



02/05/2021

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

From: Morris, Kenneth MD

Sent: Friday, February 5, 2021 7:06 PM

Subject: CPCMG/RCPMS COVID CHRONICLES 2/5/2021

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.

A ton of information this evening. Enjoy...

Back in December, a lot of people were asking me when I thought that the pandemic would get better. I remarked that I thought we would start seeing a downward trend beginning at the end of January and that we would continue to see a mostly downward trend leading up to the summer. My initial thoughts were not too far off with the downward trend first being observed in mid-January. My logic was that we would be clear of the super spreader December holidays and New Years with only Easter and Memorial Day holidays to come and those being a long ways away. Couple that with increasing vaccination numbers, natural immunity from the huge number of positive cases and warmer weather on the horizon shunting people back outside, I felt that my intuition was sound. See the NY Times graph below which supports the rise in cases tied to holidays.

Unfortunately, logic got thrown a couple of curve balls with only one of those being something that we can fully swing at. The sudden and expected rise of the mutant strains has modeling predicting another surge in the next month or two. This can be partially mitigated by our willingness to adhere to the 3 W's and get ourselves vaccinated as quickly as possible. The 2nd curve ball is really more of a bowl than a ball. This Sunday is almost a national holiday of sorts having become known as Super Bowl Sunday. With a number of polls finding that a significant number of people plan to attend parties, this iconic day of sports and TV commercial watching celebration may soon become known as Super Spreader Sunday. Because of the nature of the event, indoor gatherings around the TV set are promoted. With the allegedly more transmissible variants on the rise, these

kinds of gatherings may carry double the risk than they did just a couple of months ago. The take home message from public health officials: ***“Don’t organize a party and don’t go to a super bowl party.”*** We really are on the verge of “rounding the corner” and we need to continue to take advantage of the positive momentum. Instead of Super Spreader Sunday, let’s have this Super Bowl be known as Super Safe Sunday...

In the some good news department:

- o San Diego saw case numbers dip below the 1,000 mark (2 different days) this week for the first time since November.
- o For the first time in 2.5 months, a San Diego zip code (Sorrento Valley) moved from the purple to the red tier. More should follow if case numbers continue to decline.
- o Milestone: At the local, state, national and worldwide levels, more vaccine has been administered than the total number of Covid cases at each respective level.

World

- o With 58.5 doses given per 100 people, Israel is the world leader in vaccine efforts (more on this below).

National

- o 36.7 million doses have been given in the US (28.7 million have received at least one dose) with there being 26.6 million Covid cases.
- o 11.2 doses per 100 people have been administered nationally.
- o 64% of all doses delivered to states have been administered.

States

- o Alaska leads with 18.3 doses given per 100 people
- o California is at 10.1 doses given per 100 people (below the national average of 11.2)

Local

- o In a virtual dead heat, Riverside and San Diego counties rank 2nd and 3rd for doses given across CA with approximately 12 doses per 100 people (above the national average).

From the humor and you can’t make this stuff up department: I think that everyone is aware of what an Amber Alert is. It was designed in 1996 to alert the public asking for help in finding abducted children. Apparently, the State of Texas inadvertently sent an Amber Alert last Friday that a child identified as 5 y/o Glen wearing a blue shirt and a black collar had been abducted by Chucky, a 28 y/o male with or auburn hair and blue eyes who stands 3 feet 1 inch tall. His race was given as “Other: Doll.” The alert, which was sent by email, warned of a 16-pound suspect wearing “blue denim overalls with a multi-colored striped long sleeve shirt wielding a huge kitchen knife.” The alert also included an image of “Chucky,” the killer doll introduced in 1988 in the first of many ridiculous Chucky horror films. The alert went on to say that Chucky and Glen were last seen at a residential address in Henderson, Texas (a city about 130 miles Southeast of Dallas). The alleged abductee, Glen was apparently a doll appearing in the “Seed of Chucky” film in 2004. The Texas Department of Public Safety has since apologized, saying in a statement that the alert was sent as a “result of a test malfunction.” A copied image of the alert is included below.

My recurrent messages:

**--Follow the 3 W's: Wear a Face Covering/Wash Your Hands/Wait 6 Feet Apart--
--It's not too late--Please vaccinate--Don't wait!--**

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

- Covid Cases
- o Interesting Update on a Previous Provider Positive
- o New Staff Positive
 - Vaccimeter
 - RCHSD Orthopedic Injury Clinic Update
 - Healthcare Workers After Vaccination
 - Return to Play/Sports Algorithm After COVID-19 (NEW v1.2021) **Attachment**
 - Informal Caregiver Letters (repeated)
 - Radys Town Hall Update (courtesy of Dr. Bradley, Dr. Pong and Chris Abe)
- o No Single Prevention Strategy is Enough
- o Status Post Natural Infection & Getting the Covid Vaccine
- o French COVID-19 MIS-C Treatment Study
- o V-Safe Vaccine Side Effect Data
- o Adverse Events Reported via the Vaccine Safety Datalink System
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- o Astra Zeneca Covid Vaccine
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- o Johnson & Johnson Covid Vaccine Update
- o Pregnant or Breastfeeding: To Vaccinate or Not?
- o Pediatric Covid Vaccinations at Radys
- o Vaccine Roll Out Phases
- o San Diego County & Riverside County Vaccine Location Updates

RISK LEVEL-INCIDENT COMMAND (updated)

- Risk Level: 5
- Access:
- o All sites are open.
 - o Most sites continue to see WCC's into mid-afternoon and are seeing WCC's of all ages.
 - o Sites are blending in sick visits throughout the day in designated sick visit only rooms.
 - o Some sites are piloting a well only format.

- Considerations are being evaluated for possible Well-Sick-Well-Sick batched clinics at certain sites. This will be dependent on what mid-day deep cleaning options might be available.
- 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 2/4/21:
 - SD is failing the community outbreak metric with **63** outbreaks (>7 outbreaks in a 7 day period is failing).
 - San Diego is also failing the testing positivity rate of 8% over a 7 day period with a 7 day lag (**9.6%**).
 - San Diego is failing the ICU capacity of >20% ICU bed availability (**14%**).
 - There is currently an upward trajectory of COVID-like syndromic cases reported within a 14-day period (**3%**).
 - Upward trajectory of ILI reported within a 14-day period (**2%**).
 - San Diego is also failing the case rate of 6.9 per 100,000 (as noted in the Blueprint for a Safer Economy) (**42.5**).
- CA [Blueprint for a Safer Economy](#) Triggers as of 1/26/21. All but 4 CA counties are now in the **Widespread-Purple** tier. These 4 counties represent about 35,000 people out of a total population of 40,000,000 State wide.
 - **CA**
 - COVID-19 Adjusted Case Rate per 100K: 47.7 (down from 71.6 on 1/26/2021)
 - Testing Positivity Rate: 10.0% (down from 12.4% on 1/26/2021)
 - ICU Bed Availability: 11.7%
 - **SAN DIEGO**
 - COVID-19 Adjusted Case Rate per 100K: 42.5 (down from 49.6 on 1/26/2021)
 - Testing Positivity Rate: 10.5% (down from 12.6% on 1/26/2021)
 - Health Equity Quartile Positivity Rate: 14.0% (down from 16.7% on 1/26/2021)
 - Tier Status: **Widespread-Tier 1** (no change)
 - San Diego Tier Status by Zip Code [map](#) (updated each Thursday)
 - The “Healthy Compliance Call Center” line that allows the SD public to report violations can be reached at (858) 694-2900.
 - **RIVERSIDE**
 - COVID-19 Adjusted Case Rate per 100K: 62.3 (down from 77.6 on 1/26/2021)
 - Testing Positivity Rate: 16.6% (down from 20.0% on 1/26/2021)

- Health Equity Quartile Positivity Rate: 18.5% (down from 22.5% on 1/26/2021)
- Tier Status: **Widespread-Tier 1** (no change)

COVID CASES (as of 2/5/21)

- **CPCMG (Provider) COVID Positive cases: 15 (Update)**
 - 3 cases were confirmed via antibody testing. Contact tracing revealed no work related exposure.
 - 12 cases, from Oct-Jan via PCR. Contact tracing has not revealed a work related exposure in 10 of the 12 cases.
 - A possible patient to provider transmission has not been ruled out with one case.
 - A possible worker to worker transmission was previously reported and suspected with 1 case (a break in PPE in a provider charting gang room was potentially identified). Updated Information:
 - The provider who tested positive after routine surveillance testing never became symptomatic and nor did any family members who also tested negative. Out of curiosity, Covid IgG testing was obtained 6-7 weeks after the initial positive PCR test with results returning negative. This prompted a review of the original PCR sample, which had Ct value of 25.5, which is a very positive specimen. The lab result alone cannot rule in or out a false positive “from contamination or some other reason.”
 - After query of the Radys lab manager and the Infection Control physician, I feel like I just read a radiology report that says that we cannot confirm or rule out pathology and that clinical correlation is suggested. The lab reports having had some antibody tests returning negative after having had Covid PCR positive and symptomatic individuals. We cannot “be sure that a positive IgG confirms a past infection or that lack of an IgG means a person was not infected.” There is apparently at least one publication that reports people who tested positive by nasopharyngeal PCR, but never seroconverted with many of those being asymptomatic.
 - **Translation:** for parental/staff requests of asymptomatic PCR positives, a 2-3 week IgG test may be a waste of time unless it also confirms the original positive.
- **RCPMS (Staff) COVID Positive Cases: 83**
 - 57 of 83 positive cases with confirmed etiologies. **No NEW Cases:**
 - 24 of 83 positive cases with unconfirmed etiologies. **NEW Cases:**
 - A support staff member became symptomatic with congestion, runny nose and cough starting 1/31 with test results returning

positive. The staff member had received their first dose of vaccine 9 days prior. It appears that a housemate may have also had symptoms prior, but test results are unknown. Tracing revealed no high risk staff exposures with 2 surveillance tests offered for co-workers.

- 2 of 83 positive cases that is a possible work related exposure (worker to worker). Both cases in question have identified breaks in PPE or social distancing protocols.
- **CPCMG Patient COVID Positives & Interesting Cases**
 - As of 2/1/2021: >3,658 cases total. This number does not include patients testing positive at County sites or hospital labs outside of the Rady, Quest or Lab Corp network.

VACCIMETER (as of 2/5/2021)

CPCMG: 95.2% 1st Dose Vaccination Rate

CPCMG: 86.9% 2nd Dose Vaccination & Immunity Rate (s/p 2 weeks after the 2nd dose as of 2/7/2021)

RCPMS: 59.4-60.0% 1st Dose Vaccination Rate

SD County Vaccinations Given: 64,032 individuals fully vaccinated

National Vaccine Tracker for the data geeks

Riverside County Covid Cases:

- Tuesday Evening 2/2: 0.4% increase-276,931 positive cases with 12.7% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 2/3: 0.3% increase-277,724 positive cases with 12.7% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 2/4: 0.5% increase-279,189 positive cases with 12.7% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 2/5: 0.4% increase-280,170 positive cases with 12.7% of the TOTAL cases being in children 0-17 y/o

San Diego County Covid Cases:

- Tuesday Evening 2/2: 0.4% increase-240,050 positive cases with 16.1% of the TOTAL cases being in children/young adults 0-19 y/o
- Wednesday Evening 2/3: 0.4% increase-241,018 positive cases with 16.1% of the TOTAL cases being in children/young adults 0-19 y/o
- Thursday Evening 2/4: 0.7% increase-242,616 positive cases with 16.2% of the TOTAL cases being in children/young adults 0-19 y/o
- Friday Evening 2/5: 0.6% increase-244,069 positive cases with 16.2% of the TOTAL cases being in children/young adults 0-19 y/o

Statewide Covid Cases:

- Tuesday Evening 2/2: 0.4% increase- 3,270,770 positive cases with 12.7% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 2/3: 0.3% increase- 3,281,271 positive cases with 12.7% of the TOTAL cases being in children 0-17 y/o

- Thursday Evening 2/4: 0.4% increase- 3,294,447 positive cases with 12.7% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 2/5: 0.4% increase- 3,308,468 positive cases with 12.8% of the TOTAL cases being in children 0-17 y/o

RADYS TESTING & HOSPITALIZATION REPORT (through 2/3/2021)

MIS-C Cases in CA as of 2/1/2021: 200

RCHSD ORTHOPEDIC INJURY CLINIC

At the beginning of the pandemic, Radys Orthopedic clinic expanded their injury clinic in part due to the expectation that bored children would have more injuries. Starting February 13, 2021, the Orthopedic Injury Clinic will be closed on Saturdays. They will be monitoring the volumes and will reopen if/when needed. They will continue to operate the Orthopedic Injury Clinic *Monday – Friday, 8am – 7pm* at Main Campus. The Murrieta Orthopedic Injury clinic remains open *Monday – Friday, 8am-4:30pm*. Please visit the website for any further information or questions.

<https://www.rchsd.org/programs-services/orthopedics-scoliosis/services/orthopedic-injury-clinic/>

HEALTHCARE WORKERS AFTER VACCINATION

Q: What if I as a health care worker am 14 days + after my 2nd Covid vaccine and I am exposed to a household contact that tests positive for COVID-19?

A: This is a question that our quality team has been discussing this week. Specifically, we are looking at scenarios for those that have been fully vaccinated and how they might not need to automatically quarantine, might be permitted to eat in shared offices/shared gang rooms and might be allowed to eat in the break rooms once again. Expect guidance from us next week. When CDPH was queried on the topic this week, they noted that the CDC has been mute on the topic. CDPH did note that staffing shortage mitigation strategies can still apply. They also note that *“depending on the situation in your facility, as long as a person remains asymptomatic that they could potentially be allowed to continue to work during an observation period following an exposure.”*

RETURN TO PLAY/SPORTS ALGORITHM AFTER COVID-19 (v January, 2021)

Back in November, we created a Return to Play after COVID-19 algorithm with interim recommendations that were cardio health focused. Since that creation, the AAP came up with new interim recommendations and the algorithm has been revised. Most notably, the new AAP recommendations have:

- Defined symptoms distinguishing mild symptoms from moderate symptoms which they did not prior
- Suggested activity progression (borrowed from the British Journal of Sports Medicine)
- Suggested differences on when activity could resume between asymptomatic/mild symptoms and moderate symptoms.

After reviewing with Radys Specialists (Dr. Davis-Cardiology, Dr. Edmunds-Ortho Sports Medicine and Dr. Bradley-ID), we made a few additional tweaks with the algorithm (**attached**) approved at Radys Network Governance Committee (NGC) yesterday. Notably, the new algorithm now just says cardio referral instead of ECG and cardio referral since cardiology indicated that they would be repeating the ECGs. Dr. Davis also indicated that he would be sure that all cardiologists were aware of the algorithm. The recommendations will be good through 6/2021. Work is underway to integrate the recommendations into an Epic Smart Set.

INFORMAL CAREGIVER LETTERS (repeated)

CDPH has officially identified [additional Phase 1A priority groups](#) to receive COVID-19 vaccine. This includes both *formal* and *informal caregivers* to elderly and people with disabilities.

- o When **formal caregivers**, including private duty caregivers, present for vaccination, documentation like paystubs or timesheets from their employer or in-home supportive services AND a photo ID should be accepted as proof of eligibility.
- o Informal caregivers are [defined](#) by the Centers for Disease Control and Prevention (CDC) as an unpaid family member or other person who regularly aids and supervises the daily care of an elderly or disabled person, but need not live in the same house. As **informal caregivers** are a broad category, the County permits the following forms of documentation at County and County-partnered vaccination sites to allow for reasonable levels of proof by the simplest method and recommend other providers use the same criteria. This documentation includes:
 - Letter from the [San Diego Regional Center](#) for caregivers of their clients.
 - If an individual presents to the provider with a letter from the California Department of Developmental Services (DDS), they should be **instructed to contact their “case worker” or “service coordinator” at the Regional Center.**
 - The Regional Center staff will provide them with a personalized version of the letter that identifies the family member as an informal caregiver.
 - They can present the *personalized* letter as evidence of their eligibility for Phase 1A Tier 2 at any vaccination location.
 - Letter from the provider of the person receiving care stating that the caregiver is an informal caregiver.
 - If the patient is not associated with the Regional Center, the provider may use their clinical judgement to determine that a family member is an informal caregiver.
 - Providers may write a letter of support for those individuals, as they see fit, but are under no obligation to do so.
 - When a letter is provided, use the term “informal caregiver” for clarity in establishing eligibility for Phase 1A vaccination.
 - Some individuals may still attempt to be recognized as informal caregivers without documentation and there may be some inconsistency at vaccination locations in whether they are offered a vaccine.

In consultation with Steve Lewis, we may need to come up with some further guidance as to what qualifies as a disability or health problems.

RADYS TOWN HALL UPDATE (courtesy of Dr. Bradley, Dr. Pong and Chris Abe)

No Single Prevention Strategy is Enough (courtesy of SD Public Health)

No one thing that can prevent transmission. Every layer adds to your ability to prevent transmission.

Status Post Natural Infection & Getting the Covid Vaccine

The spike antibody and neutralizing antibody are higher in those with one dose of vaccine s/p infection (more than those with no infection). Per Dr. Bradley, immune responses are “amazingly brisk” after one dose of vaccine if you have had COVID-19 previously. The CDC is also looking at the symptom rate for those having previously had COVID-19 and get the vaccine. That data is pending.

Saadat S et al. Single Dose Vaccination in Healthcare Workers Previously Infected with SARS-CoV-2. medRxiv 2021, posted 1 February.

French COVID-19 MIS-C Treatment Study

Designed to study outcomes from all centers caring for MIS-C. Conclusion: IVIG +Methylprednisone used in combination works better than IVIG alone.

Ouldali N, et al, French Covid-19 Paediatric Inflammation Consortium. Association of Intravenous Immunoglobulins Plus Methylprednisolone vs Immunoglobulins Alone With Course of Fever in Multisystem Inflammatory Syndrome in Children. JAMA. 2021 Feb 1. doi: 10.1001/jama.2021.0694. Epub ahead of print. PMID: 33523115.

V-Safe Vaccine Side Effect Data

Reported at the January 27th ACIP meeting. Findings similar to what was reported in the clinical trials. >15,000 people with pregnancies reported data that we should be able to draw future conclusions from.

Adverse Events Reported via the Vaccine Safety Datalink System

162,000 first doses given, 34,000 2nd doses given looking at those vaccinated and unvaccinated within the medical system. Preliminary data has not yielded in any increased event signals as of January 16th.

COVID-19 Transmission in Schools

Study done in rural Wisconsin between 8/31-11/29 and published in the MMWR. 17 K-12 schools with 4876 students and 654 staff where there was a significantly high community transmission rate (5466/100K). Currently for comparison, San Diego is at about 50/100K. In the study, there were 133 students and 58 staff that got diagnosed with COVID-19. Of the 133 student cases, 7 were attributed to in school transmission (no staff cases were attributed to in school transmission). No surveillance screening was done and there was a chance that there were asymptomatic infections not detected although serologic testing done retrospectively did not suggest that this accounted for a lot of additional cases. The study supported use of the following mitigation measures to

prevent transmission. **Take home measures:** with these measures in place, there was very little in school transmission despite a very high community transmission rate.

- 92% of the students used masks
- Cohorts of 11-20 students (note: will be difficult to enact this in CA)
- Physical distancing by staff
- Quarantining after exposures

Falk A, et al. COVID 19 Cases and Transmission in 17 K-12 Schools – Wood County, Wisconsin Aug 31 – Nov 29, 2020 MMWR 70, 136.

SARS CO-V-2 STRAIN MUTATIONS

- Three primary variants of concern all with the suggestion of increased transmissibility
- The B.1.1.7/UK variant is continuing to be seen in more and more states (>32) and > 55 countries including Canada.
 - o San Diego has more cases in CA, because it is testing more for it.
 - o No concerns re vaccine effectiveness
- The 501Y.V2/South Africa variant is now in >15 countries and 2 states (South Carolina and Maryland).
 - o Concerns regarding the degree of vaccine effectiveness
- The P.1/Brazilian variant has been detected in 1 state (Minnesota) in a traveler from Brazil.
 - o Concerns regarding the degree of vaccine effectiveness
- The L452R/CA variant has been seen in 25% of recently sequenced specimens in CA. The specimens sequenced are likely a biased sample since sequencing tends to be done more for outbreaks. No final determination has been made if this variant is more transmissible.

VACCINATION ARTICLES

The Israeli Vaccination Experience

Israel leads the world in Covid vaccinating. Cases have fallen quickly and dramatically within a few weeks among people cohorts who have been vaccinated suggesting that if done right, this will be a critical tool for thwarting the pandemic. In their 60 y/o and older cohort, new COVID-19 cases dropped 41% along with corresponding drops in hospitalizations and those who became critically ill. Their public health services also reported that out of more than 416,000 vaccinated, only 254 got Covid a week after their 2nd dose with all of those cases being mild. Comparing with unvaccinated people, they found a 91% effectiveness rate (not far from the Pfizer study rate of 94.5%). Perhaps the most interesting fact is that 80% of the samples tested in Israel are comprised of the B.1.1.7 variant and they experienced this kind of excellent response. This bodes well for us should the B.1.1.7 variant become dominate in the US over the next couple of months as expected. To read more: [Israel's Vaccination Results-NY Times](#)

Got Your Vaccine Passport?

President Biden and other leaders across the world are working on how to create a digital vaccine passport. Why is this needed? Look no further than this weekend's Super Bowl

where a number of healthcare worker patrons required vaccination in order to attend. This is the beginning of more to come whether that is flying internationally, taking a cruise, attending a concert or getting a crack at watching the Padres try to break their franchise woes. For decades, certain countries have required a vaccine passport (yellow card) in the form of immunizations against yellow fever, rubella and cholera to name a few in order to enter. It looks likely that this is coming to fruition with Covid, sooner than later. With all sorts of various documents suggesting proof of vaccination cluttering up the process, the need for a digital component has become paramount. Stay tuned.
[Coming Soon: The Vaccine Passport-NY Times](#)

THE QUEST FOR IMMUNITY-VACCINATION INFORMATION

San Diego County COVID-19 Vaccine Web Page: [San Diego County Public Health COVID-19 Vaccines](#)

CA COVID-19 Vaccine Web Page: <https://covid19.ca.gov/vaccines/>

CDC COVID-19 Vaccine Web Page: <https://www.cdc.gov/vaccines/covid-19/index.html>

CDC V-Safe Registration: <https://vsafe.cdc.gov/>

CDC COVID-19 Vaccine Special Considerations: [CDC Interim Clinical Considerations](#)

CA My Turn: <https://myturn.ca.gov/>

Calling All Volunteers-Take 2

Many have attempted volunteering at Petco and Sharp Super Centers with only a few succeeding. From what I have gleaned, Radys is planning on ramping up community vaccination efforts and will be looking for volunteers. As soon as I have information on the parameters of volunteering, I will forward that on. It would seem that if many of us have bandwidth for volunteering, it would be good to offer that bandwidth to our Radys partners. For providers, please reach out to Dr. Keri Carstairs for more information. As a reminder, if you decide to volunteer, please let Steve Lewis know.

Dr. Linda Smith was one of the lucky ones that had the opportunity to volunteer at the Sharp Chula Vista Super Center site. *"I did it on Monday and it was a very rewarding experience!!! They have pharmacists who draw up the vaccine doses so it's super easy for a vaccinator. It's also a very efficient system with patients in and out in 25 minutes!"*

Dr. Smith notes that they need vaccinators as well as non-vaccinator volunteers to keep their amazing system rolling 7 days a week. They are anticipating a greater need for volunteers when they begin giving 2nd vaccines as well. Here's the [link](#):

Astra Zeneca Covid Vaccine

New data released suggested that the vaccine is 67% efficacy from any infection, 76% effective against symptomatic Covid infections and is 100% effective to date against severe infections leading to a death in the 12,408 people having received the vaccine. The 76% effective number takes into account trial participants from the UK, Brazil and South Africa (where it has been suggested that the vaccine does not have the same level of effectiveness against the mutant variant there). Additionally, when the 2nd dose was given at a 3 month interval in the UK (per their national policy), efficacy against any

infection improved to 82.4%. Per Dr. Bradley, immunity appears to continue to mature over several weeks to months. Preliminary data may also suggest that transmissibility may be reduced for those having had the vaccine and having contracted Covid.

Sputnik V Vaccine

A peer reviewed study in The Lancet (British Medical journal) found that the Sputnik V offered complete protection against serious Covid illnesses and is reportedly 91.6% effective overall. The vaccine uses an adenovirus vector (I believe not dissimilar to the Astra Zeneca and J&J vaccines)

Johnson & Johnson Covid Vaccine Update

Johnson and Johnson formally submitted data yesterday to the FDA requesting an emergency use authorization (EUA) for their single dose vaccine. Last week, we highlighted that J&J said that 28 days after vaccination, the vaccine is 66% effective overall at preventing moderate to severe cases (72% in the US), 85% effective preventing severe infections and 100 percent effective preventing hospitalizations and deaths. The FDA is set to review the submitted data and request on February 26th. With the vaccine already in production, we could expect to begin seeing doses locally as early as the first week of March.

Pregnant or Breastfeeding: To Vaccinate Or Not?

As we have reported, the CDC, World Health Organization (WHO), American College of OB/GYN (ACOG), AAP and the Society for Maternal-Fetal Medicine all suggest that the decision to vaccinate should be up to each individual woman and their provider. As noted from last week's Radys Town Hall, *Based on current knowledge, experts believe that mRNA vaccines are unlikely to pose a risk to the pregnant person or the fetus because mRNA vaccines are not live vaccines.* The WHO now says "based on what we know about this kind of vaccine, we don't have any specific reason to believe there will be specific risks that would outweigh the benefits of vaccination for pregnant women." "For this reason, those pregnant women at high risk of exposure to SARS-CoV-2 (e.g. health workers) or who have comorbidities which add to their risk of severe disease, may be vaccinated in consultation with their health care provider."

Admittedly, data has been sparse on the topic since vaccine trials excluded pregnant and breastfeeding women. UCSD's MotherToBaby program is currently studying the topic. There is a complete [fact sheet](#) on the topic posted by the program. If you are interested in participating in their study, please go to their website: <https://mothertobaby.org>

Pediatric Covid Vaccinations at Radys

From RCHSD Medical Staff: *Due to the increasing number of children and young adults in our community that are being admitted with COVID-19 and MIS-C we have been allowed to offer vaccines to a small select number of family pods of our highest risk patients. This includes caregivers of these high risk patients of all ages (Tier 1A) and patients over 16y with these highest risk conditions. We have used the CDC guidance as a starting point, and after meeting with physician leaders we then filtered down to a smaller group of children determined to be our most vulnerable patients after feedback*

from the physician leaders. The aims of vaccinating these highest risk family pods include decreasing risk of hospitalization, mitigating end-organ damage, and prioritizing health equity. The vaccinations will initially be offered to the highest risk family pods/patients within the groups listed below. These patients will be contacted by the hospital's COVID-19 communication team. There is significant hesitancy in the community surrounding the vaccine. If no contraindications, please encourage your highest risk patients to get vaccinated once it is available. The initial populations include those listed below and will be offered a vaccine in the coming days. Other populations will be included when we move to Phase 1C of Tier 1. If you have further questions or concerns please reach out to your Clinical Director or Division Chief who can contact Dr. Dan Lesser or Dr. Keri Carstairs.

Highest Risk Population

1. Sickle Cell Disease
2. Transplant: Heart, Kidney, and Liver
3. Immunodeficiency: CVID, SCID, Complete DiGeorge, Ataxia Telangiectasia
4. Dialysis patients
5. Hematology: ITP
6. Highest Risk Oncology
7. Cardiology: Single ventricle, cardiomyopathy, pulmonary hypertension
8. Spastic Quadriplegic CP
9. Chronic respiratory failure needing ventilation via tracheostomy or with BIPAP including neuromuscular pts (Duchene, SMA, etc.)

Vaccine Roll Out Phases

San Diego County eligibility includes those in Phase 1A plus those 65 y/o and older. Riverside has expanded to 65 y/o and older and other workers in Phase 1B-Tier 1. Employee ID badges (or a letter from an employer) and/or government issued ID's are a must or you will likely not be vaccinated.

With the Governor's announcement of an age-based strategy, it may come to pass that those in Phase 1B-Tier2 will be passed over for those in the next age grouping which would likely include those 50-64 y/o.

San Diego County & Riverside County Vaccine Location Updates

- **Riverside**: offering vaccines to groups in Phase 1A and Phase 1B-Tier 1 at rotating sites. Please visit <https://www.rivcoph.org/COVID-19-Vaccine> for days, sites and registration links through the CDPH Calvax vaccination appointment system. Appointments are frequently full, but updates are reportedly made available at **12:00 PM on Thursdays and Saturdays** (check the website frequently). Community partners such as Albertsons, Ralphs and Apple Urgent Care are also offering the vaccine.
- **San Diego**: Currently, County sites administering COVID-19 vaccines by appointment are operational in 19 locations with 4 super stations and a 5th slated to open at UCSD. Appointment opportunities vary. Check the sites frequently.
 - o PODS will operate 7 days a week and by appointments only through the CDPH Calvax appointment system. Please visit:

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https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/vaccines/COVID-19-VaxEvents.html

THE FOLLOWING TOPICS HAVE REPEATED GUIDANCE FROM PREVIOUS COVID CHRONICLES EDITIONS (thanks to Dr. Jacobson, they are now hyperlinked)

- [TESTING-FALSE POSITIVE EVALUATION \(last 12/11/2020\)](#)
- [SAN DIEGO COUNTY COVID-19 INFORMATION \(last 12/30/2020\)](#)
- [NEWBORNS& COVID-19 POSITIVE MOTHERS \(last 7/31/2020\)](#)
- [RESOURCES FOR EMOTIONAL SUPPORT & WELL-BEING \(last 11/24/2020\)](#)
- [TESTING LOCATIONS \(last 11/20/2020\)](#)
- [CDC QUARANTINE GUIDELINES \(ADAPTED BY CDPH/SDPH\) \(last 1/5/2021\)](#)
- [COVID-19 DRIVE THROUGH TESTING AT CPCMG \(last 11/6/2020\)](#)
- [EXPOSURE& TESTING \(last 10/13/2020\)](#)
- [COVID COLLABORATIVE FOR CHILDREN \(C3\) & TESTING \(last 10/13/2020\)](#)
- [COVID POSITIVE ISOLATION CLEARANCE \(last 10/13/2020\)](#)
- [PCR TESTING CRITERIA \(last 10/13/2020\)](#)
- [RADYS COVID ANTIBODY TESTING FOR PROVIDERS/STAFF \(LAST 10/13/2020\)](#)
- [ANTIBODY TESTING CRITERIA \(last 10/13/2020\)](#)
- [IN CLINIC ALBUTEROL & NEBULIZER GUIDANCE \(last 9/4/2000\)](#)
- [CDC INCREASED RISK CONDITIONS \(last 12/23/2020\)](#)
- [INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions \(last 10/13/2020\)](#)
 - [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, last update 1/28/2021)

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 are sick, 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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