



**May 13, 2020**

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

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**Date:** May 12, 2020 at 9:18:44 PM PDT

**Subject:** CPCMGRCPMS NIGHTLY COVID CHRONICLES 5/12/2020

Good Evening:

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

I had the day off today and tried to stay off the email, but remain accessible by phone and text. Late, last night I learned of a staff member who tested positive after being sent away by the screeners who did their job (and did it well) outside one of our offices. Each evening, as we have had new COVID-19 positives in patients and staff, we have highlighted the clinical presentations. The one consistent thing that I have learned about COVID-19 presentations is that there is nothing consistent with how it presents. **The message being, if you have a new illness or if you feel like you have a new illness coming on, DO NOT show up to work.** Please call and we will arrange to have you tested in most cases.

Very few if any of the cases that we have seen thus far have met the original classic presentation of fever, cough and shortness of breath. Some cases have presented with nothing more than fatigue. When observed, a new onset of loss of smell/taste appears to be the closest thing that we see with COVID-19 not typically seen with other illnesses.

**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)
  - 1 new positive staff case (3 total to date-2 are not health care acquired, 1 is pending)
    - A staff member showed up to work on Monday with a sore throat and a new cough that began the day prior. The staff member was sent away and referred for testing and it returned positive. It is unclear at this time where the staff member acquired the infection.
- Patients (0 new cases-18 total positive cases):
- COVID Toes: To date 2 of our 3 possible "Covid Toe" patients have tested IgG negative for COVID-19 and the 3<sup>rd</sup> possible patient still has pending labs.

### Riverside County:

- Sunday Evening 5/10: 0.9% increase-5,039 positive cases with 4.7% of the TOTAL cases being in children 0-17 y/o
- Monday Evening 5/11: 0.5% increase-5,067 positive cases with 4.8% of the TOTAL cases being in children 0-17 y/o
- Tuesday Evening 5/12: 3.4% increase-5,248 positive cases with 4.9% of the TOTAL cases being in children 0-17 y/o

### San Diego County:

- Sunday Evening 5/10: 3.0% increase-4,926 positive cases with 4.4% of the TOTAL cases being in children 0-19 y/o
- Monday Evening 5/11: 2.7% increase-5,065 positive cases with 4.5% of the TOTAL cases being in children 0-19 y/o
- Tuesday Evening 5/12: 1.9% increase-5,161 positive cases with 4.4% of the TOTAL cases being in children 0-19 y/o

### Statewide:

- Sunday Evening 5/10: 3.2% increase-66,680 positive cases with 3.6% of the TOTAL cases being in children 0-17 y/o
- Monday Evening 5/11: 1.9% increase-67,939 positive cases with 3.6% of the TOTAL cases being in children 0-17 y/o
- Tuesday Evening 5/12: 2.1% increase-69,382 positive cases with 3.7% of the TOTAL cases being in children 0-17 y/o

### Radys Community Pathogens Report (5/4/20-5/10/20)

- **RSV:** No cases
- **Influenza:** No flu cases
- **COVID-19:** 26 cases (873 tested)-3.0% tested positive

In the entire time over the many years that I have looked at the community pathogens report at Radys, I have never seen it this devoid of other viral pathogens. Other than COVID-19, there were only 3 positive rhinoviruses/enterovirus cases and 1 non-COVID-19 corona virus case. That was it.

## **LEGAL EAGLE**

Steve Lewis and I will be refreshing some previously issued guidelines on how to diffuse some challenging patient situations. With some family members being upset by the face covering policy and others acting increasingly irrational as they feel that their civil rights have been infringed upon, this is a good time for all of us to know our boundaries and how to make sure that we are protected. Yesterday, I learned of a pediatrician and former chief of staff at Sharp who was severely assaulted coming to the aid of a security guard who himself was being assaulted by an angry adult patient being led away because of failure to wear a face covering.

### **Verification of Patient's Identity & Video Visits**

We recently had a parent self-schedule a video visit for one of her children. Unfortunately, they scheduled it under a different sibling and the visit was documented in the incorrect sibling's chart. Although this was most likely an accident on the parent's part, there may be a higher risk of these types of errors or even fraud (e.g., a parent allowing an uninsured family member or friend to pretend to be their child) for video visits since the patients do not need to check-in and will often be seeing a provider who is not their regular PCP. Therefore, it is important to verify that you are seeing the correct patient to the extent possible. If the patient's picture is in Epic, compare the picture to the patient. Also, double checking the date of birth to make sure the patient's age is consistent with the patient on the video is another safeguard.

## **TESTING OF TEENS/CHILDREN**

Riverside County issued a press release yesterday suggesting that more young people (teens and young adults) should get tested. Those 18 and under make up 25% of Riverside County's population, but that group has accounted for only 6.6% of the testing appointments (some may be due to pediatric limitations previously imposed at testing centers). I expect to be meeting with our partners at Radys in the near future to determine how we can or should expand testing. Much of this may be dependent on sample collections (anterior nasal vs mid-turbinate vs NP). Ultimately, public health wants to be able to get a more complete picture of how COVID-19 is spreading among the young and how it might be moving among children and families.

### **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 MULTI-SYSTEM INFLAMMATORY SYNDROME (PMIS)** **UPDATE**

**Case Definition:** Thank you to Lindsay Grubensky for forwarding lots of information re PMIS. Recently, a panel of internationally recognized experts met re PMIS and encouraged clinicians including pediatricians to adopt the case definition put forth by the Royal College of Paediatrics and Child Health (England). The case definition is as follows:

1. A child presenting with persistent fever, inflammation (neutrophilia, elevated CRP and lymphopaenia) and evidence of single or multi-organ dysfunction (shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder) with additional features. This may include children fulfilling full or partial criteria for Kawasaki disease.
2. Exclusion of any other microbial cause, including bacterial sepsis, staphylococcal or streptococcal shock syndromes, infections associated with myocarditis such as

enterovirus (waiting for results of these investigations should not delay seeking expert advice).

3. SARS-CoV-2 PCR testing may be positive or negative

The full Royal College guidance is **attached** for more in depth reading. I will be culling through more information to see if there are further recommendations for evaluation of children with prolonged fever in addition to those suggestions already added to the COVID SmartSet. Additional initial suggestions might include an albumin, GGT and U/A with micro. Information will continue to change as the situation evolves.

### **INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions**

No New Updates

### **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  $\geq 100.0$ ), 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.**

Thanks,

-KM

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