



May 11, 2020

***New Information From Your CPMG Medical Directors...
... always interesting to us – hopefully useful to you!***

From: "Morris, Kenneth MD" <kmorris@rchsd.org>

Date: May 8, 2020 at 7:45:48 PM PDT

Subject: CPCMGR/CPMS COVID-19 NIGHTLY UPDATE 5/8/2020

Good Evening:

These are nightly updates for all CPCMGR and RCPMS staff. Other valued community members which includes all CPMGR affiliates and Radys Executives, as asked, have been included for the sake of collaboration. Please note that the information included herein is geared towards CPCMGR & RCPMS staff and while generally useful to the broad community, all aspects may not always be applicable to your respective organizations.

Well, the weekend got off to a bit of a dour start for me. I wrote 80% of the email and somehow I didn't hit save and I had to rewrite the whole thing. Such is life... Now on to the actual task at hand:

AAP President, Dr. Sally Goza, commented on the following in her daily message:
"Today, the Centers for Disease Control and Prevention (CDC) released [new data](#) that reveals what so many of you have been experiencing across the country: Children aren't going to the pediatrician, and as a result, far too many are missing important immunizations to protect them against diseases like measles, meningitis and whooping cough. The data shows that from mid-March to mid-April, doctors in the VFC program ordered about 2.5 million fewer doses of all routine non-influenza vaccines and 250,000 fewer doses of measles-containing vaccines compared to the same period in 2019."

There is genuine concern that as physical distancing restrictions begin to lift around the country, unvaccinated children and teens will be at risk for contracting a vaccine preventable disease creating additional outbreaks.

"The drop in vaccine rates also means that children are not receiving all the other important health care that usually occurs at well-child visits, including physical exams, developmental screenings, and other important care."

As a result, the AAP is taking a more liberal approach to their guidance on well-child care that now closely follows what CPCMGM has been advocating for and doing since the onset of the pandemic.

- All well-child care should occur in person whenever possible (Note: this includes all ages)
- Pediatricians should contact families whose children have missed well-child visits and/or recommended vaccines to schedule in person appointments.
- Care by pediatricians, pediatric medical subspecialists and pediatric surgical specialists should not be unnecessarily delayed and referrals should continue to be made.

They also commented that well visits for children may be initiated through telehealth, recognizing that some elements of the well exam must be completed in-person and that all payers should pay for telehealth visits at parity with in person visits. Note: this is not what is currently happening.

Unfortunately, there are significant barriers for performing Well Telehealth visits:

- In cases where payers are considering reimbursement, you must bring the patient back for a 2nd unpaid visit to complete the portion of the well visit that cannot be completed through telehealth. You may end up in a scenario where you have several back end visits requiring completion depending on when the pandemic ends. Our practices and others would need an extensive tracking mechanism to accomplish this. Additionally, in most cases, the payers are not paying for telehealth well checks and nor do they count for satisfying HEDIS metrics.

It is clear that we have many CPCMGM patients following suit of staying away as noted in Dr. Goza's message (even when our providers call). We are working on a long term strategy to offer drive-up or vaccine tent clinics for those that will not step foot in our doors, yet are amenable to having their children maintain vaccinations. We expect to ramp up/ramp down depending upon volume and staffing. This will be an important work flow to establish as it will likely be a prelude to mass scale COVID-19 vaccinations if and when they become available. I have visions seared in my brain of 5,000 patients standing in line in the mid-1950's waiting to get their Salk Polio vaccine.

Our current priority with Well Care is as follows:

In Person Well Child Check >>> Developmental Screening via Telehealth +/- Vaccine Clinic >>> Drive Up/Vaccine Only Clinic

RISK LEVEL

We remain at **Risk Level 3**.

- Access:
 - All sites remain open and all sites continue to see well and sick visits in a modified format.
- Self-monitoring: For fever twice daily for all staff and providers.
- Incident Command:
 - No New Updates

CASES

CPCMG/RCPMS:

- Staff/Providers:
 - No positive provider cases (0 cases total to date)
 - No new positive staff cases (2 total to date-not health care acquired)
- Patients (3 new cases-18 total positive cases):
 - 16 y/o with a known hx of IM asthma* and allergic rhinitis was seen in the South Bay for 7 days of cough, loss of taste, loss of smell, possible fever and chills (no thermometer at home). Family was not socially distancing, has been frequently traveling back and forth to TJ and was exposed to church members having testing positive with other family members suspected to be positive. Of note, the patient had had an erythematous rash on the face, trunk and extremities and the patient's COVID-19 test returned positive. The patient was hemodynamically stable but our provider reached out to Dr. Burns (KD clinic) for further guidance. More on this below re suggested labs.
 - 4 y/o with a known hx of IM asthma* seen in Southern Riverside presented with 2 days of watery eyes, fever to 101.4 and a non-productive cough. Had contact with an uncle who contact with 2 know family members. Stay at home orders were not being practiced with any particular zeal. Staff had appropriate PPE.
 - 8 y/o with no significant PMHx was seen in the South Bay presented with 48 hours of fever of 102-103 degrees. He was potentially exposed to his father who was awaiting testing results after being exposed to a positive COVID patient in the shipyard he was working at. The patient also had several days of cough, fatigue, sneezing (minimal nasal discharge), headaches, nausea and a sore throat describing his phlegm as tasting foul (clearly no loss of taste yet).

*To date, none of our COVID-19 positive asthmatic patients have had significant illness despite our concerns for the potential of this.

Riverside County:

- Wed Evening 5/6: 4.7% increase-4,672 positive cases with 4.5% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 5/7: 1.8% increase-4,756 positive cases with 4.6% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 5/8: 1.3% increase-4,817 positive cases with 4.7% of the TOTAL cases being in children 0-17 y/o

San Diego County:

- Wed Evening 5/6: 3.7% increase-4,319 positive cases with 4.1% of the TOTAL cases being in children 0-19 y/o
- Thursday Evening 5/7: 2.5% increase-4,429 positive cases with 4.3% of the TOTAL cases being in children 0-19 y/o
- Friday Evening 5/8: 5.0% increase-4,662 positive cases with 4.3% of the TOTAL cases being in children 0-19 y/o

Statewide:

- Wed Evening 5/6: 4.4% increase-58,815 positive cases with 3.3% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 5/7: 3.0% increase-60,614 positive cases with 3.4% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 5/8: 3.0% increase-62,512 positive cases with 3.5% of the TOTAL cases being in children 0-17 y/o
 - Note that children are 22.5% of the total CA population, yet are only 3.5% of the total cases

COMMUTING & MEXICO

Most of you have likely heard or noted the worsening COVID situation in Tijuana, which in all likelihood as trickled across the border to the South Bay. We are aware that several of our staff live in Tijuana and commute across (although crossing the border has become more challenging of late). Of recent, some hospital systems have suggested that traveling to/from Mexico/Tijuana should require a 14 day home monitoring. This would make it challenging trying to work here. Please note that CPCMG/RCPMS is **NOT** following this lead at this time and in all likelihood will not be following this directive without some sort of Government direction. We will be meeting next week to discuss options, which might entail an enhanced screening process. The situation at the border with 40,000 people crossing back and forth each day is a bit different than the situation for those arriving from Wuhan or New York. I have been told that the top clinician of Homeland Security will be visiting San Diego today and tomorrow and that this topic is on the agenda for discussion. Any border decisions will not be locally made.

TESTING CRITERIA (repeated for reinforcement)

Clinicians should use their judgment to determine if the patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.

More important than testing is the message that if a patient has mild symptoms, is to self-isolate.

San Diego Public Health is following a broader version of the California Department of Public Health (CDPH) guidelines for testing priority. Priority levels 1 & 2 should be our top focus. **With expanded capacity at Radys, testing of Priority 4 symptomatic patients without associated concerns can be considered (having family members who are essential workers, close contacts of PUI's, etc).**

Priority 1

- Symptomatic* Healthcare workers
- Persons identified for testing by Public Health (i.e. residents/staff of homeless shelters, etc.)

Priority 2

- Symptomatic* people having underlying conditions/risk factors
- Asymptomatic healthcare workers (particularly those in nursing facilities or hospital workers)

- Symptomatic* persons in essential health (not identified in Priority 1) and first responders
- Screening of vulnerable populations not identified above (symptomatic* and asymptomatic)
 - HIV/AIDS, homeless, those in rural areas, racial/ethnic groups, Native Americans, older adults
- **Symptomatic* children being direct cared for by an older caregiver or caregiver with underlying conditions [Note: CDPH nor SDPH does not specifically identify this group but we feel that this falls into Priority 2 instead of Priority 4].**

Priority 3

- Symptomatic* essential workers

Priority 4

- **Symptomatic* patients/people who are low-risk**
- Surveillance testing of asymptomatic persons

**Symptoms= fever, cough, sore throat, nausea, vomiting, diarrhea, muscle aches, fatigue, new loss of taste or smell. In addition to these symptoms, the CDC has recently added chills, repeated shaking with chills, and headache to their list. Note that elderly people (and children) might not develop fever.*

PEDIATRIC COVID-19 PCR TESTING OPTIONS

Thanks to Jason Decker, we are providing a one page handout with the various testing options for San Diego & Riverside Counties (inclusive of Radys options). See **attached**.

MULTI-SYSTEM INFLAMMATORY SYNDROME UPDATE

After consulting with Dr. Burns on the COVID-19 case highlighted above, she suggested the following labs to be drawn (the patient was being less than cooperative):

- CBC with manual diff
- CRP
- ESR
- BNP
- D dimer
- Ferritin
- ALT

Today, I received more information related to yesterday's New York update. A colleague (former partner at NCHS) and current Radys UC doctor happens to be connected with the CMO at Cohen Children's Hospital in New York City. Dr. Silver reports 30+ cases since mid-April, following a curve that is lagging 2-4 weeks behind their COVID-19 volume curve. All of the patients have presented with fever, with some having some or all of the symptoms of KD, some with more of a myocarditis picture (decreased contractility), and others with a picture resembling toxic shock (fever, rash, marked vasodilation); and many with a combination of all 3. Abdominal pain is common.

For any suspected case (fever of ≥ 4 days and rash or conjunctivitis, or oral findings, i.e. minimal criteria), they are getting a Troponin in addition to the CRP, BNP and Ferritin as noted above by Dr. Burns. Many of the lab values have been extremely abnormal on kids with only one or two findings other than fever. They feel that this is a post-infectious process as most of the patients have tested IgG positive (some have tested and/or PCR positive). Bear in mind, some patient have tested negative to both PCR and IgG serologies.

I think that the above supports my suggestion last night of considering PCR testing of any patient with 4 or more days of fever and considering IgG serology testing of any patient with a history of prolonged fever over the past couple of months. In the event that you have a febrile child with any of the other associated findings, consulting Dr. Burns' team is likely a prudent course of action. Additionally, if you are caring for a COVID positive child, we likely need to give some down-stream warnings should they develop signs or symptoms suggestive of a KD or Toxic Shock like illness. Again, I expect this situation to evolve.

INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions

Why Wearing Gloves in Public is Not a Good Idea (borrowed from our friends at Scripps)

There have been an increasing number of people wearing gloves in public since the COVID-19 outbreak began. Some believe they are being safe by wearing them and helping protect themselves from the virus that causes COVID-19 when they actually might be further spreading germs in the community.

Vinyl, latex and nitril gloves protect the skin from bodily fluids and certain harmful chemicals. The surface of these gloves, however, can support germs just like skin. Germs collect on gloves when a person touches various surfaces and spread when they touch other objects. Some gloves also have micro-sized holes that allow germs to pass, offering a false sense of safety. And, unlike skin, washing gloves is not an option.

Even health care workers are instructed to wash their hands before they put on gloves and after taking them off. **Remember, gloves are not a substitute for hand washing.**

CMIO REPORT (from the desk of Dr. Michael Jacobson)

Knowledge Base

Please visit the [CPCMG Knowledge Base](#) for all sign-ups, knowledge articles, and tip sheets.

As a daily reminder to all staff and providers, if you have a fever (Temp ≥ 100.0), please do not come to work! If you are not feeling quite right, it is best to stay home. Besides taking care of yourselves, we need to keep co-workers and patients healthy.

Updates will be dark this weekend and will return Monday evening. I wish everyone a wonderful Mother's Day Weekend!

Thanks,

-KM

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