



San Francisco Village

COVID – 19

Research and Advisory Team:

Report and Recommendations #11

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RECENT FINDINGS

1) Older covid-19 patients on ventilators usually do not survive

COVID-19 is a health threat to everyone, but it's of particular concern for older adults: 80 percent of all deaths related to COVID-19 have been of people over the age of 65, and they make up almost a third of intensive care unit (ICU) admissions, according to the Centers for Disease Control and Prevention. Some of the most critically ill patients suffer from hypoxia, or severe oxygen shortage, and as a result are hooked up to a ventilator to help them breathe. But research now suggests that even with this method of treatment — which involves sedating and intubating a patient to insert a breathing tube — older COVID-19 patients face dismal survival rates.

Most elderly covid-19 patients put on ventilators at two New York hospitals did not survive, according to a sweeping study published Tuesday in The Lancet.

The study itself looked at critically ill patients with a median age of 62 who were treated at two New York City hospitals in March and April. Looking at those over age 80 who were put on a ventilator, the authors found that more than 80 percent did not survive. By comparison, no patients under the age of 30 died at the two hospitals, and only a small number in that age group had to be put on ventilators.

The study is broadly consistent with clinical findings from China and Europe, and confirmed that advanced age is the greatest risk factor for a severe outcome, particularly if accompanied by chronic underlying diseases, such as hypertension, diabetes, heart disease and obesity.

2) Post-Intensive Care Syndrome (PICS)

Decades of research show many of the sickest ICU patients will never return to their former selves. An ailment called Post-Intensive Care Syndrome (PICS) causes cognitive, physical, and psychological problems in up to 80 percent of all critical-care survivors. About a third never return to work.

Now physicians say they are witnessing many of these effects in COVID-19 survivors, at a scale they've never seen before. The extreme stress of critical illness on the body, combined with the sedative drugs and the foreign surroundings of the ICU, leave many people feeling confused and disoriented, occasionally plagued by memories of things that never happened.

According to the Society of Critical Care Medicine, between 30 and 80 percent of ICU survivors struggle with some sort of cognitive impairment after their stay. A year after being released from the ICU, a third of patients have cognitive test scores consistent with someone who suffered a traumatic brain injury, like a car crash. A quarter have test scores in the range of mild Alzheimer's.

Others will suffer from lasting mental health effects. Almost a third of all ICU survivors show clinically important symptoms of depression, and a quarter show signs of Post-Traumatic Stress Disorder—nightmares, flashbacks, fear of going back to the doctor. A study of ARDS survivors found that a third were never able to return to work.

These findings are particularly concerning for older adults hospitalized with Covid 19 who are likely to wind up in the ICU and intubated for two to three weeks.

3) Two studies suggest COVID-19 antibodies provide immunity

Research teams led by a Beth Israel Deaconess Medical Center vaccine specialist have published two studies in Science, using laboratory monkeys, that found that antibodies do provide protection from Covid 19, whether they are triggered by an infection or a vaccine. Researchers said that these data increase our optimism that natural immunity and vaccine-induced immunity can be achieved in humans. Neither study determined whether the immunity response is permanent, or how long it may last.

4) Hydrochloroquine linked to increased risk of death

Hydroxychloroquine or chloroquine, often in combination with an antibiotic, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit.

A multinational, real-world study of the use of hydroxychloroquine or chloroquine with or without an antibiotic, for treatment of COVID-19 patients

who were hospitalized (with data from 671 hospitals in six continents) found that the use of a regimen containing hydroxychloroquine or chloroquine (with or without an antibiotic) was associated with no evidence of benefit, but instead was associated with an increase in the risk of ventricular arrhythmias and a greater hazard for in-hospital death with COVID-19. These findings suggest that these drug regimens should not be used outside of clinical trials and urgent confirmation from randomised clinical trials is needed.

GLOBAL

Total Confirmed Cases: 5,367, 675

Total Deaths: 343,513

US

Total Confirmed cases: 1,622,114

Total Deaths: 97,049

All 50 States are Moving Towards Reopening

The United States has crossed an uneasy threshold with all 50 states beginning to reopen in some way, two months after the coronavirus thrust the country into lockdown. But there are vast variations in how states are deciding to open up, with some forging far ahead of others.

The increasing moves to lift restrictions on businesses — or at least open up outdoor spaces like beaches and state parks — reflect the immense political and societal pressures weighing on the nation’s governors, even as epidemiologists remain cautious and warn of a second wave of cases.

The White House has said that states should have a “downward trajectory” of cases over a 14-day period before reopening, but many states reopened well short of meeting those benchmarks. Some epidemiologists see warning signs of a rebound, especially in the South. Because it can take as long as three weeks for a newly infected person to become sick enough to go to the hospital, the impact of reopening is unlikely to be detectable immediately.

A forecast from the University of Pennsylvania’s Wharton Budget Model provided the following estimates of the deaths to be expected from reopenings:

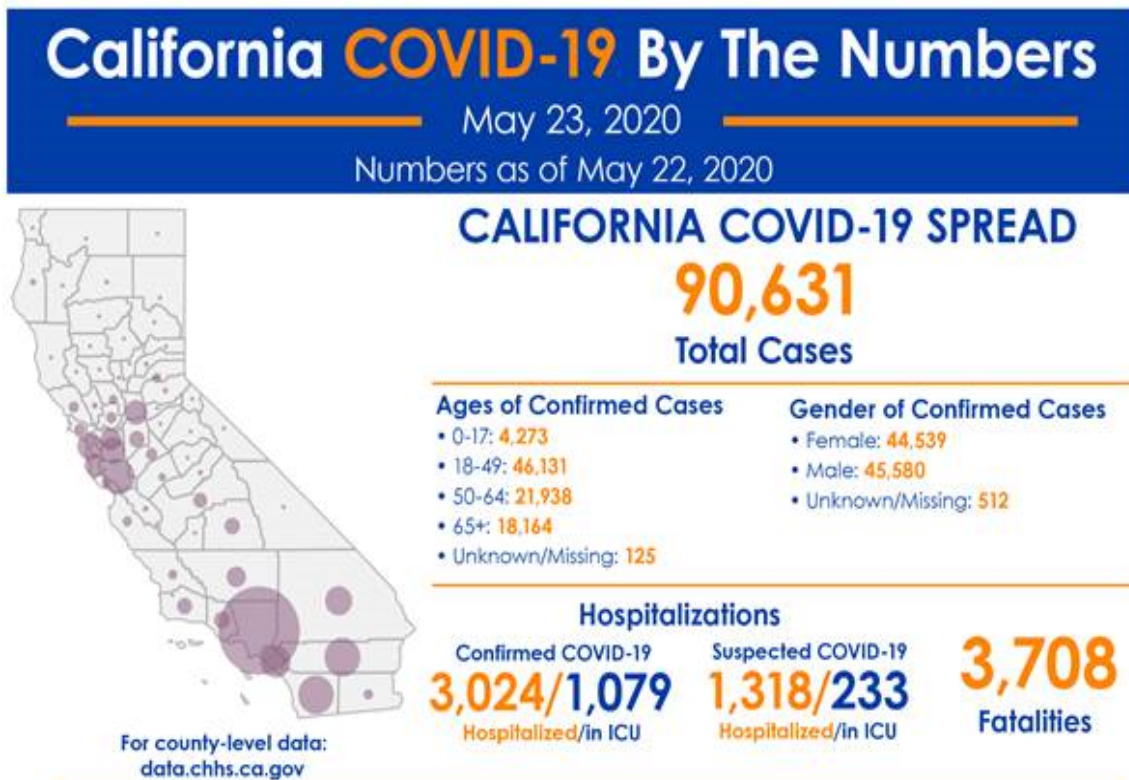
- If states do *not* reopen before June 30, cumulative national deaths due to coronavirus would rise to around 117,000 by June 30 (including deaths prior to May 1).
- *Partially reopening* would cause 45,000 *additional* deaths by June 30, relative to not reopening.
- *Fully reopening* would lead to an additional 233,000 deaths by the end of June relative to not reopening.
- If, however, individuals see full reopening as a “return to normal” and as a result relax their own voluntary social distancing practice—cumulative national deaths would reach 950,000 by June 30.

CALIFORNIA

Total Confirmed Cases: 90,631

Total Deaths: 3,708

Cases per 100,000: 229.1



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Still in Phase 2 of Reopening

Gov. Gavin Newsom announced that state health officials would relax their criteria for counties that want to reopen their economies faster, provided that they meet public health guidelines. Going forward, officials said they were no longer requiring counties to have zero Covid-19 deaths for two weeks.

Gov. Newsom estimated that all but five of California's 58 counties would qualify for a variance. Counties that were approved for a variance from the statewide order can move further into Stage 2, including opening retail stores and dine-in restaurants, with strict modifications and shopping malls with curbside pickup.

Beaches are now open (with several restrictions) in Los Angeles, Orange, Ventura, San Diego and Santa Barbara Counties. Currently, beaches in 15 counties are open for some activities. There are no counties whose beaches are fully open.

Newsom also said the state will release guidelines on Monday for churches to reopen. Requirements for casinos and card rooms are coming on June 8. Guidelines for summer camp will also be provided soon.

SAN FRANCISCO

Total Tests Reported: 53,870

Total Positive Cases: 2367

Total Deaths: 40

On 5/22 there were 122 new cases, which marked the biggest single-day spike in cases since the pandemic's outbreak, and also comes after only 19 new cases had been added over the previous two days combined. Overall, San Francisco has averaged 42 new cases a day over the past week.

Of these cases, 59% have been male, 63% have been between 18 and 60 years old; 60% have caught the virus through community contact (and 31% through a known case), and 44.8% have been from the Latin/Hispanic population. By comparison, white people have accounted for 15.4% of the cases and those of Asian descent 13%. In hospitals, 56 patients had COVID-19 and another 44 were suspected to have it. Those patients were using up 31 intensive-care unit beds.

San Francisco Entering Phase 2a of Reopening

Dr. Grant Colfax, director of public health, speaking in an online forum, said San Francisco entered phase 2a of reopening on Monday by allowing retailers to open for pick up and delivery. Phase 2b, he said, will involve adapting retail to open for indoor services, and relaxing restrictions on schools, offices, childcare and summer camps. Barbershops, hair salons and nail parlors, though, will not be reopened for at least another month.

He said the virus would remain a threat in San Francisco for at least the next 18 months. Further reopening will depend on closely five indicators:

Confirmed positive cases

- Hospital capacity (the city is at 6 percent right now for COVID-19 cases and officials do not want to see a rate of 20 percent or higher)
- Testing (the city is conducting 1,000 a day and officials are looking to increase that to 1,800 a day)
- Increased contact tracing
- Personal protective equipment

Testing

A mobile testing site began offering walk-through COVID-19 testing in the Tenderloin on Wednesday, May 20. It is initially operating at the Tenderloin Recreational Center, after which it will move to another high-need neighborhood.

A second COVID-19 testing site will open Monday at the City College Student Health Center. It will be open to any California resident.

A third testing site will be in the Bayview-Hunters Point neighborhood. The Bayview Child Health Center, the city and partner organizations will be bringing testing directly to families in their neighborhood from Wednesday, May 20, through Friday, May 22, and continuing every Friday thereafter for the foreseeable future.

RECOMMENDATIONS

We continue to appreciate the efforts of Kate, Staff, and Board in rapidly and proactively meeting the needs of members, maintaining and enhancing community during this crisis, and planning for the future of SFV.

We encourage you to keep doing what you're doing. You may, at some point, like to review the recommendations from previous reports (or ask us to compile an aggregated list of recommendations) to see if there are actions that may not have been needed at the time, but may now be more relevant.

We offer one additional recommendation:

1) Consider offering an informal weekly morning virtual, Zoom drop in Coffee Chat for members who want to talk with each other about how they are coping with the pandemic – socially, emotionally, and practically. The monthly Circle meetings offer this opportunity, but there are members who don't participate in circles, and others who might like this form of community check-in more frequently. Those events, like Shelter in Love, in which members did have the opportunity to share their experiences were greatly appreciated, along with requests for additional similar venues.