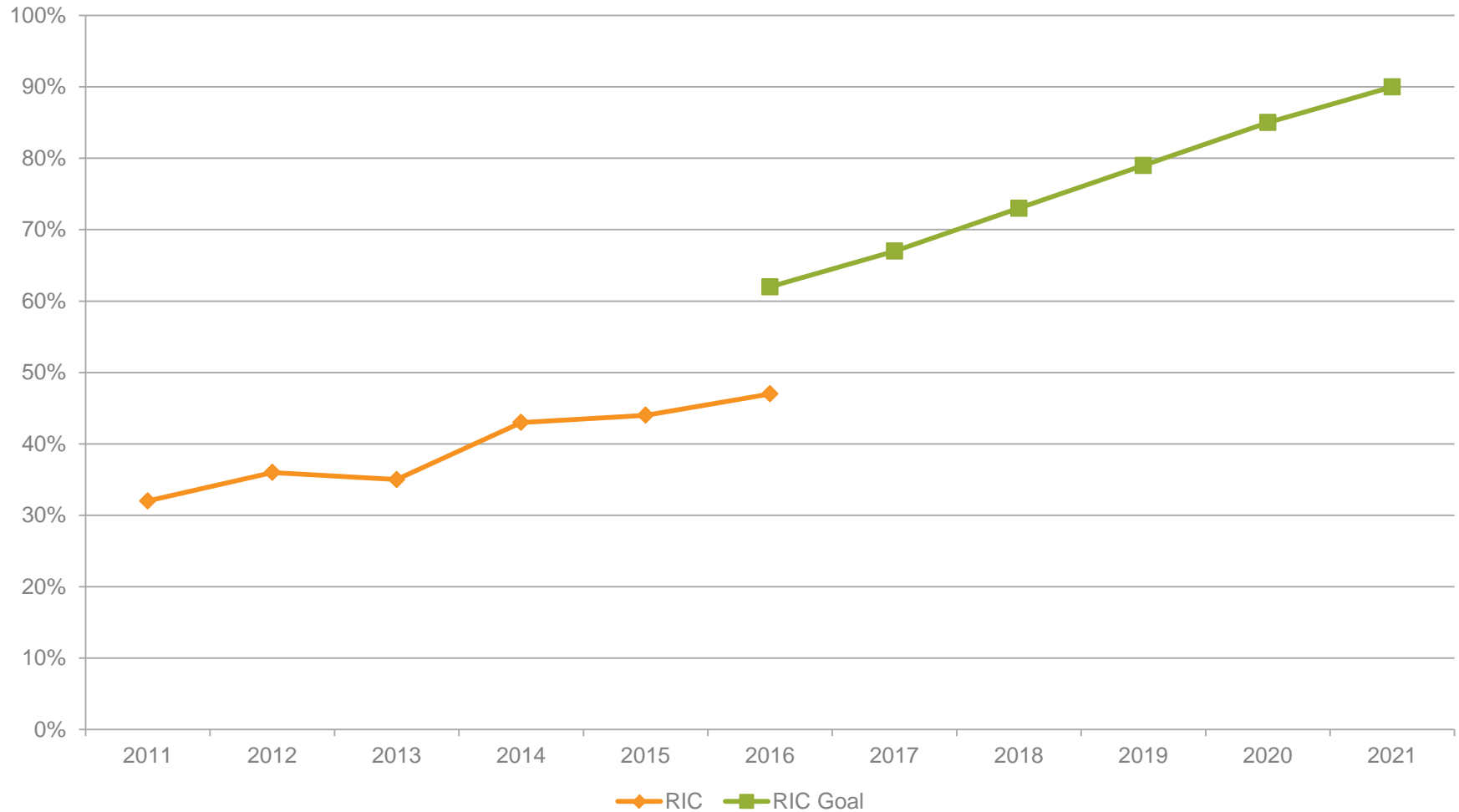


HIV CARE CONTINUUM—LINKAGE TO CARE



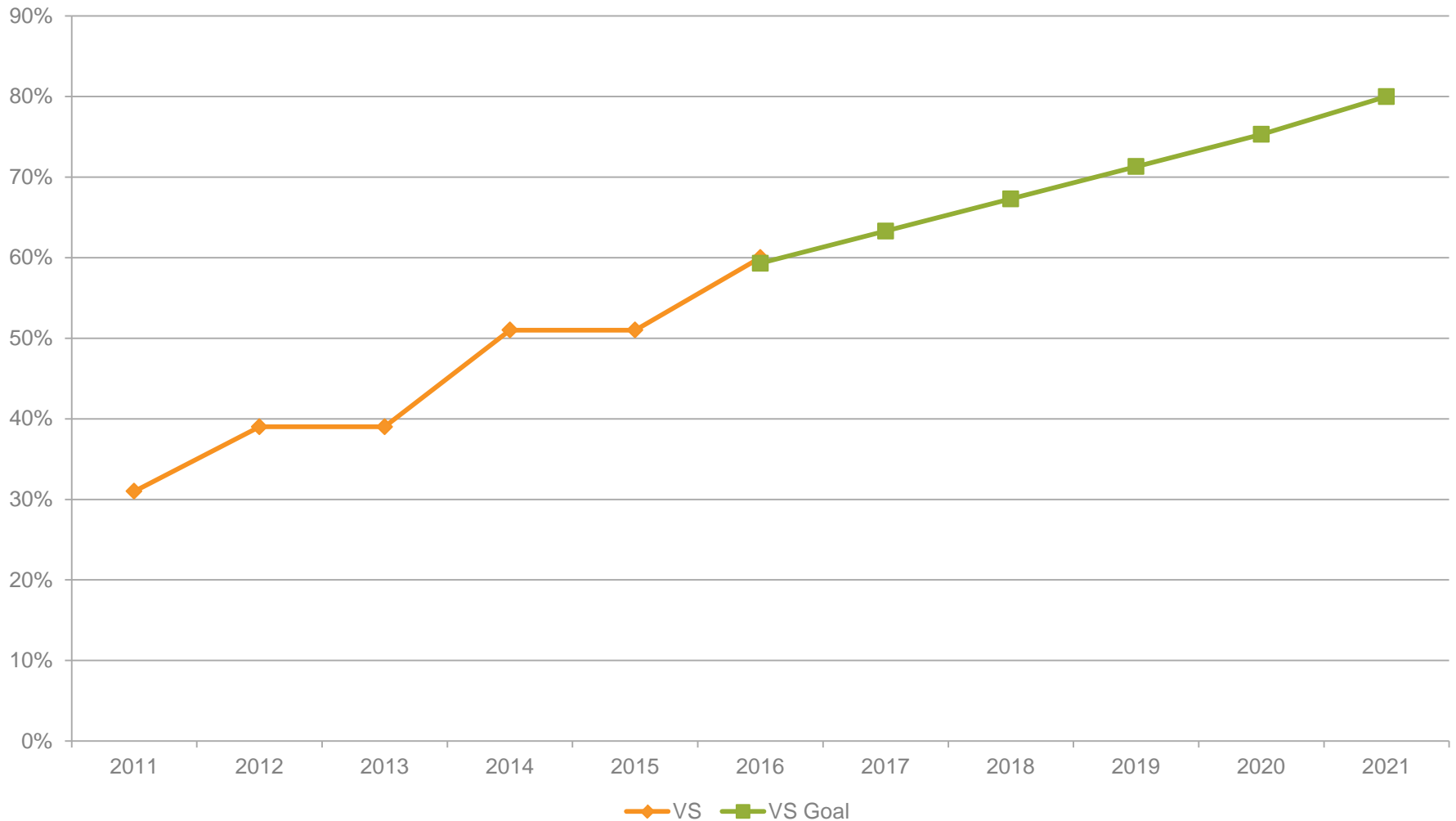


GTZ 5: Increase Retention in Care, San Diego County



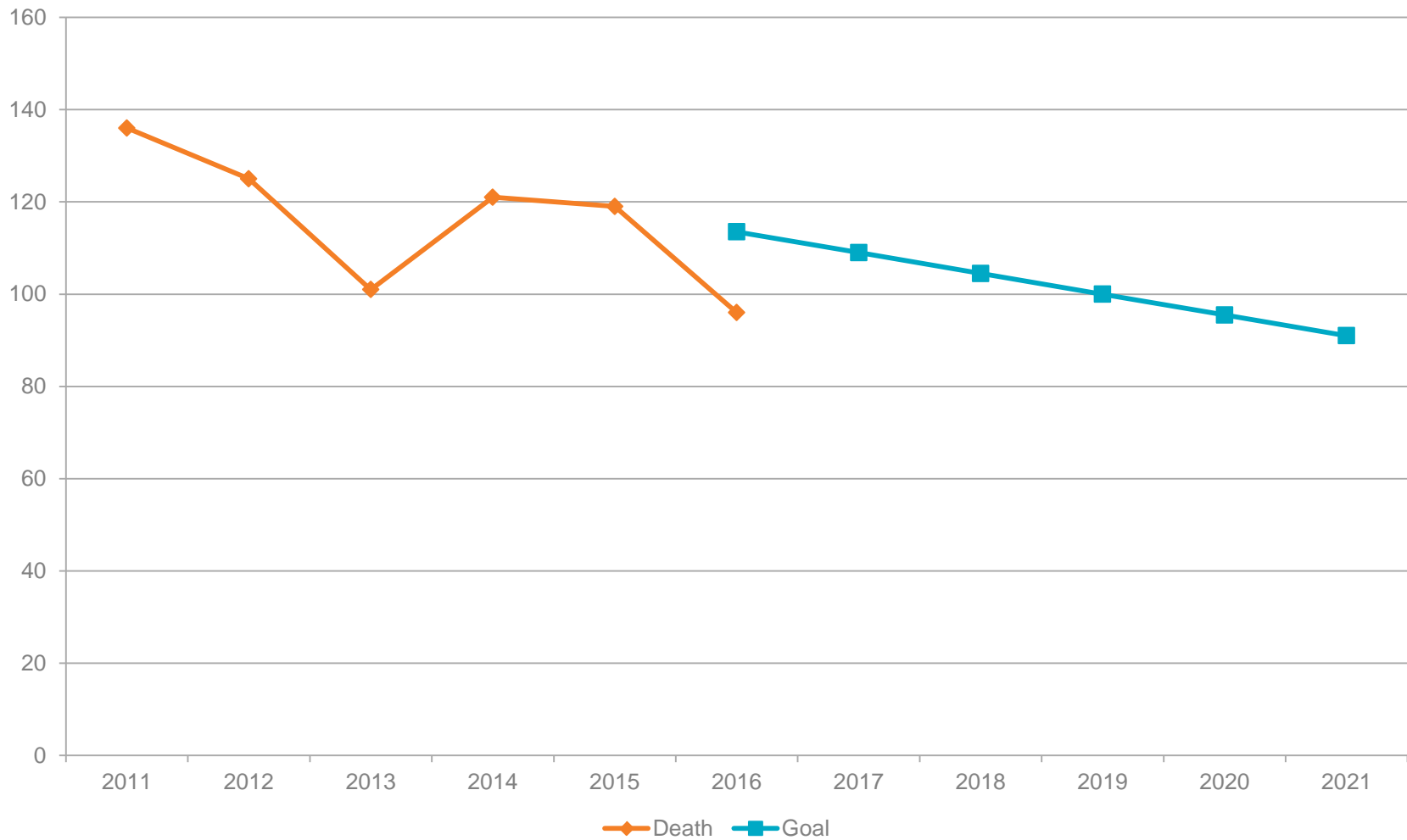


GTZ 6: Increase Viral Suppression



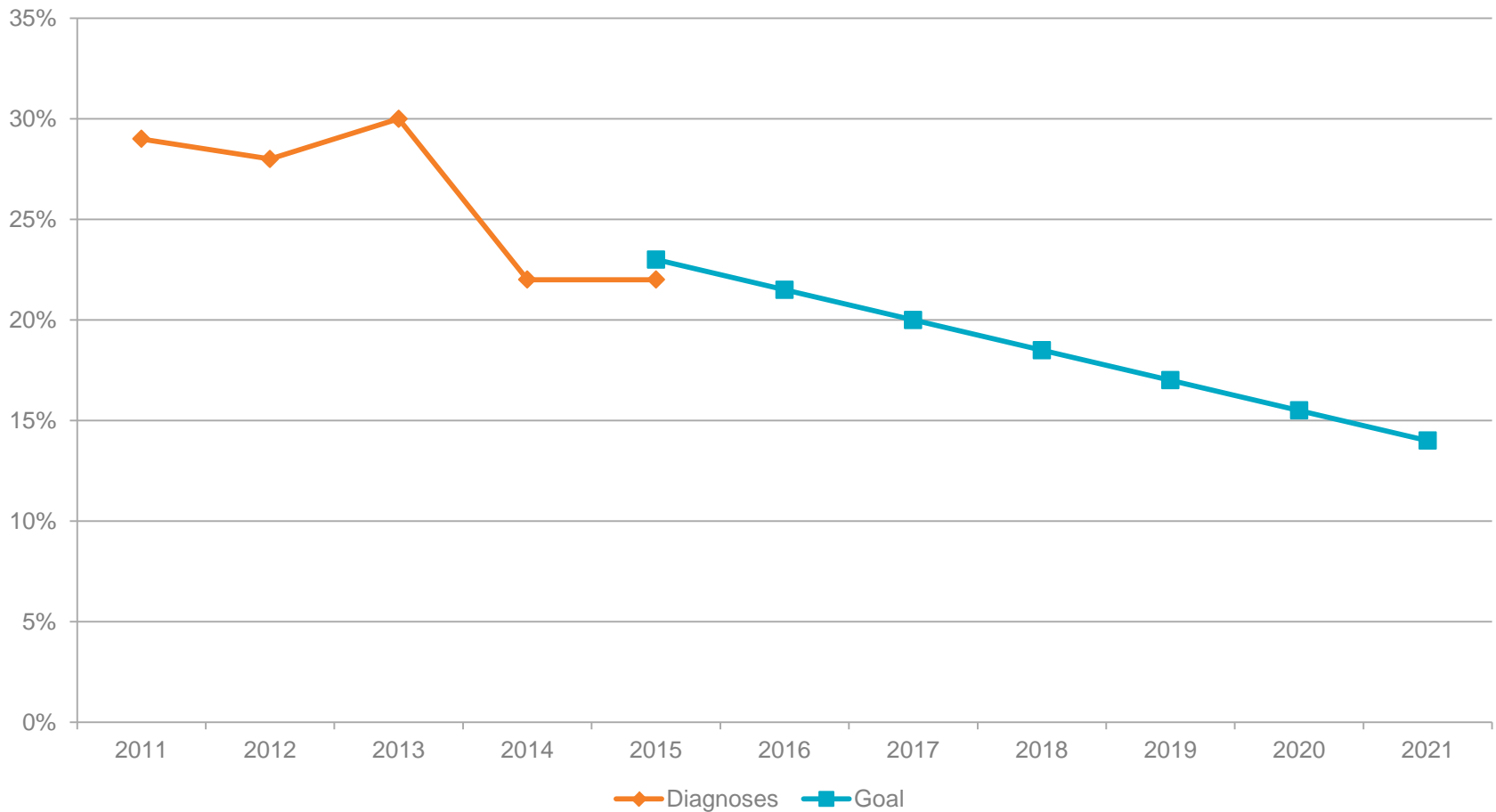


GTZ 8: Reduce Deaths among PLWH





GTZ 9: Reduce Late Diagnoses



GETTING TO ZERO



HEALTH SERVICES ADVISORY BOARD UPDATE – ELIGIBILITY OPERATIONS

HEALTHY SAN DIEGO – JUNE 2018

HEALTHY SAN DIEGO (HSD)

Enrollment

Please see below for April 2018 data.

Managed Care	April 2018
HSD Enrollment	717,929
State Default Rate*	32%
San Diego Default Rate*	36%

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

COUNTY MEDICAL SERVICES (CMS)

Enrollment	April 2017	April 2018
CMS	50	31

Current CMS materials are available on the CMS website.

BOARD LETTERS

N/A



INFLUENZA WATCH

Week 17
Ending 4/28/2018

The purpose of the weekly **Influenza Watch** is to summarize current influenza surveillance in San Diego County. **Please note that reported weekly data are preliminary and may change due to delayed submissions and additional laboratory results.**

Report Contents

Page 1: Overview & Indicators
Page 2: Virus Characteristics
Pages 3-8: Trend graphs
Page 8: Reporting Information

Current Week**Current Week 17 (ending 4/28/2018)**

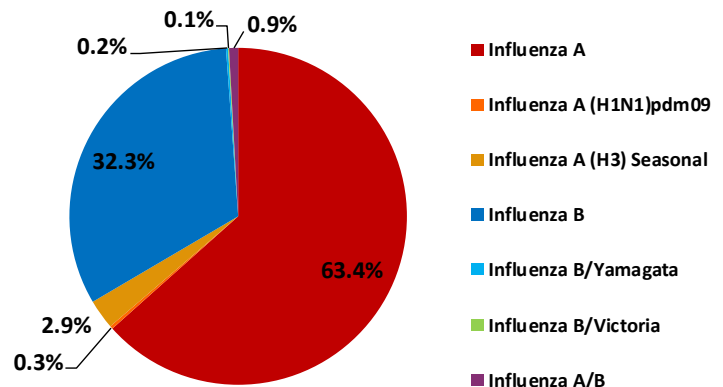
- 96 new influenza detections reported: *Expected level*
- 1% influenza-like-illness (ILI) among emergency department visits: *Expected level*
- No new influenza-related deaths reported this week
- No new ICU cases reported this week
- 7% of deaths registered with pneumonia and/or influenza: *Expected level*

Current Season Summary**20,757**

Total Cases

300

ICU Cases

341Deaths[†]**117**Outbreaks^{*}**Virus Characteristics**

[†] Including 44 deaths less than 65 years of age, reportable to CDPH.

^{*} At least one case of laboratory-confirmed influenza in a setting experiencing ≥ 2 cases of influenza like illness (ILI) within a 72-hour period.

Table 1. Influenza Surveillance Indicators

Indicator	FY 2017-18*			FY 2016-17		Prior 3-Year Average**	
	Week 17	Week 16	FYTD [#]	Week 17	FYTD [#]	Week 17	FYTD [#]
All influenza detections reported (rapid or PCR)	96	101	20,757	56	5,484	45	6,137
Percent of emergency department visits for ILI	1%	2%		1%		2%	
Percent of deaths registered with pneumonia and/or influenza	7%	6%		5%		7%	
Number of influenza-related deaths reported [^]	0	2	341	0	86	0	77

[#] FYTD=Fiscal Year To Date (FY is July 1- June 30, Weeks 27-26). Total deaths reported in prior years: 87 in 2016-17, 68 in 2015-16, and 97 in 2014-15.

^{*} Previous weeks case counts or percentages may change due to delayed processing or reporting.

^{**} Includes FYs 2014-15, 2015-16, and 2016-17.

[^] Current FY deaths are shown by week of report; by week of death for prior FYs.

Weekly Influenza Watch Surveillance Report

This is the final *Influenza Watch* surveillance report for this season.

If you have any comments or suggestions regarding the *Influenza Watch*, please email us at EpiDiv.HHSA@sdcounty.ca.gov.

A final influenza season summary will be available in July, and the weekly *Influenza Watch* reports will resume again around October, 2018.

Table 2. Influenza Detections Reported, FY 2017-18*

Positive Test Type/Subtype	Week 17	Total FY-To-Date
Influenza A†	20	13,117
Influenza A(H1N1) Pandemic 2009	2	62
Influenza A (H3) Seasonal	5	594
Influenza B†	69	6,745
Influenza B/Victoria	0	19
Influenza B/Yamagata	0	41
Influenza A/B†	0	179
Total	96	20,757

* FY is July 1- June 30.

† No further characterization performed, or results were not yet available at time of publication.

Note: Totals may change due to further laboratory findings.

Influenza Watch

Week 17
Ending 4/28/2018

Figure 1. Percent of Emergency Department Visits for Influenza-like Illness by Week and FY

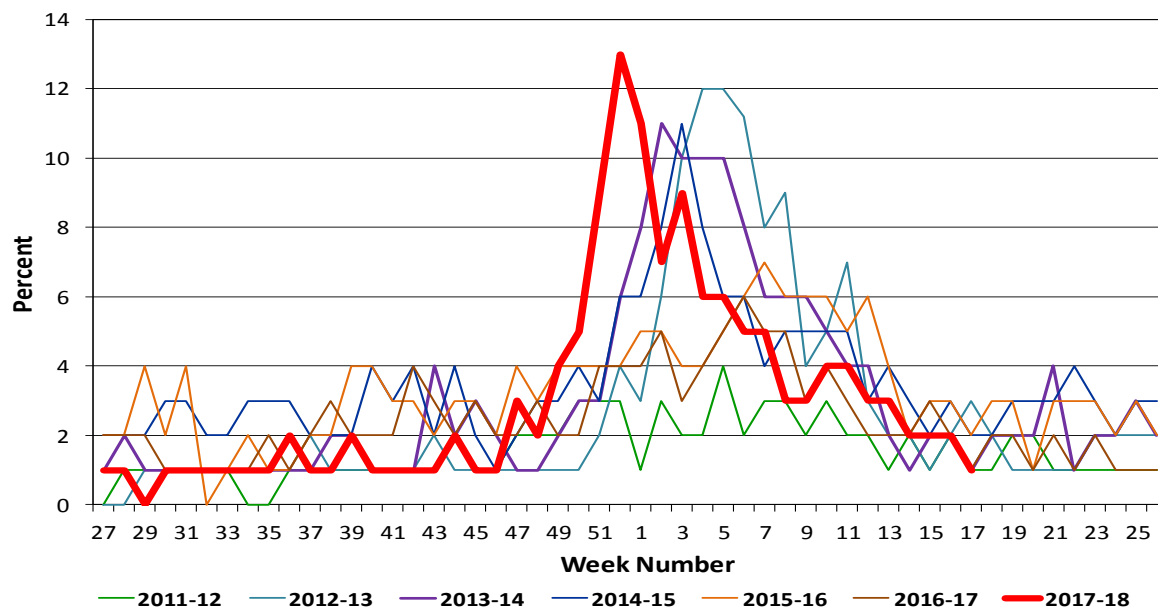


Figure 2. San Diego County Influenza Detections by Type and Week of Report, 2017-18 FYTD (N=20,757)

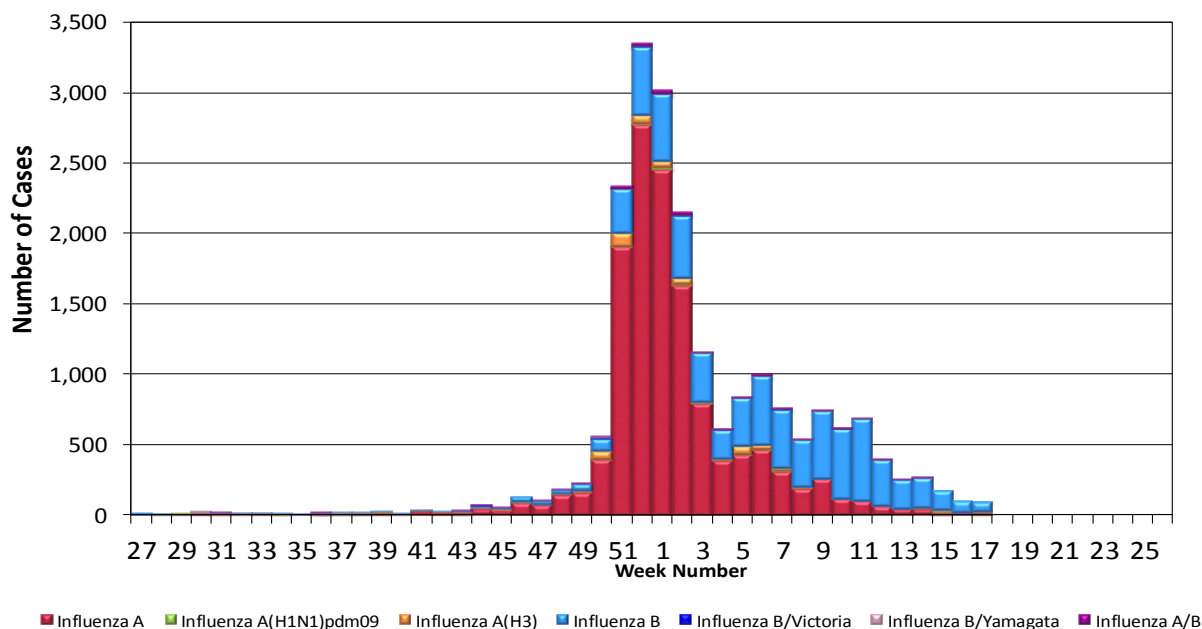


Figure 3. Percent of Reported Influenza Cases by Age Group and Season, 2011-12 to 2017-18 FYTD

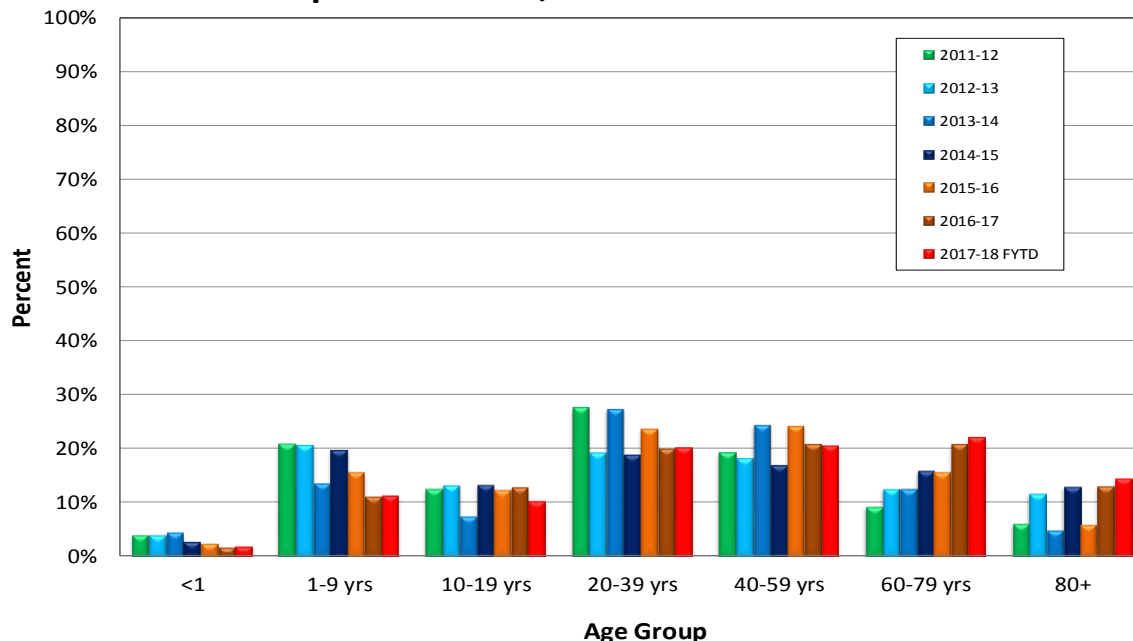


Figure 4. Cumulative Influenza Case Reports by Episode Week & Season

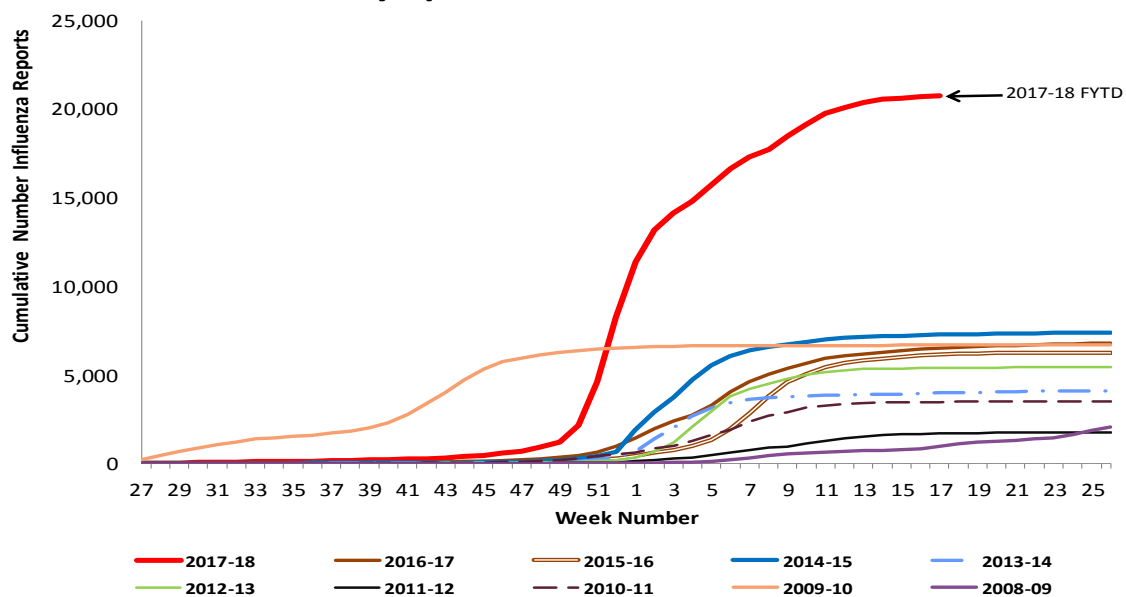


Figure 5. Percent of San Diego County Emergency Department Visits for Influenza-like Illness by Week and FY Compared to 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)

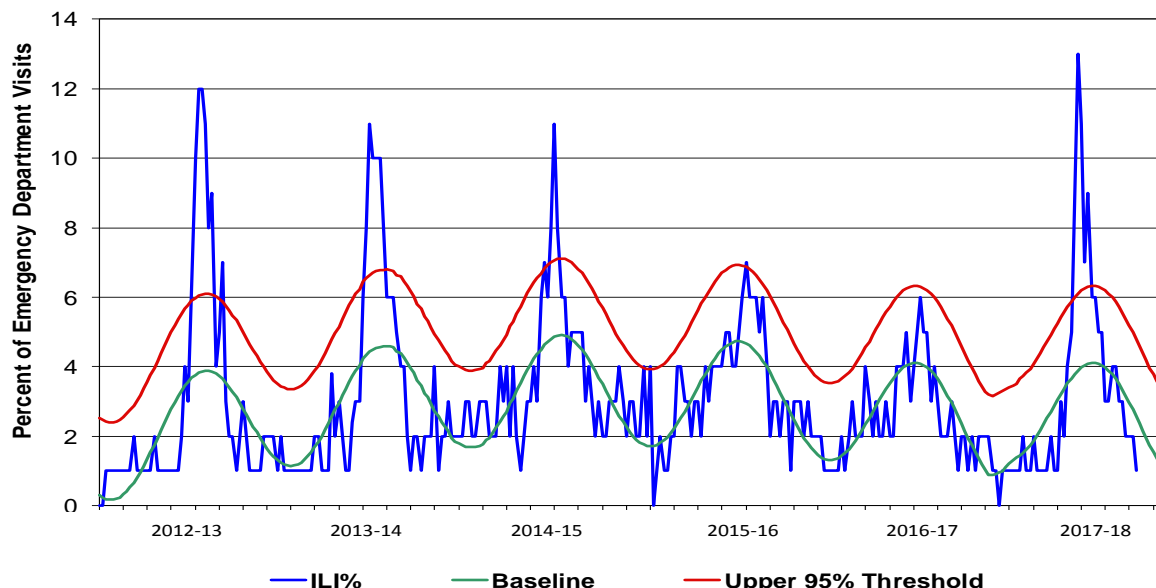


Figure 6. Percent of San Diego County Deaths Registered with Pneumonia and/or Influenza by Week and FY Compared to Prior 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)

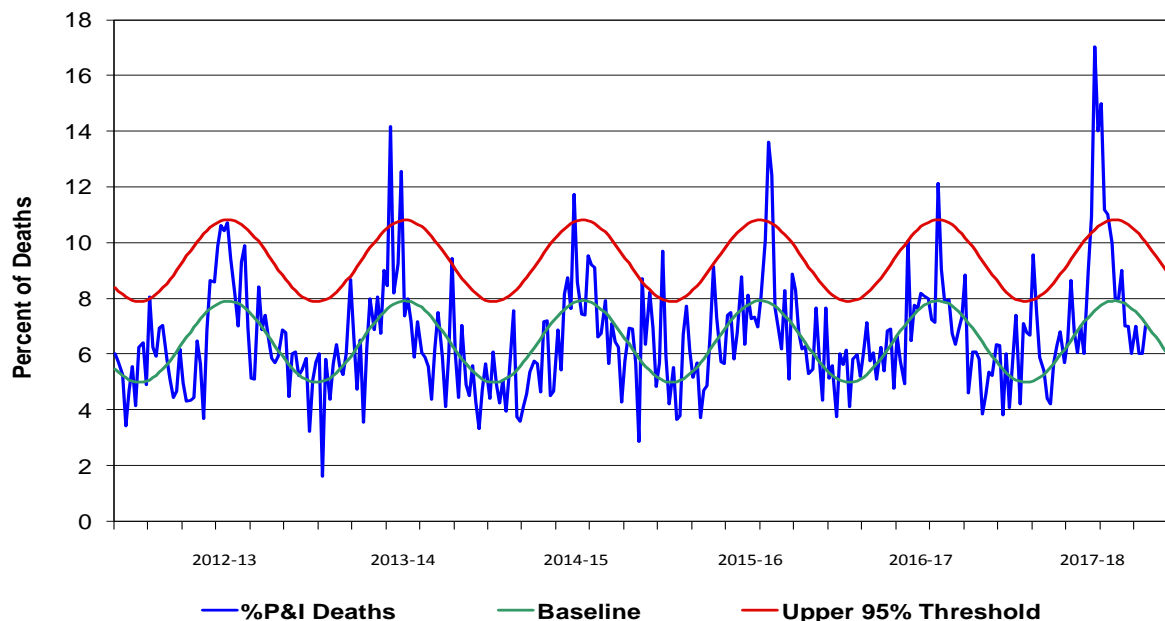


Figure 7. Influenza Deaths by Type and Season

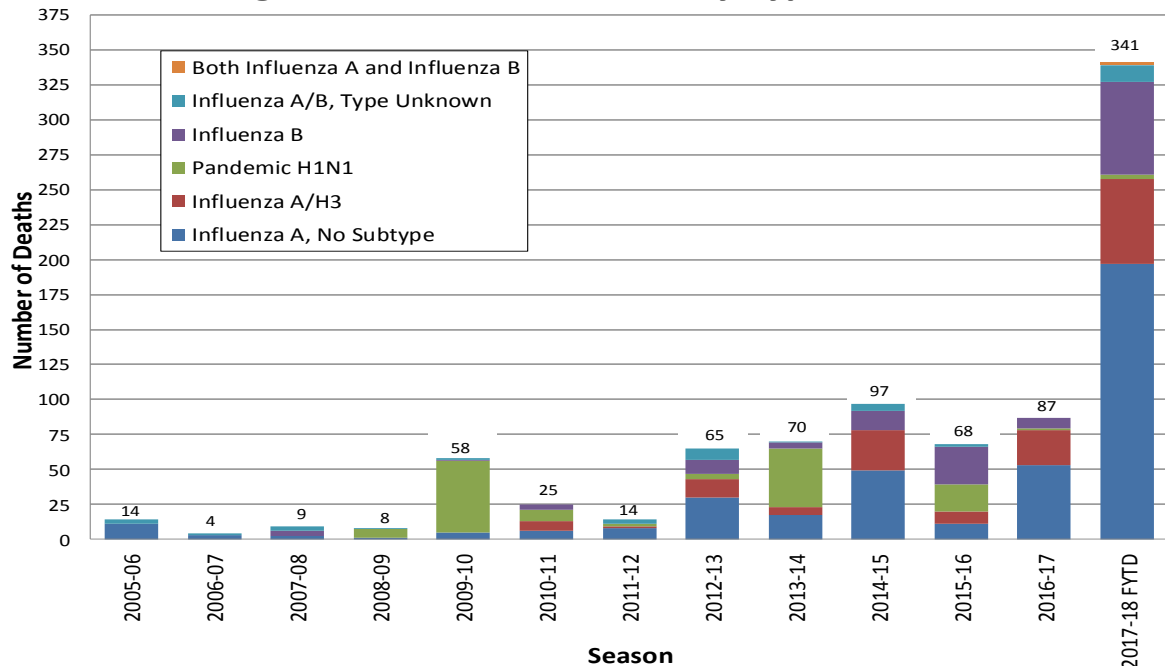


Figure 8. Influenza Deaths by Age and Season

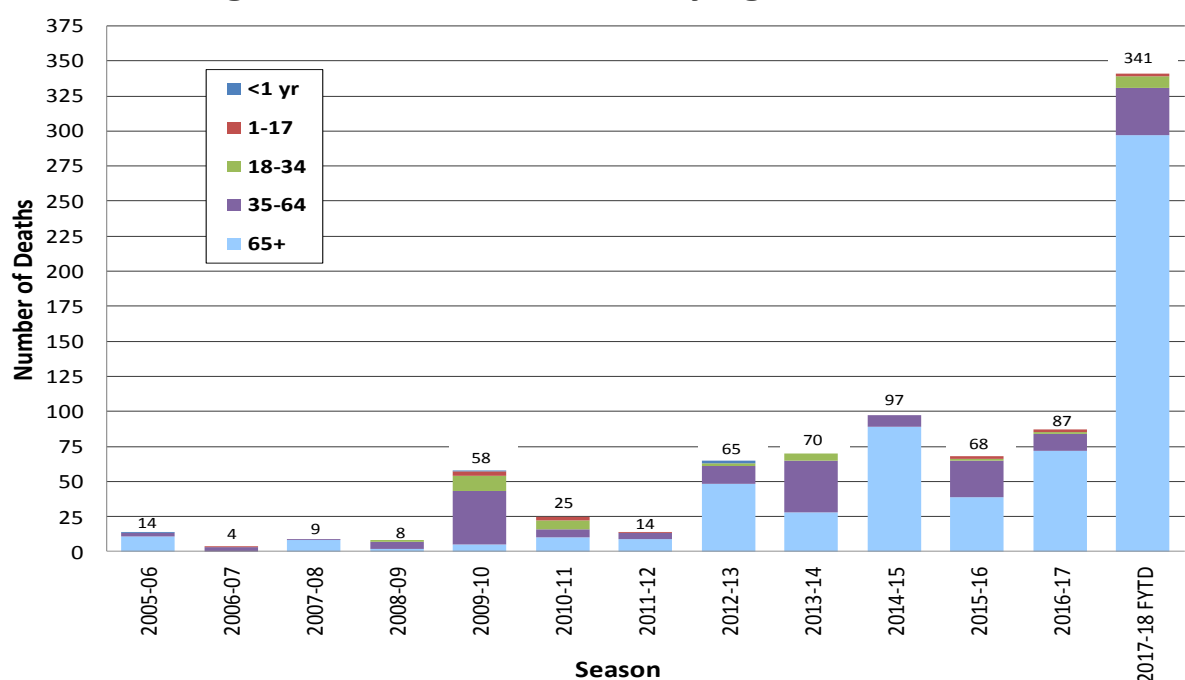


Figure 9. Number of Influenza Vaccinations Administered* by Week and Season

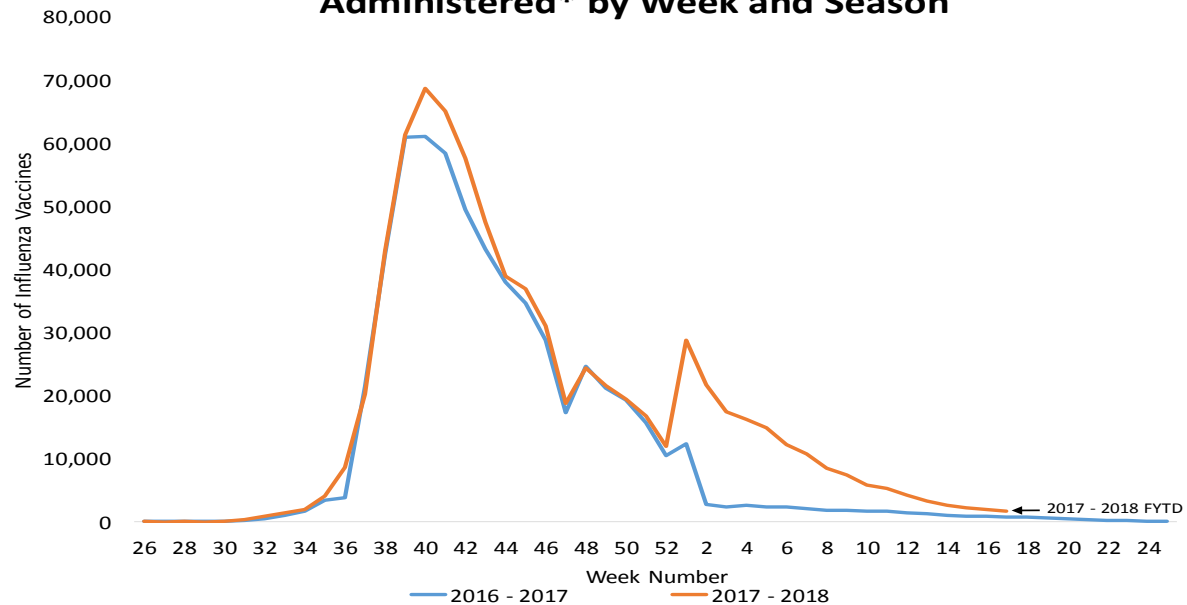
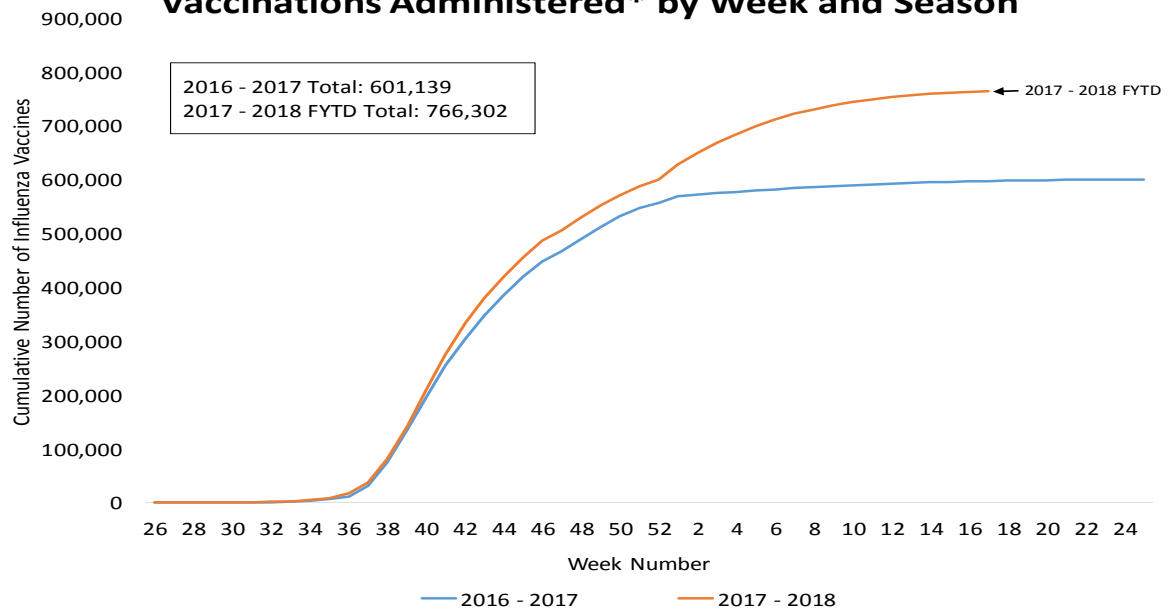
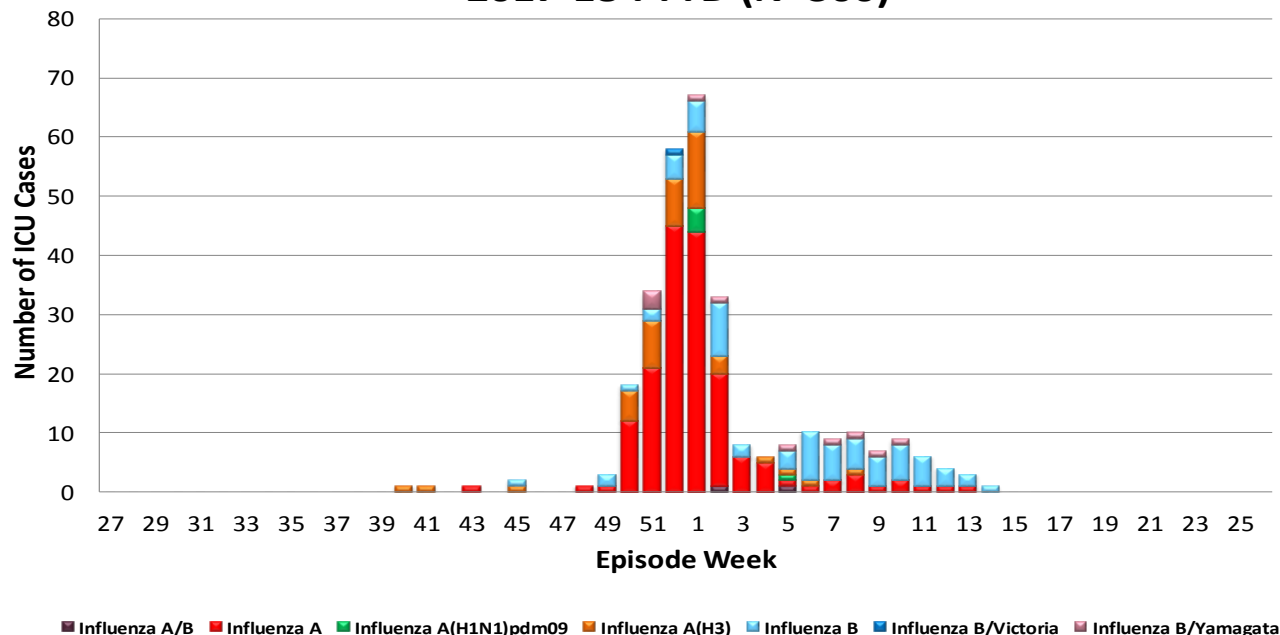


Figure 10. Cumulative Number of Influenza Vaccinations Administered* by Week and Season



* Influenza vaccinations administered and entered into the San Diego Immunization Registry ([SDIR](#))

Figure 11. Number of Influenza Cases Requiring ICU Care by Episode Week and Type of Influenza, 2017-18 FYTD (N=300)



Episode week is the week of symptom onset, or earliest available date in which the case is identified.

Influenza Reporting in San Diego County

Local providers are encouraged to report laboratory positive influenza detections to the County Epidemiology Program by **FAX (858) 715-6458**. Please fax a [Case Report](#) Form and/or a printed laboratory result, and indicate if the patient was admitted to ICU or died, and/or is a resident of a congregate living facility.

For questions regarding sending specimens to Public Health Laboratory (PHL), call (619) 692-8500. Click here for the updated PHL [PCR Test Request Form](#). Contact the Epidemiology Program with any questions at **(619) 692-8499** or by email to: EpiDiv.HHSA@sdcounty.ca.gov.

Resources

San Diego County Influenza Surveillance Weekly [Slide Deck](#) - presentation version of this report

County of San Diego Immunization Program www.sdiz.org

California Department of Public Health [Influenza](#)

Centers for Disease Control and Prevention Influenza Surveillance [Weekly Report](#)

**Health and Human Services Agency
 Health Services Advisory Board (HSAB)**

June 5, 2018 * 3PM – 5PM * 1600 Pacific Highway, San Diego, CA

Public Health Officer's Report

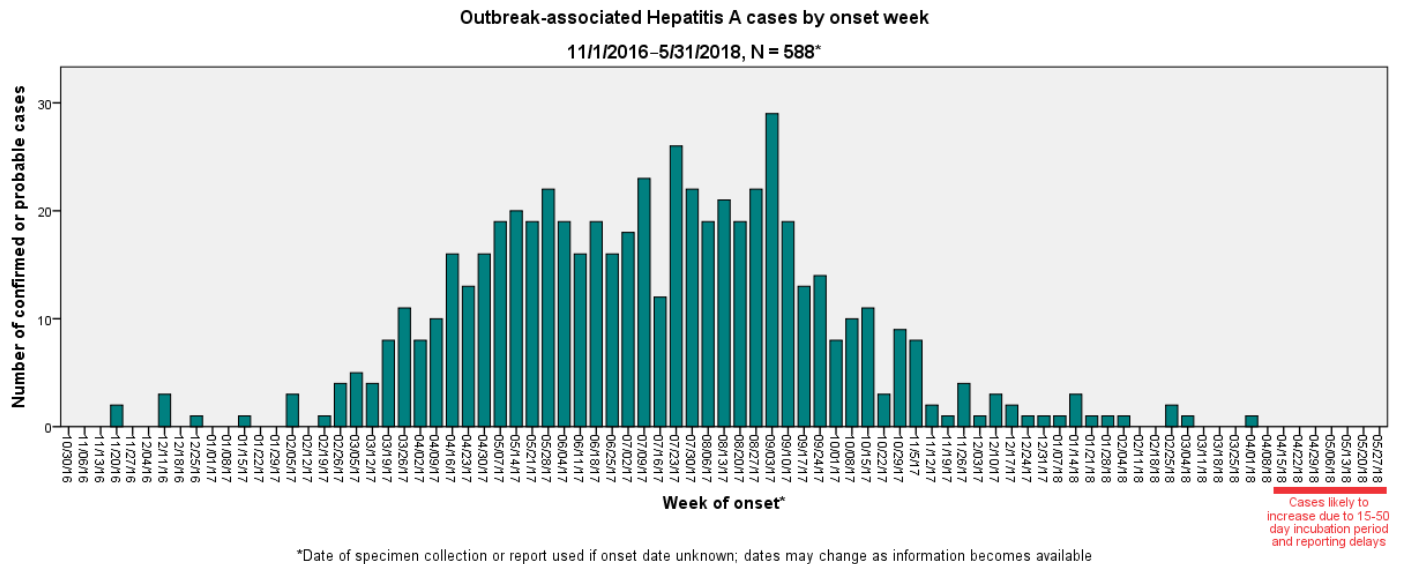
I. Communicable Disease Issues

A. Infectious Disease Issues

1. Hepatitis A (Report issued on 5/31/18, weekly report)

- Outbreak News
 - **No new local outbreak cases, one new genotype 1A case.**
 - **The Kentucky outbreak has surpassed the San Diego total with 629 cases as of 5/19.**
 - **The health department in Nashville, TN became the latest to declare an HAV outbreak with 14 cases.**
 - **No new cases and it has been 50 days since the illness onset of the most recently confirmed case.**
 - San Diego Outbreak
 - At-risk Populations: Homeless population and illicit drug-using individuals or both.
 - Genotype 1B, with 16 strains
 - **SD Case Demographics – No new cases**
 - 588 cases with onset dates from 11/22/16 – **4/4/18**, 20 deaths, 403 hospitalizations
 - 403 (68%) hospitalizations, 20 (3.4%) deaths
 - 402 males (68%); 186 females (32%)
 - 5-87 years (median 43.0 years, mean 43.9 years)
 - 198 (34%) documented homeless and illicit drug use
 - 91 (15%) homeless only
 - 76 (13%) illicit drug use only
 - 167 (28%) neither homeless nor illicit drug use
 - 56 (10%) unknown (no records or interview)
- Co-infection
 - 25/489 (5.1%) confirmed or probable Hepatitis B
 - 81/474 (17.1%) confirmed or probable Hepatitis C
- Other Characteristics
 - 48 cases in jail/detention facilities (Completed vaccinations of 7 facilities)
 - 24 Food Handlers
 - 7 healthcare workers
 - **Other jurisdictions linked to San Diego (cases as of 4/26/18):**
 - California: Santa Cruz (76 cases), Los Angeles (42 cases), Monterey (12 cases), OC, Santa Clara, SLO, Imperial, Placer, Riverside, Ventura
 - U.S.: Arizona, Colorado, Illinois, Indiana (**107 cases**), Iowa, Kentucky (**629 cases, early case epi-linked to SD**), New Hampshire, Ohio (47 cases), Oregon, Rhode Island, Utah (**248 cases**), Hawaii, **West Virginia (129 cases, epi-linked to SD & Kentucky)**, Nashville (**15 cases**).
 - 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 as of **5/2/2018: 151,115**
- Hygiene Kits Distributed as of 5/2/2018: 11,893
- Handwashing Station as of **5/25/18: 160 removed**
- Communications:
 - News Stories:

- 17 issued; last issued on January 23, 2018.
- Publications
 - 10 issued: CAHAN alert last issued on October 31, 2017.
- Reports:
 - After Action Report released on May 10, 2018:
<https://www.sandiegocounty.gov/content/dam/sdc/cosd/SanDiegoHepatitisAOutbreak-2017-18-AfterActionReport.pdf>
 - Grand Jury Report released on May 18, 2018:
<https://www.sandiegocounty.gov/content/dam/sdc/grandjury/reports/2017-2018/HepAReport.pdf>
- Web page:
http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A.html



2. Zika Virus (**Reported on 6/3/18 for local cases through 5/29/18**). Now report issued first Thursday each month or as new cases occur.
 - 2 new San Diego Zika cases since the previous report.
 - Total Zika Testing referrals to EPI Program for consultation of potential cases: **4, 191 referrals**
 - Ruled out: **3, 982 cases**
 - Confirmed Zika cases (all travel-associated): **108**
 - Total travel related cases: **103 (+2, Mexico)**
 - Sexual transmission: **2**
 - Congenital infection: **3**

II. Board Actions

- A. Getting to Zero – Annual report via Board Memo to be issued on **June 26, 2018** to coincide with National HIV Testing Day.
- B. Hepatitis A Outbreak
 - San Diego County declared a local health emergency, which was 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.”
 - September 6 & 12, 2017: Ratify declaration of local health emergency: Hepatitis A Outbreak
 - September 26, 2017, October 10, 2017, October 24, 2017, November 6, 2017, November 14, 2017, November 27, 2017, December 5, 2017, December 19, 2017, January 2, 2018, and January 9, 2018: Continue local health emergency.
 - San Diego County Board of Supervisors motion to end local health emergency on January 23, 2018.
 - After Action Report issued May 10, 2018
 - Grand Jury Report issued May 18, 2018

III. Public Health Issues

- A. West Nile Virus Zika Season: Department of Environmental Health issued Media Advisory on April 2, 2018 to notify the public of the start of mosquito season.
- B. National Public Health Week, April 2-8, 2018, with *Live Well San Diego* Public Health Champion Awards Ceremony on Friday, April 6, 2018.
- C. 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.
- D. CAHAN released on February 16, 2018: Pertussis Increasing in San Diego

IV. Grants

A. New Applications

1. **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:
 - For implementing food sodium standards and environment and lifestyle changes (DPPs) – excited about the development of the Diabetes Prevention Programs
 - Diabetes prevention and community clinical linkages; health system interventions – Chronic Disease Surveillance via EHRs
 - **This grant ends September 29, 2018.**
 - **New CDC application is being prepared for submission.**
2. **Kresge Emerging Leaders in Public Health Grant : PHS applied for the Kresge Emerging Leaders in Public Health Grant. The grant is \$125,000 for pairs of public health leaders (one of whom must be the health officer) to “develop and implement a transformative concept designed to deliver a new model of public health for its community.” Public Health Services should receive a response if the grant is awarded by the end of June.**

B. Funding

1. **Gonorrhea Surveillance:** California Department of Public Health is applying for a CDC grant. HSHB submitted an application specific to San Diego County. Funds are gonorrhea surveillance and to support lab testing in identifying ways to eliminate the disease. Start date is August 1, 2017; Application was submitted on May 15th; Amount is \$71,000. Award status pending.
2. **Naloxone Proposal:** to participate in a naloxone distribution effort. Application submitted May 1st. Approved. A plan has been developed and will implement. \$248,300 (full amount). **As of May 30, 2018, 2,502 doses (32%) doses were picked up by seven agencies: San Diego County Medical Examiner (46 does), Chula Vista Police Department (126 doses), A New PATH (2,160 doses), Fallbrook Unified High School District (2 doses), Interfaith Community Services (50 doses), Mira Costa College Police Department (18 doses), La Maestra Wellness Supportive Services (100 doses).**
3. **Hep A Funding:** CDPH funding \$350,000 to hire two Epidemiologists
4. **Oral Health Funding:** Prop 56 Funding - \$842,000 Estimated
5. **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
6. **Zika Funding:** EISB was awarded \$413,793 for staffing support. Funding is for March 1, 2017-July 31, 2018.
7. **Public Health Lab Microbiologist Training Funds:** \$75,500 was awarded to the lab to train 2 microbiologists.
8. **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:
 - PrEP education and navigation.
 - Rapid initiation of anti-retroviral therapy (ART) for individuals newly diagnosed with HIV.
 - Awareness Campaigns.
9. **Tobacco Control Program**
 - Tobacco program is anticipated to receive over \$2.8 million from the state in FY17-18.
 - Additional Tobacco Funding \$182K one time only; pending funding from recent legislation (Prop 56)
10. **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.

11. 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

12. 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

V. Public Health Initiatives

A. Major Initiative Updates and Highlights

1. Getting to Zero – Medical Advisory Committee: HIV, STD, and Hepatitis Branch has convened a Medical Advisory Committee consisting of healthcare professionals and executives from local healthcare systems and stakeholders to support Getting to Zero. The primary objectives of the committee are to increase routine HIV testing in healthcare settings and to optimize referral mechanisms for HIV linkage to care, pre-exposure prophylaxis, and post-exposure prophylaxis. Met with the Hospital Association of San Diego & Imperial Counties and community clinic networks on March 14, 2018; Met with San Diego County Medical Society on April 10, 2018; Met with Family Health Centers of San Diego on April 11, 2018. **The “Getting to Zero” Board Memo is going to the Board of Supervisors on June 26th. The Medical Advisory Committee will be meeting in early June.**

VI. Board Letter Forecast

DATE / BOARD LETTER	BOS MEETING	BRANCH	POC
June 2018			
1. Getting to Zero Annual Report (Board Memo)	6/26/18	HSHB	Patrick Loose and Lauren Brookshire
July 2018			
2. TB Elimination (scheduled for HSAB on 7/3/18)	7/24/18	TBRH	Susannah Graves
3. Single Source Contracts for RHAP Services (scheduled for HSAB on June 5, 2018)	7/24/18	TBRH	Susannah Graves
4. Accept Tuberculosis Revenue (scheduled for HSAB on June 5, 2018)	7/24/18	TBRH	Susannah Graves
September 2018			
5. Health Services Advisory Board Bylaws	9/11/18	PHS Admin	Dr. Wooten and Nora Bota
Fall 2018			
6. Accept Ryan White Funding for FY 18-19 (scheduled for HSAB TBD)	TBD	HSHB	Patrick Loose and Lauren Brookshire
7. Housing for Homeless Tuberculosis Treatment for Clients	TBD	TBRH	Susannah Graves
November/December 2018			
8. Region VI Mutual Agreement (scheduled for HSAB on 11/6/18)	12/11/18	PHPR	Patrick Buttron

VII. Announcements

- A. Personnel – No updates

VIII. Site Visits/Audits

Timeframe	Description	Auditor
12/4 -5/18	State audit of public health nursing level ratios. Report from site visit is pending.	State
4/16/18	Fiscal audit of FY 15/16 for Public Health Preparedness and Response expenditures.	State
5/1/18	Department of Health Care Services (DHCS) Care Coordination Assessment Visit.	DHCS
6/6/18	State audit of hepatitis A outbreak	State

IX. Legislation

- A. Nothing currently to share.

X. Recognitions and Awards

- A. **Public Health Services received three NaCO awards: 1) Hepatitis A Housing Program – Preventing the Spread; 2) Utilizing Foot Teams – Reaching the Unreachable During a Hepatitis A Outbreak; and 3) Vaccination Strategies – Engaging Hospital Emergency Departments as Vaccinators During a Hepatitis A Outbreak.**