



Population Health Division

Select Accomplishments FY 21-22

Emergency Medical Services Agency (EMSA)

From John Brown, MD, EMSA Medical Director

Stroke System Upgrades. In light of the continuing burden of stroke in various underserved San Francisco communities and the new development of a comprehensive stroke center, we are instituting a rapid stroke re-triage system so that patients with large vessel occlusion strokes who self-present to our stroke centers that do not do clot, retrieval can be rapidly transported to an intervention capable center by 911 ambulance. We are working with the stroke centers to improve field triage of stroke patients and may tier our stroke system as a result of our data review on stroke patients.

Ambulance Patient Offload Times (APOTs) and Ambulance Diversion Improvements. Policy revisions that are designed to improve and APOT goals and ambulance diversions. The first steps in this process are being implemented over the next 3 to 6 months. We have convened a workgroup with representatives from the hospital systems to develop and implement best practices in reaching the data targets, which we anticipate input from the California Emergency Management System Authority in the future. Our goal is to keep Emergency Department treatment spaces as open and available as possible as they are the primary safety net for our underserved populations to assure access to care with their medical emergency.

Inter-County Collaborations. We are working with Alameda and Contra Costa County Emergency Medical Service Agencies to bring a three-county Critical Care Transport-Paramedic certification and system into place for more rapid interfacility transfer of patients with time-sensitive conditions who require high levels of care in transport. In addition, Zuckerberg San Francisco General (ZSFG) is working to develop an in-house Interfacility Transport Capability to both retrieve such patients (trauma, stroke, etc.) for the hospital, but also to more rapidly transfer eligible patients to lower levels of care, freeing up space in Psychiatric Emergency Services (PES) and the Emergency Department for new patients.

Base Hospital Physician Supervision. We have implemented enhanced physician oversight in EMS by more frequent dedicated Base Hospital Physician shifts at ZSFG. In addition, at three times a month, a physician participates in a response vehicle in the EMS system taking calls with EMS providers to assist with difficult patient dispositions, assist with and observe treatments and provide education, quality improvement, feedback and research. This will eventually become monthly and is staffed with EMS physician faculty from ZSFG and EMS fellows from the EMSA.

Environmental Health Branch (EHB)

Patrick Fosdahl, MS, REHS, EHB Branch Director

The Environmental Health Branch is the regulatory branch for the Department of Public Health. The branch enforces the nearly 50 Health Codes and regulations through over 30 separate programs. To name just a few; Agricultural Program, Food Program, Children's Environmental Health Promotion (Lead), Hazardous Materials and Waste, Healthy Housing, Hunters Point Shipyard, Solid Waste (refuse services), Retail Tobacco, Massage and Body Art, Weights and Measures and Water Quality. These programs process applications, issue permits, respond to complaints and conduct inspections. Combined, these programs performed over 17,000 inspections last year.

COVID Response Activities. In April 2021, EHB took over the Community Education and Response Team (CERTs) role in responding to 311 Health Order complaints and conducting after-hours inspections. We had a rotation team monitoring the 311 calls 24/7 and another team working the evenings and weekends. During this time, we responded to thousands of 311 complaints. Including, one weekend where our team conducted a record of 135 inspections and issued 21 notices of violations.

EHB helped move the City from the Purple Tier to the Red Tier to the Enhanced Orange Tier to Orange and finally the Yellow Tier. Each time the Health Order and Tier was changed, EHB sent out email communications to thousands of San Francisco businesses, distributed handouts, responded to phone calls and participated in the City-wide webinars. By the time the State color tier system ended last year, EHB had performed over 8,200 compliance inspections, issued over 2,200 notices of violation, and closed around 40 businesses including an In-N-Out burger which made national news.

The Environmental Health Branch (EHB) provided staff that fulfilled key positions in the Incident Command Structure at the COVID Command Center. They included:

- June Weintraub – COVID Information and Guidance Branch Content Team and continues to serve in this role.
- Jonathan Piakis – COVID Health and Safety Officer – Environmental Health Branch
- Karen Yu – Environmental Health Operations Liaison to the COVID Command Center
- Rachel Cheng - Environmental Health Operations Liaison to the COVID Command Center
- Jen Callewaert - served as the Director of non-emergency supplies COVID Command Center
- Antoniette Flores - served as the Director of non-emergency supplies COVID Command Center
- Steven Scott – COVID-19 Response Outbreak Management Unit
- Uzziel Prado – COVID-19 Disease Response Unit (CDRU), Cluster Monitoring and Exposure Notification Team
- Mina Mohammadi - Epi and Surveillance team, under the Case Investigations team

Curbing Illegal Vending. San Francisco has experienced a growing number of illegal food cart vendors throughout the City. These illegal vendors sell food that may come from unpermitted sources, is prepared using unauthorized equipment which could pose foodborne illness threats to unsuspecting customers. Illegal vending is a priority for the Mayor's Office and the EHB's Mobile Food Program has coordinated with the Port Authority, Police Department and Public Works to form a task force to address this issue. EHB has had a team assigned to the Union Square neighborhood, the Embarcadero and special events issuing citations and impounding illegal equipment. Thanks to the neighborhood teams' efforts, many illegal and dangerous carts have been removed from the streets.

Water Program and Emergency Response Teams. Our Water Program detected elevated fecal coliform in the windsurfer beach area of Candlestick Park. The program was able to identify the nearby 57

recreational vehicles (RVs) and 100+ vehicles as the likely source. Staff worked with community groups, State Parks and Board of Supervisor Walton's Office (District 10) to address the issue. This area was flooded when the heavy rains hit last year, and the Department of Emergency Management declared the area an emergency. EHB's Emergency Response Team worked with other City agencies to remove hazardous materials, relocate the campers, and abate the emergency.

Children's Environmental Health Promotion. The City and County of San Francisco is in the process of receiving a total of \$21,587,331 as a part of a settlement reached with lead paint manufacturers. EHB's Children's Environmental Health Promotion program is working with the City's Department of the Environment and Rebuilding Together San Francisco to use this money to proactively replace doors and windows in homes constructed before 1950. The program is focused on the three zip codes in San Francisco which have historically had children with elevated blood lead levels.

Agricultural Program. An invasive plant species named false yellowhead was found to be growing on the Hunters Point Naval Shipyard land. This species has only been identified as growing in one other area of the State. This plant is a category A invasive species. Our Agricultural Program provided the oversight for its removal.

Asbestos Program. EHB's Asbestos Program concluded a lengthy case involving flagrant violations of asbestos rules and regulations. This case was ultimately presented before a judge in the Superior Court who upheld penalties exceeding \$1 Million.

Tenderloin Linkage Center (TLC). EHB Manager, Jennifer Callewaert was activated as the Plans Deputy Chief, during the declared Tenderloin Emergency to develop the strategic plan for the Tenderloin Linkage Center (TLC). This plan formed the strategic model for the TLC and the required coordination between the many City partners.

Refuse Collection. Our EHB Solid Waste Program successfully amended the 1932 rules and regulations for refuse collection. This project involved many hours working with the City Attorney's Office, an extensive public comment period and two hearings before the Health Commission. This effort was highlighted in the DPH-PHD March Newsletter.

Integrated Data Tracking System. EHB is working with a contractor named HealthSpace to create a comprehensive database which will replace the current 17 separate databases and tracking systems the Branch is currently using. This massive project started back in January 2020 and is projected to go into next year. When it is completed, the Branch will be able to conduct paperless field inspections using tablets and track data across all programs.

Food Donations to Reduce Organic Wastes. The State of California passed SB 1383 which mandates reductions in organic waste disposal and encourages permitted food establishments to donate food rather than disposing of it. EHB is in the process of creating a MOU between EHB and the Department of the Environment and in implementing the ordinance for this new program.

EHB Employee Recognitions. The following EHB staff were acknowledged and/or highlighted in the past year:

- June Weintraub was asked to serve as the chair of the full EPA Science Advisory Board and as a member of the Drinking Water Committee which is a great honor.

- The Environmental Health Branch’s Retail Tobacco Program and the Community Health Equity and Promotion Branch work around eliminating flavored tobacco products in San Francisco was reviewed very favorably in the British Medical Journal.
- Beronica Slattengren, Manager of Site Mitigation and Waste Management Program, was elected to serve as Co-Vice Chair of the regional Enforcement Advisory Council for a two-year term.

Other EHB Highlights.

- EHB staff coordinated a holiday coat donation drive which resulted in about 30 coats being donated to the Community Assessment and Services Center and we had staff who volunteered to participate in the feeding the 5K event.
- Tobacco Program hosted two interns from the Mayor’s Office and Human Rights Commission Opportunities for All Program.
- EHB has a long history of working with local high schools around internships through the FACES and Youth Works Internship programs. Seretha Brewer has been one of the leads in introducing high school kids to the wonderful world of Environmental Health. This year she will be participating in the 2022 Bay Area Science Festival for high school age kids at Oracle Park.
- EHB’s Children’s Environmental Health Promotion and Vector Control Program had an education and outreach booth at the Autumn Moon Festival.

Public Health Emergency Preparedness and Response (PHEPR)

Andrea Tenner, MD, PHEPR Director

- Provided leadership for both the COVID Task Force and then the DPH Tenderloin Emergency Response
- Continued to provide subject matter expertise across multiple branches of the COVID Task Force
- Continued to respond to and facilitate information sharing during concurrent emergency events, including winter storms, power outage, and cold snap events.
- Continue to hold weekly calls to facilitate information sharing among the hospitals in the City related to the various emergency responses.

Center for Data Science (CDS)

Seth Pardo, PHD, CDS Director

Seth Pardo, Ph.D. is a nationally recognized researcher and public health advocate who has led several interdisciplinary initiatives aimed to educate providers, early career professionals, and students on social determinants of health for underserved or marginalized communities. Dr. Pardo received his Ph.D. from the Department of Human Development at Cornell University with concentrations in Cognitive and Developmental Psychology and Feminist, Gender, and Sexuality Studies, and has completed 10 years of advanced training in In-Depth Communication from the International Institute for Humanistic Studies. Specializing in both academic and public health settings, Dr. Pardo has co-led federally-funded research as well as hosted, developed and presented workshops on sexual health, HIV prevention, substance use and recovery, diversity and inclusion, cultural humility, medical necessity of gender affirming surgeries, and predictors of healthy development. He has led initiatives to develop innovative solutions to move cultural competence from abstract ideas to implemented best

practices. Seth has served SFDPH since 2012 as a Lead Program Evaluator and Epidemiologist with the San Francisco Health Network, Behavioral Health Services.

The activities formerly organized under the [Program on Health, Equity and Sustainability \(PHES\)](#) are now organized under the Center for Data Science (CDS). These included transportation and health, environmental health analytics, climate change and other data requested programs. The following are a couple of CDS initiatives, in addition to its staff supporting the COVID Task Force.

Chronic Disease Collaboration. CDS is working closely with Christina Goette and the Community Health Equity and Promotion (CHEP) Branch on soda tax and chronic disease data science initiatives.

Climate Change initiatives. The San Francisco Department of Public Health's Climate and Health Program works to prepare San Francisco for the health impacts of climate-related hazard events, such as extreme heat, wildfire smoke, sea-level rise, and pre-emptive power shutoffs through research, epidemiology, data analysis, outreach and engagement, and interdepartmental planning and coordination.

Over the last 12 months, the Climate and Health Program accomplishments include:

- The San Francisco Department of Public Health was selected as one of nine states and two local health departments to receive 2021 - 2026 funding through the CDC Climate Ready States and Cities Initiative (CRSCI).
- In 2021, the Climate and Health Program started representing the Department of Public Health in ClimateSF <https://onesanfrancisco.org/climateSF> a comprehensive multi-agency effort to coordinate San Francisco climate change-related programs. The Climate and Health Program works to ensure that ClimateSF actions center public health and use health equity data to design actions and allocate resources.
- In San Francisco, extreme heat events and wildfire smoke events are increasing in frequency and intensity. These events have significant, cascading, and compounding impacts on public health. In 2021, the Climate and Health Program, with the Office of Resilience and Capital Planning (ORCP), started the Heat and Air Quality Resilience Project (HAQR), a cross-sectoral and interdepartmental initiative to support short-term extreme heat and wildfire smoke emergency response actions with the medium-to-long-term resilience actions necessary to make the City more resilient to these events year to year to year. Over the last year, over 100 people representing City, Community, Academic, and Regional stakeholders have participated to in HAQR convenings to share best practices, identify and prioritize resilience strategies, and advocate for resources.
- Outreach and Engagement activities have included: co-chairing the National Association of City and County Health Officials (NACCHO) Global Climate Change and Health Work Group, presenting at Lawrence Berkeley National Labs Cool Buildings Plenary, delivering a virtual United States Congressional Staff-level briefing on how local health departments respond to the health impacts of extreme heat, and presenting at APHA.

Community Health Equity and Promotion Branch (CHEP)

Tracey Packer, MPH, CHEP Director

Listed and described below are selected CHEP program accomplishments in the past year while most of CHEP staff balanced their assignments between CHEP and the COVID Task Force.

Newcomers Health Program. The Newcomers Health Program is a clinic and community-based health program with the mission to promote the health and well-being of refugees, asylees and immigrants throughout San Francisco. Our staff collaborates with health centers, community-based organizations and public health programs to respond to the health and social needs of refugee and immigrant

The infographic features the title "Newcomers Health Program" at the top. Below it, a word cloud lists countries: guatemala, burma, honduras, afghanistan, el salvador, nicaragua, and brazil. To the right, a world map highlights the Americas. Text on the right states: "73 refugees, asylees, and new immigrants connected to quality health care. July 2021 - March 2022". At the bottom, it says: "Monthly New Asylee Orientations to educate and inform new arrivals on benefits and healthcare services in San Francisco" and "Staff Languages: English, Spanish, Arabic, Russian, Mongolian, Cantonese, Mandarin, Taishanese". A small URL "SFPDH Newcomers Health Program" is in the bottom right corner.

communities. Newcomers Health Program is a program of the San Francisco Department of Public Health implemented in collaboration with the International Institute of the Bay Area, and Family Health Center's Refugee Medical Clinic. Through these and other collaborations, and a range of clinic- and community-based programs and services, we promote the health and well-being of refugees and immigrants in San Francisco.

Community and Home Injury Prevention Program for Seniors (CHIPPS). Injuries are preventable. Falls are a threat to the health of older adults and can reduce their ability to remain independent. However, falls are NOT something that just happen when you age. There are proven ways to reduce falls and other injuries and ensure safety of seniors in their homes. The most likely injury leading to hospitalization or death for seniors is a fall, and the most likely

The infographic features a photo of two smiling women. Text on the left reads: "San Francisco Department of Public Health", "CHIPPS COMMUNITY & HOME INJURY PREVENTION PROGRAM FOR SENIORS", and "Be Safe and Prevent Falls in Your Home". On the right, the title is "Home Safety Assessments & Minor Home Modifications for Older Adults and People with Disabilities". A list of accomplishments includes: "12 Community Presentations on Home Safety, Injury and Falls Prevention", "69 Personalized Home Safety Assessments", "Average age served: 76", "Staff Languages: English, Spanish, Russian, Mongolian, Cantonese, Mandarin, Taishanese", and "62 Minor home safety modifications & installations including: Grab bars, Handrails, Hand-held shower head, Shower/tub chairs, Tub rails/clamps, Raised and railed toilet seats". At the bottom, it says "(July 2021-March 2022)" and "SFPDH - CHIPPS".

place for seniors to fall is in their own home. The CHIPPS program provides:

- Home safety assessments and falls prevention tips for seniors in their homes
- Minor home safety modifications
- Home safety education presentation to community groups of seniors and caregivers, and agency staff

Drug Use. The following is a list of CHEP's activities and accomplishments related drug use:

- OPT-IN team (from both CHEP and Ambulatory Care's Street Medicine) began providing HIV/HCV/STI testing at the Tenderloin Linkage Center (TLC) in March 2022. On their first

day of testing, they confirmed a reactive syphilis case which they were able to treat immediately onsite.

- In response to the recent overdoses in the Mission, we worked with the Drug Overdose Prevention and Education (DOPE) and National Harm Reduction Coalition (NHRC) to develop a plan to provide bilingual overdose recognition and response trainings to Latinx community groups (Latino Task Force).
- CHEP team members continue to fill important roles at the Tenderloin Linkage Center (TLC) ranging from developing contracts, staffing and mentoring front-line Disaster Service Workers (DSWs), and participating on the training and capacity building team to ensure all staff and community based organization partners have a knowledge of trauma informed client centered care.
- CHEP team completed 35 surveys from people who use drugs on services available at the TLC. The results of the surveys will help guide policies and expansion of the TLC.
- Glide is partnering with the San Francisco AIDS Foundation's (SFAF) Syringe Access Services to provide HIV/HCV/STI testing at the mobile syringe site on Monday afternoons. We are aiming to include low-barrier medical services at this site this year.
- CHEP & NHRC/DOPE are presenting on the Single Room Occupancy Tenant Overdose Response Organizers Project (SRO TORO) Project at the National Healthcare for the Homeless Conference in Seattle in May 2022.

Sugary Drinks Distributor Tax (SDDT). The following is a list of CHEP's activities and accomplishments related to the City's SDDT Ordinance:

- *Analysis of sugary drink sales.* The Sugary Drinks Distributor Tax team, in the Community Health Equity and Promotion Branch, has had the pleasure of working with the Center for Data Science (CDS) over the past several months. CDS Director Dr. Seth Pardo brought on an MPH intern Fahimeh Jamshidi to analyze a data set of sugary drink sales from the past four years. The data analysis will be presented at the Sugar Drinks Distributor Tax Advisory Committee (SDDTAC) in April 2022. These data are important and valuable because they help describe the impact of the soda tax in San Francisco. The partnership between CDS and CHEP has yielded critical data, provided learning opportunities for our next generation of epidemiologists and begun a discussion on how to weave this work into other areas within PHD and DPH.
- *2022 SDDT Annual Report and Budget Recommendations.* We are happy to share that the SDDTAC has submitted the [2022 SDDT Annual Report and Budget Recommendations](#) for FY 22-23 and FY 23-24 to the Mayor's Office and Board of Supervisors. The committee is grateful for the community's valuable input to ensure that community needs are representative of the budget recommendations. The SDDT Advisory Committee recommends investing in sugary drinks distributor tax dollars to issues that communities care about including:
 - Equitable access to healthy food for low-income people and students
 - Food security
 - Access to safe and affordable physical activity

- Oral health
- A built environment that ensures access to the aforementioned, including
- An awareness/educational outreach campaign, and
- A one-time infrastructure and capacity building grants for community-based food organizations to prepare them to access Medi-Cal funding for meals and groceries
- SDDT Evaluation Report FY 2020 – 2021

The evaluation findings for fiscal year 2020 – 2021 are also included in the Annual Report and Recommendations, but it is also available separately at

<https://cts.vresp.com/c/?ShapeUpSanFrancisco/c05b5db4aa/TEST/aedf72beab> includes key findings and recommendations and documents some of the outcomes of work supported with SDDT funds as well as the impact that the tax had on the purchase and consumption of sugary drinks in San Francisco.

Disease Prevention and Control - Tuberculosis Clinic (DPC – TB clinic)

Stephanie Cohen, MD, Acting DPC Director

Susannah Graves, MD, TB Clinic Director

The Disease Prevention and Control (DPC) Branch protects the health of San Francisco residents and visitors through public health clinics (Tuberculosis/TB Clinic, City Clinic, the Adult Immunization Travel Clinic/AITC). DPC also houses the Disease Intervention Specialists who work directly with the public to improve health for individuals and for entire communities by ensuring best treatment and helping prevent the spread of many types of communicable diseases.

Listed below are some of DPC’s accomplishments from the TB Clinic and Program:

- Successful Epic implementation at TB Clinic (and for all DPC clinics!),
- Implementation of best practices for older populations in TB Clinic including: Mini-Cognition and Clinical Frailty Scale screening assessments for all patients with active TB disease managed by TB Clinic.
- Expansion of access to interferon gamma release assay (blood) testing for TB for outpatient and inpatient clinical units on the ZSFG campus to include weekday afternoon as well as Sunday hours. This is the preferred test for most of the populations at highest risk for TB including immigrants from high-incidence countries where Bacillus Calmette–Guérin (BCG) vaccine is given.
- Epic SmartSet clinical decision making aid for primary care providers implemented for SF Health Network in 2021.
- National TB Program Objectives – National 2025 targets achieved in 2021 (National TB Program Objective Targets are based on 90th percentile performance).
 - a. 99% of reported TB cases alive at diagnosis have known HIV status, meeting the National target for 2025, (Far exceeding California 2020 average of 89%, National

2020 average of 89%. Note: California/US 2021 metrics have not yet been released.

- b. 94%* of contacts to smear-positive TB cases completed an evaluation for TB, meeting the National target for 2025 and exceeding the California 2019 average 74%, National 2019 average of 75%. (*prelim report) Note: 2020 and 2021 California/US metrics have not yet been released.

Applied Research, Community Health Epidemiology and Surveillance (ARCHES)

Wayne Enanoria, PhD, ARCHES Director

Applied Research, Community Health Epidemiology and Surveillance (ARCHES) Branch conducts public health surveillance on communicable diseases such as HIV, STIs, Hepatitis A, B and C, Tuberculosis and other reportable diseases.

HIV surveillance is doing a lot during COVID to maintain a high quality surveillance program and data which I do not take it for granted. I list a few successes and special analysis/projects below. You can decide if or what you want to include.

1. HIV surveillance continued to meet or exceed all CDC process and outcome standards during COVID even with many staffing and telework challenges.
2. Process standards all met: death ascertainment, lab reporting, geocoding and data linkage, cluster detection and response
3. Outcome standards all exceeded:

Measure	Standard	Result
Completeness and Timeliness of Case Ascertainment	Did your surveillance program ascertain at least (\geq) 95% of the expected number of cases diagnosed with HIV infection in 2020 by the end of December 2021?	99% (target met)
	Did your surveillance program ascertain at least (\geq) 90% of the expected number of cases diagnosed with HIV infection in 2020 within 6 months of date of diagnosis, assessed at the end of December 2021?	96% (target met)
Intrastate Duplicate Review	Were there less than or equal to (\leq) 1% duplicate case reports among all (cumulative) cases reported to your surveillance program through December 31, 2020 by the end of December 2021?	0% (target met)

Measure	Standard	Result
Routine Interstate Duplicate Review (RIDR)	Were at least (\geq) 98% of the pairs on your RIDR list received in January 2021 resolved by June 30, 2021?	100% (target met)
	Were at least (\geq) 98% of the pairs on your RIDR list received in July 2021 resolved by December 31, 2021?	100% (target met)
Cumulative Interstate Duplicate Review (CIDR)	Were at least (\geq) 80% of the pairs on your CIDR list received in 2018 resolved by December 31, 2021?	93% (target met)
Risk Factor Ascertainment	Did at least (\geq) 80% of HIV cases newly reported to your surveillance program in 2020 have sufficient risk factor information to be classified into a known HIV transmission category by the end of December 2021?	95% (target met)
Completeness of Initial CD4	Did at least (\geq) 85% of cases among those 13+ years diagnosed with HIV infection in 2020 have a CD4 count or percent based on a specimen collected within one month following their initial diagnosis, by the end of December 2021?	94% (target met)
Completeness of Initial Viral Load	Did at least (\geq) 85% of cases among those 13+ years diagnosed with HIV infection in 2020 have a viral load based on a specimen collected within one month following their initial diagnosis by the end of December 2021?	93% (target met)
Timeliness of Laboratory Reporting	Were at least (\geq) 85% of all labs with a specimen collection date in 2020 among cases diagnosed in 2020, loaded in the surveillance system within 60 days of the specimen collection date, assessed at the end of December 2021?	88% (target met)
Nucleotide Sequence	Did at least (\geq) 60% of cases diagnosed in 2020 have an analyzable nucleotide sequence by the end of December 2021?	68% (target met)
Antiretroviral History	Did at least (\geq) 70% of cases diagnosed in 2020 have prior antiretroviral use history by the end of December 2021?	99% (target met)

Measure	Standard	Result
Data Quality	In 2020, did 97% of case records that meet the surveillance case definition for HIV infection have no required fields missing and pass all selected data edits by the end of December 2021?	100% (target met)
Cause of Death	Did at least (\geq) 85% of the deaths that occurred in 2019 have an underlying cause of death by the end of December 2021 (24 months after the death year)?	98% (target met)
Geocoding	Were at least (\geq) 90% of HIV cases diagnosed in 2020 geocoded to the census tract level by the end of December 2021?	99% (target met)
Previous Negative HIV Test*	Did at least (\geq) 70% of cases diagnosed in 2020 have a known value for previous negative HIV test by the end of December 2021?	79% (target met)
	Did at least (\geq) 50% of cases diagnosed in 2020 with a previous negative test have a valid date of documented negative test result, assessed by the end of December 2021?	65% (target met)
Viral suppression for cluster members*	Did at least (\geq) 60% of HIV cases that were not virally suppressed at identification as part of a cluster, achieve viral suppression within 6 months (for cases identified as part of a transmission cluster in 2020)?	No clusters (target met)
Perinatal HIV Exposure Reporting	Did \geq 85% of perinatally exposed infants born in 2019 have HIV infection status determined by 18 months of age? Total 11, 10 sero-negative, 1 no chart located	91% (target met)
Required only for Ending the HIV Epidemic in the US (EHE) priority jurisdictions¹:		
Enhanced case reporting timeliness	Did \geq 75% of all HIV cases whose diagnoses were first entered into eHARS during 2021, get first entered within 30 days after the date of diagnosis? ⁺	86% (target met)
Enhanced laboratory reporting timeliness	Did \geq 75% of all laboratory test results entered into eHARS during 2021, get entered within 14 days after the date of specimen collection? (assessed at state level and Puerto Rico and DC) ⁺	80% (target met)

4. We presented at 2022 Conference on Retroviruses and Opportunistic Infections (CROI) an abstract about social determinants of health and viral suppression, a manuscript was completed and submitted.
 - Title: Effect of social determinants of health on uncontrolled HIV infection
5. We collect substance use information among People Living with HIV (PLWH) and summarize data in an abstract submitted for American Public Health Association (APHA) conference.
 - Title: Effect of substance use on HIV viral suppression among PLWH in SF
6. We presented our Cluster Detection and Response work (collaboration between HIV surveillance and LINCS) at the California Communicable Disease Reporting (CA CDR) workshop.
7. We collaborate with UCSF Test and Be Treated (TBT) study to provide data management and analysis support.
8. Objectives are to evaluate and compare HIV care outcomes (time to viral suppression and viral rebound) among persons newly diagnosed with HIV in the TBT study (SFAF) vs. a control group selected from HIV registry.
9. We successfully work with UCSF Institutional Review Board (IRB) and research studies to have HIV labs reported to us - this is a work in progress, we still need to get more studies onboard. This ensures that we are in compliance with state reporting law and will improve the completeness of lab reporting and our ability to monitor care outcomes for PLWH.
10. We completed a lab report card and sent to all labs that report data to us. This allows us to assess the timeliness and completeness of lab reporting for each lab, by test type, and provide feedback to labs.

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