



June 15, 2020

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

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

Date: June 12, 2020 at 8:15:13 PM PDT

Subject: CPCMGRCPMS COVID CHRONICLES 6/11/2020 & 6/12/2020

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 have been banging the drum with regards to following public health leadership about remaining vigilant as guidelines relax. Officials continue to strongly advocate for the continued use of face coverings, maintaining physical distancing and practicing good hygiene. This past Wednesday, while listening to news, I learned that Orange County's Public Health Officer, Dr. Nichole Quick resigned after being subject to threats and protests at her home related to the countywide mask order. Her interim replacement was then forced to remove the mandatory order. While I can understand the difficulty in finding balance between public safety and the economic ramifications of not reopening businesses, I find these kinds of attacks cowardly and disturbing. Is it that much of a sacrifice when we are around others to wear a face covering? Unfortunately, Dr. Quick is not alone as several other CA public health officials have been subject to attacks and have announced their intentions to leave their positions. Last month, it appears that Dr. Cameron Kaiser, the Public Health Officer from Riverside was bullied into removing the mandatory face covering order or risk being fired.

We trust that our public health officials are making decisions based on the best science available. California's response to COVID-19 and success in flattening the curve can be directly tied to our public health departments. The science is clear that wearing a face covering can help slow the spread of COVID-19. If and when officials feel that is safe to discontinue use of face coverings, we will follow their lead. Until that time, your CPCMGRCPMS leadership feels that we must stay the course to protect ourselves, our families and our patients.

From the Public Health good news department, the California Department of Public Health (CDPH) today announced playbook guidelines for personal care, which includes nail salons, personal care services such as facials and tattoo parlors. Businesses meeting these guidelines can open as soon as June 19th. Additionally, places of worship (which also extends to constitutionally protected activities such as the right to protest) may now expand to unlimited attendance at outdoor gatherings as long as strict physical distance guidelines are met.

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.
 - Most sites continue to see WCC's into mid-afternoon and are seeing WCC's of all ages
 - 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 new positive provider cases (1 total to date-none with confirmed work related exposure).
 - No new positive staff cases (4 total to date-none with confirmed work related exposure)
- Patients (5 new cases-64 total positive cases)
 - 7 y/o South Bay patient was exposed to his live-in grandmother earlier in June and tested negative. His father subsequently tested positive (patient shares time between father and mother) and the patient was retested again 1 week later and tested positive. Because the father had tested positive, his quarantining is now being spent with his father although he continues to remain asymptomatic. Collections and testing were completed at Radys
 - 16 m/o East County patient presented with cold symptoms after being exposed to a grandmother who had visited from out of town for a week, went home and then got admitted overnight for a presumed COVID-19 although tested negative. A 2 y/o sibling of the patient that was simultaneously tested was negative. Collections were done onsite with full PPE with the test returning positive.
 - 8 y/o Central SD patient was asymptomatic (presented with an unrelated rash), but exposed to an adult older sister who recently tested positive for COVID-19. The patient's mother who came with the patient had begun with 2-3 days of cough. Both the patient and the mother (previous patient) were tested with

both results returning positive at Radys. Collections were done at the clinic with full PPE.

- 29 m/o N. County patient was seen for a routine pre-op exam prior to a BAERS. The patient had routine pre-procedure PCR testing done 48 hours later and then an additional 48 hours later, the patient developed a fever to 100.4. There have been no other symptoms although the mother is now having new headaches and is being tested. There were no other know positive family members. Both the provider and patient were masked, but the provider did not wear eyewear and this nearly created a moderate risk situation given the examination of the mouth (very short window). Because symptoms appeared >48 hours after the examination, we did not feel that a home quarantine is necessary.
 - We cannot emphasize enough:
 - If both the patient and provider are masked, at minimum, eyewear during oral examinations and/or when the mask is removed.
 - If only the provider is masked, eyewear during the entire examination.

Riverside County:

- Wed Evening 6/10: 3.2% increase-9,911 positive cases with 7.2% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 6/11: 3.2% increase-10,240 positive cases with 7.2% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 6/12: 2.4% increase-10,490 positive cases with 7.1% of the TOTAL cases being in children 0-17 y/o

San Diego County:

- Wed Evening 6/10: 1.2% increase-8,837 positive cases with 6.6% of the TOTAL cases being in children 0-19 y/o
- Thursday Evening 6/11: 1.8% increase-8,998 positive cases with 6.7% of the TOTAL cases being in children 0-19 y/o
- Friday Evening 6/12: 1.4% increase-9,130 positive cases with 6.7% of the TOTAL cases being in children 0-19 y/o

Statewide:

- Wed Evening 6/10: 2.0% increase-136,191 positive cases with 6.4% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 6/11: 2.2% increase-139,281 positive cases with 6.6% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 6/12: 1.9% increase-141,983 positive cases with 6.7% of the TOTAL cases being in children 0-17 y/o

COVID COLLABORATIVE FOR CHILDREN (C3) (update)

- Sanford and MCC have started with Citracado slated for next week.
- We are evaluating next sites including on how to integrate Riverside/Murrieta into this plan.

- Who to Swab? Anybody who wants it regardless if they have already been tested. Anybody can test positive at any time regardless of how many previous negative tests 1 might have had.
- Can we swab a patient already testing PCR positive? We are currently vetting this out with the C3 team. There may be some value in gathering data on shedding time or potential reinfection.
- MyChart: Negative results are being released right away. It is also been agreed upon that any staff (not just providers) can report negative results to families.
- All patients will have anterior nasal collections regardless of being symptomatic or asymptomatic. The only exceptions will be for those that have a strongly suspected infection and already tested negative with an anterior nasal collection or if there is a particular extremely high risk patients scenario.
- Radys is still working on daytime phone notifications. There are different expectations depending on whether a patient is in a hospital setting or in an ambulatory setting.
- The process of training for self-collections or parent assisted self-collections is still being worked out.
- In general, testing media should be kept refrigerated. This may change over the next 2-3 weeks once dry swabs become available.
- All sites will be receiving the green priority testing stickers (for symptomatic patients or higher risk scenarios).

SCHOOLS & COVID-19

Every school district and independent school has been given a playbook and is developing guidance for reopening. I expect wide variability from district to district across the State. Three possible options have come to the forefront:

1. Traditional full time in school instruction
2. Hybrid model (combination of online learning and in school instruction)
3. Full-time virtual/online learning

To date, many appear to be heading toward option 2, but again this will likely vary widely over the next few months. Today, I learned that after surveying constituents, Temecula Valley will offer all three options to families, but that their preferred learning model is the traditional full time learning model, which is aligned with the majority of those surveyed (60.4%) in the district. Should be a fun next couple of months trying to figure out how children will be returning to school.

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 the new rapidly expanding C3 Collaborative at Radys, we now have the ability to test any child for any reason (with parents/caregivers soon to follow). For those practices that still have limited collection ability challenges, the following should be given 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).

**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

N95 Masks With Exhaust Valves (see pictures below)

- These type of N95 masks are designed for construction workers to use in order to keep out dust and other particles. They have a one-way valve that protects the person

wearing the mask from others who may be sick, but they do not protect others from you should you be wearing one and are potentially sick. The valve closes when the wearer breathes in and it opens to expel air when the person breathes out.

- After consultation with our quality team, N95 masks with exhaust valves are not permitted by our staff to wear and nor will they be permitted by our patients/families to wear. If a patient or family member arrives with one of these types of masks, they should be given a face covering gaiter or a surgical mask to replace it.



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.

The next Covid Chronicles will resume Monday evening, June 14th.

Thanks,

-KM

Kenneth H. Morris, MD, FAAP

Chief Medical Officer

Children's Primary Care
Medical Group

Phone: (858) 502-1146

Fax: (858) 636-4319

www.cpcmg.net