San Francisco Village

COVID – 19
Research and Advisory Team:
Report and Recommendations #9
May 10, 2020

SFV Members:
Barbara Kivowitz, Bob Horn and Patricia Tsang

RECENT FINDINGS

<u>Global</u>

Confirmed Cases: 4,077,594
Deaths: 281,287

Treatments

1) Antiviral

A combination of three antiviral drugs, including interferon, seemed to speed recovery, researchers reported. Patients with mild to moderate Covid-19, the illness caused by the coronavirus, appeared to improve more quickly if they were treated with a three-drug cocktail, compared with a group receiving just a two-drug combination. The 3 drugs are: lopinavir-ritonavir, ribavirin, and interferon beta-1b,

2) Convalescent Serum Lines

Antibodies from blood donated by people who recovered from the illness and hyper-immunoglobulins are becoming treatments of choice for COVID-19. Antibodies usually work best either prophylactically or early. However, the initial reports from China suggest the therapy may also work during the later phases of the disease.

3) Monoclonal antibodies

A potential treatment for COVID-19 based on an antibody that neutralizes SARS-CoV2, the coronavirus that causes the disease, is undergoing research. In the laboratory, the treatment has demonstrated the ability of the antibody to neutralize the SARS CoV2 coronavirus.

IMPORTANT: findings reported in NEJM found that that the antihypertensive medications, which are widely used to control blood pressure, (Ace Inhibitors and Angiotensin Receptor Blockers) did <u>not</u> have an adverse effect for those who contracted Covid 19, as had been previously considered.

US

Confirmed Cases: 1,320,362
Deaths: 79,180

COVID-19 Death Forecasts Vary, But All Say It's Too Early To End Social Distancing

Thirty-one states have partially reopened their economies or announced plans to do so in the next week. As states, relax social distancing requirements and allow businesses to reopen, people are beginning to move around more, which is driving up disease transmission. There are very few states that have demonstrated a sustained decline in numbers of new infections. Indeed, the majority are still increasing and reopening.

Coronavirus models are designed (and differ in their predictions, based on different assumptions) to help officials make public health decisions based on potential impact. There are several models that predict the number of cases and deaths that could occur if reopening happens too soon, before the necessary precautions are in place (testing, contact tracing, maintaining social distance as businesses open, protection for healthcare workers, availability of Personal Protective Equipment for healthcare workers)

Here are a few examples of predictions from different models:
- The latest, widely cited, Institute for Health Metrics and Evaluation model predicts 111,000 deaths by the end of this month, with a possible range of 91,000 to 153,000 to account for uncertainty. This is nearly double their previous forecast. An MIT model has the same estimate.
- An internal report by FEMA found that the death toll could soar to 3,000 per day by June 1 — a sharp increase over the current 1,750 deaths daily.
- The CDC forecasts that 200,000 new COVID-19 cases will be confirmed daily by the end of the month, a significant increase from the 25,000 daily cases seen now.
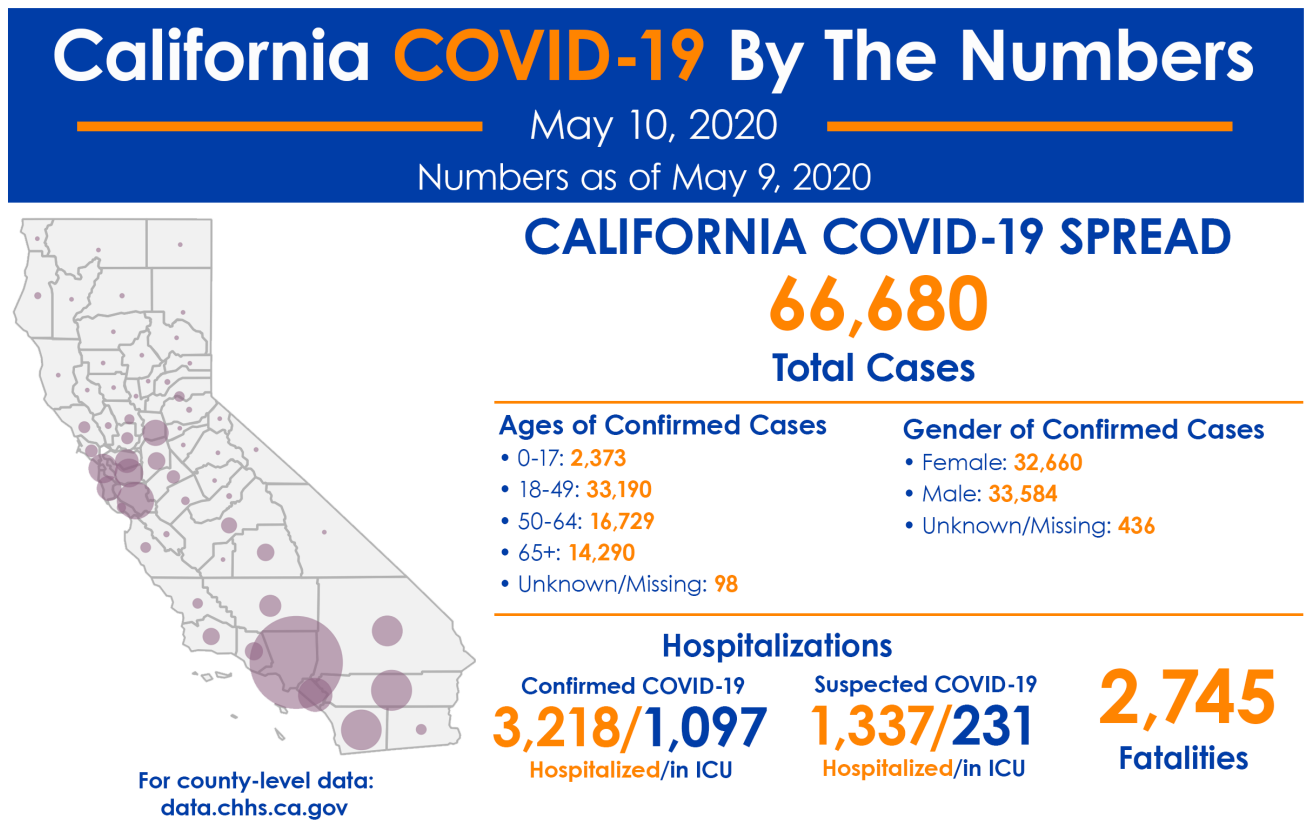
In addition, research by the University of Maryland shows that the extent to which people are following social distancing guidelines dropped 12% between April 23 and May 1, a period when more than a dozen states announced plans to begin partially reopening.

Nursing Homes

One third of US Covid 19 deaths are nursing home residents or workers. At least 27,700 residents and workers have died from the coronavirus at nursing homes and other long-term care facilities for older adults in the United States. The virus so far has infected more than 150,000 at some 7,700 facilities. While just 11 percent of the country's cases have occurred in long-term care facilities, deaths related to Covid-19 in these facilities account for more than a third of the country's pandemic fatalities.

In California there are 525 facilities with 9,725 reported cases, 1,038 deaths that represent 38% of State deaths

CALIFORNIA

California COVID-19 By The Numbers

May 10, 2020
Numbers as of May 9, 2020

CALIFORNIA COVID-19 SPREAD
66,680
Total Cases

Ages of Confirmed Cases
- 0-17: **2,373**
- 18-49: **33,190**
- 50-64: **16,729**
- 65+: **14,290**
- Unknown/Missing: **98**

Gender of Confirmed Cases
- Female: **32,660**
- Male: **33,584**
- Unknown/Missing: **436**

Hospitalizations

Confirmed COVID-19
3,218/1,097
Hospitalized/in ICU

Suspected COVID-19
1,337/231
Hospitalized/in ICU

2,745
Fatalities

For county-level data:
data.chhs.ca.gov

Your actions save lives.

covid19.ca.gov

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California Department of
PublicHealth

Moving from Stage One to Stage Two
Gov. Gavin Newsom announced that the state will be moving from Stage 1 to Stage 2 in its efforts to reopen California from its current coronavirus shutdown.

Businesses that can reopen with modifications include bookstores, music shops, toy stores, clothing stores, florists and sporting goods stores -- but with curbside pickup. Some manufacturers that supply those kinds of stores can also reopen, as long as workers can keep their distance. Restaurants and bars will still be closed to diners. So will shopping malls and offices.

The governor made clear that city and county governments will have the final say in what can and cannot reopen, and can continue stricter measures.

The process of reopening will take place in four phases:
- Stage 1 will involve stricter restrictions, including the wearing of masks, the maintaining of social distance, and the closing of all but essential services.
- Stage 2 will be when some lower-risk businesses and public spaces can reopen, also with modifications to allow for distancing. Those include workplaces like factories, with more spaced-out work stations, or nongrocery retail stores, but with curbside pickup. Schools and childcare facilities could also be reopened during this phase.
- Stage 3 will be when higher-risk businesses will be able to reopen — again, with modifications. This includes nail and hair salons, gyms, movie theaters and sports without live audiences, as well as in-person religious services.
- And Stage 4 will be the end of the state's stay-at-home order. That will be when concerts, conventions and sports with a live crowd will be allowed to reopen.

Longer Isolation for People with Infections
New evidence suggests people who test positive for the coronavirus can stay infectious for longer than previously thought. Now, L.A. County's guidance for those infected, or presumed to be infected, is that they should stay home and away from others for at least 10 days after symptoms first appear, and 72

hours after fever and symptoms subside, without the use of fever-reducing medication.

The Centers for Disease Control and Prevention also updated its guidance for isolation earlier this week. Those who come in contact with someone with COVID-19 still have to quarantine for 14 days from when they last had contact with that person, and then isolate if symptoms appear.

San Francisco
Total Test Results Reported: 35,761
Total Cases: 1943
Deaths: 34

CASES BY AGE	DEATHS BY AGE	CASES RACE/ETHNICITY	DEATHS RACE/ETHNICITY
18-30: 17%	60 and 0ver: 31 deaths	Latino: 39.4%	Asian: 16
31-40: 23%	Under 60: 3 deaths	Unknown: 19.8%	White: 9
41-50: 18%		White: 15.6%	Latino: 4
51-60: 15%		Asian: 13.0%	Unknown: 1
61-70: 11%		Other: 5.2%	
71-80: 6%		Black or African American: 4.8%	
81+: 5%		Native Hawaiian or Other: 1.2%	

San Francisco's Slower Reopening
San Francisco, and largely the Bay Area as a whole, will not be reopening to the extent to which the governor would allow. Rather, in San Francisco, officials will be monitoring "five key indicators" they will use to guide the city toward a relaxing of shelter-in-place orders. San Francisco Department of Public Health Director Dr. Grant Colfax then specified San Francisco's five indicators, which will help officials track progress to continue to mitigate the COVID-19 outbreak:

1. The city must observe that the number of COVID-19 patients in San Francisco hospitals is "low and flat, or decreasing over a sustained period of time."
2. San Francisco needs to have secured enough personal protective equipment for health care providers to adequately protect themselves.
3. The city must have expanded testing, especially for those in more vulnerable populations. Additionally, services must also include support for "individuals and their families in the event they test positive."
4. San Francisco must be able to contact trace every COVID-19-positive individual in the city so that everyone they've been in contact with can be isolated and quarantined, if needed.
5. Finally, the city's health officials must have the ability to track the rate of new COVID-19 cases, and "whether it is decreasing, staying flat or decreasing." This, he added, will be a joint effort between the city, UCSF, the Chan Zuckerberg Initiative and UC Berkeley.

Healthcare

Hospitals, healthcare organizations, and doctors' offices are slowly reopening for some elective surgeries and some medical visits, especially for care of ongoing health conditions. Video visits are still available with many providers. In fact there is a growing concern that in avoiding hospitals for fear of being exposed to the virus, people are neglecting attending to important health matters.

RECOMMENDATIONS

1. OPENING UP AND STAYING SAFE

As California continues to ease statewide restrictions, and San Francisco begins to do so on May 18, members will need to decide: the safety precautions they will maintain; the precautions they will modify; the level of personal safety they want to preserve; the level of risk they are willing to take.

While our members are intelligent and well informed, the onslaught of information is often complex, confusing, and contradictory. And making life and health related decisions while under the current stresses, along with quarantine fatigue, can be challenging.

SFV can offer members (and volunteers) a forum to learn from an expert and explore these challenging life choices.

We suggest SFV find an expert with a background in public health and gerontology, who is also knowledgeable about Covid 19, to offer SFV members and volunteers a weekly talk (with Q&A). These talks would be an opportunity for members:
- To better understand and put in context the information they are gathering individually
- To learn about current updates
- To hear (and explore) ongoing recommendations for safety precautions for older adults
- To connect with each other
- Circle leaders can be encouraged to attend and to continue these discussions in their Circle meetings

Kate, staff, Board members could tap into our networks to find suitable experts.

2. TECHNOLOGY SPREAD
SFV has a few dozen members who are not using any technology outside of a telephone. These members are not connected to the Internet and do not use smart phones. Many of them also live alone. They are at higher risk for the physical and mental health consequences of social isolation.

This represents a complex challenge at any time, and especially now, given the SAH and social distancing guidelines. The following suggestions offer one possible series of steps. We invite additional ideas and recommendations from all. In fact, convening a small workgroup of Board members, staff, volunteers, and members to develop an action plan may be a useful route.

That said, here are some possible steps SFV might consider taking to better understand and address these members' technology challenges:

1. Investigate the barriers to technology use, such as: financial costs, psychological resistance, lack of understanding about the Internet and available tools; lack of awareness about the benefits online/smart

phone connecting could offer; fear; denial about the severity and the duration of the pandemic; grief; depression; etc.

2. Understand the personal motivation that might engage an individual in taking the first steps to connect. Is there a "job" a computer or smart phone could do for the person that would be of great benefit – e.g. seeing friends/family, getting books/music/movies from the library; online shopping; etc.

3. Provide members with an Internet connection and basic tools and applications. Some may need financial assistance or low→no cost tools and Internet. For some, the acquisition itself and the set up may be too daunting. There may be technology companies or nonprofit resources that can help with this.

4. Partner the member with a buddy who has the relationship skills, technology teaching skills, patience, and non-judgmental attitude needed to connect with the member to help/him address the barriers and begin, with small but meaningful steps, trying to use technology. Perhaps the member's emergency contact person could be enlisted to help in this effort, where feasible.

   Given current safety precautions, members may not want anyone entering their home. Buddies may be able to offer guidance and support via the phone. If the member permits – there are apps that enable remote manipulation of another's screen. While potentially useful, this may raise privacy issues for members.

   (NOTE: the buddy, as he/she builds a relationship with the member, can explore and gain a clearer picture of #1 and #2. The buddy may need some additional training in order to do this.)

IMPORTANT:
   ● The relationship with the "buddy" may serve as the bridge to technology acceptance for the member. Most likely, that relationship begins with the buddy helping the member with errands or doing weekly check-in calls. Once there is a basis of communication and trust, the buddy can begin to explore technology with the member. The buddy will need to be sensitive to respecting the member's intelligence and autonomy and to avoid what could be experienced as "technology-shaming" (certain statements can seem innocuous but in

context, can have a shaming effect, such as: "Anyone can do this." "It's really easy." "You'll figure it out.")
- Some members may not want a buddy. Some even with a buddy's support may not want to use any technology. These are their choices.

An additional approach could be for SFV to establish a Technology Team consisting of members and volunteers who have the skills described in #4. All SFV members could call on this team to help them with the tools they have, learn how to use new apps, or begin to bring some technology into their lives. Normalizing the need for technical help in this way could mitigate the stigma or the embarrassment of needing technology help, and might encourage the more isolated members to avail themselves of this service. (Technology Team members could also reach out to the more isolated members).