

Welcome, before we begin,  
put in the chat:

What is your favorite summer  
activity?

---

#### Instructions for Contact Hour

- Update your Zoom name to reflect your full name
- Zoom name MUST match your evaluation name
- Enjoy the entire program
- Complete the post-evaluation by August 25, 2023, 5:00 PM (available on the last slide)
- Certificate will be emailed to you by September 15, 2023





# San Diego Skilled Nursing Facility Infection Prevention Collaborative

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Grow - Collaborate - Succeed

Coordinated by the County of San Diego  
Healthcare-Associated Infections (HAI) Program

# Reminders



COUNTY OF SAN DIEGO  
HEALTH AND HUMAN  
SERVICES AGENCY



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SAN DIEGO



Healthcare  
Associated  
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Program



Recording is on!



PHS.HAI.HHSA@ sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



"Right click" to rename



Type into the chat your:

- Name
- Title
- Facility

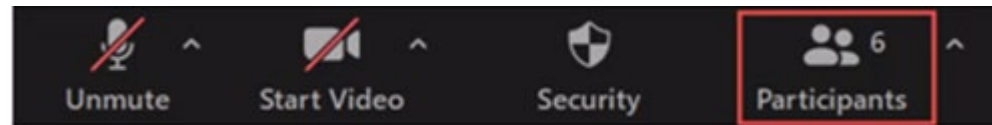
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# Reminders

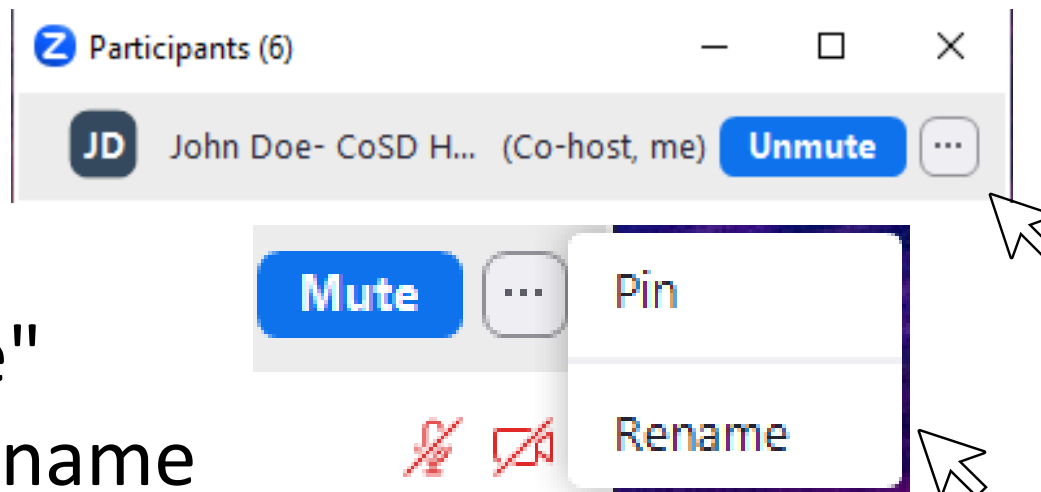


## Please update your name on the participant list

1. Find your name on the participant list



2. Hover over your name and click "..."



3. Click "Rename"
4. Type your full name



# Land Acknowledgement



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**Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.**

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# Agenda



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**Welcome**

**General Updates**

**Announcements**

**Featured Topic: “FLUNOVID”**

**Next Collaborative**

# General Updates



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- New Health Alerts
- Respiratory Virus Update
- COVID & AFL Updates



# Respiratory Virus Update



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## San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

[www.sdepi.org](http://www.sdepi.org)

August 10, 2023

### COVID-19

Cases  
**3,722**

Deaths  
**17**

Outbreaks\*  
**27**

7/2/2023 – 8/5/2023

### Influenza

Cases  
**259**

Deaths  
**0**

Outbreaks\*  
**0**

7/2/2023 – 8/5/2023

### RSV

Cases  
**41**

Deaths  
**0**

Outbreaks\*  
**0**

7/2/2023 – 8/5/2023

\*In residential congregate settings

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# Respiratory Virus Update



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## COVID-19, Influenza, and RSV Cases by CDC Episode Week,\* 2023-24 Fiscal Year-to-Date

Figure 1.1. San Diego County **COVID-19** Confirmed and Probable Cases  
(N=3,722)

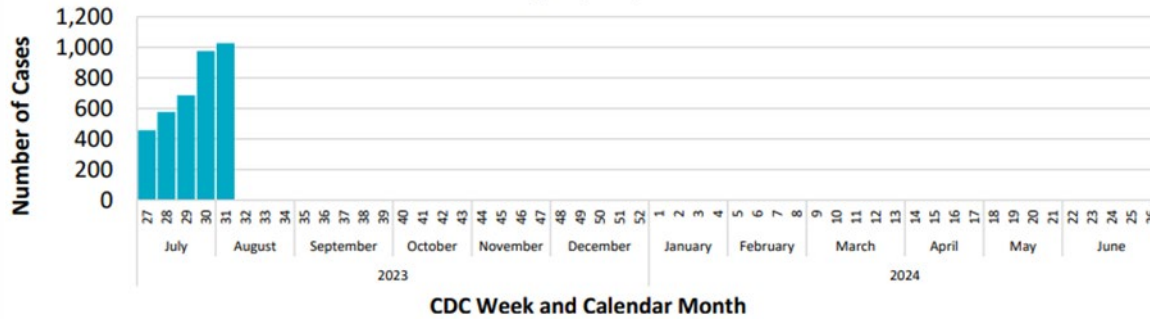


Figure 1.2. San Diego County **Influenza** Cases  
(N=259)

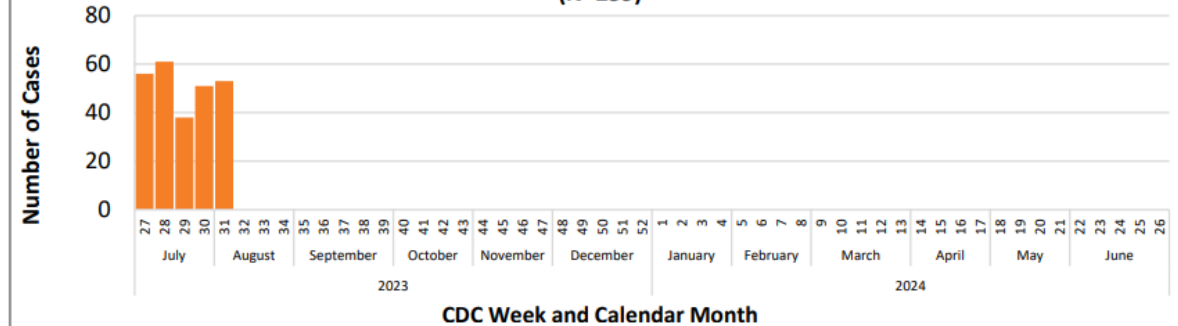
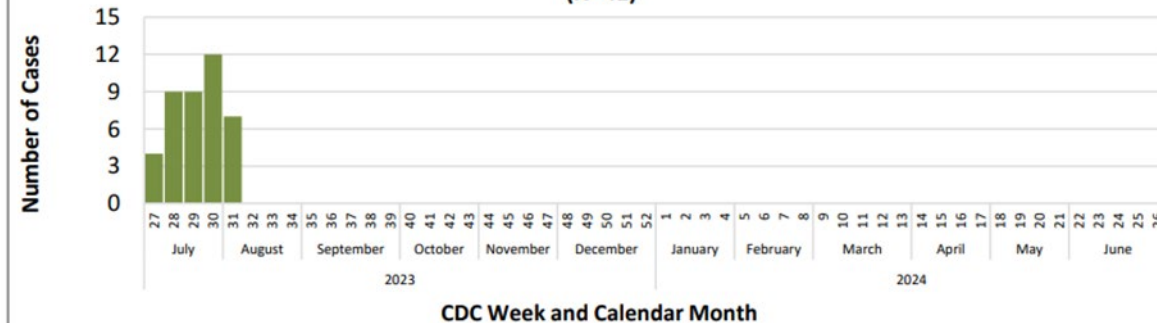


Figure 1.3. San Diego County **RSV** Cases  
(N=41)



# RSV Update





## Vaccine Information Statements (VISs)

[Vaccine Information Statements \(VISs\) Home](#)

### Respiratory Syncytial Virus (RSV) VIS

RSV Vaccine: What You Need to Know

Current Edition Date: 7/24/2023

- [Print VIS](#)  [2 pages]
- [RTF file](#)  [3 pages]  
(For use in electronic systems)
- [More information about RSV](#)

### Why get vaccinated?

**RSV vaccine** can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV is usually spread through direct contact with the virus, such as droplets from another person's cough or sneeze contacting your eyes, nose, or mouth. It can also be spread by touching a surface that has the virus on it, like a doorknob, and then touching your face before washing your hands.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults. Infants and older adults with chronic medical conditions like heart or lung disease, weakened immune systems, or who live in nursing homes or long-term care facilities, are at highest risk of serious illness and complications from RSV.

Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing. Most people recover in a week or two, but RSV can be serious, resulting in shortness of breath and low oxygen levels. RSV can also sometimes lead to worsening of other medical conditions such as asthma, chronic obstructive pulmonary disease (a chronic disease of the lungs that makes it hard to breathe), or congestive heart failure (when the heart can't pump enough blood and oxygen through the body).

Older adults and infants who get very sick from RSV may need to be hospitalized. Some may even die.

### RSV vaccine

CDC recommends **adults 60 years and older** may receive a single dose of RSV vaccine, based on discussions between the patient and health care provider.

RSV vaccine may be given at the same time as other vaccines.

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CAHAN



To: CAHAN San Diego Participants

Date: Aug 18, 2023

From: Public Health Services

Health Advisory: Listeria Associated with Soft Serve Ice Cream Distributed to Long-Term Care Facilities

#### Key Messages

- On August 15, the California Department of Public Health (CDPH) issued a [health advisory regarding \*Listeria\*](#) in long-term care facilities.
- Health providers should contact the Epidemiology Unit if they identify *Listeria* in a resident of a long-term care facility or if there are multiple suspected cases.

#### Situation

The Centers for Disease Control and Prevention (CDC) is investigating a *Listeria* outbreak linked to kosher soft serve ice cream served in long-term care facilities. One case residing in a long-term care facility, was served this ice cream. On August 9, Real Kosher Ice Cream recalled all flavors of their “Soft Serve on the Go” ice cream cups that have been distributed to 19 states, including California and Washington, D.C. Distribution included multiple long-term care facilities. As of August 10, 2023, no cases have been identified among California residents. For additional details, see the accompanying California Department of Public Health (CDPH) health advisory.

#### Actions Requested

1. Long-term care facilities, hospitals and other institutions should not serve any flavors of “Soft Serve on the Go” ice cream cups.
2. Healthcare providers should **immediately** contact the Epidemiology Unit by calling 619-692-8499 (Monday-Friday 8 AM-5 PM), or 858-565-5255 (after hours) if they identify a case in a resident of a long-term care facility or if there are multiple suspected cases.

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## Project First Line Survey



### CNA Professional Perspective Survey

The California Department of Public Health Healthcare-Associated Infections (HAI) Program provides infection prevention and control training for Certified Nursing Assistants (CNA) and engages with healthcare leadership to provide ongoing training and support to CNA staff. Your feedback can help to better develop resources for rising CNA as they enter the workforce. This questionnaire is anonymous.

CDPH will be selecting three survey participants to receive **\$25 Visa gift cards**. Please share the link with CNAs to complete the survey by **August 25th, 2023**, to be entered to win.

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# Virtual Train-the-Trainer Workshops



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## 4 Train-the-Trainer Workshops will be offered over 15 weeks.

*Participating SNFs should designate and register 2–4 representatives to attend each 90-minute workshop (i.e., IP, DON, DSD, NHA, EVS Manager, CNA Champion, Corporate Leadership). The representatives that attend each of the 4 workshops do not need to be the same for each workshop topic. Following completion of each workshop, trainees will be expected to train SNF staff on the IPC practices taught in each workshop.*



PROJECT  
FIRST LINE  
CDC's National Training Collaborative  
for Healthcare Infection Prevention & Control



Quality Improvement  
Organizations  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



## Workshop Topics

All times are Pacific Standard Time (PST). Trainings are repeated four times per week for each workshop topic to accommodate schedules. Choose one day/time per workshop topic to attend.

### Enhanced Standard Precautions

*May 15–19, 2023*

- May 15, 1–2:30 p.m.
- May 16, 11 a.m.–12:30 p.m.
- May 18, 12–1:30 p.m.
- May 19, 2–3:30 p.m.

### Urinary Tract Infection Prevention

*June 20–23, 2023*

- June 20, 1–2:30 p.m.
- June 21, 11 a.m.–12:30 p.m.
- June 22, 12–1:30 p.m.
- June 23, 11 a.m.–12:30 p.m.

### Certified Nursing Assistant IPC Curriculum

*July 17–21, 2023*

- July 17, 1–2:30 p.m.
- July 18, 11 a.m.–12:30 p.m.
- July 20, 12–1:30 p.m.
- July 21, 2–3:30 p.m.

### EVS IPC Curriculum for EVS Managers

*August 21–25, 2023*

- August 21, 1–2:30 p.m.
- August 22, 11 a.m.–12:30 p.m.
- August 24, 12–1:30 p.m.
- August 25, 2–3:30 p.m.

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## APIC Conference



APIC™ SAN DIEGO & IMPERIAL COUNTY PRESENTS

# Getting Back to Basics

This event will reemphasize the fundamentals of infection prevention in a post-pandemic patient care environment.

**Join us on Friday, September 29th, 2023**

7:30am to 3:30pm PST

**South Coast Winery Resort & Spa**

34843 Rancho California Rd., Temecula, CA 92591

Enjoy the beautiful rolling hills of SoCal's Wine Country

**Five Fundamental Presentations**

5.0 Contact hours/IPUs provided by BRN CEP 3947

**Vendor Exhibit**

Vibe with up to 30 of your local industry partners

**Continental breakfast, Lunch, & Mimosas**

Sit-down gourmet lunch service

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## Long-Term Care Certification in Infection Prevention (LTC-CIP)

**"Have you taken or are you planning to take the LTC-CIP test?"**

- Already certified
- Planning to take the test within the next year
- Planning to take the test within 1-2 years
- Planning to take the test more than 2 years from now
- No plans to take the test at all

# County/CDPH Briefings



- **CDPH/HSAG SNF IP Webinars:**
  - 4th Wednesday @ 3PM-4PM
  - Next session is on 8/23/2023
- **County LTC Sector COVID Telebriefing:**
  - 4th Thursday @ 2PM-3PM
  - Next session is on 8/24/2023
- **CDPH Healthcare Facility Call:**
  - 2nd Tuesday of each month @ 8AM-9AM
  - Next session is on 9/12/2023
- **NHSN & HAI Nursing Home Office Hours:**
  - 3<sup>rd</sup> Tuesday of each month @ 11:30AM-12:30PM
  - Next session is on 9/19/2023





# Contact Hour Instructions

- **Ensure your full name identifies you on Zoom**
- **Enjoy the full presentation**
- **Complete the post-evaluation**



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# *Flunovid: Flu, Norovirus, and COVID-19*

August 23, 2023 11:00 am - 12:00 pm

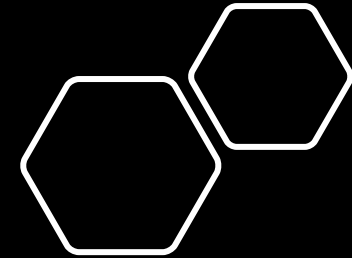
## **Presenters**



Grace Kang, MPH, RN, PHN, CIC  
Public Health Nurse Supervisor



Shelby Canino, BSN, RN, PHN  
Senior Public Health Nurse





# *FLUNOVID*

## Untangling Infection Prevention in SNFs for influenza, norovirus and COVID-19

Grace Kang MPH, RN, PHN, CIC Public Health Supervisor  
Shelby Canino, BSN, RN, PHN Senior Public Health Nurse

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## The Learner will be able to:

- Identify the three viral conditions that commonly cause outbreaks in skilled nursing facilities.
- Describe how to report outbreaks to public health.
- Explain the infection control actions to mitigate transmission of these viruses during outbreaks.



# General Seasons for Specific Viruses



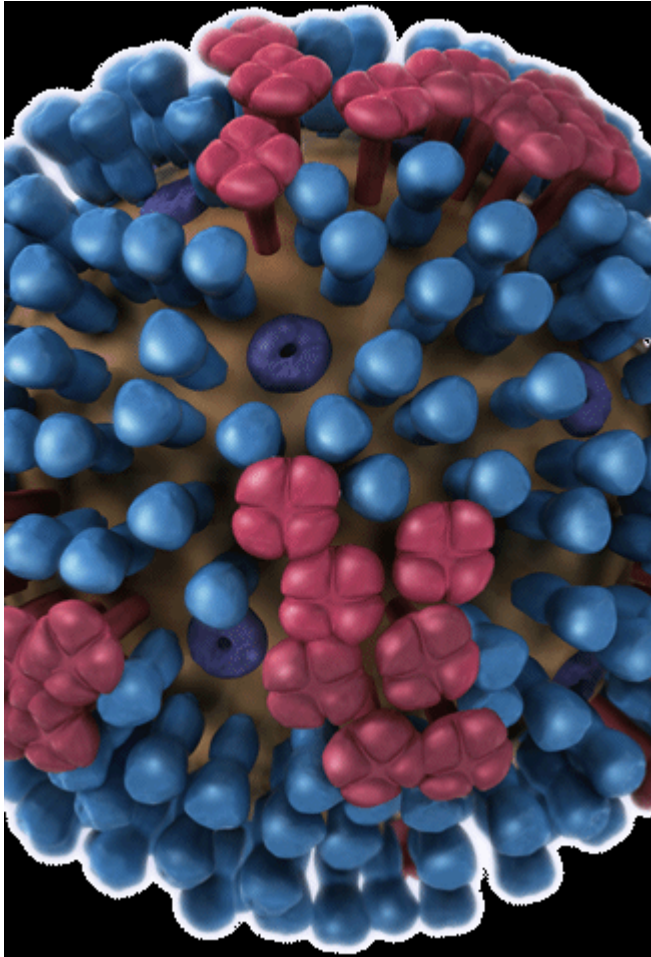
## Viruses are the most common cause of respiratory infection:

- **SARS-CoV2**
- **Influenza virus**
- Parainfluenza Virus (PIV)
- Rhinoviruses
- Respiratory syncytial virus (RSV)
- Human metapneumovirus (hMPV)
- Adenovirus
- Enterovirus
- Human coronaviruses (HCoV)

Month	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	
Winter virus						Influenza virus							
						HCoV							
						RSV							
All-year virus	Adenovirus/HBoV												
Type-specific	PIV3		PIV1										
Spring	hMPV												
Spring/Fall	Rhinovirus												
Summer virus	Non-rhinovirus enteroviruses												

Moriyama M, et al. 2020.  
Annu. Rev. Virol. 7:83-101

# Influenza Overview



- SYMPTOMS
  - Fever, Myalgia, headache, malaise, nonproductive cough, sore throat; rhinitis
  - **Persons aged 60 years and older are less likely to have a fever and may present atypically.**
- INCUBATION
  - 1-4 days (average 2 days)
- DURATION
  - 3-7 days; cough can persistent for more than 2 weeks.
- TRANSMISSION
  - Person to person, large-particle respiratory droplet transmission
  - Contact with contaminated surfaces
  - Aerosol transmission possible (limited data)
- COMMUNICABLE PERIOD
  - 1 day before and up to 5-7 days after symptom onset; can be longer for young children, immunosuppressed.

# Influenza Epidemiology



## RESERVOIR

- Type A – humans; some animals
- Type B – generally humans
- Type C – only humans

## TEMPORAL PATTERN

- Oct. - Apr./May. - Northern hemisphere
- Apr. - Sept. - Southern hemisphere
- Year round – tropical climates

## TYPES OF TESTS

- Molecular Assays
  - PCR
- Antigen Detection Test
  - Rapid Antigen
- Multiplex Assays
  - SARS-CoV-2
  - Influenza (A & B)

# Influenza: High Risk Groups/Settings



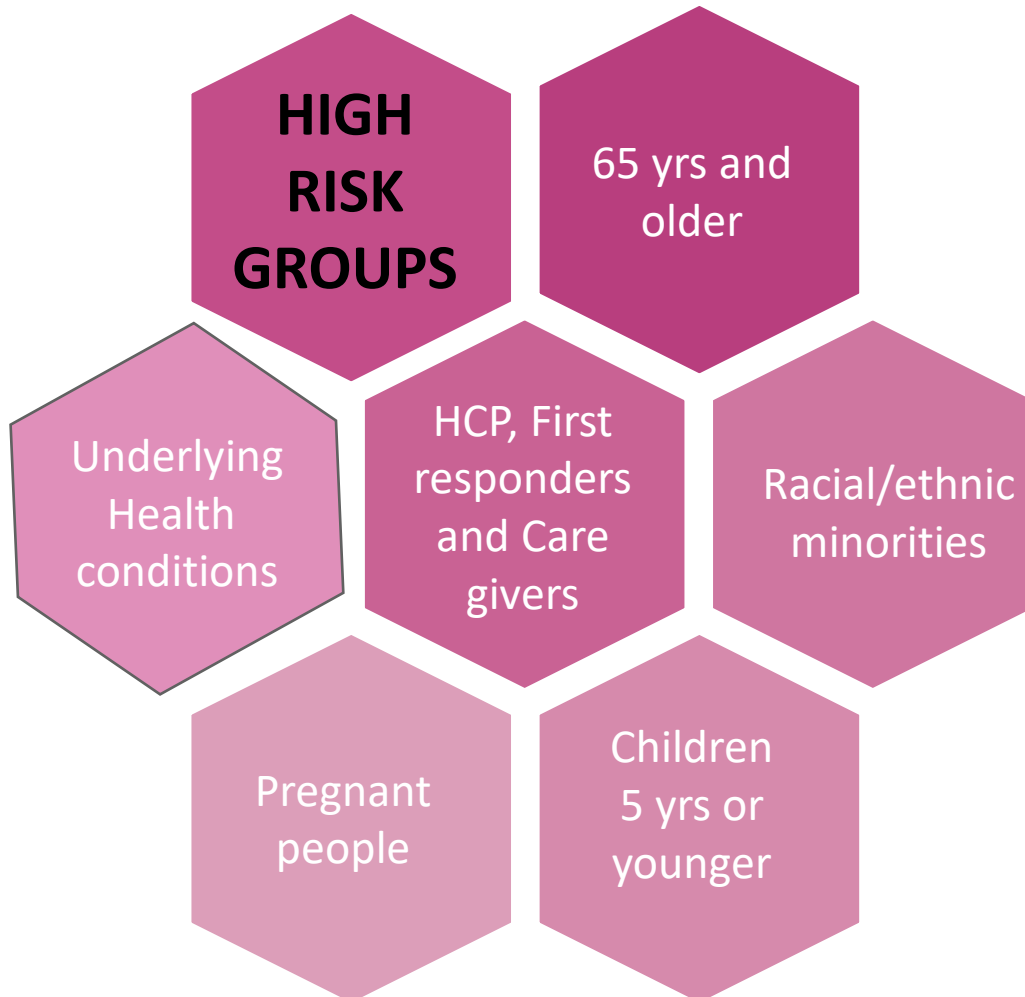
COUNTY OF SAN DIEGO  
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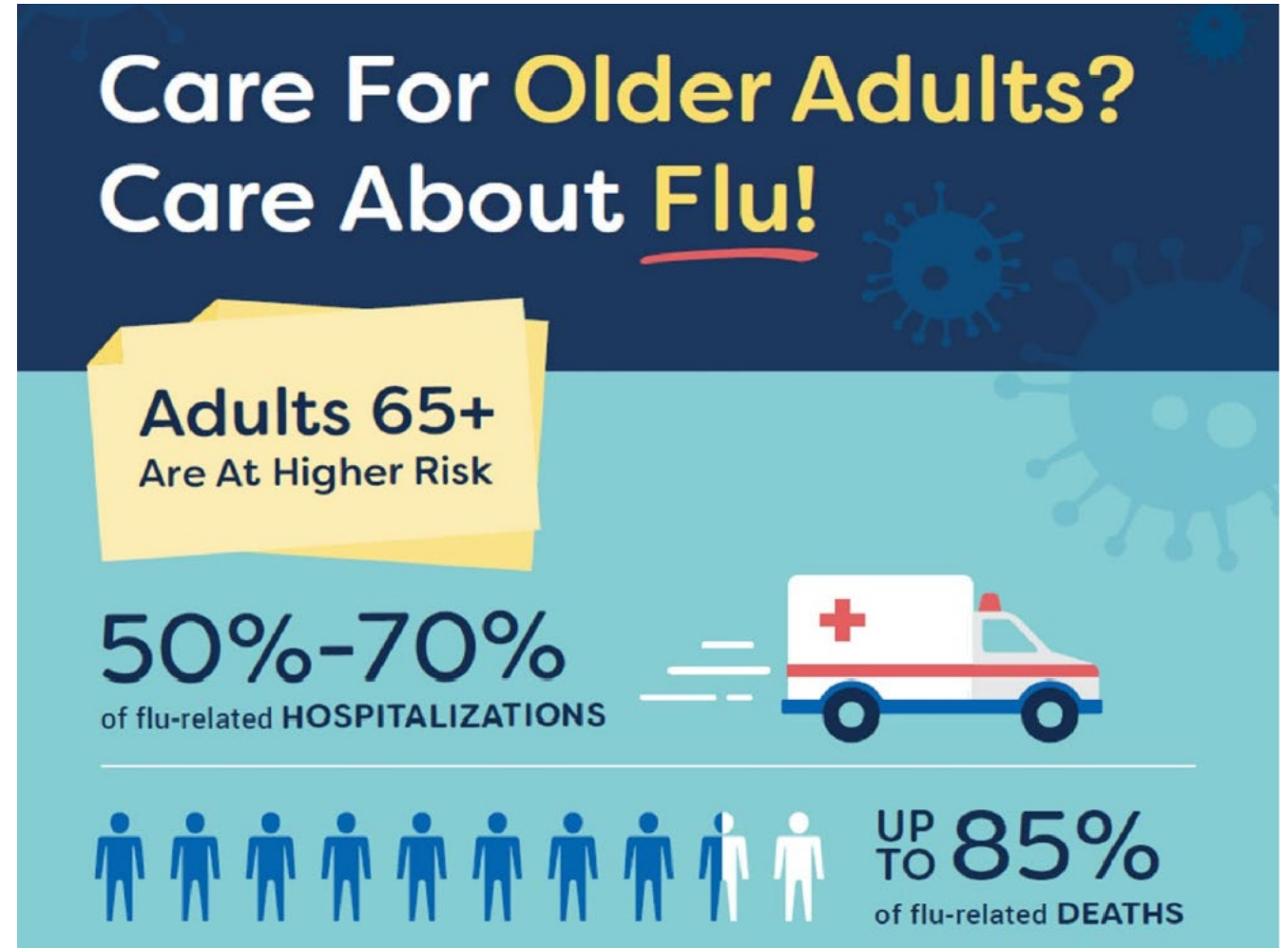
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[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization\\_branch/Vaccine\\_Preventable\\_Diseases/Seasonal\\_Influenza/Flu\\_Resources1.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/Flu_Resources1.html)



<https://www.cdc.gov/flu/highrisk/index.htm>

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# Where you can find current influenza activity



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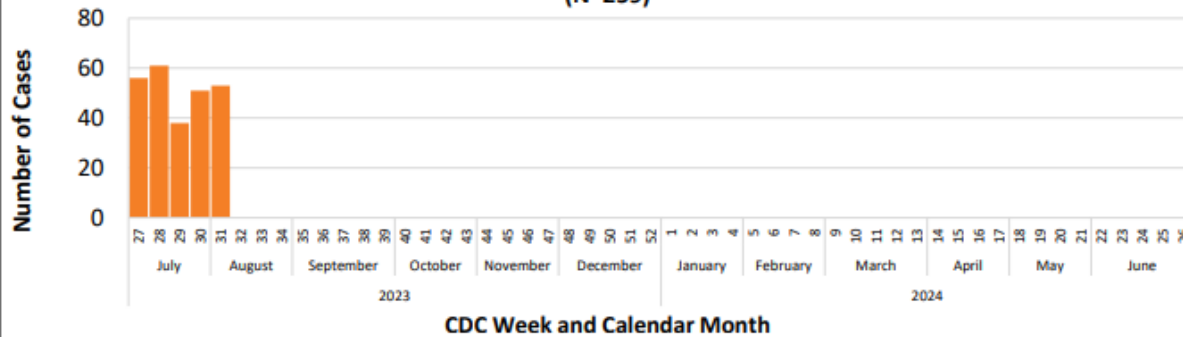


## Respiratory Virus Surveillance Report



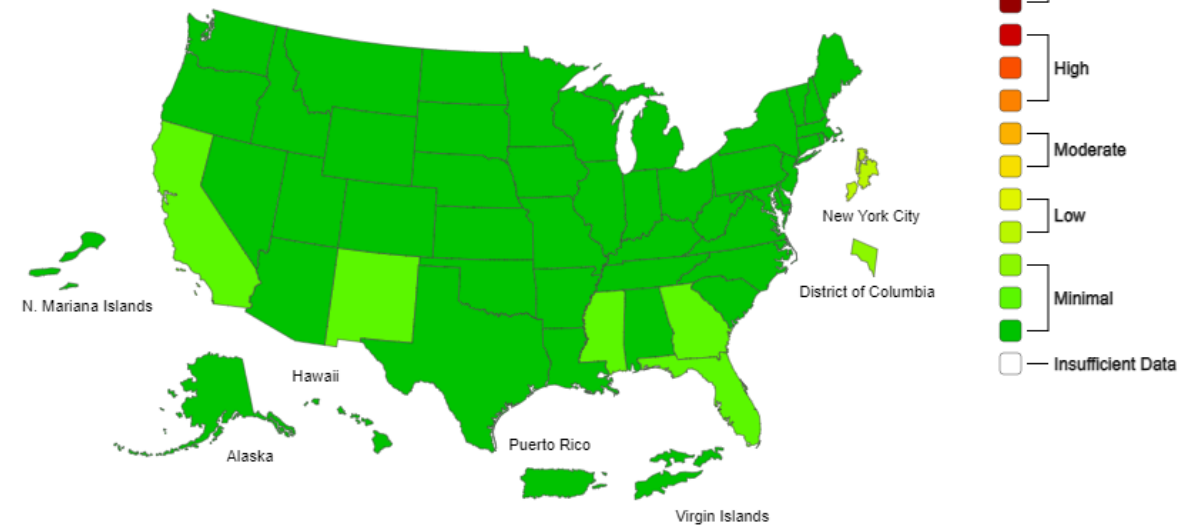
COVID-19, Influenza, and RSV Cases by CDC Episode Week, \* 2023-24 Fiscal Year-to-Date

Figure 1.2. San Diego County Influenza Cases  
(N=259)



[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/2019-nCoV/status.html#respiratoryvirusreport](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status.html#respiratoryvirusreport)

2022-23 Influenza Season Week 32 ending Aug 12, 2023



<https://www.cdc.gov/flu/weekly/usmap.htm>

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# Prevent Influenza Transmission



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- Administration of influenza vaccine
- Implementation of respiratory hygiene and cough etiquette
- Appropriate management of ill HCP
- Adherence to infection control precautions during patient care
- Implementing environmental and engineering infection control measures

<https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

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# Influenza Outbreak Definition



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## Institutions/Congregate Settings Outbreak Definition:

**At least one laboratory-confirmed influenza in the setting of a cluster ( $\geq 2$  cases) of influenza-like illness (ILI) within a 72-hour period.**

**Influenza-like Illness (ILI)** = fever equal or greater than 100 degrees, plus cough and /or sore throat.

**How to report a suspected outbreak to County**

Call: 619-692-8499

Email:

[PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov)

# Influenza Outbreak Guidance



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## Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating

[Español](#) | [Other Languages](#) | [Print](#)

*The following practices should be considered when SARS-CoV-2 and Influenza viruses are found to be co-circulating based upon local public health surveillance data and testing at local healthcare facilities. While these considerations are specific to care of residents residing in nursing homes, some practices could be adapted for use in other long-term care settings (e.g. assisted living communities).*

### 1. Place symptomatic residents in Transmission-Based Precautions using all recommended PPE for care of a resident with suspected SARS-CoV-2 infection<sup>1</sup>

Because some of the [symptoms of influenza and COVID-19 are similar](#), it may be difficult to tell the difference between these two respiratory diseases based on symptoms alone. Residents in the facility who develop symptoms of acute illness consistent with influenza or COVID-19 should be moved to a single room, if available, or remain in current room, pending results of viral testing. They should not be placed in a room with new roommates nor should they be moved to a COVID-19 care unit (if one exists) unless they are confirmed to have COVID-19 by SARS-CoV-2 testing.

<https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm>

## Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities

[Español](#) | [Other Languages](#) | [Print](#)

### Co-circulation of Influenza Viruses and SARS-CoV-2

[New Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)

The following guidance is current for the 2022-2023 influenza season. Please see [Recommendations of the Advisory Committee on Immunization Practices – United States, 2022-2023 Season](#) [523 KB, 32 pages] for the latest information regarding recommended influenza vaccines. Please see [Antiviral Drugs: Information for Healthcare Professionals](#) for the current summary of recommendations for clinical practice regarding the use of influenza antiviral medications. Please also refer to the [Infectious Diseases Society of America \(IDSA\) 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza](#). [↗](#)

Long-term care facilities may be defined as institutions, such as nursing homes and skilled nursing facilities that provide

### On This Page

[Before an Outbreak Occurs](#)

[When there is a confirmed or suspected influenza outbreak](#)

[Resources](#)

<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

## Recommendations for the Prevention and Control of Influenza in California Skilled Nursing Facilities (SNF) during the COVID- 19 Pandemic

California Department of Public Health (CDPH)  
Updated November 2022

[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl\\_Flu\\_inCA\\_SNFsDuringCOVID.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl_Flu_inCA_SNFsDuringCOVID.pdf)

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# Surveillance and Reporting



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**Health Care Provider  
Reporting Requirements**

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/diseases\\_reporting\\_requirements\\_for\\_health\\_care\\_providers.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/diseases_reporting_requirements_for_health_care_providers.html)

- Implement active daily surveillance for symptoms in residents and HCP.
  - Keep a line list of ill individuals, which can also include sick HCP and visitors.
- Conduct diagnostic testing for any resident with symptoms for BOTH influenza and COVID
- Rapid influenza and COVID tests may help rule in/out certain diagnoses quickly. Rapid tests may not be as sensitive, so a confirmatory test can be helpful.
  - Co-infections are possible.
  - If residents with acute respiratory illness test negative for both influenza and SARS-CoV-2, consider additional viral or bacterial testing. Follow your facility policy for assessment/diagnosis of condition changes.

[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl\\_Flu\\_inCA\\_SNFsDuringCOVID.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl_Flu_inCA_SNFsDuringCOVID.pdf)

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# Communication/Reporting



- Prompt reporting to County Public Health 619-692-8499 or [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov) of any positive cases or cluster of symptomatic residents
- Communicate with facility leadership, Licensing & Certification, staff, residents, family members, visitors
  - Post signage at facility entrances/common areas (e.g., hand hygiene, respiratory/cough etiquette)
  - Provide education to patients/visitors
  - In-services and reminders to HCP of the influenza outbreak plan



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# Transmission-Based Precautions & Cohorting



- Implement **droplet precautions + eye protection** for the care of resident's w/ influenza for 7 days after resident's illness onset, or 24 hours after resolution of fever/respiratory symptoms (whichever is longer)
  - Additional precautions (Standard, Enhanced, Contact, etc.) may be used for the management of other clinical conditions present.
- Residents with confirmed influenza should be placed in a single room if available, or with other residents with influenza. If unable to move a resident, they may remain in their current room with measures in place to reduce transmission to roommates (e.g., 6+ feet distance, physical barriers, chemoprophylaxis)
- Do not place new admissions or transfer asymptomatic residents to units with symptomatic residents
- If diagnosis is not confirmed, use the precautions based on their suspected diagnosis

[https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl\\_Flu\\_inCA\\_SNFsDuringCOVID.pdf](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl_Flu_inCA_SNFsDuringCOVID.pdf)

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# Antiviral Guidance



- Antiviral medications can be used to TREAT or PREVENT (chemoprophylaxis) influenza
- Treatment
  - Residents with confirmed or suspected influenza should be treated with antivirals as soon as possible, ideally within 48 hours of onset.
- Prevention/Prophylaxis
  - Promptly initiate prophylactic antivirals for all exposed individuals (e.g., roommates) of residents with confirmed influenza.
  - Prophylaxis should be continued for at least 2 weeks, until at least 7 days after last case is identified.
  - During an outbreak, all non-ill residents in the entire building/facility are recommended prophylactic antivirals, regardless of vaccination status.
  - Non-ill roommates, and residents on same floor/unit of residents with influenza should be given top priority if there is a limited supply of antivirals.





# Antiviral Guidance Continued...



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- For residents of SNFs, CDC/CDPH recommends:
  - For newly vaccinated individuals (including HCP) with exposure, antiviral chemoprophylaxis can be considered for up to 2 weeks following vaccination until vaccine-induced immunity is acquired.
  - Persons receiving antiviral chemoprophylaxis who develop signs/symptoms should be tested and switched to antiviral treatment doses pending results.
  - Minimum of 2 weeks, continuing for at least 7-10 days after the last outbreak associated case.



# Antiviral Guidance Continued...



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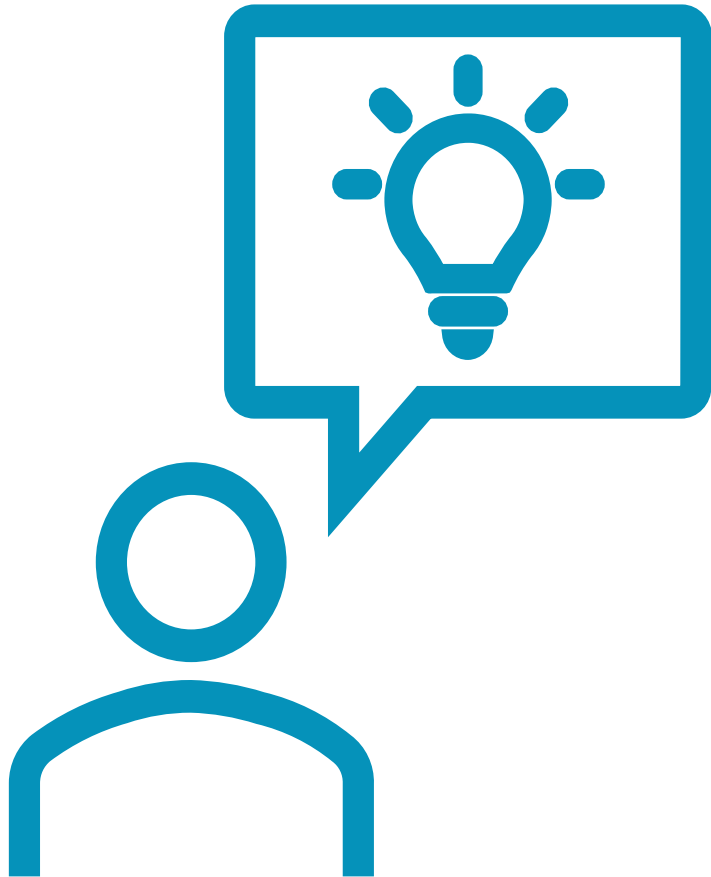


- For HCP of SNFs, CDC/CDPH recommends referring for chemoprophylaxis in any of the following circumstances:
  - If vaccinated and the circulating influenza strain is not well matched with vaccine strains
  - HCP was not vaccinated due to a medical contraindication or are at high risk for complication of influenza.



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# Other IPC Considerations



- Increase frequency of environmental cleaning w/ focus on high-touch surfaces, common areas, shared equipment
- Adherence monitoring for PPE, environmental disinfection, hand hygiene
- Consider implementing universal masking/source control during times of high transmission or outbreaks
- Encourage and vaccinate residents and HCP who previously declined
- Consider limiting communal dining/activities

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# County of San Diego Health Order



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## MANDATORY VACCINATION OR MASKING FOR HEALTHCARE PERSONNEL (HCP)

- 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 (HCP) 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.
- **Influenza season is defined as NOVEMBER 1 TO MARCH 31**
- Visit [HCP Flu Mandates](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/HealthcareFluMandates.html) for more information (including a signed copy of the HOO)

  
**County of San Diego**


NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH SERVICES  
3851 ROSECRANS STREET, MAIL STOP P-578  
SAN DIEGO, CA 92110-3134  
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D.  
PUBLIC HEALTH OFFICER

**DATE:** November 28, 2022

**TO:** Acute Care Hospitals, Ambulatory and Community Clinics, Emergency Medical Service Agencies, Long-Term Care and Skilled Nursing Facilities, and Private Physician Practices

**FROM:** Wilma J. Wooten, M.D., M.P.H., Health Officer, Public Health Services 

**SUBJECT:** Reminder of 2017 Health Officer Order for Mandatory Influenza Vaccination or Masking of Healthcare Personnel during Annual Influenza Season

**Rationale**

This document provides an update of influenza statistics since the last year's flu season and serves as a rationale document for the *Health Officer Order for Mandatory Influenza Vaccination or Masking of Healthcare Personnel during Annual Influenza Season*. The original version is dated November 4, 2014, with the most recent version dated November 1, 2017, updated to include private physician practices and emergency medical service agencies, which includes emergency medical technicians (EMTs), advanced EMTs, and paramedics.

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization\\_branch/Vaccine\\_Preventable\\_Diseases/Seasonal\\_Influenza/HealthcareFluMandates.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/HealthcareFluMandates.html)

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# Influenza: Resources



- CDC Testing and Management Considerations for Influenza in SNFs
  - <https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm>
- CDC Influenza Long Term Care Facility Guidance
  - <https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>
- County of San Diego – Guidance for High-Risk Groups
  - [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization\\_branch/Vaccine\\_Preventable\\_Diseases/Seasonal\\_Influenza/Flu\\_Resources1.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/Flu_Resources1.html)
- County of San Diego HCP Influenza Mandates
  - [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization\\_branch/Vaccine\\_Preventable\\_Diseases/Seasonal\\_Influenza/HealthcareFluMandates.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/HealthcareFluMandates.html)
- County of San Diego Healthcare Professionals Reporting
  - [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/disease\\_reporting\\_requirements\\_for\\_health\\_care\\_providers.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/disease_reporting_requirements_for_health_care_providers.html)
- County of San Diego - Local Situation for Respiratory Virus Surveillance Report
  - [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/2019-nCoV/status.html#respiratoryvirusreport](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status.html#respiratoryvirusreport)
- CDC – National Situation for Influenza
  - <https://www.cdc.gov/flu/weekly/usmap.htm>



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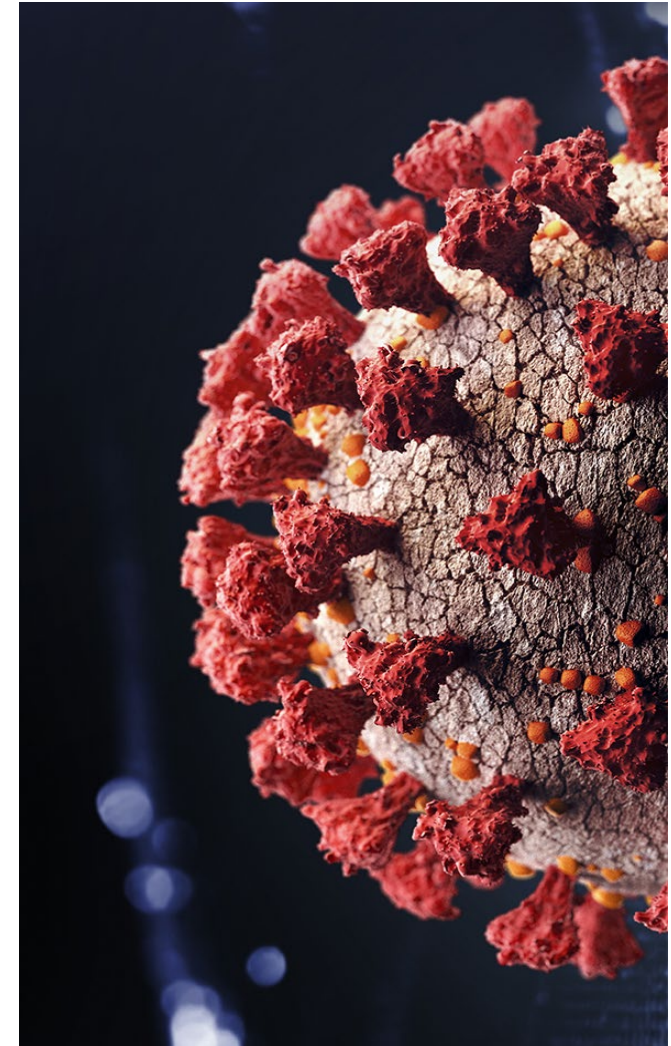


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# COVID-19



[This Photo](#) by Unknown author is  
licensed under [CC BY-NC-ND](#).

# Current Situation



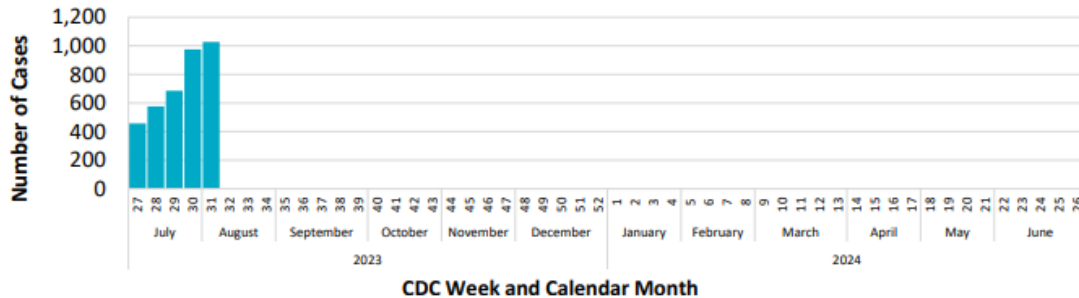
## How to track our local activity

### Respiratory Virus Surveillance Report



COVID-19, Influenza, and RSV Cases by CDC Episode Week, \* 2023-24 Fiscal Year-to-Date

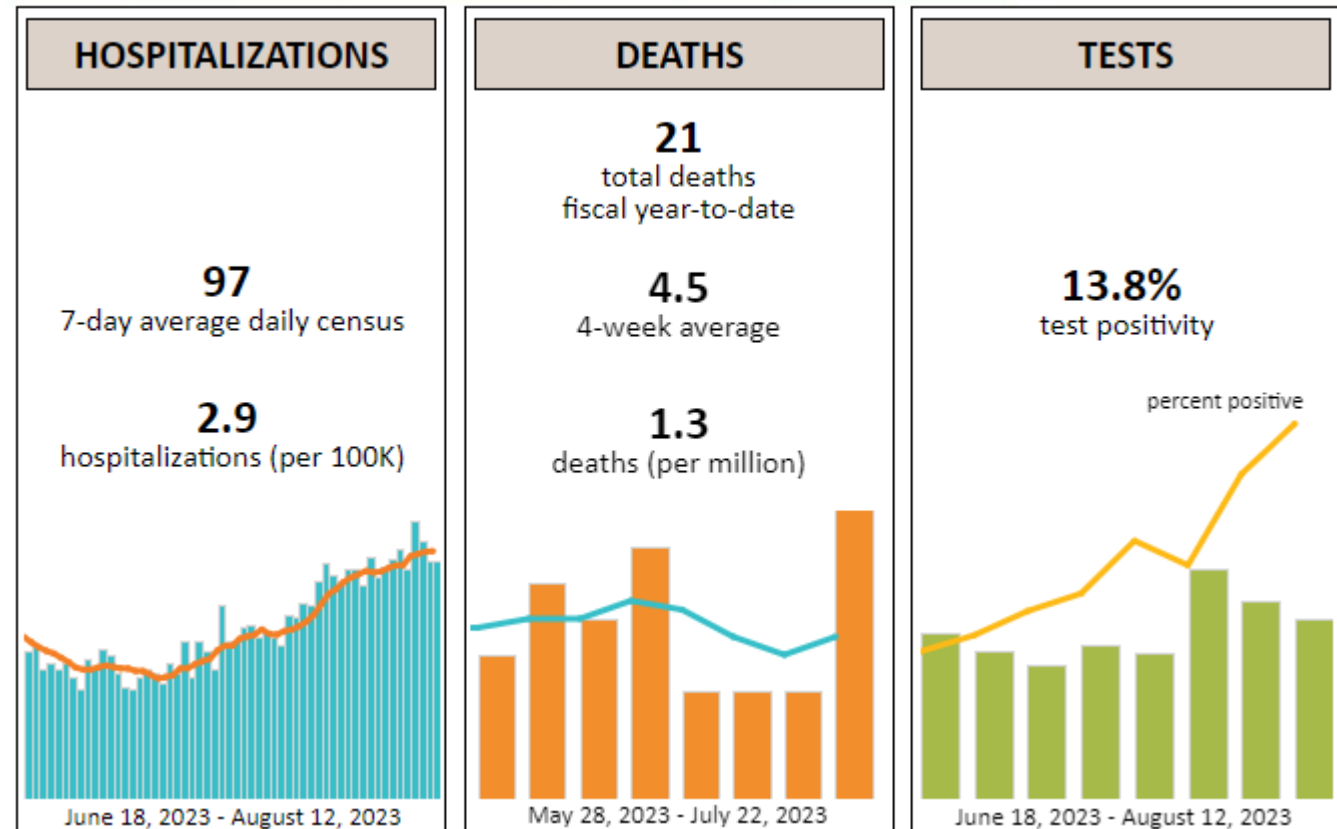
Figure 1.1. San Diego County COVID-19 Confirmed and Probable Cases (N=3,722)



Respiratory Virus Surveillance Report is released monthly at this time. Will be released weekly starting October.

<https://coronavirus-sd.com/>

Updated August 17, 2023. Data are preliminary and subject to change.



COVID-19 data is updated on the website weekly on Thursdays

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# Isolation for COVID+



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## ■ Residents

- Mild-moderate illness
  - At least 10 days since symptom onset + 24 hours since last fever + symptom improvement
- Moderate-severe illness
  - At least 10 days and up to 20 days since symptom onset
  - Test-based strategy can be used
- Moderately to severely immunocompromised
  - Test-based strategy and consultation w/ infectious disease specialist

## ■ Staff

### Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)

Vaccination Status	Routine	Critical Staffing Shortage
All HCP, regardless of vaccination status	5 days* with at least one negative diagnostic test† same day or within 24 hours prior to return OR  10 days without a viral test	<5 days with most recent diagnostic test† result to prioritize staff placement‡

- If returning earlier than day 10, HCP should wear fit-tested N95
- If working during critical staffing shortage and still positive, should provide direct care only for COVID+ residents; maintain separate breakroom/restroom from other staff



# Contact Tracing



- When a single new case of COVID+ in HCP or resident is identified, evaluate for possible exposures
- Perform contact tracing and testing for all residents/HCP potentially exposed, regardless of vaccination status. Rapid antigen or molecular tests are acceptable.
  - Test immediately (after 24 hours after exposure), aka “day 1”
  - If negative, test again 48 hours after first test, aka “day 3”
  - If negative, test again 48 hours after 2<sup>nd</sup> test, aka “day 5”
- If unable to contact trace, use a broader based testing strategy to identify potential positive cases (e.g., unit/floor or facility-wide)



# Personal Protective Equipment/Cohorting



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- **COVID+ residents:** should be promptly isolated in a designated COVID-19 isolation area; full PPE should be used (i.e., gown, gloves, N95, eye protection)
- **Symptomatic residents:** may stay in their rooms while undergoing testing. Full PPE should be used
- **Asymptomatic/exposed residents:** may stay in their rooms while undergoing testing; full PPE is not required, use PPE appropriate for clinical condition
  - Resident should wear source control outside of their rooms
- Avoid movement of residents that can lead to new exposures.
- **Dedicated HCP w/ separate breakrooms/bathrooms are not required for COVID+ residents**
  - **HOWEVER, if HCP themselves are working while COVID+ in the context of a critical staffing shortage, they should have dedicated breakroom/bathroom.**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-12.aspx>

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# Additional Considerations



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- During times of high transmission or outbreak, important to consider both influenza or COVID-19 in a symptomatic resident.
  - Test symptomatic residents for both influenza/COVID-19 at the same time to confirm diagnosis to expedite appropriate treatment.
  - Co-infections are possible, and co-occurring outbreaks are possible
  - Generally antivirals for both COVID and influenza can be prescribed concurrently, if indicated
- Prioritize cohorting first by COVID-19 status, then by influenza status.
  - If a resident has both COVID and influenza, cohort separately from residents who have only COVID if possible. Otherwise maintain spatial separation of 6 feet and privacy curtain between residents.

# COVID-19 Reporting – Single Case



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- **Single cases of COVID-19 are still reportable to County Public Health by**
  - CLIA-waived facilities – most report ALL positive diagnostic results (including rapid testing results) w/in 24 hours
  - Hospitalizations and deaths of patients due to COVID-19 must be reported within 1 day of identification
- **For reporting information and reporting form:**  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/2019-nCoV/Reporting.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/Reporting.html)
- **Report Single Cases to County Public Health:**
  - Fax: 858-715-6457
  - Email: [Epi-CDReporting.HHSA@sdcounty.ca.gov](mailto:Epi-CDReporting.HHSA@sdcounty.ca.gov)

- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Revision-of-Mandatory-Reporting-of-Covid-19-Results-by-Health-Care-Providers.aspx>
- [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/2019-nCoV/Reporting.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/Reporting.html)
- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-09.aspx>

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# COVID-19 Reporting - Outbreak



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- When to report COVID-19 cluster of cases to County Public Health:
  - 1 or more probable or confirmed COVID-19 cases in resident OR HCP
  - 3 or more cases of acute illness compatible w/ COVID-19 in residents w/ onset within 72 hour period
- **Report to County:**
  - Call: 619-692-8499
  - Email: [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov)

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-09.aspx>

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# COVID-19 Resources



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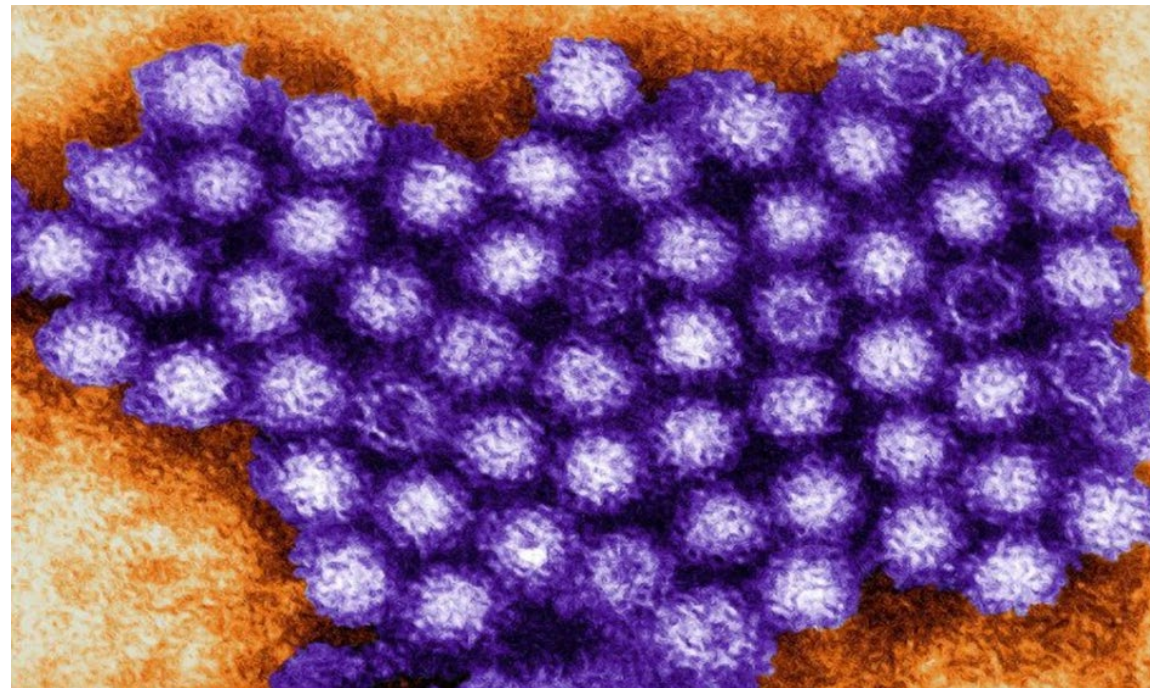


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- CDC COVID-19 Infection Control <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- CDPH COVID-19 Related AFLs <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/COVID-19-AFLs.aspx>
- County of San Diego COVID-19 Website <https://coronavirus-sd.com/>
- County of San Diego COVID-19 Reporting  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/2019-nCoV/Reporting.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/Reporting.html)

# Norovirus/Gastroenteritis



# NOROVIRUS: Basics



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- A very contagious virus causing gastrointestinal illness; "stomach flu"
- **Incubation period:** 12-48 hours
- **Duration of symptoms:** 1-3 days
- **Infectious period:** from symptom onset to 48-72 hours after symptom resolution

## Common signs/symptoms

- Diarrhea, nausea, vomiting, abdominal cramping, low grade fever, chills



Diarrhea



Nausea, Vomiting, and  
Stomach Cramping



Low Grade Fever  
and Chills



# Noro: Basics



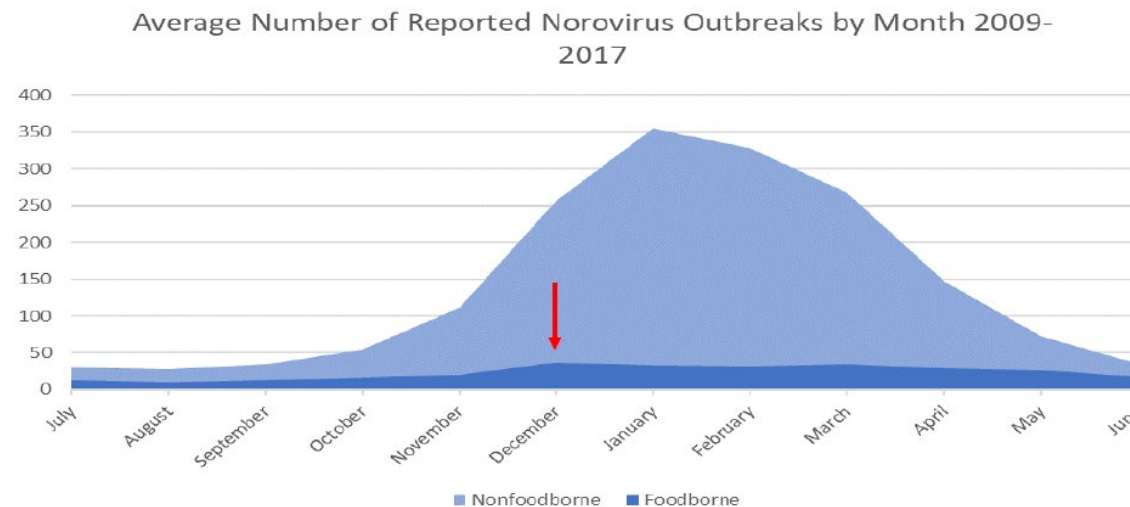
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- **Treatment:** Symptoms typically resolve without treatment; symptoms are managed/supported. Hospitalization/death can occur in vulnerable individuals
- **Seasonality:** Infections can happen all year round, however norovirus outbreaks often peak in the winter months (Nov-April)



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<https://www.cdc.gov/norovirus/burden.html>

# NORO: Lab Testing/Diagnosis



- **Diagnosis is diagnosed through PCR or rapid EIA**
  - PCR is preferred due to poor sensitivity of EIA methods
  - Vomitus can be tested, but fresh (unfrozen) stool preferred
  - Antibody testing – possible but not ideal



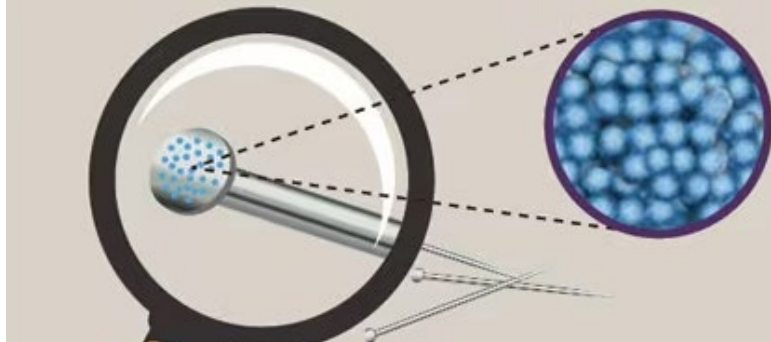
**Facility should not wait for test results before implementing control measures**

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# Noro: Transmission



## How contagious is norovirus?



Just a **very small amount** - as few as 18 viral particles - of norovirus on your food or your hands can make you sick.

In fact, the amount of virus particles that fit on the head of a pin would be enough to infect **more than 1,000 people!**

Source: Journal of Medical Virology, August, 2008

[PLoS One](#). 2015; 10(8): e0134277.

Published online 2015 Aug 19. doi: [10.1371/journal.pone.0134277](https://doi.org/10.1371/journal.pone.0134277)

PMCID: PMC4545942

PMID: [26287612](https://pubmed.ncbi.nlm.nih.gov/26287612/)

## Aerosolization of a Human Norovirus Surrogate, Bacteriophage MS2, during Simulated Vomiting

[Grace Tung-Thompson](#), <sup>1, ¶</sup> [Dominic A. Libera](#), <sup>2, ¶</sup> [Kenneth L. Koch](#), <sup>3</sup> [Francis L. de los Reyes, III](#), <sup>2, ‡\*</sup> and [Lee-Ann Jaykus](#) <sup>1, ‡</sup>

### ■ Transmission Routes:

- Eating contaminated food/drinks
  - Touching contaminated objects/surfaces then placing hand to mouth
  - Sharing toilet facilities with ill person
  - Cleaning up vomit/diarrhea from infected person w/o proper PPE
  - Direct contact with infected/symptomatic person
- Noroviruses can survive for long periods on surfaces

# Noro: Epidemiology



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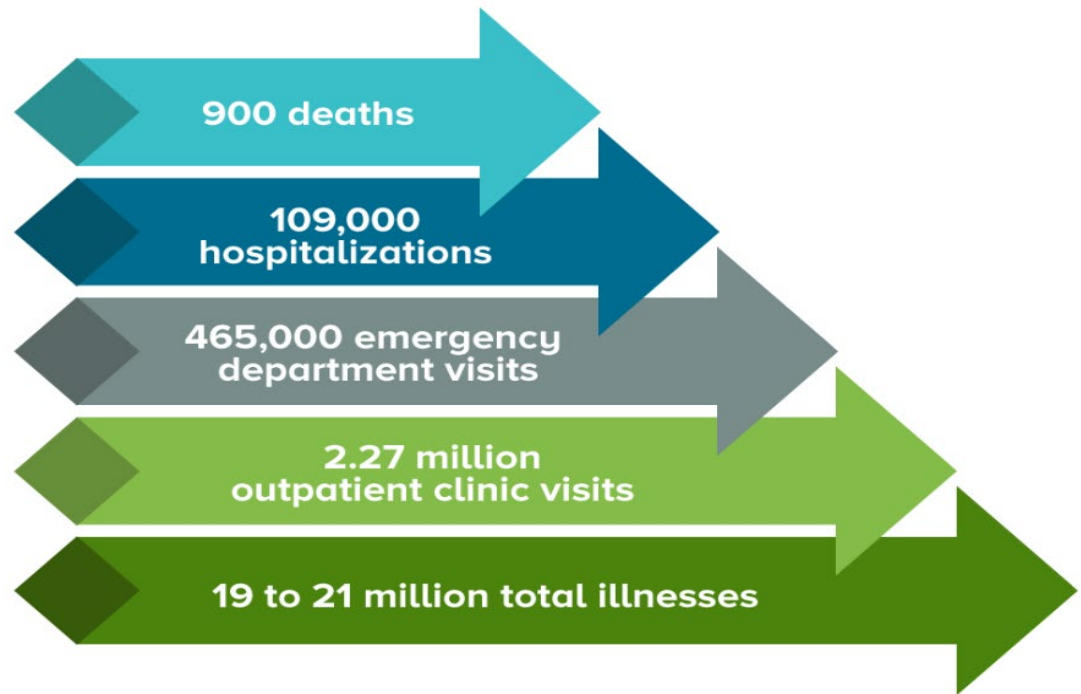
## Vulnerable Population

- Elderly
- People with medical conditions
- Young children

## At Risk Settings

- Healthcare facilities
- Daycare centers, schools,
- Restaurants
- Cruise ships

## U.S. Norovirus Data





# Noro: Outbreaks in San Diego



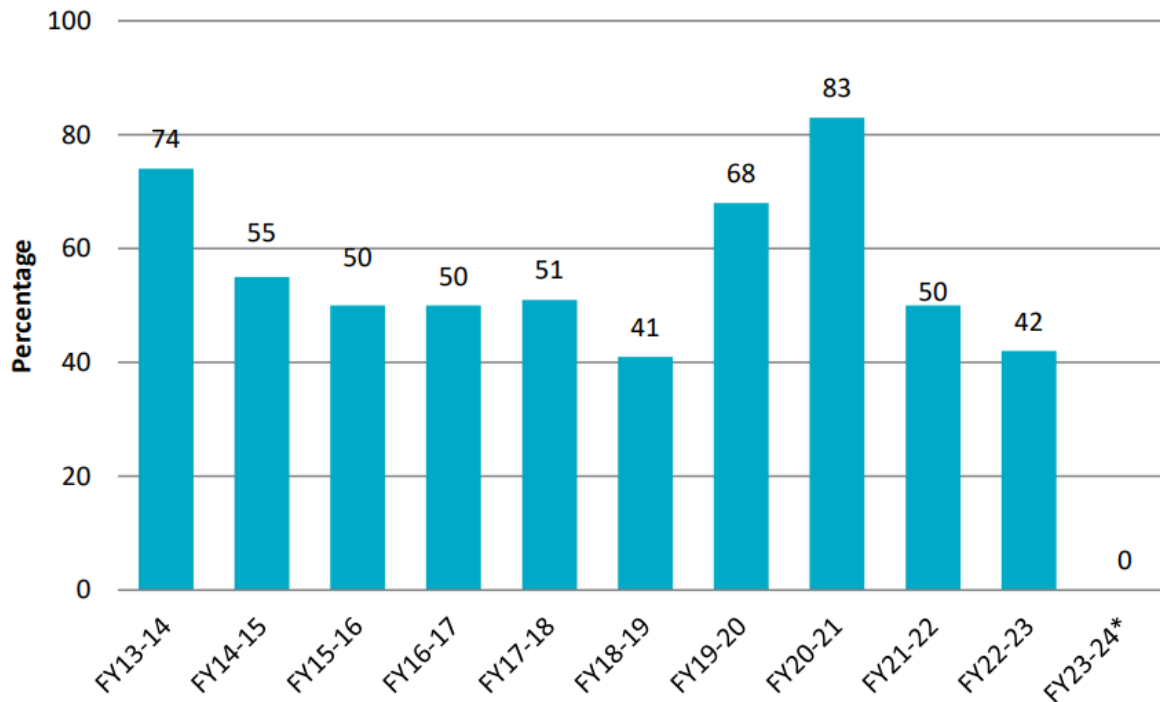
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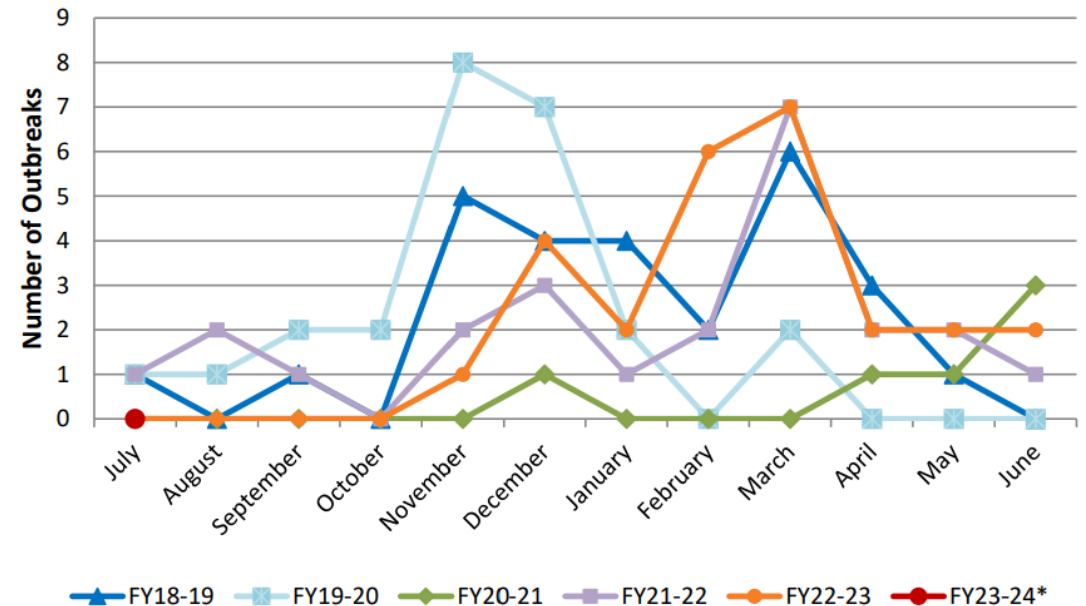
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Percentage of Norovirus Outbreaks in Congregate Living Settings<sup>†</sup>



Norovirus Outbreaks by Month of Report  
Fiscal Years 2018-2023\*



[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/dc\\_norovirus.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/dc_norovirus.html)

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# Noro: Outbreak definitions



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## **Viral gastroenteritis Outbreak Definition:**

2 or more epidemiologically-linked cases of new onset vomiting and/or diarrhea within a 1-2 day period

## **To report your suspected outbreak to County:**

- Call: 619-692-8499
- Email: [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov)

# Noro: Available Guidance



## RECOMMENDATIONS FOR THE PREVENTION AND CONTROL OF VIRAL GASTROENTERITIS OUTBREAKS IN CALIFORNIA LONG-TERM CARE FACILITIES

California Department of Health Services  
Division of Communicable Disease Control  
In Consultation with Licensing and Certification Program

850 Marina Bay Parkway  
Richmond, California 94804

October 2006

ARNOLD SCHWARZENEGGER  
Governor  
State of California



COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY EPIDEMIOLOGY PROGRAM www.sdepl.org 619-692-8499

## Norovirus Toolkit for LTCFs

This toolkit is designed to be used in conjunction with the guidance *Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in California Long-Term Care Facilities* (October 2006), authored by the California Department of Health Services in consultation with the Licensing and Certification Program. This document is available at: <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/PCofVirus.pdf>.

This toolkit contains supplementary documents authored by the County of San Diego Health and Human Services Agency intended to help long-term care and other group residence facilities implement the aforementioned guidelines.

## GUIDELINE FOR THE PREVENTION AND CONTROL OF NOROVIRUS GASTROENTERITIS OUTBREAKS IN HEALTHCARE SETTINGS

Taranisia MacCannell, PhD, MSc<sup>1</sup>; Craig A. Umscheid, MD, MSCE<sup>2</sup>; Rajender K. Agarwal, MD, MPH<sup>2</sup>; Ingi Lee, MD, MSCE<sup>2</sup>; Gretchen Kuntz, MSW, MSLIS<sup>2</sup>; Kurt B. Stevenson, MD, MPH<sup>3</sup> and the Healthcare Infection Control Practices Advisory Committee (HICPAC)<sup>4</sup>

<sup>1</sup> Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention  
Atlanta, GA

<sup>2</sup> Center for Evidence-based Practice  
University of Pennsylvania Health System  
Philadelphia, PA

<sup>3</sup> Division of Infectious Diseases  
The Ohio State University,  
Columbus, OH



# Noro: Guidance Key Points

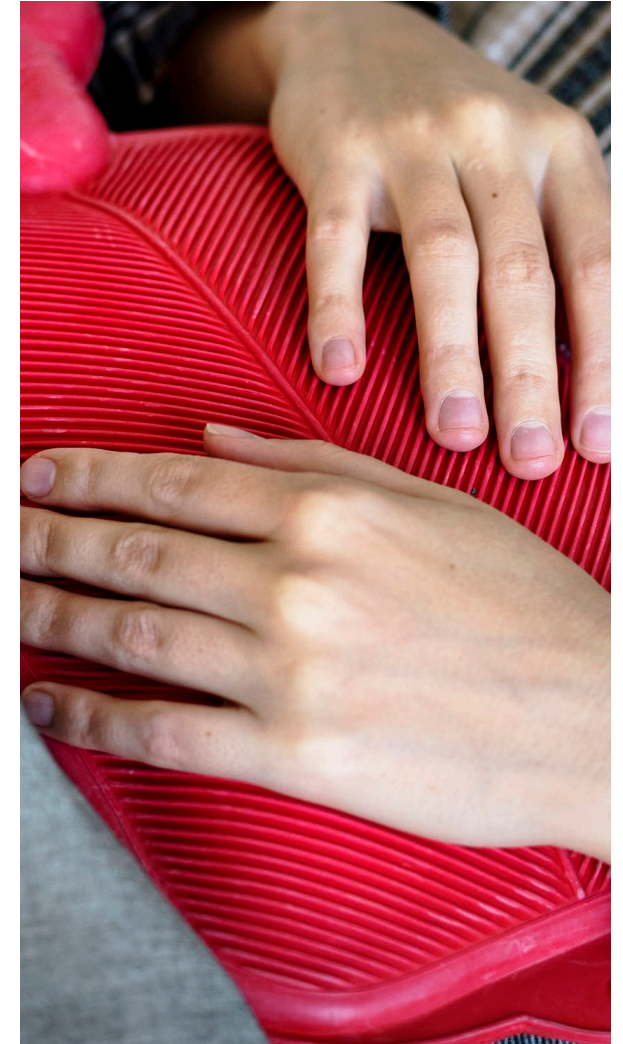


## Surveillance:

- *Implement daily active surveillance* for symptoms in residents/staff
- *Maintain a line list* of ill residents, staff, visitors

## Personnel Management:

- *Exclude symptomatic staff* until symptom free for at least 48 hours
- *Discontinue floating staff* between affected/unaffected units until 4 days after last case onset
- *Adherence monitoring* to ensure staff are performing hand hygiene and using PPE appropriately





# Noro: Guidance Key Points



## Resident Management:

- *Symptomatic residents:* confine residents to room until symptom free for at least 48 hours
  - Staff should use PPE when caring for ill residents: **Contact + Standard**
  - Consider adding surgical mask/eye protection if there is anticipated risk of splash to the face during patient care or environmental cleaning
- *Minimize resident movement:* Asymptomatic/exposed residents should not be moved to unaffected units.
- *Limit or hold new admissions in affected units* until no new cases for at least 48 hours.
- *Cancel/postpone group dining/activities* for affected units until 4 days after the last identified case



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# Noro: Guidance Key Points



## Environmental Cleaning/Disinfection:

- *If there has been vomit/fecal spillage, important to clean PROMPTLY*
  - Clean/disinfect within a **10–25 foot** radius of vomit incident, from clean to dirty
  - EVS personnel should wear gown, gloves, surgical mask at minimum.
  - *Clean carpets/soft furnishings* with hot water and detergent, or steam cleaning. Dry vacuuming is not recommended
- *Increase frequency of routine environmental cleaning*, including bathrooms, resident rooms, and high-touch surface areas
  - Do not reuse mopheads/cleaning cloths/toilet brushes, etc. in-between resident rooms, especially between ill and non-ill residents



Vomiting Larry:

<https://youtu.be/sLDSNvQjXe8>

# Noro: Guidance Key Points



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## Environmental Cleaning/Disinfection, continued:

- *Change privacy curtains upon patient discharge/transfer*
- *Soiled linens should be handled carefully, to avoid agitation.*
  - Staff should use appropriate PPE to minimize risk of contamination
  - Use hot water, detergent, and hot dryer until completely dry
  - Store linens/laundry in closed containers until ready to wash



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# Noro: Guidance Key Points



## Environmental Cleaning/Disinfection, continued:

- Use *EPA approved disinfectant* effective against Norovirus or *bleach* solution (mixed daily) to disinfect potentially contaminated surfaces
  - Bleach: 1:10 of 6% bleach w/ contact time of 5 minutes
  - EPA List G\*: <https://www.epa.gov/pesticide-registration/list-g-antimicrobial-products-registered-epa-claims-against-norovirus-feline>
    - \*effectiveness is theoretical, tested on feline calicivirus
- *Clean/disinfect shared equipment* between resident uses
- *Adherence monitoring* to ensure cleaning/disinfection is being done correctly





# Noro: Guidance Key Points



## Communication/Education:

- Prompt reporting to County Public Health 619-692-8499 or [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov) for cluster of cases, if there is a sudden increase in cases, death, or ill food handler
- Communicate with facility leadership, Licensing & Certification, staff, residents, family members, visitors
  - Post signage at facility entrances/common areas (e.g., hand hygiene, staying home if ill)
  - Provide education/reminders/in-services

## Hand Hygiene:

- *Emphasize hand washing with soap and water* for residents/staff/visitors
- *Alcohol-based hand sanitizers* may still be used if not visibly soiled



# Quick Reference Table

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	Influenza	COVID-19	Norovirus
<b>Incubation Period</b>	1-4 days	14 days	12-48 hours
<b>Infectious Period</b>	24hrs prior to symptom onset to 3-7days after symptom onset	From 48hrs prior to symptom onset to 7 days after onset, OR 24 hours after resolution of fever/respiratory signs (whichever is longer)	Onset of symptoms to at least 48 hours after symptom resolution
<b>Typical symptoms</b>	<p>Sudden onset of symptoms;</p> <p>Respiratory: cough, sore throat, runny or stuffy nose</p> <p>Systemic: fever, chills, headache, malaise, myalgia; uncommonly diarrhea/vomiting</p>	<p>Respiratory: cough, SOB/dyspnea, sore throat, congestion, runny nose,</p> <p>Systemic: fever, chills, fatigue, myalgia, headache, new loss of taste/smell, nausea/vomiting, diarrhea</p>	Non-bloody diarrhea, vomiting, nausea, abdominal cramps, low-grade fever
<b>Vaccination</b>	x	x	N/A
<b>Prophylaxis</b>	Antiviral	N/A*	N/A
<b>Treatment</b>	Antiviral	Antivirals	N/A

# Quick Reference Table – part 2

For internal use only, not for distribution



	Influenza	COVID-19	Norovirus
HH	X	X	X(hand washing)
Type of PPE	Surgical mask, eye protection, gloves, n95 if AGP	N95, eye protection, gown, gloves	Gown, gloves, at minimum
Isolation	Droplet + Standard	Transmission-based	Contact + Standard
Quarantine	No	No, consider during outbreak	No
Testing	PCR, Antigen, Multiplex	PCR, Antigen, Multiplex	PCR or rapid EIA
Testing frequency	Symptomatic, esp symptomatic after being on prophylactic antiviral	Day 1, 3, 5 for each exposure	When symptomatic
Disinfection (EVS and equipment)	Bleach or other effective disinfectant	EPA list N	Bleach or EPA list G

# Outbreak Reporting



- All outbreaks are reportable to the Local Health Department, per CDPH AFL 23-08 and California Code of Regulations Title 17
- County of San Diego can receive your outbreak report and provide resources
  - Call: 619-692-8499
  - Email: [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov)



# Noro: Resources



COUNTY OF SAN DIEGO  
HEALTH AND HUMAN  
SERVICES AGENCY



LIVE WELL  
SAN DIEGO



Healthcare  
Associated  
Infections  
Program



- **CDC Guideline for Prevention & Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings (2011)**  
<https://www.cdc.gov/infectioncontrol/guidelines/norovirus/index.html>
- **CDPH Norovirus/Viral Gastroenteritis Control Recommendations for Shelters (2018)**  
[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus\\_Evacuation\\_Centers\\_20181115\\_Letterhead.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus_Evacuation_Centers_20181115_Letterhead.pdf)
- **CDPH Recommendations for the Prevention/Control of Viral Gastroenteritis Outbreaks in CA Long Term Facilities (2006)**  
[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus\\_Evacuation\\_Centers\\_20181115\\_Letterhead.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus_Evacuation_Centers_20181115_Letterhead.pdf)
- **County of San Diego Norovirus Page**  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/dc\\_norovirus.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/dc_norovirus.html)



# Contact Hour Instructions

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- **Ensure your Zoom name is your full name**
- **Complete the Aug 25, 5:00PM**
- **Expect your certificate by Sept 15<sup>th</sup>.**



# Next Collaborative



COUNTY OF SAN DIEGO  
HEALTH AND HUMAN  
SERVICES AGENCY



Healthcare  
Associated  
Infections  
Program



**September 27, 2023**

**11:00AM – 12:00PM**

**ZOOM**

**Featured Topic:**

**“Infection Prevention Rounds 101”**

**1 Contact Hour Offered**

**Submit questions about  
or**

**Feedback about today’s collaborative meeting to:**

**[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)**

—”  
**THANK  
YOU**  
—”

**Contact us at:**

**[PHS.HAI.HHSA@sdcounty.ca.gov](mailto:PHS.HAI.HHSA@sdcounty.ca.gov)**



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