

BULLETIN

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HEALTH OFFICER NOTES

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REFLECTIONS ON A ROUGH FLU SEASON

This year's early, pervasive and severe flu is on track to be the most intense we've seen since 2009. Locally, it has challenged the capacity of our health care and public health systems—and has revealed the agility of our systems to work in concert and respond quickly to this type of challenge.

In late December, ambulance services and hospital emergency rooms saw a sharp increase in demand from patients seeking care for flu-related illness: some in need of immediate treatment for potentially life-threatening complications, and some otherwise healthy patients seeking treatment for regular (that is, miserable but not dangerous) cases of flu. This surge in demand pushed our emergency medical services to their capacity.

While responding ably to this demand, our ambulance services and local hospital leaders immediately brought it to our attention here at the Public Health Department. In response, we launched a public information campaign to help residents understand when to seek emergency care for flu-related illness and when to rest and recover at home. The message included a request that people not experiencing emergency symptoms recover at home or seek advice from their primary care provider or urgent care center, not an ambulance or emergency

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room. Hospitals directed media inquiries to us, so our medical and public health teams presented a clear, consistent message to the public.

Local media and social media audiences shared this information widely and quickly. Within days, the demand on our emergency systems—particularly from patients reporting influenza-like illness—dropped significantly. Primary care and urgent care providers stepped in to meet the demand as patients sought their care instead of calling an ambulance or going to the ER. As a result, our emergency medical teams were better-positioned to focus on the most critically ill patients. Since then, the numbers have fluctuated somewhat but have largely remained in the range of normal for this time of year for both emergency and non-emergency care.

Although the flu season is not over, I want to pause and recognize our medical community, from the health care providers across the county who met this increased demand to the hospital leaders who quickly brought it to our attention and the ambulance crews who managed to continue to meet all emergency medical needs during those hectic days. Our system was able to respond effectively to this situation because we could count on each other to play our parts capably and in coordination.

This situation was especially tough in part because the increased demand struck as many hospital staff became sick with the flu themselves. As health care providers, we

unfortunately are not immune to illness and are not free from the responsibility to keep our illness at home when we're sick. Despite our culture's obsession with work, we need to hold ourselves and each other accountable for taking the day off when needed to protect patients and colleagues.

I know that many of you are hearing questions from people who got the flu shot this year and still got the flu—I certainly am. The news has been full of reports about the efficacy of this year's vaccine, which is currently estimated at about 30 percent. The reality is that flu vaccine efficacy is going to vary from year to year. We need to stay the course with vaccination and urge our patients to do the same. The vaccine offers the single best protection against the flu and can be the difference between life and death—especially in a bad year. The timing of this year's particularly rough flu season has invited comparisons to the Spanish flu scourge of 1918-19, and I can't help but reflect that our peers a hundred years ago would have crawled a mile for a vaccine that could offer protection for themselves or their family.

As we head in to the remaining weeks or months of the flu season, I urge us all to continue the close communication and coordination that have served our community this year.

Thank you for your attention –



HOW LONG IS SOMEONE CONTAGIOUS AFTER GETTING THE FLU?



People may be considered no longer contagious after:

- At least seven days past the start date of their illness; and
- 24 hours with no fever, and no use of fever-reducing medicine

People need to meet both conditions to be no longer contagious. A person who has been sick with the flu for more than seven days and still has a fever can still spread the virus to others. People often cough for a period of time after recovering from the flu because of the damage it causes to lungs and airways. That does not necessarily mean they are still contagious.

For people taking Tamiflu, it's important to follow all regular precautions to avoid spreading the flu. Research is not consistent as to whether or not antiviral medication can reduce the risk of giving the flu to others. ■

DISASTER RESPONSE: PROTECTING HEALTH AND SUPPORTING NEIGHBORS

As our community is too well aware, winter of 2017-18 brought disaster to the central coast in the Thomas Fire and Montecito mudslides. Here, we recognize the many in our community who responded in this time of tragedy and share a brief discussion of the Public Health Department's response, both locally and in support of our neighbors in Santa Barbara County.

Should I Wear a Mask? Evolving Use of N95 Respirators During California Wildfires

When smoke from the Thomas Fire began to drift to SLO County in December, the phones at the Public Health Department began to ring with one clear question: "Should I wear a mask?"

The Public Health Department in Santa Barbara County—where air quality was affected much more significantly and directly by the smoke and fires—distributed N95 respirators and health officials urged residents to wear them when spending time outdoors. News coverage in the shared media market focused on distribution points in Santa Barbara County and the dangers of breathing wildfire smoke. This followed the Sonoma County wildfires in October, when national news showed residents wearing N95s and stores across the Bay Area sold out as residents sought protection from drifting smoke.

For many medical professionals who strongly associate N95s with a specific role in infection control, this use for on-the-go protection from wildfire smoke requires a new way of thinking about a familiar tool. It means putting aside deeply-ingrained habits around fit testing and known caveats about size (adult masks generally do not fit children), existing medical conditions such as asthma (masks restrict oxygen flow), and even facial hair (beards inhibit a proper fit). The protection an N95 can provide in this context is imperfect but potentially significant.

Where does this new perspective lead us?

Here in SLO County, the Public Health Department decided not to distribute N95s during the Thomas Fire simply because the conditions here did not warrant it. While our neighbors to the south faced heavy smoke and ash, SLO County experienced mostly blue skies with some mild smoke and haze. The air quality consistently remained well within the "good to moderate" range across SLO County. On one day when smoke darkened the sky, it remained mostly in the upper atmosphere where it affected visibility but did not significantly affect air at the level we breathe.



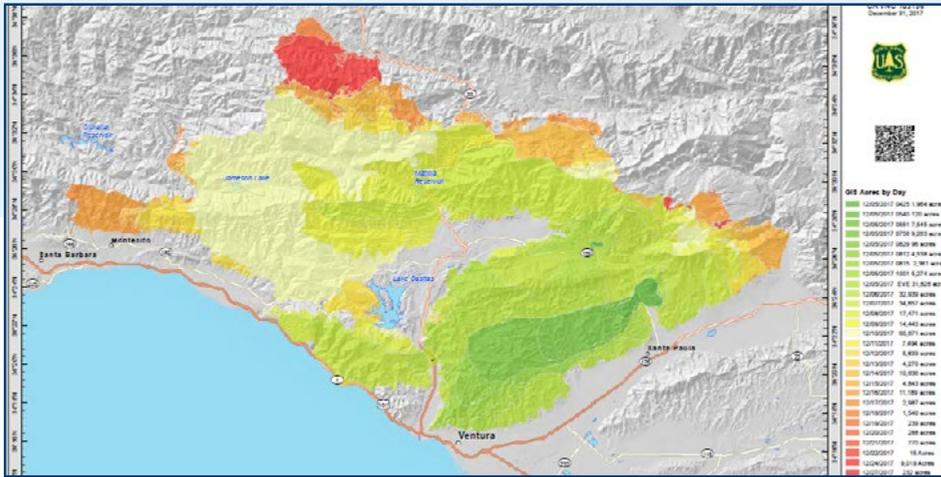
California Department of Public Health material on N95s

The Public Health Department closely monitored the situation with the Air Pollution Control District (APCD) team, and worked together to share daily updates on air quality and health. The APCD collects air quality data 24 hours per day, seven days per week at nine permanent stations across the county and at temporary sites in areas that may be most affected. This data informed the decision regarding N95s.

The Public Health Department team also worked with the County Office of Emergency Services to ready large numbers of masks to distribute if air quality deteriorated. Fortunately, we did not need to put these plans in action.

The department's public information about air quality and health during the Thomas Fire included FAQs about the use of N95s, the decision not to distribute them, and brief recommendations for those who wished to purchase them from retailers as an extra precaution.

Like our colleagues at the state level and in counties across California, we will continue addressing these questions as our collective use of N95s evolves and expands to new situations. Wildfires are part of life in California, and N95s have become part of the toolkit to protect the public's health when wildfires affect air quality. ■



Thomas Fire incident map section. Image courtesy of Cal Fire and U.S. Forest Service.

Ambulance Strike Team from San Luis Obispo County Aids in Montecito Mudslide Response

In times of disaster, neighbors help each other—and neighboring counties do the same. In the days following the Montecito mudslides, the Public Health Department joined our colleagues across the County of San Luis Obispo and many other agencies in providing mutual aid to our neighbors in Santa Barbara County.

County of San Luis Obispo Emergency Medical Services (EMS) Director Vince Pierucci explains: “San Luis Obispo County EMS Division received a request for immediate need mutual aid to Santa Barbara because of the mudslides. We were requested to send an ambulance strike team [five ambulances, each staffed with one EMT and one paramedic] as soon as possible. SLO County EMS coordinated the request with San Luis Ambulance, which was able to send a strike team with a specialized 4x4 ambulance that we use locally to respond to calls on the beach.” This was one of multiple ambulance strike teams deployed from around the central coast, including teams from Monterey and Ventura Counties.



Image courtesy of San Luis Ambulance.

Many local organizations, from law enforcement to fire agencies and more, provided assistance to Santa Barbara County through statewide mutual aid plans. These plans mean that when disaster strikes, we are able to respond quickly to support each other—so no community has to face the most challenging times alone. ■

Supporting the Evacuation of Long-Term Care Facility Residents During the Thomas Fire

As the Thomas Fire evacuation area grew to include a long-term care facility, the County of San Luis Obispo Public Health Department supported the evacuation of 27 residents from the facility to a long-term care facility in San Luis Obispo.

This included coordinating patient tracking and serving as a point of contact for family members seeking information about patients. It also meant providing cots, blankets, and

other materials to the local facility that welcomed the residents.

In the midst of a large scale disaster response that often took unexpected turns, this story is one that Elizabeth Merson, public health emergency preparedness program manager, referred to as “uneventful”—in a good way. Several days after they were evacuated, the residents were able to return safely to Santa Barbara. ■

AIR QUALITY AND YOUR HEALTH: CAMPAIGN UPDATE

In 2012, the Public Health Department and the San Luis Obispo County Air Pollution Control District (APCD) first launched an educational campaign highlighting the connection between air quality and health, with a special emphasis on cardiac health, asthma, and outdoor exercise. This year, we're pleased to partner with APCD to re-launch this popular campaign. The updated campaign is designed to engage residents—particularly those facing heart or lung disease, or increased risk of stroke—in understanding the small steps we can all take to protect our health and our community's air quality.

This spring, representatives from the Public Health Department and APCD will connect with medical offices to



offer brochures for display, and will launch the updated campaign online. Keep an eye out for this new resource!

REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	YEAR 2016					YEAR 2017														
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total Cases	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total Cases										
AIDS/HIV	1	4	1	2	1	5	0	5	3	16	1	0	0	7	0	1	1	1	2	8
Campylobacteriosis	1	17	20	12	50	9	20	31	12	72										
Chlamydial Infections	291	273	283	295	1142	333	317	322	283	1255										
Coccidioidomycosis	37	28	69	123	257	38	53	72	192	355										
Cryptosporidiosis	4	0	4	1	9	0	2	3	3	8										
E. Coli	2	1	2	11	16	4	4	4	2	14										
Giardiasis	5	1	4	2	12	2	3	4	0	9										
Gonorrhea	53	59	54	65	231	57	35	34	51	177										
Hepatitis A	0	1	0	1	2	0	1	0	0	1										
Hepatitis B (Chronic)	6	11	8	1	26	14	8	8	6	36										
Hepatitis C (Community)	68	65	61	57	251	67	69	67	57	260										
Hepatitis C (Correctional)	39	33	26	40	138	21	30	23	24	98										
Lyme Disease	2	0	1	0	3	1	0	1	1	3										
Measles (Rubeola)	0	0	0	0	0	2	0	0	0	2										
Meningitis (Bacterial)	1	0	1	2	4	3	3	2	0	8										
Meningitis (Viral)	4	3	4	2	13	0	4	5	2	11										
MRSA	0	0	0	0	0	0	0	0	0	0										
Pertussis	8	12	5	2	27	4	4	3	5	16										
Rubella	0	0	0	0	0	0	0	0	0	0										
Salmonellosis	8	7	10	17	42	6	9	8	4	27										
Shigellosis	1	0	1	0	2	1	1	1	5	8										
Syphilis (Primary/Secondary)	4	3	6	5	18	4	6	3	1	14										
Tuberculosis	0	0	1	1	2	1	0	2	3	3										

For more information, please visit the SLO County Epidemiology Data and Publications website. Case counts reflect those reported diseases that meet case definitions as established by the California Department of Public Health. Reported cases that do not meet the case definitions are not included in case counts. All cases are for San Luis Obispo County residents only. Persons who do not list San Luis Obispo County as their primary residence and are reported as having a communicable disease are reported in their primary county of residence. Case counts may change over time; as cases currently under investigation are resolved, they are added to the totals.



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WHAT'S NEW AT PUBLIC HEALTH?

A nationwide search for the next County Health Agency director is underway, following a process in which community members shared their perspective on the most important qualities for the director to possess. Residents provided input at two public meetings and a broad survey. The County of San Luis Obispo has partnered with W. Brown Creative Partners, an executive search firm, to conduct the search. Current director Jeff Hamm will continue to lead the agency through April 2018.

Bike safety signals at large, busy intersections can help prevent collisions—if riders know how to use them. That's why the Public Health injury prevention team and community partners recently held a pop-up safety event to demo the signal at one of San Luis Obispo's busiest intersections and chat with the people who ride in this area the most. The more people know how to correctly use the signal, the more it becomes the norm—and a safer place for everyone. Interested in learning more? Visit slocounty.ca.gov/bike-safety.

90+ community stakeholders gathered for the Planning for Health convening in February to identify priorities and develop strategies for long-term health improvement in SLO County. The group was convened by the Public Health Department as part of a collaborative health improvement process. Stay posted for updates at slopublichealth.org.

The SLO Tribune's Top 20 Under 40 Awards recognized Public Health Emergency Preparedness Manager Elizabeth Merson for her work to keep our community safe in times of disaster. In particular, the award highlights her innovative approach to solving complex problems and her commitment to engaging leaders and organizations throughout our community—from health care businesses to nonprofits—in staying ready to respond to a health emergency.

The City of Paso Robles was recognized as a "City on the Rise" in the American Lung Association's State of Tobacco Control 2018—California Local Grades report. Paso Robles' grade for Smokefree Outdoor Air went from an F in 2017 to a B in 2018, due in part to the Feb. 2017 decision by the Paso Robles City Council to adopt an ordinance banning tobacco and marijuana smoking in public places. "We're excited to see this recognition and, more importantly, excited about what it means for the health of everyone in the community," said Inger Appanaitis, program manager for tobacco control.

The Health Care Services team's Covered California Certified Enrollment Counselor provided free, unbiased support to dozens of residents applying for health coverage through Covered California or Medi-Cal during the 2017-18 open enrollment season. Know someone looking for coverage? Call 805-781-4838 to learn more. ■