File No. 120147 Committee Item No. 4
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND NEIGHBORHOOD SERVICES Date 2/27/12

Board of Supervisors Meeting Date _____

Cmte	Board	
☐	☐	Motion
☒	☐	Resolution
☐	☐	Ordinance
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OTHER (Use back side if additional space is needed)

☒	☐	Form 126
☐	☐	
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☐	☐	

Completed by: Gail Johnson Date 2/23/12
Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

[Accept and Expend Grant - Viral Hepatitis Surveillance - $137,933]

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of $137,933 from the Public Health Foundation Enterprises, Inc., to participate in a program entitled "Viral Hepatitis Surveillance in the City and County of San Francisco" for the period of January 1, 2012, through October 31, 2012, and waiving indirect costs.

WHEREAS, Public Health Foundation Enterprises, Inc. (PHFE) is the recipient of a grant award from Centers for Disease Control and Prevention supporting the Viral Hepatitis Surveillance in the City and County of San Francisco grant; and,

WHEREAS, With a portion of these funds, PHFE has subcontracted with San Francisco Department of Public Health (DPH) in the amount of $137,933 for the period of January 1, 2012 through October 31, 2012; and,

WHEREAS, As a condition of receiving the grant funds, PHFE requires the City to enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the Board of Supervisors in File No. 120147 ; which is hereby declared to be a part of this resolution as if set forth fully herein; and,

WHEREAS, The purpose of this project is to conduct active, enhanced surveillance in 2012 to monitor the burden of chronic viral hepatitis disease through core surveillance of chronic hepatitis B and C throughout the City and County of San Francisco; and,

WHEREAS, An Annual Salary Ordinance amendment is not required as the grant partially reimburses DPH for three existing positions, one Manager I (Job Class No. 0922) at .40 FTE for 5.84 months and at .50 FTE for 4.16 months, one Epidemiologist II (Job Class No.

2803) at 1.0 FTE for 2 months, and one Epidemiologist I (Job Class No. 2802) at 1.0 FTE for 6.28 months for the period of January 1, 2012, through October 31, 2012; and

WHEREAS, A request for retroactive approval is being sought because DPH did not receive notification of the award until January 4, 2012, for a project start date of January 1, 2012; and

WHEREAS, Viral Hepatitis Surveillance in the City and County of San Francisco grant does not allow for indirect costs to maximize use of grant funds on direct services; and

WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant retroactively in the amount of $137,933 from PHFE; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in the grant budget; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the Agreement on behalf of the City.

RECOMMENDED:

Barbara A. Garcia, MPA
Director of Health

APPROVED:

Office of the Mayor

Office of the Controller

City and County of San Francisco

Department of Public Health

Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: January 13, 2012

SUBJECT: Grant Accept and Expend

GRANT TITLE: Viral Hepatitis Surveillance in the City and County of San Francisco- $137,933

Attached please find the original and 4 copies of each of the following:

☒ Proposed grant resolution, original signed by Department

☒ Grant information form, including disability checklist -

☒ Budget and Budget Justification

☒ Grant application

☒ Agreement / Award Letter

☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Office of Quality Management for Community Programs, 1380 Howard St.

Certified copy required Yes ☐ No ☒

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Viral Hepatitis Surveillance in the City and County of San Francisco

2. Department: Department of Public Health, Communicable Disease Control & Prevention Section

3. Contact Person: Melissa Sanchez, PhD, MA Telephone: (415) 554-2743

4. Grant Approval Status (check one):

[X] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: $137,933

6a. Matching Funds Required: No
b. Source(s) of matching funds (if applicable): N/A

7a. Grant Source Agency: Centers for Disease Control and Prevention
b. Grant Pass-Through Agency (if applicable): Public Health Foundation Enterprises, Inc. (PHFE)

8. Proposed Grant Project Summary:
San Francisco Department of Public Health (SFDPH) aims to conduct active, enhanced surveillance in 2012 to monitor the burden of chronic viral hepatitis disease through core surveillance of chronic hepatitis B and C throughout the City and County of San Francisco (SF). SF includes a total population of 805,235 residents, with Asian/Pacific Islanders disproportionately affected by chronic HBV, 34% of the population and 87% of reported cases, and African Americans disproportionately affected by HCV, 6% of the population and 35% of reported cases. The SFDPH has been continually funded by the CDC since 2005 to implement chronic viral hepatitis surveillance activities and proposes to continue to maintain a de-duplicated, population-based surveillance database for chronic HBV and HCV; to follow up laboratory reports of chronic HBV and markers of HCV infection using the most current CSTE/CDC case definitions; to complete the viral hepatitis case report form on all confirmed cases of chronic HBV and HCV infection and submit cumulative data monthly to the CDC via FTP and NETSS; to maintain collaboration and communication with clinical laboratories testing specimens from the population under surveillance; to determine if any labs are not reporting and develop collaborations; to document laboratory testing and reporting practices related to anti-HCV signal to cut-off ratio; to conduct follow-up on a 20% sample of persons chronically infected with HBV and HCV using at least two of the three methods: provider fax-back or interview, medical record review, or patient interview; to collaborate with CDC on improving the quality of existing chronic data; to conduct follow-up on all HBV and HCV pediatric cases newly reported to SFDPH in 2012 through parent/guardian and provider interviews; to evaluate testing patterns for chronic HBV and past or present HCV infection and complete a summary report; to implement, analyze, and summarize in report form a registry match utilizing either the SFDPH Sexually Transmitted Diseases Registry or the California Death Registry; to participate in CDC coordinated meetings; and to complete a 2011 HBV and HCV Annual Surveillance Report. The SFDPH's successful collaborations and external support from labs and SF clinicians over the past six years of the viral hepatitis surveillance project; well-established evaluation plan and performance measures; and experienced viral hepatitis staff will

serve as the foundation for all proposed viral hepatitis surveillance activities in 2012. The SFDPH/California Emerging Infections Program will continue to be administered by Public Health Foundation Enterprises, Inc. based in the City of Industry, California.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: January 1, 2012 End-Date: October 31, 2012

10a. Amount budgeted for contractual services: None

b. Will contractual services be put out to bid? N/A

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A

d. Is this likely to be a one-time or ongoing request for contracting out? N/A

11a. Does the budget include indirect costs? [ ] Yes [X] No

b1. If yes, how much? N/A
b2. How was the amount calculated? N/A

c. If no, why are indirect costs not included?
[ ] Not allowed by granting agency [X] To maximize use of grant funds on direct services
[ ] Other (please explain):

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to January 1, 2012. The Department received the award notice on January 4, 2012.

GRANT CODE (Please include Grant Code and Detail in FAMIS):
Grant Code-Detail: HCDC15-12
Index Code: HCHPDIMMSVGR

****Disability Access Checklist*****

13. This Grant is intended for activities at (check all that apply):

[X] Existing Site(s)	[ ] Existing Structure(s)	[ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] New Structure(s)	

14. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: for Jason Hashimoto

Date Reviewed: 1/17/12

Department Approval: Barbara A. Garcia, MPA Director of Public Health
(Signature)

Viral Hepatitis Surveillance in the City and County of San Francisco
Budget and Justification
January 1, 2012 – October 31, 2012

PERSONNEL	TOTAL
Sandra Huang, MD, Sr. Physician Specialist (Job Class #2232) - Oversee all hepatitis surveillance activities.	
Contributed salary at 10% FTE for 10 months	
Melissa Sanchez, PhD, Manager I (Job Class #0922) – Annual Salary $106,916 - Coordinate project activities to ensure CDC grant deliverables are met; directly supervise Data Team Leader, Project Coordinator, and Epi I; provide scientific guidance for sampling, survey design, analyses, surveillance evaluation, and protocol and data collection instrument development; direct preparation of and review evaluations, manuscripts, reports, and presentations; prepare grant progress reports/proposals; serve as liaison with CDC Project Officer; and facilitate external collaborations.	
Salary at 0.40 FTE for 5.84 months	$20,813
Salary at 0.50 FTE for 4.16 months	$18,532
Sue Shallow, MPH, Epidemiologist II (Job Class #2803) - Annual Salary $94,785 - Report surveillance data to CDC and NETSS; collaborate with CDC to improve data quality; serve as lead on 3 projects: hepatitis testing patterns evaluation and CDPH Vital Records or SFDPH STD Registry match, including design, implementation, analysis, summarization in report form and dissemination.	
Salary at 1.00 FTE for 2 months	$15,798
Wendy Inouye, MPH, Epidemiologist I (Job Class # 2802) – Annual Salary $65,741- Lead on all lab reporting projects; direct maintenance, de-duplication, and data quality checks for registry; establish RA protocols; assist with design, implementation, analysis, and summarization of the hepatitis testing patterns project and CDPH Vital Records or SFDPH STD Registry match. Ms. Inouye will also analyze, summarize, and disseminate chronic HBV and HCV data for the 2011 Annual Report.	
Salary at 1.00 FTE for 6.28 months	$34,404
David Stier, MD, Physician Specialist (Job Class #2230) - Assist with developing surveys and protocols for pediatric case follow-up; write project summary for SF clinicians; and review presentations, reports, and manuscripts.	
Contributed salary at 5% FTE for 10 months	

Viral Hepatitis Surveillance in the City and County of San Francisco
Budget and Justification
January 1, 2012 – October 31, 2012

PERSONNEL	TOTAL
Jackvin Ng, Information Systems Business Analyst, Principal (Job Class #1054) – Expand chronic hepatitis modules to capture new 2012 data in the hepatitis database system to facilitate import, storage, and reporting to CDC. Mr. Ng will review business and functional requirements, program, test, and revise system.	
Contributed salary at 30% FTE for 4 months	
Lorna Garrido, Sr. Administrative Analyst (Job Class #1823) – Develop budget proposals; monitor grant funds; create grant proposal financial reports; and serve as the project financial liaison to Public Health Foundation Enterprises, Inc. (PHFE).	
Contributed salary at 5% FTE for 10 months	
TOTAL PERSONNEL	**$89,547**
TOTAL FRINGE BENEFITS Calculated at an average rate between 36% and 41% of salaries as required for each position.	**$34,744**
TOTAL OFFICE SUPPLIES – Cost for general office supplies.	**$2,000**
TOTAL TRAVEL – Cost to attend state and local health department meetings and trainings.	**$360**
OTHER COSTS:	
Printing and Distribution - Cost for estimated 4,500 educational mailings to newly reported acute and chronic viral hepatitis patients and their contacts, and for mailings to 2,000 San Francisco clinicians.	$5,500
Translation services – Cost for telephone interpretation for interviews with cases and contacts; document translation.	$2,500
Postage – Cost for mailings to acute and chronic viral hepatitis patients and their contacts and to SF clinicians.	$3,282
TOTAL OTHER COSTS	**$11,282**
TOTAL BUDGET	**$137,933**

PROJECT NARRATIVE

Background and Need

In 2009, the San Francisco Department of Public Health (SFDPH) received over 5,000 positive hepatitis B (HBV) laboratory reports on 3,546 individuals. Of the 65.6% of cases for whom race was known, 86.6% of cases were Asian/Pacific Islander (A/PI). A/PIs in San Francisco are disproportionately affected by HBV, comprising 34% of the city's population, but representing an estimated 87% of reported cases. In 2009, the SFDPH also received over 5,080 positive hepatitis C (HCV) laboratory reports on 3,387 individuals. Of the 60.9% of persons for whom race was known, 53.6% were White and 34.7% were African American. African Americans in San Francisco are disproportionately affected by HCV, comprising over 6% of the city's population, but an estimated 35% of reported cases.

The SFDPH stores reported information in the Integrated Case and Outbreak Management System (ICOMS), a home-grown, relational database which integrates chronic hepatitis data with communicable disease control data. The database is person-based and allows case management, as well as the collection and analysis of longitudinal data. Faxed and mailed positive hepatitis reports are hand-entered, while electronic files received from three large medical centers are electronically imported into ICOMS. A chronic hepatitis module also resides within ICOMS and allows data entry of data collected from enhanced surveillance activities. Chronic hepatitis data stored within ICOMS is reported monthly to State and CDC entities, and is used to produce annual SFDPH chronic hepatitis surveillance reports and for registry matches.

Laboratorians, clinicians, and other mandated reporters report positive HBV and HCV results to the SFDPH in compliance with Title 17, California Code of Regulations, Sections 2500 and 2505. The majority of HBV and HCV laboratory reports come from laboratories. Gaps in the current surveillance system may include the exclusion of persons with HBV or HCV who have not been tested, were tested anonymously, or were tested before consistent reporting to SFDPH was established. Testing and reporting practices for incarcerated individuals has not been fully investigated and, therefore, some positive test results may be missed.

SFDPH enhanced surveillance activities have included collecting data through faxing a clinician data collection form; interviewing a random sample of chronic HBV and HCV cases; and completing chart reviews of randomly sampled HCV cases. These activities have not only improved the completeness of demographic data, but have also provided an opportunity to identify risk factors, reasons for testing, and treatment status. In addition, telephone interviews have been crucial for offering education and counseling to cases about viral hepatitis and recommended practices to prevent infecting others. Core surveillance of viral hepatitis can be used to identify trends in testing and can provide opportunities to evaluate clinician practices and guide clinician outreach. More robust demographic data can be used to further identify special populations, such as A/PIs, African Americans, pediatric cases, and incarcerated individuals, for targeted outreach activities such as educational or screening campaigns.

Operational Plan

SFDPH's acute viral hepatitis surveillance activities from January-October 2012 will include:

Maintain laboratory reporting for markers of acute hepatitis A and B, (anti-HAV IgM, anti-HBc IgM and HBsAg) and hepatitis C (anti-HCV, RIBA, HCV RNA, genotype, anti-HCV signal to cutoff ratio). Lab test results for all markers will be either received

electronically or manually entered into ICOMS, the Integrated Case and Outbreak Management System, used by the SFDPH Communicable Disease Control Unit to manage data on acute hepatitis, chronic hepatitis, and other reportable communicable diseases. This will be a constant, ongoing activity throughout 2012.

Follow up reports of laboratory markers of acute hepatitis A and B virus infection to determine case status. Cases will be defined using the CSTE/CDC Case Definitions for Infectious Conditions under Public Health Surveillance. All reports of anti-HAV IgM and anti-HBcIgM will be investigated to determine case status. SFDPH's goal is to ensure that case status is determined for >80% of reports in 2012.

Investigate all cases of acute hepatitis A and B, and C to determine clinical manifestations, laboratory findings, and risk factors. Investigations will include at least one of the following: provider fax-back or interview, medical record review, or patient interview. At a minimum, the provider will be interviewed or the medical record reviewed. If clinical information indicates that the patient has symptoms and signs consistent with acute hepatitis, the patient will be interviewed (begin 1/2012). Contacts to cases of acute hepatitis A will be offered IG prophylaxis, if indicated, and hepatitis A vaccination, if susceptible. Contacts to cases of acute hepatitis B will be offered hepatitis B vaccination, if susceptible. SFDPH's goal is to ensure that key risk factor data is collected for >80% of cases in 2012.

Collect serologic specimens on a convenience sample of investigated cases of confirmed and probable acute hepatitis A and B cases for genetic characterization at CDC and enrichment of a specimen library. Serum specimens will be requested from two local labs that report over 50% of acute hepatitis A and B cases. Specimen submittal to CDC will begin 2/2012 (depending on earliest case occurrence).

Complete the Viral Hepatitis Case Report form for reported cases and submit surveillance data monthly to CDC via ftp site and to either NETSS or NEDSS according to specifications provided by CDC. Data will meet the separate data dictionary requirements and have <25% missing risk factors. Note that missing indicates no source of risk factor information was assessed. Report 2010 baseline missing separately from unknown for specific variables listed in grid below. This will be a new activity in 2012 for our CA/SF site. SFDPH will work with an IS/IT developer to develop acute hepatitis modules in ICOMS to capture data from acute hepatitis case investigations and to enable reporting to CDC. Acute hepatitis module alpha testing will begin 3/2012. Module completion and monthly reporting to CDC via ftp will begin 06/2012 and will be retrospective to include all 2012 cases. Core data (e.g., age, sex, race, county, and report date) on acute cases of HAV and HBV from San Francisco are currently submitted to CDC by the California Department of Public Health (CDPH) through NETSS. This will be a constant, ongoing activity throughout 2012. SFDPH will recode extended acute hepatitis records to the NETSS format but reporting to NETSS must be done by CDPH. SFDPH's goal is to begin monthly reporting via NETSS 6/2012.

Collaborate with CDC on improving the quality of existing data (e.g., recoding variables for standardization, correcting out of range values, etc.) SFDPH will follow up with and complete each CDC request for recoding of variables, correcting out of range values, etc. within a 2-month time frame throughout 2012.

SFDPH's chronic viral hepatitis surveillance activities from January-October 2012 will include:

Maintain a de-duplicated, population-based surveillance database for chronic HBV and HCV infection. Lab test results for all markers will continue to be received electronically from 3 large labs, and paper-reported results will continue to be manually entered into the SFDPH ICOMS. Electronically imported files will be de-duplicated with the existing automated algorithm, and questionable matches will be manually reviewed and handled per protocol.

Follow up laboratory reports of chronic HBV and markers of HCV infection using the most current CSTE/CDC Case Definitions for Infectious Conditions under Public Health Surveillance. All laboratory reports received on a person will continue to be evaluated with an automated algorithm to determine if they meet the current CSTE/CDC case definitions for chronic hepatitis B and hepatitis C infection, past or present.

Complete the viral hepatitis case report form on all confirmed cases of chronic HBV and HCV infection in the jurisdictions under surveillance and submit cumulative data monthly to CDC via FTP and NETSS or NEDSS according to data dictionaries provided by CDC. Monthly reporting of core variables (e.g., age, sex, race, county, and report date) for chronic HBV and past or present HCV from San Francisco to CDC via sFTP and NETSS is ongoing and will continue monthly in 2012.

Maintain collaboration and communication with clinical laboratories testing specimens from the population under surveillance. Determine if any labs are not reporting and develop collaborations with these. Document laboratory testing and reporting practices related to anti-HCV signal to cut-off ratio. SFDPH will continue to determine if there are labs not reporting HCV cases to SFDPH, and, if so, develop collaborations with these labs, including all labs utilized by San Francisco Jail Health Services. In addition, SFDPH will follow up with labs that report HCV cases to identify any updates or changes in testing and reporting practices for HCV by 7/2012.

Conduct follow-up on all or ≥ 10% sample of persons chronically infected with HBV and HCV with missing information on risk factors, HBV vaccination status, race, and other relevant data as determined in collaboration with CDC. Follow-up will consist of at least one of the following: provider fax-back or interview, medical record review, or patient interview. Baseline frequencies of missing risk factor variables are listed in the grid below among cases newly reported in 2010. Follow-up will be conducted on a 20% random sample of the persons newly reported to SFDPH in 2012 with markers of HCV that meet CDC criteria for laboratory confirmation of HCV infection, past or present. Follow-up on the selected case-patients will be conducted using at least two of the three methods which SFDPH has implemented throughout 2011: (1) a short case investigation form will be faxed to the clinician who ordered the HCV test; (2) a brief patient interview will be conducted; and (3) for follow-up patients who receive their care at SFGH or Kaiser (2 large institutions with electronic records with medical record use agreements in place), a chart review will be conducted. Data collected from these three methods will include patient demographic and contact information and HCV risk factors; elevated ALT information and reason for ordering the HCV test (from clinician and chart review only); HBV and HAV vaccination status; and treatment status. New for 2012, additional risk factor questions regarding sexual practices will be selected in January 2012 and added to the interview by February 2012.

Follow-up will be conducted on 20% of persons reported to SFDPH in 2012 with markers of chronic HBV and who newly meet CDC's case definition for confirmed chronic HBV infection by faxing a short case investigation form to the clinician who ordered the HBV test to

collect patient demographic and contact information and HBV risk factors; reason for ordering the HBV test; HAV vaccination status; and treatment status.

All newly reported confirmed chronic HBV cases and HCV cases that meet CDC criteria for laboratory confirmation of HCV infection, past or present, including patients who receive follow-up, will be provided with written patient education materials if SFDPH has complete address information.

In addition, follow-up will be conducted on all pediatric cases newly reported to SFDPH in 2012 with markers of HCV or chronic HBV that meet CDC criteria for laboratory confirmation of HCV infection, past or present, or CDC's case definition for confirmed chronic HBV infection, respectively. Brief parent/guardian and provider interviews will be conducted for HCV pediatric cases under 18 years of age and for HBV pediatric cases between the ages of two to 18 years. For pediatric HBV patients, provider and parent/guardian interviews will focus on potential risk factors for their infection, including non-vaccination. For pediatric HCV patients, provider and parent/guardian interviews will focus on confirmatory testing and risk factors for their infection, including healthcare and close-contact exposures. Parent/guardian will be provided with education about transmission and preventing infection of close contacts. Provider and parent/guardian questionnaires and interview protocols will be developed in January 2012, with follow-up interviews to begin in February 2012.

Collaborate with CDC on improving the quality of existing data (e.g., recoding variables for standardization, correcting out of range values, etc). SFDPH will follow up with and complete each CDC request for recoding of variables, correcting out of range values, etc. within a 2-month time frame throughout 2012.

In addition, the SFDPH will evaluate testing patterns for chronic HBV and past or present HCV. Testing variables to be evaluated for HCV will include % of persons in registry with at least one confirmatory test; % of cases confirmed by NAT, genotype, HCVAb with s/co meeting CDC threshold; mean/median number of PCR tests received by cases; % of lab reports which include s/co values; length of time for a suspect to become confirmed by PCR or genotype; length of time between first PCR test and first genotype test; and HCV RNA levels. Testing variables to be evaluated for HBV will include length of time it takes to be confirmed; % of probable and confirmed cases; % of cases with HBV DNA; and HBV DNA levels. SFDPH will complete a summary report on the evaluation of testing patterns in 4/2012.

In addition, the SFDPH will design, implement, analyze, and summarize in report form, two registry matches utilizing:

- The SFDPH Sexually Transmitted Diseases (STD) Registry (MOU/approvals by 1/2012; begin match and analysis 2/2012)
- The California Death Registry (initial contact 1/2012; MOU/approvals 4/2012; begin analysis 5/2012)

The SFDPH will complete a brief report for each registry match by 10/2012, evaluating the usefulness of these data sources to either supplement or approximate data contained in the chronic hepatitis registry. The STD registry match report will also include a descriptive summary of the co-infected population.

Participate in CDC coordinated meetings, if needed. The SFDPH will participate in all CDC coordinated meetings throughout 2012.

Additional Project for 2012

- 2011 HBV and HCV Annual Surveillance Report (SFDPH to complete report in 10/2012).

		HAV	Acute HBV	Chronic Hepatitis B	Acute HCV	Chronic Hepatitis C
Census est. pop'n under surveillance in 2010	805,235					
Sources of report (#,%) in 2010	Physician/NP	0/5 (0%)	0/10 (0%)	0/1172 (0%)	0/0	0/1693 (0%)
	Laboratory	4/5 (80%)	10/10 (100%)	654/1172 (55.8%)	0/0	688/1693 (40.6%)
	Lab E-file	1/5 (20%)	0/10 (0%)	518/1172 (44.2%)	0/0	1005/1693 (59.4%)
	Other	0/5 (0%)	0/10 (0%)	0/1172 (0%)	0/0	0/1693 (0%)
#of reporting/eligible labs		4/4	4/4	25/25	0/0	25/25
Surveillance electronic database format	San Francisco's hepatitis data is stored in a relational database built in ACCESS with a Visual Basic overlay. The system allows flexibility through the many different kinds of relationships between data elements. The database is person-based and allows collection and analysis of longitudinal data.					
De-duplication methodology (describe variables and sequence used to de-duplicate)	Variables used for de-duplication are: Last Name, First Name, Date of Birth, Gender, and SSN. Data entry staff search the registry for the case before entering a lab report. If the case exists, the laboratory report is added to the person record. Electronic files are de-duplicated as they are automatically imported. The user is able to confirm or veto matches. Link-King performed yearly and as needed for global de-duplication.					

	Hepatitis A	Acute HBV	Chronic Hepatitis B	Acute HCV	Chronic Hepatitis C
# FTEs assigned	<1 FTE in-kind	<1 FTE in-kind	2 FTE funded /0.1 FTE in-kind	<1 FTE in-kind	4 FTE funded /0.1 FTE in-kind
# de-duplicated cases newly reported in 2010	5	10	1,172	0	1,693
# specimens submitted	N/A	N/A	N/A	N/A	N/A
URL for surveillance activities and reports.	Visit http://www.sfcdcp.org/chronichepregistry.html for surveillance activities and the following reports:				
	1. Registry Match: Chronic Hepatitis B, Hepatitis C Infection and HIV 2010 San Francisco, California				
	2. Chronic Hepatitis B and Hepatitis C Infection Surveillance Report 2009, San Francisco, California				
	3. Evaluation of the Impact of Electronic Reporting on the Completeness of Data, May 1, 2008 - June 30, 2009, San Francisco, California, December 2009				
	4. Chronic Hepatitis B Surveillance Report, 2007-2008, San Francisco, California, September 2009				
Publications and presentations from surveillance data.	1. Nishimura A, Shiono P, Stier D, Shallow S, Sanchez M, Huang S. Knowledge of hepatitis B risk factors and prevention practices among individuals chronically infected with hepatitis B in San Francisco, California. *Journal of Community Health.* 2011. in press, DOI: 10.007/s10900-011-9430-2.					
	2. Shallow S, Nishimura A. 2008, "The Surveillance Gap", NASTAD, Washington, DC.					
	3. Nishimura A, Shiono P, Stier D, Shallow S, Li M, Leung A, Luk K, Bihl I, Naguit M, Huang S. 2009, "Enhanced Surveillance for Chronic Hepatitis B - San Francisco, 2008", ISVHLD, Washington, DC.					

	4. CDC. Characteristics of Persons with Chronic Hepatitis B - San Francisco, California, 2006. MMWR 2007; 56:446-448.				
List special follow up of cases or relevant evaluations of surveillance	N/A	N/A	* ‡	N/A	† ‡ §
	* SFDPH conducted provider follow up on 10% random sample of newly confirmed chronic HBV cases reported in 2010. Received 70/85 (82%) HBV data collection forms faxed to providers. SFDPH mailed HBV educational materials to 1399 newly reported probable and confirmed chronic HBV cases.				
	† SFDPH conducted provider and patient follow up on 10-20% random sample of newly reported HCV cases reported in 2010. Received 194/251 (77%) HCV data collection forms faxed to providers. Following clinician fax, patient interviews were conducted with those selected for follow-up. 94/228 (41%) eligible cases were interviewed. SFDPH mailed HCV educational materials to 925 newly reported HCV cases.				
	‡ Registry match between the Chronic Viral Hepatitis and HIV registries was completed.				
	§ Annual lab survey confirmed HCVAb testing, reporting practices are consistent with CDC guidelines.				

% cases newly reported to NETSS in 2010 with Missing/Unknown:	**Acute HAV (N=5)**		**Acute HBV (N=10)**		**Chronic HBV (N=946)**		**Acute HCV (N=0)**		**Past or Present HCV (N=1,481)**	
	Missing	**Unk**	**Missing**	**Unk**	**Missing**	**Unk**	**Missing**	**Unk**	**Missing**	**Unk**
Race	0%	0%	0%	20%	0%	50%	n/a	n/a	0%	32.1%
Daycare1	100% ¶	0%								
Daycare2	100% ¶	0%								
ContactA	100% ¶	0%								
Outbreak	100% ¶	0%								
Travel	100% ¶	0%								
Sexpref	100% ¶	0%	100% ¶	0%	99.4%	0%	n/a	n/a	88.6%	2.7%
Drugs	100% ¶	0%	100% ¶	0%	99.6%	0%	n/a	n/a	87.7%	1.4%
Surgery	100% ¶	0%	100% ¶	0%	**	**	n/a	n/a	**	**
ContactB			100% ¶	0%	99.5%	0%	n/a	n/a	90.2%	5.6%
Medemp			100% ¶	0%	99.4%	0.2%	n/a	n/a	87.7%	3.2%
Transf			100% ¶	0%	**	**	n/a	n/a	**	**
Dialysis			100% ¶	0%	99.5%	0%	n/a	n/a	87.7%	1.5%
Stick			100% ¶	0%	**	**	n/a	n/a	**	**
	¶ Acute risk factors not reported to NETSS. SFDPH not funded for acute hepatitis activities. ** CDC-EIP data dictionary definitions not consistent with NETSS definitions; therefore, not reported to NETSS.									

All SFDPH's 2011 viral hepatitis surveillance activities are being conducted and planned for 2012 in the City and County of San Francisco. Encompassing 49.2 square miles, San Francisco (SF) has a total population of 805,235; making it the thirteenth most populous city in the U.S. SF's population is 50.7% (408,462) male, and the median age is 38.5 years. Of SF residents, 124,570 (15.5%) are less than 20 years of age; 299,551 (37.2%) are 20-39 years of age; 226,384 (28.1%) are 40-59 years of age; 120,049 (14.9%) are 60-79 years of age; and 34,681 (4.3%) are 80 years of age or older. Of SF residents, 390,987 (48.6%) are White; 48,870 (6.1%) are Black/African American; 4,024 (0.5%) are American Indian/Alaska Native; 271,274 (33.7%) are Asian/Pacific Islander; and 53,021 (6.6%) are some other race. There are 121,774 (15.1%) Hispanic/Latino residents of any race. According to U.S. Census Bureau data (2010 American Community Survey), the median household income was $71,745; 12.5% of all SF residents had an income below the poverty level; and the unemployment rate was 9.0%.

The SFDPH has had a number of successful collaborations and has received extensive external support over the past six years of the viral hepatitis surveillance project. Effective collaborations with laboratories have enabled the SFDPH to develop, implement, and maintain successful electronic laboratory reporting (ELR) with SF General Hospital, UCSF Medical Center, and Sutter Health (see appendices for laboratory letters of support and grid for SFDPH ELR evaluation report). In addition, all labs reporting SF HCV cases have supported SFDPH's efforts by participating in annual surveys regarding their current testing and reporting practices.

Support from SF clinicians through completion of faxed data collection forms for chronic HBV and HCV has been invaluable to the success of SFDPH's enhanced surveillance. In 12/2010, 166 providers who completed HBV and HCV follow-up forms in 2010 were recognized in an annual "honor roll", that was sent to over 1,670 SF clinicians. Over the past year, Kaiser Permanente has supported SFDPH's enhanced surveillance efforts by allowing project staff to access their electronic medical records to perform on-site chart abstractions. In addition, SFGH has also granted project staff electronic access to their online medical records for chart reviews. Successful registry match collaborations with the SFDPH's Vital Records and HIV Surveillance Section in 2010 have further enhanced the chronic hepatitis registry and resulted in a report describing the epidemiology of the SF co-infected population, providing viral hepatitis and HIV screening, prevention, and treatment programs with useful information for targeting and prioritizing their activities (see grid for report).

Since 2006, the SFDPH has received valuable guidance from an Advisory Panel comprised of clinicians and researchers who serve the SF viral hepatitis community. The Panel has provided guidance on clinician practices, data collection and analysis, and reviewed SFDPH summary reports. Other successful collaborations include those with the Program Collaboration and Service Integration (PCSI) effort in SF; the SF Hepatitis C Task Force, an advocacy group for chronically infected HCV cases in SF; and SF Hep B Free, a campaign promoting HBV screening and vaccination, targeting providers and the SF A/PI community.

Evaluation Plan/Performance Measures

Throughout 2011, SFDPH has maintained a de-duplicated, population-based surveillance database for chronic HBV and HCV infection. Three of San Francisco's largest clinical labs have continued to electronically report positive hepatitis markers to SFDPH throughout 2011. For 2011, 58% of all positive markers for chronic hepatitis B and hepatitis C infection received by SFDPH were reported electronically. Throughout 2011, hepatitis staff have performed weekly imports of ELR, including pre-importation quality control and de-duplication. In addition, a 10% random sample of manually entered data and all enhanced data has been audited weekly

throughout 2011 for accuracy and completeness. Audits showed both data entry accuracy and data entry completeness was >99%. From 01/01/2011 - 6/30/2011, 476 confirmed cases of chronic hepatitis B and 690 cases of past or present hepatitis C were identified.

Throughout 2011, all laboratory reports received on a person have been evaluated monthly with an automated algorithm to determine if they meet the current CSTE/CDC case definitions for chronic hepatitis B and hepatitis C infection, past or present.

Monthly reporting of core and enhanced data for chronic HBV and past or present HCV from San Francisco to CDC via sFTP has been ongoing throughout 2011. In 2011, all data have been consistently reported to CDC and to NETSS within 5 working days of the first day of the month and according to the respective data dictionaries provided by CDC.

Throughout 2011, SFDPH has continued to maintain close collaborations and communications with all labs likely to test specimens and report hepatitis results from the SF population. For all labs who reported >1% of the total number of HCVAb tests to SFDPH in 2010, an annual survey was conducted in early 2011 to ensure that testing and reporting practices of HCVAb were compatible with CDC/CSTE recommendations. To evaluate completeness of lab reporting, in July 2011, the SFDPH compared the list of labs reporting all mandated lab reportable communicable diseases (e.g., Shigella, Bordatella pertussis) to the list of labs that report positive hepatitis markers and found that they were equivalent. In addition, the SFDPH is on target in late 2011 to review the California EIP's evaluation of labs utilized by a sample of providers in the SF Bay Area. SFDPH will examine this list of labs to identify any labs not currently reporting to SFDPH but likely to test for markers for hepatitis on SF residents. If such labs are identified, SFDPH will then immediately initiate collaboration with these labs.

Throughout 2011, the SFDPH has performed ongoing enhanced surveillance on a 10% random sample of all newly confirmed chronic HBV persons reported to SFDPH in 2011 by faxing a short case investigation form to the clinician who ordered the HBV test. From 1/1/11-6/30/11, provider follow-up surveys were sent to clinicians who ordered the confirming HBV test. Evaluation of the data shows that 46/476 (9.7%) cases were sampled, 45/476 (9.5%) met eligibility requirements, and 39/45 (86.7%) of the provider follow-up surveys were completed and returned. Throughout 2011, the SFDPH has performed ongoing enhanced surveillance on a 10% random sample of all HCV cases who newly met CDC's case definition for confirmed past or present HCV by faxing a short case investigation form to the clinician who ordered the HCV test. Evaluation of the data from 01/01/11–6/30/11 shows that 82/690 (11.9%) cases were sampled, 79/690 (11.4%) met eligibility requirements and 54/79 (68.4%) of the provider follow-up surveys were completed and returned. In addition, case interviews were done on the randomly sampled cases. Of the 79 cases who were eligible, 24 (30.4%) have been interviewed through 6/2011. Case interview follow-up is ongoing and the percentage of interviewed cases is expected to increase. For HCV patients who were in the randomly sampled follow-up group from 6/2010 - 3/2011 and who received their care at SFGH or Kaiser (2 large institutions with electronic records with medical record use agreements in place), enhanced surveillance chart reviews have been conducted throughout 2011. Chart review piloting was completed on schedule in 3/2011 and data collection began in 4/2011, and has been completed on 89 cases as of 6/2011.

In 2011, the SFDPH IS/IT developer created an additional chronic HCV module in ICOMS to (1) capture data from chart review abstraction, (2) enable reporting to CDC, and (3) ensure traceability of the data collection source for key variables. This module was tested in 4/2011, completed on schedule in 5/2011, and is now used to manage enhanced surveillance data for HCV cases. SFDPH is on schedule assessing the utility of faxing case investigation forms to

providers and chart review abstraction as alternative data collection methods, as compared to case interviews, and the SFDPH will complete a report on this evaluation in 12/2011.

Throughout 2011, SFDPH has immediately followed up with and completed each CDC request for recoding of variables, correcting out of range values, and ensured that the CDC's interpretation of SFDPH's chronic hepatitis data accurately reflects actual data. To date in 2011, all requests have been completed well within a one-month timeframe.

In 1/2011, SFDPH completed a report presenting results of a collaboration between the SFDPH Chronic Viral Hepatitis Registry and the SFDPH's HIV Surveillance Section to link their respective databases. Additional activities outside of the SFDPH's 2011 scope of work include completion of a manuscript in 6/2011 (electronically published by the *Journal of Community Health*) measuring the knowledge level of HBV transmission and prevention practices in SF A/PIs who are chronically infected with HBV, utilizing SFDPH's enhanced surveillance data. Additionally, analysis and development of the 2010 Chronic Hepatitis B and Hepatitis C Infection Surveillance Report is in progress and will be completed by 12/2011.

For 2012, 20% of persons (~150 cases) reported to SFDPH in 2012 with markers of chronic HBV and who newly meet CDC's case definition for confirmed chronic HBV infection will be targeted for follow-up by faxing a case investigation form to the clinician who ordered the HBV test (2011 version). Additionally, 20% of persons (~260 cases) newly reported to SFDPH in 2012 with markers of HCV that meet CDC criteria for lab confirmation of HCV infection, past or present, will be targeted for follow-up using at least two of the three methods which SFDPH has implemented throughout 2011: (1) a short case investigation form faxed to the clinician who ordered the HCV test; (2) a brief patient interview; and (3) for follow-up patients who receive their care at SFGH or Kaiser, a chart review will be conducted. 2012 chronic case data will be monitored quarterly to ensure that SFDPH is meeting these follow-up goals.

Personnel/Staffing Plan

SFDPH STAFF: Sandra Huang, MD, Managing Director (10% FTE contributed). Dr. Huang has served as Managing Director since the Viral Hepatitis Surveillance Project's 2005 inception and will continue to oversee all hepatitis surveillance activities. **Melissa Sanchez,PhD, Project Director (100% FTE, $8,910/mth**). Dr. Sanchez has served as Project Director for over 2 years and will continue to coordinate project activities to ensure CDC grant deliverables are met; directly supervise Data Team Leader, Project Coordinator, and Epi I; provide scientific guidance for sampling, survey design, analyses, surveillance evaluation, and protocol and data collection instrument development; direct preparation of and review evaluations, manuscripts, reports, and presentations; prepare grant progress reports/proposals; serve as liaison with CDC Project Officer; and facilitate external collaborations. **Sue Shallow, MPH, Data Team Leader (100% FTE, $7,899/month)**. Ms. Shallow has served as the Project's Data Team Leader since 2005 and will continue to report surveillance data to CDC and NETSS; collaborate with CDC to improve data quality; serve as lead on 3 projects: hepatitis testing patterns evaluation and CDPH Vital Records and SFDPH STD Registry matches, including design, implementation, analysis, summarization in report form and dissemination. Ms. Shallow will define registry information system (IS) requirements to capture and report data from acute hepatitis investigations, including IS testing. **Wendy Inouye, MPH, Epidemiologist I (100% FTE, $5,478/mth**). Ms. Inouye has served as the Project's Epidemiologist I since 2011 and will serve as lead on all lab reporting projects; direct maintenance, de-duplication, and data quality checks for registry; establish RA protocols; assist with design, implementation, analysis, and summarization of the hepatitis testing patterns project and CDPH Vital Records and SFDPH STD Registry matches. Ms. Inouye

will also analyze, summarize, and disseminate chronic HBV and HCV data for the 2011 Annual Report. **David Stier, MD, Clinical Advisor (5% FTE contributed).** Dr. Stier has served as the Project's Clinical Advisor since 2005 and will assist with developing surveys and protocols for pediatric case follow-up; write project summary for SF clinicians; and review presentations, reports, and manuscripts. **Jackvin Ng, Information Systems Business Analyst, Principal (30% FTE for 4 mths contributed).** Mr. Ng has served on the Project since 2005 and will develop acute and expand chronic hepatitis modules to capture new 2012 data in the hepatitis database system to facilitate import, storage, and reporting to CDC. Mr. Ng will review business and functional requirements, program, test, and revise system. **Diane Portnoy, MPH, Health Program Coordinator II (5% FTE contributed).** Ms. Portnoy has served as SFDPH Disease Control Team (DCT) Leader since 1990 and will oversee acute HAV and HCV investigations by DCT staff; train RA staff to conduct acute HBV investigations; and provide user requirements for and test acute hepatitis IS module. **Lorna Garrido, Budget Analyst (5% FTE contributed).** Ms. Garrido has served as the Project's Budget Analyst since 2005 and will continue to develop budget proposals; monitor grant funds; create grant proposal financial reports; and serve as the project financial liaison to Public Health Foundation Enterprises, Inc. (PHFE). **PHFE STAFF: James Watt, MD, MPH, Co-Director (2% FTE contributed).** Dr. Watt was appointed CDPH, DCDC Chief in 2010 and will oversee all hepatitis surveillance activities and serve as liaison to CDC. **Amy Nishimura, MPH, Project Coordinator (100% FTE, $5,867/mth).** Ms. Nishimura has served as Project Coordinator since 2006 and will continue to lead development and implementation of enhanced surveillance activities, including survey and protocol development; work with IS/IT to expand IS to store and report data from new sources; train and supervise RAs to conduct all case follow-up activities; analyze response rates; ensure Project receives HAV IgM and HBcIgM serology specimens retained by labs and ships to CDC; and lead in analysis, summarization and dissemination for the 2011 chronic HBV and HCV Annual Report. **Martina Li, Research Assistant II (100% FTE, $3,691/mth) and Rachel Arrington, Research Assistant I (100% FTE, $3,368/mth)** have served as Project Research Assistants since 2007 and 2009, respectively, and will conduct chronic HBV and HCV pediatric case follow-up; test new database modules; conduct chronic HBV and HCV case follow-up by fax survey, interview, and chart review; enter/clean data; import electronic files of lab tests into ICOMS; and compile and send patient information mailings. Ms. Li will conduct acute HBV investigations; work with labs to ensure serum specimens are retained, transported to SFDPH weekly; and tracked and shipped weekly to CDC. Ms. Arrington will triage all hepatitis reports to the appropriate person; and enter hepatitis lab tests reported into the Registry. All of the above staff (except Dr. Watt) will be based at the SFDPH. The following California EIP (CEIP) staff will be based in the Oakland CEIP office. **Gretchen A. Rothrock, MPH, Health Program Manager (5% FTE, $9,100/mth).** Ms. Rothrock has managed CEIP since inception in 1994; served as the Project's Health Program Manager since 2005, and will continue to provide oversight of the Project and all PHFE staff. **Danielle Sheard, Program Budget Analyst (5% FTE, $5,408/mth)** has worked with CEIP since 2005 and will continue to financially manage the Project; and manage contract administrative requirements, renewal, and new grant application processes. **Robert Gill, Organizational Development Specialist (5% FTE, $4,236/mth)** has provided HR assistance since 2010 and will continue to work with supervisors to ascertain employee needs; manage recruitment and hiring; and assure compliance with all policies/procedures. **Shane Vigil, Administrative Assistant II (5% FTE, $4,805/mth)** has served as Administrative Assistant since 2007 and will continue to provide administrative and accounting support.

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12801 Crossroads Parkway South, Suite 200 ■ City of Industry, CA 91746 ■ 800.201.7320 Fax 562.699.8856 ■ www.phfe.org

January 4, 2011

Melissa A. Sanchez, PhD, MA
Supervising Epidemiologist
Communicable Disease Control Unit
San Francisco Department of Public Health
101 Grove Street, Suite 408
San Francisco, CA 94102

RE: Grant Number: 1U54PS003708-01

Dear Dr. Sanchez,

This letter is to acknowledge that the CDC has approved a grant to Public Health Foundation Enterprises, Inc. ("PHFE"). Said monies will be used by PHFE to support the Viral Hepatitis Surveillance in the City and County of San Francisco project through a subcontract agreement with the San Francisco Department of Public Health. The subcontract amount will total $137,933.00 for the period from January 1, 2012 to October 31, 2012.

Sincerely,

Mark J. Bertler, CAE
Chief Executive Officer

File No. 120147

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL

(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information *(Please print clearly.)*	
Name of City elective officer(s):	City elective office(s) held:
Members, SF Board of Supervisors	Members, SF Board of Supervisors

Contractor Information *(Please print clearly.)*

Name of contractor: Public Health Foundation Enterprises, Inc.

Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.

(1) See attached BOD Affiliation List
(2) Mark J. Bertler, Chief Executive Officer
(3) n/a
(4) San Francisco Department of Public Health
(5) n/a

Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746

Date that contract was approved: January 4, 2012	Amount of contract: $137,933

Describe the nature of the contract that was approved: San Francisco Department of Public Health (SFDPH) aims to conduct active, enhanced surveillance in 2012 to monitor the burden of chronic viral hepatitis disease through core surveillance of chronic hepatitis B and C throughout the City and County of San Francisco (SF). SF includes a total population of 805,235 residents, with Asian/Pacific Islanders disproportionately affected by chronic HBV, 34% of the population and 87% of reported cases, and African Americans disproportionately affected by HCV, 6% of the population and 35% of reported cases. The SFDPH has been continually funded by the CDC since 2005 to implement chronic viral hepatitis surveillance activities and proposes to continue to maintain a de-duplicated, population-based surveillance database for chronic HBV and HCV; to follow up laboratory reports of chronic HBV and markers of HCV infection using the most current CSTE/CDC case definitions; to complete the viral hepatitis case report form on all confirmed cases of chronic HBV and HCV infection and submit cumulative data monthly to the CDC via FTP and NETSS; to maintain collaboration and communication with clinical laboratories testing specimens from the population under surveillance; to determine if any labs are not reporting and develop collaborations; to document laboratory testing and reporting practices related to anti-HCV signal to cut-off ratio; to conduct follow-up on a 20% sample of persons chronically infected with HBV and HCV using at least two of the three methods: provider fax-back or interview, medical record review, or patient interview; to collaborate with CDC on improving the quality of existing chronic data; to conduct follow-up on all HBV and HCV pediatric cases newly reported to SFDPH in 2012 through parent/guardian and provider interviews; to evaluate testing patterns for chronic HBV and past or present HCV infection and complete a summary report; to implement, analyze, and summarize in report form a registry match utilizing either the SFDPH Sexually Transmitted Diseases Registry or the California Death Registry; to participate in CDC coordinated meetings; and to complete a 2011 HBV and HCV Annual Surveillance Report. The SFDPH's successful collaborations and external support from labs and SF clinicians over the past six years of the viral hepatitis surveillance project; well-established evaluation plan and performance measures; and experienced viral hepatitis staff will serve as the foundation for all proposed viral hepatitis surveillance activities in 2012. The SFDPH/California Emerging Infections Program will continue to be administered by Public Health Foundation Enterprises, Inc. based in the City of Industry, California.

Comments:

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

☐ a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information (*Please print clearly.*)	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Bos.Legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

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Board of Directors

Term for 2011-2012

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Jo Ellen Warner, Senior Program Analyst - National Association of County and City Health Officials

Scott Filer, Executive Director - Health Research Institute/Pfeiffer Treatment Center