



Office of the City Manager

November 14, 2017

To: Honorable Mayor and Members of the City Council

From: *DWR* Dee Williams-Ridley, City Manager

Subject: EOC Activation: Proactive Response to Hepatitis A Outbreak
in three California Counties

I want to provide you with an update from the City's Emergency Operations Center (EOC), which was activated on September 27, 2017 to prepare a local response to the Hepatitis A virus outbreak in San Diego, Los Angeles and Santa Cruz counties.

In Berkeley and Alameda County, there have been no outbreak-related Hepatitis A cases reported to date. There is currently no increased risk of Hepatitis A infection for the general population.

However to prevent the Hepatitis A outbreak from spreading to Berkeley, we have activated the EOC and Department Operation Centers within the city, mobilizing more than 30 City staff from nine City departments. They have been coordinating and preparing with local and state agencies as well as community partners. Staff have begun the following:

- Coordinate with local and state agencies to increase vaccination to vulnerable populations.
- Outreach to vulnerable populations to:
 - increase awareness of vaccine – the most powerful tool to prevent Hepatitis A
 - increase awareness of symptoms and preventative behaviors.
- Work with medical providers and clinics to:
 - increase awareness of Hepatitis A symptoms
 - conduct additional screenings to identify risk factors
 - understand priorities for Hepatitis A vaccination
 - continue to report all suspected and confirmed Hepatitis A cases.
- Develop protocols for improving sanitation at City facilities.
- Develop specific protocols for the City jail.
- Coordinate and prepare City contracts (sanitation) in case they need to be modified for an outbreak-related Hepatitis A case.

- Assess toilet/handwashing availability for public and staff.
- Develop protocols for occupational health.
- Improve messaging around hand washing at City restrooms.

These actions represent the most significant tasks that staff has undertaken in response to the Hepatitis A outbreak in three counties. More work is underway and our response will evolve if and when circumstances should change.

BACKGROUND

On October 17, 2017, Council passed a recommendation for staff to “develop and, as appropriate, implement proactive/preventative measures to address the possibility of a future Hepatitis A outbreak in Berkeley.” As part of the recommendation, Council suggested a number of measures that have been used in currently impacted outbreak jurisdictions.

City staff have taken the Council’s range of possible actions and examined them with a Public Health lens to determine which would be the most appropriate for Berkeley and how Berkeley can help address the 3-county outbreak – a situation that requires statewide coordination of resources. Berkeley’s preparation efforts have come in close collaboration with public health officials for the state as well as local jurisdictions, both those affected and unaffected by the outbreak.

Outbreak Status

The greatest concerns are for the three outbreak jurisdictions. San Diego County has reported at least 544 Hepatitis A cases and 20 deaths since November 2016. Santa Cruz County has reported at least 76 cases since April 2017. Los Angeles County has reported at least 14 cases to date. There have been no deaths attributed to the outbreak in the latter two jurisdictions. Limiting the outbreak in these areas has broad impact.

In the three outbreak-affected counties, Hepatitis A virus is being spread person-to-person through contact and ingestion of materials contaminated with microscopic traces of feces from Hepatitis A infected people, primarily among persons experiencing homelessness or using illicit drugs in settings of limited sanitation. It is also being sexually transmitted.

In Berkeley, where there has not been an outbreak-related Hepatitis A case and there is no increased risk of Hepatitis A infection for the general population.

Emergency Operations Center

The California Department of Public Health recommended as its top priority what Berkeley started in September, with the activation of the EOC: establish a planning

group to coordinate with key government agencies and partners to coordinate the following citywide:

- Emergency Preparedness
- Environmental Health
- Occupational Health
- Homeless and Substance Abuse services
- Communications.

The EOC activation has allowed the City to marshal resources in a coordinated fashion that would otherwise not be possible in the normal course of operations. There are more than thirty City staff working on the Hepatitis A response, including staff from Health, Housing and Community Services, Public Works, City Manager's Office, Human Resources, Police, Fire, Finance and also Parks, Recreation and Waterfront. In addition, we have included the Library.

EOC coordination efforts have focused on four functions identified by the Health Officer:

1. Vaccine
2. Enhanced Surveillance and Monitoring
3. Personal Hygiene and Sanitation
4. Occupational Prevention and Education

In California, Hepatitis A transmission and risk vary by county and can vary within counties. The California Department of Public Health's recommendations prioritize vaccines for those at highest risk. The state initially used these tiers to prioritize vaccine distribution to Tier 1 jurisdictions, which is why the City of Berkeley and other similar jurisdictions have not received Hepatitis A vaccine from the State.

1. Vaccine

Statewide, Hepatitis A vaccine is being prioritized to counties with Hepatitis A outbreaks and those most vulnerable.

- Tier 1: "High-risk" areas with substantial recent local transmission;
 - Vaccine priority groups:
 - Persons in major risk groups as determined by the local health officer (e.g., persons experiencing homelessness and persons suspected of using illicit drugs in settings with limited sanitation; men who have sex with men);
 - Persons in ongoing, close contact with persons in the major risk groups or their environments.
- Tier 2: "Medium-risk" areas with limited recent local transmission;
 - Vaccine priority groups:

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- Persons in major risk groups as determined by the local health officer (e.g., persons experiencing homelessness and persons suspected of using illicit drugs in settings with limited sanitation).
- Tier 3: “Low-risk” areas with only imported cases and no local transmission;
 - Vaccine priority groups:
 - Persons who share a setting or social network with an outbreak-associated case.
- Tier 4: Does not meet any of the above criteria.

As of November 1, 2017, the state has purchased enough Hepatitis A vaccine doses to meet the immediate needs of Tier 1-3. They now also accept orders from jurisdictions without outbreak associated cases (Tier 4) when local health departments have determined it appropriate to vaccinate those most vulnerable, people experiencing homelessness and using illicit drugs.

Berkeley Public Health has placed such an order, and we will continue to work closely with the state on this issue. Berkeley Public Health, through the HHCS DOC, is now working to increase vaccination for vulnerable populations in coordination with other local agencies and community partners.

The state, the county and our own Public Health Division are committed to a strategy that would immediately target any local Hepatitis A case with a vaccination plan. Using contact tracing methods – which Berkeley Public Health has considerable experience in – city, county and state Public Health staff rigorously work to identify all potential contacts of a Hepatitis A case. Those family or social contacts identified as being in contact with the Hepatitis A case would be prioritized for vaccination. The state would provide vaccines for this purpose.

This strategy executed by our very capable staff has proven very effective and has helped Berkeley Public Health contain the spread of even highly infectious diseases, such as measles.

As a reminder, all children in the United States are recommended to receive Hepatitis A vaccine, which has been the case since 1999. At this time, pediatric vaccine supplies are not constrained, and recommendations for routine childhood immunization are unchanged.

In addition, and in light of the state’s recommendations, the City of Berkeley’s Public Health Officer has also recommended the following actions for the City of Berkeley:

2. Enhanced Surveillance and Monitoring

By law, all medical providers throughout the state are required to notify Berkeley Public Health whenever they confirm that a Berkeley resident has Hepatitis A. Berkeley Public Health monitors these reports on a daily basis.

Beyond monitoring for Hepatitis A on a daily basis in coordination with doctors and medical providers, Berkeley Public Health is working with counties throughout the state in the event a Berkeley resident is treated outside the city.

In addition, Berkeley will enhance surveillance and increase awareness beyond medical providers and clinics including, but not limited to, the following:

- At-risk populations;
- City staff who interface with at-risk populations;
- non-medical organizations that provide services to people who are homeless or use illicit drugs;
- local jails.

This work will help these groups identify Hepatitis A symptoms and will provide direction on actions to direct people toward appropriate medical care.

3. Personal Hygiene and Sanitation

The virus is carried in the feces from someone infected with Hepatitis A. The virus is transmitted when an un-infected person touches objects – such as food or anything shared that is microscopically contaminated by the feces of someone with Hepatitis A – and then places fingers, food or the contaminated object in his or her mouth.

This transmission can be limited by effective handwashing by both the infected and the uninfected person. Adequate housing is optimal to address these issues. Increasing handwashing stations, toilets, showers and laundry combined with education about effective hygiene can reduce Hepatitis A propagation.

The effectiveness of handwashing stations in preventing Hepatitis A depends entirely on the individual: will they wash for 20+ consecutive seconds? Other at-risk behaviors – such as sharing things by hand with others who may not be using good sanitation habits, drug use, mental health issues or other factors – may mitigate the effectiveness of handwashing.

4. Occupational Prevention and Education

- Increase awareness among city staff, local employers and non-medical service providers who may have employees at increased risk of occupational exposure due to contact with at-risk populations and environments, should the virus appear in Berkeley.

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- Plan for potential, future vaccination of City employees.

In advance of any potential outbreak-related Hepatitis A case appearing in Berkeley, City Staff, through the EOC, have begun working on the newest state and local recommendations. New guidance and outreach materials are being developed to effectively reach various groups with appropriate steps and actions to prevent or limit the spread of the Hepatitis A virus. Protocols are being developed to improve the occupational health of city employees as well as non-medical service providers who deal with at-risk populations.

As we continue working on these issues, we will keep you updated.

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