



02/03/2023

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

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

Sent: Saturday, February 4, 2023 1:21 PM

Subject: CPCMG/RCPMS COVID CHRONICLES 2/3/2023 (edition #231)

These are every other week updates (COVID Chronicles Edition #231) for all CPCMG and RCPMS staff. Other valued community members which include all CPMG affiliates and Rady's 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.

Narrative

The Biden administration announced this week that it has informed Congress that it will end the COVID-19 national and public health emergencies on May 11th. This move signals an end “to the pandemic's crisis era and an unwinding of federal flexibilities that reshaped the nation's healthcare system.” The public health emergency (PHE) has played a significant role in shaping health policy and includes, but is not limited to:

- The reformed and expanded use of telehealth
 - Note: the Congressionally passed spending bill from this past December extends telehealth flexibilities through 2024
- Fast-tracking approval of COVID-19 vaccines and treatments
- Preservation of healthcare coverage for millions of Medicaid beneficiaries
- Provision of no cost COVID-19 vaccines and tests for most Americans
- State required provision of COVID-19 data to the CDC

It is widely expected that with the end of the PHE in sight, the government will be shifting the costs of vaccines, testing and treatment to the commercial market (although vaccines will largely remain free for those with insurance). Unless Covid vaccines become part of the VFC/VFA program, uninsured individuals may have a major disadvantage in accessing vaccines (and treatments).

At the State level, California's Public Health emergency declaration is set to expire on February 28th. One of the last remaining questions had been whether the Department of Public Health would revisit the vaccine mandate for school children. On Friday, it appears that this question was answered as the state will be backing off its original plan for mandatory vaccination. Others have inquired as to what will happen to the state's

vaccine/booster mandate for health care workers and whether this will also go by the wayside. Stay tuned....

As the public health emergencies come to an end, I would like to announce that the publishing of the Covid Chronicles will also be coming to an end. At the onset of the pandemic, our President & CEO, Adam Breslow asked me to provide an update to our group (CPCMG) as to what we knew was going on with the SARS-CoV-2 virus. The information train came fast and furious with guidance sometimes changing by the hour and having a one source communication vehicle was crucial. After a couple of updates to CPCMG, RCPMS President & CEO asked me to also send the nightly updates to all of RCPMS as well. Soon after, colleagues at Rady Children's, Children's Physicians Medical Group (CPMG), SDCMS, Public Health as well as friends and family asked me to send them the updates as well.

A couple of months into near nightly updates, Dr. Roxane Santiago suggested renaming the updates the Covid Chronicles and after 231 editions to date, this is how they have existed. As time goes and we approach a full 3 years of the pandemic (now endemic), Covid has become a little less unpredictable (and fortunately a little less virulent). At the same time, new critical information with regards to Covid management has become a shadow of what it once was. While public health emergencies are ending and the Chronicles will be ceasing its q2 week publishing, please take note of the fact that Covid is not gone and likely will never be gone. We have just gotten better at living with it and we will need to continue to do so.

What's next? I will plan on one last edition on March 3rd (1 month from now) as a sweeper for any new information that comes forth after the end of the CA PHE. Perhaps, I will solicit guest quotes for the final edition. In the event that something critical comes forward, the press will still be available and the Chronicles may be published Ad hoc on a Friday. For CPCMG, expect to see any newsworthy updates in the QOW CMO updates.

Quick Hitters

- XBB.1.5 is felt to be 5x more transmissible than its predecessors
- Evusheld pre-exposure prophylaxis against COVID-19 is no longer authorized under an EUA as it is unlikely to be active against the majority of the current SARS-Co-V-2 variants.
- While the US (and CA) has announced plans to end the PHE, the WHO has determined that COVID-19 remains a PHE while also acknowledging that the pandemic is probably nearing an "inflection point."

The Quest for Immunity

- The FDA's VRBPAC committee voted last week such that the primary series of the Covid vaccines should include the modified, bivalent vaccines. "Bivalent is better. Simple is better" said one advisory committee member. The final decision to approve this recommendation by the FDA/CDC is still pending.
- The VRBPAC committee also discussed, but did not vote on whether there should be an annual COVID-19 vaccine following a similar path of the flu vaccines. By

report, most argued against this approach, because COVID-19 does not mutate on a yearly basis, meaning at a new formulation might be needed more often or less often than the suggested annual basis.

- **Bivalent Boosters**
 - At **CPCMG**: availability varies site by site
 - For **Health Care Workers**: While strongly encouraged at CPCMG/RCPMS, the Bivalent Covid-19 vaccine is not mandatory at this time.
 - **Bivalent Boosters in the youngest age group**: we have heard of recent that some parents of youngest age range have asked to have a cross over bivalent booster to be administered.
 - For children aged 6 months to 4 years who completed the Moderna primary series, they are eligible for the **Moderna** bivalent booster only.
 - For children aged 5 years who completed the Pfizer primary series, they are eligible for the **Pfizer** bivalent booster only.
 - **Pfizer (6 months – 4 years)**
 - The Pfizer Bivalent 3rd doses are available for in clinic ordering or clinical support visits depending on your site's procedures.
- **CPCMG Covid Vaccination Status (VACCIMETER)**: As of 2/2/23, CPCMG offices have administered more than 38,400 Covid vaccine doses.
- **Covid Vaccine Mandates**
 - All HCW's continue to be required to be "fully vaccinated" (see revision re definition above) unless they have a medical or religious exemption (which can be extended in some cases when appropriate).

Masking Guidelines

- Note: states can choose to be more restrictive and at this point, CDPH has chosen not to follow CDC guidance with regards to healthcare workers. Currently as of 12/1/22, there are no changes for us in CA.

Masking and COVID-19 in California: When is Masking Recommended? When is it Required?

- Masking is required at all times in healthcare facilities.

Cases & Numbers (as of 2/3/2023)

- National
 - As of February 2nd, there have been more than 102.4 million Covid cases reported to the US.
 - CDC 7-Day Trends in US COVID-19 Cases: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

- As of February 1st, the Covid case 7-day average of weekly new cases (42,163) decreased 11.3% compared to the previous 7-day average (47,515)
 - For the week ending February 4th, the CDC variant projected estimates for new cases (looking back over 3 weeks): <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>
 - XBB.1.5: 44.7%-->55.9%-->66.4%
 - BQ.1.1: 30.4%-->25.2%-->19.9%
 - BQ.1: 13.4%-->10.2%-->7.3%
 - XBB: 3.6%-->2.9%-->2.3%
 - CH.1.1: 1.8%-->1.7%-->1.6%
 - BN.1: 2.0%-->1.5%-->1.1%
 - BA.5: 1.8%-->1.0%-->0.5%
 - BF.7: 1.2%-->0.8%-->0.5%
 - BA.5.2.6: 0.4%-->0.3%-->0.2%
 - BA.2: 0.2%----->0.1%
 - BF.11: 0.2%----->0.1%
- State
 - At the state level, average daily case rates **decreased** over the past 14 days (2,987 vs 4,403) compared to the previous reporting period.
- Local
 - In San Diego, average daily case rates **decreased** over the past 14 days (263 vs 432) compared to the previous reporting period.
 - COVID-19 Weekly
Update: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/prgrams/phs/Epidemiology/COVID-19_Daily_Status_Update.pdf
 - [San Diego Wastewater Surveillance - SEARCH](#) (searchcovid.info) levels were at 6.4 million viruses/liter on 1/17/23, 2.2 million viruses/liter on 1/24/23 and pending on 1/31/23 at the Pt. Loma treatment facility.
 - In Riverside, average daily case rates **decreased** over the past 14 days (151 vs 279) compared to the previous reporting period.

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 you have symptoms and your test is negative, this is not a license to come to work!**
- **If you have symptoms at work, you must reach out to Occ Health for permission to test at your site (whether that is Covid or Flu)**
- **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:

- 7 Long COVID Symptoms
- CA Variant Tracker (updated)
- Helpful Links Section
 - School Decision & Childcare Decision Trees
 - Covid Testing Options
 - The Quest for Immunity-Vaccination Information (repeated)

RISK LEVEL-INCIDENT COMMAND

- CPCMG/RCPMS Risk Level: 4
- Healthcare Strategy: Contingency and on deck to move back to Conventional
- Updates:
 1. Indoor Masking: mandatory regardless of vaccination status.
 2. High Volume Scheduling: currently effective
- CDC Covid Community Level: (for determining community guidelines)
 - CA: The entire state is currently Low (**Green**) except for San Diego and Imperial Counties
 - San Diego: Medium (**Yellow**)
 - 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 (**Orange**)
 - Riverside: 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%

COVID CASES (as of 2/3/23)

- **CPCMG (Clinician) COVID Positive cases (confirmed): 128à130** (since the last Chronicles)
- **RCPMS (Staff) COVID Positive Cases (confirmed): 504à513** (since the last Chronicles)
 - 2 **NEW** Clinician and 9 **NEW** Staff Cases
 - We are up to (5) staff who have had Covid three or more times with two of the five reportedly having had Covid four separate times.
- 11 of 640+ positive cases that are possibly work-related exposure (worker to worker). 8 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 1/30/2023: >15,059 (↑45 two weeks ago and ↑40 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. It also does not include home antigen testing of course.

Riverside County Weekly Update Total [Covid Cases](#): 729,601 (as of 2/2/23)

Riverside County Total Pediatric (0-17 y/o) Cases: 122,961 (16.9% of cases)

average # of new daily cases with the previous report	279
average # of new daily cases over the past 14 days	151↓

7 Day Test Positivity Rate: 8.1% (↓13.2% 2 weeks ago)

San Diego County Total [Covid Cases](#): 976,826 (as of 2/2/23)

San Diego County Total Pediatric (0-19 y/o) Cases: 201,282 (20.6% of cases)

average # of new daily cases with the previous report	432
average # of new daily cases over the past 14 days	263↓

7 Day Test Positivity Rate: 5.9% (↓from 7.3% 2 weeks ago)

Statewide Total [Covid Cases](#): 11,038,266 (as of 2/2/23)

Statewide Total Pediatric (0-17 y/o) Cases: 1,933,762 (17.7% of cases)

average # of new daily cases with the previous report	4,403
average # of new daily cases over the past 14 days	2,987↓

7 Day Test Positivity Rate: 5.0% (↓from 6.1% 2 weeks ago)

MIS-C: 1,048 cases as of 12/19/2022

Total Pediatric Deaths in CA: 32 (↑1 for < 5 y/o) and 60 (↑2 for 5-17 y/o) as of 1/3/23

7 LONG COVID SYMPTOMS

From Becker’s Hospital Review: “Long COVID-19’s myriad [risk factors](#) and symptoms have been a key focus for study as experts aim to learn more about the effects and duration in humans. Now, emerging research may have [narrowed](#) the swath of symptoms to seven prominent conditions.

“We identify that some diagnoses commonly described as ‘long COVID’ do not appear significantly more frequent post-COVID-19 infection compared with other common [viral respiratory infections],” researchers wrote.

The team of researchers from the University of Missouri in Columbia looked at 17,487 patients who were diagnosed with COVID-19 before April 14 and found that coronavirus was directly associated with diagnoses of the following seven [long COVID](#) symptoms:”

1. *Palpitations*
2. *Hair loss*
3. *Fatigue*
4. *Chest pain*
5. *Dyspnea*
6. *Joint pain*
7. *Obesity*

CA VARIANT TRACKER

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

CA Variants as of 2/2/23	XBB.1.5 (O)	XBB.1 (O)	BQ.1 (O)	BQ.1.1 (O)	Other
Lineage % ≥3% (over 30 days)	16%	4%	11%	28%	41%

HELPFUL LINKS SECTION

SCHOOL DECISION & CHILDCARE DECISION TREES

The school decision tree is linked as follows: [SDCOE School Decision Tree](#). It has been last updated **November 16th**.

- SDCOE e-decision tree (updated 12/4/2022): <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 **December 8th**.

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](#)

[Test to Treat Locator Map](#)

[Home Antigen Test Expiration Date Extensions-FDA](#)

Rady Children's:

- **COVID Drive Through Testing (as of 8/6/2022)**
 - 8001 Frost Street (parking lot near the vaccine clinic)
 - Hours are 7 a.m. to 3 p.m. M-F & 7 a.m.-11 a.m. Saturday and Sunday
 - 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>

THE QUEST FOR IMMUNITY-VACCINATION INFORMATION

Rady's Vaccine Clinic

- Hours: Tuesday – Saturday 7am-5pm
 - <https://scheduling.rchsd.org/rchsd-family> (password: cares2021) or by
 - Epic MyChart or by
 - <https://myturn.ca.gov/>

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](#)

CDC Pfizer COVID-19 Vaccine & Age Transitioning: [Pfizer Age Transition-Younger to Older Age Group](#)

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

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

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

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/>

COVID-19 Vaccine Schedules & Timing by Age (Routine & Immunocompromised)

- **CDC:** <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-vacc-schedule-at-a-glance-508.pdf>
- **CDPH:** <https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>

CDPH COVID-19 Vaccine Product

Guide: <https://eziz.org/assets/docs/COVID19/IMM-1399.pdf>

THE FOLLOWING 3 TOPICS HAVE REPEATED GUIDANCE FROM PREVIOUS COVID CHRONICLES EDITIONS (thanks to Dr. Jacobson, they are now hyperlinked from the CPCMG Health Hub)

- [TESTING-FALSE POSITIVE EVALUATION \(last 12/11/2020\)](#)
- [NEWBORNS & COVID-19 POSITIVE MOTHERS \(last 7/31/2020\)](#)
- [IN CLINIC ALBUTEROL & NEBULIZER GUIDANCE \(last 10/28/2022\)-REVISED](#)
 - Note: revision to suggest a 1-hour room closure instead of 2-hour closure
- [CDC HIGHER RISK CONDITIONS FOR SEVERE COVID ILLNESS \(as of 6/15/2022\)](#)

CPCMG/RCPMS OCC HEALTH: Email: RCPMS_OHN@rchsd.org

Phone: (858) 502-1134

CPCMG Health Hub Intranet

Please visit the [CPCMG Intranet - Children's Primary Care Medical Group](#) for all sign-ups, knowledge articles, and tip sheets.

Thanks,

-KM

Kenneth H. Morris, MD, FAAP

Pronouns: he/him ([why this is here](#))

Chief Medical Officer



Phone: (858) 502-1146

Fax: (858) 636-4319

www.cpcmg.net

"CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify Children's Physicians Management Services immediately by telephone at (858) 636-4300 and destroy all copies of this communication and any attachments."