



**05/08/2022**

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

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

**Sent:** Sunday, May 8, 2022 9:46 PM

**Subject:** CPCMG/RCPMS COVID CHRONICLES 5/6/2022 (edition #212)

*These are weekly/every week updates for all CPCMG and RCPMS 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 CPCMG & RCPMS staff and while generally useful to the broad community, all aspects may not always be applicable to your respective organizations.*

Sorry for the delay in the Chronicles. I had a bluefin fishing trip this past Friday and Saturday (a successful one at that). Pictures available upon request.

**Narrative**

There has been lots of dialogue about the transition from pandemic to endemic and when can we return to the way it was before. After initially being quoted last week as saying that the US is out of the pandemic phase, Dr. Fauci subsequently commented that “we’re really in a transitional phase, from a deceleration of the numbers into hopefully a more controlled phase and endemicity.” The take home is that the pandemic is not over, but there is strong hope that our population has built up enough immunity from a combination of previous infections and vaccinations to blunt the impact of the next variants. These comments followed a report from the CDC that said that nearly 60% of people in the US had already been infected by Covid including 75% of children. Just this past Winter alone, 1 in 4 people had a first-time infection caused by the Omicron variant. The most recent Omicron subvariant that is gaining traction is BA.2.12.1 as it accounts for 36.5% of new infections with preliminary estimates suggesting that it is 25% more transmissible than its BA.2 predecessor which has already been determined to be more transmissible than the original Omicron itself.

So, where do we go from here? As public health and emergency services wind down in many locations, how do we deal with Covid and its variants still circulating, sometimes rising and sometimes falling depending on the variant du mois? At times, it feels like a bad rerun of a Shakespearean Karate training, to zoom or not to zoom, mask on...mask off. In migrating from pandemic to endemic, many in healthcare are starting to use

community transmission as a guide for ramping up or ramping down guidance. At CPCM/RCPMS, we plan on adjusting our COVID-19 Response Level Guide over the next month so that it takes community transmission into account. The guide will provide direction on when to flex up and down for a number of variables including but not limited to: scheduling, screening, masking, PPE, testing of patients and HCW's, meeting/lunch room permissions, etc. Stay tuned.

### **Quick Hitters**

- While required masking in public travel situations has been struck down, the CDC still recommends mask while traveling. We have had several recent CPCM/RCPMS covid cases linked to travel.

### **The Quest for Immunity**

A new study conducted by UCSF researchers in collaboration with CDPH looked at the impact of COVID-19 vaccines. In the first 10 months of availability after December of 2020, it is conservatively estimated that the vaccines prevented an estimated 1.5 million coronavirus infections, nearly 73,000 hospitalizations and almost 20,000 deaths in California. During the 10 month period that was evaluated, the number of infections is thought to be 72% lower than what would have been expected without the vaccines. It was noted that the UCSF analysts deliberately kept estimates low with the true numbers likely being significantly higher. It was also noted that secondary costs such as missed school/work, long Covid effects, financial costs of a long illness/hospitalization and the grief of losing a loved one were omitted from the study.

According to the Union-Tribune, in a separate, but recently updated model performed by the Commonwealth Fund focusing on the health care for underserved communities, analysts estimated that vaccines have prevented 66 million US infections, 17 million hospitalizations and 2.2 million deaths in addition to \$900 billion in healthcare costs saved since December of 2020 when the first Covid vaccine was administered.

- Young Children Covid Vaccine
  - **Moderna:** late last week asked the FDA to authorize it 6 m/o-5 y/o vaccine with its data to be submitted by May 9<sup>th</sup>.
    - Moderna has already requested an EUA for its vaccine for the 6-11 y/o and 12-17 y/o age groups.
    - By report, Moderna's antibody response for this youngest age group compared favorably to that of adults 18-25 y/o.
    - The trial was not large enough to measure vaccine effectiveness, but it reportedly appeared to be 51% effective against symptomatic infection for those < 2 y/o and 37% effective for those 2-5 y/o.
    - FDA meetings originally scheduled for May had been previously moved to June
- J&J Vaccine
  - *The US Food and Drug Administration announced Thursday that it is limiting the emergency use authorization of the Johnson & Johnson/Janssen Covid-19 vaccine to people 18 and older for whom other vaccines aren't appropriate or accessible and those who opt for J&J*

*because they wouldn't otherwise get vaccinated. The FDA said in [a statement](#) that the change is being made because of the risk of a rare and dangerous clotting condition called thrombosis with thrombocytopenia syndrome (TTS) after receiving the vaccine.*

- *The FDA says it has determined that the benefits of the J&J vaccine outweigh the risks for certain people. Examples of people who may still get the vaccine include:*
  - *Those who had a severe allergic reaction to an mRNA vaccine such as those from Pfizer/BioNTech or Moderna*
  - *Those with personal concerns about the mRNA vaccines who would remain unvaccinated without the J&J vaccine*
  - *Those with limited access to mRNA Covid-19 vaccines*
- Mandates (repeated)
  - All HCW's are required to have their booster unless they have a medical or religious exemption (which can be extended in some cases when appropriate). Those with an exemption in place continue to be required to participate in 1-2 times per week surveillance testing.

### Cases & Numbers (as of 5/6/2022)

- National
  - As of May 5, COVID-19 is increasing in 46 states and 7-day case averages are up 54% in the past 14 days. **Translation: we are in the midst of a new surge, not just an "uptick."** Despite Covid related hospitalizations also increasing in 38 states (at a much slower pace compared to this past Winter), most non hospital required cases appear to be relatively mild (felt to be somewhat related to our vaccine and recent Covid infection immunity).
  - BA.2.2 which reached a peak of 71.6% on April 2<sup>nd</sup>, now makes up 61.9% of new US cases as of April 30<sup>th</sup>. The fast spreading subvariant BA.2.12.1 continues to gain traction and now accounts for 36.5% of cases (up from 16.7% 2 weeks prior).
- State
  - At the state level, average daily case rates increased over the past 14 days (6,979 vs 4,208) compared to the previous report (increases over each of the past 5 weeks).
- Local
  - In San Diego, average daily case rates increased over the past 14 days (532 vs 325) compared to the previous report (increases over each of the past 4 weeks).
    - [San Diego Wastewater Surveillance - SEARCH \(searchcovid.info\)](#) levels were at 4.6 million viruses/liter on 5/4/22, which is increased compared to 2 weeks ago when levels were at about 3.1 million viruses/liter at the Pt. Loma treatment facility.

- In Riverside, average daily case rates increased over the past 14 days (255 vs 111) compared to the previous reporting period (cases doubled this past week compared to the week prior).

**Dr. Morris, CDC & Public Health Words of Wisdom:**

- **Don't Wait—It's not too late—Please Vaccinate-And Get Your Booster Too!**
- **Avoid Crowds, wear masks if crowds cannot be avoided**
- **Do NOT come to work with any symptoms**
  - **You are not a pest, if in doubt, please test!**
- **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 (4 **NEW** Staff & 2 **NEW** Clinician Cases)
- School Decision & Childcare Decision Trees
- Rady Town Hall News-No New Updates
- 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**

- CPCMG/RCPMS Risk Level: 4
- Healthcare Strategy: Conventional
- Updates:
  1. Indoor Masking: mandatory regardless of vaccination status.
  2. High Volume Scheduling: currently effective
- CDC Covid Community Level: (for determining community guidelines)
  - San Diego: Low (**Green**)
  - Riverside: Low (**Green**)

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

- [CDC Covid Transmission](#): (healthcare guidelines are based on transmission)
  - San Diego: Substantial→High (**Red**)
  - Riverside: Moderate→Substantial (**Orange**)

### Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

### VACCIMETER (as of 5/6/2022)

	% ≥5 y/o 1 or More Doses	% ≥5 y/o Fully Vaccinated	Booster Dose Received (≥ 12 y/o)	Comments
<a href="#">National CDC Vaccine Tracker</a>	82.6%	70.5%	47.8%	

<b>California CA <a href="#">Vaccine Tracker</a></b>	83.2%	75.0%	59.0%	
<b>San Diego SD <a href="#">Vaccine Rate</a></b>	93.7%	83.1%	58.2%	
<b>Riverside RS <a href="#">Vaccine Rate</a></b>	68.9%	62.4%	32.6%	

- **5-11 y/o Covid vaccine:** As of 5/5/22, CPCMG offices have administered more than 16,800 Covid vaccine doses.

**COVID CASES (as of 5/6/22)**

- **CPCMG (Clinician) COVID Positive cases (confirmed): 54**
  - 2 **NEW** Clinician Cases:
    - A fully vaccinated and boosted clinician developed initial symptoms of vomiting and diarrhea and tested negative with an antigen test. Symptoms progressed over the next two days to URI, cough and congestion with a repeat home antigen test returning positive. External exposure included recent air travel and attending a wedding. No breaks in PPE at the office were identified and contact tracing did not reveal any high-risk exposures.
    - A fully vaccinated and boosted clinician developed a sore throat and cough after exposure to a family member testing positive. After initially testing negative, symptoms worsened with repeat results testing positive. There were no identified breaks in PPE and surveillance testing was offered to those with share office space.
- **RCPMS (Staff) COVID Positive Cases (confirmed): 277**
  - 4 **NEW** Staff Cases:
    - A fully vaccinated and boosted admin coordinator began with symptoms of cough and nasal congestion and tested positive via an antigen test after attending a gathering several days prior and learning that one of the attendees had since tested positive. There is no identified break in PPE and contact tracing revealed very minimal risks of indirect exposure.
    - A fully vaccinated and booster MA developed symptoms of a sore throat and runny nose after attending an indoor conference followed by trips to 2 amusement parks in the day preceding and have tested positive. There are no identified breaks in PPE and no high-risk contact exposures have been identified.
    - A fully vaccinated and boosted MA tested positive on an antigen test while being asymptomatic except for some mild diarrhea after exposure to a roommate who had recently tested positive for Covid. There were no identified breaks in PPE and no high-risk contact exposures have been identified.

- An unvaccinated clinical coordinator with an approved exemption tested positive on routine surveillance testing while remaining asymptomatic. No high risk internal or external exposures or breaks in PPE were identified.
    - 8 of 277 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 5/3/2022: >12,081 (↑42 two weeks ago and ↑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: 602,444 (as of 5/6/22)  
Riverside County Total Pediatric (0-17 y/o) Cases: 105,797 (17.7% of cases)

average # of new daily cases with the previous report	111
average # of new daily cases over the previous 7 days	124↑
average # of new daily cases over the past 7 days	255↑

7 Day Test Positivity Rate: 4.1% (↑ from 3.3% from last week and 2.6% 2 weeks ago)

San Diego County Total Covid Cases: 763,422 (as of 5/6/22)  
San Diego County Total Pediatric (0-19 y/o) Cases: 165,422 (21.8% of cases)

average # of new daily cases with the previous report	325
average # of new daily cases over the previous 7 days	432↑
average # of new daily cases over the past 7 days	532↑

7 Day Test Positivity Rate: 5.3% (↑from 4.0% from last week and 3.0% 2 weeks ago)

Statewide Total Covid Cases: 8,654,520 (as of 5/6/22)  
Statewide Total Pediatric (0-17 y/o) Cases: 1,618,121 (18.8% of cases)

average # of new daily cases with the previous report	4,208
average # of new daily cases over the previous 7 days	5,608↑
average # of new daily cases over the past 7 days	6,979↑

7 Day Test Positivity Rate: 3.9% (↑from 3.1% from last week and 3.1% 2 weeks ago)

MIS-C: 968 (↑24) total cases as of 5/2/2022 (over the past 2 weeks)

Total Pediatric Deaths in CA: 24 (↑0 for < 5 y/o) and 46 (↑0 for 5-17 y/o) as of 5/5/22

### **SCHOOL DECISION & CHILDCARE DECISION TREES**

The school decision tree is linked as follows: See [COVID-19 > Health Practices > Guidelines for Schools \(sdcoe.net\)](#). It has been last updated April 22<sup>nd</sup>.

- SDCOE e-decision tree (updated 4/25/2022): <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 April 13<sup>th</sup>.

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

- Next Town Hall will be May 12th

**SARS CO-V-2 STRAIN MUTATIONS (updated)**

There is now a new variant classification from the CDC:

- [Variant of Concern \(VOC\)](#) – Includes the Delta variant (B.1.617.2 & sub lineages) & Omicron variant (B.1.1.529)

<b>Origin/Lineage Name: Variants Being Monitored (VBM)</b>	<b>Name</b>
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](#)

<b>CA Variants as of 5/6/22</b>	<b>BA.1.1 (O)</b>	<b>BA.2 (O)</b>	<b>BA.2.3 (O)</b>	<b>BA.2.10 (O)</b>	<b>BA.2.9 (O)</b>	<b>BA.2.12.1 (O)</b>	<b>Other</b>
<b>Lineage % (over 30 days)</b>	5%	55%	12%	3%	8%	9%	8%

**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>

Private Options

- [www.covidclinic.org](http://www.covidclinic.org)
- <https://hummingbirdrx.com/>

**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)**

- [TESTING-FALSE POSITIVE EVALUATION \(last 12/11/2020\)](#)
- [NEWBORNS & COVID-19 POSITIVE MOTHERS \(last 7/31/2020\)](#)
- [IN CLINIC ALBUTEROL & NEBULIZER GUIDANCE \(last 9/4/2000\)](#)

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### *Knowledge Base*

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

Thanks,

-KM

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