



**9/29/2020**

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

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**From:** Morris, Kenneth MD  
**Sent:** Tuesday, September 29, 2020 5:25 PM  
**Subject:** CPCMG/RCPMS COVID CHRONICLES 9/29/2020

*These are biweekly updates for all CPCMG and RCPMS 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 CPCMG & RCPMS staff and while generally useful to the broad community, all aspects may not always be applicable to your respective organizations.*

Over the past 6+ months, I have worked hard to focus on the hard to find positives and have tried not to dwell on mounting death tolls. With the world now passing the 1 million mark of souls lost, it does make one pause to reflect on the “what ifs” and “what could have beens.” More people have now died from COVID-19 over the past 10 months than have died from malaria, influenza, cholera and measles combined. At just over 4% of the world’s population, the US leads the way with more than 20% of the world’s deaths having recently passed the 200,000 mark. With the realization that the 1 million mark may be a vast under reporting due to inadequate testing, technical challenges and potential secrecy by some countries, I can only wonder what would happen if we were granted a mulligan (a do over). The pandemic likely did not need to be this bad particularly if we knew then what we know now. However, even as the science became known, we often forgot our newly learned lessons fueling new surges. Early and often widespread testing, tracing, treating, social distancing, mask wearing, proper hygiene and adequate PPE would have made a tremendous difference. Those tools would have and will continue to be only as good as our willingness to embrace them. Let’s maintain vigilance and determination while following the science so that we can find our way out of the pandemic without having to report on the next million lives lost...

On the heels of my narrative this past Friday, others reached out to me regarding families refusing the flu shot. These are families that typically do get their children vaccinated against influenza. Many families appear to be suspicious and fearful of the production process. This appears to stem from the controversy and inconsistent messaging being played out in the media regarding the COVID-19 vaccine. It is important to note to families that production of this year’s

flu vaccine was well underway well before there was a discussion of whether a COVID-19 vaccine would even be needed.

In tonight's edition, we have some updates on new and existing topics for the following:

- County/State COVID-19 Triggers
- CPCMG Patient Positive Cases
- Outdoor Playgrounds-Reopening!
- CDC Risk Conditions
- The Quest for Immunity
- Halloween Guidelines-San Diego County
- Infection Prevention & Control:
  - Eye Protection Reminders
  - Mask & Face Coverings Measures Reminders

### **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.

### **COUNTY COVID-19 TRIGGERS**

- Please click the Triggers [Scorecard \(SD County\)](#) to see how San Diego is doing with all 13 of the criteria metrics across the 3 categories. Some triggers are included in the CA Blueprint Triggers below. As of 9/29/2020:
  - SD is failing the community outbreak metric with **20** outbreaks (>7 outbreaks in a 7 day period is failing).
    - [SDSU Cases](#) (as of 9/29/2020):
      - SDSU Living On Campus Related: 389 students
      - SDSU Non Residential: 669 students, 8 faculty/staff, 14 visitors
        - The 6 faculty/staff were connected to an auxiliary of SDSU
      - Totals: 1,058 students (includes confirmed and probable cases) and 22 non-students
- CA [Blueprint for a Safer Economy](#) Triggers as of 9/29/2020.
  - **CA**
    - COVID-19 Adjusted Case Rate per 100K: 7.0 (up from 6.4 on 9/22/2020)
    - Testing Positivity Rate: 3.4% (down from 3.6%)
  - **SAN DIEGO**
    - COVID-19 Adjusted Case Rate per 100K: 6.7 (down from 6.9 on 9/22/2020)
    - Testing Positivity Rate: 3.5% (down from 3.8% on 9/22/2020)

- Tier Status: **Substantial-Tier 2**
- San Diego is expect to remain in the **Red** Tier until their cases rate drops below 3.9/100,000, which is an average of <133 new cases per day.
- **RIVERSIDE**
  - COVID-19 Adjusted Case Rate per 100K: 6.7 (equals rate of 6.7 on 9/22/2020)
  - Testing Positivity Rate: 4.8% (down from 5.8% on 9/22/2020)
  - Tier Status: **Substantial-Tier 2**

Measures*	Higher Risk -- Lower Risk of Community Disease Transmission			
	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
New cases**/100,000 population per day (7 day average; 7 day lag)	>7	4-7	1-3.9	<1
Testing % Positivity (7 day average; 7 day lag)	>8%	5-8%	2-4.9%	<2%

- The “Healthy Compliance Call Center” line that allows the SD public to report violations can be reached at (858) 694-2900.

### CASES (as of 9/29/2020)

- **CPCMG COVID Positive cases: 2**
  - Both cases (from early March) were confirmed via antibody testing.
  - Contact tracing: no work related exposure
- **RCPMS Positive Cases: 13**
  - 10 of 13 positive cases with contact tracing linked to outside exposures
  - 3 of 13 positive cases with unconfirmed etiologies. Contact tracing revealed no work related exposure
- **CPCMG Patient Positive Cases**
  - For the week ending 9/26/2020: 37+ new cases over the past week->607+ total
    - For Radys samples, you do not need to notify us unless there is a break in PPE or Physical Distancing.
    - For Quest/LabCorp samples, please continue to notify the Quality Team.
    - New Case Breakdown. The majority of cases are symptomatic and having a known exposure.
      - 13 Symptomatic & Exposed
      - 7 Symptomatic & No Known Exposure
      - 2 Symptomatic & Unknown Exposure
      - 8 Asymptomatic & Exposed
      - 4 Asymptomatic & No Known Exposure
      - 2 Asymptomatic & Unknown Exposure
      - 1 False Positive

### Riverside County Covid Cases:

- Friday Evening 9/25: 0.5% increase-58,178 positive cases with 9.4% of the TOTAL cases being in children 0-17 y/o

- Saturday Evening 9/26: 0.4% increase-58,440 positive cases with 9.4% of the TOTAL cases being in children 0-17 y/o
- Sunday Evening 9/27: 0.4% increase-58,665 positive cases with 9.4% of the TOTAL cases being in children 0-17 y/o
- Monday Evening 9/28: 0.5% increase-58,932 positive cases with 9.3% of the TOTAL cases being in children 0-17 y/o
- Tuesday Evening 9/29: 0.4% increase-59,173 positive cases with 9.3% of the TOTAL cases being in children 0-17 y/o

San Diego County Covid Cases:

- Friday Evening 9/25: 0.9% increase-46,001 positive cases with 13.3% of the TOTAL cases being in children 0-19 y/o
- Saturday Evening 9/25: 0.7% increase-46,331 positive cases with 13.3% of the TOTAL cases being in children 0-19 y/o
- Sunday Evening 9/25: 0.6% increase-46,610 positive cases with 13.3% of the TOTAL cases being in children 0-19 y/o
- Monday Evening 9/28: 0.3% increase-46,734 positive cases with 13.4% of the TOTAL cases being in children 0-19 y/o
- Tuesday Evening 9/29: 0.5% increase-46,985 positive cases with 13.3% of the TOTAL cases being in children 0-19 y/o

Statewide Covid Cases:

- Friday Evening 9/25: 0.4% increase- 794,040 positive cases with 10.3% of the TOTAL cases being in children 0-17 y/o
- Saturday Evening 9/26: 0.5% increase- 798,237 positive cases with 10.3% of the TOTAL cases being in children 0-17 y/o
- Sunday Evening 9/27: 0.5% increase- 802,308 positive cases with 10.3% of the TOTAL cases being in children 0-17 y/o
- Monday Evening 9/28: 0.4% increase- 805,263 positive cases with 10.4% of the TOTAL cases being in children 0-17 y/o
- Tuesday Evening 9/29: 0.3% increase- 807,425 positive cases with 10.4% of the TOTAL cases being in children 0-17 y/o

**OUTDOOR PLAYGROUNDS-REOPENING!**

The CA Department of Public Health has released [guidelines](#) to allow for the reopening of outdoor playgrounds in parks, campgrounds and other publicly accessible locations. The San Diego County local health order will be updated to reflect the new guidelines which go into effect locally Sept. 30. They include:

- Use of face coverings for everyone 2 years and older; children must be accompanied by a caregiver.
- Physical distancing of 6 feet must be maintained between individuals from different households
- No eating or drinking in playground, to ensure face masks are worn.
- Wash or sanitize hands before and after using the playground.
- Elderly and persons with underlying medical conditions should avoid playgrounds when others are present.
- Limit visit to 30 minutes per day when others are present.

See linked [flyer-English](#) or [flyer-Spanish](#) for reference (good for posting at schools for those providing consulting guidance).

### **CDC INCREASED RISK CONDITIONS**

In July, the CDC published a list a risk of conditions for which people of any age are at increased risk of severe illness from COVID-19. These include:

- Cancer
- Chronic kidney disease
- COPD
- Immunocompromised state from solid organ transplant
- Obesity (BMI  $\geq$  30)
- Significant cardiac disease such as CHF/cardiomyopathy/CAD
- Sickle cell disease
- Type 2 Diabetes

On September 11<sup>th</sup>, the CDC noted: *“Based on what we know at this time, people with the following conditions **might be at an increased risk** for severe illness from COVID-19”:*

- **Asthma (moderate to severe)**
- Cerebrovascular Disease
- Cystic Fibrosis
- Hypertension
- Immunocompromised state from bone marrow transplant, immune deficiencies, HIV, chronic use of steroids
- Neurologic conditions such as dementia
- Liver disease
- Pregnancy
- Pulmonary Fibrosis
- Smoking Thalassemia
- Type 1 Diabetes

*Additionally, **children** who have medical complexity who have neurologic, genetic, metabolic conditions, or who have congenital heart disease might be at increased risk for severe illness from COVID-19 compared to other children.*

[https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html)

Please note that we continue to get requests for letters from parents wishing to be excused from work, because their child has a history of allergies or well-controlled intermittent asthma and they are concerned that their low risk job is putting their child’s health at risk. At times, they have been threatening to our doctors, because we will not permit a letter to be written. Reference the above CDC link if challenged. Most of us would find it unreasonable that intermittent asthma should carry a severe risk when cystic fibrosis is only listed as a condition that might be at an increased severity risk.

### **THE QUEST FOR IMMUNITY**

Several news outlets have reported that researchers are estimating that around 9% of Americans are showing signs of antibodies from COVID-19 as of late July. The estimate was based on a [study](#) published in The Lancet in which blood was analyzed from over 31,000 dialysis patients from all across the US. Infection rates varied from 0% in some states to as high as 33% in New York, which suffered a near catastrophic rate of infection early in the pandemic. The study also noted high rates of seropositivity in residents of predominantly Black and Hispanic neighborhoods (2-3x higher), poorer areas (2x higher) and more densely populated areas (10x higher). What does this mean? While the US has had among the highest rates of COVID-19 in the world, the percentage of people with antibodies is still relatively low and we are a long way away from herd immunity (assuming that having antibodies confers some level of long term protection). This also gives further weight to the need for an effective COVID-19 vaccine if we want to see the light at the end of the pandemic tunnel.

### **HALLOWEEN GUIDELINES**

San Diego County has issued [guidance](#) for celebrating Halloween during the COVID-19 pandemic. The guidance suggests “not allowed,” “not recommended” and “recommended Halloween Activities. It also offers up safer alternatives. Most notably, door to door trick-or-treating or “trunk-or-treating” is not recommended. Please see the **attached** PDF for more details.

### **COVID-19 DRIVE THROUGH TESTING AT CPCMG (repeated)**

- MCC, El Cajon, Scripps Ranch and Vista are now running drive through testing pilots.
- As a reminder, testing is for **appointment only** at this time. Referrals for testing requests should be run through regional testing centers or front office pools.
- Please do not order the Covid-19 test during the video visit. They will be ordered on the back end.

### **EXPOSURE & TESTING (condensed)**

If confirmed significant exposure and the patient is asymptomatic:

- If exposure was from household caregiver, okay to consider testing without waiting
- For most other direct exposures, please wait 5-7 days before initiating testing unless the patient becomes symptomatic

### **COVID COLLABORATIVE FOR CHILDREN (C3) & TESTING (repeated with new content)**

Currently, the C3 program is testing about 6,500 people per week with a goal of 10,000. They have been looking at expanding to schools, universities and sports teams. In order to be considered for expansion, email [covidcollaboration@rchsd.org](mailto:covidcollaboration@rchsd.org).

For CPCMG, The intent of the C3 program is offer testing for those during the course of their visit. This does not preclude us from order testing without a visit, but we need to be mindful of clinical support bandwidth. Having drive through testing does open up a new opportunity to offer needed testing without a visit when warranted.

If ordering testing for asymptomatic and exposure, please follow the EXPOSURE & TESTING paragraph above.

- Let’s continue to set realistic expectations from the outset. It may take 48-72 hours for results.

- For samples that need to be fast tracked (symptomatic, clinical concern, provider/staff), please place the green sticker on the bag. For providers/staff: This should be written in on the top of the requisition.

#### Encounter Pathways for Access to Testing

- CVC Video Visits: Offer testing at a CPCMG Regional Center or via Radys (Drive Through/WI) OR CPCMG Drive Through if Regionally Available
- PCP Video Visits: Offer testing with a site clinical support visit or via Radys (Drive Through/WI) OR CPCMG Drive Through if Regionally Available
- In Office Visits: Offer testing during the visit
- No Visit: Order via Radys (Drive Through/WI) OR CPCMG Drive Through if Regionally Available OR State/County locations

#### Caregiver Testing

We have developed a manual requisition work flow to allow for easier ordering and collection of specimens from parents/caregivers. All sites should have this available.

- In order to not tax our internal bandwidth, for the time being, we suggest offering testing of caregivers when it is not available to them and/or when results will have a clinical impact on your patients
  - Concerns re a false positive
  - Child has tested positive and family members are being evaluated
  - Scenarios where it may impact who can or will be the caregiver
- Please note that all caregiver results will be managed by the Radys Hospital system (not by our providers and staff).
  - Radys is working on a build that will send an email to the tested parents to allow them to sign up for their own MyChart. This will allow them to see their results and print them out as needed.
  - It is permissible for providers to look up a parent's results in Epic (with their permission of course).

#### **COVID POSITIVE ISOLATION CLEARANCE (repeated)**

***A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in rare circumstances.***

Please follow a Time-based strategy or Symptom-based strategy for Covid positive patients.

- Symptom-based strategy (symptomatic patients)
  - At least 10 days\* have passed since symptom onset **and**
  - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
  - Other symptoms have improved

\*A limited number of persons with severe illness or who are severely immunocompromised may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts.

- Time-based strategy (asymptomatic patients that remain asymptomatic)
  - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test (20 days for severe immunocompromised patients).

### **PCR TESTING CRITERIA (repeated)**

We continue to offer routine surveillance testing to our patients and families through our partnership with Radys and the C3 program.

*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!***

Priority should be given to symptomatic patients > asymptomatic patients with an exposure > asymptomatic patients for surveillance purposes only. Note: C3 participating sites with adequate supplies may not need to prioritize testing given adequate testing access.

For non-C3 participating sites, SD County offers the following [testing priorities](#).

In general, the CDC [recommends](#) no re-testing within 3 months for persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery. For those previously diagnosed positive who develop new symptoms within 3 months, the CDC [recommends](#) possible retesting and isolation in consultation with an infection control expert, if no alternative etiologies are identified.

*\*Symptoms= fever, cough, congestion, runny nose, headaches, 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.*

### **RADYS COVID ANTIBODY TESTING FOR PROVIDERS/STAFF (repeated)**

For those with more than a curiosity, RCHSD's occupational health is offering COVID IgG antibody testing to any providers or staff (bring your badge). It is located at Building 12 with no appointment needed. Hours are **0700-14:30**, Monday-Friday with no physician orders required for providers/staff.

### **ANTIBODY TESTING CRITERIA (repeated for reference)**

Patient referrals to a Quest/LabCorp 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 (for Quest or LabCorp). For Radys submissions, we have a level of assurance that a positive result is specific to COVID-19.
- 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
5. Any concerns for a false positive COVID-19 PCR test (after 14 days have passed from test result)

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

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

- Remember the 3 W's (for your everyday lives):
  - WEAR a face covering
  - WAIT 6 feet apart/avoid close contact
  - WASH your hands often or use hand sanitizer
- Eye Protection Reminders
  - Scenarios for required eyewear:
    - A patient and/or companion is unwilling/unable to wear a face covering.
      - Includes children under 2 y/o.
    - During oropharynx examinations when you ask a patient to temporarily remove their face covering
    - During aerosol generating procedures (AGP's)
    - **Employees should wear eye protection in addition to their mask if working in prolonged close proximity with another employee (meaning if you are in a situation that would qualify as a prolonged, direct contact in terms of determining an exposure-15 minutes & within 6 feet)**
- Mask & Face Covering Measures (a reminder to all)

Question Received: *For staff in patient facing positions (i.e. PSR), is the policy to wear a surgical mask or are cloth masks ok? Answer: See below*

  - A mask or face covering should be worn anytime an individual comes within 6 feet of another individual while in one of our buildings.
    - All patients / family members / visitors/ vendors are required to wear a face covering (with exceptions for children < 2 y/o).
    - **All patient facing positions require a face mask while working in patient care areas.**
    - All positions where it is not possible to maintain 6 feet of separation on a regular basis, requires all day use of a face mask/face covering.

### **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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