



COVID – 19
Research and Advisory Team:
Report and Recommendations
March 23, 2020

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Research & Advisory Team Report #2
March 22, 2020

This report contains a summary of the key updates on the status of Covid 19 that are more evident since our last report (March 16), along with our current recommendations for actions for SFV to consider taking. Sources include CDC, WHO, clinical journals, reports from epidemiologists and public health professionals.

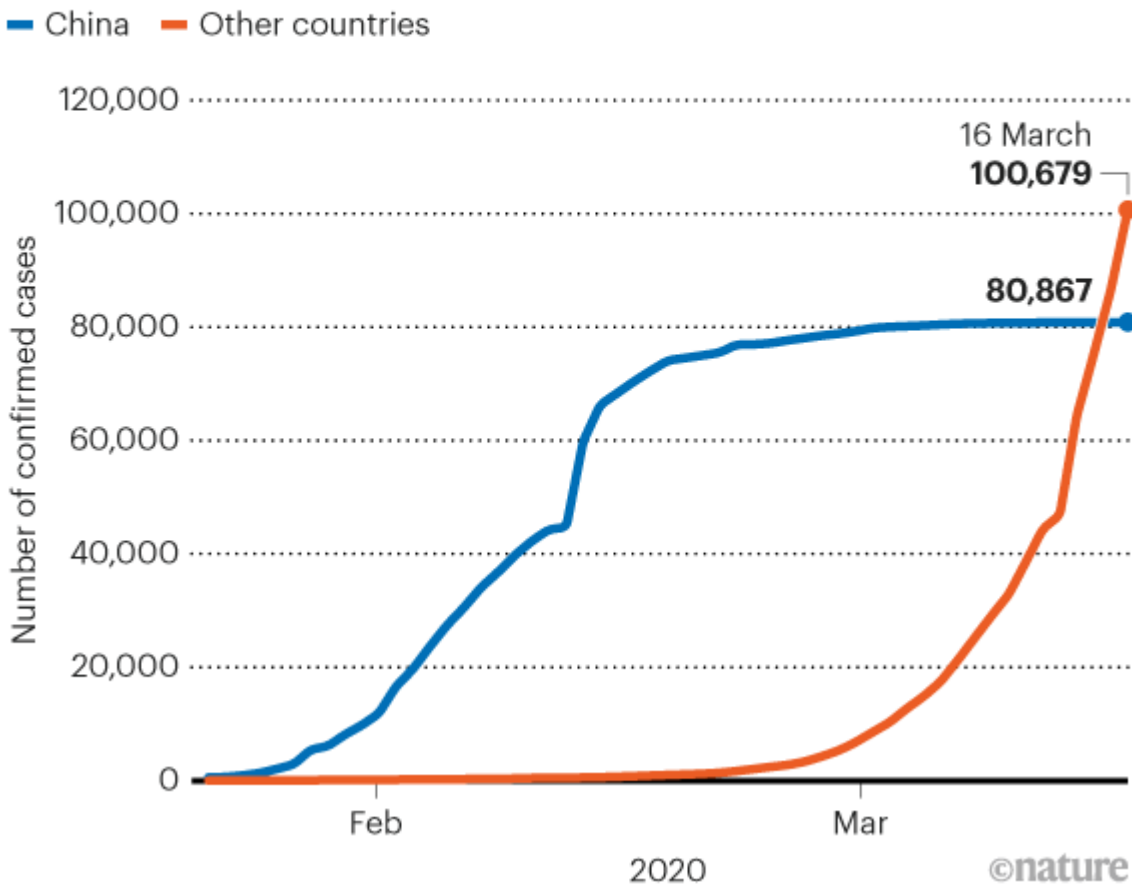
Current State of Covid 19

The harsh realities if the curve doesn't flatten:

- Global spread:

RAPID SPREAD

The new coronavirus has infected more than 180,000 people globally. The number of cases outside China continues to escalate.



- The virus is much more infectious than influenza or the SARS virus, which it closely resembles. New data showed that SARS-CoV-2, the virus that causes Covid-19, can live on contaminated surfaces and may spread from doorknobs, elevator buttons, contaminated surfaces.
 - The tests show that when the virus is carried by the droplets released when someone coughs or sneezes, it remains viable, or able to still infect people, in aerosols for at least three hours.
 - On plastic and stainless steel, viable virus could be detected after three days.
 - On cardboard, the virus was not viable after 24 hours.
 - On copper, it took 4 hours for the virus to become inactivated.
 - And people are infectious before they show symptoms, 2-14 days (average 5 days)
- It's not just older people with underlying conditions who become very ill and can die. The CDC looked at about 2,500 cases in the U.S. between Feb. 12–March 16 and found around 40% of those patients needing hospitalization were between the ages of 20 and 54.
 - While the risk of dying is much higher among patients 65 and older, the data shows younger people are still susceptible to severe cases of the illness, which is a sharp contrast to previous beliefs.
 - Although prior reports suggested that 80% of people (below the age of 60) got only mild disease, it now appears that about half of these people, despite not needing hospital admission, have moderately severe pneumonia, which can take weeks or longer to recover from.
- Exponential spread will likely overwhelm health care capacity and lead to the inability to save patients who could otherwise have been saved. Not only won't there be enough ventilators, there won't be enough supplies for the ventilators, hospital beds to support patients -- or health care workers to help patients.
 - Nationally, based on 40 percent prevalence of COVID-19 over the course of the pandemic, it is estimated that 98,876,254 individuals will be infected, 20,598,725 individuals will likely require hospitalization and 4,430,245 individuals will need ICU-level care. Inpatient and ICU bed capacity to handle expected patient volumes varies significantly by region.
 - If the infection curve is not flattened and the pandemic is concentrated in a 6-month period, that would leave a capacity gap of 1,373,248 inpatient beds and 295,350 ICU beds.
 - However, if hospitals can reduce current bed occupancy by 50 percent and flatten the transmission curve to 18 months, then the capacity needed would be reduced to 89 percent of inpatient and 166 percent of ICU beds.
 - If the infection rate is only 20 percent (low end of current estimates), we would largely be able to meet the needs for inpatient care if we flatten the curve to 12 months.
 - Hospitals are already creating their ethics-based triage protocols for use of respirators

- The shortage of PPEs (personal protective equipment)- surgical masks, gowns, gloves - jeopardizes the health of health care workers. The risks are not only to the healthcare workers themselves, the risks are also to their families and to patients. In addition, the lack of adequate, rapid testing means healthcare workers can become infected, be without symptoms for 2-14 days before symptoms appear.
- The economic impact of the pandemic will be profound
 - Supply chain failures including for the manufacture of medications which is largely done in China and India (members should have several months supply of their medications)
 - The direct effects of illness in lost work by those who are sick or tending to the sick
 - The effects of quarantines, travel restrictions, restaurant and store closures, and so forth
 - The demand reductions as people's incomes are limited by job loss and, in the case of small business owners, profit loss.

In San Francisco:

- 108 people have tested positive. 0 deaths
- San Francisco issued a Stay at Home order. Because of the risk of the rapid spread of the virus, and the need to protect all members of the community and the Bay Area region, especially those most vulnerable to the virus and also health care providers, this Order requires all individuals anywhere in San Francisco to shelter in place—that is, stay at home—except for certain essential activities:
 - get food,
 - care for a relative or friend
 - get necessary health care,
 - go to an essential job.
- It is OK to go outside for walks or bike rides if you are not in a group.
- Stay at least 6 feet apart when leaving your home for essential activities.
- Moratorium on Routine Medical Appointments and Elective Surgery. This Order prohibits routine procedures and elective surgeries, permits counseling and other appointments to occur remotely, permits in-person essential appointments if the provider screens the client/patient and follows social distancing

Psychological Impact and Maintaining Well-Being:

- The psychological impact will become even more evident as time goes on
 - The challenge is living with uncertainty and limited physical contact while maintaining social connectedness
 - Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, depression, confusion, and anger. Stressors included

longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Pre-quarantine factors such as financial pressures, pre-existing conditions, history of substance/behavioral abuse, psychological conditions

- Asian immigrants and Asian-Americans may experience stigma and discrimination.

Suggestions for maintaining well-being

- Limit news consumption
 - It's important to obtain accurate and timely public health information regarding COVID-19, but too much exposure to media coverage of the virus can lead to increased feelings of fear and anxiety. Psychologists recommend balancing time spent on news and social media with other activities unrelated to quarantine or isolation, such as reading, listening to music or learning a new language. Trusted organizations—including the U.S. Centers for Disease Control and Prevention, the U.S. Substance Abuse and Mental Health Services Administration and the World Health Organization—are ideal sources of information on the virus.
- Create and follow a daily routine
 - Maintaining a daily routine can help both adults and children preserve a sense of order and purpose in their lives despite the unfamiliarity of isolation and quarantine. Try to include regular daily activities, such as work, exercise or learning, even if they must be executed remotely. Integrate other healthy pastimes as needed.
- Stay virtually connected with others
 - Your face-to-face interactions may be limited, but psychologists suggest using phone calls, text messages, video chat and social media to access social support networks. If you're feeling sad or anxious, use these conversations as an opportunity to discuss your experience and associated emotions. Reach out to those you know who are in a similar situation. Facebook groups have already formed to facilitate communication and support among individuals asked to quarantine. Many are using Zoom to meet virtually.
 - Relying on pets for emotional support is another way to stay connected. However, the Centers for Disease Control and Prevention recommend restricting contact with pets if you contract COVID-19 until the risks of transmission between humans and animals are better understood.
- Maintain a healthy lifestyle
 - Get enough sleep, eat well and exercise in your home when you are physically capable of doing so. Try to avoid using alcohol or drugs as a way to cope with the stresses of isolation and quarantine. If needed, consider telehealth options for psychotherapy. If you already have a psychologist, contact them ahead of a potential quarantine to see if they can continue your sessions using phone-based or online delivery.
- Use psychological strategies to manage stress and stay positive

- Examine your worries and aim to be realistic in your assessment of the actual concern as well as your ability to cope. Try not to catastrophize; instead focus on what you can do and accept the things you can't change. Remember the strengths you used to cope with past life traumas and challenges. You may also choose to download smartphone applications that deliver mindfulness and relaxation exercises.

- **Resources:**

Name	Source & Link
“Coping with Stress”	US Centers for Disease Control & Prevention (CDC): https://www.cdc.gov/violenceprevention/suicide/copingwith-stresstips.html
“Mental Health and Coping During COVID-19”	US Centers for Disease Control & Prevention (CDC): https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html
“Taking Care of your Emotional Health”	US Centers for Disease Control & Prevention (CDC): https://emergency.cdc.gov/coping/selfcare.asp
“Helping Children Cope with Emergencies”	US Centers for Disease Control & Prevention (CDC): https://www.cdc.gov/childrenandadolescents/helping-children-cope.html
RedBook Online COVID-19 Outbreak page	American Academy of Pediatrics (AAP): https://redbook.solutions.aap.org/ss/rbo_outbreaks_page_3.aspx
Q&A on coronaviruses	World Health Organization (WHO): https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

<p>Coronavirus & Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks</p>	<p>American Psychiatric Association (APA): https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2020/02/coronavirus-and-mental-health-taking-care-of-ourselves-during-infectious-disease-outbreaks</p>
<p>Coronavirus & Emerging Infectious Disease Outbreaks Response</p>	<p>Center for the Study of Traumatic Stress (CSTS): https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response</p>
<p>Taking Care of your Family during Coronavirus Fact Sheet</p>	<p>Center for the Study of Traumatic Stress (CSTS): https://www.cstsonline.org/assets/media/documents/CSTS_FS_Corona_Taking_Care_of_Your_Family.pdf.pdf</p>
<p>Research Information: Pandemics</p>	<p>American Psychological Association: https://www.apa.org/practice/programs/dmhi/research-information/pandemics</p>
<p>Five ways to view coverage of the Coronavirus</p>	<p>American Psychological Association: https://www.apa.org/helpcenter/pandemics</p>
<p>Speaking of Psychology: Coronavirus Anxiety</p>	<p>American Psychological Association: https://www.apa.org/research/action/speaking-of-psychology/coronavirus-anxiety</p>
<p>Parent/Caregiver Guide to Helping Families Cope</p>	<p>The National Child Traumatic Stress Network: https://www.nctsn.org/sites/default/files/resources/fact-</p>

<p>with COVID-19</p>	<p><u>sheet/outbreak factsheet 1.pdf</u></p>
<p>Just for Kids: A Comic Exploring the New Coronavirus</p>	<p>National Public Radio: <u>https://www.npr.org/sections/gosandsoda/2020/02/28/809580453/just-for-kids-a-comic-exploring-the-new-coronavirus</u></p>
<p>Talking to Teens & Tweens about Coronavirus</p>	<p>The New York Times: <u>https://www.nytimes.com/2020/03/02/well/family/coronavirus-teenagers-anxiety.html</u></p>

Other Resources:

- Online gatherings: amongst family and friends: people are using Zoom to hold online cocktail hours, movie viewing together, book discussions, Friday night shabbat dinners, etc.
- Online learning: classes are popping up in many learning areas - language learning, crafts, university courses
- Online culture: pop musicians, orchestras, classical quartets, operas are being streamed online; visit museums and art galleries; tour cultural sites; visit zoos and aquariums

How the world will change - interesting article by thought leaders from many disciplines:

<https://www.politico.com/news/magazine/2020/03/19/coronavirus-effect-economy-life-society-analysis-covid-135579>

Recommendations for Action Steps

SFV knows how essential community is at all times, and especially during times of crisis and uncertainty. Organizations like the CDC, WHO, and SFDPH provide critical information to help people keep physically safe. SFV can play a critical in the lives of its

members by helping them stay emotionally grounded and socially connected. This will require early action, creative approaches, and some technology.

Please note that our #1 recommendation (carried over from last week), along with an increased sense of urgency as the crisis deepens and the need for community increases, is to create a system to contact all Village members by telephone. We are learning that some members don't have email, some do but don't use it, and for some SFV emails wind up in a spam folder. Therefore, we recommend:

1. **Priority should be given now to outreach to all members via telephone to find out how they are, what they need and how they communicate**
 - Telephone all SFV members
 - Sample questions: (the most important being their health status, their ability to get vital needs met such as food and medications, and their communication methods [eg. do they have internet, Skype, medical ports like myhealth])
 - What is your health like today?
Do you have any symptoms? Fever? Cough? Shortness of breath?
 - Do you have enough food and medication? Is there anything else you are short of?
 - Who are you closest to? And the next person you are close to? How often are you in communication with them?
 - What is the health like of the people you live with or those who are close to you?
 - What can a SFV volunteer help you with in this week? Next week?
 - Are you in a neighborhood circle or a specialty group?
 - Are you in regular contact with other SFV members? Which ones?
 - How do you communicate with your family and friends: by Phone? Skype? Email? Do you have a computer and Internet connection at home?
 - Document the information in a way that it can be updated and shared with relevant parties (e.g. all staff, and perhaps the Board, the Research & Advisory team). Anonymize the data, if necessary.
 - Enlist staff, board members, and appropriate volunteers, SFV circle leaders, and others to reach out to members to check in and ask the questions

Of special note:

Bob Horn, who has had experience with past epidemics, recommends the following strategy to operationalize in an emergency:

Set Goal:

By Friday March 27 (or the earliest possible date) every member must have received (and responded) to a phone call and/or every neighborhood group has talked with or received email from every member of the group.

Sample Plan:

Determine the number of staff+Board members+circle leaders+volunteers who can make calls to all members. Based on current membership level, assign a number of calls to each caller

For example - 370 members to be called; 2-3 staff plus 10 volunteers to make calls = approx. 35 members to be phoned per caller, divided by 7 days = 5 completed calls per day per caller

Monitoring System:

Use or develop a system to record the information from each member so that it can be accessed by key parties and can be updated.

2. Making connections and keeping community strong are core values and abilities SFV excels at. These need to persist, grow, and shift to online environments. We recognize that SFV members fall into different places on the communication tool/technology comfort spectrum from tech savvy to telephone only - and each group needs a solution that works for them:

- Those who don't have internet and aren't comfortable with technology. The phone will be the means of connecting.
 - Following the initial phone call, determine approaches for maintaining phone contact
 - Initial callers make weekly calls
 - Volunteers assigned who stay in touch by phone
 - Create a "buddy" system by pairing up Village members who call each other at least once a week
- Those who have Internet, need help and tech support, and are willing to learn Zoom.
 - As is already planned and happening:
 - This group will be paired with a volunteer who can help them with tools (Zoom, MyHealth, etc), will also help with errands - and will develop an ongoing relationship with the member.

- Circle leaders trained in using Zoom can convene virtual Circle meetings (and those who are not present and might need follow up phone calls)
- Those who are more familiar with communication tools and more comfortable using and learning technologies.
 - Find out what this group uses to assess if those tools could be used more widely with members
 - Consider using this group as a “pilot” group who can test out tools and teaching methods before they are deployed more widely.
 - Along with tech savvy volunteers, this group could also be enlisted to help other members learn how to use tools.