

PUBLIC HEALTH UPDATES

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*Episode date is the earliest of the following available dates: symptom onset date, specimen collection date, date of death, date reported.
**Probable cases are antigen positive tests received since August 1, 2020.

Summary of Variant Cases – Wastewater Lineage Prevalence

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Wastewater Lineage Prevalence Over Time in San Diego



Source: SEARCH Wastewater Surveillance Dashboard, Accessed 9/8/2022.

†Confirmed cases are based on whole genome sequencing (WGS) results, which are not available until approximately 2-4 weeks after initial testing. These results do not represent all variant cases in San Diego County. Not all confirmed case samples are sequenced and not all sequencing results are immediately available to Public Health Services. Case counts will be updated as sequencing results become availables. See CDC variant website for more information about variants, including classifications and definitions. Source: San Diego County Communicable Disease Registry. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

Vaccination in San Diego County



BAN DIEGO

County of San Diego COVID-19 Vaccination Dashboard

Doses 8,803	Received	Doses Administered* 7,724,127			
At Least One Dose	Fully Vaccinated**	Booster	Dose***		
Eligible Population (d months of age or older): 3,343,827 San Diegans		1st Booster Eligible Population ^: 2,452,870 San Diogans 2nd Booster Eligible Population ^^: 720,111 San Diegans			
3,019,209	2,671,587	1,446,706 1st Booster	287,544 2nd Booster		
90.3%	79.9%	59.0% 1st Booster	39.9% 2nd Booster		

"Fully Vaccinated is based on receiving either a single dose of Johnson & Johnson or both doses of Moderna or Pilzer, therefore completing the recommended vaccination series. However, individuals are not considered fully vaccinated until two weeks after completing the series, as defined by the Centers or Disease Control and Prevention (DCD). "Booster doses includes only doses recorded in CAR2 (accludes Vaternas Affairs and Department of Defension). Pooster Eitigible Population is updated each week and is the number of San Diego County residents two are fully vaccinated and eligible to reave a booster dose. As of S/18/2022, individuals are eligible for a booster dose if 1) they are s years of age and dder, AND 2) all last 5 months have passed after the vaccination dee for the second mRNA dose (Moderna er Pilzer-Bohrter) or at last 2 months have passed since the first Jamsen/Johnson d. Abinson dose. Eligible Population for the primary series (at least one dose and fully vaccinated categories) exponded to 6 month and dder as of 61/12/221. Eligible Population is Sun Bogo County residents age 6 months and balan dose. Suddee: a sub-section date and eligible to a sub-section date and eligible to a sub-section date. Prove the primary series (at least one dose and fully vaccinated categories) exponded to 6 month and dder as of 61/12/221. Eligible Population is Sun Bogo County residents age 6 months and balan Center County population as 33/4,827. Population estimates are california balance and the finance 2022 (Population estimates and categories) expondence and categories) expondence and categories) expondence and estimates. Center Center

COVID-19 Confirmed and Probable Cases & Rolling Average



3

COVID-19 Case Rate by Vaccination Status



According to CDC, several factors likely affect crude case rates by vaccination and booster does status, making interpretation of recent trends difficult. Starting 3/2/2022, data used is from persons 12 years of age and older instead of all ages. "Not fully vaccinated includes individuals with one does of the two-does exires, no doese, or unknown vaccination status. Individuals who are not yet eligible for the vaccine are also included. "Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving the final does of COVID-19 vaccine. ""If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead. "Cases who lines tready on specime collection date, all to 14 days after receiving the inter device the treat of the treat of the receiving the receiving the final does of COVID-19 vaccine. ""If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead. "Cases who lines tready on specime collection date, all to 14 days after receiving the treat on state" loss of COVID-19 vaccine at least 17 months after a J&J ad. 1 allection date) greater than or equal to 14 days after receiving a booster dose of COVID-19 vaccine at least 2 months after a J&J series. For more information see the <u>COVID-19 Watch</u> and the <u>Summary of Cases by Vaccination Status</u>. Prepared by the County of ne or 5 months after a Pfizer or Moderna vaccine San Diego. Data through 09/03/2022, updated 09/08/2022

Fully Vaccinated

------ Fully Vaccinated + Booster

COVID-19 Hospitalization Rate by Vaccination Status

Not Fully Vaccinated



BAN DIEGO



ording to CDC, several factors likely affect crude case rates by vaccination and booster dose status, making interpretation of recent trends difficult. Limitations include higher pre-According to CDC, several factors likely affect trude case rates by vaccination and booster does status, making interpretation of recent trends difficult. Limitations include higher prevalence of previous infection among the unvaccinated and un-boosted groups; difficulty in accounting for time since vaccination and waring protection; and possible differences in testing practices (such as at-home tests) and prevention behaviors by age and vaccination status. Statting 3/22022, data used is from prevos 12 years of age and older instead of all ages. "Not fully vaccinated includes individuals with one does of the two-does series, no doese, routhnow vaccination status. Individuals who are not yet eligible for the vaccine are also include. "Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving the final does of COVID-19 vaccine at 30 vaccine." "Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving a bacel as 2 months after a 2154 vaccine are of Months after a 2154 vaccine and series or Moders vaccine series. For more information see the <u>COVID-19 Watch</u> and the <u>Summary of Cases by Vaccination Status</u>. Prepared by the County of San Diego. Data through 06/03/2022, updated 09/08/2022.

BAN DIEGO

COVID-19 Deaths by Vaccination Status



*Not fully vaccinated includes individuals with one dose of the two-dose series, no doses, or unknown vaccination status. Individuals who are not yet eligible for the vaccine are also included. **Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving the final dose of COVID-19 vaccine. **Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving a booster dose of COVID-19 vaccine. **Cases who first tested positive (based on specimen collection date) greater than or equal to 14 days after receiving a booster dose of COVID-19 vaccine at least 2 months after a J&J vaccine or 5 months after a J/Lear or Moderna vaccine series. For more information see the <u>COVID-19 Valch</u> and the <u>Summary of Cases by Vaccination.Status</u>. Prepared by the County of San Diego. Data through 09/03/2022, 09/08/2022.



Data through 09/03/2022

Source: https://calcat.covid19.ca.gov/cacovidmodels/

CDC Data by County



COVID-19 Community Levels

Levels represent COVID-19 hospitalizations, intensive care unit staffing, and COVID-19 case rates. <u>Reflects how your</u> <u>community will be impacted by</u> <u>COVID-19.</u>



As of 9/8, San Diego County = LOW COMMUNITY LEVEL

Community Levels of Transmission

Levels represent COVID-19 transmission and cases in the county. <u>Reflects your</u> <u>risk of getting COVID-19</u>.



As of 9/8, San Diego County = HIGH TRANSMISSION

Novavax COVID-19 Vaccine





The CDC and Western States Scientific Review Board Authorized the **Novavax COVID-19 vaccine** on 7/19/22.

- The Novavax COVID-19 vaccine is for adults ages 18 and older, with two doses given 3-8 weeks apart.
 - Currently, a booster dose of any COVID-19 vaccine is not authorized for adults who receive a Novavax primary series.
- The vaccine is based on a "classic" vaccine technology.
- The vaccine was found to be 90.4% effective at preventing infection.
 - The vaccine benefits outweigh the risks, including rare occurrences of heart inflammation that may be associated with the vaccine.
 - These outcomes were based on previous COVID-19 strains.

Updated Boosters (Bivalent)



- August 31, 2022
 - FDA Emergency Use Authorization provided for Pfizer Bivalent, Covid-19 Vaccine for use as a booster in individuals 12 and older and Moderna Bivalent, Covid-19 Vaccine for use as a booster in 18 and older
- September 1, 2022
 - ACIP meeting, CDC issued recommendation
- September 3, 2022
 - Western States Scientific Safety Review Workgroup Recommendation

FDA Press Announcement 8/31/22 | CDC Press Release 9/1/22 Western States Scientific Safety Review Workgroup Recommendation 9/3/22

13

Updated Boosters (Bivalent)



- People ages 12 years and older are recommended to receive 1 ageappropriate bivalent mRNA booster dose after completion of any FDAapproved or FDA-authorized monovalent primary series or previously received monovalent booster dose(s).
- Updated boosters can be administered at least 2 months after completion of the primary series or at least 2 months after the last monovalent booster dose
- Bivalent booster recommendation is the same for immunocompromised and immunocompetent people

FEDERAL FUNDS TO END FOR COVID VACCINES



- The US Department of Health & Human Services has obtained over 170 million updated COVID-19 boosters.
 - These will be available for free to anyone who wants one.
- As early as January 2023, the Administration anticipates no longer having federal funds to purchase or distribute vaccines.
- Now is a great time to get your COVID vaccines!



9/18/2022

Changes to State HO Orders



15

Posted 9/13/22--In Effect 9/17/22

Rescinding

- o State Public Health Officer Order Health Care Worker Protections in High-Risk Settings
- o State Public Health Officer Order Vaccine Verification for Workers in Schools

Amending

- o <u>State Public Health Officer Order Health Care Worker Vaccine Requirement</u>
 - Testing requirement will be removed for exempt covered workers.
 - SNF's will still have federal requirements.
 - Still requiring vaccines.
- o Adult Care Facilities and Direct Care Worker Vaccine Requirement
- Eliminating testing requirements.
- Still requiring vaccines.



Monkeypox Virus Overview

Rare zoonotic infection

Caused by Monkeypox virus (which is an orthopoxvirus)

Endemic in West and Central Africa

Can spread from infected animals to humans and person-to-person



Mode of Transmissio n Skin-to-skin contact with rash, sores, scabs, infected body fluids and mucosal lesions.

Large droplet secretions during close face-to-face contact. Fomites (e.g., sharing contaminated towels, bedding)

MONKEYPOX CASE STUDY (cdc.gov) 18











Monkeypox Data (ca.gov)



MPOX Cases by Episode Date

Confirmed and Probable MPOX Cases* by Episode Date* San Diego County Residents, N=345



Data are provisional and subject to change as more information becomes available

Data the purvision and subject to training as more monitoriation becomes available. * A confirmed case has tested positive specifically for monkeypox virus. A probable case has tested positive for orthopoxvirus with no suspicion of other recent orthopoxvirus exposure and is pending confirmatory testing. † Episode date is defined as the earliest of the following dates: onset, specimen collection, diagnosis, death, and report received. *Data for the most recent weeks may be incomplete as cases that may have occurred during this time period might not yet be reported. Data through 9/10/2022, Updated 9/15/202

MPOX	De	mog	graphics				
Confirmed and Probable Cases Demographics				Count	Percent [‡]	†A confirmed case has tested positive specifically	
			Race/Ethnicity*			for monkeypox virus. A probable case has tested positive for orthopoxvirus	
Updated Weekly (Monday) by CDC Disease Week		Hispanic or Latino	132	46.5% with no suspicion of othe recent orthopoxvirus			
Data Through 9/10/2022, Updat	ed 9/13	/2022	White	121	42.6%	confirmatory testing.	
Total	345		Black or African American	24	24 8.5%	‡ Percentages of total a calculated using known and uncensored data	
	Count	Percent [‡]	Asian	7	2.5%	*Persons of Hispanic/Latir	
Gender			Native Hawaiian or Other Pacific Islander	**	-	ethnicity may belong to an race group. All categories except Hispanic/Latino	
Male	340	100%	American Indian or Alaskan Native	**	-	include persons for whom race is known but ethnicity	
Female	**	_	Other/Multiple Race	**	-	is non-Hispanic or unknown. This report categorizes "Multiple	
Transgender Female	**	_	Race and Ethnicity Unknown	53	-	Races" as "Other Race" si all people who report bein	
Sexual Orientation			HHSA Region [^]			multiple races are categorized as "Other Race." "Other Race" may	
Gay Loshian or same gonder loving	226	92 10/	Central	191	56.3%	not have a standardized definition across data	
	220	0.10/	North Central	54	15.9%	collecting entities or amor patients reporting their ow demographics.	
Bisexual	22	8.1%	South	31	9.1%	AHHSA Region determine	
Heterosexual or straight	19	7.0%	North Coastal	25	7.4%	by resident zip code or cit within San Diego County i zip code was not available	
Declined to answer	5	1.8%		21	6.2%	**Data Censored to protect	
Unknown or missing 7		-	Easi	17	5.0%	confidentiality for probable/confirmed cases	
Age			Porsons Experiencing Homolessness	0		inter of	
Median	35	-	(PFH)	13	3.8%		
Minimum	16	-	Hospitalizations	10	2.9%	-	
Maximum	65	-	Deaths	0	-		

MPX Prevention & Treatment

Prevention

- Behavior changes
- Vaccine: Jynneos (2 doses 28 days apart)
- Exposed: Post exposure prophylaxis but no quarantine
- · Isolation to prevent transmission

Treatment

- Oral Tecovirimat (TPOXX)
 - Severe disease
 - At risk for severe disease
 - · Aberrant infections (complications, concerning sites)

CONTRACTOR SAN DIEGO

MPX: Regulatory Updates

FDA on August 9, 2022, authorized

- Intradermal dosing of Jynneos vaccine for adults
- · Subcutaneous dosing for children

CDPH

- Initial focus was on first doses \rightarrow second doses now available
- · Home isolation instructions differ from CDC
 - · Limited outside activities if no new lesions/fever for 48 hrs
 - All unhealed lesions can be covered
 - Wear a well-fitting mask + no skin-to-skin contact + more
 - Early return to work in "non-settings of concern."

SAN DIEGO





CANDIDA AURIS



RECAP

- Multidrug-resistant yeast w/ few treatment options
- Can cause serious, invasive infections w/ 30-60% mortality
- *C. auris* is very "sticky" in the healthcare environment
 Disinfection requires agents effective against *C. auris* EPA List P
- Has caused large regional outbreaks in healthcare facilities

NATIONALLY (THROUGH 5/31/22)



SAN DIEGO

Reported clinical cases of Candida auris, June 1, 2021-May 31, 2022



STATEWIDE (THRU JUNE 2022)



IN SAN DIEGO (TO DATE)



RECENT CDPH HEALTH ADVISORY



State of California—Health and Human Services Agency California Department of Public Health



Health Advisory: Candida auris in Nevada State Healthcare Facilities September 2022

CDPH and local public health partners are alerting healthcare providers of the continued identification of *Candida auris* (*C. auris*) cases in Southern California, and the emergence of *C. auris* cases linked to hospitals and skilled nursing facilities (SNF) in Southern Nevada since August 2021. Since June 2022, we have identified two cases with reported exposure in Nevada healthcare facilities with known outbreaks.

STRATEGIES



- Active surveillance
- Routine surveillance
- Environmental cleaning and disinfection
- Infection prevention and control
- Communication

ACTIVE SURVEILLANCE



- Assess C. auris status for all patients upon admission
- Conduct colonization screening testing for high-risk individuals
 - Transfer from LTACH, SNF, prolonged GACH admission
 - Medically complex: e.g., trached and/or ventilated, catheters/drains, wounds, multiple healthcare facilities
 - Colonization with other MDROs, especially carbapenemaseproducing organisms
 - History of healthcare in region with C. auris transmission transmission (including other counties, states, countries)

ROUTINE SURVEILLANCE

- IVE WELL SAN DIEGO
- Identify all Candida isolates from normally sterile sites to species level
 - Consider species-identification for non-sterile site specimens from high-risk patients
 - Do not rescreen patients previously identified, can remain colonized indefinitely

ENVIRONMENTAL DISINFECTION

- Routinely clean/disinfect surfaces and equipment using <u>EPA Registered List P</u> disinfectant
 - If List P disinfectant is unavailable, use List K or bleach

INFECTION PREVENTION & CONTROL 6 Internet San Diego

- Educate staff
- Place patients w/ suspected or confirmed C. auris on Contact precautions
 - No clearance for C. auris colonization
- Do not reuse or extended use gown/gloves
- Regularly perform adherence monitoring

COMMUNICATION

- If C. auris is identified on admission:
 - Notify the transferring facility, preferably IP-to-IP
 - Notify County Epidemiology of patient's status
- If C. auris case is being transferred:
 - Notify the receiving facility, preferably IP-to-IP
 - Notify County Epidemiology of patient's new location





CARBAPENEMASE-PRODUCING ORGANISMS (CPO)



CPOs



- Gram negative bacteria that are resistant to carbapenems
- Many produce beta-lactam enzyme (carbapenemase) that can be transferred between different kinds of bacteria
- Increasingly more common throughout CA healthcare facilities

CP-CRAB



- Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii
- Similar to Candida auris in several ways:
 - Multidrug-resistant bacteria w/ few treatment options
 - C. auris is very "sticky" in the healthcare environment
 - Disinfection requires agents effective against *A. baumannii*
- Has caused large regional outbreaks in healthcare facilities



CP-CRAB PPS



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CONTAINMENT STRATEGY

- Similar to Candida auris:
 - Active surveillance
 - Routine surveillance
 - Environmental cleaning and disinfection
 - Infection prevention and control
 - Communication

INFECTION CONTROL MEASURES 6 | March Live Well



MDRO* & SARS-CoV-2:

11 HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

Containment, Infection Control Measures

	C. auris	Acinetobacter	Other MDRO (e.g., CRE)	C. diff	SARS-CoV-2
Good hand hygiene – ABHS preferred	x	х	x	Soap & water	х
Contact precautions, single room if possible	x	x	x	x	+ respirator, eye protection
Thorough environmental cleaning and disinfection	Use List P/List K agent (https://www.epa.gov/pesticide- registration/list-p-antimicrobial- products-registered-epa-claims- against-candida-auris)	x	x	Use <u>List K agent</u> (www.epa.gov/pesticide- registration/list-k-epas- registered-antimicrobial- products-effective-against- clostridium)	Use List N agent (List P/List K agent OK) (www.epa.gov/pesticide- registration/list-n-disinfectants- coronavirus-covid-19)
Routine adherence monitoring	x	x	x	x	х
Cohorting of patients and healthcare personnel	x	x	x	x	х
Lab surveillance	х	х	х	х	х
Screening of high-risk contacts	x	x	x		х
Including Clostridioides difficile (C. diff); ABHS=alcohol-based hand sanitizer; C. auris=Candida auris; CRE=carbapenem- zsistant Enterobacterales					



TITLE 17 UPDATES



TITLE 17 UPDATES



REPORTING UPDATES §2500 & 2505

Provider Reporting:

- Monkeypox or orthopox virus infections
- Candida auris, colonization or infection

Laboratory Reporting:

- Candida auris
- Carbapenemase-producing organisms
 - If your lab does not perform carbapenemase testing, please report carbapenem resistant organisms



For questions, please reach out to the County of San Diego Healthcare-Associated Infections Program: phs.hai.hhsa@sdcounty.ca.gov