

# BULLETIN

A QUARTERLY PUBLICATION OF THE COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH DEPARTMENT

## IN THIS ISSUE

MEASLES FOUND IN SLO COUNTY ..... 1

A LOOK BACK AT PUBLIC HEALTH'S CHIMNEY FIRE RESPONSE .....3

Q & A WITH THERESA YU ABOUT THE CDC, ZIKA, AND PUERTO RICO .....4

REPORTED CASES OF COMMUNICABLE DISEASES .....5

LOCAL OPIOID COALITION HOPES TO CURB EPIDEMIC .....6

## HEALTH OFFICER NOTES

*Penny Borenstein, M.D., M.P.H.*



CDC / James Gathany

## MEASLES FOUND IN SLO COUNTY

When I recently heard reports of a patient with high fever and a rash, I must admit, I did not think ‘measles’. After all, in 2016, only 70 people nationwide had contracted the disease. Given the efforts over the last several decades to eradicate the disease (and the effectiveness and availability of the measles vaccine), the virus is not typically something that crosses my desk these days.

But I was wrong. After investigating the case, the resident did indeed have measles. Thank goodness for an astute emergency room physician. One week later, a second case was confirmed in the county. Both were unvaccinated.

This comes at the same time that Los Angeles County is witnessing [its own outbreak](#), with 18 people infected with measles at the time of print. At least 15 of the Los Angeles County patients knew one another and none could show proof of vaccination.

CONTINUED ON PAGE 2



Notice something different?  
The County rang in the New Year  
with a new logo!



flickr / HealthEve

Before the measles vaccine was introduced in 1963, [the CDC estimates](#) that 3 to 4 million people were infected in the United States each year. Of those, roughly 500 people died, 48,000 were hospitalized, and 1,000 suffered encephalitis (swelling of the brain) from measles.

Measles is one of the most infectious diseases known, and its elimination has been a goal of the World Health Organization and CDC for decades. Across the globe, cases have dropped nearly 80 percent in the last 20 years, as physicians and international aid groups have worked to improve vaccination rates worldwide.

Domestically, the MMR vaccine is typically offered at a child's 12 month check-up. Herd immunity—the idea that if a certain percentage of people are vaccinated everyone will be safe from illness—usually protects a child until then. This herd immunity also protects other members of the community—those with compromised immune systems or other medical reasons that prevent vaccination.

But measles is so contagious that between 96 to 99 percent of people need to be immunized to establish herd immunity. The state, and even more so, the county, have failed to reach those numbers. The California Department of Public Health reported that in the 2015-16 school year, 94.5 percent of California kindergartners had been vaccinated against

measles, while SLO County's average was 91.9 percent (with rates reaching as low as 68.4 percent in some schools).

These low vaccination rates are the primary reason for the Disneyland measles outbreak in 2014, where one person went on to infect 145 people across the United States, as well as dozens in Canada and Mexico. The outbreak highlighted the startling potential of a disease (one that the medical community had considered all but eradicated), to come back in force, in a moment, to unvaccinated populations.

The outbreak was so concerning that it led to the passage of SB 277, a 2016 California law which requires all children to be vaccinated unless a doctor provides a medical exemption—making California one of three states that forbids children from opting out of vaccines because of religious or personal beliefs. The new law makes vaccinations mandatory, with schools now required to check children's immunization statuses when they enter kindergarten or seventh grade. The law has been rolled out slowly, though, and will likely take years before it ushers in discernible change.

**But measles is so contagious that between 96 percent to 99 percent of people need to be immunized to establish herd immunity. The state, and even more so, the county, have failed to reach those numbers.**

However, even with the new law in effect, and the well-publicized outbreak at Disneyland, our community remains slow to change. Vaccination rates remain [some of the lowest](#) in the state (San Luis Obispo County is ranked 34 out of 58 counties), and the decision is often still seen as a personal one despite the often larger community-wide impacts it can have.

But there's hope. Across the state—perhaps because of recent outbreaks or perhaps because of the continuing research that shows vaccines to be safe and effective—the tide is turning. We can just hope that these latest cases in our county can remind us once again of their importance and continue to move the needle in the right direction.

For more information about measles, please visit [www.cdc.gov/measles](http://www.cdc.gov/measles). You may also contact the County of San Luis Obispo Public Health Department at 805-781-5500 with questions or concerns you may have about measles or to inquire about the MMR vaccine.

Thank you for your attention,

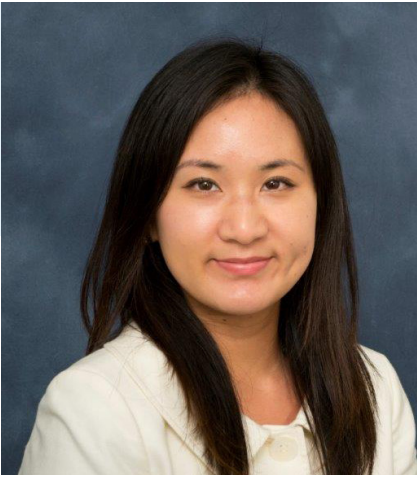
## A LOOK BACK AT PUBLIC HEALTH'S CHIMNEY FIRE RESPONSE

Over 2,500 firefighters were deployed to the Chimney Fire that raged through San Luis Obispo County last summer burning over 46 thousand acres and destroying 49 residences and 21 other structures. What may be a surprise to some is that the Health Agency, which includes Public Health and Behavioral Health Departments as well as Animal Services, also played a role in responding to the fire. The Health Agency managed the public health and medical response for the fire including the following key response activities:

- Public Health Emergency Preparedness sent two RNs from the Medical Reserve Corps to assist the Red Cross in providing medical services to shelter clients.
- Public Health Nurses and staff provided evacuated families at the shelter with diapers and other baby supplies as well as some children's clothing.
- Health Officer Dr. Borenstein coordinated with the Air Pollution Control District (APCD) to monitor air quality and issue guidance to at-risk populations.
- Public Health provided guidance online and delivered important fact sheets to residents of fire damaged areas about air quality, environmental hazards and precautions concerning their water wells, propane tanks, and how to safely clean up structure fire debris.
- Public Health participated in a community meeting for residents affected by the fire by answering questions and providing guidance about fire debris cleanup and recovery efforts.
- Public Health staff attended daily Cooperating Agency meetings hosted by the Fire Incident Management Team. Staff attended the meetings to get updated information on fire activity and to coordinate response activities with other involved agencies.
- As part of the Interdisciplinary Damage Assessment Team that inspected the affected areas, Environmental Health Services assessed household hazardous waste, damaged water wells and swimming pools.
- Environmental Health Services conducted sanitation and food safety inspections at the Red Cross evacuation shelter and two fire camps.
- Emergency Medical Services monitored impacts to healthcare providers, including ambulance providers, hospitals and potentially affected residential care facilities.
- Emergency Medical Services provided daily situation reports to healthcare partners to keep local and state agencies informed about fire activity affecting the healthcare system.
- Public Health Emergency Preparedness supported the Red Cross shelter by providing privacy screens for shelter clients.
- Animal Services officers assisted in evacuating animals from properties in the affected area and established a small animal housing and care area at the evacuation shelter.



## Q & A WITH THERESA YU ABOUT THE CDC, ZIKA, AND PUERTO RICO



Theresa Yu is one of three CDC associates currently assigned to the Public Health Department for a two year training program under the CDC's Public Health Associate Program (PHAP).

We spoke with Theresa about her recent CDC deployment to Puerto Rico as part of a Zika emergency response team.

### **Q: Were you surprised when the CDC asked you to go to Puerto Rico?**

**A:** Not really. It's not unusual to be deployed during an emergency response and represent the CDC. For the last year, I have been training in the Communicable Disease and Maternal, Child and Adolescent Health program at the Public Health Department, but when the CDC saw a huge spike in the number of Zika cases in Puerto Rico, some of us PHAP associates were all called in to do our part.

### **Q: What did you do there?**

**A:** I was deployed for two months to assist the Puerto Rico Department of Health speed up notification of test results by entering paper Zika laboratory intake forms into an electronic database.

### **Q: What are your thoughts about how the CDC is dealing with the outbreak?**

**A:** I think we've handled it quite well so far. The first case in Puerto Rico was detected in December 2015. After that, the virus spread quickly and cases started to skyrocket in February 2016. Many pregnant women were infected, and sadly, some babies have been born with microcephaly and other neurologic disorders.

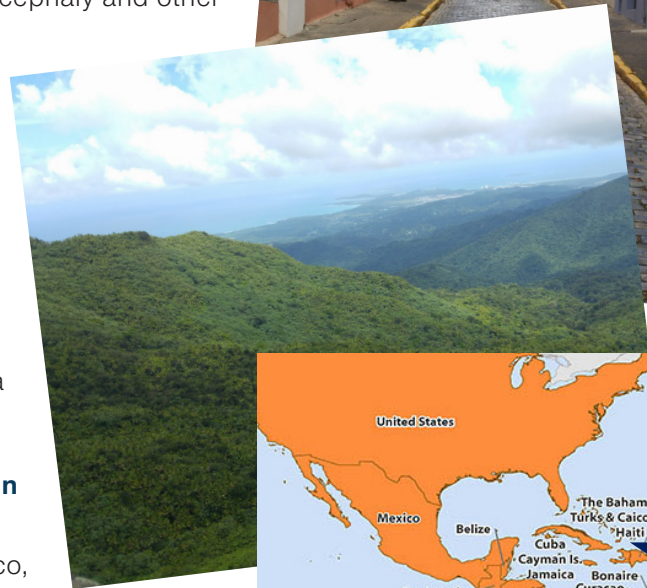
The CDC is managing the response in every way possible. They're educating providers and residents, going door-to-door to distribute mosquito prevention kits and nets, and offering free testing. Plus, their decision to bring in people like myself to enter lab testing forms into an electronic database means that healthcare providers and laboratories receive results, both positive and negative, in a timely manner. That's a big deal during an outbreak!

### **Q: Were you worried about going to another area in the midst of a serious Zika outbreak?**

**A:** I wasn't overly worried about going to Puerto Rico, because I knew how best to protect myself from Zika, and I was working with Zika experts. We all used a TON of insect repellent!

### **Q: In the midst of all your work with the outbreak, was there any time for sightseeing? After all, you were in another country!**

**A:** I worked most of the time, six days a week, so there wasn't much time for exploring, but I did manage to take some day trips around the island over



CONTINUED ON PAGE 5

Puerto Rico and surrounding countries (in orange) with active Zika virus transmission

## Q & A WITH THERESA YU

the two months that I was there. We went to some very touristy spots, as well as some hidden gems that the locals suggested. By far, my favorite spot was Vieques, one of Puerto Rico's neighboring islands. There, I visited the Bioluminescent Bay and Playa Negra (Black Sand Beach), which were stunning spots and even had wild horses!

**Q: Based on what you experienced in Puerto Rico, do you have any advice for folks in the Continental US?**

**A:** I would advise folks to always take precautions against mosquito bites, especially when traveling to areas with local mosquito-borne transmission.

In Puerto Rico, we found that many people who tested positive for Zika didn't think they had been infected because they didn't have any symptoms. An infected person can

unknowingly pass Zika to their sex partner and pregnant women can pass it to her fetus. Zika infection during pregnancy can cause serious birth defects.

Using repellent and practicing safe sex are both important precautions. Pregnant women or women who are trying to become pregnant should talk to their doctor before they or their sex partner travels out of the area.

More information about Zika is available at [www.slopublichealth.org/zika](http://www.slopublichealth.org/zika).

## REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

| DISEASE                      | YEAR 2015 |         |         |         |             | YEAR 2016 |         |         |         |              |
|------------------------------|-----------|---------|---------|---------|-------------|-----------|---------|---------|---------|--------------|
|                              | Jan-Mar   | Apr-Jun | Jul-Sep | Oct-Dec | Total Cases | Jan-Mar   | Apr-Jun | Jul-Sep | Oct-Dec | Year to Date |
| AIDS/HIV                     | 1   4     | 1   2   | 1   5   | 0   5   | 3   16      | 1   0     | 0   7   | 0   8   | 0   3   | 1   18       |
| Campylobacteriosis           | 12        | 15      | 30      | 17      | 74          | 14        | 17      | 20      | 23      | 74           |
| Chlamydial Infections        | 291       | 230     | 259     | 292     | 1072        | 291       | 273     | 282     | 302     | 1148         |
| Coccidioidomycosis           | 14        | 9       | 11      | 17      | 51          | 35        | 28      | 49      | 7       | 119          |
| Cryptosporidiosis            | 0         | 1       | 3       | 1       | 5           | 4         | 0       | 0       | 1       | 5            |
| E. Coli                      | 5         | 3       | 4       | 0       | 12          | 2         | 1       | 3       | 5       | 11           |
| Giardiasis                   | 4         | 2       | 5       | 4       | 15          | 5         | 1       | 4       | 2       | 12           |
| Gonorrhea                    | 28        | 31      | 33      | 73      | 165         | 53        | 60      | 54      | 44      | 211          |
| Hepatitis A                  | 0         | 0       | 0       | 0       | 0           | 0         | 1       | 0       | 0       | 1            |
| Hepatitis B (Chronic)        | 3         | 2       | 10      | 4       | 19          | 6         | 9       | 4       | 6       | 25           |
| Hepatitis C (Community)      | 50        | 64      | 84      | 45      | 243         | 66        | 54      | 48      | 49      | 217          |
| Hepatitis C (Correctional)   | 42        | 36      | 39      | 31      | 148         | 38        | 33      | 28      | 36      | 135          |
| Lyme Disease                 | 1         | 1       | 1       | 1       | 4           | 2         | 0       | 1       | 0       | 3            |
| Measles (Rubeola)            | 0         | 0       | 0       | 0       | 0           | 0         | 0       | 0       | 0       | 0            |
| Meningitis (Bacterial)       | 1         | 2       | 1       | 0       | 4           | 1         | 0       | 0       | 3       | 4            |
| Meningitis (Viral)           | 4         | 4       | 5       | 9       | 22          | 4         | 3       | 4       | 3       | 14           |
| MRSA                         | 0         | 0       | 0       | 0       | 0           | 0         | 0       | 0       | 0       | 0            |
| Pertussis                    | 4         | 7       | 5       | 5       | 21          | 8         | 12      | 5       | 2       | 27           |
| Rubella                      | 0         | 0       | 0       | 0       | 0           | 0         | 0       | 0       | 0       | 0            |
| Salmonellosis                | 11        | 13      | 13      | 8       | 45          | 7         | 7       | 10      | 8       | 32           |
| Shigellosis                  | 1         | 1       | 1       | 6       | 9           | 1         | 0       | 1       | 4       | 6            |
| Syphilis (Primary/Secondary) | 1         | 1       | 4       | 3       | 9           | 4         | 2       | 6       | 4       | 16           |
| Tuberculosis                 | 0         | 0       | 0       | 2       | 2           | 0         | 0       | 1       | 0       | 1            |

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.



COUNTY OF SAN LUIS OBISPO  
 PUBLIC HEALTH DEPARTMENT  
 2191 Johnson Avenue  
 San Luis Obispo, CA 93401

PRSR STD  
 U.S. POSTAGE PAID  
 ASAP Reprographics  
 93442

Email us at [SLOpublichealth@co.slo.ca.us](mailto:SLOpublichealth@co.slo.ca.us) to subscribe, unsubscribe, or send us your suggestions.

## LOCAL OPIOID COALITION HOPES TO CURB EPIDEMIC

Since 1999, the amount of prescription opioids sold in the U.S. [nearly quadrupled](#), flooding the market with Rx painkillers like Vicodin and OxyContin, among others. While initially hailed as non-addictive, the aftermath of this prescribing trend has proven otherwise, initiating an unprecedented new epidemic of prescription drug abuse - with overdose deaths now killing more people than cars, guns, and falling combined.

Communities nationwide have been affected by this troubling trend, including San Luis Obispo. The County Public Health Department reported that in 2013, there were 774 opioid prescriptions for every 1,000 residents in the county and 36 fatal opioid overdoses in 2015.

To combat this trend in our community, the County of San Luis Obispo, along with support from the [California Health Care Foundation](#), established the SLO Opioid Safety Coalition. Started in 2016, the initiative is driven by a diverse coalition of community members, including law enforcement, physicians, pharmacists, treatment professionals, County agencies, educators and others who are working to collaboratively address the problem.



These members are divided into five action teams, each taking on a different piece of the opioid issue in San Luis Obispo County. The teams include Data Collection and Monitoring, Community Prevention and First Responders, Safe Prescribing and Health Care, Medication Assisted Treatment, and Naloxone: Overdose Antidote. Working together, these teams hope to reduce opioid-related deaths by 30 percent, promote safer prescribing practices county-wide, increase the use of medication assisted treatment (MAT) and naloxone, and track and monitor data to better understand the local epidemic.

Interested in getting involved? Visit [www.opioidsafetyslo.org](http://www.opioidsafetyslo.org) or contact Julianne Schmidt at [jschmidt@co.slo.ca.us](mailto:jschmidt@co.slo.ca.us).

### Want to Get the Latest News from the County Delivered Right to Your Inbox?

Subscribe to the County of San Luis Obispo’s monthly e-newsletter to get the latest information on what’s happening with your local County government. Visit [www.slocounty.ca.gov](http://www.slocounty.ca.gov) to subscribe.