

Welcome

BEFORE WE BEGIN, ANSWER IN THE CHAT:

What is your favorite picnic food?

INSTRUCTION FOR CONTACT HOUR

- Your display name **MUST** match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.
- Enjoy the entire program.
- Complete the post-evaluation by July 24, 2026, 5:00 PM (available on the last slide).
- Certificate will be emailed to you by August 15, 2026.

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San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

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

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Reminders

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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



Type into the chat your:

- Name
- Title
- Facility



Land Acknowledgement



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.

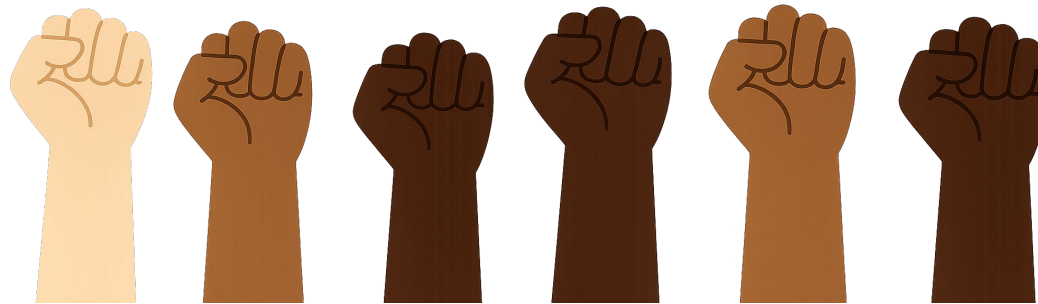
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Anti-Racism Statement



In 2021, the Board of Supervisors unanimously declared racism a public health crisis, affirming the County's commitment to advancing equity and dismantling structural barriers that harm historically marginalized communities. We affirm this commitment by practicing cultural humility, amplifying diverse voices, addressing structural racism, and ensuring individuals are heard, valued, and respected.



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Agenda



Welcome

General Updates

Announcements

Featured Topic: “Poop and the Itch”

Next Collaborative

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SNF IP
Email List



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Respiratory Virus Update

July 9, 2026



LIVE WELL
SAN DIEGO

San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

This report will be issued monthly on the second Thursday of the month.
Weekly reporting will resume in October.

COVID-19

Hospitalizations
2,318

Deaths
90

Outbreaks*
113

Influenza

Hospitalizations
2,733

Deaths
76

Outbreaks*
35

RSV

Hospitalizations
793

Deaths
12

Outbreaks*
9

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*In residential congregate settings



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

Figure 1.1. San Diego County **COVID-19** Cases
(N=12,593)

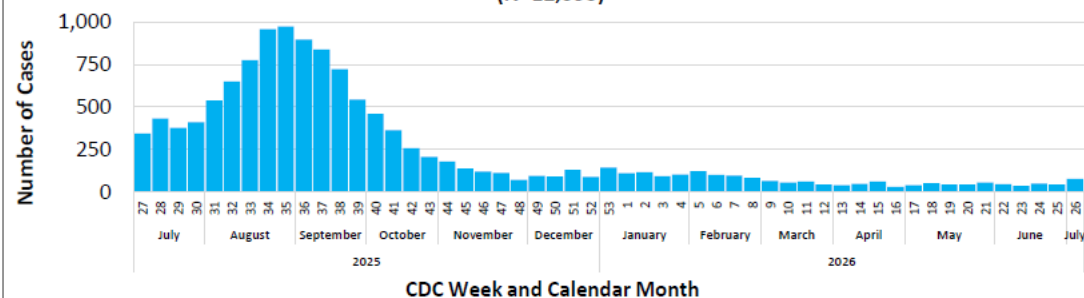


Figure 1.2. San Diego County **Influenza** Cases
(N=24,921)

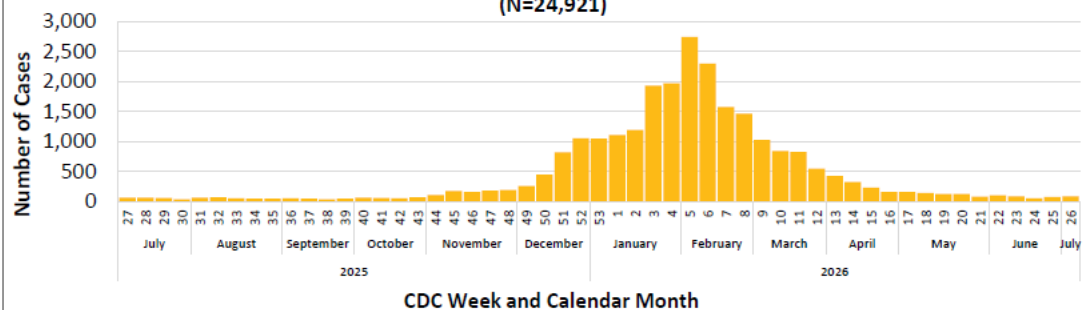
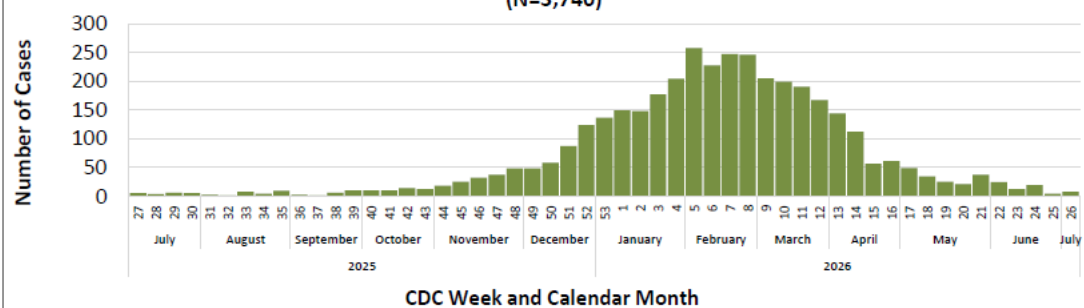


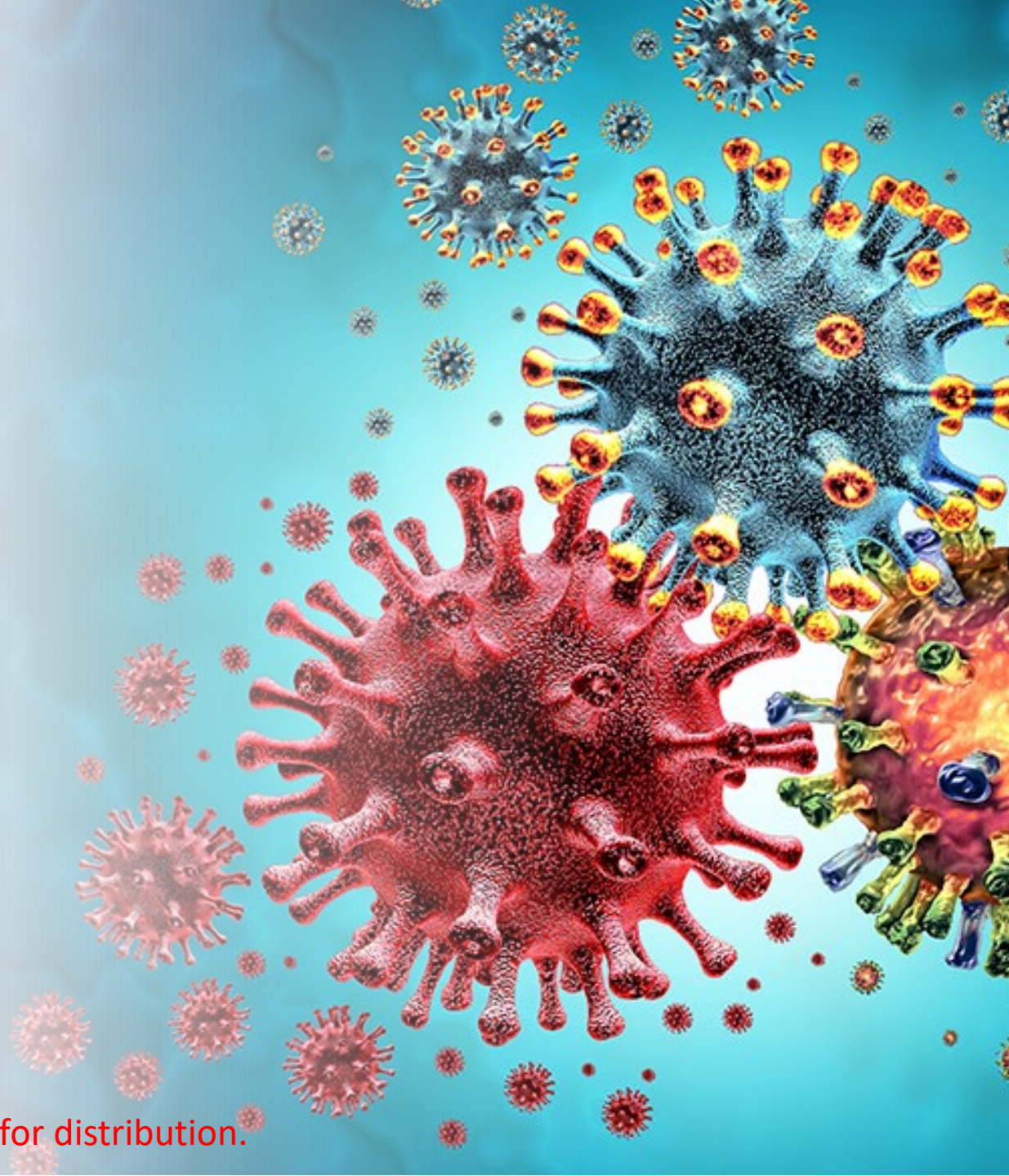
Figure 1.3. San Diego County **RSV** Cases
(N=3,740)



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most

*In residential congregate settings

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San Diego Immunization Coalition Presents

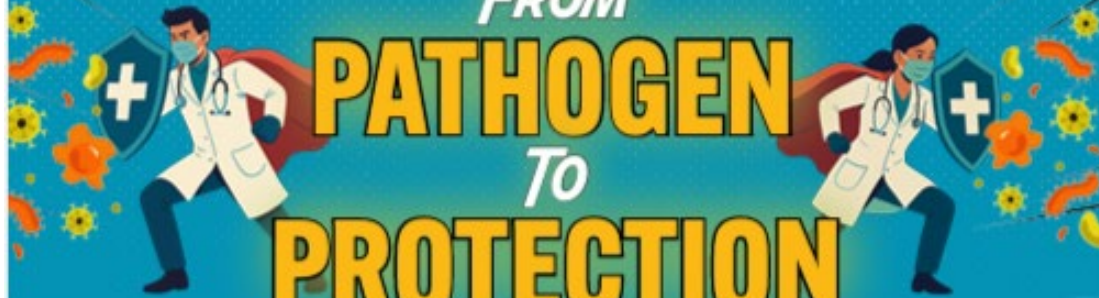
KICK THE FLU⁺2 SUMMIT

FROM

PATHOGEN

To

PROTECTION



SEPTEMBER 2, 2026

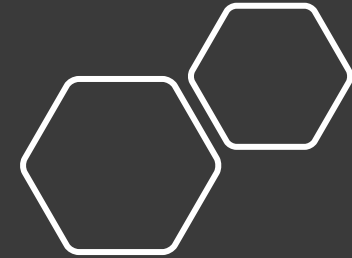


8:30 a.m. - 12:30 p.m.

County Operations Center - Chambers
5520 Overland Ave., San Diego, CA 92123
Or join online!

**CEUs
Provided!**

**REGISTER
TODAY!**



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County/CDPH Briefings



- **County LTC Sector Monthly Telebriefing:**
 - Bi-monthly 4th Thursday @ 2PM-3PM
 - **Next briefing is 7/23/26**
- **CDPH/HSAG SNF IP Quarterly Webinars:**
 - 4th Wednesday @ 11AM – 12PM
 - **Next webinar is on 8/13/26**



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Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Teams

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation

Presenters



Mara Rauhauser, RN, BSN, PHN, CIC
Senior Public Health Nurse
County of San Diego
Healthcare-Associated Infections
(HAI) Program



Catherine L. Blaser, MPH, RN, PHN, CIC
Public Health Nurse Supervisor
County of San Diego
Healthcare-Associated Infections
(HAI) Program



The Poop and the Itch

Deep Dive into Clostridioides difficile and Scabies in Skilled Nursing

Catherine Blaser, MPH, RN, PHN, CIC Public Health Nurse Supervisor

Mara Rauhauser BSN, RN, PHN, CIC Senior PHN

Healthcare-Associated Infections (HAI) Program

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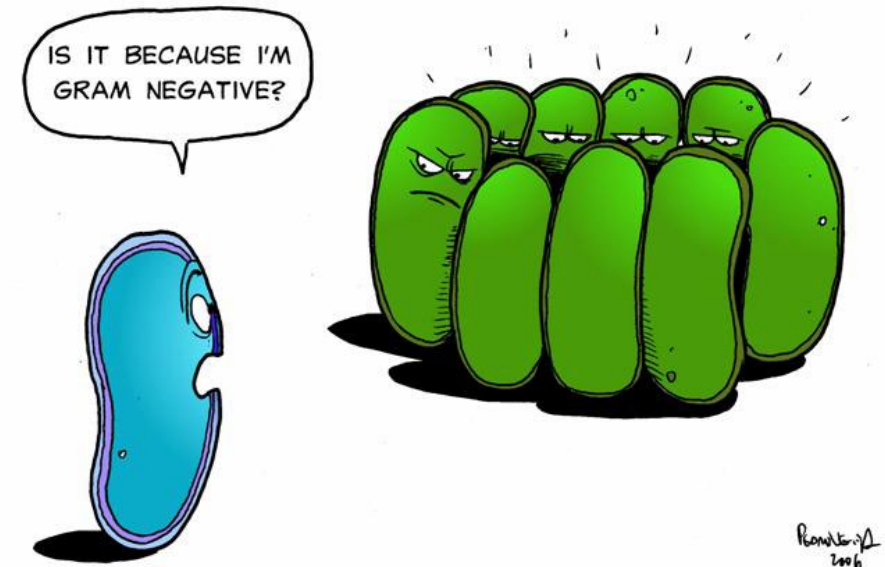


Clostridioides difficile



Background:

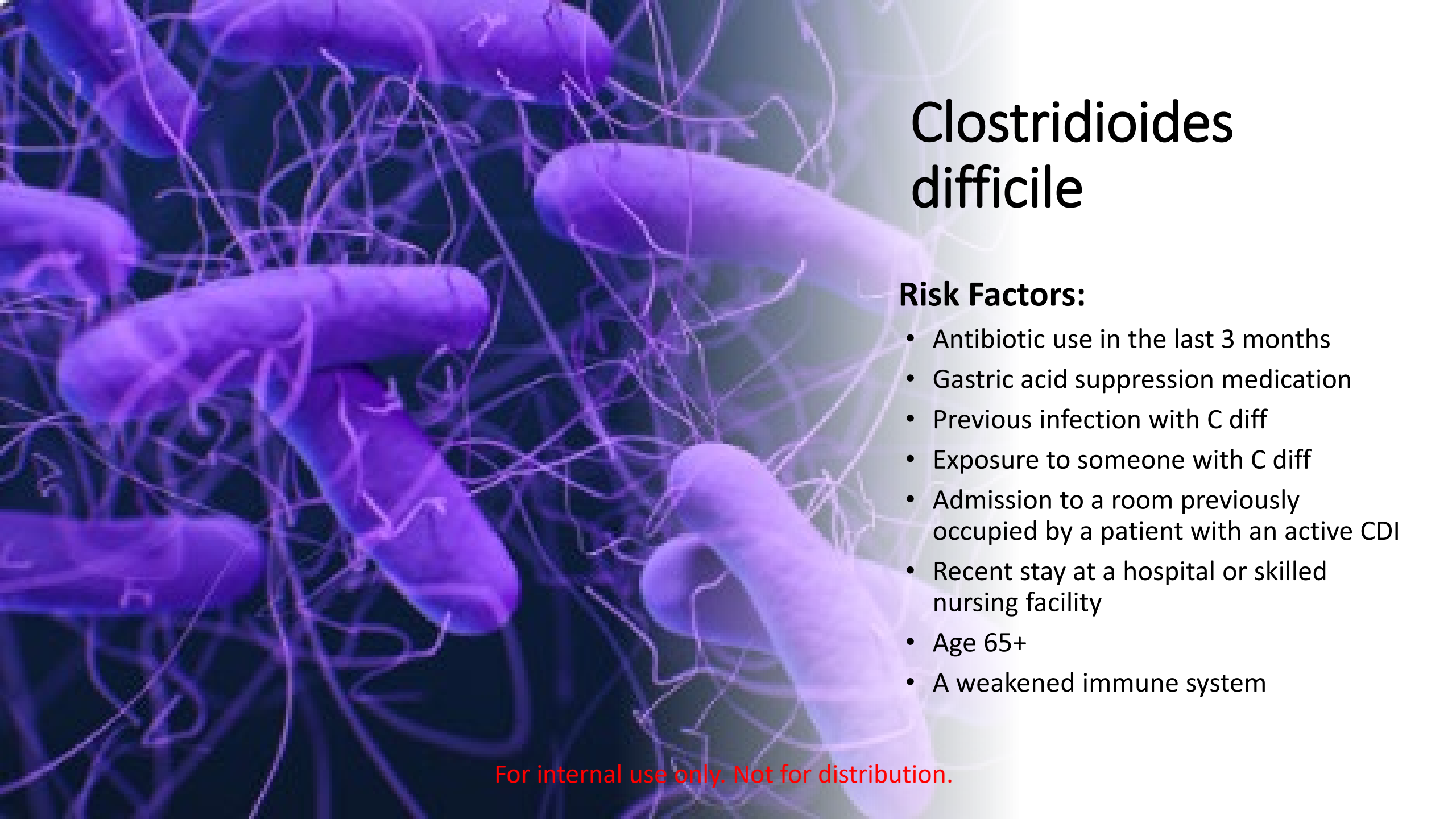
- Anaerobic, gram positive, spore forming, toxin producing bacteria
- Bacterium that causes Clostridioides difficile infection (CDI)
- Spores can live on surfaces for up to 5 months
- Causes outbreaks in healthcare settings



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Clostridioides difficile

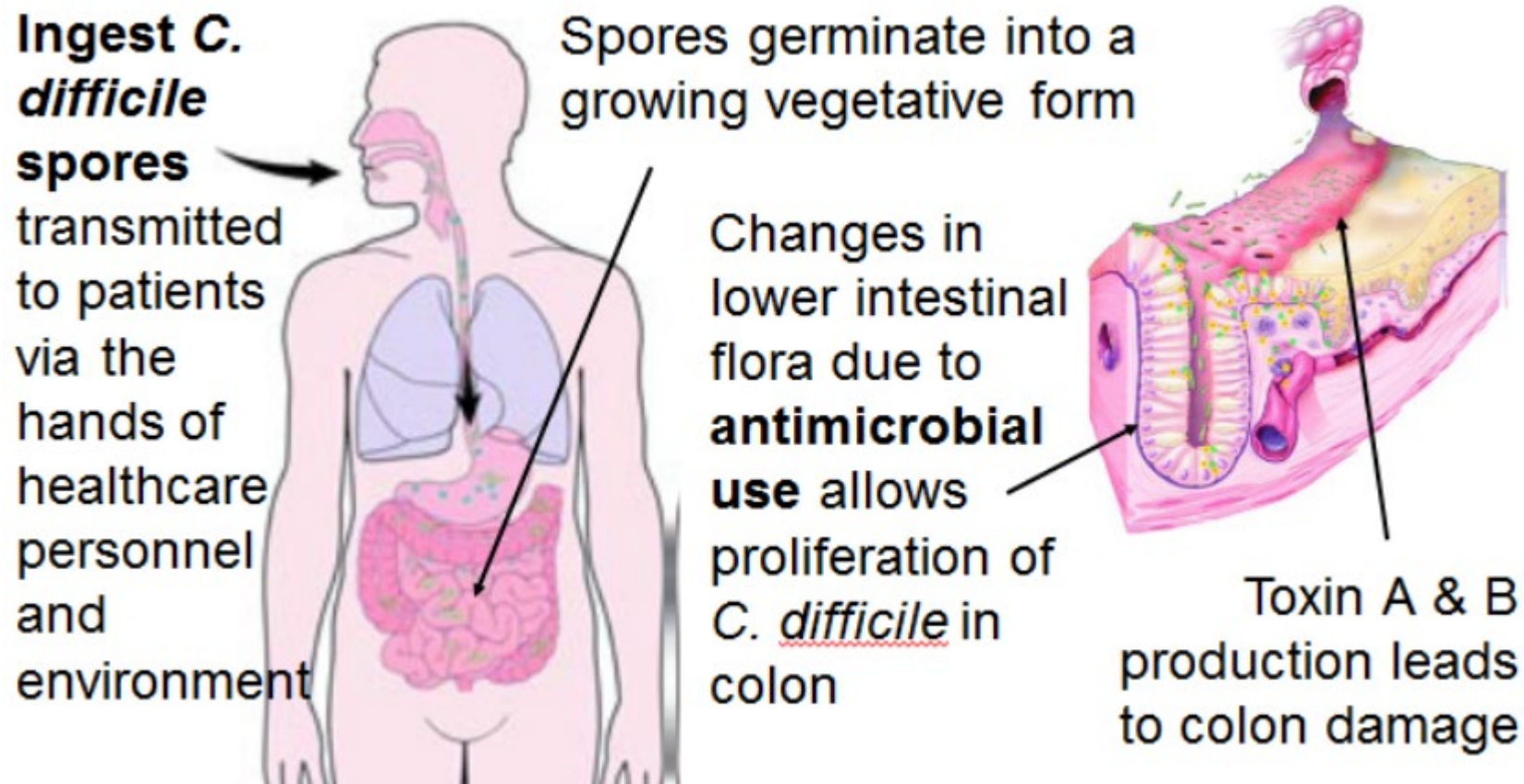
Risk Factors:

- Antibiotic use in the last 3 months
- Gastric acid suppression medication
- Previous infection with C diff
- Exposure to someone with C diff
- Admission to a room previously occupied by a patient with an active CDI
- Recent stay at a hospital or skilled nursing facility
- Age 65+
- A weakened immune system

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Clostridioides difficile

Pathogenesis



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Clostridioides difficile



Signs and symptoms:

- Asymptomatic Colonization often follows exposure
 - Those with colonization can be a source of transmission
- Clinical Syndromes range from mild diarrhea to colitis

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<https://www.cdc.gov/c-diff/media/pdfs/Cdiff-Factsheet-P.pdf>



Clostridioides difficile



Statistics and Impact:

- Estimated 500,000 cases per year in the US
- Most common pathogen causing HAIs in the US
- 1 in 9 people who have CDI will get it again in the following 2-8 weeks
- CDI is associated with increased length of stay, costs, morbidity and mortality



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<https://www.cdc.gov/c-diff/media/pdfs/Cdiff-Factsheet-P.pdf>



Clostridioides difficile

How it Spreads: Fecal-Oral Route Contact with:

- Affected person
- Contaminated surfaces and equipment
- Contaminated HCW hand



ENTERIC CONTACT

CONTACTO ENTÉRICO

Before entry:
Antes de entrar:



Clean Hands	Wear Gown	Wear Gloves	Wash With Soap & Water on Exit
			
Manos Limpias	Use Bata	Use Guantes	Lavar con agua y jabón a la salida



www.sdhai.org
psh.hai.hhsa@sdcounty.ca.gov



10/12/2023

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Clostridioides difficile



Bristol Stool Form Scale		
Type	Description	Image
Type 1	Separate hard lumps, like nuts	
Type 2	Sausage-shaped, but lumpy	
Type 3	Like a sausage or snake, but with cracks on its surface	
Type 4	Like a sausage or snake, smooth and soft	
Type 5	Soft blobs with clear-cut edges	
Type 6	Fluffy pieces with ragged edges, a mushy stool	
Type 7	Watery, no solid pieces	

Tell your health care provider if you suddenly develop diarrhea that looks like Type 6 or Type 7.

Stool form scale as a useful guide to intestinal transit time. Scand J Gastroenterol. 1997 Sep;32(9):920-4. doi: 10.3109/00365529709011203.

www.cdc.gov/cdiff

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Clostridioides difficile



Diagnostic Stewardship:

- When to test
 - Consider not testing if there has been laxative use within 48 hours
 - Consider alternate causes such as initiation of enteral feeding
- Test only residents with clinically significant diarrhea (3 or more unexplained and new onset unformed stools in the 24 hour period prior to testing)
- Which test/s to use

Antimicrobial Stewardship:

- Fluoroquinolones, third- and fourth-generation cephalosporins, carbapenems, and clindamycin are associated with the highest risk of CDI
- Consider a restrictive approach to these higher risk antibiotics
- Overall strong ASP



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Clostridioides difficile

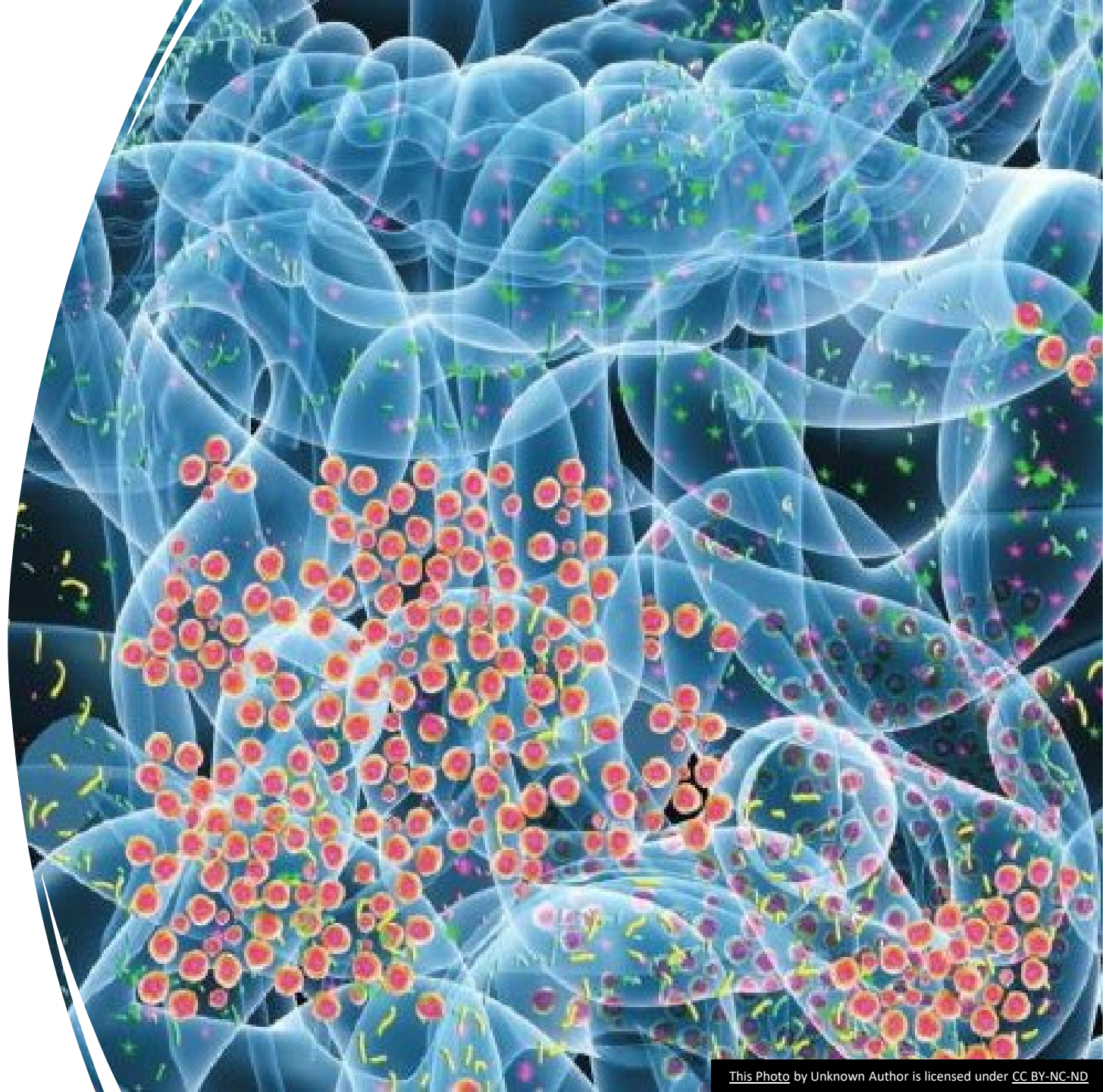
Testing:

- Molecular: very sensitive but cannot differentiate between colonization and active infection
- Antigen: detects active C diff bacteria but not toxins
- Toxin detection: less sensitive but are better at identifying active infection

Treatment:

- Antibiotics
- Fecal microbiota transplants

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Clostridioides difficile



Strategies to Prevent Transmission:

- Use of an EPA List K disinfection
- Handwashing at the sink after providing care
- Enteric Contact Precautions: continue for at least 48 hours after diarrhea has ceased.
- Dedicate equipment when possible
- Educate family and visitors
- Audit infection control practices including handwashing, adherence to enteric precautions, EVS practices

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds



Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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Clostridioides difficile

Educate Staff

Clostridioides difficile in Health Care:

Recognize the Risk and Stop the Spread

What Is Clostridioides difficile (C. diff)?

C. diff is a germ that causes severe diarrhea and inflammation of the colon. Most cases of C. diff infection occur during or soon after antibiotic use. C. diff spreads easily in hospitals and nursing homes and can lead to serious infections, especially in older adults and people with weakened immune systems.

Recognize the Risk of C. diff

C. diff lives in stool and easily spreads to skin and surfaces, including:

- high-touch and frequently contaminated surfaces such as toilets, bedrails, call buttons, bed sheets, and doorknobs.
- shared equipment and devices such as electronic thermometers and blood pressure cuffs.



C. diff spreads through touch, including:

- touching contaminated surfaces or equipment.
- touching infected patients or their environment.

C. diff is very hard to kill and can survive on surfaces for months. Environmental cleaning requires using a disinfectant that can kill C. diff germs (see EPA's list K').

Stop the Spread of C. diff



- Use a gown and gloves to keep C. diff germs from getting on you when touching the patient or items in their environment.



- Remove your gown and gloves before leaving the patient's room to avoid spreading C. diff germs.
- Always clean your hands after taking off your gloves to remove and kill germs.



- Clean and disinfect the patient's room and equipment daily with a disinfectant that can kill C. diff.
- Clean and disinfect shared medical equipment with a disinfectant that can kill C. diff prior to use with another patient.

Learn More

Preventing the Spread of C. diff: <https://bit.ly/4tfb9ya>
EPA's List K: <https://bit.ly/4sA6yGz>



Scan the QR code:
Please share feedback with
Project Firstline.

cdc.gov/project-firstline



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

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Clostridioides difficile



- ✓ **Within the facility**
- ✓ **During transfer to/from other facilities**

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Clostridioides difficile



Outbreak Definition:

Because *C. difficile* is common, asymptomatic colonization is part of the cycle, and the risk factors are complex; the focus is on threshold for when to **conduct an investigation** and when to **report**.

Threshold	SNF
For facility to conduct additional investigation	>/=2 residents with facility onset* <i>C. difficile</i> (determined by a positive laboratory test**) in the facility within a 4-week period
For reporting to public health	>/=3 residents with facility onset* CDI** in the facility within a 4 week period

*Facility onset: Specimen obtained on facility day 4 or later (admission date=day 1).

** Positive laboratory test: Any molecular, antigen, culture, or other test for *C. difficile*.

***CDI: Positive laboratory test AND symptoms (diarrhea, i.e., 3 loose feces over 24 hours) AND no laxative use for at least 48 hours before specimen collection AND no other known cause for diarrhea.

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Clostridioides difficile



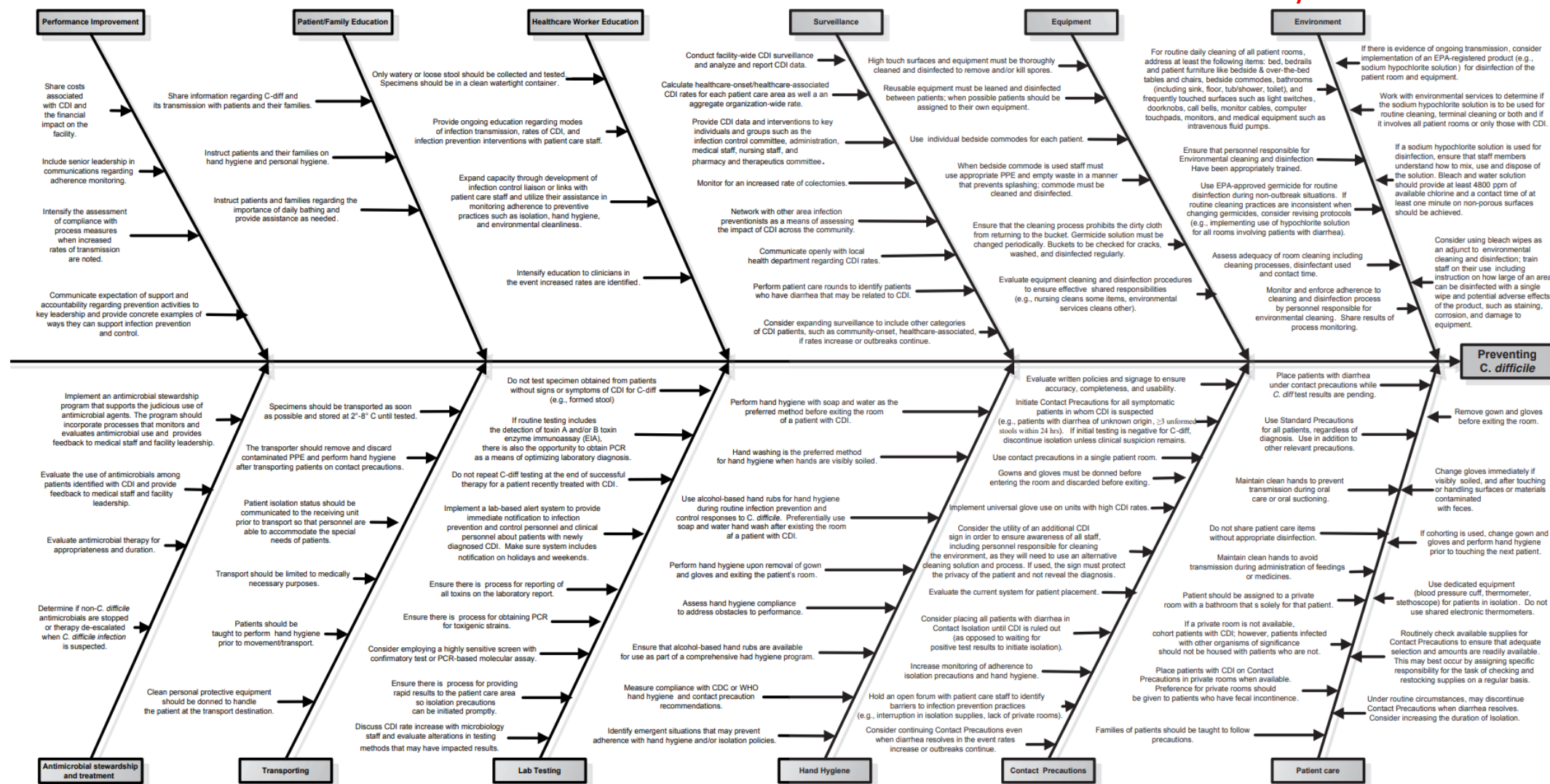
Consider that, although some patients may have recurrent disease (and therefore might not have acquired *C. difficile* as part of transmission), patients with recurrent disease can transmit *C. difficile* and therefore be part of ongoing transmission. The National Healthcare Safety Network (NHSN) classifies *C. difficile* cases as follows:

- B.5.1. Incident *C. difficile*: any *C. difficile*–positive laboratory test from a specimen obtained >8 weeks after the most recent *C. difficile* laboratory test (or with no previous *C. difficile*–positive laboratory test).
- B.5.2. Recurrent *C. difficile*: any *C. difficile*–positive laboratory test from a specimen obtained >14 days and < 8 weeks after the most recent *C. difficile* laboratory test.
- B.5.3. Duplicate *C. difficile*: any *C. difficile*–positive laboratory test from a specimen obtained within the past 14 days after the most recent *C. difficile* laboratory test.

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Preventing Transmission of *Clostridium difficile* in Healthcare Settings

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Primary Sources:

- APIC. Guide to the Elimination of *Clostridium difficile* in Healthcare Settings, 2008.
- Dubberke E, Gerding DN, Classen D, Arias K, Podgorny K, et al. Strategies to Prevent *Clostridium difficile* Infections in Acute Care Hospitals. ICHE, October 2008, Vol. 29, Supp 1, S81-S92.
- CDC. *Clostridium difficile* (CDI) Infections Toolkit. Activity C: ELC Prevention Collaboratives 2009
- Cohen SH, Gerding DN, Johnson S, Kelly CP, Loo VG, McDonald LC, Pepin J, Wilcox MH; Clinical practice guidelines for *Clostridium difficile* infection in adults: 2010 update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). *Infect Control Hosp Epidemiol*. 2010 May;31(5):431-55.

Resources:



- CDC C diff site: <https://www.cdc.gov/c-diff/site.html#hcp>
- CDC Poster: <https://www.cdc.gov/c-diff/hcp/resources/infection-prevention.html>
- CDC Handout: <https://www.cdc.gov/project-firstline/media/pdfs/c-diff-in-healthcare-508.pdf>
- SHEA Compendium Update: <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/strategies-to-prevent-clostridioides-difficile-infections-in-acute-care-hospitals-2022-update/575A2A0C9E68BD8535D14B2E337FD0A4>
- Corha Guidance: <https://corha.org/diseases-pathogens/c-diff>
- APIC C diff Resources: <https://apic.org/search-page/?q=clostridioides>

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Rash? It “mite” be scabies!

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SanDiegoCounty.gov Home

Health & Human Services Agency

MENU PROGRAMS ALL SERVICES A-Z FACILITIES ADVISORY BOARDS CONTACT

School Infectious Disease Prevention & Response Program

School Infectious Disease Prevention & Response Program

Page last updated 7/17/25.

The School Infectious Disease Prevention and Response Program (SIDPRP) helps Early Care and Education programs, preschools, K-12 schools, and colleges in San Diego County. This Program promotes disease prevention and awareness through education, outreach, and support services. To learn more, view the [SIDPRP fact sheet](#), [School Training Request flyer](#), and visit the [Services](#) page.

Services

Best Practices to Prevent Illness in Education Settings

Educational Materials

SCABIES

WHAT IS SCABIES?

Scabies is a skin condition caused by an infestation of tiny mites. These mites crawl under a person's skin and lay eggs. This can cause itching on most of the body.

WHAT SHOULD I KNOW?

Scabies spreads by direct skin-to-skin contact with a person who has scabies. It also spreads among families through contact with used clothing, bedding, and towels.

HOW DO I KNOW IF I HAVE IT?

Red bumps or a bumpy rash.

Severe itching, especially at night.

Tiny burrows under the skin.

HOW CAN I PREVENT IT?

Avoid skin-to-skin contact with a person who has scabies.

Wash and dry family towels, clothing, or bedding on hot water and hot dryer cycles.

Clean and vacuum rooms where the person with scabies has been.

TREATMENT TIPS

- Your doctor will prescribe a topical cream that can treat scabies.
- Store infected items, that cannot be washed, in a sealed plastic bag for at least 72 hours.

WHEN TO ASK A DOCTOR?

If you think you or a family member has scabies, talk to a doctor. All family members should be treated at the same time to prevent a scabies re-infestation.

11/13/23

COUNTY OF SAN DIEGO

LIVE WELL SAN DIEGO

To learn more, visit [Scabies webpage](#) at www.cdc.gov.

SPHAB

Educational Materials

[Return to School Infectious Disease Prevention & Response Program Homepage](#)

Page last updated 6/8/2026.

The County of San Diego is committed to ensuring residents continue to have access to safe and effective vaccines that are based on credible, transparent, and science-based evidence. In alignment with the West Coast Health Alliance and other leading medical, health, and patient advocacy groups, we follow the American Academy of Pediatrics (AAP) Recommended Child and Adolescent Immunization Schedule.

Fact sheets, infographics, social media, and other educational materials.

On this page:

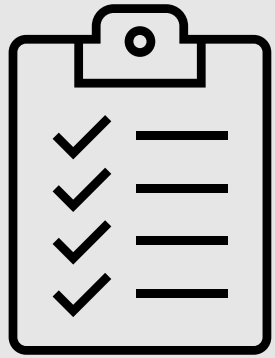
- Diseases & Conditions
- Vaccine Preventable Diseases

Diseases & Conditions

In this section:

- Group A Streptococcus
- Hand, Foot, and Mouth Disease
- Hantavirus
- Head Lice
- Herpes Simplex Virus - 1 (Oral Herpes)
- Impetigo
- Infectious Mononucleosis (Mono)
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Norovirus

- Pink Eye
- Rabies
- Ringworm
- Scabies
- Scarlet Fever
- Strep Throat
- Tuberculosis (TB)
- Viral Meningitis
- Other (Ways to Prevent Diseases)



Content Outline

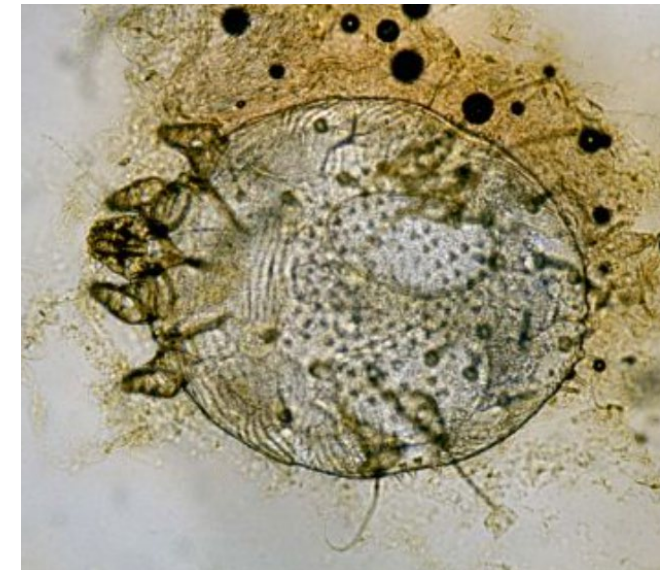
- What is scabies?
- What are the symptoms?
- How is scabies spread?
- How is scabies diagnosed/treated?
- I have an outbreak, now what?
- How can I prevent a scabies outbreak?

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What is Scabies?

- Scabies is a skin condition
- Caused by the parasitic mite - *Sarcoptes scabiei*
- The mites burrow into skin to lay eggs
- Unable to survive without a host for more than 3-4 days
- Anyone can get scabies

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What are the symptoms?

There are two types of presentations:



Typical (classic) scabies

- Intense itching with a bumpy, reddish rash
- Body areas commonly involved include between fingers, wrists, elbows, armpits, under breast folds, groin, and buttocks

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Symptoms, cont..

Atypical or crusted scabies

- AKA Norwegian scabies
- Can occur when diagnosis/treatment is delayed
- Skin becomes thickened, scaled, crusted, due to heavy infestation of mites
- Highly contagious



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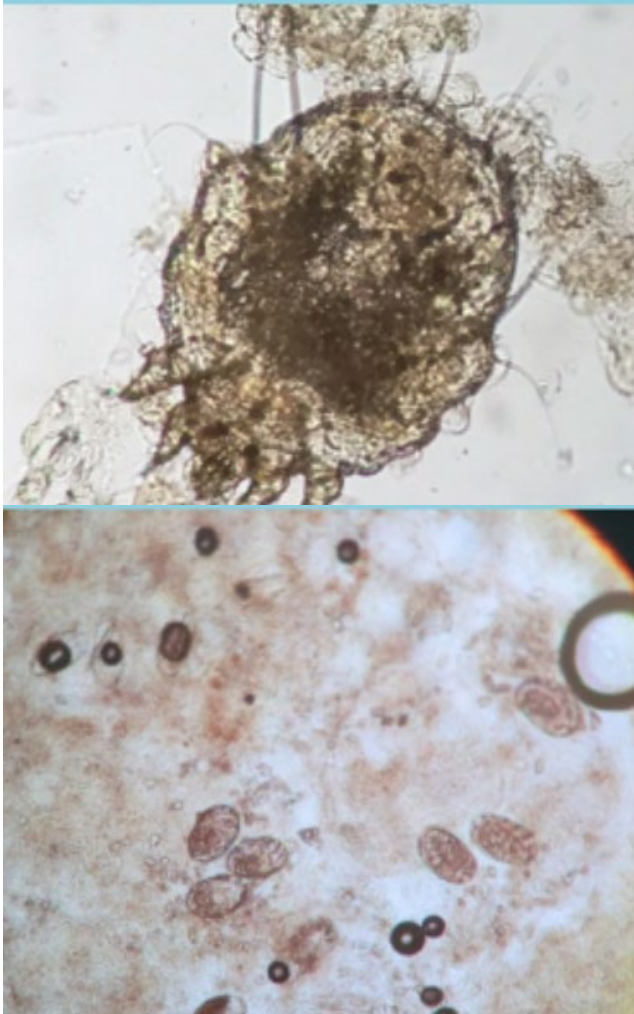


How is scabies spread?

- **Scabies mites are usually spread by direct, skin-to-skin contact** with the skin of a person with scabies
- Sometimes spread through items, such as clothing, towels, bedding
- Scabies can spread quickly in long term care facilities

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How is scabies diagnosed/treated?



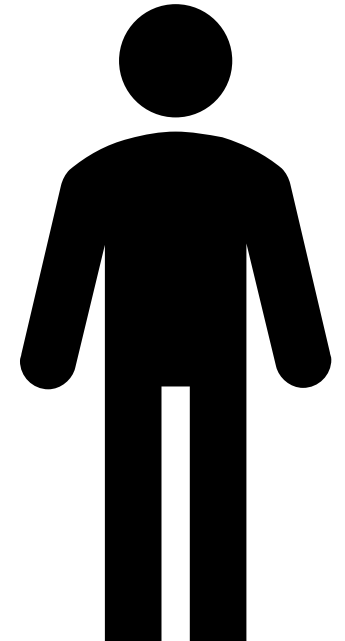
- **Diagnosis:** Scabies is diagnosed by a “skin scraping”
 - This is a procedure where the top layer of the skin is scraped and then examined under a microscope
- **Treatment:** Most commonly, a scabicide cream is prescribed to apply to the skin
 - One treatment is often sufficient for typical scabies
 - If it does not work, an oral medication may be prescribed

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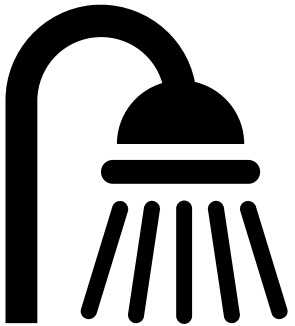
Scabicide Application Tips

Tips for application of treatment cream

- Follow the directions on the package insert accompanying the cream
- Gown/gloves should be worn when applying the scabicide cream on residents
- Bathe residents prior to application and change bed linens
- Apply the cream on every inch of skin, from the hairline, to the soles of the feet, paying attention to the skin folds and creases. Avoid contact with the eyes.



Scabicide, cont...



- Clip fingernails/toenails and ensure scabicide is applied under nail edges
- Put on clean clothing and ensure clean linens and towels are used
- Leave cream per instructions, then wash off with warm water and soap.
- Itching may continue for several days or weeks
- Monitor skin for new burrows or rashes.

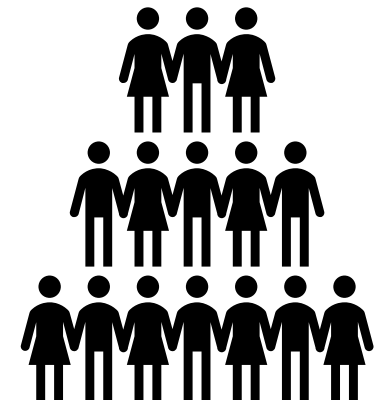
I have an outbreak, now what?



- **CDPH Definition:** two or more suspect or confirmed scabies within 6 weeks (residents, staff, visitors, volunteers)



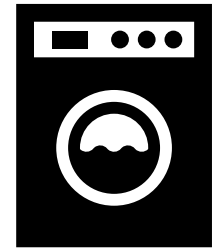
Don't wait until you have an outbreak to act.



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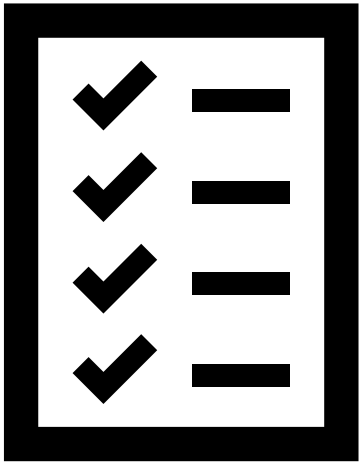
Outbreak, cont...

- Launder linens, bedding, clothing in hot water/hot dry cycle
- Bag non-launderable items for 7 days
- Change bed linens, towels, clothes daily
- Vacuum mattresses, upholstered furniture, carpeting
- Disinfect the shared items between resident uses
- Routine disinfection of the facility environment is adequate
- **More aggressive measures are needed for crusted scabies**



Outbreak Management

Be persistent and thorough!



- **Evaluate residents** and immediately place residents with suspected scabies in contact isolation and arrange for evaluation with a provider. Use gown/gloves when providing care.
- **Immediately remove from work any symptomatic HCP** until evaluated by provider
- **Prepare a line listing** of symptomatic residents/HCP and **report to County Epidemiology** (619-692-8499)

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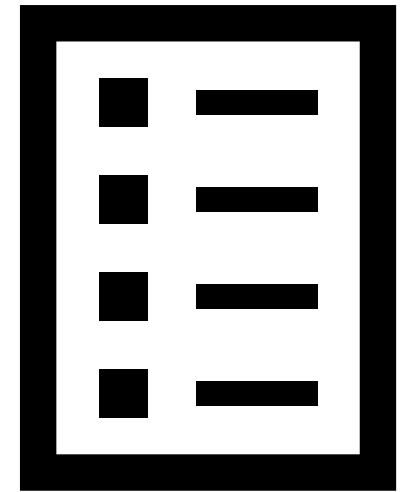
How can I prevent an outbreak?



Prevention is KEY!

- Train staff to immediately report unexplained rash/itching of residents or selves.
- Screen newly admitted residents for suspicious rashes.
- Ensure staff/residents have access to provider to evaluate any new rashes for early identification/treatment
- Have a written infection control plan for scabies, including environmental cleaning/disinfection, isolation, PPE

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Take Home Messages



- **Prevention is key:** early detection and treatment
- **Train staff to recognize and report** suspicious rashes
- **Have a plan** for rapid isolation and evaluation
- **Be persistent and thorough**
- **Report your outbreaks** to County Epidemiology 619-692-8499

The HAI Program can provide infection control consultation
p hs.hai.hhsa@sdcounty.ca.gov

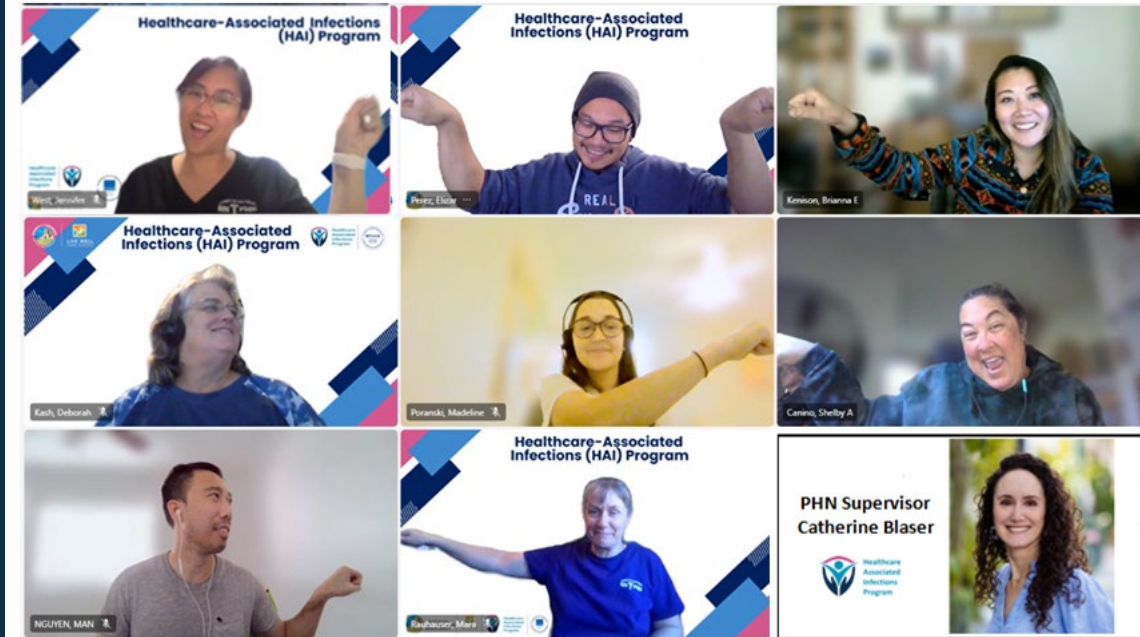
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What can the HAI Program do to help?



Outbreak
response

Support IP
rounding

Interpret
state/federal
guidance

Support staff
in-services

Support
quality
improvement
projects

Share
resources
and tools

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SNF IP Collaborative

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SAN DIEGO SNF IP COLLABORATIVE

 4th Wednesday of Jan, May, Jul, Sept, & Nov
11 am - 12 pm | [Teams](#)

Join Us!

The San Diego Skilled Nursing Facility (SNF) Infection Preventionist (IP) Collaborative is an opportunity for IPs to get federal, state, and local public health updates, and an opportunity to learn recommendations on various topics for congregate settings.

1 Contact Hour Offered

Provider approved by the California Board of Registered Nursing, Provider Number CEP579, for 1 contact hour.

CONTACT US

 Visit sdhai.org for more information

 psh.hai.hhsa@sdcounty.ca.gov

Scan to join the Teams meeting!





Next Collaborative

*****September 23, 2026*****

11:00AM – 12:00PM

Microsoft TEAMS

Featured Topic:

“FLUNOVID & RSV too”

1 Contact Hour Offered

Submit questions or
feedback about today’s meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

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Contact Hour Instructions

- Ensure your name is your full name
- Complete by July 24th, 5:00 PM
- Expect your certificate by August 15th.



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Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov



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.

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