



10/16/2020

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

From: Morris, Kenneth MD

Sent: Friday, October 16, 2020 5:37 PM

Subject: CPCMG/RCPMS COVID CHRONICLES 10/16/2020

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.

As we hit the middle of October, the US and much of the rest of the world appears to be heading in the wrong direction with regards to Covid cases. The world has passed the 39 million mark with the US having just passed the 8 million mark (>20% of the world's cases). For the first time since late March, the number of cases per capita in Europe exceeds the number in the US. That doesn't mean that it is all peaches and cream for us in the US as daily cases have risen almost 50% over the past month as the US climbs towards a 3rd peak. See the chart below. Much of the rise has been fueled by marked increased case rates in the upper Midwest in particular. No states show a clear evidence of a decline although in California we appear to at least be stabilized. What is most concerning is that as the weather cools, people will be driven indoors where the SARS-Co-V-2 virus appears to thrive. As we struggle with "pandemic fatigue," now more than ever, we will need to follow the State guidelines on gatherings and also remember to practice the 3 W's (Wear a Face Covering/Wait 6 feet apart/Wash hands frequently). As a reminder where things can go awry, a swanky "Sweet 16"[party](#) in New York lost its sweetness when 37 of 80 people attending the party became infected causing 270 people to go into quarantine.

Let's finish with some positive energy to help keep the health care motor revving. Dear Dr. Lindbäck: Thank you for: "*helping sick people infceted with Covid-19.*" "We need you because: "*Covid-19 is spreading and lots of people are getting sick.*" This came with a self-portrait from one of Dr. Lindbäck's younger patients as you might suspect.

While I am on the gratitude train, I want to specifically call out the great work done by the Quality Team (Valerie Diaz, Jason Decker, Hanna Manrique, Linda Cherceo and Joan Thompson). When you get used to a certain high level of expectation, sometimes it is easy to forget when those are going above and beyond the call of duty. Since the onset of the pandemic, no matter the day, no matter the hour, they answer their phones for consults, testing requests, etc. in order to help keep all of us and our patients safe. When you see them on zoom or in person, please give them a big thank you!

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

- Supporting Teens in Social Isolation
- COVID-19 Vaccines
- The Quest for Immunity
- CMA COVID-19 Virtual Grand Rounds
- News You Can Use (Radys Town Hall Updates)
- Working in Child Care & Covid 19

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 10/15/2020:
 - SD is failing the community outbreak metric with **47** outbreaks (>7 outbreaks in a 7 day period is failing). Of note, one occurred in a K-12 school.
 - [SDSU Cases](#) (as of 10/16/2020):
 - SDSU Living On Campus Related: 417 students
 - SDSU Non Residential: 767 students, 14 faculty/staff, 13 visitors
 - The 12 faculty/staff were connected to an auxiliary of SDSU
 - Totals: 1,184 students (includes confirmed and probable cases) and 27 non-students
- CA [Blueprint for a Safer Economy](#) Triggers as of 10/13/2020.
 - **CA**

- COVID-19 Adjusted Case Rate per 100K: 6.8 (down from 7.1 on 10/6/2020)
- Testing Positivity Rate: 3.4% (up from 3.2% on 9/29/2020)
- **SAN DIEGO**
 - COVID-19 Adjusted Case Rate per 100K: 6.8 (up from 6.5 on 10/6/2020)
 - Testing Positivity Rate: 3.0% (down from 3.5% on 10/6/2020)
 - Health Equity Quartile Positivity Rate: 5.7%
 - Tier Status: **Substantial-Tier 2** (no change)
- **RIVERSIDE**
 - COVID-19 Adjusted Case Rate per 100K: **9.2** (up from 7.6 on 10/6/2020)
 - Testing Positivity Rate: 5.9% (up from 5.0% on 10/6/2020)
 - Health Equity Quartile Positivity Rate: 7.7%
 - Tier Status: **Substantial-Tier 2** (no change)

· 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 10/16/2020)

- **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
 - 5 of 15 positive cases with unconfirmed etiologies. Contact tracing revealed no work related exposure
- **CPCMG Patient Positive Cases**
 - For the week ending 10/10/2020: 41+ new cases over the past week- >679+ 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 10/13: 0.3% increase-62,553 positive cases with 9.4% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 10/14: 0.6% increase-62,900 positive cases with 9.4% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 10/15: 0.4% increase-63,125 positive cases with 9.4% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 10/16: 0.3% increase-63,284 positive cases with 9.4% of the TOTAL cases being in children 0-17 y/o

San Diego County Covid Cases:

- Tuesday Evening 10/13: 0.7% increase-51,024 positive cases with 13.5% of the TOTAL cases being in children 0-19 y/o
- Wednesday Evening 10/14: 0.6% increase-51,327 positive cases with 13.5% of the TOTAL cases being in children 0-19 y/o
- Thursday Evening 10/15: 0.3% increase-51,470 positive cases with 13.5% of the TOTAL cases being in children 0-19 y/o
- Friday Evening 10/16: 0.6% increase-51,781 positive cases with 13.5% of the TOTAL cases being in children 0-19 y/o

Statewide Covid Cases:

- Tuesday Evening 10/13: 0.3% increase- 852,406 positive cases with 10.5% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 10/14: 0.3% increase- 855,072 positive cases with 10.5% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 10/15: 0.4% increase- 858,401 positive cases with 10.5% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 10/16: 0.4% increase- 861,476 positive cases with 10.5% of the TOTAL cases being in children 0-17 y/o

SUPPORTING TEENS IN SOCIAL ISOLATION

Dr. Hilary Bowers gave a well-received presentation to the Diegueño Middle School PTSA this week on the impact of the pandemic creating challenges with teens in social isolation. Her talk focused on providing parents with tips on better supporting teen needs during this challenging time. Here is the [dropbox link](#) to view Dr. Bower's presentation. The link will stay activated for two weeks, so be sure to download and save a copy if you would like to view it after that time frame.

COVID-19 VACCINES

- Last month, we learned that AstraZeneca paused their COVID-19 vaccine trial (before resuming it) and now we have learned the same as occurred with the Johnson & Johnson trial. The pause occurred after one participant developed an unexplained illness (unclear if it was the vaccine or the placebo at this point). On first glance, this might come off as appearing to be bad news. However, it also indicates that the system of providing a safe vaccine is working and most suspect that the J&J trial will resume at some point in the near future.
- The CDC announced Wednesday that COVID-19 vaccines may not be initially recommended for children when they become available. Trials to date have only focused on non-pregnant adults although this could change in the near future.
 - o Pfizer appears to have agreed to include children 12 y/o and older in their Phase 3 study as approved by the FDA. They also announced that their vaccine would not be ready to apply for emergency authorization until the end of November.
 - o AstraZeneca has announced that they plan to study a sub-group of children between 5-12 y/o.
 - o The announcements above come after AAP President, Dr. Goza [wrote to DHHS urging them](#) that "*children must be included in vaccine trials to best understand any*

potential unique immune responses and/or unique safety concerns.” Days later, Dr. Anthony Fauci commented *“You have to strike a balance of making sure you get a vaccine — if it’s safe and effective — to children in a timely manner while you’re also very attentive to the extra potential risk you’d see in a child given the vulnerability of children.”*

THE QUEST FOR IMMUNITY

Over the past few months, we have published a couple of cases where it appears that people infected with COVID-19 appeared to have been reinfected with some genetic proof. In most cases, the 2nd bout appears to have produced milder symptoms or none at all. However, there are now at least 3 patients including a 25 y/o [Nevada man \(published in The Lancet\)](#) that appear to have had a more severe illness the second time around. Fortunately, documented reinfection cases appear to be rare and this is also why they tend to be newsworthy. Rare as the cases are, it does seem to indicate that a documented infection with COVID-19 is not enough to grant immunity and that those infected with COVID-19 need to exercise the same precautions as the rest of us. Additionally, it appears increasingly likely that a combination of a COVID-19 vaccine and those having had a natural infection will be required to create a herd immunity state.

CMA COVID-19 VIRTUAL GRAND ROUNDS

This week’s California Medical Association Grand Rounds focused on therapeutics, which may fall out of the general interest area for ambulatory pediatric providers. I am only going to provide a snip of one slide, which details the various COVID-19 therapeutic opportunities. In addition to using remdesivir, dexamethasone, convalescent plasma and monoclonal antibodies as treatment, there are a number of investigational studies underway using remdesivir as an oral agent as well as other oral RNA polymerase inhibitors and beta interferon earlier in the disease process.

The next CMA Virtual Grand Rounds will be Tuesday, November 11th from 12:00-1:30 and will be focusing on COVID-19 Vaccine updates

NEWS YOU CAN USE (RADYS TOWN HALL UPDATES)

COVID in the Swiss Military-Social Distancing & Hygienic Measures (SDHM) Work

At the onset of the pandemic, the Swiss military had outbreaks in two of their companies (Companies 2&3). Once they knew that SDMH measures needed to be in place to protect their measures (Company 1) with everything done by the book (including compulsive wearing of masks), they basically had zero symptomatic military members. Of note, 15% of Company 1 who were asymptomatic had evidence of infection. This follows a pattern of what we have seen elsewhere with regards to asymptomatic infections. What we can also discern from this study is that wearing of masks does not prevent you from being infected, but if you are infected, the inoculum is low such that you are not getting symptoms (and also will likely not have a rough course). The study went on to demonstrate that those in Company 1 who had asymptomatic infections all had very low viral loads. Not having symptoms of course is not a guarantee against the ability to transmit COVID-19.

Bielecki M et al. Social distancing alters the clinical course of COVID-19 in young adults: A comparative cohort study. Clin Infect Dis. 2020 Jun 29:ciaa889. doi:10.1093/cid/ciaa889

Global Spread of COVID-19 to the USA: East Coast vs West Coast

We touched base on this in a past Chronicles edition. As they look at the genetic sequencing of all of the virus infections, it looks like the virus spread from China via two routes. The first went to Italy and the rest of Europe and then on to the East Coast. In reviewing the second route, it appears that the virus made several attempts to get to the West Coast (with a couple fizzling out). The one that stuck was the one that landed in Washington.

In a more recent, but separate study, looking at 192 isolates from Los Angeles, it showed that initial strains came directly from China, but 82% of the total strains sequenced appear to be those that came from Europe through New York and on to the West Coast.

The Changing Demographics of COVID-19

At the beginning of the pandemic, more older people were those being detected with COVID-19 and being hospitalized. Over time, the median age of those having COVID-19 has dropped from 45-50 y/o to closer to 35 y/o. This is likely partially reflective of why mortality rates are going down (younger and presumably more healthy people). It appears that much of the drop is being fueled by the increasing infections in young adults who have a sense of personal invincibility. Additionally, this age group is probably amongst the most susceptible to peer pressure regarding mask wearing.

WORKING IN CHILD CARE & COVID-19

Early on in the pandemic, schools closed, but many childcare facilities continued to operate supporting a workforce that relied heavily on them. The AAP news reported that according to a new [study in Pediatrics](#), of greater than 57,000 US child care workers in late May and early June, these workers did not have increased odds of contracting the SARS CoV-2 virus. Most took standard hygiene and cleaning precautions seriously although mask use was only 12% for children 2 y/o and older and 35% for staff. One factor that did play an important role was the level of SARS CoV-2 transmission in the community, but the risk of contracting COVID-19 was not greater solely because of working in childcare centers.

THE FOLLOWING TOPICS HAVE REPEATED GUIDANCE FROM PREVIOUS COVID CHRONICLES EDITIONS (last 10/13/2020)

- **COVID-19 DRIVE THROUGH TESTING AT CPCMG**
- **EXPOSURE & TESTING**
- **COVID COLLABORATIVE FOR CHILDREN (C3) & TESTING**
- **COVID POSITIVE ISOLATION CLEARANCE**

- **PCR TESTING CRITERIA**
- **RADYS COVID ANTIBODY TESTING FOR PROVIDERS/STAFF**
- **ANTIBODY TESTING CRITERIA**
- **INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions**
 - Eye Protection Reminders
- Mask & Face Covering Measure Reminders

Let's 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

CMIO REPORT (from the desk of Dr. Michael Jacobson)

(generally distributed every other Thursday)

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,

-KM

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