



April 23, 2021

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

From: Morris, Kenneth MD

Sent: Friday, April 23, 2021 5:34 PM

Subject: CPCMG/RCPMS COVID CHRONICLES 4/23/2021

These are weekly 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.

Throughout the pandemic, we have had to make our own individual assessments with regards to our risk tolerance for activities ranging from routine shopping to going to work and even traveling. This tolerance differs from person to person even within a family. With vaccinations under the belt for many of us, our risk tolerances have increased although coming to terms with post-vaccination life remains a challenge for many of us. Is it okay to shed our mask even when we are told by the CDC that it is okay? With that, many of us (my family included) decided to travel for the first time in over a year during the Spring Break time frame. We used the same lessons learned (wearing a mask, using face coverings, social distancing and good hand hygiene), but in a different country. Franky, we felt just as safe (if not safer) in Cabo with all of the locals and staff being much more compliant to the 3 W's than our fellow Americans. The real risk was American travelers from other states who appeared to be much less concerned about the threat of Covid than those of us from CA.

As I sat in the pool gazing upon the Cabo Arch, I learned that the J&J vaccine administration had been halted due to concerns of blood clots (6 cases in over 7 million vaccines administered). Shortly, thereafter, a couple of former staff members buzzed me with this being their justification as to why they will continue not to be vaccinated. Really??? With more than 1 in 100 dying from Covid, a severe reaction of 1 in a million is being used as justification to not vaccinate? It crossed my mind with a bit of snarky exasperation that maybe I shouldn't go swimming in the beach below due to a risk of a potential shark attack (it turns out that this is less risky at 1 in 11 million, but not something that most of us would spend too much time worrying about). With 50% of US adults having received at least one Covid-19 vaccine, the question remains as to why

many of the remaining people remain irrationally fearful of the vaccine? I found my answer in a NY Times Article from this past Monday morning.

Direct quoting the story from the Times is a great story from a Federal judge and Yale law professor (Guido Calabresi) who invented a little fable that he has been querying students for more than 30 years. *“He tells the students to imagine a god coming forth to offer society a wondrous invention that would improve everyday life in almost every way. It would allow people to spend more time with friends and family, see new places and do jobs they otherwise could not do. But it would also come with a high cost. In exchange for bestowing this invention on society, the god would choose 1,000 young men and women and strike them dead. [Calabresi](#) then asks: Would you take the deal? Almost invariably, the students say no. The professor then delivers the fable’s lesson: “What’s the difference between this and the automobile?”*

In truth, automobiles kill many more than 1,000 young Americans each year; the total U.S. death toll hovers [at about 40,000 annually](#). We accept this toll, almost unthinkingly, because vehicle crashes have always been part of our lives. We can’t fathom a world without them. It’s a classic example of human irrationality about risk. We often underestimate large, chronic dangers, like car crashes or chemical pollution, and fixate on tiny but salient risks, like plane crashes or my pondered shark attack.”

The article goes on to differentiate risk between old and accepted as the norm versus new and overt like Covid and the vaccine. In follow up, Calabresi asks his same students whether they would accept the cost of vehicle travel if it was new and did not already exist. The answer is frequently no. The vaccines have been an incredible and wondrous break through that have nearly eliminated deaths, hospitalizations and serious illness related to Covid. Yet, there are rare risks like we learned from J&J and Astra Zeneca and there are a miniscule number of people still getting serious Covid despite vaccination. As we grapple with our irrational fears balanced against our growing knowledge and try to reintegrate into some semblance of societal normalcy, for many, it’s time to ask the tough question. Will you keep from flying, stay indoors to avoid lighting and stop swimming in the ocean to eliminate all risk or will you jump back in the car as you do on a daily basis and park your fears outside the Radys Café while getting this life-saving vaccine? The choice is yours...

My recurrent messages:

--Follow the 3 W’s: Wear a Face Covering/Wash Your Hands/Wait 6 Feet Apart--

--Follow the Bonus W’s

- **Words of Wisdom: Don’t Wait—It’s not too late—Please Vaccinate!**
- **Watch for illness and please stay home if you are sick**

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

- Blueprint for a Safer Economy Triggers
- Covid Cases
- o New Staff Case (fully vaccinated staff member)
- Vaccimeter

- Colleges& Covid
- Covid After Full Vaccination
- J&J Covid Vaccine Pause & Resumption
- PASC (Long Haul) Update
- S/P Covid & Return to Sports or PE
- Rady Town Hall News
- o MIS-C Update in the US
- o The Need for a Booster vs a New Multivalent Vaccine
- o Covid R.1 Variant Outbreak in a Kentucky Skilled Nursing Facility
- o Pregnancy& Covid
 - SARS Co-V-2 Strain Mutations (updated)
 - Home Covid Testing
 - The Quest for Immunity-Vaccination Information
- o General
- o Pfizer Covid Vaccine & FDA for Adolescents
- o Vaccine Roll Out Phases & Scheduling (updated)
 - MARC (Monoclonal Antibody Regional Center) (updated)

RISK LEVEL-INCIDENT COMMAND (updated)

- Risk Level: 4
- COVID-19 Scheduling Guideline: Low Volume
- 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.
 - o 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 4/22/21:
 - o SD is failing the community outbreak metric with **23** outbreaks (>7 outbreaks in a 7 day period is failing).
- CA [Blueprint for a Safer Economy](#) Triggers as of 4/20/21. There are no Counties left in the Widespread-Purple tier. 17 counties are in the Red tier, 38 counties (87.1% of the population) including Riverside and San Diego are in the Moderate-Orange Tier and 3 are in the Minimal-Yellow Tier.
 - o **CA**

- COVID-19 Adjusted Case Rate per 100K: 5.0 (up from 4.8 on 4/13/2021)
- Testing Positivity Rate: 1.7% (down from 1.8% on 4/13/2021)
- ICU Bed Availability: 32.8% (up from 31.9% on 4/13/2021)
- **SAN DIEGO**
 - COVID-19 Adjusted Case Rate per 100K: 6.1 (up from 6.0 on 4/13/2021)-**RED**
 - Testing Positivity Rate: 2.4% (down from 2.5% on 4/13/2021)-**ORANGE**
 - Health Equity Quartile Positivity Rate: 3.0% (no change from 3.0% on 4/13/2021)-**ORANGE**
 - Tier Status: **Moderate-Orange Tier 3**
 - San Diego Tier Status by Zip Code [map](#) (updated each Thursday)
- **RIVERSIDE**
 - COVID-19 Adjusted Case Rate per 100K: 4.5 (up from 3.6 on 4/13/2021)-**ORANGE**
 - Testing Positivity Rate: 2.3% (up from 2.0% on 4/13/2021)-**ORANGE**
 - Health Equity Quartile Positivity Rate: 2.9% (up from 2.3% on 4/13/2021)-**ORANGE**
 - Tier Status: **Moderate-Orange Tier 3**

· For San Diego, their case rate is now 6.0 or greater 2 weeks in a row, which would have been enough to push them back to the Red Tier based on the old guidelines.

However, under the state's new guidance, the California Department of Public Health recently advised that unless there are extenuating circumstances, such as a low rate of vaccine uptake, a county will only move to a more restrictive tier if hospitalizations are increasing significantly among vulnerable individuals, especially among vaccinated individuals, and both testing positivity and adjusted case rates show a concerning increase in transmission. This is currently not the case in San Diego and it has been allowed to remain in the Orange Tier.

COVID CASES (as of 4/23/21)

- **4 Cases in the Past 91 Days (3 of 4 cases unvaccinated)**
- **CPCMG (Provider) COVID Positive cases: 15** (no new updates)
 - 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. 2 cases were unclear and might have had work related exposure.
- **RCPMS (Staff) COVID Positive Cases: 86**
 - 60 of 86 positive cases with confirmed etiologies.
 - **NEW:** A fully vaccinated MA traveled with family into Southern Mexico and began to have fatigue and loss of smell/taste 1 week after returning from travel and tested positive (because of air travel

wholly within Mexico, pre-air flight testing is not required). Several other unvaccinated family members on the same trip also became symptomatic and tested positive. Contact tracing did not identify any breaks in PPE at the site with surveillance testing offered, but declined. It would appear that the angst level has lowered significantly with staff still continuing to use PPE and most clinical staff also being vaccinated.

- o 24 of 86 positive cases with unconfirmed etiologies.
- o 2 of 86 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**
 - o As of 4/19/2021: >4,168 (+122 in the past 2 weeks) 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 4/26/2021)

CPCMG

- 95.9%: 2nd Dose Vaccination & Immunity Rate (s/p 2 weeks after the 2nd dose)

RCPMS

- 65.9%: 2nd Dose Vaccination & Immunity Rate (s/p 2 weeks after the 2nd dose)

National [CDC Vaccine Tracker](#) as of 4/9/21

- National Vaccine Rate:
 - o 66.3 doses per 100 people (population of 330.114 million)
 - o Total % of people with 1 or more doses:40.9%
 - o Total % of people fully vaccinated: 26.9%
 - o ≥18 y/o with 1 or more doses: 52.0%
 - o ≥18 y/o fully vaccinated: 34.4%

California [Vaccine Tracker](#)

- CA Vaccine Rate:
 - o 69.3 doses per 100 people (population of 40,129,000)
 - o More than 50% of Californians 16 y/o and above have received 1 or more doses
 - o Total % of people fully vaccinated: 33.9%
 - o Currently ranked 32 of 51 States/DC based on % of population fully vaccinated (as of 4/22/21)

§ ME, NM, CT, VT and AK are the top 5 in that order

- San Diego [Vaccine Rate](#)
 - o >16 y/o with at least one dose: 49.5%
 - o ≥16 y/o fully vaccinated: 32.1%
- Riverside [Vaccine Rate](#)
 - o >16 y/o with at least one dose: 42.8%
 - o ≥16 y/o fully vaccinated: 25.9%

Riverside County Total [Covid Cases](#): 297,881 Total Pediatric (0-17 y/o) Cases: 38,299 (12.9%)

	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23
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# of daily cases	137	no data	no data	104	301	11	139	111
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San Diego County Total Covid Cases: 275,912 Total Pediatric (0-19 y/o) Cases: 45,446 (16.5%)

	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23
# of daily cases	317	245	149	152	256	263	281	pending

Statewide Total Covid Cases: 3,626,656 Total Pediatric (0-17 y/o) Cases: 469,386 (12.9%)

	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23
# of daily cases	2,451	2,763	2,667	1,916	1,606	2,126	2,411	1,818

RADYS CASES & HOSPITALIZATIONS (3/15/20-4/20/21)

COLLEGES & COVID

Apparently, universities have had enough of Covid and the disruption on the college experience especially with young adults being the big driver of the pandemic at this point. A growing number of colleges and universities (>50), which now includes all University of California and California State University campuses have announced that they will be requiring the Covid vaccine come this fall when returning to campus. This announcement comes while the Covid vaccines are still under a EUA. It will be interesting to see what happens with other businesses (including healthcare institutions) over the next several months and whether they will also make the vaccine mandatory.

COVID AFTER FULL VACCINATION

With CPCMG/RCPMS’s first breakthrough Covid case last week, it is worth touching base on breakthrough cases reported to the CDC.

- 5,814 Covid cases out of nearly 77 million people fully vaccinated
- That comes out to about 1 case in 13,000+ people.
- Of the 5,814 Covid cases, 396 (7%) required hospitalization and 74 (1.3%) died.
- o Deaths and hospitalizations may be more likely to be reported than those not hospitalized
- o No clear patterns related to age, gender, location, type of vaccine, variants or other factors

Locally in San Diego, a total of 203 people out of 846,886 who have been fully vaccinated have tested positive.

- This amounts to about 1 in 4,171 cases and is about 3 time more than the national average. This might be attributed to nothing more than a data availability issue.
- 57% were asymptomatic and were tested for other reasons such as routine surveillance in health care.
- There have been no cases of hospitalization or deaths due to Covid in fully vaccinated individuals.

J&J COVID VACCINE PAUSE & RESUMPTION

- As of April 12, 2021, approximately 6.85 million doses of the Johnson & Johnson (J&J) COVID-19 vaccine (Janssen) had been administered in the United States.
- The CDC and the U.S. FDA reviewed data involving six U.S. cases of a rare type of blood clot in individuals after receiving the J&J COVID-19 vaccine that were reported to the Vaccine Adverse Events Reporting System (VAERS). In these cases, a type of blood clot called cerebral venous sinus thrombosis (CVST) was seen in combination with low levels of blood platelets (thrombocytopenia).
- All six cases occurred among women aged 18–48 years.
- Onset of symptoms 6-13 days
- Associated with thrombocytopenia and antibodies against platelet factor-4 (PF4)
- Use of heparin is not recommended (might be harmful)
- Concern is similar to cases seen with the Astra Zeneca COVID-19 vaccine (both are adenovirus vector vaccines)
- J&J Vaccine reinstated in Europe after European Medicines Agency (EMA) review confirming that the overall benefit vs risk profile remains positive
- The ACIP (American Committee on Immunization Practices) met today (4/23/21). Investigations revealed (2) more women who died from CVST and have now identified a total of 15 women who have been diagnosed with this unusual clotting disorder. After meeting for 6 hours, the committee voted 10-4 to recommend resuming use of the J&J Vaccine after agreeing that the benefits of the vaccine outweigh the risks of CVST. The FDA will update the label for the vaccine, indicating that women under 50 y/o should be aware of potential blood clots from the vaccine. It is expected that CDC director, Dr. Walensky will sign off and then the FDA will prepare an amended EUA and that use of the vaccine may resume as early as this weekend.

PASC (LONG HAUL) UPDATE

The CMA held their Grand Rounds webinar April 13th on the topic of *Post-Acute Sequelae of COVID-19 (PASC)-From the Bench to the Bedside?* I missed the Grand Rounds, but grabbed the powerpoint slides for those interested (**attached**).

- No accepted case definition for PASC-can affect multiple organs
- The biological basis of PASC is under investigation in multiple organ systems
- Time Scale: Most people better by 3 weeks, some people not better by 3 months
- Frequency? Unknown. Even if uncommon (<5%), the numbers are problematic with 5% of >30 million cases being 1.5 million cases.
- As many as 1 in 3 with neuro/psych symptoms
- Key Point: All that is “Long Haul” is not Covid

S/P COVID & RETURN TO SPORTS OR PE

Some of you may have started getting requests for return to play Covid clearances for PE (not just sports). The AAP has suggested this course of evaluation for all children in a school setting. These evaluations can be conducted during a WCC exam per the SmartSet, during a sports physical or as part of a regular medical exam. Changes are being made to SmartSets and template progress notes to accommodate the expected increase in requests.

In the presence of a normal history, the physical exam is typically very low yield and it might be plausible to consider performing clearance via telehealth. This is something that we are currently evaluating. Locally, some have suggested that for younger children < 12 y/o and/or for those with low intensity participation, AND having had only asymptomatic or mild infections, a good history might be sufficient. Families are being advised that they may make a choice to have children participate in modified PE without a clinician's evaluation, but need that evaluation to resume normal PE. We play an important role in making sure that we have minimized barriers yet have appropriate precautions in place to allow for a normal return to regular PE especially since many of our patients have missed nearly a year of structured activity. On the plus side, our Return to Play algorithm applies the same whether a patient is being evaluated for sports or PE.

In a bit of timely news, Dr. Bradley pointed us in the direction of a newly published [article](#) regarding *SARS-CoV-2 Cardiac Involvement in Young Competitive Athletes*. They looked at data from more than 19,000 college competitive athletes of which more than 3,000 had tested positive. Data indicated a low prevalence of cardiac involvement and more importantly, their findings suggested that asymptomatic or mildly symptomatic athletes that had fully recovered from SARS-CoV-2 infection could return to their sport without cardiac testing. This aligns well with our Return to Play algorithm especially since in most cases, it appears that pediatric Covid cases have appeared to be more mild than adult Covid cases.

RADYS TOWN HALL NEWS (courtesy of Dr. Bradley/Dr. Pong/Chris Abe)

MIS-C Update in the US

- MIS-C occurs 2-5 weeks after a COVID-19 illness
- MIS-C numbers do not always correlate with the number of reported COVID-19 cases
- GI symptoms, rash and conjunctivitis are the most common symptoms
- Approximately 50-60% end up in the ICU
- Hypotension and cardiac dysfunction are common, but less likely in younger children

The Need for a Booster vs a New Multivalent Vaccine

- *If you have been vaccinated in December, will a booster be needed at 6 months?*
 - o Probably not, but the FDA and CDC are keeping track to see if the vaccine effectiveness decreases during the 12+ months after immunization
- *Will you need a new vaccine next year for the South African (B.1.351) and Brazilian (P.1) variants?*
 - o Probably. Once we have immunized everyone in the US, we may need to look at immunizing everyone once again J

Covid R.1 Variant Outbreak in a Kentucky Skilled Nursing Facility

- Outbreak occurred after all residents and HCPs had been offered vaccination. 90.4% (75/83) of residents and 52.6 % (61/116) HCP had received 2 mRNA vaccine doses.

- 26 residents and 20 HCP had positive test results including 18 residents and 4 HCP who were considered fully vaccinated (>14 days after the second dose).
- Vaccinated residents and HCP were 87% less likely to have symptomatic COVID-19 compared with those who were unvaccinated
- Even if vaccinated, you are still at risk for getting infected if exposed to a variant similar to South Africa & Brazil strains
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e2.htm>

Pregnancy & Covid

· **Pregnant Women Infected With COVID-19 At Higher Risk for Adverse Outcomes**

A new [study](#) published in JAMA Pediatrics found that even though only 59% of diagnosed cases were symptomatic, women with Covid infections during pregnancy were at a significantly higher risk of poor outcomes such as preeclampsia, severe infections, ICU admission, preterm births (spontaneous and medically indicated) and maternal death.

- **Pfizer & Moderna Vaccines Safe in Pregnancy!**
CDC v-safe data in pregnancy: NEJM DOI: 10.1056/NEJMoa2104983

SARS CO-V-2 STRAIN MUTATIONS (updated)

- The B.1.1.7 strain is the dominate strain within the US (44.7% of all strains)

	CA Variants of Concern/Lineages					
Variant of Concern	B.1.1.7 (UK)	B.1.427 (CA)	B.1.429 (CA)	P.1.351 (S.A.)	P.1 (Brazil)	Other Lineages
Lineage % as of 4/20/21 (proportions)	17.8%	53.3%		0.3	1.9	26.8%

- There are currently no variants of high consequence
- The B.1.1.7/UK variant and B.1.427/B.1.429 (CA) and P.1 (Brazil) variants are now being [tracked](#) in San Diego. Through 4/21/21:
 - o Cases of B.1.1.7 are not doubling each week
 - o CA B.1.427/429 variants are increasing but not “taking off” in San Diego
 - o P.1 Variant is beginning to make some small gains

HOME COVID TESTING

Home Covid testing is here! CVS issued a press release this week announcing the availability of home Covid testing options. All three have FDA EUA’s, do not require a prescription and can be used with or without symptoms. Of note, if you are tested in this manner, it is not covered by insurance, but might be eligible for a flexible savings account (FSA).

- **Ellume COVID-19 Home Test Kit \$38.99:** The first rapid, fully at-home test to receive Emergency Use Authorization by the FDA for at-home use without a prescription. The test delivers results in 15 minutes through a free app downloaded to a

smartphone, without the need for a second test. CVS Pharmacy is the first retailer to carry the Ellume Home Test Kit. It will be in select locations in RI and MA the week of April 19, with increasing availability on CVS.com and in most CVS Pharmacy locations by the end of May.

- **Abbott BinaxNOW COVID-19 Antigen Self-Test \$23.99 (2 test pack):** Reliable fully at-home test for surveillance and frequent use delivers results in 15 minutes. The box contains two tests which should be administered twice over three days with at least 36 hours between tests. The test is available at [CVS.com](https://www.cvs.com) and in 5,600 CVS Pharmacy locations as the week of April 19, with additional locations to follow. Note: not yet in stock in stores locally, but should be available in the near future. Also, Walgreens will also be offering this test.

- **Pixel by Labcorp Home Collection Kit \$119.99:** This PCR (polymerase chain reaction) test is the same test used by physicians across the U.S. Results typically are available within 1-2 days and can be accessed via the [Pixel by Labcorp](https://www.pixelbylabcorp.com) website. The test is available now at [CVS.com](https://www.cvs.com) and in select stores in AL, MA, RI and CT.

THE QUEST FOR IMMUNITY-VACCINATION INFORMATION

San Diego County COVID-19 Vaccine Web Page: [San Diego County Public Health COVID-19 Vaccines](https://www.sandiegocountypublichealth.com/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](https://www.cdc.gov/vaccines/covid-19/special-considerations)

CA My Turn: <https://myturn.ca.gov/> (use google)

General

- Greater than 50% of US adults have received at least one Covid-19 shot with greater than 32.5% of US adults having been fully vaccinated.
- Greater than 80% of US seniors (≥ 65 y/o) have received at least one Covid-19 shot with 66% of US seniors having been fully vaccinated.
- At 66.3 doses administered per 100 people, the US falls behind Israel with a rate of 119.2 doses per 100 million. Between Israel and the US falls the UAE, Chile and the UK in that order.

Pfizer Covid Vaccine & FDA for Adolescents

Pfizer has officially requested for the FDA to expand use of its COVID-19 vaccine to adolescents from 12-15 y/o. The FDA review process will likely take several weeks to review data submitted that demonstrated good efficacy and vaccine tolerance in Phase 3 trials. The FDA is not required to consult with its VRBAC committee, but may choose to do so in the spirit of transparency.

Vaccine Roll Out Phases & Scheduling (updated)

San Diego and Riverside County is now vaccinating everyone 16 y/o and older. CPCMG does not have or expect to have Covid vaccines on site in the immediate future.

However, we are in the midst of performing some mass vaccination clinic planning in anticipation of the approval of Covid vaccines down to 12 y/o and older AND being able to store vaccines on site. To schedule a vaccine:

- **Riverside**: Please visit:
 - o <https://www.rivcoph.org/COVID-19-Vaccine> for days, sites and registration links through the CDPH Calvax vaccination appointment system.

- **San Diego**: Please visit:

- o

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

MONOCLONAL ANTIBODY REGIONAL CENTER (MARC) (updated)

To refer patients who meet FDA's EUA criteria, health professionals, delegated medical staff or patients themselves may call **(619)-685-2500**. There are now (2) MARC's open and they are open every day from **8:00 am to 8:00 pm**:

§ **Palomar Medical Center Downtown at 555 East Valley Parkway, Escondido, CA 92025**

§ **391 Oxford Street, Chula Vista, CA 91911**

- No cost to patients regardless of health insurance or immigration status.

- **Age 12-17 years** (at least 40 kg) AND have one of the following: BMI \geq 85th percentile for [their age and gender](#), or sickle cell disease, or congenital or acquired heart disease, or neurodevelopmental disorders, or medical-related technological dependence, or asthma, reactive airway, or other chronic respiratory disease that requires daily medication for control.

- **Age \geq 18 years**, AND have one of the following: Body mass index (BMI) \geq 35, or Diabetes, or Chronic kidney disease, or Immunosuppressive disease, or taking immunosuppressive medication.

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

- [INFORMAL CAREGIVER LETTERS FOR VACCINES \(last 2/5/2021\)](#)

- [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/Dr. Ashvin Shenoy)
(generally distributed every other Thursday, last update 4/8/2021)

Knowledge Base

Please visit the [CPCMG Knowledge Base](#) for all sign-ups, knowledge articles, and tip sheets.

Thanks,

-KM

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