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April 15, 2021

The Honorable Dr. Richard Pan, Chair
Senate Committee on Health
State Capitol, Room 2191
Sacramento, CA 95814

RE: HOAC Opposes Senate Bill 744 (Glazer) Unless Amended

Dear Senator Pan:

The Health Officers Association of California (HOAC), which represents the physician health officers of California's sixty-one city and county jurisdictions, must regretfully oppose SB 744 (Glazer) unless it is amended.

SB 744 requires the California Department of Public Health (CDPH) to post a weekly summary of viral respiratory diseases by county. This requirement should be modified to protect privacy by requiring CDPH not to release any information that could lead to the identification of an individual. If the numerator (cases) and/or denominator (population) in a county is too small, those numbers should not be included in the summary.

Unfortunately, we must oppose the requirement to publish individual data points. Publishing such information is a violation of privacy, even when the name is removed; there is enough other information included that it could reasonably lead to the identification of an individual.

SB 744 conflates disease reporting with case investigation. Disease reporting is the requirement in California law that medical providers report to the health officer each case of the diseases listed in Title 17 of the California Code of Regulations. Public health officers rely on medical providers for the timely reporting of disease cases so that we can monitor the health of our communities. We strive to make disease reporting easy, efficient, and confidential. To do this, we must maintain the trust and confidentiality of patients and their providers. Publishing individual-level data would make it less likely that medical providers would be willing to report cases to the local and state health department.

Case investigation, on the other hand, is the public health function of determining the history of a case and how or where the patient may have contracted the illness. It is related to contact tracing, which is the task of finding and notifying any individuals who may have been exposed to a disease through the patient. Requiring medical providers to conduct case investigation is inappropriate. First, the medical provider may or may not be trained to or comfortable with the task. Second, case investigation is not necessarily required for each case of a disease – there are times when public health and the medical community are more focused on mitigation of a disease rather than containment. And, last, adding these steps to the disease reporting process makes disease reporting more burdensome, making it less likely that providers will comply. This would result in less data collection and worse visibility into contagious diseases in our state, not better.

CDPH publishes aggregate data that balances the need for information with the need for confidentiality. Individuals engaged in research can contact CDPH with institutional review board (IRB) approval if they need additional data. It is not appropriate to broadly publish individual-level health data.

Should you have any questions regarding our position on this matter, I invite you to contact me at your earliest convenience.

Sincerely,

A handwritten signature in black ink that reads "Kat DeBurgh". The signature is written in a cursive, flowing style.

Kat DeBurgh, MPH
Executive Director