July 11, 2017

Honorable Charles Margines
Presiding Judge of the Superior Court of California
700 Civic Center Drive West
Santa Ana, CA 92701

Subject: Response to Grand Jury Report, “Is Orange County Ready for Zika? It Takes a Village to Handle Mosquito-Borne Viruses”

Dear Judge Margines:

Per your request, and in accordance with Penal Code 933, please find the combined County of Orange response to the subject report as approved by the Board of Supervisors. The respondents are the Orange County Board of Supervisors and the Health Care Agency.

If you have any questions, please contact Lilly Simmering of the County Executive Office at 714-834-6748.

Sincerely,

[Signature]

Frank Kim
County Executive Officer

Enclosure

cc: FY 2016-17 Orange County Grand Jury Foreman
    Lilly Simmering, Deputy Chief Operating Officer, County Executive Office
Responses to Findings and Recommendations
2016-17 Grand Jury Report:

"Is Orange County Ready for Zika? It Takes a Village to Handle Mosquito-Borne Viruses"

SUMMARY RESPONSE STATEMENT:

On April 18, 2017, the Grand Jury released a report entitled: "Is Orange County Ready for Zika? It Takes a Village to Handle Mosquito-Borne Viruses." This report directed responses to findings and recommendations to the Orange County Board of Supervisors and the Health Care Agency, which are included below.

FINDINGS AND RESPONSES:

F.1. The VCD and HCA have primarily responded to vector outbreaks in a reactive manner in the past. The VCD wants to be more proactive in the future.

Response: Disagrees partially with this finding. HCA works collaboratively throughout the year with VCD to proactively review surveillance data and discuss and plan response efforts. HCA disseminates information to providers and the public throughout the season based on information deemed pertinent at that time. For example, HCA issues a press release of the first case of West Nile virus infection each year and VCD often issues public information around increased pools of infected mosquitos as a reminder to take action to prevent disease. Generally, public messages are more effective when tied to an event that demonstrates the risk and are not as effective without an event of interest. HCA is currently working with VCD to enhance collaborative outreach/educational efforts to high-risk populations.

F.3. The VCD uses multiple media, including print materials, their website, email, and social media, as well as in-person activities, as part of their outreach efforts. The HCA focuses on print and opt-in email alerts and bulletins to medical professionals.

Response: Agrees with this finding. In addition to the outreach efforts outlined above, HCA maintains opt-out fax distribution lists and conducts community education via social media. Additionally, information is available on the HCA website.
F.5. Communication about vector diseases directed to treatment facilities such as private and public clinics, hospitals, nursing homes and doctor offices has not translated into timely and effective public education about the prevention and avoidance of infectious disease.

Response: **Disagrees wholly with this finding.** HCA's communication about mosquito-borne diseases directed to treatment facilities is generally for the purpose of educating medical providers about identification and treatment of illness, not primary prevention of mosquito-borne infections. Both HCA and VCD engage in public information strategies to educate the community about prevention and avoidance of mosquito-borne diseases. HCA continues to disseminate timely information to providers and the public each mosquito season via provider advisories, newsletters, press releases, social media, and on the HCA website. HCA is currently working with VCD to enhance outreach/educational efforts to high-risk populations.

F.8. In delineating responsibilities of each agency, the existing MOUs between VCD and HCA do not adequately promote effective communications about mosquito-borne diseases and their remediation to the public, including medical professionals and their patients.

Response: **Disagrees wholly with this finding.** The purpose of the existing MOU is to outline the manner in which HCA and VCD share confidential information in order to work effectively to respond to mosquito-borne disease transmission. Communication plans to inform the public and the medical community are separate from the MOU and HCA works collaboratively with VCD to disseminate communications as needed, and continues to collaborate with VCD to enhance and improve communication plans.

**RECOMMENDATIONS AND RESPONSES:**

R. 3. Getting information to vulnerable populations (seniors, the chronically ill, pregnant women, etc.) is critical. The Grand Jury recommends that detailed plans for implementing new or expanded program targeting vulnerable populations all over the county should be in place by VCD and HCA by June 30, 2017, for implementation no later than March 31, 2018.

Response: **The recommendation has been implemented.** HCA received grant funding in March 2017 to implement additional response activities that include targeted education/outreach activities to medical providers and residents in high-risk areas, and provide training opportunities to community partners to enhance preparedness and response coordination efforts across the County. HCA is actively implementing
this work plan and is coordinating with VCD to develop a broader collaborative work plan by June 30, 2017 with full implementation by June 20, 2018.

R. 4. The Grand Jury recommends that the VCD provide the Orange County Board of Supervisors with a ranked list of cities that represent primary concern for storm drain mosquito infestation, as soon as possible to facilitate remediation efforts by the next mosquito season, but no later than June 30, 2017.

Response: The recommendation requires further analysis. Since the analysis is to be completed by VCD, the County of Orange will await the completion of the analysis and will be available to work with VCD when it is ready to discuss.

R. 5. The Grand Jury recommends that, by June 30, 2017, the Orange County Board of Supervisors notify each city of concern in their Supervisorial Districts that their storm drains represent significant sources of mosquito breeding grounds.

Response: The recommendation requires further analysis. The VCD's Board of Trustees is comprised of representatives from each of the 34 cities in Orange County and a representative from the County-at-large that meet on a monthly basis to decide board matters and receive reports/updates from VCD staff. Because of that network, VCD may be in the best position to provide notification. The County of Orange will work with VCD to determine who can best communicate this information efficiently and effectively to the cities.

R. 6. The Grand Jury recommends that the Orange County Board of Supervisors advise cities of concern to schedule by September 30, 2017, and fund by December 31, 2017, thorough mapping of storm drains within city limits, as well as assess the condition and need for storm drain repairs. The Grand Jury recommends the Board of Supervisors financially support this effort.

Response: The recommendation will not be implemented because it is not warranted or reasonable. VCD's mission is to provide the citizens of Orange County with the highest level of protection from vectors and vector-borne diseases. Therefore, it is within VCD's jurisdiction to provide guidance on how to reduce vectors in the County. Advising on storm drain mapping would fall within that jurisdiction. Furthermore, VCD already convenes a Board of Trustees comprised of members from all of the 34 cities in the county and a representative from the County-at-large. This provides VCD with a forum to communicate information to the highest level of local government. In addition, VCD is funded through the Mosquito, Fire Ant, and Disease Control Assessment that is specifically dedicated for mosquito and Fire-Ant control. This Assessment could potentially fund this recommendation. The County currently does not have such dedicated funding sources for mosquito-control.

R. 7. The VCD must work with HCA to expand efforts to proactively reach clinics, nursing homes and medical agencies with communications that will protect
patients from mosquito-borne illnesses. The Grand Jury recommends that the
MOU between the VCD and HCA regarding such communications be
updated by June 30, 2017.

Response: The recommendation will not be implemented because it is not warranted or
reasonable. The purpose of the MOU is to address communication between HCA
and VCD regarding the sharing of confidential information in order to work
effectively to respond to mosquito-borne disease transmission. It is not the intent of
the MOU to address communication with external entities. HCA maintains updated
distribution lists for nursing homes and medical providers throughout Orange
County, and HCA shares information at the beginning of each mosquito season
when the detection of any non-human vector-borne disease occurs (e.g. a bird tests
positive for West Nile Virus). Including communication plans in the MOU between
HCA and VCD is not consistent with the purpose of the MOU and it is not
necessary in order to manage effective communication.

R.8. The HCA should be more active in communicating with medical
professionals using targeted and opt-out alerts and bulletins, as well as
instituting measures of effectiveness in these targeted messages. Where
possible, they should take advantage of mobile technology to immediately
reach physicians and others in the health care trenches earlier in the cycle of
mosquito infestation, even before illness is reported. An HCA
Communications Plan that addresses these issues should be completed by

Response: The recommendation will not be implemented because it is not warranted or
is not reasonable. HCA sends communications to medical providers in Orange
County at the start of each season when the detection of any non-human vector-
borne disease occurs. Communication is also elevated to a community-wide press
release alerting the public of the first human case and the first human death each
year. HCA sent out nine provider communications and three press releases in 2016.
HCA conducted a survey in April 2017 to evaluate the effectiveness of newsletters
and advisories. The results indicated that providers feel they are receiving
information at the right frequency and that the content is informative. Since HCA
sends communications electronically, providers have access via any electronic device
(including smartphones) that supports access to email; greater urgency (such as a
text) is not warranted.