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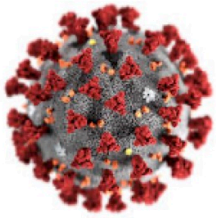

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Stay Prepared
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Webinar Series

COVID-19: CALTCM Rounds

August 10, 2020

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Non-Profit Status
The California Association of Long Term Care Medicine (CALTCM) is currently exempt under section 501(c)(3) of the Internal Revenue Code. Contributions or charitable donations made to our non-profit organization are tax-deductible under section 170 of the Code.

To request a copy of our 501(c)(3) status letter or current Form W-9, please contact the CALTCM Executive Office at (888) 332-3299 or e-mail: info@caltcm.org

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Thank you to our Planning Committee!

Patricia Latham Bach, PsyD, RN
Heather D'Adamo, MD
Michelle Eslami, MD, FACP, CMD
Janice Hoffman-Simen , Pharm.D., EdD, APh, BCGP, FASCP
Ashkan Javaheri, MD
Albert Lam, MD
Jay Luxenberg, MD
Karl Steinberg, MD, CMD, HMDC
Michael Wasserman, MD, CMD

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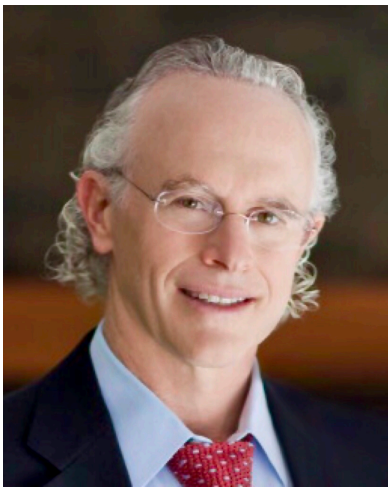

Webinar Moderator & Faculty

Michael Wasserman, MD, CMD
Geriatrician, President, CALTCM,
Medical Director, Eisenberg Village,
Los Angeles Jewish Home

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Webinar Faculty

Kenneth Hayashida MD
Member, Community Advisory Board on the Keiro-Pacifica transaction; Board-certified Pediatrician (retired); Adjunct faculty Medical Education - Health, Technology, & Engineering 2014-2019 (Keck School of Medicine of USC); Advisor and mentor to the Marshall Greif Incubator at USC, Marshall School of Business at USC

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Webinar Faculty

Elizabeth Fuller

Chief Consultant, Assembly Aging and Long Term Care Committee

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Webinar Faculty

Jay Luxenberg, MD

Chief Medical Officer, On Lok

CALTCM, Wave Editor-in-Chief

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When the kids go back to school… What happens to LTC?

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UCSF Collaborative to Advise on Re-opening Education Safely (CARES) Webinars

Join UCSF Benioff Children's Hospitals in a conversation regarding the re-opening of schools during the COVID-19 pandemic.

UCSF Benioff Children's Hospitals will host three sessions from 12pm-1pm starting Wednesday August 5th, 12th, and 19th moderated by Dr. Elizabeth Rogers and Dr. Lee Atkinson-McEvoy:

Session 1 (August 5th): "What we know about Children and COVID-19 Transmission"

- Dr. Naomi Bardach, Associate Professor, Pediatrics and Health Policy; and Dr. Darpun Sachdev, Medical Director of Linkage, Integration, Navigation and Comprehensive Services, San Francisco Department of Public Health.
  RSVP for Aug. 5

Session 2 (August 12th): "Considerations for Preparing for In-Person Learning during COVID-19"

- Dr. Emily Frank, Pediatrician & Public School Teacher; Dr. Noemi Spinazzi, Pediatrician; and Dr. Sohil Sud, Pediatrician.
  RSVP for Aug. 12

Session 3 (August 19th): "Supporting Children during Remote Learning with an Emphasis on Equity and Mental Health"

- Melanie Callen, Child Development and Education Specialist; Dr. Matthew Pantell, Assistant Professor, Pediatrics; and Dr. Petra Steinbuchel, Director, UCSF Child & Adolescent Psychiatry Portal.
  RSVP for Aug. 19

https://calendar.ucsf.edu/event/ucsf_collaborative_to_advise_on_re-opening_education_safely_cares_webinars

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Teachers and Educators are Key Partners

- What is good for teachers, is good for students, is good for families
- School re-opening goals: Equitable AND Safe

UCSF Benioff Children's Hospitals

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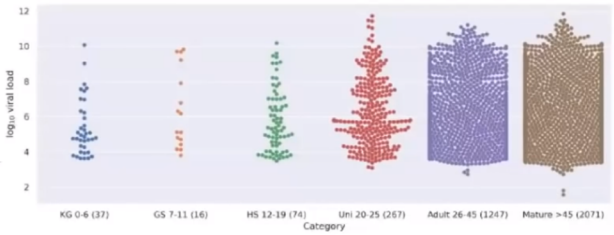
But aren't children super spreaders? Are they equally infectious or more infectious than adults?

- Drosten et al. "Analysis of SARS-CoV-2 Viral Load by Patient Age". Pre-print
- Study of German children initially reported similar viral loads in children and adults → infectiousness may therefore be similar.
- However, re-analyses suggest that there is an increase in viral load by age.
- In addition, the epidemiological data do not show large transmission in children.
- Heald-Sargent et al. JAMA Peds July 2020. Age-related differences in viral load in patients with mild or moderate disease. Higher viral loads in children <5 compared to 5-17 and 18-65. Only tested symptomatic children, which may explain why they had higher viral loads. Conflict of interest for the author.
- Implications: These studies do not inform us substantially regarding school transmission. Symptomatic pre-schoolers may have higher viral loads.



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Children Generally Get COVID from Adult Household Contacts

Systematic review of 31 household clusters in the USA, China, Singapore, Vietnam and South Korea (Pre-print)

- In <10% of household clusters, the index case was a child vs. 54% of household clusters of influenza A.

Chicago cohort of 34 households, 13% with children index cases and 13% not able to determine, 74% adult index cases

Swiss cohort of 39 hospitalized children <16 years old

- In 8% of households, the study child developed symptoms prior to any other HHC
- **85% of adult HHC developed symptoms vs 43% of children**

Implications: Adults likely primary source, siblings did not get it from index case nor from adult as often.

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How many infected people might arrive if classes started today?

San Francisco County, California

	POD OF 10	SCHOOL OF 100	SCHOOL OF 500	SCHOOL OF 1,000
New York, N.Y.	0	0	1	1
Philadelphia County, Pa.	0	0	2	4
Cook County, Ill.	0	0	2	4
San Francisco County, Calif.	0	0	2	4
Los Angeles County, Calif.	0	1	4	8
Harris County, Texas	0	1	5	10
Maricopa County, Ariz.	0	1	7	14
Clark County, Nev.	0	1	7	14
Davidson County, Tenn.	0	2	9	18
Broward County, Fla.	0	2	12	23
Miami-Dade County, Fla.	0	4	19	38

Note: Estimates show potential infected people arriving during the first week of instruction. A zero indicates a low probability that an infected person will show up in the school or pod during that week.

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High Schools are Different from Elementary Schools

- Outbreak in high school in Oise, France prior to closure
  - High prevalence area at the time. No infection control practices at schools.
  - Antibody testing: 60% of staff, 43% teachers, 38% pupils with antibodies. 11% of parents and 10% of siblings of the pupils with antibodies. Community prevalence 9%.
- Outbreak in elementary school in Oise, France at same time
  - 6 schools and >500 students, no infection control practices
  - Antibody testing: 4% of non-teaching adults, 7% of teachers, 9% of students. Evidence from interviews that children got COVID19 from a household contact, not from school.

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https://www.jhsph.edu/covid-19/articles/covid-19-guidance-on-protecting-individuals-residing-in-long-term-care-facilities.html

https://www.jhsph.edu/covid-19/_documents/protecting-individuals-residing-in-long-term-care-facilities_final.pdf

SUMMARY OF RECOMMENDATIONS

This document reflects recommendations for how, through the establishment of a long-term care support team, local municipalities can help support Coronavirus-2019 (COVID-19) pandemic preparedness and response efforts within long-term care facilities (including skilled nursing facilities, nursing homes, and assisted living facilities) in the United States as of April 21, 2020. We recommend that the local long-term care support team:

1. Improve situational awareness within the long-term care support team and long-term care facilities.
2. Support long-term care facilities to ensure proper infection prevention and control.
3. Support long-term care facilities with maintaining adequate staffing levels.
4. Support long-term care facilities with screening and testing of residents and staff.
5. Support long-term care facilities with isolating sick and quarantining exposed residents.
6. Support long-term care facilities to reduce the risk of staff and resident exposure.

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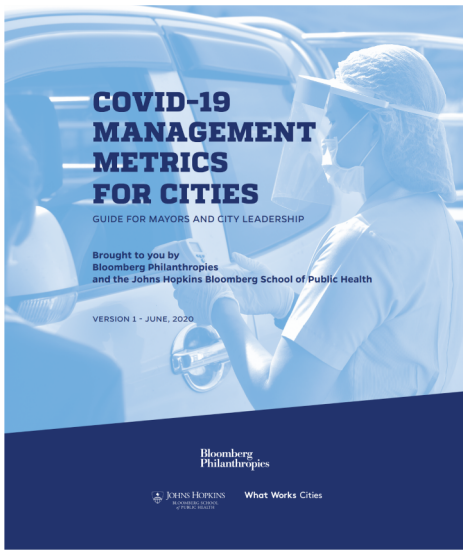

INTRODUCTION

Purpose

This document helps city leadership make critical decisions and build support for those decisions within city government and with the public. With these indicators, leaders are better equipped to:

MANAGE their city
Residents rely on city governments to provide essential services. Mayors may need to make operational decisions based on availability and capacity of these services.

COMMUNICATE clearly with residents
Effective public communications are grounded in reliable data from trusted sources. These data can undergird efforts on the part of city leaders to garner support for policy decisions, including local public health interventions.

ADVOCATE for at-risk populations and people of color
Mayors are responsible for vulnerable populations as well as communities of color with a history of underinvestment. Disaggregating data by race, gender, age, neighborhood or zip code, census tract, and income level, if possible, helps highlight the disparate impact of COVID-19 on different populations and can help guide resource allocation to work toward a more equitable city, now and in the future.

ALLOCATE resources according to need
Mayors may need to step in to ensure high-need populations (health care workers, congregate facility staff and residents, workers in high-risk professions, as well as underserved communities) are receiving priority access to testing, personal protective equipment (PPE), and more.

https://coronavirus.jhu.edu/from-our-experts/management-metrics-for-cities-in-the-covid-19-crisis

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medRxiv
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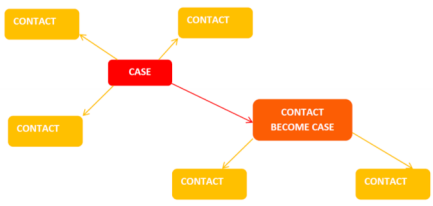
Comments (6)

Contact tracing during Phase I of the COVID-19 pandemic in the Province of Trento, Italy: key findings and recommendations

Pirous Fateh-Moghadam, Laura Battisti, Silvia Molinaro, Steno Fontanari, Gabriele Dallago, Nancy Binkin, Mariagrazia Zuccali

doi: https://doi.org/10.1101/2020.07.16.20127357



Characteristic of contact	#of contacts	# of contacts who became cases	Secondary AR
Age, years (n=6,687)			
0-14	1,024	86	8.4%
25-29	1,372	126	9.2%
30-49	1,646	245	14.9%
50-64	1,712	264	15.4%
65-74	467	79	16.9%
75+	466	88	18.9%
Gender (n= 6,406)			
Women	3,156	426	13.5%
Men	3,250	427	13.1%
Nature of contact with case (n=6,255)			
Cohabitant	3,546	500	14.1%
Non-cohabiting family or friend	1,596	206	12.9%
Work colleague	499	79	15.8%
Other	614	55	9.0%

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Problem: Managing a Pandemic

- Critical data in many systems & formats
- Hard to aggregate & harmonize
- IT and data scientists stretched thin
- Too difficult for non-technical users

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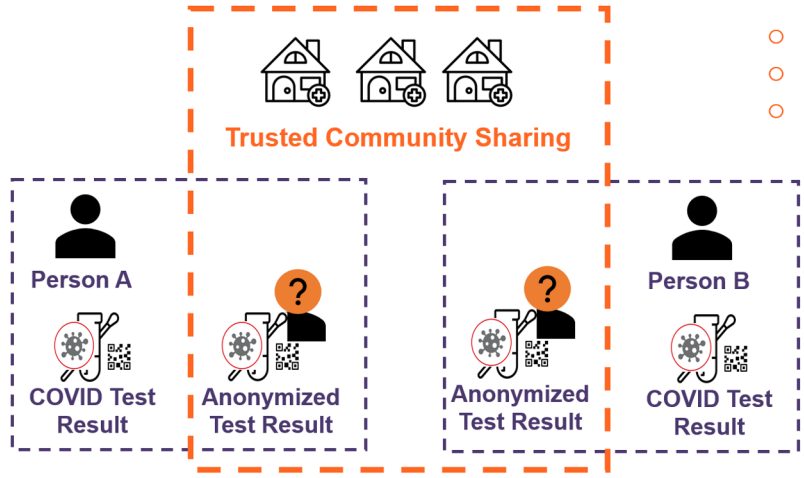
Secure and Private Test Result Sharing



- Every block protected
- Private sharing
- Logged access control

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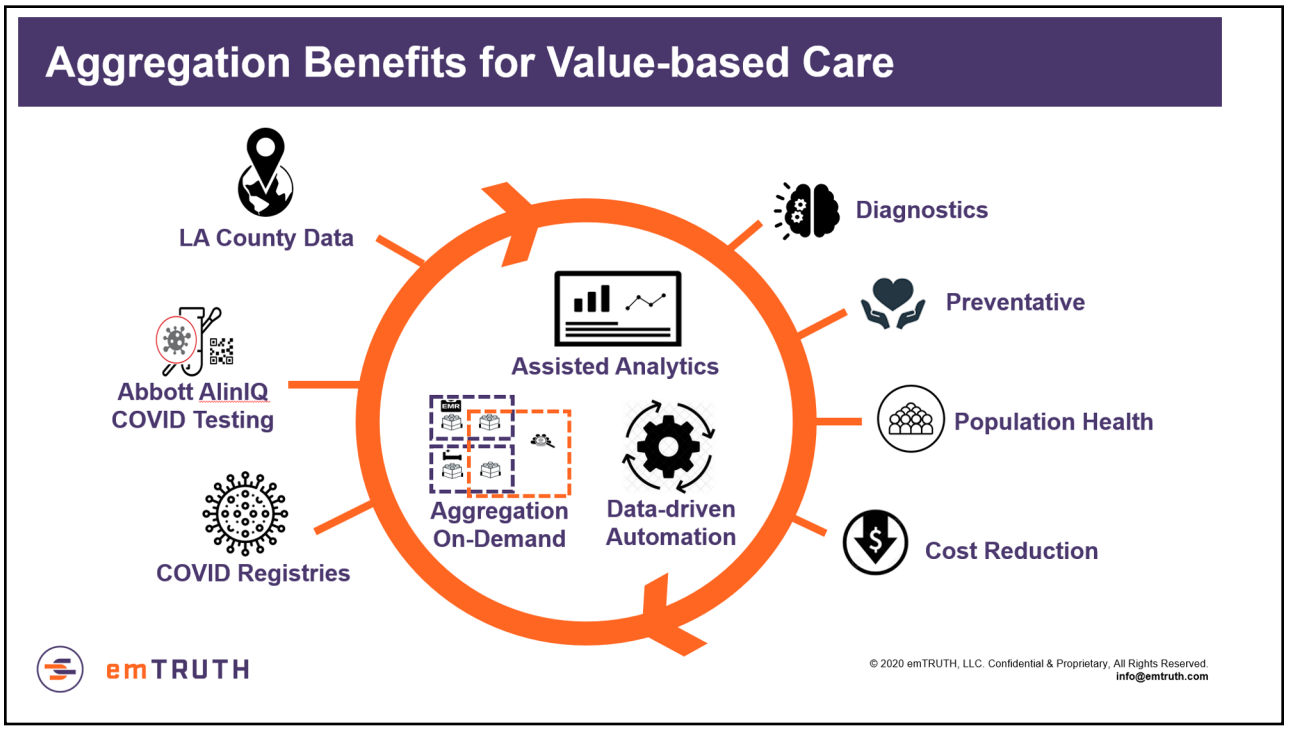
Aggregation Benefits for Value-based Care
LA County Data
Abbott AlinIQ COVID Testing
COVID Registries
Assisted Analytics
Aggregation On-Demand
Data-driven Automation
Diagnostics
Preventative
Population Health
Cost Reduction
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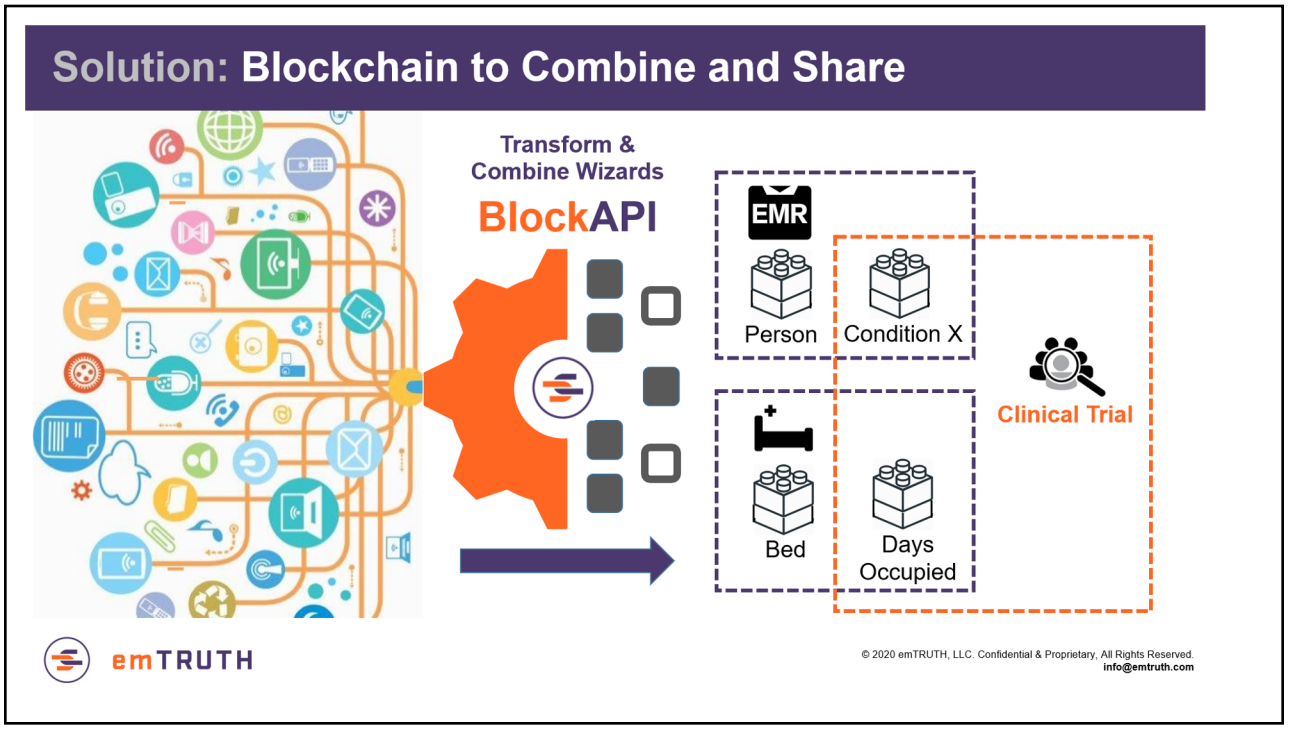
Solution: Blockchain to Combine and Share
Transform & Combine Wizards
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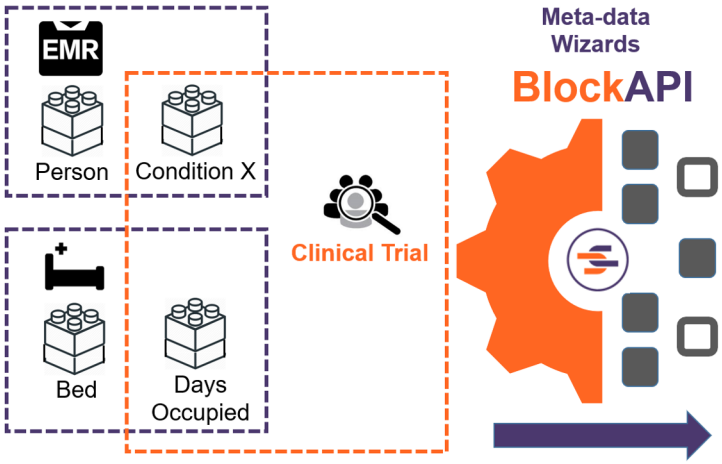
Solution: AI to Tag and Search



- Natural Language Analysis
- User extendable thesaurus
- Rich meta-data tagging

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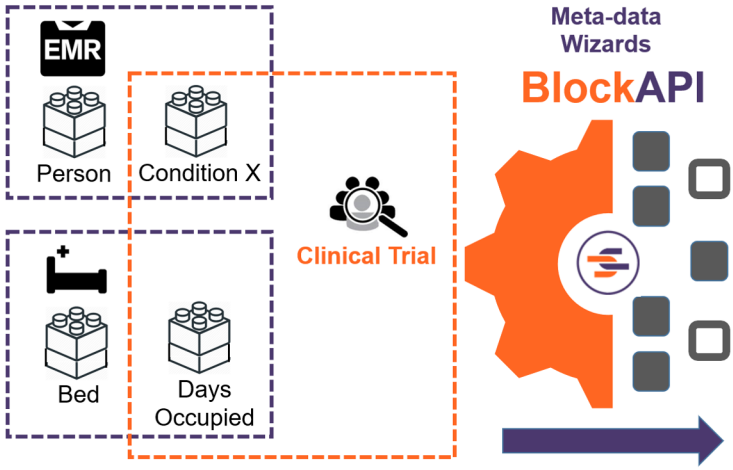
Solution: AI to Tag and Search



- Natural Language Analysis
- User extendable thesaurus
- Rich meta-data tagging

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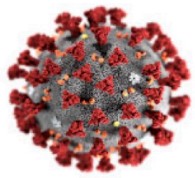

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August Webinars

August 17, 24 & 31

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