



October 1, 2021

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

From: Morris, Kenneth MD <kmorris@rchsd.org>
Sent: Friday, October 1, 2021 2:29 PM
Subject: CPCMG/RCPMS COVID CHRONICLES (edition #186)

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.

Opening Narrative

In a NY Times article on immunization mandates that was published yesterday, it was boldly stated that “*the United States owes its existence as a nation partly to an immunization mandate.*” Believe it or not, vaccine mandates date all the way back to the American revolution when General Washington (yes that Washington) ordered smallpox immunizations of the American army after suffering a defeat at the Battle of Quebec (in part due to a smallpox outbreak). The mandate worked and as written in a 2010 Pulitzer Prize winning biography about George Washington, “*was as important as any military measure Washington adopted during the war.*”

Just like mask mandates are not new to San Diego (reference the 1918-1919 flu pandemic), vaccine mandates in schools are not new either and I’m not referencing the recent CA laws with regards to school entry. While the anti-vaxxer movement has gained traction in past 20 years after the Dr. Wakefield study debacle, the movement was also quite vocal back in the early part of the 20th century. The crisis was not Covid of course and not even polio, but it was the highly infectious and often deadly smallpox virus that had also run rampant during the revolutionary war. The last natural outbreak of smallpox in the US was in 1949 and the last known case of natural smallpox worldwide was in Somalia in 1977. The reason for its demise was the highly successful global vaccination campaign. Long before eradication, smallpox was a considerable public health challenge.

In this week’s Union-Tribune, they brought back an [article from the archives](#) dating back to 1908. After CA had mandated that all children be vaccinated for smallpox before being admitted to public schools circa 1889, the enforcement of the law was dropped in 1905 when anti-vaccine activists held a majority of the school board seats. In 1908, with statewide pressure for enforcement, the vaccine law led to open conflict and a number of “undesirable” behaviors

such as boycotts and a stick of dynamite being left at the county health officer's doorstep. Eventually, the state caved and allowed exemptions for those "conscientiously opposed" resulting in >25% of San Diego's students remaining unvaccinated.

With this week's San Diego Board of Education meeting and subsequent unanimous approval of a Covid vaccine mandate, I can't help but think back to what San Diego went through 113 years ago and what public outcry may follow from the small, but very vocal contingent. Can we put an end to the Covid pandemic if 25% of our eligible students let alone the total population were to remain unvaccinated? I also can't help but think where we could be if we collaboratively embraced a concerted global vaccine effort the same way the world did in eradicating smallpox later in the 20th century.

Reflecting on mandates and putting the greater good, public health argument aside, does one citizen have the right to harm their neighbor, neighbor's families, friends or the larger community as a whole? In a country that prides itself on individual freedom as much as the US does, the answer appears to be clearly NO and that opinion has not changed since our country's inception. The author of the aforementioned NY Times article draws attention to "*how little the debate has changed over the centuries. In 1905, when the Supreme Court ruled against a Massachusetts pastor who did not want to take a smallpox vaccine [as mandated], Justice John Marshall Harlan explained that the Constitution did not allow Americans always to behave however they chose. "Real liberty for all could not exist," Harlan wrote in his majority opinion, if people could act "regardless of the injury that may be done to others."*

Quick Hitter

- There have been a couple of Ivermectin related use/abuse deaths reported in New Mexico

The Quest for Immunity

- **Flu Vaccine & The Covid Vaccine**
 - We have had some concerns raised by staff about the timing of the flu vaccine and Covid vaccine. For staff and for patients, the Flu vaccine may be administered prior, in tandem or following administration of the Covid vaccine. There is no suggested time gap that needs to be taken into consideration between these two vaccines or any other vaccine in relation to the Covid vaccine.
- **Boosters**
 - Late last week, the Western States Scientific Safety Review Workgroup approved the administration booster doses under the CDC's guidelines.
 - What does this all mean for CA residents?
 - You **should** get a booster dose of **Moderna or Pfizer** if you have a moderately or severe immunocompromising condition AND are at least **4 weeks** after your 2nd dose.
 - You **should** get a booster dose of **Pfizer** if you are at least **6 months** after your 2nd dose of **Pfizer** and meet one of the following criteria:
 - Individuals age 65 years and older
 - Individuals residing in a long-term care facility
 - Individuals age 50 through 64 years with [underlying medical conditions](#) or at increased risk of social inequities.

- The following groups **may** receive a booster dose of **Pfizer** if you are at least **6 months** after your 2nd dose of **Pfizer** based on individual benefits and risks:
 - Individuals age 18 through 49 years, with [underlying medical conditions](#)
 - Individuals age 18 through 64 years, who are at increased risk for SARS-CoV-2 exposure and transmission because of occupational or institutional setting. Note: this encompasses any frontline healthcare workers!
 - Please note that this does **NOT** cover a 3rd booster dose of **Moderna or J&J** at this moment in time (unless otherwise specified). We do expect this to be authorized in the near future.
 - Any CPCMG/RCPMS healthcare workers can receive their booster dose of Pfizer at Radys (or at an outside vaccination center/pharmacy) if they meet the above criteria. Information on how to schedule at Radys was sent out under separate correspondence.
 - **Will Boosters be mandated for HCW's?** This is a question that we have received. Our current policy reads as follows: *“booster doses may be required in the future, if mandated or recommended by public health authorities.”* The short answer is that they are not currently required and likely will not be required for the foreseeable future. This could change down the road, but if it does, we are likely months away from this consideration.
 - **Moderna Boosters:** Allegedly, the FDA is leaning towards authorizing ½ dose booster shots for the Moderna vaccine. An official announcement has not been made, but a half dose could reduce booster dose related side effects while also protecting global supply of the vaccine.
- **Mandates**
 - **SDUSD COVID Vaccine Mandate.** Following the Los Angeles Unified, Oakland Unified and the Culver City Unified School Districts lead, the San Diego Unified School Board unanimously approved a mandate that all staff and students 16 y/o and greater be fully vaccinated by December 20th.
 - For those that don't comply, they will be barred from in-person learning and will be required to learn from home with the district's online academy and will be barred from extracurricular activities.
 - Students may be “conditionally enrolled” if they are in a disadvantaged group such as those that are homeless, migrant, have disabilities or are military or foster youth.
 - This might not grant the above group an exemption, but only an extra 30 day compliance window due to challenges/difficulties accessing student records.
 - Medical exemptions will be allowed, personal belief or religious exemptions will not be allowed (please note that the acceptable medical exemptions are very narrow in scope and that any consideration for granting a medical exemption should probably be discussed with Steve Lewis and myself).
 - The mandate currently only applies to those 16 and above, but once the Covid vaccine is given full approval for those down to 12 y/o and

above and then subsequently down to 5 y/o and above, the mandate will apply to those age groups as well.

- Current vaccine rates for SDUSD are as follows:
 - Staff: 81% partially vaccinated, 76% fully vaccinated
 - Students (16 y/o and above): 62% partially vaccinated, 55% fully vaccinated
- While this only pertains to the 14,000+ SDUSD students 16 y/o and older, at the time, CA state health officials had said that they were considering a statewide COVID vaccine mandate for students aged 12 and older.
- **BREAKING NEWS-CA COVID VACCINE SCHOOL MANDATE:** Governor Newsom announced earlier today that CA will become the first state to mandate the COVID-19 vaccine in grades 7-12 for those 12 y/o and above as soon as the FDA gives full approval in this age group. Note: full approval has already been granted for age 16 y/o and above.
 - The mandate could begin in the January school term or in the Fall of 2022, depending on the timing of when the FDA gives full approval.
 - Governor Newsom indicated that there would be medical and religious exemptions although I suspect that the acceptance of religious exemptions may change based on what other school districts are accepting and based on current state vaccine laws.
 - Students in K-6th would be phased in once the vaccine is fully approved for that age group as well.
 - Under the governor's order, unvaccinated students will have the option of enrolling in a fully online school, attending independent-study programs offered by school districts or be homeschooled.
- **Do vaccine mandates work?** The intent is to drive up vaccination rates in order to protect co-workers, patients, families and the community. Ultimately, the number of those who refuse the vaccine ends up being smaller than the number who first say that they would refuse it. We have seen a sizeable increase in our vaccination rates since early August when the State Public Health Officer Order regarding mandatory vaccinations for HCWs came to fruition.
 - On August 5th, 144 staff and 2 providers were required to commence weekly surveillance screening due to not being fully vaccinated.
 - Today, that number is down in the 30's.
 - Note: those with approved vaccine exemptions are required to continue with regular surveillance screening/testing.
 - On August 6th, our RCPMS fully vaccinated rate was 73.5%. As of today, October 1st, our fully vaccinated rate is 92.6%. This is great news and great work by all!
 - There are a handful completing their series within the next 1-3 weeks so the percent fully vaccinated will rise even higher.
 - There were a handful of employees who chose to leave healthcare rather than requesting an exemption or receiving the vaccine. This also drove our percent vaccinated upwards.
 - The remaining % that are not fully vaccinated are either 100% remote workers, those on a leave of absence or those with approved exemptions.

- Notwithstanding that many staff and some providers were not happy that they felt that they were forced into having to make a vaccination decision, many were waiting for “the word” to come down that they needed to be vaccinated or that the vaccine was no longer “emergency use authorized.” For others, they truly enjoy working for RCPMS and CPCMG and did not want to risk losing their jobs. A huge thank you to everyone for doing their part and for getting vaccinated!

Cases & Numbers (the Delta Variant):

- State:
 - At the state level, average daily case numbers continue to drop off (6,779 vs 7,637) compared to the week prior.
- Local:
 - In San Diego, average daily cases continue to trend down (629 vs 649) compared to the week prior.
 - Cases, the percentage of positive tests and hospitalizations have been trending downward.
 - As of 9/29, case rates for non-fully vaccinated residents are **4 times higher** than fully vaccinated residents (remains as 4 from the preceding week)
 - As of 9/29, hospitalization rates for non-fully vaccinated residents are **46 times higher** than fully vaccinated residents (up from 34 the preceding week)
 - In Riverside, cases dropped (365 vs 648) looking at the daily average compared to the week prior.
- Since last week’s Chronicles, we have had 0 new cases in providers and 1 new staff case (1 partially vaccinated individual).

My Words of Wisdom message:

- **Don’t Wait—It’s not too late—Please Vaccinate!**

CDC & Public Health Words of Wisdom:

- **Avoid Crowds, wear masks if crowds cannot be avoided**
- **Do NOT come to work with any symptoms**
- **If unvaccinated, don’t travel**

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

- Vaccimeter
- Covid Cases (**NEW** Staff case)
- Covid Vaccine Exemption Requests **NEW**
- Covid & Pregnancy **NEW**
- School Decision Tree (as of 9/17/21)
- Return to Play After Covid
- Rady Town Hall News
- SARS Co-V-2 Strain Mutations (updated)
- Covid Testing Options (repeated)
- The Quest for Immunity-Vaccination Information (repeated)
- Monoclonal Antibody Regional Centers (MARC)

RISK LEVEL-INCIDENT COMMAND

- Risk Level: 4
- Updates:
 1. Indoor Masking: mandatory regardless of vaccination status.
 2. High Volume Scheduling: now effective

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. As of 9/29/21 (now updated weekly), San Diego is now failing 4 metrics.
 - **Community Outbreaks**: >7 new outbreaks in community settings in a 7-day period: **31 (down from 37 last week)**
 - **Case Rate**: >1.9 per 100,000 for the 7-day average case rate: **17.9 (down from 20.6 last week)**
 - **Case Investigation**: 70% or less of investigations are initiated within 24 hours of notification over a 7-day period: **68.3% (down from 75.9% last week)**
 - **COVID Syndromic**: Upward trajectory of COVID-like syndromic cases reported within a 14-day period: **2.9% (down from 3.1% last week)**
 - **Influenza Like Illness**: Upward trajectory of influenza-like illnesses (ILI) reported within a 14-day period: **3.5% (down from 3.6% last week)**
 - **Testing Positivity**: Greater than 8% of positive tests as a percent of total tests, measured using specimen collection date in a 7-day period with a 7-day lag: **3.9% (down from 4.7% last week)**

VACCIMETER (as of 9/30/2021)

	% Fully Vaccinated	% ≥12 y/o 1 or More Doses	% ≥12 y/o Fully Vaccinated	Notes
CPCMG	99.3%			Last unvaccinated provider began their series
RCPMS	88.8%			
National CDC Vaccine Tracker		75.5%	65.1%	
California CA Vaccine Tracker		78.5%	70.3%	
San Diego SD Vaccine Rate		88.2%	78.8%	
Riverside RS Vaccine Rate		65.5%	57.8%	

COVID CASES (as of 9/30/21)

- **CPCMG (Provider) COVID Positive cases (confirmed): 23**
 - 0 NEW Provider Cases:
- **RCPMS (Staff) COVID Positive Cases (confirmed): 125**
 - 1 NEW Staff Case:

- An unvaccinated MA tested positive during their weekly surveillance swab (this is the 4th positive case from mandatory surveillance testing). The MA was asymptomatic when swabbed, but coincidentally received the J&J Covid vaccine this week and developed mild symptoms the day after that they felt were due to the vaccine. They had recently traveled internationally and had tested negative 1 day after return (with surveillance testing done the week prior). Contact tracing did not reveal any high risk exposures to staff.
 - 4 of 124 positive cases that are possibly work-related exposure (worker to worker). Two cases in question have identified breaks in PPE or social distancing protocols and a third is yet to be determined, but is suspected to be a brief break in PPE.
 - **CPCMG Patient COVID Positives & Interesting Cases**
 - As of 9/27/2021: >5,932 (+54 in the past week). This number does not include patients testing positive at County sites or hospital labs outside of the Rady, Quest or Lab Corp network.

Riverside County Weekly Update Total [Covid Cases](#): 353,961 (as of 9/30/21)

Riverside County Total Pediatric (0-17 y/o) Cases: 52,707 (14.9% of cases)

average # of new daily cases over the previous week	648
average # of new daily cases over the past 2 weeks	365↓

7 Day Test Positivity Rate: 6.3% (↓from 6.9%)

San Diego County Total [Covid Cases](#): 356,427 (as of 9/30/21)

San Diego County Total Pediatric (0-19 y/o) Cases: 63,903 (18.0% of cases)

average # of new daily cases over the previous week	649
average # of new daily cases over the past week	629↓

7 Day Test Positivity Rate: 3.7% (no change from 3.7%)

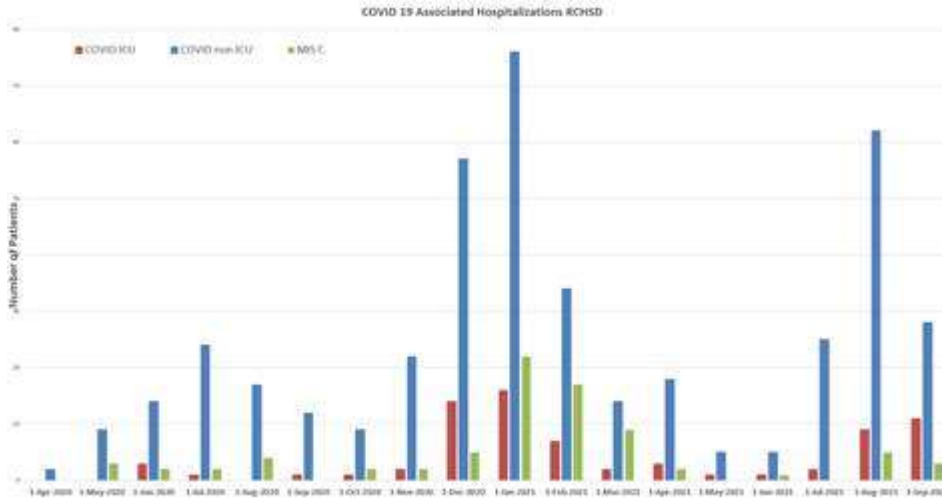
Statewide Total [Covid Cases](#): 4,448,848 (as of 9/30/21)

Statewide Total Pediatric (0-17 y/o) Cases: 653,305 (14.6% of cases)

average # of new daily cases over the previous week	7,637
average # of new daily cases over the past week	6,779↓

7 Day Test Positivity Rate: 2.6% (↓from 3.1%)

MIS-C: 623 total cases as of 9/27/2021



As of 9/28/2021

COVID VACCINE EXEMPTION REQUESTS

With the pending SDUSD & CA Covid vaccine mandate on the horizon, we know that we will begin seeing an uptick in vaccine exemption requests. The requests for medical exemption of students should not be different than they are for healthcare workers except that they may be even more narrow with the Moderna & J&J vaccines not currently in play. Our current medical exemption form lists contraindications as follows:

- SEVERE allergic reaction (such as anaphylaxis) after a previous dose or to a component of a COVID-19 vaccine such as Polyethylene Glycol (PEG) and inability to take an alternative COVID-19 vaccine. **Note: Only the Pfizer vaccine is in play here.**
- IMMEDIATE allergic reaction to a previous dose or known (diagnosed) allergy to a component of a COVID-19 vaccine AND inability to take an alternative COVID-19 vaccine. **Note: Only the Pfizer vaccine is in play here.**
- History of myocarditis (inflammation of the heart) or pericarditis (inflammation of the tissue surrounding the heart) after an mRNA COVID-19 vaccine AND inability to receive the Janssen/J&J vaccine due to a SEVERE or IMMEDIATE allergic reaction to that vaccine or one of its components. **Note: Only the Pfizer vaccine is in play here.**

Please note that the following are not considered valid reasons for a medical exemption:

- Local injection site reactions after vaccines
- Expected systemic vaccine side effects in previous COVID-19 vaccines
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines (including eggs and gelatin which are not in the vaccine)
- Breastfeeding
- Immunosuppressed person in the student's household

COVID & PREGNANCY

The CDC issued a health [advisory](#) this week recommending "urgent action to increase COVID-19 vaccination among people who are pregnant, recently pregnant (including those who are lactating), who are trying to become pregnant now, or who might become pregnant in the

future. The CDC strongly recommends COVID-19 vaccination either before or during pregnancy because the benefits of vaccination outweigh known or potential risks. As of September 27, 2021, more than 125,000 laboratory-confirmed COVID-19 cases have been reported in pregnant people, including more than 22,000 hospitalized cases and 161 deaths. The highest number of COVID-19-related deaths in pregnant people (n=22) in a single month of the pandemic was reported in August 2021. Surveillance data in 2021 indicates that approximately 97% of pregnant people hospitalized (either for illness or for labor and delivery) with confirmed SARS-CoV-2 infection were unvaccinated. In addition to the risks of severe illness and death for pregnant and recently pregnant people, there is an increased risk for adverse pregnancy and neonatal outcomes, including preterm birth and admission of their neonate(s) to an intensive care unit (ICU). Other adverse pregnancy outcomes, such as stillbirth, have been reported. Despite the known risks of COVID-19, as of September 18, 2021, **only 31.0% of pregnant people were fully vaccinated before or during their pregnancy.** In addition, there are racial and ethnic disparities in vaccination coverage for pregnant people.” There is currently no evidence that COVID-19 vaccines cause adverse pregnancy-related outcomes or infertility.

SCHOOL DECISION TREE (as of 9/17/21)

The school decision tree is linked as follows: See [COVID-19 > Health Practices > Guidelines for Schools \(sdcoe.net\)](#). High level highlights:

- For students and staff/teachers that are unvaccinated and exposed, they now have an option to return on day 8 if they have tested negative on day 5, 6 or 7.
- In school and out of school exposures are now treated the same although if exposed and both parties were masked in school, the student can do the modified quarantine in school the entire time.

RETURN TO PLAY AFTER COVID

I have recreated the next iteration of the Return to Play after Covid algorithm incorporating the most recent AAP suggestions while also addressing CIF guidelines. I’m in the process of sharing it with key stakeholders both internally and externally and as soon as I feel that it will not change significantly, we will share it with the broader group. If you are interested in a sneak preview, let me know and I will share.

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

Nothing earth shattering that what is already included elsewhere within the Chronicles

SARS CO-V-2 STRAIN MUTATIONS (updated)

There is now a new variant classification from the CDC:

- [Variants Being Monitored \(VBM\)](#) –Includes: Alpha, Beta, Gamma, Eta, Iota, Kappa, Epsilon, Zeta and Mu
- [Variant of Interest \(VOI\)](#) – Currently-None
- [Variant of Concern \(VOC\)](#) – Includes the Delta variant (B.1.617.2 & AY.1 sublineages)
- [Variant of High Consequence \(VOHM\)](#) – Currently-None

Origin/Lineage Name: Variants Being Monitored (VBM)	Name
British-B.1.1.7	Alpha
South Africa-B.1.351	Beta
Brazil-P.1	Gamma
CA-B.1.427/B.1.429	Epsilon

Brazil-P.2	Zeta
Multiple-B.1.525	Eta
Philippines-P.3	Theta
NY-B.1.526	Iota
India-B.1617.1	Kappa
Peru-C.37	Lambda
Colombia-B.1621	Mu

CA Variant [Tracker](#) & [Outbreak.info](#) & [CDC CA Breakdown](#)

CA Variants as of 9/30/21	AY.4 (Delta+)	AY.3 (Delta+)	AY.14 (Delta+)	AY.20 (Delta+)	AY.25 (Delta+)	AY.26 (Delta+)	B.1.617.2 (Delta)	(Other Lineages)
Lineage % (over 30 days)	6%	5%	2%	4%	11%	5%	60%	8%

COVID TESTING OPTIONS

[State of CA COVID-19 Testing Sites](#)

[San Diego County Testing Sites](#)

[Riverside County Public Health Testing Sites](#)

[County of Riverside Funded Testing Locations](#)

Rady Children's:

- **COVID Drive Through Testing**
 - 8001 Frost Street (parking lot near the vaccine clinic)
 - Hours are 7 a.m. to 3 p.m., seven days a week
 - Complete an order for your patients in Epic OR have your patient self-order: <https://redcap.rchsd.org/surveys/?s=XXPXJTT9MD>
 - Call 858-966-8399 Monday-Friday 8:30am-5pm for a drive through appointment
- **Walk In Testing at the MOB**
 - 3030 Children's Way; San Diego, CA 92126
 - Hours are 7:30-5:00 M-F, 9-1 on Saturday
 - Wait times have been as long as 2-3 hours
- Fill out the testing request form first then call 858-966-8399 Monday-Friday 8:30am-5pm
- Patient filled out request: <https://redcap.rchsd.org/surveys/?s=XXPXJTT9MD>

We also learned that the Private Covid Clinic: www.covidclinic.org is offering no-cost testing for people that have been exposed and cannot easily get an appointment with CPCMG or one of the State/County offerings. Some CPCMG providers have gone themselves and there has not been a charge for PCR testing.

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/> (use google)
CDC COVID-19 Vaccine Errors/Deviations: [CDC Covid Vaccine Errors/Deviations](#)
CDC COVID-19 Vaccine Info for Parents of Children & Teens: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html>
CDC Pediatric Professional COVID-19 Vaccine Tool Kit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/pediatrician.html>
Regional Covid Clinic Clinical Direction: <https://cpcmg.knowledgeowl.com/help/covid-vaccine-administration-guidelines>

MONOCLONAL ANTIBODY REGIONAL CENTERS (MARC'S)

Refer COVID-19 patients at high-risk for disease progression for monoclonal antibody treatment as **early as possible in their disease, for greatest effectiveness while their symptoms are still mild or moderate.**

- **San Diego:** To access, have you or your patients call: **619-685-2500.**
- **Riverside:** No MARC's, but Riverside University Health System, phone number 951-486-6520 has been able to accommodate.

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

- **School Covid Decision Tree:** [COVID-19 > Health Practices > Guidelines for Schools \(sdcoe.net\)](#)
- [TESTING-FALSE POSITIVE EVALUATION \(last 12/11/2020\)](#)
- [NEWBORNS & COVID-19 POSITIVE MOTHERS \(last 7/31/2020\)](#)
- [IN CLINIC ALBUTEROL & NEBULIZER GUIDANCE \(last 9/4/2000\)](#)

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

(generally distributed every other Thursday, last update 9/9/2021)

Knowledge Base

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

Thanks,

-KM

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