COVID-19 (Novel Coronavirus) Update

Health and Mental Health Support for Early Care and Education Providers:
Webinar
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Topics

- Situation Analysis
- California and Alameda County Roadmap to Resilience
- COVID-19 in Children
- COVID-19 Testing
- How to Keep Children and Staff safe during the COVID-19 Pandemic
COVID-19 in California

Bay Area

11,426 cases
83 on May 20

410 deaths
6 on May 20

California

86,004 cases
2,107 on May 20

3,495 deaths
89 on May 20

United States

1,556,749 cases
23,285 on May 20

93,606 deaths
1,518 on May 20

By CHRONICLE DIGITAL TEAM | LAST UPDATED: May 20, 2020 9:10 p.m.

California cases are organized by reporting county. Cases are based on reports from the U.S. Centers for Disease Control and Prevention, the California Department of Public Health and county public health departments, plus exclusive Chronicle reporting. For more information on the data, please read about our methodology.
Alameda County: Early Stage 2

• Modified SIP Order effective 5/18/20, allows additional businesses:
  • Retail: curbside/storefront and delivery only
  • Manufacturing
  • Warehousing

• Allowed businesses must comply with State and local guidance
  • Social distancing, face coverings, administrative controls, employee training, enhanced cleaning and safety

• Highly regulated vehicle based gatherings allowed 5/18/20
  • Up to 200 cars for a maximum of 3 hours
  • Physical distancing and security requirements
  • Occupants of car must be from same household, may not leave care, and wear face coverings

## Alameda County Progress

<table>
<thead>
<tr>
<th>Indicator Status</th>
<th>Cases &amp; Hospitalizations Flat or Decreasing</th>
<th>Sufficient Hospital &amp; Surge Capacity</th>
<th>Sufficient Testing Capacity</th>
<th>Sufficient Disease Containment</th>
<th>Sufficient PPE</th>
</tr>
</thead>
</table>
| Related Activities | • Shelter in Place  
• Clinical guidance  
• Public guidance | • Health care systems planning  
• COVID-19 patients <4% of hospital beds and <12% of ICU beds | • Goal 3100 tests/day  
• As of 5/15 @ one-third of goal | • Contact tracing expansion  
• Isolation & Quarantine support  
• Encampment response  
• Surveillance  
• Equity lens | • Still significant PPE requests from healthcare partners |

**Cases & Hospitalizations Flat or Decreasing**
- Shelter in Place
- Clinical guidance
- Public guidance

**Sufficient Hospital & Surge Capacity**
- Health care systems planning
- COVID-19 patients <4% of hospital beds and <12% of ICU beds

**Sufficient Testing Capacity**
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**Sufficient Disease Containment**
- Contact tracing expansion
- Isolation & Quarantine support
- Encampment response
- Surveillance
- Equity lens

**Sufficient PPE**
- Still significant PPE requests from healthcare partners
Epidemiology of COVID-19 in Children

• Nationally, about 2% of confirmed cases are in children 0-17 years.
• In California, 4.1% of confirmed cases are in the 0-17 year old age group.

• Children of all ages can become infected.
• Majority of cases in children are asymptomatic (no signs of disease) or mild (fever, fatigue, muscle aches).
Symptoms of COVID-19 in Children

• Symptoms are similar to other viral respiratory infections (colds, flu).
• Minority of children develop moderate (pneumonia) to severe disease (shortness of breath, low oxygen levels, respiratory distress, and/or multiple organ dysfunction).
• Hospitalizations among children are rare, but are highest among:
  • Infants under 1 year of age
  • Children/youth with underlying medical conditions, such as
    • Chronic lung diseases, including asthma
    • Cardiovascular disease
    • Immunosuppression
## Frequency of Symptoms in Children Compared to Adults

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Pediatric (%)</th>
<th>Adult (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>56%</td>
<td>71%</td>
</tr>
<tr>
<td>Cough</td>
<td>54%</td>
<td>80%</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>13%</td>
<td>43%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>23%</td>
<td>61%</td>
</tr>
<tr>
<td>Runny Nose</td>
<td>7.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Sore throat</td>
<td>24%</td>
<td>35%</td>
</tr>
<tr>
<td>Headache</td>
<td>28%</td>
<td>58%</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>5.8%</td>
<td>12%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>13%</td>
<td>31%</td>
</tr>
</tbody>
</table>

[https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm](https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm)
Asymptomatic/Presymptomatic/Minimally Symptomatic Spread

• People infected with SARS-CoV-2 may be able to spread the disease for **48 hours** – or even longer – prior to becoming symptomatic.

• They are MORE LIKELY to spread if they are coughing or sneezing. When symptoms appear, their viral load is already peaking.

• Some people never develop symptoms, or may have very mild symptoms, but they may still spread disease.
Asymptomatic/Presymptomatic/Minimally Symptomatic Spread: Chinese Study

- Asymptomatic – 27%
- Mild (acute URI) – 32%
- Moderate (pneumonia) – 39%
- Severe – 1%

Chinese study published May 6, 2020 examined 74 cases in children from 1/20/20-2/27/20. (see https://doi.org/10.1542/peds.2020-0961)
Role of Children in Spreading COVID-19

Studies of this question around the world have mixed results.
COVID-19 in Children: Conclusion

• Children may not be at the center of most case clusters, but they can spread the disease to others.

• This underscores importance of:
  • Exclusion of children with symptoms compatible with COVID19
  • Quarantine of exposed persons, including children
  • Rigorous infection control, even if no one in the childcare is symptomatic
Multisystem Inflammatory Syndrome in Children (MIS-C)

• Previously reported in Italy and the United Kingdom
• 102 cases under investigation in New York as of 5/12/20
• Cases now appearing in California
• Reportable to Public Health – the condition is RARE, so this will help us to understand the disease better

CDC has named the condition MIS-C (see CDC Health Advisory released 5/14/20 https://emergency.cdc.gov/han/2020/han00432.asp)
Characteristics of MIS-C

• Rare condition
• Seems to appear about a month after the epidemic peaks.
• Children present with prolonged fever and other symptoms which may include
  • Sore throat
  • Headache
  • Abdominal pain/vomiting
  • Rash
  • Conjunctivitis (red eyes)
MIS-C Progression

• Shock (low blood pressure with inadequate circulation)
• Dysfunction of multiple organ systems
• About half with cardiac injury, which may include enlarged coronary arteries
• Best treatment is unknown at this time

For notes pages: Comment on BATS study (“Best Available Therapy Study”)
New Testing Sites & Partnerships

- New testing sites for underserved areas
  - In partnership with City of Oakland, CORE and Verily Life Sciences
    - Allen Temple Baptist Church
    - Roots Community Health Center
  - In partnership with State and OptumServe at the REACH Youth Center
- With these 3 new sites the goal is an additional 450 people / day being tested
- Discussing testing sites with West Oakland Health Center and La Clinica
- Working on strategy to expand testing to SNF and congregate settings
Keeping Children and Staff Safe in Child Care

• Be in stable groups of 10-12 or fewer children. The smaller the group, the better, but up to 12 is acceptable.
• If more than one group of children is cared for at one facility, each group should be in a separate room, if possible.
• Child care provider(s) should also remain solely with one group of children.
Keeping Children and Staff Safe in Child Care

1. Screen children and staff for fever or cough daily, before entering childcare.

2. Exclude ill children and employees (those with fever >100 degrees or cough) from the facility.

3. Any children or staff who develop symptoms should put on a surgical mask, enter a separate room, and be sent home as soon as possible.

4. Ill children or staff should not return to work or childcare until they are well.
Keeping Children and Staff Safe in Child Care

- Children and staff should wash hands with soap and water or use alcohol-based hand sanitizer containing at least 60% alcohol.
- Clean high-contact areas and surfaces frequently.
- Staff and children should practice good respiratory hygiene including coughing/sneezing into sleeve and covering coughs.
ACPHD COVID-19 webpage: acphd.org/2019-ncov
Email questions to: nCov@acgov.org