



02/04/2022

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

From: Morris, Kenneth MD <kmorris@rchsd.org>

Sent: Friday, February 4, 2022 2:09 PM

Subject: CPCMGRCPMS COVID CHRONICLES 2/4/2022 (edition #203)

These are weekly updates for all CPCMGRCPMS staff. Other valued community members which include 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 CPCMGRCPMS staff and while generally useful to the broad community, all aspects may not always be applicable to your respective organizations.

Narrative

On a mostly unrelated to Covid note, my Rams are going to the Super Bowl without having to travel very far. A few people asked if I was going to SOFI. If someone has access to a reasonably priced extra ticket, I will be happy to supply an ample amount of N95 masks to do some field research on Covid transmission in a 70,000+ person stadium while masked. Unfortunately, I have not received a \$15,000 research grant to offset the current cost of tickets I was offered... 😊

I was checking my calendar this week and noted that Wednesday was Groundhog Day. Bill Murray who starred as depressed weatherman, Phil Connors in the 1993 hit, once said “*this is one time where television really fails to capture the true excitement of a large squirrel predicting the weather.*” I can’t help but think how things would be different if we could channel our inner groundhogs and predict the continually unpredictable virus that causes COVID-19 and make the necessary changes to prevent Covid from repeating its painful lessons over and over.

Rescuing us from our gloom and doom drudgery comes an opinion piece written this week by former CDC Director, Dr. Tom Frieden about “***Why I’m Cautiously Optimistic About COVID-19.***” Here are some excerpts:

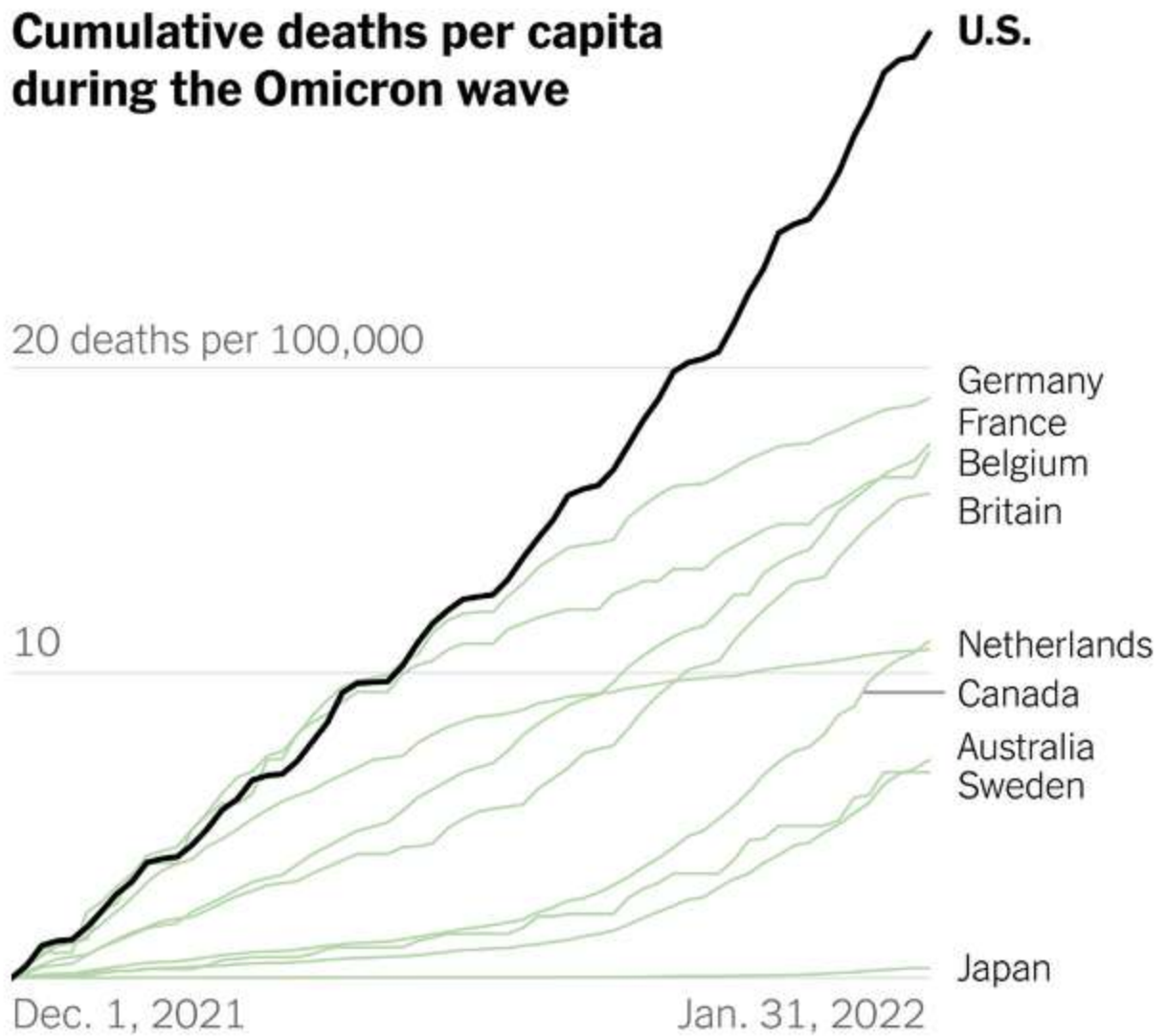
Although it's possible that deadly new coronavirus variants could emerge, I'm more optimistic today than at any point since the Covid-19 pandemic began. Here's why. Despite growing pandemic fatigue and rough weeks ahead as the Omicron tsunami recedes, we're better defended against Covid than ever. Vaccines and prior infection

have steadily strengthened our collective immune defenses. We have now built up a wall of immunity -- although we have lost far, far too many people along the way to get here.

In 2020, failure to follow public health recommendations greatly increased the death toll in the United States and elsewhere. In 2021, failure to reach people with vaccination -- largely due to partisan opposition and entrenched resistance in the US, and lack of access in many countries -- had lethal consequences.

Omicron has been deadlier in the U.S. than in other wealthy countries (see NY Times graph & the performance graph by country below), partly because of low vaccination rates among older people. Vaccination rates are higher in those >65 y/o (approximately 85%), but still fall behind England who is at 96%. When it comes to boosters, the disparity grows wide with only 57% of this age group having received a booster compared 91% in England. It is no wonder why the US has lost nearly 900,000 people and is closing in on the grim unconscionable milestone of 1 million American deaths.

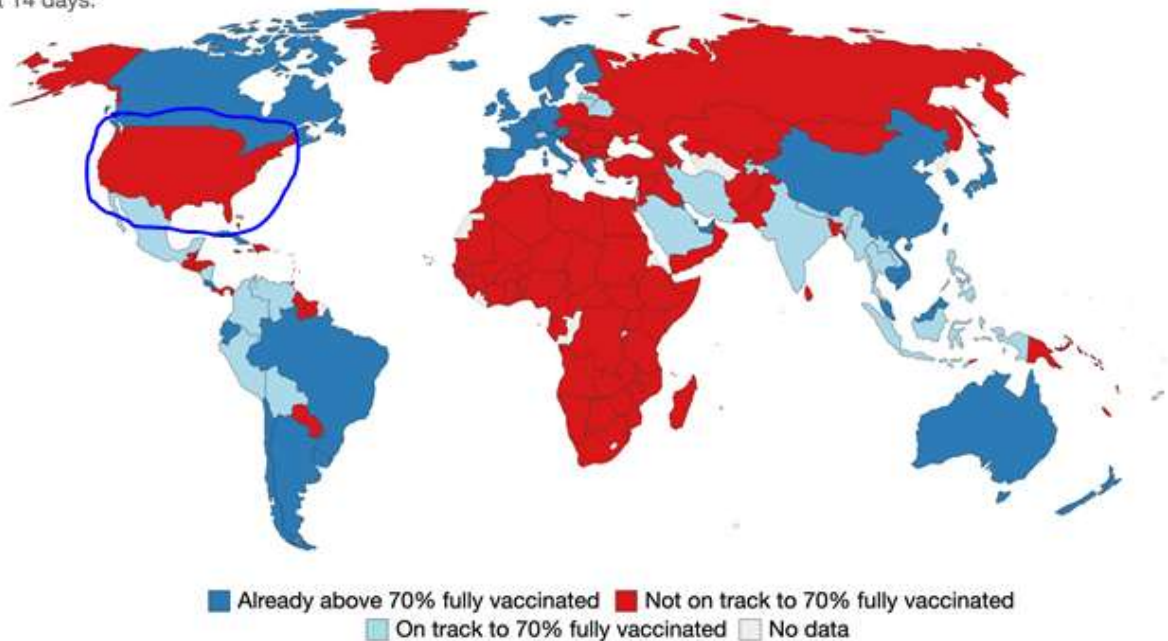
Cumulative deaths per capita during the Omicron wave



Source: New York Times database; Johns Hopkins University

COVID-19: which countries are on track to have fully vaccinated 70% of their population by mid-2022?

Projections are based on each country's last-reported vaccination coverage, and the number of people fully vaccinated in the last 14 days.



Source: Data collection and projections by Our World in Data, based on official sources. Last updated: February 3, 2022

Note: Fully-vaccinated people are those who received all doses prescribed by the initial vaccination protocol. We exclude countries that have not reported data for more than 30 days. The global target of 70% by mid-2022 has been set by the World Health Organization.
OurWorldInData.org/coronavirus • CC BY

Setting aside our poor vaccination rate performance and what I can only describe as a National embarrassment, Dr. Frieden goes on to point out in his opinion piece that our defenses are “*multilayered and strong, starting with immunity.*” Before Omicron looking at antibody seroprevalence through blood bank donations, an estimated 94% of Americans had some level of protection against Covid through vaccination or infection. After Omicron’s blitzkrieg, that number should be even higher. In addition to vaccines, Frieden points out that new drugs, better masking, wider availability of testing and genomic surveillance capabilities are all reason for cautious optimism.

“Every country and every organization has made mistakes, and challenges remain, but we’ve come a long way in the past two years. The most important lesson we can learn from Covid is that we’re all in this together -- that a disease outbreak anywhere is a threat everywhere.

Far, far too many lives have been lost to Covid, and it’s not over yet.” We have the wild cards of the SARS-CoV-2 virus ability to mutate, waning immunity and the impact of Long Covid. If and when that next Covid variant arrives, we are better prepared than at any point in the pandemic.

In visiting CNN reporter, David Allan’s recent editorial on Groundhog Day, let’s parlay “*the movie’s final life lessons for getting through the end of the pandemic.*” Do the

right thing! “*Phil's perfect day includes fixing someone's flat tire, catching a kid who falls out of a tree and preventing a man from choking at dinner. These are each a part of his daily round of mitzvahs.*”

From the public health perspective, let's perform our own mitzvahs. Get vaccinated when eligible, mask up when indoors, avoid crowded public spaces when possible and wash your hands frequently. You know the drill! Perhaps by working together, we can put this past ugly surge into the rearview mirror and hopefully jump into a Spring and Summer respite.

Omicron

- The Omicron subvariant BA.2 is said to be potentially 1.5x more transmissible than the original Omicron variant and as a result, could prolong the surge in parts of the world and slow our downward trend. Current estimates have it as about 8% of the current US cases.
 - While potentially more transmissible, early data from Denmark (where BA.2 has overtaken BA.1) suggests that BA.2 does not appear to be any more severe.
 - Additional preliminary data from the UK suggests that there is no significant difference in vaccine effectiveness between BA.1 and BA.2.
- Several news reports are highlighting back pain as a common symptom (compared to Delta and its predecessors) with loss of taste and smell being reported much less. In addition to back pain, common frequent complaints have been sore throat, congestion and a dry cough.
- Loss of Smell Explanation (really more from COVID in general and not isolated to Omicron)
 - Researchers from NYU and Columbia University published in [Cell](#) that the virus indirectly decreases action of olfactory receptors, which detect the molecules associated with odors. Per Beckers: “*According to the study authors, COVID-19 appears to cause longer-lasting disruption in chromosomal regulation of gene expression that could prevent the restoration of olfactory receptor transcription even after the virus is cleared.*”

From the You Can't Make This Stuff Up Department

With every crisis, there always appears to be an opportunist or two trying to capitalize on the woes of others. This week, two New York nurses (one NP) have been arrested for selling fake COVID-19 vaccination cards and entering false COVID-19 vaccination information into the New York state immunization registry.

- In addition to the financial part of the scheme, it appears that the NP had been offering vaccine exemption workshops for several years through her practice.
- They apparently pocketed >\$1.5 million in less than 3 months. They charged adults \$220 and children \$85 for each false entry.
- If you do the math and if only half of the entries were attributed to adults, that conservatively means that more than 3,400 adults got fake cards and false information submitted. Uggghhh.

In another story, a couple of Buffalo Bills fans were arrested for allegedly using fake vaccine cards to attend a playoff game and then bragging about it on social media. Perhaps, not the sharpest tools in the shed...

Booster Mandates

- In CA, Surveillance testing began Monday, January 10th for those that are eligible, but have not had their booster dose of Covid vaccine or have not submitted documentation of having received the booster dose.
- The booster mandate deadline is now March 1st.
 - If you do not have a current medical or religious exemption on file, but are going to request one for the booster dose, please do so immediately. This includes those considering a temporary medical exemption due to a recent Covid infection.
 - Please note that those with exemptions will need to participate in the one to two times per week surveillance testing program.

Quick Hitters

- Released this week by the CDC: [How to Talk with Parents and Caregivers about COVID-19 Vaccination](#)
- Upcoming CDC COCA Webinar (2/10/22 @2:00 PM EST): [What Clinicians Need to Know About Multisystem Inflammatory Syndrome in Children](#)
- Pediatric Hospitalizations (11/27/21-1/22/2022)
 - Comparing vaccinated versus unvaccinated pediatric hospitalizations in SD County
 - **Take Home Point:** Get kids vaccinated when eligible!

Vaccinated Pediatric Hospitalizations	Total Pediatric Hospitalizations
5	208

***97.6% of Pediatric Hospitalizations are Unvaccinated**

Source: Dr. Seema Shah, San Diego Public Health Department, Department of Epidemiology

The Quest for Immunity

- There have now been more than **10 billion** Covid doses administered worldwide!
- Pfizer has formally asked the FDA to authorize its vaccine in children < 5y/o (allegedly at the request of the FDA). Over the past year, once formally requested, it has taken the FDA and CDC approximately 3-4 weeks for those entities to formally respond. However, it would appear that there will be an emergency meeting of the VRBPAC committee that advises the FDA on February 15th (to be broadcast on You Tube).
 - The request (“rolling submission”) is expected to be for a 2 dose regimen while Pfizer continues to evaluate a 3 dose regimen (given that previous

data suggested that the immune response in 2-4 y/o was not sufficient as opposed to the 6 m/o-2 y/o's where it was sufficient with 2 doses).

- The jump start of the review will allow the process to unfold instead of waiting for 3rd dose data that would delay the opportunity to offer the vaccine to younger children by at least an additional month if not more.
- There appears to be a number of clinicians and experts concerned with this tactic. Dr. Paul Offit (a member of the VRBPAC committee and Peds ID/Vaccine expert) commented that *“it doesn't make sense we would approve a two-dose vaccine on the assumption the third dose would make up for deficiencies of the two doses.”*
- Moderna was granted full approval by the FDA on Monday for its mRNA vaccine that will be marketed as “Spikevax.” The ACIP met today and unanimously recommended the vaccine with that recommendation being approved by CDC director, Dr. Rochelle Walensky. The Spikevax/Moderna vaccine is now fully authorized for 18 y/o and above (EUA has been removed).
- On Monday, Novavax has officially submitted an EUA request to the FDA for its COVID-19 vaccine. In a study published in mid-December, Novavax was found to be 90.4% effective at preventing infection and 100% effective at preventing moderate & severe disease. Of course, that was before Omicron. Back in 2020, the US Government ordered 110 million doses from Novavax.
 - Novavax is a protein subunit vaccine (different from the Pfizer/Moderna mRNA vaccines)
 - Unlike the relatively new technology of the mRNA vaccines, current protein subunit vaccines exist with the the Hep B and acellular pertussis vaccines.
 - Let's hope that after expected approval, there will be access to the Novavax for those people who had reactions to mRNA vaccines.

Cases & Numbers (as of 1/28/2022)

- National
 - The US has passed the 75 million mark in total COVID cases since the pandemic began and is as noted closing in on the 900,000 mark in total deaths.
 - All US states are in the “High Transmission” (Red) Tier.
 - [CDC Level of Community Transmission by State](#)
- State
 - At the state level, average daily case rates decreased by almost half over the past 7 days (48,533 vs 90,279) compared to the previous report.
 - CA as a state remains in the “High Transmission” (Red) tier
- Local
 - In San Diego, average daily case rates decreased by one half over the past 7 days (3,451 vs 7,722) compared to the previous reporting period.
 - San Diego remains in the “High Transmission” (Red) tier.

- In Riverside, average daily case rates slightly decreased over the past 7 days (1,807 vs 1,858) compared to the previous reporting period.
 - Riverside remains in the “High Transmission” (Red) tier.
- CPCM/RCPMS Cases
 - We are happy to report a significant drop in Covid cases at CPCM/RCPMS over the past 2 weeks. After 4 straight weeks of weekly cases running between 26-37, we dropped to 14 cases 2 weeks ago and only 5 cases this past week.
 - This is fueling a trigger to move us back to a Conventional strategy (from a Contingency strategy) and moving our risk level from 5à4.

My Words of Wisdom message:

- **Don’t Wait—It’s not too late—Please Vaccinate-And Get Your Booster Too!**

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**
 - **If you do travel, test upon return**

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

- Vaccimeter
- Covid Cases (2 **NEW** Staff & 3 **NEW** Clinician Cases)
- School Decision & Childcare Decision Tress (newly updated)
- Return To Sports & Physical Activity-AAP Interim Guidance (newly updated 1/28/22)
- Rady Town Hall News
 - Two vs Three Dose mRNA Vaccine Efficacy in Immunocompetent and Immunocompromised Patients
 - Vaccine Effectiveness Against Omicron
 - Vaccine Myocarditis Reported to VAERS
- Covid Testing Options
- SARS Co-V-2 Strain Mutations (updated)
- The Quest for Immunity-Vaccination Information (repeated)
- Monoclonal Antibody Regional Centers (MARC)s

RISK LEVEL-INCIDENT COMMAND

- Risk Level: 5à4 (Monday, February 7th)
- Healthcare Strategy: ContingencyàConventional (Monday, February 7th)
- 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 **2/2/22** (updated weekly), San Diego is now failing 8 metrics (increased from 6 last week).

- **Case Rate:** >1.9 per 100,000 for the 7-day average case rate: **215.6 (down from 275.9 last week)**
- **Community Outbreaks:** >7 new outbreaks in community settings in a 7-day period: **33 (up from 57 last week)**
- **Covid Syndromic:** Upward trajectory of COVID-like syndromic cases reported within a 14-day period: **6.0% (decreased from 7.4% last week)**
- **Influenza Like Illness:** Upward trajectory of influenza-like illnesses (ILI) reported within a 14-day period: **3.2% (decreased from 4.5% last week)**
- **Hospital Capacity (NEW):** Approach 80% capacity for all hospital beds in the county: **80%**
- **ICU Capacity (NEW):** <20% availability of ICU beds: **15%**
- **Case Investigation:** 70% or less of investigations are initiated within 24 hours of notification over a 7-day period: **15.1% (increased from 7.8% 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: **27.2% (decreased from 30.1% last week)**

VACCIMETER (as of 2/4/2022)

	% ≥5 y/o 1 or More Doses	% ≥5 y/o Fully Vaccinated	Booster Dose Received	Comments
National CDC Vaccine Tracker	80.2%	67.9%	50.6%	
California CA Vaccine Tracker	82.1%	73.3%	54.4%	
San Diego SD Vaccine Rate	91.4%	80.4%	51.8%	
Riverside RS Vaccine Rate	67.3%	60.1%	27.8%	(for 12 y/o and above)

- **5-11 y/o Covid vaccine:** As of 2/3/22, CPCMG offices have administered more than 12,500 Covid vaccine doses.

COVID CASES (as of 2/4/22)

- **CPCMG (Clinician) COVID Positive cases (confirmed): 47**
 - 3 NEW Clinician Cases:
 - 45 A vaccinated and boosted clinician developed mild nasal drip and congestion (has Hx of allergies) and tested positive via an antigen test. There are no confirmed external exposures. There has been strict adherence to PPE (wearing an N95) and contact tracing has not revealed any high-risk staff exposures.
 - 46 A vaccinated and boosted clinician tested positive on a home antigen test after they and children (also testing positive) were

exposed to an in home contact who had tested positive. Symptoms of a sore throat and body aches developed on the day following the positive test. There were no identified breaks in PPE and contact tracing has not revealed any high-risk staff exposures.

- 47 A vaccinated and boosted clinician developed a sore throat, headache and runny nose. Initial antigen and PCR testing was inconclusive with subsequent antigen testing becoming positive. There is a possible work related exposure with another clinician in the charting room having tested positive recently and masks were removed intermittently for drinking purposes and desks located < 6 feet apart. Contact tracing has not revealed any other high-risk staff exposures.

- **RCPMS (Staff) COVID Positive Cases (confirmed): 261**

- 2 **NEW** Staff Cases:

- 260 A vaccinated and boosted coordinator developed mild congestion and tested negative with an antigen test. They subsequently noticed a loss of taste that evening and tested positive on an antigen test the following morning. There had been a recent international travel via plane as a possible exposure. Contact tracing reveal several possible other exposures during the short time in the break room and surveillance testing has been offered.
 - 261 A vaccinated and boosted MA developed symptoms of body aches, chills, runny nose and headaches and tested positive on an antigen test. There is no known external exposure although a family member recently returned from international travel. Contact tracing has not revealed any high-risk staff exposures.

- 8 of 261 positive cases that are possibly work-related exposure (worker to worker). 5 cases in question had identified breaks in PPE or social distancing protocols and the others had suspected brief breaks in PPE protocols.

- **CPCMG Patient COVID Positives & Interesting Cases**

- As of 1/31/2022: >11,308 (↑418 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.

Children's Primary Care Medical Group – San Diego & Southern Riverside Counties							
Documented Covid Positive Patients & Staff/Clinician Positives with Categorization by Week							
Week	Patients COVID POSITIVE	Week	Staff COVID POSITIVE	Clinicians COVID POSITIVE	Unvaxxed With Exemption	Vaccinated Without Booster	Vaccinated And Boosted
12/6-12/13	68	12/3-12/9	0	0	---	---	---
12/13-12/20	83	12/10-12/16	1	0	0	1	0
12/21-12/27	204	12/17-12/23	4	0	2	2	0
12/28-	708	12/24-	24	2	3	20	3

1/3/22		12/30					
1/4-1/10	1,273	12/31-1/7/22	31	6	2	27	8
1/11-1/17	2,600	1/8-1/14	28	5	2	14	17
1/18-1/24	827	1/15-1/21	28	5	0	8	25
1/25-1/31	418	1/22-1/28	12	2	1	3	10
2/1-2/7	pending	1/29-2/4	2	3	0	0	5

Riverside County Weekly Update Total Covid Cases: 457,764 (as of 2/3/22)

Riverside County Total Pediatric (0-17 y/o) Cases: 86,298 (18.8% of cases)

average # of new daily cases over the previous report	1,858
average # of new daily cases over the past 7 days	1,807↓

7 Day Test Positivity Rate: 29.0% (↓ from 32.7%)

San Diego County Total Covid Cases: 706,039 (as of 2/3/22)

San Diego County Total Pediatric (0-19 y/o) Cases: 152,242 (21.7% of cases)

average # of new daily cases over the previous report	7,722
average # of new daily cases over the past 7 days	3,451↓

7 Day Test Positivity Rate: 19.8% (↓ from 26.6%)

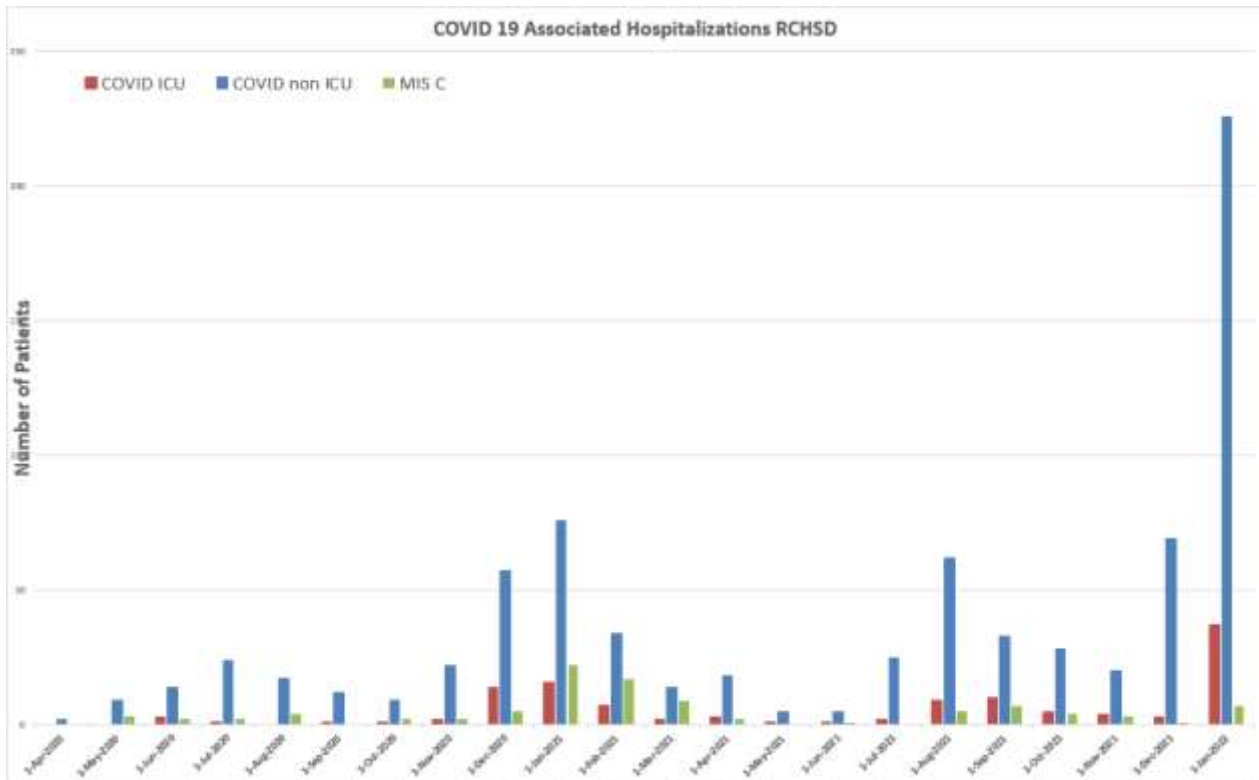
Statewide Total Covid Cases: 7,969,398 (as of 2/3/22)

Statewide Total Pediatric (0-17 y/o) Cases: 1,484,345 (18.6% of cases)

average # of new daily cases over the previous report	90,279
average # of new daily cases over the past 7 days	48,533↓

7 Day Test Positivity Rate: 13.2% (↓ from 18.8%)

MIS-C: 803 (↑13) total cases as of 1/31/2022



As of 1/31/2022

SCHOOL DECISION & CHILDCARE DECISION TREES & NEW MYTH

The school decision tree is linked as follows: See [COVID-19 > Health Practices > Guidelines for Schools \(sdcoe.net\)](#). It has been last updated January 31st with a few new tweaks

- SDCOE e-decision tree (updated 1/24/2022): <https://limesurvey.sdsc.edu/limesurvey/index.php/255916?newtest=Y&lang=en>
- For the [Childcare COVID Decision Tree](#) click the hyperlink for the most up to date decision tree updated last on January 18th

RETURN TO SPORTS & PHYSICAL ACTIVITY-AAP INTERIM GUIDANCE (updated 1/28/22)

With the recently revised CDC guidelines for quarantine and isolation, the AAP has issued [revised guidance](#) for return to physical activity after a COVID-19 diagnosis. A few items of interest and reinforcement.

- *All children should have an [annual health supervision](#) visit, which ideally incorporates the [preparticipation physical evaluation](#) (PPE; also known as the sports physical). Pediatricians should inquire about any known SARS-CoV-2 infections **and vaccination/booster status** since the last evaluation and should document it within the patient's medical record.*
- *Recent literature has reported a much lower incidence of myocarditis, 0.5% to 3%, than earlier in the pandemic. However, myocarditis has been documented even in people with COVID-19 who were asymptomatic or had mild infections.*

An assessment by primary care physician (phone, telemedicine, or in person consultation) is recommended, so appropriate guidance can be given to the family. Note: an in-person consultation is recommended for those with moderate symptoms.

- With regards to clearing isolation, the AAP uses the CDC's guidance whereas CDPH & SDCOE have different guidance
 - CDC: Isolation can end after a minimum of 5 full days if you are fever free for ≥ 24 hours (without meds). Note: no testing is required.
 - CDPH/SDCOE: Isolation can end after a minimum of 5 full days if sx's are not present or are resolving (including no fever without meds in the preceding 24 hours) **AND** a diagnostic specimen collected on day 5 or later tests negative.
 - Isolation can also end after 10 full days without testing as long as symptoms are resolved or are resolving including no fever within the previous 24 hours (without meds).
- Congruent with the CDC, CDPH and SDCOE, *A face mask should be worn for ALL physical activity, including games or scrimmages, until 10 full days from positive test or symptom onset have passed.*
- Asymptomatic or Mild Symptoms
 - *Must complete their (minimum) 5-day isolation and should be fever free, off all fever-reducing medication and have improving symptoms for a minimum of 1 day prior to beginning a return to physical activity progression. Note: must satisfy the negative testing requirement for activity to occur in the school setting (prior to day #11).*
 - *Physical Activity*
 - *If under 12 y/o, may progress back to sports/physical education classes according to their own tolerance once isolation and clearance has been completed.*
 - *If ≥ 12 y/o (after completion of isolation and clearance):*
 - *Minimum 1 day symptom free (excluding loss of taste/smell)*
 - *2 days of increase in physical activity (ie, one light practice, one normal practice)*
 - *No games before day 3*
- Moderate Symptoms
 - *Individuals who have moderate symptoms may not exit their isolation until a minimum of 5 days have passed, symptoms are improving, and they are fever free off all fever-reducing medication for a minimum of 1 day. Note: while athletes in this category can technically clear isolation by CDC guidelines, they cannot be activity cleared until at least 10 days have passed from the symptom onset/positive test and with symptoms improving and they are fever free off all fever reducing medications for a minimum of 1 day.*
 - *Return to school without activity can occur prior to Day #11 with a negative f/u test.*

- **NEW** Previous guidance suggested those in the moderate symptom category needed to be 10 days symptom free before being cleared. Now, it is just 10 days after symptom onset/positive test presuming they meet symptom improving and fever resolution guidelines.
- Physical Activity
 - If under 12 y/o, may progress back to sports/physical education classes according to their own tolerance once isolation and clearance has been completed.
 - If ≥ 12 y/o (after completion of isolation and clearance):
 - Minimum 1 day symptom free (excluding loss of taste/smell)
 - Minimum of 4 days of increase in physical activity (one light cardio workout on own, two light practices, one full practice)
 - No games before day 5.

RADYS TOWN HALL NEWS (courtesy of Dr. Bradley/Dr. Pong/Chris Abe)
Two vs Three Dose mRNA Vaccine Efficacy in Immunocompetent and Immunocompromised Patients

TABLE 3. Effectiveness of 2-dose and 3-dose regimens of COVID-19 mRNA vaccines against COVID-19 hospitalization among adults with and without immunocompromising conditions — 21 hospitals, 18 U.S. states,^{*,†} August–December 2021

Subgroup	Vaccinated versus unvaccinated, 2 doses		Vaccinated versus unvaccinated, 3 doses		P-value for VE comparison for 2-dose versus 3-dose recipients [§]
	No. vaccinated/ Total no. (%)	VE (95% CI)*	No. vaccinated/ Total no. (%)	VE (95% CI)*	
Patients without immunocompromising conditions					
COVID-19 case-patients	212/956 (22)	82 (77–86)	10/754 (1)	97 (95–99)	<0.001
Control patients	467/788 (59)		121/442 (27)		
Patients with immunocompromising conditions					
COVID-19 case-patients	196/383 (51)	69 (57–78)	36/223 (16)	88 (81–93)	<0.001
Control patients	376/513 (73)		145/282 (51)		

Tenforde MW et al, Effectiveness of a Third Dose of Pfizer-BioNTech and Moderna Vaccines in Preventing COVID-19 Hospitalization Among Immunocompetent and Immunocompromised Adults — United States, August–December 2021, MMWR Jan 2022

Vaccine Effectiveness Against Omicron

TABLE. Selected characteristics of cases of SARS-CoV-2 infection in residents aged ≥ 18 years (N = 422,966), by vaccination status — Los Angeles County, California, November 7, 2021–January 8, 2022^{*,†}

Characteristic	Vaccination status, no. (column %)		
	Unvaccinated	Fully vaccinated without booster	Fully vaccinated with booster
Total no. of cases (row %)	141,928 (33.6)	224,853 (53.2)	56,185 (13.3)
Median age, yrs (IQR)	35 (27–48)	36 (27–49)	46 (33–59)
Previously documented SARS-CoV-2 infection	12,360 (8.7)	22,153 (9.9)	3,246 (5.8)
Hospitalized	3,989 (2.8)	2,295 (1.0)	413 (0.7)
Admitted to an intensive care unit	641 (0.5)	276 (0.12)	47 (0.08)
Required mechanical ventilation	256 (0.2)	116 (0.05)	15 (0.03)
Died	485 (0.3)	172 (0.08)	40 (0.07)
Sequencing result			
Delta	3,817 (53.9)	3,471 (35.9)	128 (9.9)
Omicron	3,248 (45.8)	6,180 (64.0)	1,164 (89.8)
Other	22 (0.3)	12 (0.1)	4 (0.3)

Case rate per 100K

	<u>Unvaccinated</u>	<u>Vaccinated</u>	<u>Vaccinated with booster</u>
Delta	443.9	115.9	36.1
Omicron	6743.5	3355.5	1889

Hospitalization rate per 100K

	<u>Unvaccinated</u>	<u>Vaccinated</u>	<u>Vaccinated with booster</u>
Delta	45.9	3.6	0.6
Omicron	187.8	35.4	8.2

- Vaccination effectiveness improves with vaccination and with boosting
- Study also showed that vaccination was less effective against infection and hospitalization with Omicron, but still prevented many infections and hospitalizations

Danza P et al, SARS-CoV-2 Infection and Hospitalization Among Adults Aged ≥ 18 Years, by Vaccination Status, Before and During SARS-CoV-2 B.1.1.529 (Omicron) Variant Predominance — Los Angeles County, California, November 7, 2021–January 8, 2022, MMWR Feb 1, 2022

Vaccine Myocarditis Reported to VAERS

- Highest rate in 16-17 y/o males (105 per million doses of vaccine)-still quite rare
- 87% of hospitalized patients had resolution of symptoms by discharge
- No confirmed cases of death
- No cases required transplant, ECMO or ventricular assist device

Oster ME et al, Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021, JAMA. 2022;327(4):331-340. doi:10.1001/jama.2021.24110

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 & sub lineages) & Omicron variant (B.1.1.529)
- [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 2/3/22	BA1.1 (Omicron)	BA.1 (Omicron)	(Other Lineages)
Lineage % (over 30 days)	63%	33%	4%

COVID TESTING OPTIONS

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

[San Diego County Testing Website-Self Scheduling Options](#)

[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.

Most recently, one of our physicians referred the private Hummingbird Covid Testing centers to us as an option (with PCR testing provided by Marquis Labs). <https://hummingbirdrx.com/> Please note that their website says "By DHS" which is a little misleading. This is not the Department of Health Services, but is

actually Discovery Health Services. They have locations in Carmel Valley, La Jolla and Oceanside. Appointments are suggested, but some sites can take walk-ins.

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)

CA Digital COVID-19 Vaccine Record: <https://myvaccinerecord.cdph.ca.gov/>

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>

AAP COVID-19 Vaccine FAQ's: [AAP About the COVID-19 Vaccine: FAQ's](#)

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>

COVID Anti-Viral Med Locator: <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>

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**.
 - [Health Professionals: MARC's-San Diego County](#)
 - [Public: MARC Treatment Page](#)
- **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 \(last 9/4/2000\)](#)

CPCMG/RCPMS OCC HEALTH: Email: RCPMS_OHN@rchsd.org
Phone: (858) 502-1134

Knowledge Base

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

Thanks,

-KM

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