



San Francisco Village

**COVID - 19
Research and Advisory Team:
Report and Recommendations
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This report summarizes updates in the status of Covid-19 that have occurred since the previous report, along with offering recommendations for SFV.

OVERALL FINDINGS

1) NEW SYMPTOMS REPORTED

The Centers for Disease Control and Prevention has tripled the number of coronavirus symptoms it lists on its website. The organization previously listed fever, cough and shortness of breath as symptoms of COVID-19. The CDC has added six additional symptoms

These symptoms may appear 2-14 days after exposure to the virus:

- Fever (while it can be a symptom, fever is not always present)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

When to Seek Medical Attention

If you develop any of these emergency warning signs* for COVID-19 get medical attention immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

(IMPORTANT) Symptoms for older adults may be different

Older adults with Covid-19, the illness caused by the coronavirus, have several "atypical" symptoms, complicating efforts to ensure they get timely and appropriate treatment, according to physicians.

Covid-19 is typically signaled by three symptoms: a fever, an insistent cough and shortness of breath. But older adults — the age group most at risk of severe complications or death from this condition — may have none of these characteristics.

Instead, seniors may seem "off" — not acting like themselves — early on after being infected by the coronavirus. There may be neurological changes like musculoskeletal weakness. They may sleep more than usual or stop eating. They may seem unusually apathetic or confused, losing orientation to their surroundings. They may become dizzy and fall. Sometimes, seniors stop speaking or simply collapse. Shortness of breath may actually be a later stage symptom.

One study included the following symptoms on the atypical list:

- Changes in a patient's usual status,
- Delirium
- falls
- Fatigue
- lethargy
- Low blood pressure
- Painful swallowing
- Fainting
- Diarrhea
- Nausea
- Vomiting
- Abdominal pain
- Loss of smell and taste.

2) INFECTION DOES NOT MEAN IMMUNITY

The World Health Organization (WHO) says there is currently "no evidence" showing that people who have recovered from the coronavirus are not at risk of becoming infected again.

Several countries, including the United States, have considered the idea of written documentation proving the holder is either immune or no longer infected with the coronavirus so they can return to the workforce. Some governments have suggested that the detection of antibodies to the SARS-CoV-2, the virus that causes COVID-19, could serve as the basis for an 'immunity passport' or 'risk-free certificate'

that would enable individuals to travel or to return to work assuming that they are protected against re-infection. The WHO said there is no "currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection."

3) FREQUENT COMORBIDITIES

In the Journal of the American Medical Association a new paper on the largest U.S. clinical case series, almost 6,000 patients in New York State, shows those with certain comorbidities when admitted to the hospital were at higher risk for complications:

- 57% of them came in with a pre-existing diagnosis of high blood pressure, hypertension
- 41% with obesity
- 34% with type 2

4) STROKES IN YOUNGER PEOPLE WITH COVID-19

New York doctors are warning that the coronavirus may cause sudden strokes in adults in their 30s and 40s who are not severely sick. The doctors at Mount Sinai Health System believe there is growing evidence that COVID-19 can cause the blood to clot in unusual ways, resulting in an uptick in strokes among patients who don't typically suffer from them. The virus seems to be causing increased clotting in the large arteries, leading to severe stroke. The report shows a seven-fold increase in incidence of sudden stroke in young patients during the past two weeks. Most of these patients have no past medical history and were at home with either mild or no symptoms.

5) INCREASE IN CASES EXPECTED IN THE FALL

Numerous public-health experts are concerned that COVID-19 might make a comeback this fall (assuming that total case numbers even drop to begin with). In combination with the normal, October-through-March flu season, the disease could strain hospital capacity even more than it did this spring, when flu season was petering out. Scientists don't yet know if the coronavirus will fade away during the summer before making a resurgence in colder temperatures. Some people might even get infected with both the flu and COVID-19 at the same time. Even as the seasonal flu reenters the picture, Americans likely won't have developed herd immunity to COVID-19, and a vaccine is likely still more than a year away.

6) VIRUS SPREAD IN NURSING HOMES

There are approximately 1.3 million Americans currently residing in nursing homes. SARS-CoV-2 can spread rapidly after introduction into skilled nursing facilities, resulting in substantial morbidity and mortality and increasing the burden on regional health care systems. Unrecognized asymptomatic and presymptomatic infections are most likely to contribute to transmission in these settings. Congested spaces, understaffing, PPE shortages and a lack of transparency about infection data all contribute to this increase.

CALIFORNIA

1) LUNCH PROGRAM FOR SENIORS

The state will soon launch a program to provide three meals a day to California seniors in need during the COVID-19 pandemic, partnering with local officials to employ out-of-work restaurant workers with funding largely provided by the federal government.

The program could help as many as 1.2 million older Californians who live alone. The program provides specific daily spending limits for the meals — \$16 per breakfast, \$17 per lunch, \$28 per dinner and another \$5 for incidental costs. Seniors who wish to participate can get more information from the 211 phone system in their area or the state's COVID-19 website.

2) STAY AT HOME TO CONTINUE (BUT SOME ELECTIVE SURGERIES CAN HAPPEN)

Gov. Newsom said this week that most of the six milestones he set to consider loosening the stay-at-home order he issued last month have not been met. The only change the governor has made is to allow some elective surgeries to again be scheduled in hospitals, citing sufficient capacity.

The six goals include the ability to closely monitor and track potential cases; prevent infection of high-risk people; prepare hospitals to handle surges; develop therapies to meet demand; ensure schools, businesses

and child-care facilities can support social distancing; and develop guidelines for when to ask Californians to stay home again if necessary.

SAN FRANCISCO

Total Positive Cases: 1408

Confirmed Cases up 4% this week

Deaths Remain at: 22

The latest count shows 54 new cases and no new deaths. The city also reported 540 tests done recently, with three percent or 15 tests coming back as COVID-19 positive. It is the lowest positive testing rate in the past six weeks. The city has completed more than 15,100 tests with an average positive testing rate of 11 percent. Testing in the Mission has begun, and it is expected that the number of positive cases will increase.

SF now has an online data tracker that lists cases by gender, age, ethnicity, zip code, testing, hospitalizations, hospital capacity, and more. <https://data.sfgov.org/stories/s/fjki-2fab>

1) CONTINUED STAY AT HOME IN PLACE IN SF

San Francisco Mayor London Breed said it's likely the Bay Area's shelter-in-place order will get extended beyond the current expiration date of May 3. Her statements echoed what Gov. Gavin Newsom and others have said — that stay-at-home must be maintained until it's clear that easing restrictions won't cause greater illness and economic disruption in the battle against the coronavirus..

She said the county will first need to make sure that its hospitals are adequately staffed, have enough resources to perform testing, and have a sufficient number of ventilators and other medical supplies to handle routine care as well as possible influxes of COVID-19 patients.

Second, the county must ensure that protections are in place for the most vulnerable, including the elderly, homeless people and those who live in institutional settings or don't have access to services.

Third, the county must have the capacity to test, isolate and quarantine all those who are ill, as well as to conduct surveillance to prevent further spread.

And fourth, the county must maintain physical distancing and infection control measures, including by providing businesses with educational materials and guidance to ensure that the rules can be followed when they reopen.

2) TESTING IN SF TO INCREASE

All essential employees in San Francisco now have access to COVID-19 coronavirus testing, as well as any resident who is experiencing symptoms and can't otherwise get tested.

The expanded testing has begun at the city's two CityTestSF sites and all residents and essential workers, regardless of their insurance status, can make an appointment online. Also starting this weekend, a coalition will launch a massive testing campaign in the city's Mission district.

A partnership between UCSF, the Latino Task Force for COVID-19 and SF's Department of Public Health is offering free coronavirus testing as part of a study for all persons age 4 and older in part of the Mission. The area includes about 5,700 people living between South Van Ness and Harrison and Cesar Chavez and 23rd streets.

Testing will be held Friday through Tuesday at Garfield Park and Parque Niños Unidos. At-home testing for homebound residents will be on April 29. More community testing locations are pending.

According to Breed, increased testing for the virus is critical to slow its spread.

RECOMMENDATIONS

Given that the knowledge of Covid-19 is changing, it is important that we make SFV members aware of these changes and the implications of

these changes to their health and their choices. Among the changes that can affect SFV members are:

- The symptom profile has changed (see pgs 2-3 of this report). Not only is fever not always present with Covid-19, but seniors can experience atypical symptoms. If they are not aware that these atypical symptoms might indicate Covid-19 infection, they will be more likely to ignore them and not seek the necessary medical attention.
 - Consider asking an expert (with medical, public health, virology, and gerontology expertise) to offer a Zoom webinar/talk to SFV members (which could be taped and made available to all members). This could even occur on a monthly basis.

- As we recommended in the previous report, it is important that SFV members be aware that, given age and pre-existing conditions, to be safe members will need to continue sheltering in place, even as other parts of the economic and social systems begin to reopen. This is especially important as experts are predicting an increase of cases in the fall, and cannot predict a decrease in cases in the summer.