



San Francisco Department of Public Health

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City and County of San Francisco
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Mayor

Director's Report for Health Commission Meeting of March 16, 2021

A current overview of issues affecting the state of public health in San Francisco
<https://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

San Francisco to expand COVID-19 vaccinations to people with disabilities and severe underlying conditions and those in high-risk congregate settings on March 15

Today, there are over 34,500 San Francisco residents with confirmed cases of COVID-19. And, sadly, a total of 446 San Franciscans have died. The San Francisco Department of Public Health (DPH) sends our condolences to their loved ones.

Starting on Monday, March 15, 2021, in accordance with the State's prioritization plan, San Francisco will begin vaccinating people ages 16-64 with disabilities or with qualifying health conditions considered to put them at high risk for contracting or dying from COVID-19. Additionally, under the State guidance, the City will vaccinate individuals who live or work in a high-risk congregate care facility including correctional facilities, homeless shelters, and other congregate residential care and treatment facilities. This will include all people experiencing homelessness, who could transition into congregate settings at a short notice.

Despite this expanded eligibility, vaccine doses remain in short supply, and healthcare providers have been advised to prioritize second doses in the coming weeks. As such, appointments for first vaccine doses are limited, and people who are eligible may not be able to get appointments right away.

Recognizing that defining eligibility based on specific qualifying health conditions may exclude individuals who are not currently receiving medical care or may create burdensome documentation requirements that would impact under-resourced clinics and communities, San Francisco is adopting eligibility criteria that expand on the California Department of Public Health's listed conditions and ensure low-barrier access to vaccines. Whereas the State more narrowly defines qualifying conditions, San Francisco will broaden the categories for cancer, chronic kidney disease, chronic pulmonary disease, obesity, and diabetes. Additionally, San Francisco will augment the conditions under the immunocompromised category, so that people living with HIV are included. Other eligible underlying health conditions include Down syndrome, pregnancy, and sickle cell disease.

Roughly 10% of San Francisco's population identifies as Deaf or disabled, and in order to better serve this diverse population, the City will expand the State's category for disabilities to include developmental, medical, physical, sensory, or behavioral health disabilities, including severe mental health and/or substance use disorders. To ensure low-barrier access to vaccines, San Francisco will



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not require vaccination sites that do not have access to patients' medical records to require proof of diagnosis and/or disability. Instead, patients may be asked to provide a self-attestation of their qualifying condition.

Congregate settings such as jails, homeless shelters, and behavioral health facilities, which house large concentrations of individuals with chronic health conditions, are considered high-risk for COVID-19 outbreaks. In anticipation of the State's authorization to proceed with vaccinating people living in congregate settings and who are not able to easily access vaccination sites, the COVID Command Center and SFPDH coordinated a series of mobile vaccination pilot programs to test strategies for reaching this population, as well as to begin vaccinating these communities. These pilots will help the City scale up its efforts to reach eligible people when increased vaccine supply allows.

People eligible to receive the vaccine on March 15 have multiple options for accessing the vaccine. They can ask their normal healthcare provider or book an appointment at one of the City's public sites listed at [SF.gov/getvaccinated](https://sf.gov/getvaccinated).

Muni and Paratransit are free for anyone traveling to and from COVID-19 vaccine appointments. The San Francisco Municipal Transportation Agency is also providing additional access to taxi service for those using the Essential Trip Card. Information can be found at sfmta.com/COVID and sfmta.com/Paratransit. In order to assist individuals with accessing appointments, the City has set up a call center to help people who are 65 and older and those with disabilities who are unable to easily access the internet or schedule an appointment through their provider. Individuals may call to learn about vaccine options and receive assistance in booking an appointment to some locations. The number is (628) 652-2700.

In partnership with the healthcare providers in San Francisco, which are receiving the majority of the vaccine doses from the State, the City is facilitating the quick and efficient delivery of vaccines through high-volume vaccine sites, neighborhood vaccine access sites, community clinics, pharmacy partnerships, and mobile vaccination teams. This week, the high-volume site at Moscone Center reached a milestone of 100,000 doses administered. This network of COVID-19 vaccination sites in San Francisco provides the capacity to vaccinate at least 10,000 people per day, pending supply.

Over the last week, an average of more than 5,000 vaccine doses a day has been administered in San Francisco. Although this rate of vaccinations is lower than what San Francisco is capable of, healthcare providers and DPH are still making good progress, with 27% of San Franciscans 16 and older having received their first dose, and are ready to ramp up vaccinations as supply increases and becomes more predictable.

San Francisco also remains committed to an equitable vaccination strategy, with a specific focus on reaching populations that have been disproportionately impacted by COVID-19. To that end,



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SFDPH has been focused on reaching communities that have been hard-hit by the pandemic, including the Latino community and neighborhoods in the Southeast of the city. San Francisco has located high-volume sites and neighborhood vaccine access sites in areas that have carried the burden of the virus, and is implementing other strategies to reach the most vulnerable populations where they are, including mobile vaccination teams.

Anyone who works or lives in San Francisco can sign up for a notification when they are eligible for vaccination at [SF.gov/vaccinenotify](https://sf.gov/vaccinenotify). The City will continue to provide regular updates to the public about the vaccine in San Francisco at: [SF.gov/covidvaccine](https://sf.gov/covidvaccine).

San Francisco reopens some businesses and activities as it moves into the State's Red Tier

On March 2, Mayor London N. Breed and Director of Health Dr. Grant Colfax announced that San Francisco would resume most businesses and activities that are allowed by the State, following the City's assignment by the State to the Red Tier based on COVID-19 case and hospitalization rates. With some exceptions, San Francisco's reopening aligns with what is permitted by the State. New and expanded businesses and activities reopened starting Wednesday, March 3.

With some exceptions, San Francisco is reopening in alignment with the activities allowed by the State. Additionally, the City is opening remaining activities allowed in the purple tier that had not yet reopened, such as personal services that require mask removal, and groups of up to six people from three households eating together outdoors. Additionally, San Francisco lifted its local nighttime hours limit for all activities except indoor dining, meaning that non-essential businesses and gatherings, such as outdoor dining, can continue past 10:00pm.

With the move into the red tier, middle schools and high schools that had not yet opened can resume opening with a COVID-19 safety plan approved by the San Francisco Health Officer. All other schools can already be open with an approved safety plan. As they have been able to do since September, all schools may provide in-person instruction and services to youth with disabilities, foster children, English learners, children experiencing homelessness, and children from families experiencing housing or food insecurity among others, without Health Officer approval.

Although San Francisco's new cases and hospitalization have been trending in a positive direction, the presence of the U.K. (B.1.1.7), West Coast (CAL.20c) and the South African (B.1.351) variants in the Bay Area represent a potential increased risk of contagiousness and greater community spread. Continued adherence to public health prevention measures such as wearing masks, washing hands and physical distancing can limit the impact of variants, particularly as indoor activities begin to open.

San Francisco continues to approach reopening with a lens of balancing the public health harms of COVID-19 transmission with the public health harms of economic stress and isolation. Although



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San Francisco is reopening some of the indoor activities allowed in the red tier, indoor activities, particularly those that require mask removal remain significantly more risky than outdoor activities.

People at risk for severe illness with COVID-19, such as unvaccinated older adults and individuals with health risks, and members of their household are urged to defer participating at this time in activities with other people outside their household where taking protective measures of wearing face masks and social distancing may be difficult, especially indoors or in crowded spaces.

Activities Resumed as of Wednesday, March 3, 2021:

- Indoor dining and food courts
 - Indoor dining at restaurants, bars serving meals, cafes and coffee shops, hotels, museums, and food courts in shopping malls may open at up to the lesser of 25% maximum occupancy or 100 people.
 - San Francisco will limit indoor dining tables to members of one household up to a maximum of four people and require indoor service to end by 10:00pm.
- Indoor and outdoor personal services
 - Personal services that require mask removal can take place outdoors and the service provider wears an N95 or other well-fitted mask.
 - Personal services that require mask removal can occur indoors if the service is provided at least 6 feet away from others and preferably in a separate room and the service provider wears an N95 or other well-fitted mask.
- Indoor fitness
 - Gyms and climbing walls may reopen indoors at up to 10% capacity.
 - Gentle indoor fitness classes such as stretching, yoga and meditation may operate within indoor fitness guidelines.
 - Indoor locker rooms and showers remain closed at this time. Indoor saunas, steam rooms and hot tubs remain closed per State rules.
- Indoor museums, zoos, and aquariums
 - Indoor museums, zoos and aquariums can open at up to 25% capacity with an approved safety plan.
- Indoor funerals
 - Funerals may take place indoors up to up to 25% capacity.
 - Simultaneous indoor and outdoor services may not take place.
- Indoor political demonstrations
 - Political demonstrations may take place indoors up to 25% of maximum capacity.
- Schools
 - Middle schools and high schools that had not yet reopened may resume reopening for in-person instruction with a COVID-19 Safety Plan approved by the Health Officer. Elementary schools may continue to reopen, as has been the case.



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- Outdoor stand-alone amusement rides
 - Outdoor stand-alone amusement rides like Ferris wheels, carousels, and train rides will open. Only one household can inhabit each separate space, such as a Ferris wheel cabin or train car.
- Indoor movie theaters
 - Indoor movie theaters may open at up to the lesser of 25% or 100 people capacity, but without food or beverage concessions.
 - If there are multiple auditoriums, each auditorium is limited to the lesser of 25% or 100 people provided the complex as a whole does not exceed 25% capacity.
- Indoor pools
 - Indoor swimming pools may open up to 25% capacity but only for basic swimming and drowning-prevention classes for children.
 - Outdoor pools remain open for broader uses.

The following activities may expand their operating capacity:

- Outdoor gatherings
 - Small outdoor gatherings of up to 12 people from three households can continue
 - Outdoor gatherings that involve food and drink may expand to up to six people from three households.
- Outdoor dining
 - Outdoor dining will expand from members of two households up to six people, to members of three households up to six people per table, and will remove the requirement that service end by 10:00 pm.
 - Additionally, for those businesses that had constructed barriers between tables in lieu of distancing before December 6, those barriers can remain. New barriers intended to replace the required 6 feet of distancing may not be constructed.
- Hotels and other lodging facilities
 - Hotels and lodging facilities can open dining and fitness facilities in accordance with guidelines.
 - Though San Francisco's travel quarantine for travelers from outside the Bay Area has lifted, the State's travel advisory requiring that non-essential travelers from out of state or beyond 120 miles quarantine for 10 days remains.
- Drive-in venues
 - Live entertainment with up to six performers can open in a drive in context of up to 100 cars, with one household per car.
 - In-person ordering or pick up of concessions may open if in a designated area with customer metering and eating or drinking in vehicles only.
- Real estate
 - Real estate showings must occur virtually or, if a virtual viewing is not feasible, by appointment without limits to the number of people viewing or showing the property.
 - Open houses are not permitted at this time.



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- Outdoor youth programs and out of school time programs
 - Out of school time programs for school-aged children and youth such as Community Hubs, youth sports, and afterschool programs, may increase outdoor cohorts to 25 children or youth.
 - Youth may only participate in one program at a time.
- Higher education and adult education
 - In-person classes at institutes of higher education, vocational education and adult education can take place outdoors up to 25 students.
 - If specialized equipment is required, classes can take place indoors at 25% capacity or if for a core essential service, without a capacity limit as long as 6 foot physical distancing can be maintained.
 - No indoor lecture classes may take place.
- Outdoor recreation
 - Doubles tennis and doubles pickleball can resume with members of up to four households.
 - Up to 12 people from three households may pursue outdoor low, moderate, or high contact sports.
 - If part of a supervised youth or adult league or club, outdoor moderate and high contact sports such as softball, field hockey, and gymnastics, as well as football, basketball, and soccer may resume for stable groups of up to 25 per team, following DPH safety precautions.
 - Competitions may only occur in county or with teams from adjacent counties (i.e., Marin, San Mateo, and Alameda) in an equal or less restrictive tier. Consistent with State guidelines, travel for out of state tournaments may not take place.

San Francisco's reopening updates is available online at [SF.gov/reopening](https://sf.gov/reopening).

San Francisco's isolation and quarantine program helps contain COVID-19 and preserve hospital capacity

A study of the isolation and quarantine hotel program that San Francisco launched early in the COVID-19 pandemic shows it successfully retained more than 80 percent of patients, helping contain the spread of the virus, and preserved hospital capacity for those who were sickest with COVID-19. The comprehensive evaluation of the isolation and quarantine (I/Q) program components and outcomes, believed to be the largest study of its kind nationwide, was published March 2, 2021 in the medical journal JAMA Network Open.

On March 19, 2020, two days after the Bay Area's historic shelter-in-place order took effect, the SFDPH admitted its first patient to the I/Q hotel program that would grow to include several hotels and serve more than 3,300 people in its first year. The program was created to provide a safe place –



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for anyone in San Francisco, but particularly for people experiencing homelessness – to isolate if they tested positive for COVID-19 or to quarantine if they were exposed to the virus.

The cohort study of 1,009 I/Q patients found that more than 80 percent completed their recommended length of stay. A team of nurses and health workers, supervised by physicians, provides I/Q guests with around-the-clock support including symptom monitoring and wellness checks, three meals a day, and harm reduction services and medication. Guests also may bring their pets and store their belongings during their temporary I/Q stays.

The study also found that just 13 (4 percent) of the 346 I/Q patients who were referred into the hotel program from the county hospital had to return to the hospital as their COVID-19 illness progressed. Direct transfers to the I/Q program from outpatient and emergency departments helped avoid many hospital admissions, maintaining hospital capacity for the patients who needed it the most.

The I/Q hotel program is a subset of San Francisco's alternative shelter program, a quickly mobilized emergency response that has served more than 9,600 people in I/Q, shelter-in-place hotels, shelters, and safe sleeping sites since March 2020.

SFDPH is just one of many City agencies involved in the local COVID Command Center. The Human Services Agency has managed the properties and provided more shelter-in-place hotel rooms per capita than any county in California. The Department of Homelessness and Supportive Housing has ensured that patients discharged from isolation and quarantine are offered a safe place to stay and a path from shelter to housing. Community-based organizations have been invaluable in referring patients to I/Q sites and – for those who could safely isolate or quarantine at home – in supporting them with food, cleaning supplies and other resources.

Drs. Jonathan Fuchs and Hemal Kanzaria were joined in this study by authors from SFDPH, the Departments of Medicine and Emergency Medicine at UCSF, the Benioff Homelessness and Housing Initiative at UCSF, and the Division of HIV, Infectious Diseases and Global Medicine at Zuckerberg San Francisco General Hospital. The research study was supported by the Benioff Homelessness and Housing Initiative at UCSF, funded by San Francisco-based philanthropists Lynne and Marc Benioff.

Street Crisis Response Team issue brief

San Francisco's Street Crisis Response Team (SCRT) pilot program continues, with the second team having launched on Feb. 1, 2021. Following 911 call volume and time-of-day data to determine need, as we did when the first team launched in the Tenderloin in December 2020, the second team's focus is on the Castro-Mission area. The City is working to have six teams live by the end of March, expanding SCRT's operating hours and geographic reach to citywide and 24/7 coverage.



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SCRT is a multi-agency effort involving SFDPH, the Fire Department, and the Department of Emergency Management. Each team includes a community paramedic from the San Francisco Fire Department, a DPH-contracted behavioral health clinician from HealthRIGHT 360, and a DPH-contracted behavioral health peer specialist from RAMS, Inc.

Early data from the just first two months of operations show that SCRT is successfully resolving more than 70% of its encounters with therapeutic de-escalation and the client safely remaining in the community. The first team answered 199 calls for service in its first 51 operational days, handling 20% of the 911 calls of the “800-B” type (traditionally known as “mentally disturbed person” calls that do not involve a weapon) with a trauma-informed, behavioral response rather than law enforcement. Seven of these calls resulted in the initiation of a 5150 Welfare and Institutions Code (WIC) involuntary psychiatric hold with transportation being provided by an ambulance. The average response time was approximately 15 minutes from dispatch to arrival on scene. The team reversed two overdoses that they observed in the community and provided transport to social and medical/behavioral services.

In each of these cases, in the absence of the SCRT, the client would have had an encounter with law enforcement. Through the implementation of the SCRT, the City seeks to fundamentally change how we respond to people experiencing a behavioral health crisis on our streets. This team is part of broader efforts to have a health-first response in our communities, especially communities of color, in order to reduce law enforcement response to non-violent activity. This shift will mean police can focus their efforts on public safety situations that they are uniquely qualified to handle. The SCRT team will create a more innovative, efficient, and effective system that disrupts the cycle of justice involvement, mental health, and addiction crises we see on our streets.

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