

# PROTECTING SAN FRANCISCANS FROM COMMUNICABLE DISEASE OUTBREAKS

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March 16, 2026

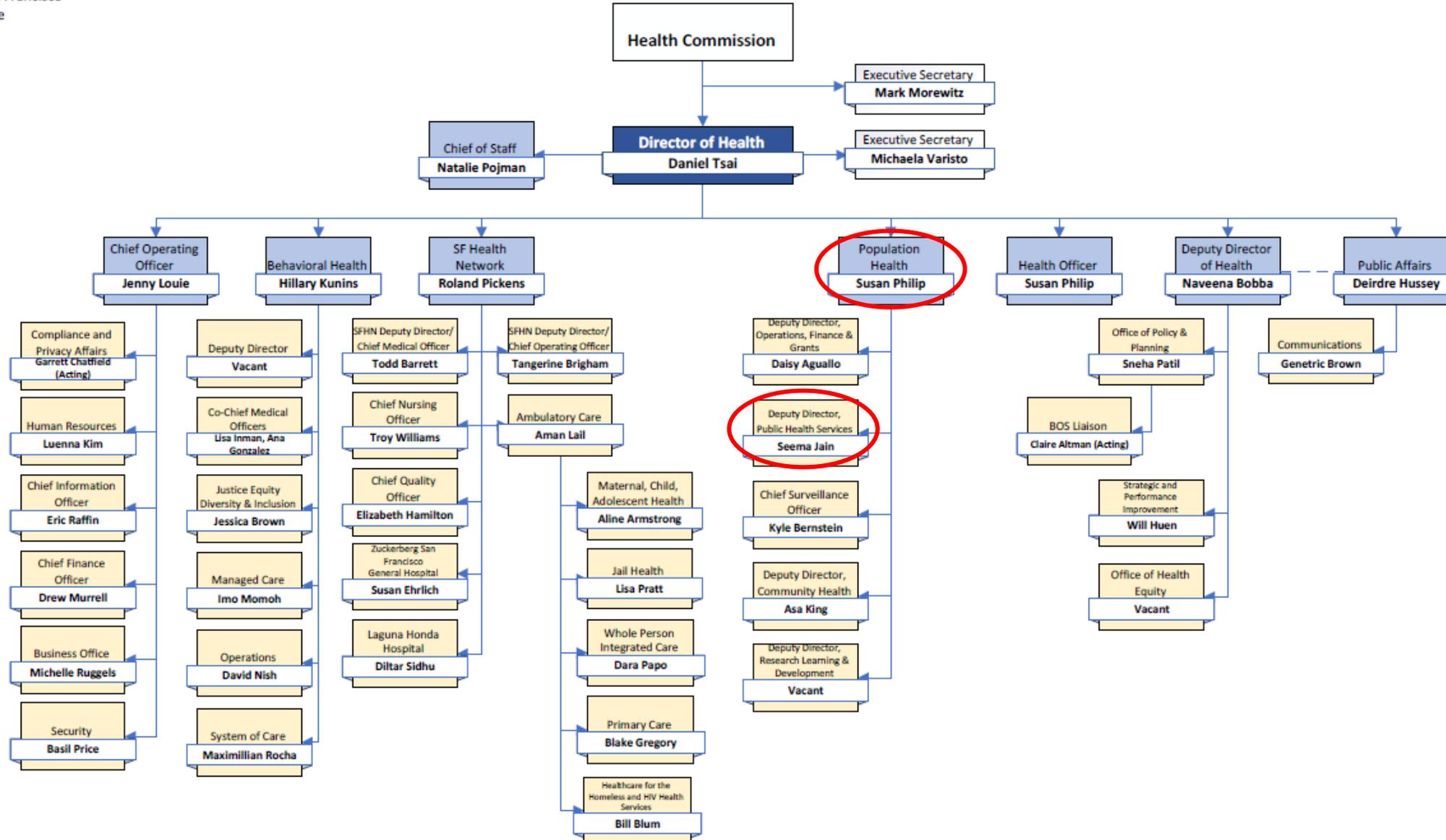


**POPULATION HEALTH DIVISION**  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Agenda

- Structure, function, and goals
- Five pillars of communicable disease work
- Partnerships
- Illustrations of the five pillars
  - *Shigella*, foodborne illnesses, H5N1, respiratory diseases, measles
- Preparedness and surge
- Threats and opportunities
- Key takeaways

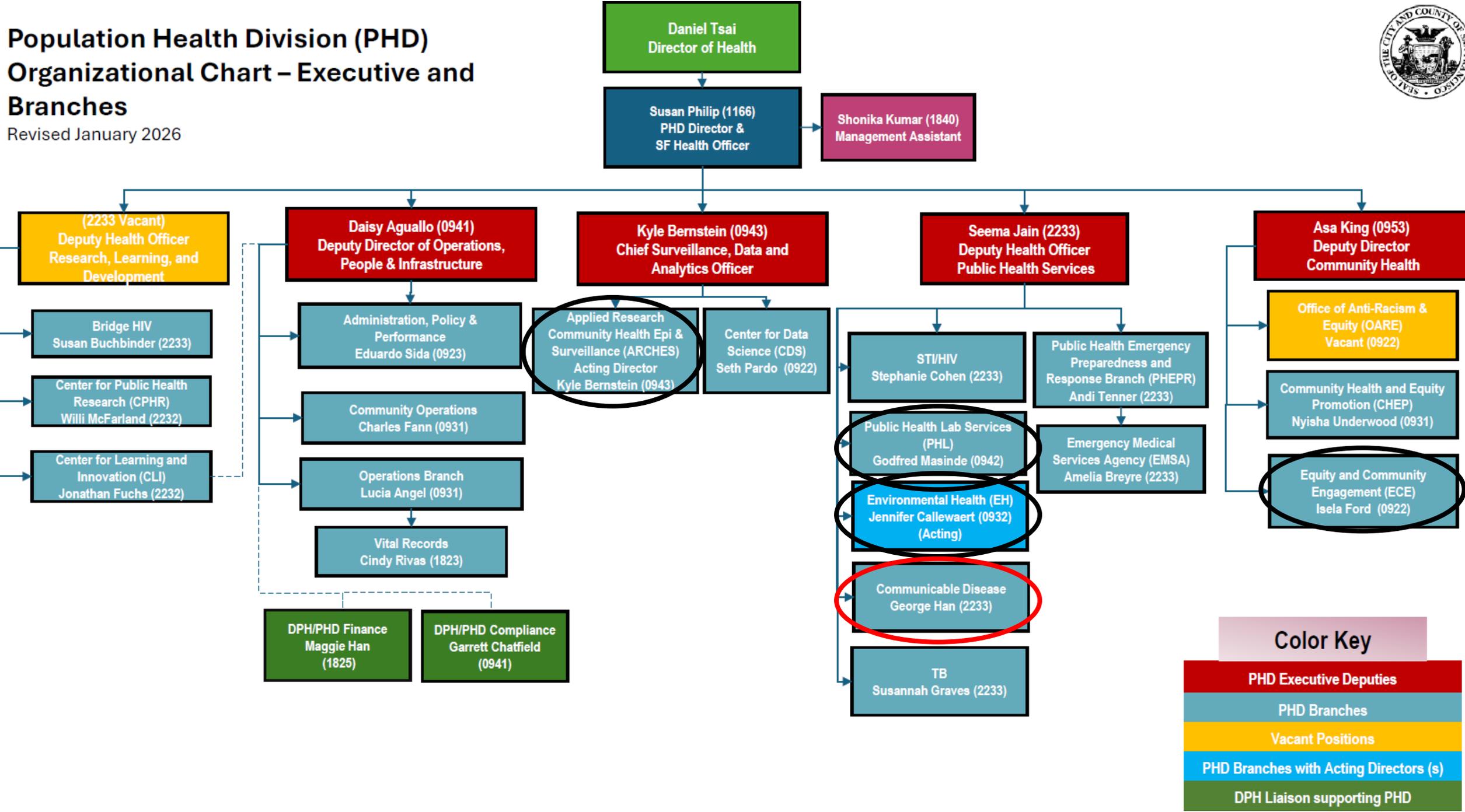






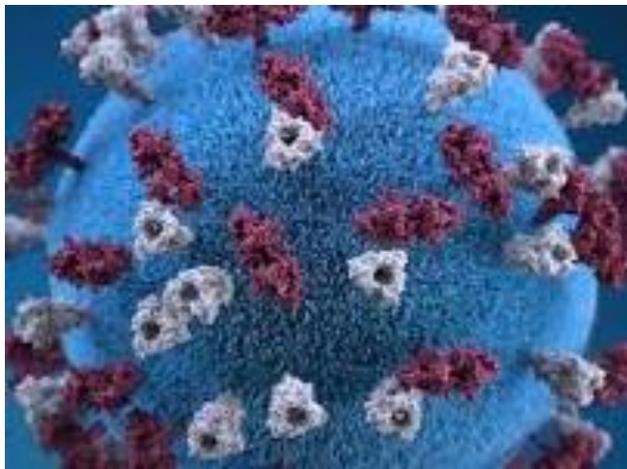
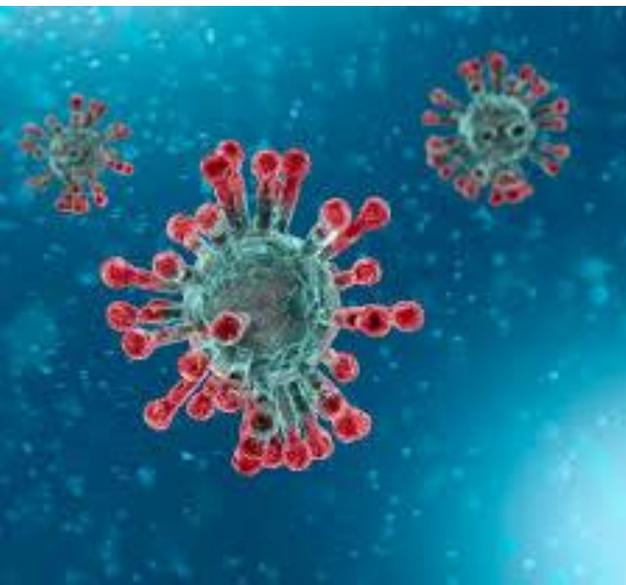
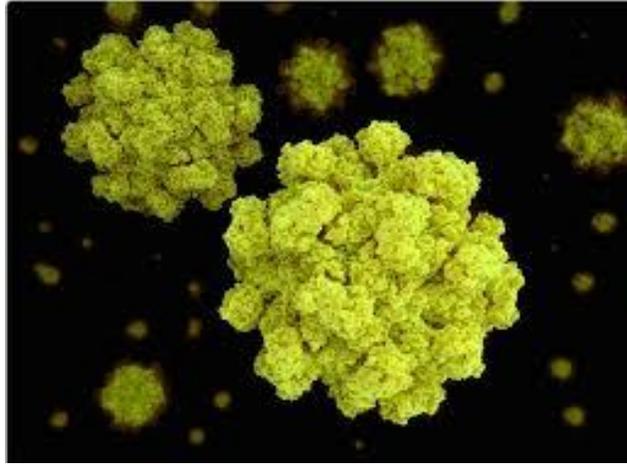
# Population Health Division (PHD) Organizational Chart – Executive and Branches

Revised January 2026



### Color Key

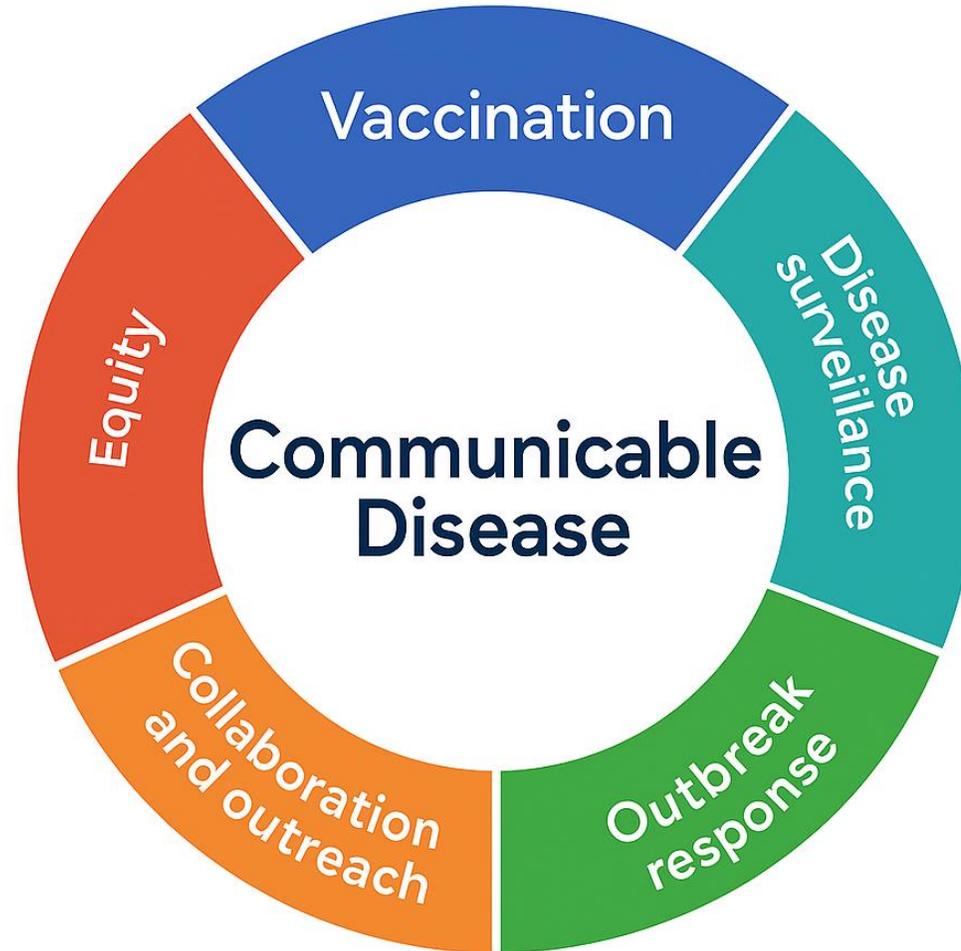
- PHD Executive Deputies
- PHD Branches
- Vacant Positions
- PHD Branches with Acting Director(s)
- DPH Liaison supporting PHD



# Our goal is to prevent outbreaks of communicable diseases

- Respiratory viruses
- Foodborne diseases
- Novel, emerging, and re-emerging diseases
- Vaccine-preventable diseases
- About 20 of these are vaccine-preventable diseases, but the rest (~60) are not
- Last year, CD responded to approximately 150 outbreaks

# Five pillars of communicable disease work



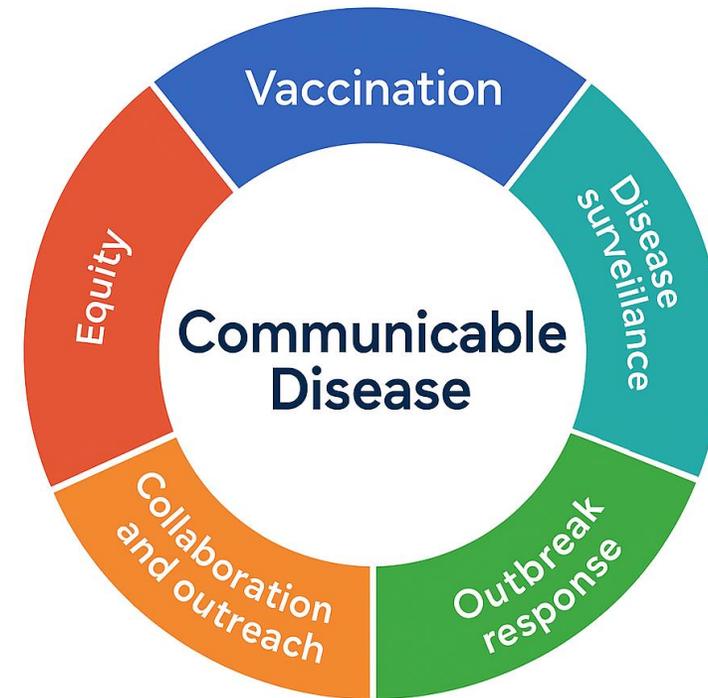
# Partnerships

- Internal partners: Environmental Health Branch, Public Health Laboratory, Office of Equity and Community Engagement, Public Health Emergency Preparedness and Response
- External partners: long-term care facilities, community-based organizations, schools, hospitals, clinics



# Illustrations of the five pillars in our work

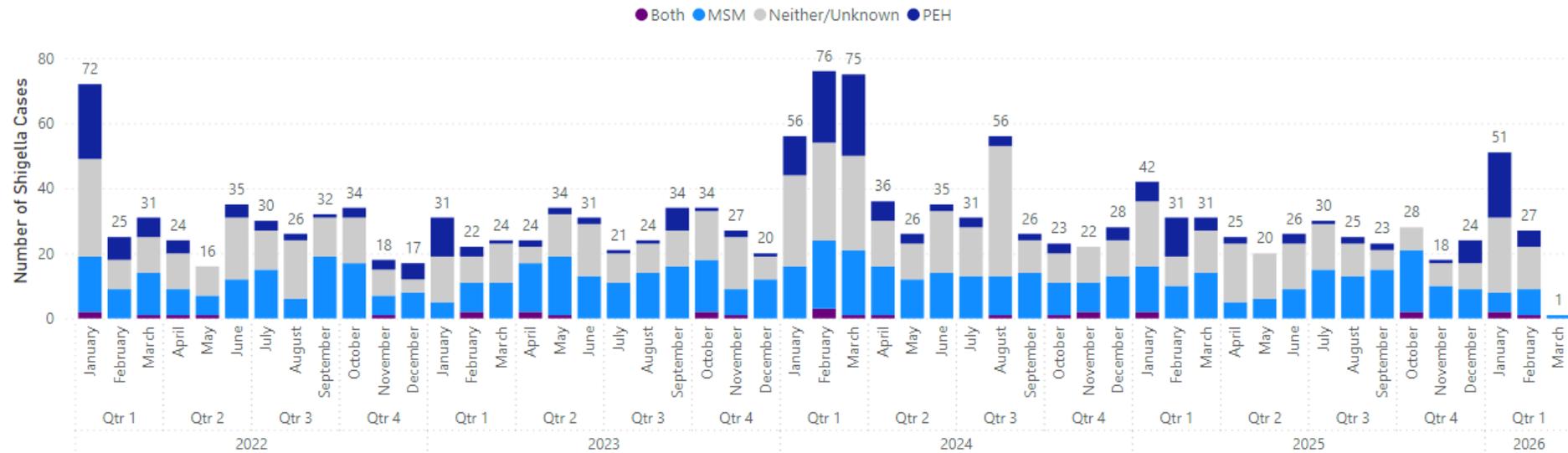
- *Shigella*
- Foodborne diseases
- H5N1 avian flu
- Respiratory diseases
- Measles



# We conduct surveillance for *Shigella* infections to understand trends and risk factors

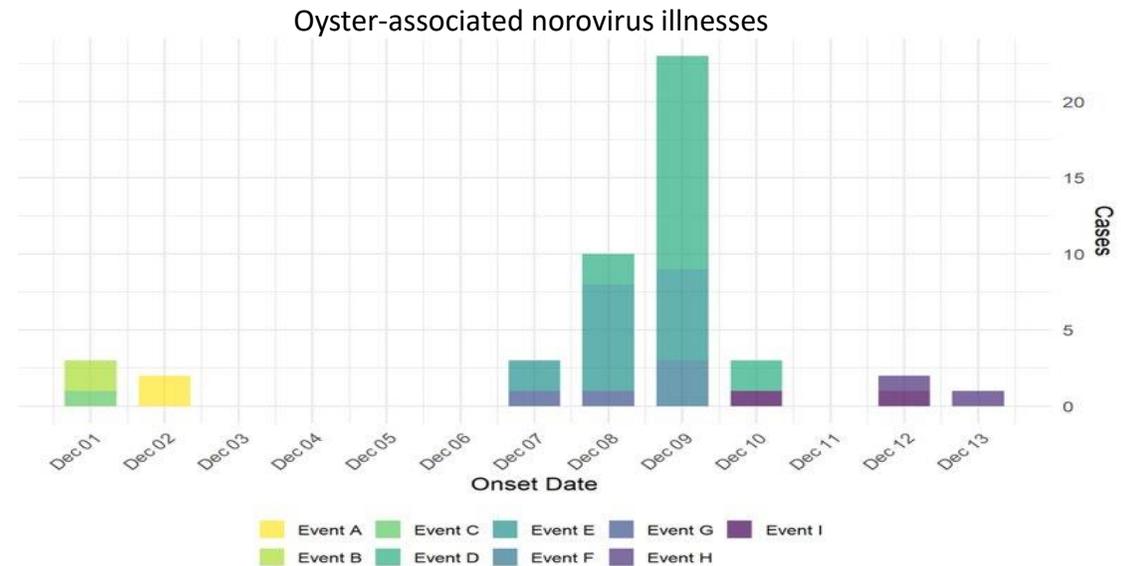
- Shigellosis is a diarrheal illness that disproportionately impacts specific populations
  - Men who have sex with men (MSM) and people experiencing homelessness (PEH)
- >2500 cases since 2017 with increasing incidence, including multi-drug-resistant cases
- Lower Social Determinants of Health score associated with increased incidence

Shigella Case Overview: PEH and MSM



# We routinely detect and respond to foodborne outbreaks caused by diseases such as norovirus

- Norovirus infections can be spread through food products or person-to-person
- In December 2024, we detected an increase in illnesses in San Francisco residents and determined that they were associated with oysters
  - 71 persons at 9 events during specified time period
- Collaboration with Environmental Health Branch and CDPH led to a national recall and no additional illnesses



**FDA Advises Restaurants and Retailers Not to Serve or Sell and Consumers Not to Eat Certain Oysters from British Columbia, Canada Growing Areas BC 14-8 and BC 14-15, Potentially Contaminated with Norovirus**

# We collaborated across DPH for the H5N1 bird flu Incident Management Team (IMT)

- Planning IMT to prepare for H5N1 bird flu infections in SF residents – a continuing threat
- CD Branch roles
- Collaboration with public health lab and all hospital systems in SF to scale up surveillance
  - Detected a human (January 2025) and a feline (July 2025) case
- Support to clinical partners for testing and guidance throughout SF
- Outreach through health alerts, media, and provider education
  - [sf.gov/healthalerts](https://sf.gov/healthalerts)



# We distribute and administer flu and covid vaccines with a lens towards equity

- Flu and covid vaccine are distributed to ~50 safety net providers
- Engage with CBO partners in education and direct services to vulnerable populations
  - Health education presentations to promotores and senior centers
  - Direct vaccination at neighborhood sites
- Adult Immunization and Travel Clinic (AITC) provides free covid and flu vaccine to uninsured patients



# Measles is a highly contagious and potentially fatal disease that is preventable through **vaccination**



- Measles is the “canary in the coal mine”
  - When measles vaccination rates drop below 95%, outbreaks become more difficult to control
  - 9 out of 10 unvaccinated people exposed to measles will become infected
  - Cases increasing in California and nationally
- Last measles case in SF was in 2019
- 2025-26 SF kindergarten measles vaccination rate is 98%
- Collaboration with healthcare providers to prepare for measles

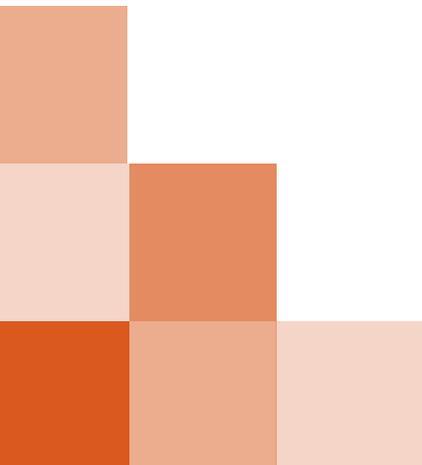


# Preparedness and the ability to surge support the five pillars

- Because of our regular work, CD staff are practiced in
  - Outbreak detection and response
  - Rapid data collection and analysis
  - Timely communications to healthcare providers and the public
  - Public health emergency operations
- Outbreaks can occur with many different diseases, including those not usually covered by the CD branch
  - Examples: tuberculosis, sexually transmitted infections, wild mushroom poisonings
  - Recently, CD supplied 7 staff for the TB outbreak and issued a health advisory about mushroom poisonings
- This flexibility and the ability to surge and pivot emerges from preparedness and cross-training



# Threats and opportunities

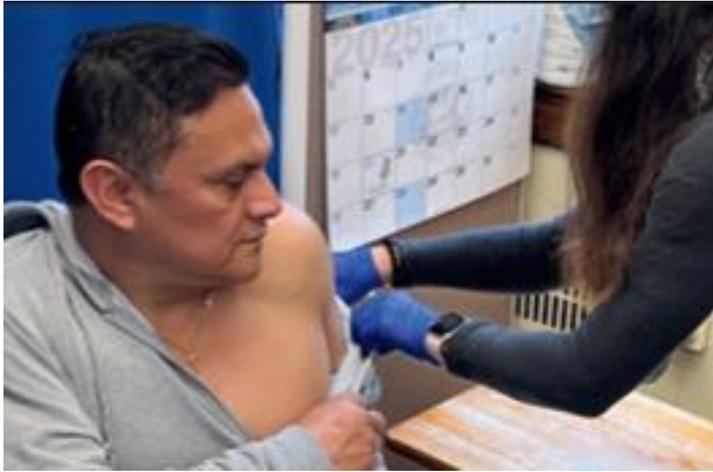


# California and the West Coast Health Alliance responded decisively to federal changes

- The CDC's Advisory Committee on Immunization Practices (ACIP) was replaced in June 2025
  - ACIP subsequently voted to remove the universal recommendation for a birth dose of hepatitis B vaccine
- In January 2026, CDC reduced the number of universally recommended vaccines for children from 17 to 11
  - Removed: hepatitis A & B, rotavirus, influenza, COVID-19, and RSV
- However, in California there have been no changes to recommended vaccines due to a September 2025 state law
  - School and daycare vaccination requirements remain unchanged
- Professional medical societies continue to recommend evidence-based vaccine schedules



# Vaccination landscape in San Francisco



- No cases of transmission of hepatitis B to infants since 2016
- Decreases in funding will impact our ability to distribute free flu and covid vaccines to safety net partners
- Federal Vaccines for Children (VFC) program has not been cut
- Vaccine access may become a greater problem
  - AITC will help vaccinate these patients



# Other threats and opportunities

- Decreased funding and changes in CDC infrastructure in the face of continued emerging disease threats
  - Less timely access to diagnostics, resources, and technical assistance
  - Less robust surveillance → increased risk and responsibility for local health jurisdictions
- Maintain situational awareness and problem solve with CDPH and other counties
- Continue to improve communication, collaboration, and coordination with clinical and community partners in SF



# Key takeaways

CD branch works with partners across the city and state to prevent outbreaks of communicable diseases

We do this through vaccination, disease surveillance, outbreak response, collaboration and outreach, and equity

Threats include changing vaccine recommendations from the federal government, decreased public health funding, and loss of health insurance

CD branch continues to work with partners to maintain vaccination rates and outbreak preparedness





# Thank you!

