

Public Health Officer Report
for CH Commission 9-24-2026

Dr. Noemi Doohan, MD

- Regarding the requested status update on Harrison Street / leptospirosis mitigation:

At this time, I think the best source of information is the reported news such as this:

[Deadly rat-borne illness prompts cleanup of Berkeley encampment](#) and this [Leptospirosis | City of Berkeley](#)

Currently given the status of the lawsuits and the recent changes at the Harrison street encampment, there is nothing I can comment on beyond what has already been reported or shared publicly. I can share that there have been no new locally acquired cases of Lepto in humans since the 2 in early May associated with a rat-infested RV (this was publicly reported).

We did have an international travel associated case of human Lepto recently with no local exposures to rats.

We don't have a mechanism for Lepto in animals to be required to be reported to the public health department. We have had no voluntary reports of dog Lepto since the cases early this year that first alerted us to the issue of Lepto at Harrison Street.

- Regarding the requested status on the process for considering local or EB surveillance program for tick-borne diseases and general updates on infectious disease prevention and monitoring:

(From Patricia Zialcita, PH Officer Unit, Epidemiology Team)

a. Local or East Bay surveillance program for tick-borne diseases

The City of Berkeley Epidemiology team monitors vector-borne disease reports among Berkeley residents, though many of these folks are bitten by ticks and acquire the infection outside city limits. We do not receive reports of infected people who are bitten by ticks in Berkeley and reside outside of Berkeley.

If the Commission wishes to consider a local or East Bay tick surveillance program, several operational factors would need to be addressed:

- Berkeley does not maintain its own vector control program, so surveillance efforts would require collaboration with the Alameda County Vector Control Program.
- Berkeley does not have a public health laboratory; testing would rely on the Alameda County Public Health Laboratory or a formal agreement with the

California Department of Public Health Viral and Rickettsial Disease Laboratory in Richmond.

- Additional staffing and analytic capacity at the county level would need to be evaluated to ensure proper collection, testing, and interpretation of tick-borne disease data.

b. Infectious Disease Monitoring and Prevention

Berkeley Public Health continuously tracks communicable disease trends through mandated provider reporting and regional wastewater surveillance. The Epidemiology and Communicable Disease teams are actively monitoring the following conditions:

Measles

There are no recent measles cases in Berkeley. We are monitoring regional reports following an exposure involving an Amtrak traveler. There is no evidence of local transmission. MMR vaccination is available at the [City of Berkeley Immunization Clinic](#).

Mpox

Mpox prevention remains a year-round priority. Some Bay Area jurisdictions saw case fluctuations following summer events. Vaccines are available at local pharmacies and public clinics, and Berkeley partnered with Steamworks and CDPH to provide targeted vaccination clinics earlier this year.

Respiratory Viruses (Flu & COVID-19)

Flu and COVID-19 activity is increasing with the start of winter. In alignment with Alameda County, Berkeley [issued a Health Advisory](#) that recommends masking for staff and visitors in licensed healthcare facilities. Residents are encouraged to stay current on annual flu and COVID-19 vaccinations and consider masking in indoor settings if symptomatic or seeking additional protection.

Rabies Prevention

Preventing bat exposures remains a priority during warm weather. Residents should ensure pets are vaccinated against rabies and maintain intact window screens. All animal bites or possible bat exposures must be reported through the recently updated [Animal Bite/Rabies Exposure Reporting System](#).

- Top of mind for the Public Health Officer:

Measles: There have been no recent cases of measles reported in City of Berkeley but a high-risk exposure event occurred as described below. There is one Berkeley contact related to this event that we are following closely--thankfully they are fully vaccinated and having no symptoms. The City of Berkeley vaccine clinic offers measles vaccine (MMR) [CDPH: Measles Exposure Across Multiple Counties Involving Train and Bus Passenger](#)

Mpox: Pride season is here and preventing the spread of Mpox has been an annual concern since 2022 from a public health perspective. A vaccine is commercially available (for example at pharmacies and in clinics). City of Berkeley has done numerous Mpox

vaccine events this year in close partnership with Steamworks and the State (CDPH) and in our vaccine clinic.

[Mpox](#)

Respiratory season is here. Cases of Flu and Covid appear to be on the rise. Now is a good time to get annual vaccines for Covid and Flu and mask up if you are sick or wanting extra protection from respiratory viruses in public.

In alignment with Alameda County, City of Berkeley released a health advisory for masking staff and visitors in health care facilities (also found on our public health website linked below)

[Microsoft Word - MaskRecs_HealthAdvisory_20260916.docx](#)

Bats and Rabies is an ongoing concern. Public Health messaging includes vaccinating dogs and cats against rabies and making sure that windows have screens if possible so that in the warm and hot weather which leads to leaving windows open, bats can't enter the home. Please see City of Berkeley public health website

[Public Health Alerts and Advisories | City of Berkeley](#) and

[Rabies](#)



Health, Housing, and Community Services Department

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HEALTH ADVISORY

Masking Recommendations for Staff and Visitors in Licensed Health Care Facilities When Respiratory Viruses Circulate

September 16, 2026

ALERT – conveys the highest level of importance; warrants immediate action or attention.

ADVISORY – provides important information for a specific incident or situation; may not require immediate action.

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SITUATION

To prevent the spread of respiratory viruses, such as COVID-19, Influenza, and Respiratory Syncytial Virus (RSV), to vulnerable patients and residents, and to minimize the associated risk of severe illness and death among these persons, the Health Officers of Alameda County and the City of Berkeley strongly recommend that staff and visitors in patient care areas of licensed health care facilities in Alameda County, including the City of Berkeley, wear high-quality, well-fitting masks, regardless of vaccination status, during winter respiratory virus season (November 1 to March 31) and other times of increased respiratory virus circulation. Licensed health care facilities are encouraged to use the available data resources described below to determine when staff and visitors should mask outside of winter respiratory virus season. Licensed outpatient primary care clinics are not included in this recommendation. This guidance is unchanged from 2025-2026 and will remain in effect until further notice.

According to the [CDPH Respiratory Virus Dashboard](#), Bay Area respiratory viral transmission is currently at moderate levels which warrants masking in licensed healthcare facilities now.

BACKGROUND

Licensed health care facilities serve patients and residents at high risk for severe outcomes from respiratory virus infection, and respiratory infections and outbreaks are

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common in these facilities. Influenza and influenza-like illness outbreaks remain common in skilled nursing facilities and COVID-19 continues to cause facility outbreaks despite improvement in outcomes compared with the early pandemic years. COVID-19 circulates in both summer and winter and is known to spread from people who are asymptomatic or presymptomatic. Also, health care staff may work while experiencing symptoms of respiratory illness.

Wearing well-fitting, high-quality face masks can help reduce the spread of respiratory viruses and can provide an additional layer of safety for the large number of highly vulnerable patients and residents of health care facilities when respiratory viruses are most likely to cause infections. As such, California Department of Public Health (CDPH) released [Guidance for Face Coverings as Source Control in Healthcare Settings](#) in 2023, as well as [AFL 25-01](#), which addresses masking when health care providers return to work at licensed facilities after respiratory illness. The goal of these recommendations is to supplement CDPH policies and provide greater protection to patients and residents through routine staff and visitor masking. Masking also provides an added layer of protection for the wearer.

ACTIONS CONTINUED TO BE REQUESTED OF LICENSED HEALTH CARE FACILITIES

1. Staff and visitors are strongly recommended to wear well-fitting, high-quality masks in patient care areas during the winter respiratory virus season (November 1 to March 31) AND other periods of moderate or high respiratory virus activity, such as COVID-19 summer waves.
 - a. Facilities are recommended to use one or more of the data resources listed below to determine when respiratory virus activity is moderate or high outside the winter season.
 - i. The [CDPH Respiratory Virus Dashboard](#) shows when the burden of COVID-19, influenza or RSV reaches moderate levels. Select “COVID-19”, “Influenza” or “RSV” and the “Bay Area” region for local conditions. If test positivity, hospitalization OR wastewater data for any virus reaches moderate in the region, masking is strongly recommended. This dashboard is the recommended tool for monitoring virus activity under this guidance.
 - ii. Facilities may use their own data on bed availability, employee absenteeism due to illness, and/or rates of clinical care episodes due to respiratory viruses.
 - iii. Wastewater surveillance of respiratory virus activity can be found on the following websites:
 - [CDPH Wastewater Dashboard](#) (shows when transmission

levels are moderate or high; select “ABAHO” region)

- [WastewaterSCAN Dashboard](#)
- [Alameda County Wastewater Dashboard](#)
- [CDC Respiratory Virus Activity Levels](#)

- b. We recommend implementing mask policies within one week of reaching a moderate level.
 - c. **As of the date of this health advisory, Bay Area respiratory viral transmission is at moderate levels which warrants masking in licensed healthcare facilities now.**
2. Some facilities with monitoring and response capacity may opt to tailor mask policies to match virus activity throughout the year, even during winter respiratory virus season. This approach is consistent with this recommendation.

DEFINITIONS

- **Staff:** Health care facility employees, volunteers, and contractors who provide services at the health care facility, regardless of whether patient and resident care or contact are ordinarily part of the duties.
- **Visitors:** All persons in the facility who are not staff or others providing services and who are not seeking or receiving health care.
- **Health care facility:** Licensed general acute care hospitals, long-term acute care hospitals, psychiatric hospitals, skilled nursing facilities, dialysis centers, and infusion centers. Primary care facilities serving only outpatients are not included in this recommendation.
- **Patient care areas:** Any rooms or workspaces where patient care is routinely delivered to inpatients or residents, or patients under observation for possible admission, including but not limited to patient and resident rooms, inpatient radiology facilities, surgical suites serving inpatients, and emergency departments, or any other areas where staff may come into direct contact with patients or residents routinely receiving care. Patient care areas do not include those areas specifically serving outpatients, such as outpatient clinics, outpatient laboratories, outpatient radiology facilities, and ambulatory surgical centers, nor do they include areas in which patient care may occasionally happen, for example during emergency resuscitations, but which are not specifically intended for patient care, such as nursing stations, cafeterias, elevators, hallways, or vestibules. Charting rooms, break rooms, and offices are not considered patient care areas. Emergency vehicles and other medical transport vehicles are not

covered by this recommendation. When a facility location is not clearly a patient care area as defined in this paragraph, facility administrators have the discretion to determine the nature of that location.

- **High-quality, well-fitting mask:** Non-vented N95, KN95, and KF94 respirators or surgical masks. A well-fitted non-vented N95, KN95, or KF94 respirator is strongly recommended, to provide maximum protection, even if not fit tested. A scarf, ski mask, balaclava, bandana, neck gaiter, turtleneck, collar, cloth mask, or any mask that has an unfiltered one-way exhaust valve does not qualify as a recommended face mask.



Health, Housing, and Community Services Department

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HEALTH UPDATE

Five Rabies-Positive Bats Identified in the City of Berkeley in 2026 August 12, 2026

ALERT – conveys the highest level of importance; warrants immediate action or attention.

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Summary

The City of Berkeley Public Health Division, in partnership with the City's Animal Control Services, Alameda County Vector Control and Public Health laboratories, and CDPH state laboratories, **has confirmed five rabies-positive bats in residential and commercial areas in 2026 in West and North Berkeley**. This represents an increase compared to the historical baseline of zero to two rabies-positive bats per year in the City of Berkeley between 2020 and 2025.

Background

When bats are reported to the City of Berkeley Animal Control Services, specimens are submitted for rabies testing through Alameda County Public Health and CDPH state laboratories. In California, bats are the primary animal reservoir for rabies. Nationally, bats account for approximately one-third of all animal rabies cases and have been implicated in over 80% of domestically acquired human rabies infections since 2000.

What Providers Need to Know

Rabies infection in the United States is rare but is nearly 100% fatal once clinical symptoms develop. It is also nearly 100% preventable with timely administration of post-exposure prophylaxis (PEP). Provider awareness of local trends and rabies transmission factors is critical to informing timely PEP decisions.

When to consider PEP for bat exposures:

PEP is indicated for any person with a bite, scratch, or mucous membrane exposure to an animal with potential to transmit rabies, including but not limited to, bats. Critically, PEP should also be considered in the following scenarios even when a bite or scratch cannot be confirmed:

- A sleeping person awakens to find a bat in the room
- A bat is found in a room with a previously unattended child, a person with cognitive impairment, or an intoxicated person
- Any situation where there is a reasonable probability that unrecognized direct contact with a bat may have occurred

Bat bites frequently produce trivial or inapparent wounds that may not be visible on examination. The absence of a visible bite wound does not rule out exposure. Contact with bat guano, blood, or urine alone does not constitute a rabies exposure and is not an indication for PEP.

Please reference the up-to-date CDC guidelines for PEP doses and initiation here: [Rabies Post-exposure Prophylaxis Guidance | Rabies | CDC](#)

Wound care: Immediate and thorough washing of all bite wounds and scratches with soap and water is a critical first step and has been shown to markedly reduce the likelihood of rabies infection. Wounds should not be sutured unless absolutely necessary. [Tetanus prophylaxis](#) and antibiotics should be administered as indicated.

Reporting: All suspected rabies exposures should be reported to the City of Berkeley Communicable Disease Program. Please report animal bites via the [Animal Bite Incident and Rabies Exposure Report Form](#), ensuring completion of all the appropriate fields. Additionally, providers are encouraged to contact City of Berkeley Communicable Disease for assistance with risk assessment and PEP decision-making.

Additional resources:

- [CDPH IDB Guidance for Human and Animal Rabies](#)
- [California Compendium of Rabies Control and Prevention](#)
- [CDC Yellow Book: Rabies chapter](#)
- [Alameda County Animal Bites and Rabies in Alameda County, 2019 - 2025](#)

For Questions

Providers may contact the [City of Berkeley Communicable Disease Program](#) for additional information or assistance with reporting processes.

City of Berkeley Communicable Disease Program

Confidential Phone: 510-981-5292

Confidential Fax: 510-981-5345

Email: COBCD@berkeleyca.gov



Health, Housing, and Community Services Department

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HEALTH UPDATE

Animal Bite and Rabies Exposure Reporting Process Changes for City of Berkeley Residents August 12, 2026

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Summary

The City of Berkeley Public Health Division, in partnership with the Alameda County Communicable Disease Unit, [transitioned to an electronic reporting system for animal bite and rabies exposure incidents](#). This process replaces paper and fax-based reporting and is designed to streamline provider reporting and ensure timely public health response.

Background

[California Code of Regulations, Title 17, Section 2606](#) requires healthcare providers to report **all bites from mammals**, regardless of whether the animal is suspected of having rabies.

To improve reporting efficiency and accuracy, providers serving Berkeley and Alameda County residents may now submit the required information through a new [electronic survey version of the Animal Bite Incident and Rabies Exposure Report Form](#).

What Providers Need to Know

- The new electronic form supports quicker, more complete reporting of exposures related to bats and other mammals.
- When providers submit the electronic form:
 - Reports are automatically routed to the correct jurisdiction (City of Berkeley or Alameda County) based on the **patient's residence**.
 - Reports are also forwarded to the appropriate **Animal Control agency** in the jurisdiction

where the bite occurred, if within Alameda County.

- For patients who are **not residents of Berkeley or Alameda County**, providers should refer to the appropriate local health department for reporting instructions. Reporting requirements may differ by county.
- The new electronic form is **only applicable for Alameda County residents**.
- Providers may consult their facility's health department for guidance on reporting to other jurisdictions.

Why This Matters

- Supports compliance with state reporting requirements under CCR Title 17.
- Ensures timely public health follow-up for rabies risk assessment.
- Improves efficiency by eliminating the need for paper or fax submissions.

Where to Access the Form

- City of Berkeley Public Health – [Provider Resources: Communicable Disease Reporting](#)
- Alameda County Public Health Department – [Provider Reporting: Communicable Disease Control Reporting Forms](#)

For Questions

Providers may contact the City of Berkeley Communicable Disease Program for additional information or assistance with reporting processes.

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