Dear Primary care clinicians and County public health officers in the PHC region (blind cc) and PHC leaders:

Here are a few key updates from the last few days. I appreciate the questions! It helps to know what is important to you.

We know how hard you are all working to respond to Coronavirus Disease: fielding calls, setting up systems, figuring out how to care for a worried population. We appreciate your problem solving spirit and your dedication to our community. Thank you!

**Regional Picture:** While the number of reported confirmed Covid cases in the United States has been doubling every 2 and a half days, confirmed cases in the 14 counties served by PHC has been stable at 14 for the past 4 days, with two counties reporting cases of community transmission: Solano (first reported 13 days ago) and Yolo (first reported 6 days ago). Local public health labs are not conducting testing on a massive scale, so undoubtedly some undiagnosed Covid infection is out there, but these labs are testing higher-risk individuals every day with many negative tests. This makes the relative stability in the number of cases in PHC counties feel at least a little hopeful.

The big question is: now that Quest and LabCorp are gearing up and more tests are being done, what will we find? Influenza and Respiratory Syncytial Virus and other causes of respiratory infection are circulating as well. Is Covid causing 20% of current community respiratory infections, or 2% or 0.2%? Given the low increases of the past week in our region and the epidemiology in other countries, I think it is currently on the lower side in our region although we must be vigilant. Some counties are doing some Covid surveillance among lower risk patients with respiratory illness to better answer this question. In the meantime, it is really important to use the local data to make local decisions and inform individual patient risk assessment, even while we keep in mind what is happening regionally and nationally.

**Doubling the efficiency of Covid Testing:** Yesterday, the CDC and CDPH announced that the nasopharyngeal swab and the oropharyngeal swab can both be placed into the same viral transport medium container, and this specimen will be tested as a single unit. Previously each specimen was put in its own viral transport medium and each tube was analyzed separately. This new method will double the number of specimens that a lab can do in a day. We have confirmed that all public health labs, Lab Corps and probably Quest will accept specimens submitted with both swabs in the same container.

Kaiser reports a lack of the actual swabs, so they are using the same swab on the nasopharynx and oropharynx and putting it into a single vial of transport medium. This is another option for doubling the number of individuals that can be tested.

While there are some reports of health centers served by Quest having challenges finding sufficient viral transport medium to do testing, and some local lab capacity issues have arisen, Quest announced that it will more than triple its testing capacity within the next week. Again, a reminder, these specimens would
be drawn by a clinician after talking with the patient to evaluate the risk. Quest draw stations are not equipped to collect specimens. Often a test for influenza or RSV should be done first and is a part of the clinical decision making. If your community’s demand is high, you may consider doing them outside under a tent, in the patient’s car, or on the porch of a patient at home. The health departments and emergency rooms are not equipped or staffed to do large scale testing, (especially in our smaller counties) while PCPs can often meet this need. Ideally coordinate your response with your local health department.

**Impact on routine prevention:** We are closely tracking how the Covid outbreak impacts access to traditional prevention visits. Both the PHC HEDIS rates and the PCP QIP payments for 2020 may be impacted. We may seek some policy relief, based on the pattern that unfolds.

**Where to send PHC members who don’t know who their PCP is?** Some PHC members arrive in the emergency room or call the health department claiming they don’t know who their primary care clinician is (and asking the ED or health department to test them for Covid). PHC members can be directed to our member services phone lines to find out who their PCP is. The number for PHC member services is: **1-800-863-4155**.

**Perspectives of Dr. Karen Smith.** Dr. Smith was the prior CDPH Director; she joined our monthly Physicians Advisory Committee on Wednesday to brief us on key issues she thought we should know. She came out of retirement to support Santa Clara with their large outbreak. She worked in Toronto for the previous SARS outbreak in 2003. Here are some highlights:

1. She says there is no good evidence to consider Covid an airborne transmission; it can be safely considered a respiratory droplet transmitted disease (see my last update to understand the implications).
2. It is not clear that closing schools makes any difference whatsoever; it may amplify the disease.
3. She had some memorable ways to help us remember social distancing: stretch out both your arms and turn in a circle; you should not be able to touch another person doing the same thing. This distance will minimize unintentional respiratory droplet exchange in the community setting.
4. The goal with social distancing and hygiene is not to completely stop the infection, but rather to spread out the epidemic curve so that the health care delivery system is not overwhelmed. Here is a graphical representation of this (borrowed from a presentation by Dr. Relucio of Napa County):
Note that the total number of cases and deaths is less and the delivery system is not overwhelmed with social distancing, but the epidemic smolders on for longer. This is a delicate balance with major economic implications on one side and sickness and death on the other side. Many hospitals in the southern five PHC counties have all of their negative pressure rooms being used for Covid cases (only 6% of Covid cases have recovered state-wide—they last for weeks in the hospital when critically ill—and the cases from the Travis Airforce base quarantine are ending up in local hospitals). The delivery system is thus somewhat stressed to some extent already, even with the total number of cases in California between 200-300. Stories from Italy of young adults dying for lack of ventilators show what happens when the hospitals are overwhelmed. Given this, we are in for a long haul this year, with cases rising and falling somewhat, but never going completely away, while social distancing becomes a new norm until an effective vaccine comes on the scene.

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