Health Services Advisory Board Meeting
Public Health Services Report

March 10, 2026

Public Health Officer Update

Sayone Thihalolipavan, M.D., M.P.H.
Public Health Officer
Public Health Services

2024 Life Expectancy in the United States, California, and San Diego County

Geography	2024 Life Expectancy
United States	79.0
California	81.2
San Diego County	81.5

Brief: 2024 Life Expectancy in San Diego County

Data Sources: United States: Xu JQ, Murphy SL, Kochanek KD, Arias E. Mortality in the United States, 2024. NCHS Data Brief. 2026 Jan;(548):1−14. DOI: https://dx.doi.org/10.15620/cdc/174641. (Accessed February 2, 2026). California: California Department of Public Health, Community Burden of Disease Engine (CCB), California Life Expectancy, 2024 (Accessed February 2, 2026). San Diego: State of California, California Department of Public Health, Vital Records Business Intelligence System (VRBIS), California Comprehensive Death File, 2024, created on September 15, 2025. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2024 Population Projections; Vintage 2025 Release). Sacramento: California. September 30, 2025. Esri Updated Demographics, 2024, Vintage 2024. United States Mortality Database, 2020-2022 California State Life Tables. (Accessed December 2025). Starting with 2023, life expectancy utilizes California Department of Finance and Esri population estimates. 2023-2024 vintage should not be trended back to previous years. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

2024 Life Expectancy in San Diego County

Sex	2024 Life Expectancy
Male	79.0
Female	84.0

Race/Ethnicity	2024 Life Expectancy
Asian	87.6
Black	75.2
Hispanic	82.3
White	80.7

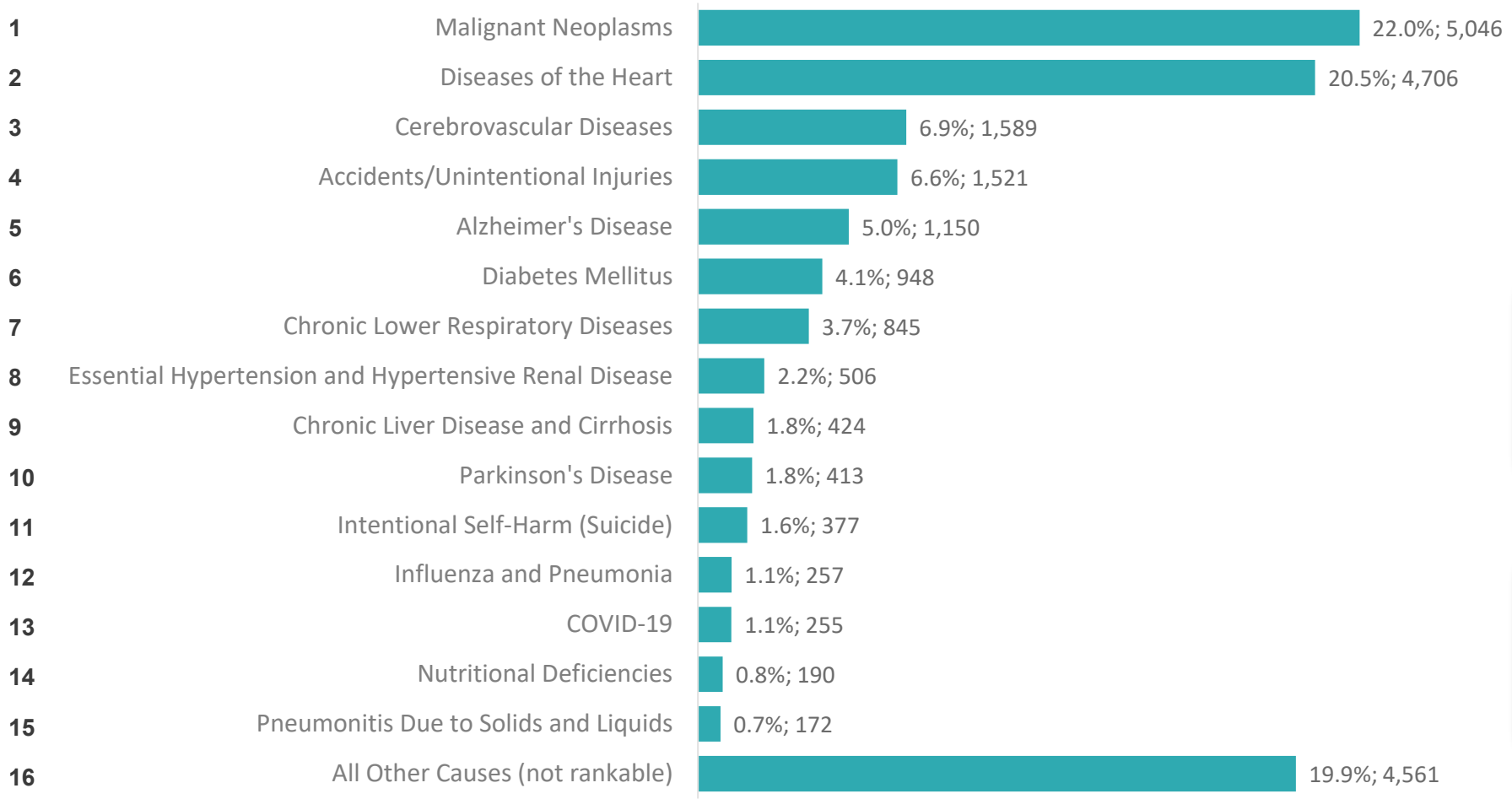
Health and Human Services Agency (HHSA) Regions	2024 Life Expectancy
Central Region	81.3
East Region	79.9
North Central Region	84.2
North Coastal Region	84.5
North Inland Region	82.8
South Region	83.0

Brief: 2024 Life Expectancy in San Diego County

Data Sources: State of California, California Department of Public Health, Vital Records Business Intelligence System (VRBIS), California Comprehensive Death File, 2024, created on September 15, 2025. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2024 Population Projections; Vintage 2025 Release). Sacramento: California. September 30, 2025. Esri Updated Demographics, 2024, Vintage 2024. United States Mortality Database, 2020-2022 California State Life Tables. (Accessed December 2025). Starting with 2023, life expectancy utilizes California Department of Finance and Esri population estimates. 2023-2024 vintage should not be trended back to previous years. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Leading Causes of Death Among San Diego Residents

Leading Causes of Death Among San Diego County Residents in 2024



2024 Total Death Count among San Diego County Residents: San Diego County Total 22,960

In 2024, cancer was the number one leading cause of death in San Diego County.

In San Diego County, 8 out of the top 10 leading causes of death were due to chronic disease in 2024.

Leading Causes of Death among San Diego County Residents by Year, 2020-2024

Respiratory Virus Surveillance

Highlights

San Diego County
Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

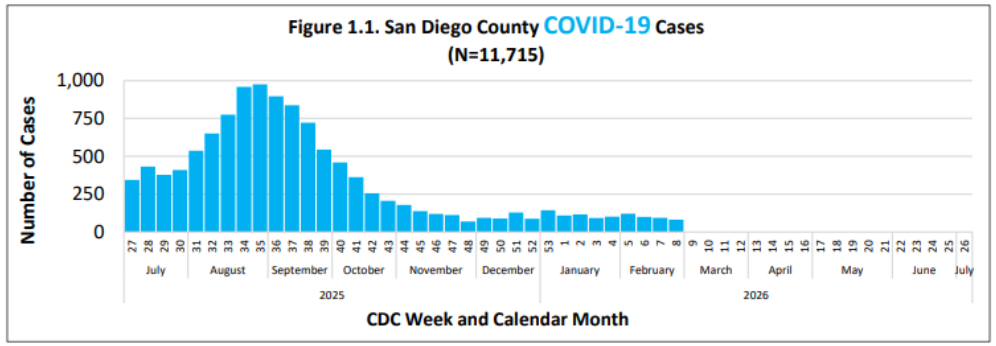
www.sdepi.org

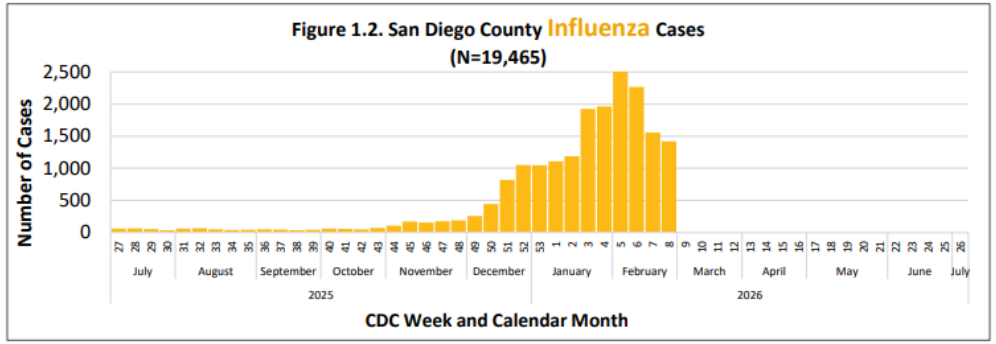
March 5, 2026

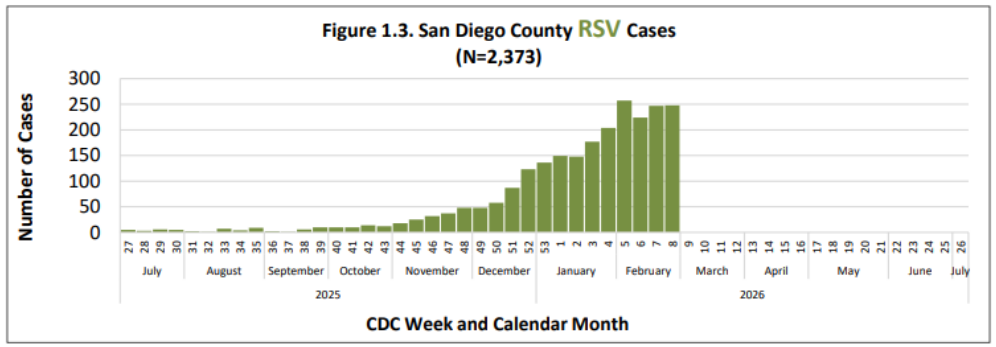
COVID-19	Influenza	RSV
Hospitalizations 2,150	Hospitalizations 2,248	Hospitalizations 459
Deaths 78	Deaths 42	Deaths 4
Outbreaks* 106	Outbreaks* 25	Outbreaks* 4
6/29/2025 – 2/28/2026	*6/29/2025 – 2/28/2026*	*6/29/2025 – 2/28/2026*

*In residential congregate settings

COVID-19, Influenza, and RSV Cases by CDC Episode Week,* 2025-26 Season-to-Date





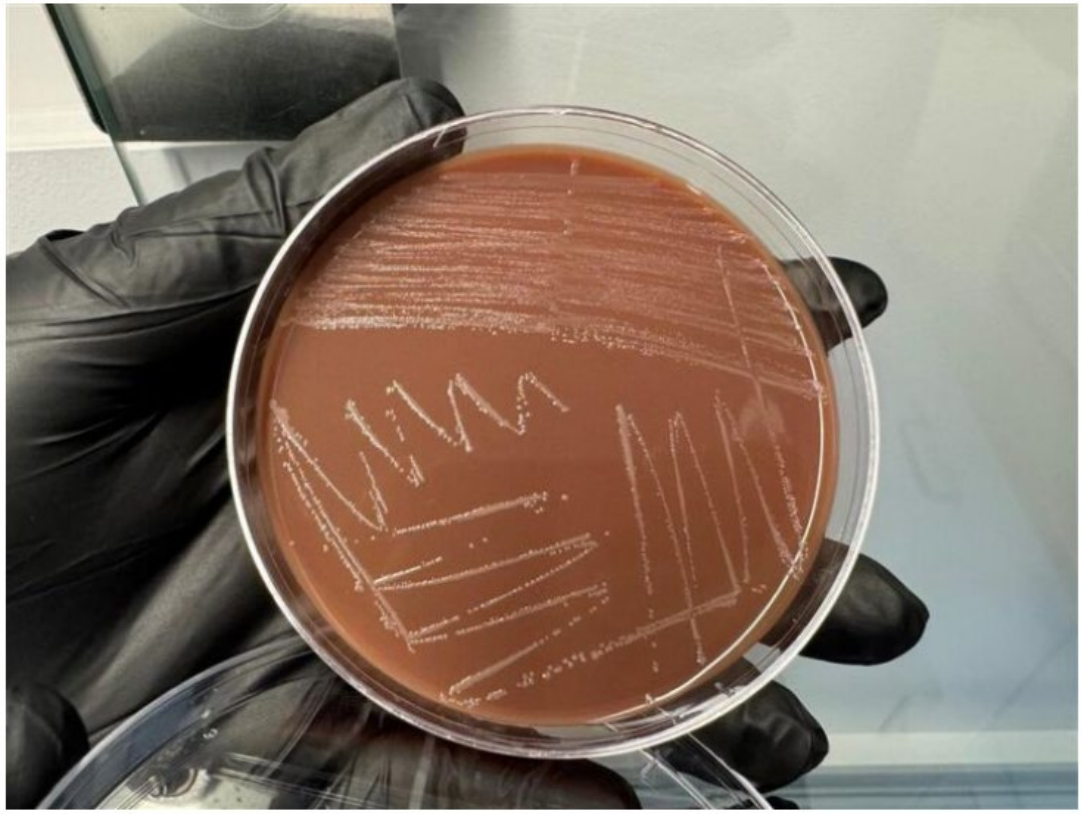


*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

Updated March 5, 2026. Data through February 28,2026. Data are preliminary and subject to change.
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/respiratoryviruses/surveillance.html
https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/SDC_Respiratory_Virus_Surveillance_Report.pdf

HEALTH

Sexually Transmitted Infections Continue to Fall in San Diego County



Gonorrhea culture at the County's Public Health Lab

By Anita Lightfoot, County of San Diego Communications Office
Mar. 2, 2026 | 8:30 AM

- For the second consecutive year, SD County has reported a decline in sexually transmitted infections (STIs), like California.
- Congenital Syphilis rates are still a major concern as three stillbirths or neonatal deaths occurred in 2024, which is the highest since 2019.
- Some of the most commonly reported STIs in San Diego County are chlamydia, gonorrhea, and syphilis.
    - **Chlamydia**: Down 7.4%, from 17,720 cases in 2023 to 16,414 in 2024. Women ages 20–24 have the highest infection rates.
    - **Gonorrhea**: Decreased 9.5%, from 6,651 cases in 2023 to 6,021 in 2024. Men ages 25–29 show the highest rates.
    - **Syphilis (Primary & Secondary)**: Dropped 35.8%, from 481 cases in 2023 to 309 in 2024. Infection rates are highest among men ages 25–34.

Sexually Transmitted Infections Continue to Fall in San Diego County | News | San Diego County News Center

February 18 Health Advisory: Increasing Measles Activity in California

Key Messages

- As of February 16, 2026, there are 19 confirmed measles cases in CA. New cases include eight among Shasta County residents following a visit to Disneyland and a child in Riverside County with no known exposure.
- As of February 12, 2026, 904 confirmed measles cases were reported in the U.S., up from 588 on Jan 29th.
- Measles should be considered in patients with an acute febrile illness and characteristic maculopapular rash, especially if there is exposure to a known measles case or other risk factors.
- All patients with fever and rash should be screened at the point of entry to a healthcare facility. Providers **should immediately institute airborne precautions** on patients suspected of measles to prevent healthcare associated exposures.
- A nasopharyngeal (NP) or oropharyngeal swab (OP) for measles PCR testing is sufficient to diagnose acute measles. **A urine sample may improve sensitivity but is no longer required.**

More Illness, Greater Cost Spotlight Brief:
Childhood Immunizations

- Declines in childhood vaccination will carry substantial human and economic consequences, using measles as a case study.
- This modeling analysis, conducted by the Yale School of Public Health, finds that a **sustained 1% annual decline** in measles, mumps, and rubella (MMR) vaccine coverage could lead to more than **17,000 measles cases, 4,000 hospitalizations, and 36 preventable deaths** each year, while adding billions in avoidable costs across the United States health system and economy by 2030.
- Over the next five years, declining measles vaccination rates could cost **$1.5 billion annually** and add approximately **$7.8 billion in cumulative costs** (a range of $5.6 billion to $11.6 billion).

More Illness, Greater Cost Spotlight Brief: *Childhood Immunizations*

$1.5 Billion Added in Annual Costs

$41.1M
in Direct Medical Costs

$26.5M borne by **private insurers**, **$5.4M** borne by **public insurance** programs, and **$9.2M** borne by **uninsured individuals**. These costs do not include health care operational costs, such as isolation protocols and dedicated beds, staff exclusions, staff testing, hospital exposure protocols, etc.

$947.0M
in Public Health Outbreak Response Costs

For public health, these costs manifest through **surveillance and case investigation, contact tracing, community outreach, risk communication, and vaccination clinics**, among other impacts. As modeled, these costs do not include health care costs related to outbreak operations. **If public health is unable to respond at the level required due to budget constraints and staffing limitations, the direct and indirect medical costs, and costs due to productivity loss and missed work may grow substantially as measles cases increase.**

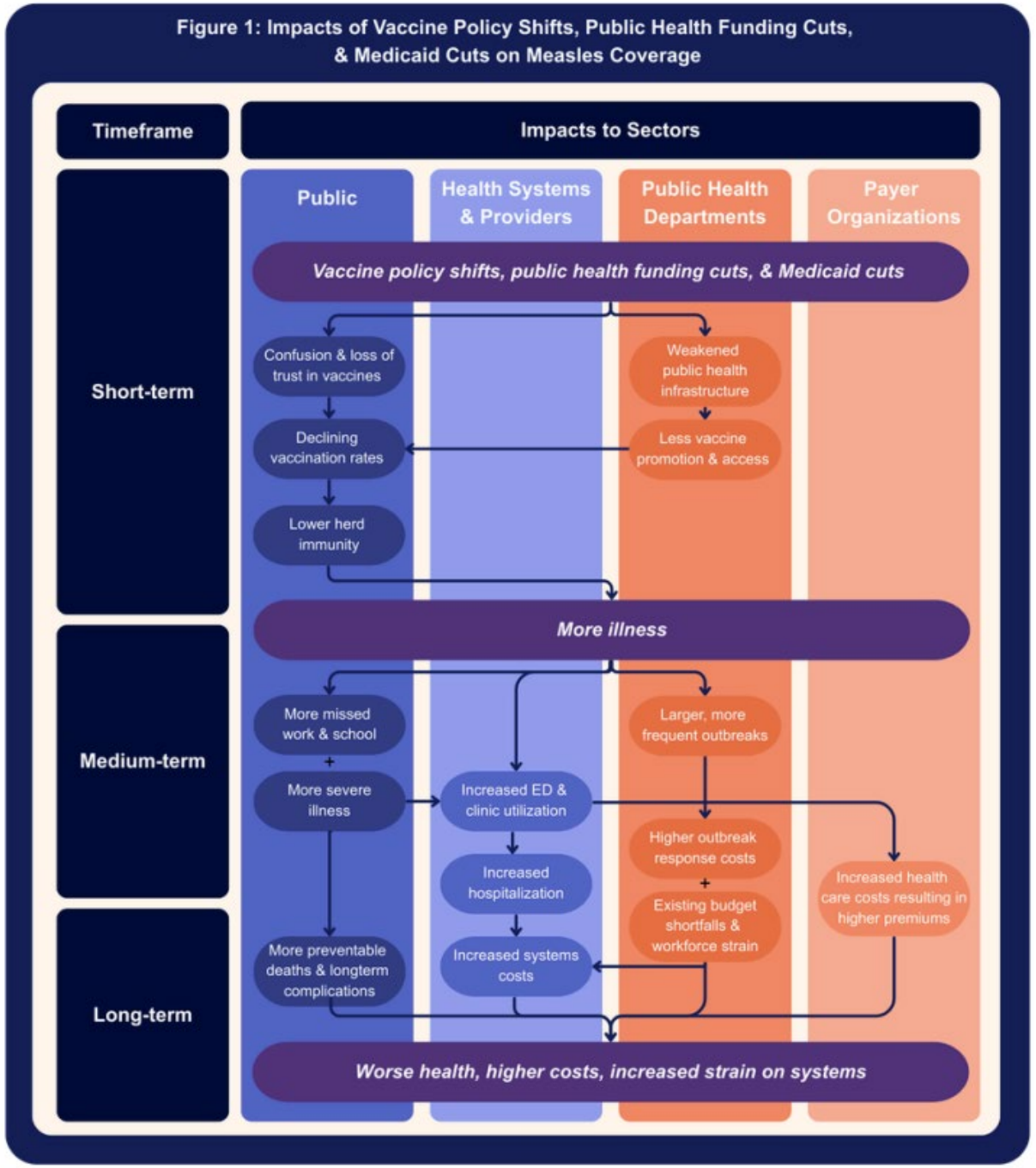
$510.4M
in Productivity & Missed Work Costs

Economic costs associated with **lost productivity** in the workforce, for example, **missed work** due to having to care for sick children.

- The potential for cascading impacts from declining vaccine uptake (fig. 1) is concerning but not inevitable
- Coordinated action can prevent this projected suffering, disruption, and resulting costs.
- Cross-sector collaboration – such as local and regional immunization coalitions, as well as health system-public health partnerships – will be essential.

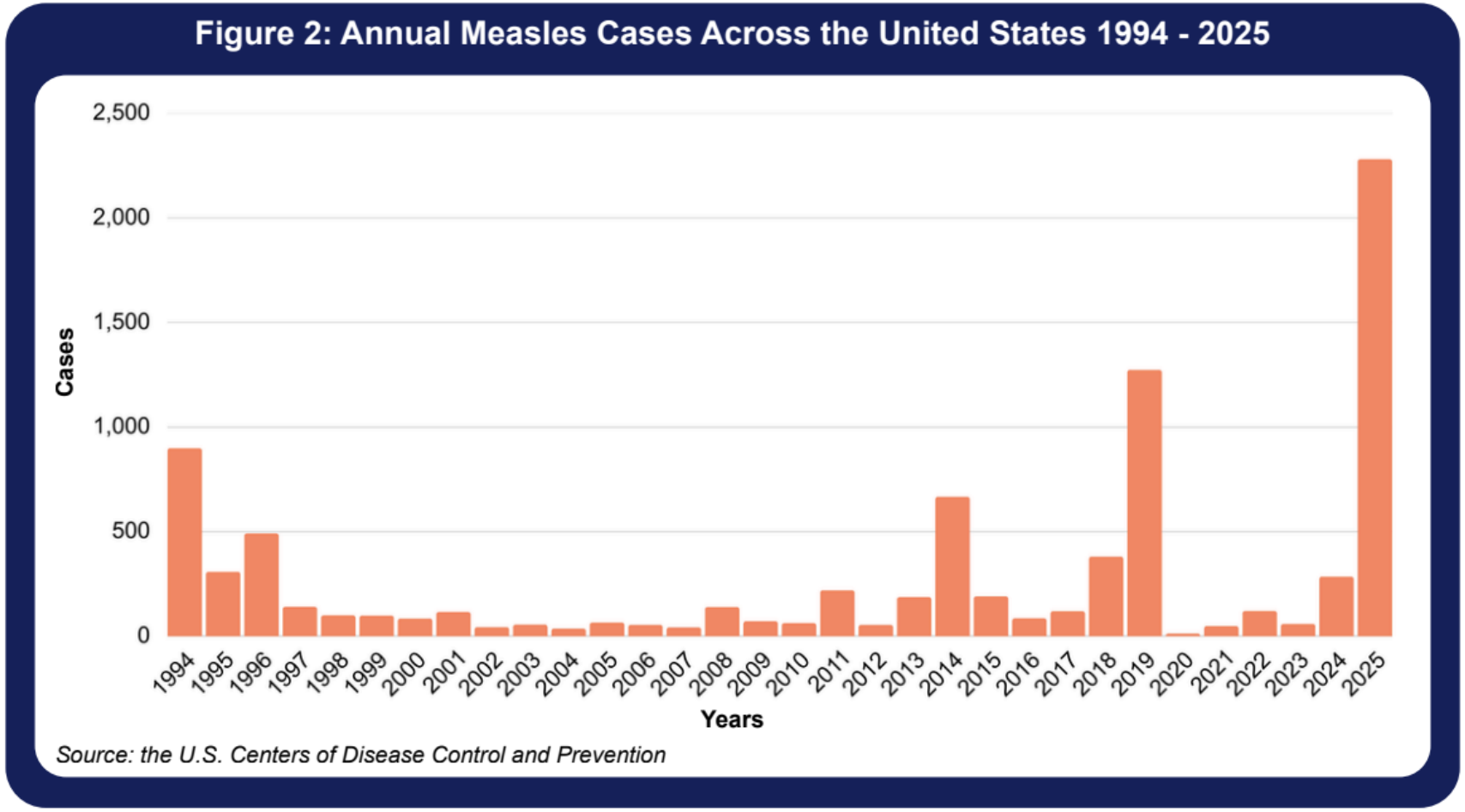
ChildImmsBrief_02.25.26

Figure 1: Impacts of Vaccine Policy Shifts, Public Health Funding Cuts, & Medicaid Cuts on Measles Coverage



Common Health Coalition

More Illness, Greater Cost Spotlight Brief:
Childhood Immunizations



- Childhood immunization, one of the most successful public health achievements of the past half-century, is at a critical inflection point.
- Rising vaccine hesitancy and policy-driven weakening of the childhood immunization infrastructure are contributing to declining vaccination rates, with recent measles and pertussis outbreaks signaling early consequences.

County of San Diego Health and Human Services Agency | Live Well San Diego

February 26 Health Advisory: Update on Bicillin® L-A (penicillin G benzathine injectable suspension) Shortage

Key Messages

- Pfizer recently updated the estimated recovery of the Bicillin® L-A shortage to the 4th Quarter of 2026.
- Healthcare providers should continue to prioritize long-acting penicillin-based treatments such as Bicillin® L-A and Lentocilin® for the treatment of pregnant people with syphilis and infants exposed to syphilis in utero.
- Extencilline® is no longer available for distribution in the United States.
- Oral doxycycline is an acceptable alternative treatment for non-pregnant adults with most stages of syphilis. Additional alternative medications have limited data supporting their use for treatment of syphilis.

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

HEALTH

County Launches Aging Dashboard to Support Older Adults

Credit: Adobe Express

By Cassie N. Saunders, County of San Diego Communications Office
Feb. 12, 2026 | 3:09 PM

- The County launched a new Aging Dashboard this week, providing the public and policymakers an interactive way to track key metrics impacting the region's growing population of older adults.
- Modeled after California's Master Plan for Aging, the dashboard features data on more than 50 indicators related to housing, health, inclusion and equity, caregiving, and affordability.
- The number of adults aged 60 and older in San Diego County is projected to increase to more than 824,500 by 2029.
- The dashboard is available on the Community Health Statistics Unit website

County Launches Aging Dashboard to Support Older Adults | News | San Diego County News Center

RIP James Van Der Beek (1977-2026)

On February 11, 2026, James Van Der Beek, the actor best known for starring in the teen TV drama "Dawson's Creek" and films including "Varsity Blues," had died. He was 48.

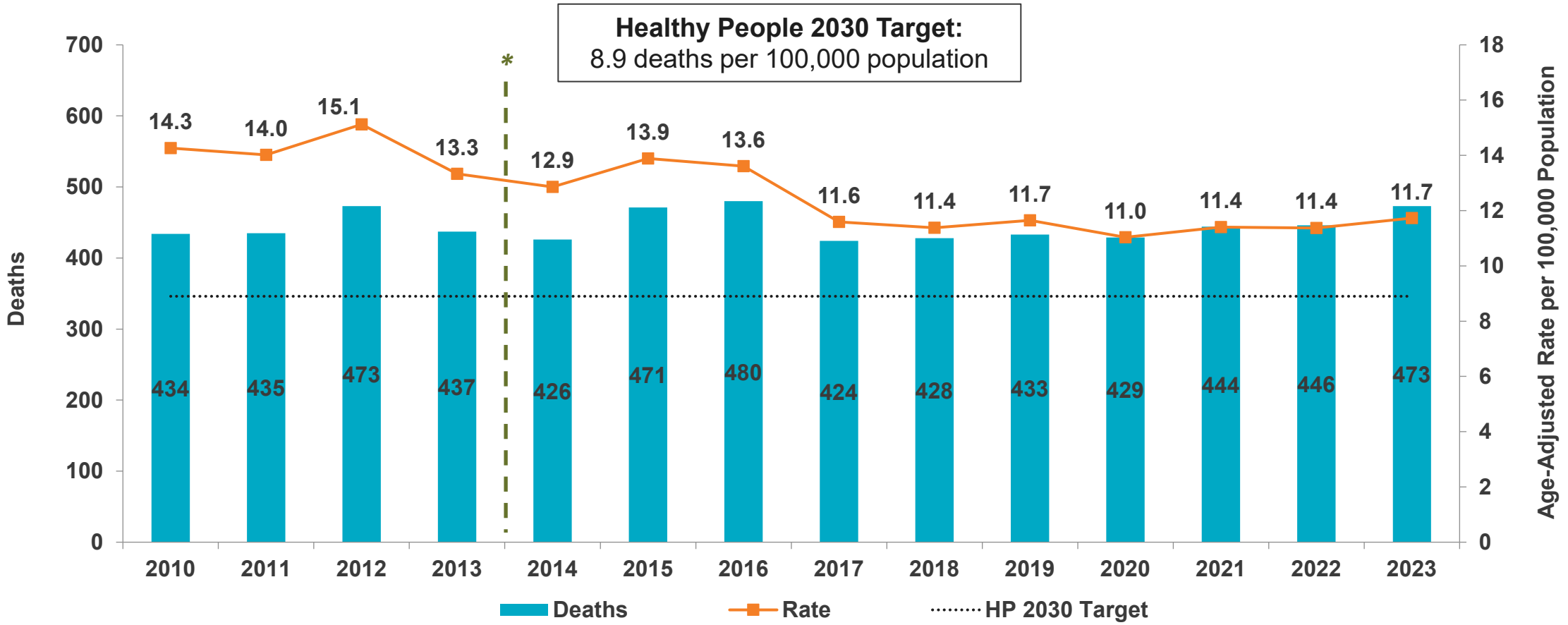
- Announced in November 2024, he'd been diagnosed with Stage 3 colorectal cancer after the actor received the diagnosis after a colonoscopy.
- Van Der Beek made his television debut on an episode of the Melissa Joan Hart Nickelodeon series "Clarissa Explains It All,"
- His film credits also include the western "Texas Rangers," the dark comedy "The Rules of Attraction," the 2009 thriller "Formosa Betrayed," 2013's "Labor Day," with Kate Winslet and Josh Brolin, and the 2019 comedy "Jay and Silent Bob Reboot."

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Colorectal Cancer Deaths, San Diego County Residents, 2010-2023

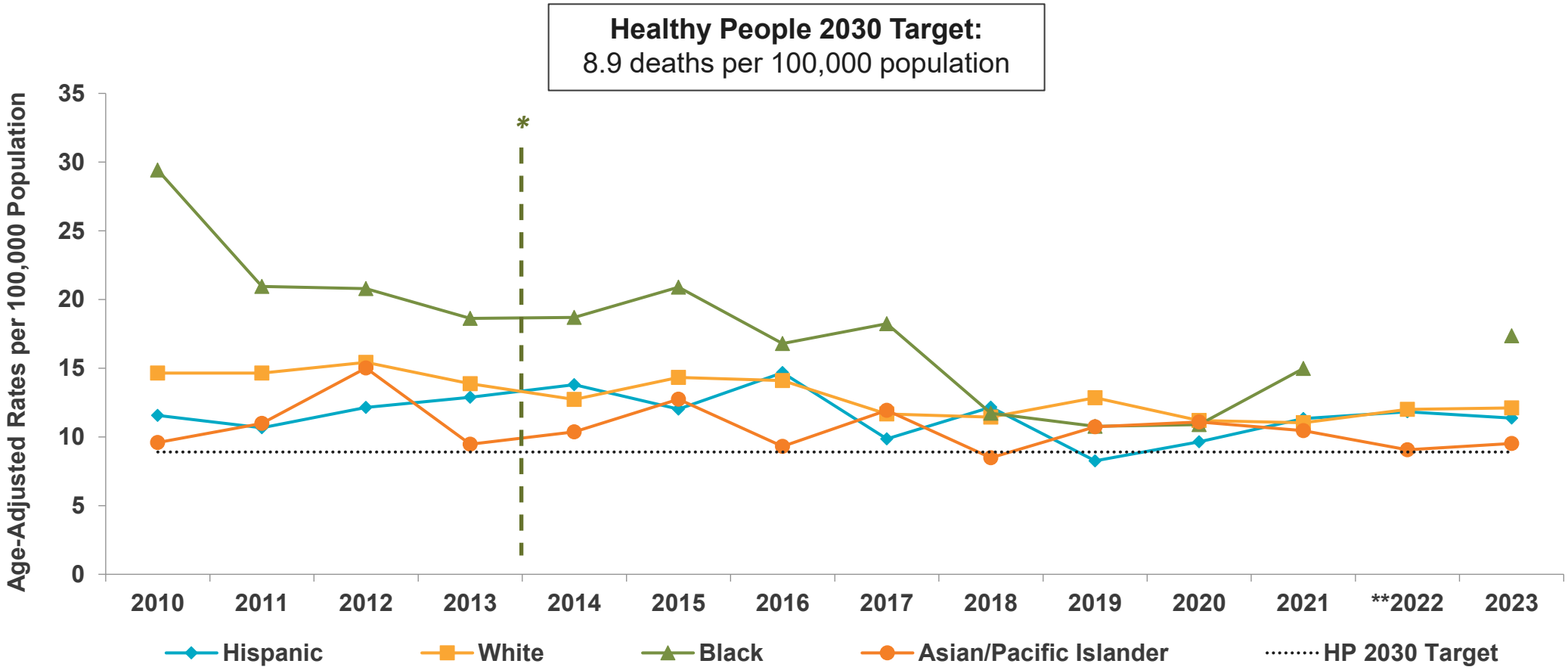
Number and Age-Adjusted Rates



All rates are per 100,000 population. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
Healthy People 2030 colorectal cancer deaths include any of the following underlying cause of death ICD-10 mortality codes: C18-C21 and C26.0.
Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, 2010-2013 Death Statistical Master Files and 2014-2023 Vital Records Business Intelligence System. Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included. 2010-2023 SANDAG population estimates (2010-2016 vintage: 03/2017, 2017 vintage: 02/2019, 2018 vintage: 07/2019, 2019 vintage: 06/2020, 2020-2021 vintage: 09/2022, 2022 vintage: 11/2023, and 2023 vintage 01/2025).
2020 and 2021 population estimates were derived using the 2010 Census and data should be considered preliminary. 2022-2023 SANDAG population estimates were derived from the 2020 decennial census.
**California switched from DSMF to VRBIS for deaths in 2014. VRBIS data does not include San Diego County residents who died outside of California*
For data years 2020-2022, the COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality including those of the mortality health disparity trends.
Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, June 2025.

Colorectal Deaths by Race/Ethnicity, among San Diego County Residents, 2010-2023

Number and Age-Adjusted Rates



All rates are per 100,000 population. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
Healthy People 2030 colorectal cancer deaths include any of the following underlying cause of death ICD-10 mortality codes: C18-C21 and C26.0.
***Starting with data year 2022, all rates based on events <20 are suppressed due to statistical instability. Events fewer than 11 are suppressed.*
Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, 2010-2013 Death Statistical Master Files and 2014-2023 Vital Records Business Intelligence System. Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included. 2010-2023 SANDAG population estimates (2010-2016 vintage: 03/2017, 2017 vintage: 02/2019, 2018 vintage: 07/2019, 2019 vintage: 06/2020, 2020-2021 vintage: 09/2022, 2022 vintage: 11/2023, and 2023 vintage 01/2025).
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Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, June 2025.

U.S. Preventive Services Task Force (USPSTF) Screening Recommendation Summary

Population	Recommendation	Grade
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A
Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B
Adults aged 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences.	C

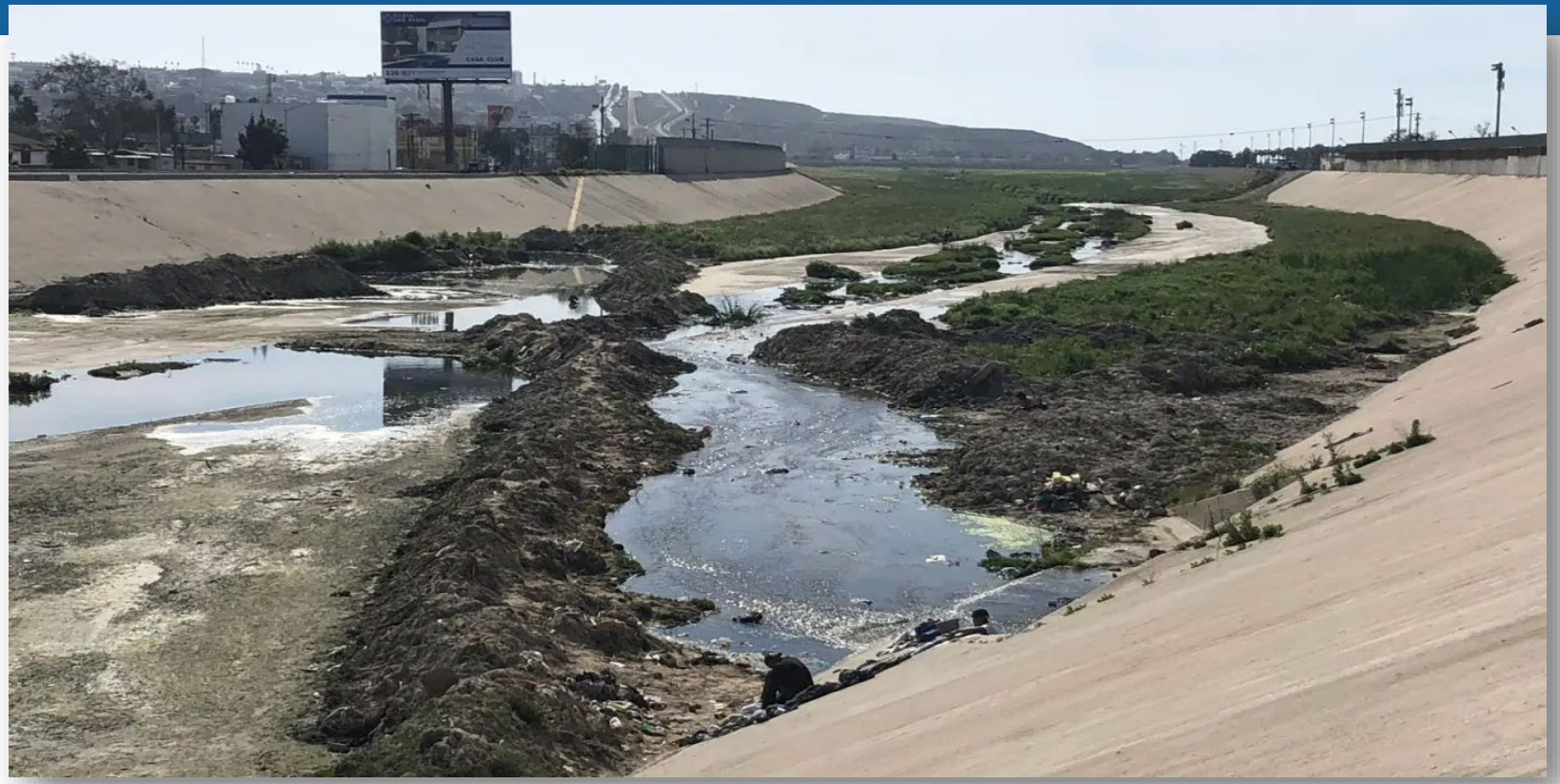
To whom does this recommendation apply? Adults 45 years or older who do not have signs or symptoms of colorectal cancer and who are at average risk for colorectal cancer (i.e., no prior diagnosis of colorectal cancer, adenomatous polyps, or inflammatory bowel disease; no personal diagnosis or family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer [such as Lynch syndrome or familial adenomatous polyposis]).

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.

[Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce]

LIVE WELL SAN DIEGO

Tijuana River Valley Sewage Crisis Updates



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Public Health Director Update

Tina Emmerick, M.P.H.
Interim Assistant Public Health Director
Public Health Services

GOVERNMENT

County Shares Financial Update, Invites Residents to Help Shape 2026-27 Budget

County Administration Center

By Gig Conaughton, County of San Diego Communications Office

Mar. 3, 2026 | 5:26 PM

- The County of San Diego's Board of Supervisors received a financial update on their current budget Tuesday as the County works on building a new 2026-27 budget for approval in June.
- At the same time, the Board voted to spend $8.8 million in unlocked reserves to improve conditions in South Bay regarding the ongoing Tijuana River Valley sewer crisis; and $47.7 million for time-critical funds for housing, vulnerable populations, environmental habitat, and to maintain critical facilities and upgrade technology.
- The current plan includes 28 projects, nine of the 28 projects in the plan are estimated to require roughly $81.5 million from the County's current 2026-27 budget.
- County Shares Financial Update, Invites Residents to Help Shape 2026-27 Budget | News | San Diego County News Center

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Public Participation is Important

- Members of the public are encouraged to help shape the 2026-27 budget.
- **Now through March 22**:
  - Take the budget survey at **Engage San Diego County**.
  - Use the Priority Tool to rank spending categories.
  - Choose how you want to receive budget updates (email, text, etc.).

GOVERNMENT

Joan Bracci Named Assistant Chief Administrative Officer/Chief Financial Officer

L to R: Joan Bracci and Caroline Smith

By County News Center, County of San Diego Communications Office
Mar. 9, 2026 | 12:29 PM

[Joan Bracci Named Assistant Chief Administrative Officer/Chief Financial Officer | News | San Diego County News Center]

- **Chief Financial Officer Joan Bracci will serve as the County's Assistant Chief Administrative Officer/Chief Financial Officer following the upcoming departure of Assistant Chief Administrative Officer Caroline Smith for a role in the private sector.**
- Her appointment follows Assistant Chief Administrative Officer Caroline Smith's decision to depart the County after more than 20 years of dedicated service to pursue an opportunity in the private sector.
- Smith became the Assistant Chief Administrative Officer in 2024, and throughout her career has contributed her leadership, deep experience and true commitment to public service in many key roles.
- Smith's last day will be April 3.

Leadership Changes

- **Heidi Aiem has been appointed to a Temporary Appointment to Higher Class (TAHC), where she will function as the Branch Chief of EISB.**
- Heidi has been in the Assistant Branch Chief position for several years and will be overseeing the various components of the Branch, including strategic and operational oversight across Epidemiology, the Immunizations Unit, the Office of Vital Records and Statistics, and providing support, as needed, to the Public Health Laboratory.
- Her tenure with the Epidemiology and Immunizations Services Branch began during the COVID-19 response where she played a key role in the investigations team while continuing to work with HSHB.
- In October of 2022, she took on an EISB TAHC for the Chief, Agency Operations (Assistant Branch Chief) through April 2023 and was hired into the permanent position in June of 2023.

Assistant Director, Chief Strategy and Finance Officer for Behavioral Health Services.

- **Liberty Donnelly has been selected as the Assistant Director, Chief Strategy and Finance Officer for Behavioral Health Services**.
- Liberty has been serving in the Acting role in BHS since April 2025, where she has provided critical leadership and oversight, managing the Communications and Engagement, Finance, Data Science, and Grant Development teams.
- She will continue to be instrumental in leading efforts to improve BHS' financial health through improved Medi-Cal billing, revenue optimization, the transition of BHS to a standalone department, and implementation of new initiatives, including the Behavioral Health Services Act and BH-CONNECT.
- She will also oversee the nearly $1.3 billion BHS budget.

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Distinguished Leader Spotlight

- This month, **the National Association of Latino Healthcare Executives SoCal Chapter shone a light on Alicia Espinoza, MPH, DrPH (cand.), the Chief of the Office of Border Health.**
- Alicia is recognized as the first leader from our San Diego region featured in NALHE SoCal's Distinguished Leader Spotlight Series.
- We invite you to read her words of wisdom and join us in celebrating her impact, her vision, and her dedication to leadership in healthcare.
- The NALHE SoCal familia is proud to honor her work and story, and to continue shining a spotlight on outstanding leaders across Southern California. 🌟

#nalhesocal #nalhe #distinguishedleader | NALHE SoCal

San Diego Mojo Partnership

- The San Diego Mojo Volleyball team hosted a Black History Month match on February 22, 2026, featuring special jerseys designed by Head Coach Alisha Glass-Childress.
- The team auctioned player-worn, signed jerseys and donated a portion of proceeds to PEI–Black Legacy Now and Black Infant Health program.
- Approximately $2,500 would be donated to the PEI-BIH programs, further advancing their mission to improve health equity and outcomes.

Left to Right: Nid Jariangprasert (MCFHS Epidemiologist), Alisha Childress (Head Coach SD Mojo), and Rhonda Freeman (MCFHS Branch Chief)

Public Health Services

BOARD LETTER FORECAST	
Board Meeting Date	**Subject**
April 21, 2026	Authorize acceptance of funding for the Refugee Health Programs (RHAP/RHPP) and apply for future funding opportunities
April 26, 2025	Authorize acceptance of funding for Sexually Transmitted Infection Prevention and Collaboration, from CDPH
May 19, 2026	Authorize acceptance of funding from California Department of Public Health for Future of Public Health Funding
July 14, 2026	Authorize acceptance of funding from California Department of Public Health for the Maternal, Child, and Adolescent Health Program and the California Home Visiting Program Innovation 3.0 Funding Award
July 14, 2026	Authorize acceptance of funding from California Department of Public Health for the Black Infant Health Program and the Perinatal Equity Initiative
August 18, 2026	Authorize acceptance of funding from the CDC for Strengthening US Public Health Infrastructure and Workforce via the Public Health Infrastructure Grant
September 15, 2026	Authorize Certification Statements for California Children's Services Programs

Health Services Advisory Board Meeting

Thank you!

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