



San Francisco Village

**COVID - 19
Research and Advisory Team:
Report and Recommendations
May 3, 2020**

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NEW FINDINGS

1) Treatment Research

- Remdesivir, an antiviral medication made by Gilead has shown some positive results in testing. The National Institute of Allergy and Infectious Diseases, which is conducting the study, said preliminary data show patients who received remdesivir recovered faster than similar patients who received placebo. The finding would represent the first treatment shown to improve outcomes in patients infected with the virus.
- Using Old Drugs: A multidisciplinary team of researchers at the University of California, San Francisco, identified 69 existing drugs and compounds with potential to treat COVID-19. They have tested 47 of these drugs and compounds in the lab against live coronavirus and have identified some strong treatment leads along with two separate mechanisms for how these drugs affect SARS-CoV-2 infection. Human trials have already started and will examine important factors such as dosage, toxicity and potential beneficial or harmful interactions within the context of COVID-19.

2) Three Likely Pandemic Scenarios from the Center for Infectious Disease Research and Policy (CIDRAP)

CIDRAP advises that we must be prepared for at least another 18 to 24 months of significant COVID-19 activity -- until 60% to 70% of the population has been infected -- with hot spots popping up periodically in diverse geographic areas. As the pandemic wanes, it is likely that SARS-CoV-2 will continue to circulate in the human population and will synchronize to a seasonal pattern with diminished severity over time,

Covid-19 is most comparable to a pandemic strain of influenza. With a longer incubation period, more asymptomatic spread, and a higher R0 (the average number of other people infected by each patient), COVID-19 appears to spread more easily than flu. This means that more people will need to get infected and become immune (assuming infection grants immunity) before the pandemic can end. Based on the most recent flu pandemics, this outbreak will likely last 18 to 24 months.

Three scenarios are possible:

- Scenario 1: The first wave of Covid-19 in spring 2020 is followed by a series of repetitive smaller waves that occur through the summer and then consistently over a one- to two-year period, gradually diminishing sometime in 2021
- Scenario 2: The first wave of Covid-19 is followed by a larger wave in the fall or winter and one or more smaller waves in 2021. This pattern will require the reinstatement of mitigation measures in the fall in an attempt to drive down spread of infection and prevent healthcare systems from being overwhelmed. This pattern is similar to what was seen with the 1918-19 pandemic.
- Scenario 3: A "slow burn" of ongoing transmission. This third scenario likely would not require the reinstatement of mitigation measures, although cases and deaths will continue to occur.

CIDRAP recommended that the US prepare for a worst-case scenario that includes a second big wave of coronavirus infections in the fall and winter. Even in a best-case scenario, people will continue to die from the virus, they predicted. A vaccine could help, the report said, but not quickly since a vaccine will likely not be available until at least sometime in 2021.

3) Greater Number of Deaths Due to Covid-19

Total deaths during the COVID-19 pandemic are more than 9% higher than historical death averages, suggesting the toll of the virus could be hundreds or even thousands of deaths more than what's been attributed to the disease thus far.

The new data from the Centers for Disease Control and Prevention show roughly 4,500 additional deaths from all causes have occurred in 2020 over what would be expected from historical averages. The difference in the expected deaths overall suggests that Covid-19 had a role in some of these excess deaths. There is some combination of COVID deaths that are not declared COVID deaths and other deaths that are due to other causes people have not gotten treatment for, or have delayed treatment. The broader implication is that there is greater mortality attributable to the disease.

4) (Reminder) Current Symptom List:

Fever	Breath Shortness	Chills & Shaking	Headache	Loss of Taste
Cough	Chills	Muscle Pain	Sore Throat	Loss of Smell

GLOBAL

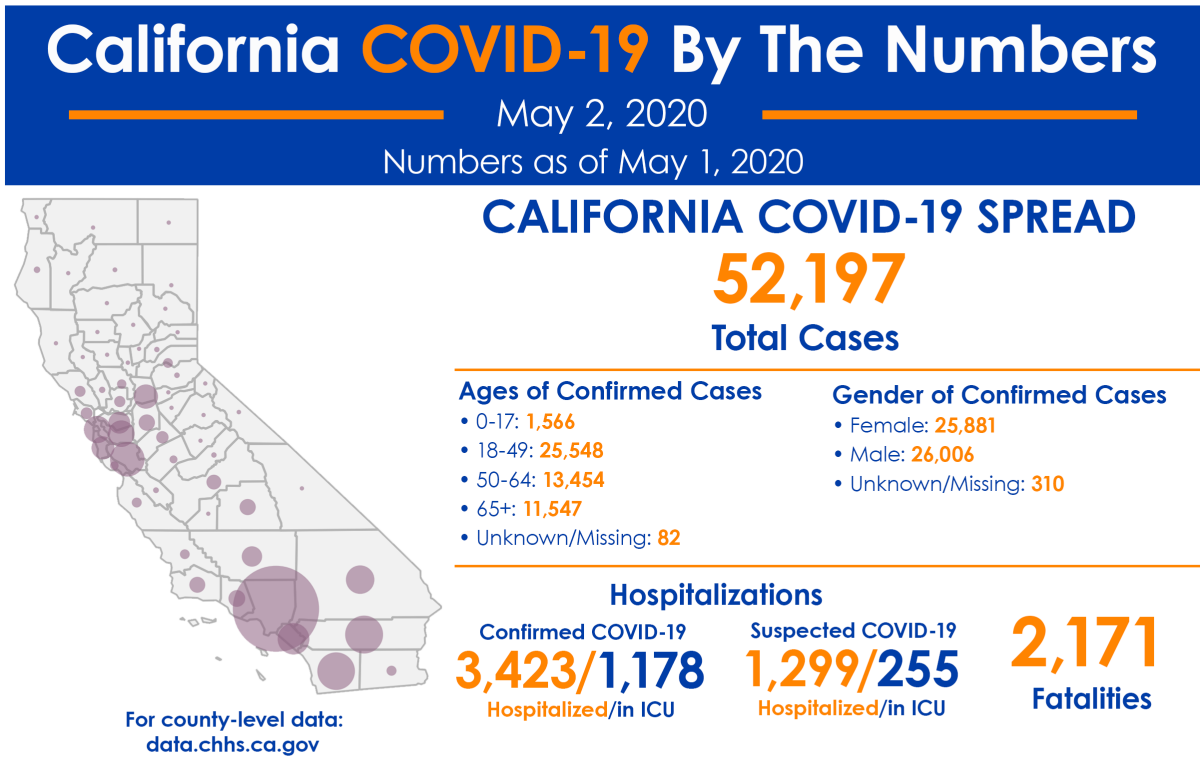
Total Cases: 3,462,682 Total Deaths: 244,911

US NATIONAL

Total Cases: 1,092,815 Total Deaths: 64,283

Hypertension, obesity, and diabetes are the comorbidities most associated with severity of illness and death

CALIFORNIA



Stay Home. Save Lives.

covid19.ca.gov



1) **Racial Disparities:**

Overall, for adults 18 and older, Latinos, African Americans and Native Hawaiians and Pacific Islanders are dying at disproportionately higher levels. The proportion of COVID-19 deaths in African Americans is about double their population representation across all adult age categories. For Native Hawaiians and Pacific Islanders, overall numbers are low, but there is a four-fold difference between the proportion of COVID-19 deaths and their population representation.

SAN FRANCISCO

Total cases: 1,602

Deaths: 29

1) **Cases by Age (NOTE: highest number of cases is for ages 18-50)**

AGE	% OF CASES	# OF CASES
<18	3.00%	48
18-30	16.54%	265
31-40	22.47%	360
41-50	17.60%	282
51-60	15.42%	247
61-70	11.74%	188
71-80	7.12%	114
81+	5.93%	95
Unknown	0.19%	3

2) **Stay at Home Order extended through end of May, with some new exceptions**

San Francisco and six other Bay Area jurisdictions have extended the Stay Home Orders through the end of May.

Under the extended Stay Home Order, all construction will be allowed to resume as long as specific safety measures are in place. Certain businesses that operate primarily outdoors, such as plant nurseries, car washes, and flea markets, may reopen under San Francisco's Order. Any employee of a business allowed to operate under the order can also access childcare programs that are allowed to operate. Some outdoor recreational facilities, like skate parks and golf courses, may reopen.

Further loosening of restrictions will depend on 6 indicators:

- Whether the number of hospitalized patients with COVID-19 is flat or decreasing;
- Whether we have sufficient hospital capacity to meet the needs of our residents;
- Whether there is an adequate supply of personal protective equipment for all health care workers;
- Whether we are meeting the need for testing, especially for persons in vulnerable populations or those in high-risk settings or occupations; and
- Whether we have the capacity to investigate all COVID-19 cases and trace all of their contacts, isolating those who test positive and quarantining the people who may have been exposed.

NOTE: In general, people should continue to stay at home, maintain physical distance, wear a mask in public spaces, and avoid socializing.

3) Seniors and Other Vulnerable Populations

For seniors, and other people who are at higher risk for developing more serious complications from COVID-19, things will be especially challenging. Even when stay-at-home orders are relaxed and most people resume some semblance of everyday activities, seniors will need to continue to take extra precautions to avoid being exposed to the coronavirus. Until we have a vaccine or widespread herd immunity, life will present a series of calculated risks for more vulnerable people when it comes to accessing essential services, socializing, going about their daily routines, and social isolation. This is especially of concern if government leaders decide to hastily push back on sheltering in place and reopen the economy too soon, before basic protective measures for these populations are in place

4) Testing in SF

San Francisco's testing sites have only been administering about 500 COVID-19 tests per day, when they have the combined capacity to do 5,800 tests per day.

CityTestSF provides COVID-19 testing to all adults who live in San Francisco and essential workers that serve San Francisco, who are displaying a symptom of COVID-19 (a fever greater than 100 F/37.8 C, cough, sore throat,

shortness of breath, chills, headache, body aches, fatigue, loss of smell, diarrhea, runny nose, and congestion).

The sites welcome those who are uninsured or have barriers to healthcare. You do not need a doctor's note to schedule a test, and you will not be charged directly for the test

Testing Sites:

- Embarcadero: Pier 30/32 at Bryant and Embarcadero. Convenient for people in vehicles; can also accommodate those on foot, scooter, bike, or other transport. Wear a mask.

- SOMA: At 7th and Brannan. Convenient for people on foot. Wear a mask.

To schedule a test: <https://home.color.com/covid/sign-up/start>

RECOMMENDATIONS

1. We know life will not return to normal when Bay Area shelter-in-place restrictions are loosened and hopefully lifted. For older adults, and for people with chronic health conditions, things will be especially challenging. This may be the case until a vaccine is tested, manufactured, and distributed.

As restrictions loosen, there is a growing need for SFV to be clear in communicating to members that they will still need to maintain high levels of precautions to avoid contracting Covid-19. This includes following safety protocols: staying at home, avoiding public spaces and public transportation, using a mask when out of the home, maintaining distance of 6-12 feet, depending on volunteer and other resources to run errands, using senior shopping time slots, and finding ways to cope with social isolation (especially using SFV resources).

Consider the following actions:

- a. Include messages about the need to maintain precautions to remain safe in emails and newsletters that go to members
- b. Suggest Circle leaders bring this up as a topic for discussion in Circle meetings (and provide training, if needed)
- c. Advise speakers and teachers to reinforce this message should the topic of “loosening” come up in classes and events.

This may be a difficult topic for members to discuss. Many will not want to accept the idea of a lengthy period with strong precautions (especially as they see/hear about the loosening of precautions for those who are less vulnerable). Some members may deny the accuracy of the information or the need to continue to follow safety protocols to stay safe. Others may raise issues of age discrimination and the marginalization of older adults.

We might find it helpful to consider Kubler-Ross’ 5 stages of the grief process. Our experience of living with this pandemic is a tragic loss, and we are grieving. The 5 stages are: denial, anger, bargaining, depression, and acceptance. We will likely see members moving through these stages (and returning to earlier stages, as the situation changes), each in their own way, as the realities of this pandemic become sharper and additional surges occur. Knowing and applying this model may help us (staff, members, and Board) better understand reactions and maintain much needed conversation and community.

SFV will need to continue to do what it does so well – connect people to information, resources, and community. SFV, as it does in all areas, will need to provide accurate information and create safe opportunities (including intergenerational ones) for people to discuss their concerns and make their own choices.

Each individual will need to decide the extent to which they want to use safety protocols to avoid contracting Covid-19 and to keep themselves and their families/friends safe. In this pandemic, SFV can continue to:

- *Educate*: Help members base their choices on the latest, most accurate information (e.g. these weekly reports).

- *Support*: Help members access the practical and social resources needed to remain at home, safely – so they can survive and even learn new ways to thrive during this challenging time (e.g. using Zoom and other technologies).
- *Engage*: Maintain and build connections and provide an essential sense of community.

SFV staff and Circle leaders might benefit from having the opportunity to digest and discuss the Covid-19 research, especially as it pertains to older adults, and to explore ways to facilitate conversations about this topic. We are happy to help with this.

2. The incidences of racism and violence against Asians are increasing. Consider offering a talk by a local leader to educate members about this growing danger. This would also be an opportunity to show support to SFV members who are Asian and to create a group of more informed allies.
3. Create a regular forum in which SFV members could interact with an expert in public health, gerontology, and Covid-19. Members likely have many questions about the disease, necessary precautions, and how best to manage daily life in safe ways. E.G. how to stay safe as restrictions loosen; how to get urgent dental care; how to safely get a flu shot in the fall; how to safely travel within SF without a car; where to get attention for a non-Covid emergency.

The Friday podcasts, “Dr. Chodos Chats,” may fulfill this need. We will be able to assess the value these podcasts offer after we listen to a few, understand how they work, and see if SFV members can submit questions. And, even if these podcasts are useful, we may still want to consider engaging an expert who can offer an interactive monthly forum and can speak directly to the issues and questions of SFV members.