



June 1, 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 29, 2020 at 5:27:05 PM PDT

Subject: CPCMGM & RCPMS COVID CHRONICLES 5/29/2020

Good Evening:

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

In today's San Diego Union-Tribune, an entire section was devoted to "A Kids' Guide to COVID-19" that explores why some children are falling ill, why doctor's visits are still crucial and why the odds of dying young are remote. The section has articles from Dr. Keri Carstairs (Radys Chief of Emergency Medicine and Population Health), Dr. Jane Burns (Radys Kawasaki Disease Clinic Director) and Dr. Carolyn Barber (ER Physician).

Dr. Carstairs highlights that now more than ever there is an importance of maintaining regular appointments and seeking care for children when it is needed. In the article, it draws attention to the enhanced safety and screening measures being taken to protect patients and visitors and the advanced access through telemedicine. The full article is included here:

http://enewspaper.sandiegouniontribune.com/infinity/article_share.aspx?guid=9be4ca48-7d24-4b32-83ef-399c6e3a16d6

Dr. Burns highlights the Multisystem Inflammatory Syndrome (MIS-C) and increased Kawasaki Disease (KD) cases that we have previously drawn attention to in the chronicles. The full article is included here:

http://enewspaper.sandiegouniontribune.com/infinity/article_share.aspx?guid=e5cae19e-a6f3-4567-b839-096e99d3e4a9

Lastly, Dr. Barber draws attention to the generally low number of cases in the children under 18 y/o and the extremely low mortality which was 42 (in 0-19 y/o) as of mid-May for the entire country. In general, it was pointed out that if you are younger and have no pre-existing medical

conditions, the statistics are greatly in your favor. While the odds may be in the favor of younger people, this age group still carries responsibility. This responsibility is to practice social distancing, avoid large gatherings, practice good hygiene and wear a mask/face covering in public. This will allow us to keep the more vulnerable amongst us safe. The full article is included here:

http://enewspaper.sandiegouniontribune.com/infinity/article_share.aspx?guid=7bfa33d0-0f22-4991-8dea-c8c33b92f269

RISK LEVEL

We remain at **Risk Level 4**.

- Access:
 - All sites remain open and all sites continue to see well and sick visits in a modified format.
 - Some sites are piloting a well only format.
- Screening: Conducted on site each morning by a designated screener which includes a temperature check and risk assessment (symptoms and exposure).
- Self-monitoring: Throughout the day by 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 (4 total to date-none with confirmed work related exposure)
- Patients (1 new case-38 total positive cases)
 - 17 y/o Coastal patient had a fever to 102 and a headache for 2 days, congestion as well as a on and off minor cough for 2 weeks. The patient had been exposed to his COVID positive grandfather the week prior. The patient was evaluated via a video visit and was referred to Radys for testing with the results returning positive today. There were no PPE concerns, because of the Video Visit.

Riverside County:

- Wed Evening 5/27: 1.6% increase-7,252 positive cases with 6.5% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 5/28: 1.2% increase-7,341 positive cases with 6.6% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 5/29: 1.9% increase-7,486 positive cases with 6.6% of the TOTAL cases being in children 0-17 y/o

San Diego County:

- Wed Evening 5/27: 1.4% increase-6,983 positive cases with 5.6% of the TOTAL cases being in children 0-19 y/o
- Thursday Evening 5/28: 1.6% increase-7,100 positive cases with 5.6% of the TOTAL cases being in children 0-19 y/o
- Friday Evening 5/29: 1.9% increase-7,240 positive cases with 5.8% of the TOTAL cases being in children 0-19 y/o

Statewide:

- Wed Evening 5/27: 2.3% increase-98,980 positive cases with 5.2% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 5/28: 2.7% increase-101,697 positive cases with 5.3% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 5/29: 2.1% increase-103,886 positive cases with 5.3% of the TOTAL cases being in children 0-17 y/o

COVID-19 & THE QUEST FOR HERD IMMUNITY

Unfortunately, we still don't know whether having had the COVID-19 infection will confer immunity and at what level or for what time frame. In a best case immunity situation through either infection or a vaccine, in order to achieve herd immunity, experts feel that at least 60% of a population will need immunity. Assuming the best case immunity response, the world is still a long way away. A recent national antibody survey of 70,000 citizens that was conducted in hard hit Spain showed that the highest cities of Soria and Madrid had 14.2% and 11.3% positive antibody findings respectively. Spain's national rate of infected citizens is only about 5%. Amongst the other hard hit cities of New York and London, 19.9% and 17.5% of citizens respectively have antibodies. Translation: after all that New York has been through, they are only 1/3 of the ways towards a possible herd immunity coming into play.

PLASMA & BLOOD DONATIONS (reposted from 5/15/2020)

- **Plasma:** If someone you know has tested positive for COVID-19 and has recovered, they are likely eligible to donate plasma. The American Red Cross recently started a national program to collect and distribute plasma, and current supply is low. *This is another reason to consider antibody testing so that you can help others.*
<https://www.redcrossblood.org/donate-blood/dlp/plasma-donations-from-recovered-covid-19-patients.html>
- **Blood:** In addition to the donation of plasma, blood banks are experiencing severe blood shortages as well with many blood drives typically hosted at schools and work places being closed down. If you click on the above link, you will find a red "Find a Blood Drive" zip code box in the top right corner.
 - One such example is that if you type in "92064" you will find a blood drive at Temple Adat Shalom in Poway that Dr. Cara Cohen (Citracado) is helping to run on June 14th. There are still 4 spots available. To sign up for this blood drive or any other, please click on the link and enter a zip code near you.

COVID COLLABORATIVE FOR CHILDREN (C3) UPDATE

A steering committee from Radys will be beginning next week and we are working through a number of variables such as required PPE for anterior nares collections (ANC), training for ANC's, proper ordering, supplies, specimen pick up, etc. In the meantime and as directed from Dr. Breslow and Gillian Ripley yesterday during morning emails, please use the following message for families inquiring about access to the new testing collaborative:

“We are actively working on the roll out of the patient and parent COVID testing. We anticipate having this widely available by mid-July. Please check our website at www.CPCMG.net for updates.”

As we have more information, we will keep everyone posted.

TESTING CRITERIA (condensed & 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. **If you think a patient needs to be tested, please test them!***

With expanded capacity at Radys, we have the ability to broaden our testing priority beyond what has been suggested by CDPH. All of the following should be given some consideration for testing (from highest to lowest):

Testing Priority

1. Symptomatic* Healthcare staff
2. Anyone instructed by Public Health to test
3. Symptomatic* children with underlying conditions/risk factors
4. Symptomatic* children being direct cared for by an older caregiver or caregiver with underlying conditions.
5. Asymptomatic children who will be undergoing a hospital procedure requiring pre-clearance.
6. Symptomatic* children having family members who are essential workers.
7. Symptomatic* children with a known contact to a person with suspected/proven COVID-19.
8. Asymptomatic children with a known contact to a person with suspected/proven COVID-19.
9. Symptomatic children with no known contact to a suspected/proven COVID-19 case.
10. Asymptomatic children with no known contact to a suspected/proven COVID-19 case (for surveillance purposes). This category may become more important when schools resume or for participation in some future community activities.

**Symptoms= fever, cough, shortness of breath/difficulty breathing, sore throat, chills/repeated shaking with chills, nausea, vomiting, diarrhea, muscle aches, fatigue, new loss of taste or smell. Note that elderly people (and children) might not develop fever.*

ANTIBODY TESTING CRITERIA (repeated for reinforcement)

Patient referrals to a Quest draw center must be asymptomatic for the previous 10 days AND must have the following testing limitations reviewed with them.

Limitations: When ordering antibody testing, the following limitations should be communicated to patients

- We do not know whether the presence of IgG antibody indicates full, partial or no immunity to COVID 19 and for how long.

- If an IgG antibody result is positive, we cannot rule in or out the positive as COVID-19 versus a non COVID-19 corona virus
- Antibody testing cannot rule out or rule in an active COVID-19 infection and if testing positive, we will need to follow this up with PCR testing.

The following are suggested for testing consideration:

1. Patients with a Hx of COVID-19 like illness* AND either have risk factors themselves or contact with other patients/caregivers at risk.
2. HCW's:
 - a. With acute suspected COVID-19 symptoms > 7 days, but a negative PCR test*
 - b. Who have recovered from a suspected past history of a COVID-19 like illness*
3. "Covid Toes" presentation
4. Any suspected KD, MIS-C cases or previous Hx of prolonged fever since March

*Note: 14 days past onset of sx's is preferable for testing due to increased accuracy.

INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions

- Social Distancing & Sanitation Protocol Update:
As referenced in Wednesday's update, our Incident Command and Safety committees have reviewed proposed changes to our Social Distancing and Sanitation Protocol (which includes a new section on mask and face covering measures). This protocol is being distributed to all CPCMG sites in both Counties for posting. Please see the new protocol as **attached**.
- Face Masks/Coverings & Asthma:
After consulting Dr. Ryu and Dr. Welch from the Radys asthma department, they agreed with the following "trains of thought"
 - One train of thought is that if someone's asthma will be triggered from wearing a face mask, perhaps it is not controlled enough that they should be on a controller.
 - Another train of thought is that if you have asthma, you are at higher risk and it would be more important to wear a mask (although the intent of the mask is to protect others and not yourself).

They did not see any basis for children with asthma being exempt from wearing a mask/face covering. So, a possible response to such requests:

- *"After conferring with CPCMG Medical Leadership and Asthma Specialists, we have been advised that there is not any basis for granting an exemption for the wearing of a mask/face covering in a patient with asthma."*

Lastly, there may be some requests for a letter such that the anxiety of wearing a mask could trigger an asthma exacerbation, but these should be "one-offs" and a different ask.

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.

As a reminder, the Chronicles will be dark until Monday evening, June 1st.

With the Chronicles now hitting the 3 month mark next week, I have been contemplating moving to a Monday-Wednesday-Friday format for the Chronicles with an on demand publication on Tuesdays and Thursdays depending on items that might arise. There seems to be an endless supply of things to update the group on, but the swings in COVID-19 direction are not nearly as fast and furious as they once were. We will play it by ear, but if you don't get a Tuesday or Thursday update, rest assured that you have not been delisted ☺.

Thanks,

-KM

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