

From San Diego Hepatitis A Outbreak After Action Report

(<https://www.sandiegocounty.gov/content/dam/sdc/cosd/SanDiegoHepatitisAOutbreak-2017-18-AfterActionReport.pdf>)

For the first time, County nurses formed “foot teams” with staff from homeless service providers or law enforcement to engage and vaccinate the at-risk populations in riverbeds, canyons, ravines, parks and urban encampments. This strategy proved highly effective in vaccinating those most difficult to reach

Expanding the vaccination teams through short-term contracts and utilizing nurses from the Medical Reserve Corps to augment the field teams had a significant positive impact on vaccination results.

Significant County resources have increasingly been dedicated to this effort; examples include Project One for All, which aims to provide housing and wraparound services for thousands of people facing homelessness and mental illness, and implementation of the Drug Medi-Cal Organized Delivery system to improve and expand access to substance abuse services. While we cannot count on these efforts to prevent a future outbreak, they will help by providing support to individuals to achieve stability and greater self-sufficiency

INTERVENTIONS/ACTIVITIES

Vaccination

Reaching at-risk populations to provide vaccines required partnerships and field work

- Initially, strategies utilized for HAV vaccination included partnering with homeless service providers, faith-based organizations, substance use providers, municipalities, medical partners, and many others to offer vaccines at different service delivery sites.
- Determined by county nurses that many individuals not receiving services where vaccine was being offered. They lived in difficult to access areas
- Starting in March 2017 and continuing throughout January 2018, the County response focused on holding different types of field vaccination events to reach the at-risk population. County nurses helped lead the vaccination efforts, working closely with the County Epidemiology Program to identify case locations and contacts, prioritize vaccination efforts, and monitor the success of the vaccinations in containing the disease.
- Vaccination events were produced using three primary models: Points of Dispensing (PODs) where nurses vaccinate at-risk people on-site, conducting a mass vaccination clinic at locations such as a homeless services provider; on-site immunizations via mobile vans; and “foot teams,” where nurses joined public safety officers and social service providers to find homeless individuals and administer vaccines in the field.
- Many at-risk individuals contacted by the foot teams were not easily convinced to receive the vaccine; often several interactions with an individual took place before he or she agreed to be vaccinated. Having representatives from organizations that had already established trust with these individuals proved critical to build rapport and understanding to enable service delivery.

Collaboration with local health care providers was key in vaccinating at-risk populations

- The County also asked local providers to leverage their own health records and the San Diego Immunization Registry (SDIR) to determine the HAV vaccination status of their at-risk patients, and to proactively contact those who needed to be vaccinated.
- The County worked especially closely with health care providers where the at-risk populations were most likely to receive medical care: emergency departments, Federally Qualified Health Centers, and substance use disorder and mental health providers serving at-risk populations.

Starting in April 2017, the County initiated memoranda of agreement (MOAs) with hospitals to facilitate the administration of vaccine to at-risk patients who received care in emergency departments. These MOAs for storing and administering vaccine allowed the County to provide hospitals with doses of federally-funded 317 and State-purchased vaccine, as well as privately purchased vaccine. Nineteen hospitals and emergency departments entered into MOAs with the County and engaged their own staff in administering the HAV vaccine. The County also entered into MOAs with 42 outpatient clinics and pharmacies as well as two fire/Emergency Medical Services agencies to facilitate the administration of vaccine to at-risk patients.

- The County further assisted vaccination efforts by offering guidance to local emergency medical services agencies on requirements to enable paramedic teams to provide the vaccine to at-risk individuals, and coordinating authorization from the State Emergency Medical Services Authority for a time-limited Local Optional Scope of Practice to enable paramedics to deliver vaccinations in field events. Typically only nurses and doctors are allowed to give the vaccine.

Focused vaccination efforts were implemented in County jails

- The Sheriff's Department also mandated that all inmate workers who handle food be vaccinated (also provided vaccine at central booking, to high risk inmates, in housing units; deputies provided HAV edu)
- Deputies accompanied the nurses
- team approach played a significant role in increasing the number of inmates electing to get vaccinated.

Other focused interventions:

- food handlers
- at-risk county employees
- MSM

Sanitation

Thousands of kits were distributed to promote personal hygiene

Education

- Tailored educational materials were developed and disseminated through service provider organizations for at-risk populations, cities, numerous County departments and facilities, such as libraries, health care systems and partner organizations. These materials include an HAV webpage, fliers, an information card, fact sheets, frequently asked questions (FAQs), posters, and a general PowerPoint presentation
- The County developed focused educational efforts for faith-based organizations, because these entities frequently serve charitable meals to or otherwise interact with the outbreak at-risk populations.

Recommendations

- Work with the local medical community and other stakeholders to encourage the routine review and administration of adult hepatitis A (HAV) vaccines to individuals. (many individuals had existing CDC indication for vaccination but had never been offered; integrate screening/vaccination into adult patient care)
- Educate all County jail inmates on HAV risks and encourage them to be vaccinated. (educate and offer at intake and reinforced by custody medical staff)
- Enhance local surge capacity to respond to a public health need.
 - MRC

- During the outbreak, the County expanded existing and developed additional contracts for temporary staffing.
- Coordinate with substance use disorder treatment providers and other key stakeholders to offer vaccinations to illicit drug users.

Audit of response: <https://www.auditor.ca.gov/pdfs/reports/2018-116.pdf>