





ADVANCING DIAGNOSTIC AND SURVEILLANCE TESTING: UPDATES FROM THE PUBLIC HEALTH LABORATORY

Presented to Community & Public Health Committee— December 15, 2026

Dr. Godfred Masinde, Laboratory Director



Agenda

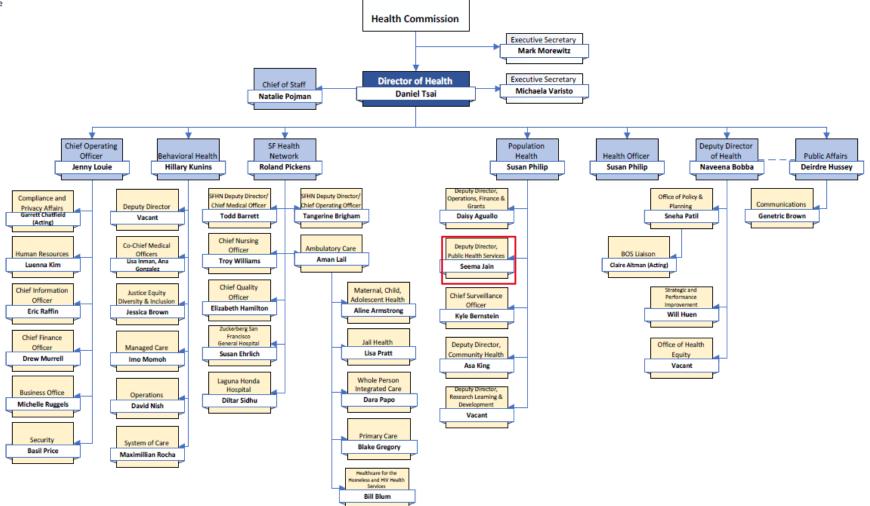
- Overview of the Public Health Laboratory
- Annual Testing Workload
- Preparedness: Staffing, Equipment & Data
- Laboratory Information Management System Modernization (LIMS) (Beaker Go-Live)
- Emerging Pathogens: Mpox & H5N1 Updates
- New Public Health Laboratory at Zuckerburg San Francisco General Hospital (ZSFGH) & Phased Move-

Closing



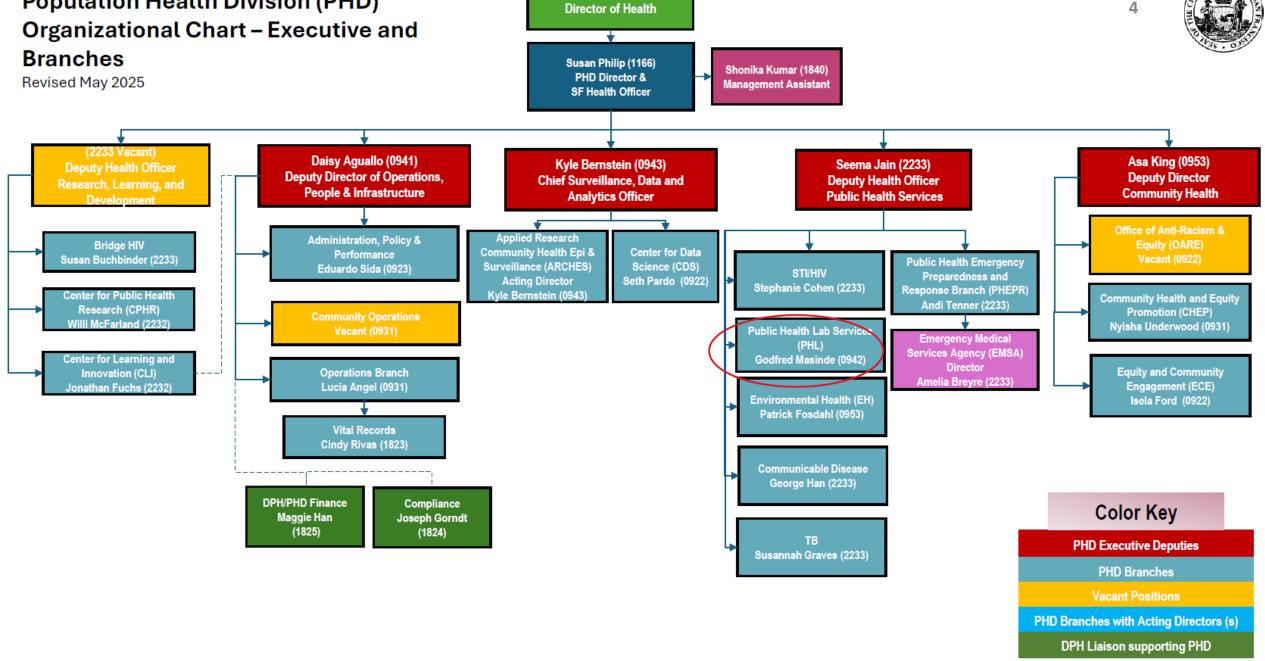


San Francisco Department of Public Health Daniel Tsai Director of Health





Population Health Division (PHD) **Branches**



Daniel Tsai



The 11 Core Functions



Disease Prevention, Control and Surveillance



Food Safety



Public Health Related Research



Integrated Data Management



Laboratory Improvement and Regulation



Training and Education



Reference and Specialized Testing



Policy Development



Partnerships and Communication



Environmental Health and Protection



Public Health Preparedness and Response

PHL's Mission within DPH

The purpose of the Public Health Laboratory is to provide accurate, timely and low-cost laboratory testing to support the diagnosis and prevention of communicable diseases.



How Public Health Laboratories Differ from Clinical Laboratories

Clinical Laboratories	Public Health Laboratory
Operate 24 hours a day, 7 days a week	Operate Monday–Friday, 8 a.m.–5 p.m.
Serve individual patients	Serve the entire community
Funded through billing and insurance reimbursement per test	Bill primarily Medi-Cal and a few private insurers; remaining work supported by public-health funds and grants
Focus on rapid turnaround and individual patient reports	Focus on disease surveillance, prevention, and outbreak response
Test for common or routine diseases	Test for rare, emerging, and reference pathogens
Report results to ordering physicians	Report results to health departments, CDC, and epidemiology programs

SF PHL Test Volumes

Legend:

STI – Sexually Transmitted Infections

CT – Chlamydia trachomatis **M. GC** – Neisseria gonorrhoeae
(Gonorrhea)

M. gen – Mycoplasma genitalium

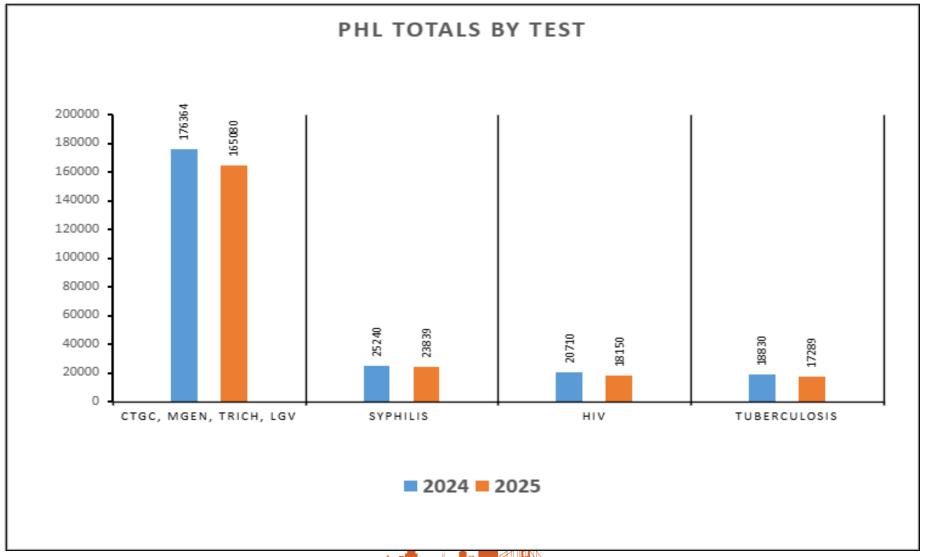
Trich – *Trichomonas vaginalis*

LGV – *Lymphogranuloma venereum* (a subtype of *Chlamydia*

trachomatis)

RPR – Rapid Plasma Reagin (Syphilis screening)

HIV – Human Immunodeficiency Virus





Prepared for Emerging Pathogens: Staffing, Equipment and Data Sharing



Public Health Laboratory Staffing and Capacity



The Public Health Laboratory is fully staffed and operating at full capacity.



The Lab processes more than 280,000 specimens each year across microbiology and molecular testing programs.



Current staffing includes:

- 15 Public Health Microbiologists
- 8 Laboratory Technicians
- 2 Operations and Administrative Support Staff



The team's expertise ensures seamless coordination across all testing programs.



Staffing levels support both high-volume routine testing and rapid emergency response under Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) and state mandates.



Diverse Equipment for Testing

Our lab uses a wide range of testing platforms, enabling us to perform over **280,000 tests per year** across all major programs.

Having multiple instruments provides three key benefits:

Redundancy: Testing continues even if one instrument is down.

Flexibility: Different platforms support HIV, hepatitis, TB, respiratory viruses, emerging pathogens, and sequencing.

Surge Capacity: We can rapidly scale up testing during outbreaks.

This diverse equipment ensures San Francisco has a **strong**, **reliable**, **and scalable public health laboratory system**.



CalREDIE

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

California Reportable Disease Information Exchange

Electronic Data Exchange

Faster data delivery to all



VRDL & MDL

Laboratories

Beaker Laboratory Information Management System (LIMS) Go-Live and Integration

Beaker LIMS is live and operational at PHL

Integration completed across ZSFG Clinical Lab, PHL, and Anatomic Pathology Lab

Advantages of unified LIMS:

- - Streamlined ordering and results reporting
- - Reduced manual data entry errors
- - Improved turnaround time and interoperability

Enhances alignment with Epic systems across DPH

Electronic orders from Oregon Community Health Information Network (OCHIN), Community Health Equity and Promotion (CHEP) and Adult Immunization and Travel Clinic (AITC).

Prepared for Emerging Pathogens: Updates, H5N1, Mpox, and Beyond



Mpox Response Timeline

May 17, 2022, 1st case Mpox Clade II in US

July 2022 CDPH shared their mpox generic assay with **SFPHL**

July 23, 2022, WHO declared a **Public Health Emergency of** International Concern

SFPHL developed and validated multiplex mpox Clade I and Clade II assay

September **2022 SPHL** updated multiplex assay mpox Clade I and Clade II assay include NVO target

August 2024 1st **Mpox Clade** Ib reported outside of **Africa**

























June 2022 CDC shared mpox assay with commercial labs

July 15, 2022, SFPHL started testing for mpox generic

CDC advised that mpox generic positives, specimen considered Select agents

August 2022, LA County reported a 600 bp deletion in the area targeted by the Clade II assay

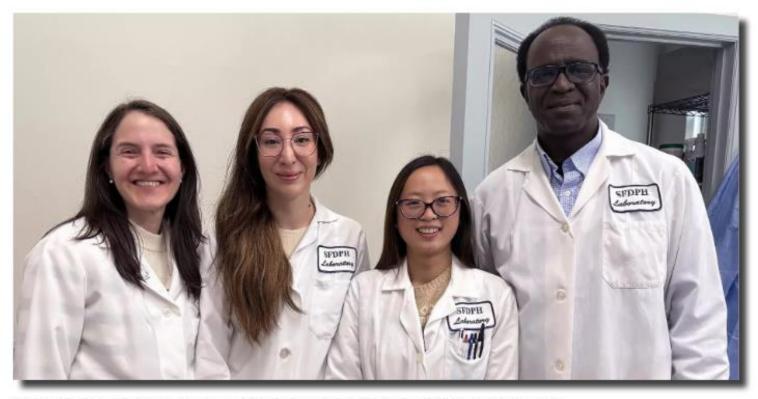
March 2023 SFPHL implemented mpox GX assay October 2024, SFPHL developed and validated a Clade I, **Clade Ib and NVO** assay



Lab Matters Publication

Testing Innovations in San Francisco Address Surge in Mpox Cases

By Rudolph Nowak, MPH, senior specialist, Marketing and Communications



San Francisco Public Health Laboratory's molecular team, from left, Lina Castro, Monica Jacinto, Annie Sheih and Dr. Godfred Masinde.



H5N1 Response Timeline

March 2024: H5N1 first detected in dairy cattle

October 2024: First CA human cases, Planning Incident Management Team established January 2025: First case of H5N1 in San Francisco resident

June 2025: CDPH deactivated State response to H5N1

















August 2024: California had its first cases in cows December 2024:
California State of
Emergency
proclaimed by
Governor Newsom,
PHL scaled up
testing

April 2025: Deactivated Planning IMT

July 2025: First case of H5N1 in feline



Building the Future of Public Health Laboratory Science



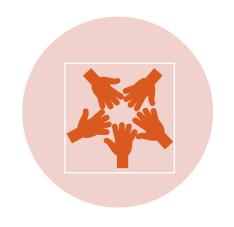
Understanding
Laboratory
Safety Levels
(BSL-1 to BSL-4)

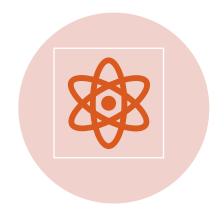
<u>Level</u>	Type of Agents	Typical Work	<u>Containment</u> <u>Features</u>	<u>Protective</u> <u>Equipment</u>
BSL-1	Nonpathogenic organisms (minimal risk)	Teaching labs, basic research	Open bench, handwashing sink	Lab coat, gloves, eye protection
BSL-2	Moderate-risk agents (cause mild disease)	Routine diagnostics, clinical testing	Biosafety cabinet, restricted access	Lab coat, gloves, face mask/shield
BSL-3	Airborne pathogens (serious infection risk)	TB, SARS-CoV-2, research or reference testing	Negative pressure rooms, sealed doors, HEPA filtration	Gown, gloves, respirator
BSL-4	Highly infectious, untreatable agents	Ebola, Marburg, Lassa virus research	Isolated facility, airlocks, chemical showers	Full positive- pressure suit, independent air supply



Building the Future of Public Health Laboratory Science







NEW LAB CONSTRUCTION
AT ZUCKERBERG SAN
FRANCISCO GENERAL
HOSPITAL (ZSFGH),
BUILDING 5.

PHASE 1 (2026): GENERAL TESTING AREAS GO LIVE (BSL-2) PHASE 2 (2027): HIGH-CONTAINMENT (BSL-3), MOLECULAR, RABIES MOVE-IN



New Public Health Laboratory Construction Progress-2



BSL3 BSL-2 LAB

More Than a Building — A Commitment to the City



Expanded capacity and resilience for future public health needs



Modern infrastructure for rapid outbreak response



Strengthened collaborations with clinical and academic partners



Protecting San Franciscans — SEPHL Team

SAN FRANCISC

SAN







THANK YOU!

Godfred.masinde@sfdph.org

Tel: 628-206-7100

Design by Mehroz Baig v. 2017-4-14

