

10/9/2020

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

From: "Morris, Kenneth MD" <kmorris@rchsd.org>
Date: October 9, 2020 at 5:18:36 PM PDT
Subject: CPCMGR/CPMS COVID CHRONICLES 10/9/2020

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

In an article published in the AAP News today, they referenced a recent Gallup poll in which nearly 75% of American parents are at least somewhat worried about their child contracting COVID-19 at school or in a child care facility. For the 45% of “very worried” parents, more than 60% of this group felt that daily health screenings, classroom sanitation, class sizes and mask requirements would have major impacts on the way they feel about their child going to in-person classes. This poll was released just as San Diego County reports having 283 COVID-19 cases associated with K-12 schools in August and September (237 students & 46 staff). In review of a U-T article published today on the topic, there are several important points to be made before parents feel compelled to take a nose dive off the anxiety cliff.

- It is not known how many of these cases are associated with distanced learners/staff as opposed to in-person learners/staff (most schools have not been open to in person learning). All schools are mandated to report positive cases regardless of the learning environment.
- For those that are in person learning, the report does not distinguish whether the student/staff obtained it from the community or from the school setting.
- What is more important than the numbers of cases, is the distribution. There have been no known outbreaks in a K-12 setting (3 or more cases within 2 weeks).
- *“It’s inevitable there will be some cases in schools when the surrounding counties or municipal areas have the case rates we do”* says Dr. Robert Schooley, an ID specialist from UCSD.
- From the San Diego School Board Town Hall run by Radys last night: *“What happens outside of school is as important as what happens in school.”*

- Transmission from children is low: children seem to be less susceptible, less contagious and less symptomatic than adults (unclear if biologic vs social or a combination of both).
- Mitigation strategies work with one single strategy not being enough.

It would seem that multiple interventions targeting what parents are most worried about in the Gallup poll (and more) are all strategies that can and should be used at one level or another in order to keep our children safe at school. I would be interested to know how many of the 283 cases above are from direct school acquired situations. I suspect that the number is fairly low.

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

- COVID Cases (new staff case)
- School/Childcare COVID-19 Decision Grid
- Return to Play & COVID-19
- Covid Vaccine News
- News You Can Use (Radys Town Hall Updates)
- National Public Health Emergency Extension
- Testing Options (New)
- Covid Collaborative for Children (C3) & Testing
 - Caregiver Testing (updated)
- Infection Prevention & Control
 - Save the Gaiters-Part 2

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 10/9/2020:
 - SD is failing the community outbreak metric with **37** outbreaks (>7 outbreaks in a 7 day period is failing).
 - [SDSU Cases](#) (as of 10/8/2020):
 - SDSU Living On Campus Related: 408 students
 - SDSU Non Residential: 726 students, 10 faculty/staff, 13 visitors
 - The 10 faculty/staff were connected to an auxiliary of SDSU

- Totals: 1,134 students (includes confirmed and probable cases) and 23 non-students
- CA [Blueprint for a Safer Economy](#) Triggers as of 10/6/2020.
 - CA
 - COVID-19 Adjusted Case Rate per 100K: 7.1 (up from 7.0 on 9/29/2020)
 - Testing Positivity Rate: 3.2% (down from 3.4% on 9/29/2020)
 - SAN DIEGO
 - COVID-19 Adjusted Case Rate per 100K: 6.5 (down from 6.7 on 9/29/2020)
 - Testing Positivity Rate: 3.5% (same from 3.5% on 9/29/2020)
 - Tier Status: **Substantial-Tier 2**
 - RIVERSIDE
 - COVID-19 Adjusted Case Rate per 100K: **7.6** (up from 6.7 on 9/29/2020)
 - Testing Positivity Rate: 5.0% (up from 4.8% on 9/29/2020)
 - Tier Status: **Substantial-Tier 2**

Measure	Higher Risk → Lower Risk of Community Disease Transmission***			
	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Adjusted Case Rate for Tier Assignment** (Rate per 100,000 population* excluding prison cases^, 7 day average with 7 day lag)	>7	4-7	1-3.9	<1
Testing Positivity^ (Excluding prison cases^, 7 day average with 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.

COVID CASES (as of 10/9/2020)

- **CPCMG COVID Positive cases: 2**
 - Both cases (from early March) were confirmed via antibody testing.
 - Contact tracing: no work related exposure
- **RCPMS Positive Cases: 15**
 - 10 of 15 positive cases with contact tracing linked to outside exposures
 - 4 of 15 positive cases with unconfirmed etiologies. Contact tracing revealed no work related exposure
 - We have one new case to report of a PSR (new site) who began with some new, minor symptoms (congestion and sore throat) on a Sunday evening and was held out of work after consulting with the Quality Team. Symptoms progressed with feeling worse with a headache and PCR testing was performed with results returning positive. Contact tracing has not identified any sources at the site and it is unknown where the employee contracted the infection. The employee and co-workers

were noted to have full adherence to PPE recommendations and no recommendations for quarantine and COVID screening was warranted.

- **CPCMG Patient Positive Cases**

- For the week ending 10/3/2020: 31+ new cases over the past week->638+ 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.

Riverside County Covid Cases:

- Tuesday Evening 10/6: 0.7% increase-60,867 positive cases with 9.3% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 10/7: 0.4% increase-61,133 positive cases with 9.3% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 10/8: 0.5% increase-61,416 positive cases with 9.3% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 10/9: 0.7% increase-61,824 positive cases with 9.4% of the TOTAL cases being in children 0-17 y/o
 - See Pediatric Specific COVID-19 report for Riverside [here](#)
 - # of Confirmed Cases of MIS-C as of 9/24/2020 in Riverside: 4

San Diego County Covid Cases:

- Tuesday Evening 10/6: 0.3% increase-48,821 positive cases with 13.4% of the TOTAL cases being in children 0-19 y/o
- Wednesday Evening 10/7: 0.7% increase-49,175 positive cases with 13.4% of the TOTAL cases being in children 0-19 y/o
- Thursday Evening 10/8: 0.6% increase-49,466 positive cases with 13.4% of the TOTAL cases being in children 0-19 y/o
- Friday Evening 10/9: 0.7% increase-49,823 positive cases with 13.4% of the TOTAL cases being in children 0-19 y/o

Statewide Covid Cases:

- Tuesday Evening 10/6: 0.2% increase- 828,461 positive cases with 10.4% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 10/7: 0.3% increase- 831,225 positive cases with 10.4% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 10/8: 0.4% increase- 834,800 positive cases with 10.4% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 10/9: Pending

SCHOOL/CHILDCARE COVID-19 DECISION GRID

Helpful grid from the School Board Town Hall

Symptomatic	COVID 19 Test Result	Quarantine duration
YES	POSITIVE	Minimum 10 days from symptom onset (24 hours without fever and symptoms improved)
YES	NEGATIVE	Until symptoms resolved x 72 hours
No (exposed)	POSITIVE	Minimum 10 days from positive test or symptom onset (24 hours without fever and symptoms improved)
No (exposed)	NEGATIVE or no test	14 days from last exposure
No (contact to exposed person)	No test needed	No need to exclude from school unless contact develops symptoms

RETURN TO PLAY & COVID-19

We continue to work on a **Return to Play** algorithm that is being fine-tuned particularly around distinguishing between mild and moderate infections and trying to determine who might need an EKG before returning. There are several parts of the algorithm that have widespread agreement. If a pediatric patient has had a known or suspected history of COVID-19, the following is suggested:

- They must be asymptomatic for 14 days before considering any participation with a gradual return thereafter.
- They require an H&P to look for cardiac symptoms such as chest pain, SOB, fatigue, palpitations, syncope or an abnormal cardiac exam.
 - If the H&P is positive, an EKG is warranted with consideration for a cardio referral.
 - If the H&P is negative, the pathway is a little more murky to determine who might need an EKG or cardio referral to r/o concerns for subclinical myocarditis.
 - It would seem that younger children likely have lower risks and that older children (especially those participating in high intensity/competitive sports) might have higher risks. Children at higher risks having had symptomatic COVID-19 may require an EKG.

The literature seems to support that normal screenings and testing are not a guarantee of health and safety especially with much still to be learned about COVID-19.

From the AAP Today

Question: *What about patients who need medical clearance under less clear circumstances such as well patients seeking medical clearance for participation in activities or sports, children with nonspecific respiratory symptoms or recent removal from school or child care for transient fever, or patients without symptoms who may have been exposed to COVID-19?*

Answer: Medical clearance has no specific legal definition and typically means different things to the physician and parent. In the case of possible COVID-19 illness, the community may perceive medical clearance as a guarantee of health and safety for others from exposure. The mild or asymptomatic nature of COVID-19 in children makes this assurance impossible.

The AAP suggests that it is important to inform parents of the risks and the joint nature of the decision-making about activity participation. They also suggest adding a disclaimer note that may provide some additional liability protections for pediatricians asked to document medical clearance:

“Based on current practice guidelines, physician examination, history and any appropriate testing, no obvious reasons for exclusion from (the activity) have been identified. Reasonable medical standards indicate that the child may participate, but the parents must consider the child’s individual risks and benefits of participation and understand that clearance is not a guarantee against adverse outcomes or future medical problems.”

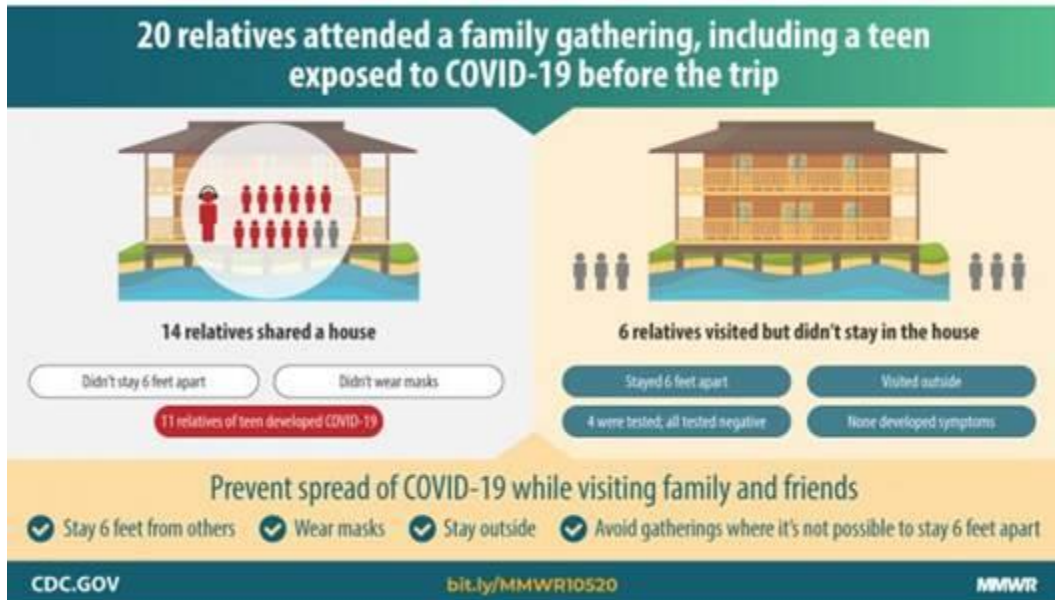
COVID VACCINE NEWS

The FDA told COVID-19 vaccine developers this week that it will want at least 2 months of safety data before authorizing emergency use. This requirement will likely take the White House driven goal of having a vaccine prior to the November election out of play. With some surprise given the political wrangling, it appears that the White House has approved this plan. The FDA move appears to be an effort to disentangle the development of the vaccine from political motivations in order to build public confidence.

NEWS YOU CAN USE (from this week’s Radys Town Hall)

Family Gathering & The Spread of COVID

The CDC published information on a family gathering outbreak (multiple households from 4 states) that occurred over 3 weeks this summer with some people staying in the house and some coming and going. The index case was a 13 y/o teen. Of note, the teen had an antigen test 4 days after an exposure at a concert during which time she was asymptomatic (which resulted as negative) and she and the rest of the family then left for the gathering. Nobody was wearing a mask or distancing inside the house. Some relatives came to visit and stayed outside, distanced and in most cases appear to have worn masks. Outcomes: see the chart from the MMWR below:



Take home points: When visiting family → wear masks, try and stay outside and physically distance.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6940e2.htm>

Pregnancy & COVID-19

New information has been published looking at the whole world's literature on COVID-19 and pregnancy. The report looked at 11,308 cases with 21% of these having severe hospitalization. Maternal and neonatal survival rates were reassuring at 98% for moms and 99% for babies. Neonatal disease was rare with only 41 possible cases reported.

(Pastick KA, Nicol MR, Smyth E, Zash R, Boulware DR, Rajasingham R, McDonald EG. A Systematic Review of Treatment and Outcomes of Pregnant Women With COVID-19-A Call for Clinical Trials. Open Forum Infect Dis. 2020 Aug 13;7(9):ofaa350. doi: 10.1093/ofid/ofaa350. PMID: 32929403; PMCID: PMC7454907.)

Severe Pediatric Illness & COVID-19

Severe pediatric illness has been relatively rare as we know. In two published articles, it would appear that some people (including children) have immunity defects that only appear when challenged by a COVID-19 infection.

The first article published in *Science* suggests defects in the body's recognition of infection and their interferon response to COVID, as has been shown in other serious infections (herpes and meningococcus). This defect can occur in 3-4% patients leading to severe COVID-19 infection. It is possible that a large cohort of severely hospitalized patients may be linked to this defect.

A 2nd paper published suggests that some people have autoantibodies to interferon that interferes with the response to COVID-19. This autoantibody has been seen in 10% of patients with serious COVID-19 infections with the autoantibody knocking out the macrophage response.

Bastard P and Casanova JL et al, Auto-antibodies against type I IFNs in patients with life-threatening COVID-19. Science. 2020 Sep 24:eabd4585. doi: 10.1126/science.abd4585. Epub ahead of print. PMID: 32972996.

Adult MIS-C

A MMWR report published today highlights case reports from 16 patients aged 21-50 who had similar symptoms consistent with the case definition of MIS-C seen in children (would be

defined as MIS-A). All had minimal respiratory disease and it would appear that these presentations were not part of the active infection process typically seen with COVID-19.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6940e1.htm>

NATIONAL PUBLIC HEALTH EMERGENCY EXTENDED

The Public Health Emergency (PHE) first established Jan. 31 in response to the COVID-19 pandemic and renewed twice since then has once again been extended by the Secretary of Health and Human Services. When a Public Health Emergency is established, it is for the length of the emergency or for a maximum of 90 days. The second renewal of the PHE was made July 25. The new renewal is effective Oct. 23 and will continue for 90 days. A PHE allows DHS to take certain responsive actions, such as making grants; entering into contracts; conducting and supporting investigations into the cause, treatment or prevention of the disease or disorder; provide funding for supplies, equipment and services; advance research and development; support initial emergency operations; and other actions as appropriate.

COVID-19 DRIVE THROUGH TESTING AT CPCMG (repeated with update)

- 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.
- Referring Patients to a Regional Testing Center: When referring patients to a regional testing Center for **COVID-19** testing, it is important to let families know that they will be contacted within 24 hours to set up a time. There should not be an expectation that the patient is going to be swabbed on the same day or during any particular time frame. In most cases, a patient can be swabbed by the following day (if not the same day), but please do not promise a specific date/time. Each regional testing site will work their queue as best as possible and assist with an alternative option if this becomes necessary.

TESTING OPTIONS (New)

Quidel has received a FDA EUA for their ABC test which can simultaneously identify influenza A, B and the SARS-CoV-2 antigen within 15 minutes. Please note that this test would require an NP specimen so it would not be appropriate for mass testing workflows that we have with our drive through testing that uses nasal swabs. Along with other COVID antigen testing, it may only be appropriate for use with a symptomatic patient and results could not be used for return to school purposes. Given that the change in medical management is minimal with a rapid COVID test, I'm not sure that the value of the test will bring anything more than what the antigen test alone brings (for those already using it).

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)

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 (update)

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, 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).
- We have learned that some caregivers are offered testing during their child's appointment, decline it and then request it after they learn their child has had a COVID-19 positive result and want to be scheduled for drive through testing. Due to limited drive through testing access, please follow:
 - Caregiver testing will be accommodated if a child (same or sibling) is being tested.
 - Concerns have been raised re a false positive child result (can accommodate without the child). A note should be made for the appointment re a rule out false positive work up.

In other cases, caregivers should be encouraged to visit their PCP and/or a County testing site.

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
- Mask & Face Covering Measure Reminders

- 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.
- Save the Gaiters-Part 2: In the 9/11/2020 Chronicles, I highlighted a NY Times article suggesting that gaiters have value and can protect just as well as cloth masks. This followed a widely publicized Duke study suggesting that neck gaiters could make things worse.
 - Dr. Zaguli brought to our attention today a Yahoo News [report](#) (I don't typically troll Yahoo news) that highlights an unpublished University of Georgia study suggesting that gaiters may be more effective than some cloth face masks.
 - With regards to reductions in respiratory droplets:
 - 1 layer gaiter: 77% drop
 - 2 layer gaiter: 81% drop
 - 2-3 layer combos of polyester and spandex: 96% drop
 - Take home point: it would seem that the number of layers and the quality of the layer material can have an impact on the level of protection.

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.

Thanks and Go Lakers,

-KM

Kenneth H. Morris, MD, FAAP

Chief Medical Officer



Phone: (858) 502-1146

Fax: (858) 636-4319

www.cpcmg.net

"CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this

communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify Children's Physicians Management Services immediately by telephone at (858) 636-4300 and destroy all copies of this communication and any attachments."