Week of June 22, 2020

Alameda County Health Care Services Agency Update

Please share with your networks

Last week, we passed the 100 day mark since the first Health Officer Order was issued in March. We've accomplished so much together in this short time and it's been a challenging few months for our residents, businesses, and staff across our cities and county. We are thankful to each of you for supporting the difficult choices we've had to make to protect the health of our communities.

Over the past two weeks, we've moved further along the path to reopening the economy by authorizing modified resumption of retail, outdoor dining, and religious and cultural services. We've relied on our data to help inform these decisions and will continue to move at a pace that balances risk, safety and socioeconomic needs of our communities. As a reminder, please see the County's Reopening Plan, latest Health Officer Orders, and a list of business types authorized to operate under current orders.

We continue to work through the challenges of scaling up our infrastructure to keep pace with the pandemic and are leveraging all options, including emergency actions for local partnership and staffing requests to the State. Additional steps and milestones include:

- A new $20M Request For Quotation (RFQ) for testing services to expand our capacity for testing in the community, at safety net clinics, and mobile options,
- 830 shelter, isolation and quarantine units operating across the county,
- Eight free community testing sites reflecting geographic and demographic need, and
- More than 90 case investigators and contact tracers.

Each week we bring you a digest of updates from presentations to the Board of Supervisors, weekly calls with our stakeholders, and new information about services. We hope you find this summary useful. We appreciate your readership and your support.

Public Health Department Website  Alameda County Dashboard

Fourth of July

This week, the State shared their current thinking on the 4th of July:

- Allow fireworks but don’t allow the gatherings at the fireworks.
- Limit outdoor picnics and BBQs to household members and social bubbles.
- Keep picnics and BBQs at home or close to home.
- Always follow guidance, wear face coverings, and
Given rising case numbers and hospitalizations, the State is not expecting to relax rules on gatherings at this time.

Help Prevent COVID-19
We ask for your help in messaging the critical importance of face coverings and physical distancing, frequent hand washing, and getting tested if you have symptoms or work outside of your home. These simple actions slow and prevent the spread of COVID-19, protect you and your loved ones, and protect the people who are going back to work in the newly reopened sectors. Each of us plays a critical role in stopping this disease and protecting the hardest hit populations - Latinx and African American community members.

Progress on COVID-19 Indicators

The rate of new cases has increased over the past week, while hospitalizations have remained flat. This indicator remains a three. Testing has made significant progress and is now around 2,500 tests conducted per day, which is 80% to our goal of 3,100 tests per day. This indicator has been upgraded to a four. The other three indicators on hospital capacity, disease containment, and personal protective equipment (PPE) have remained the same compared to last week.

Alameda County COVID-19 Indicators

<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>
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</thead>
<tbody>
<tr>
<td>Trends &amp; Data</td>
<td>• 4,805 cases</td>
<td>• 1,062 (46%) inpatient hospital beds available</td>
<td>• Positivity rate: &lt;4% (goal &lt;8%)</td>
<td>• 90 case investigation &amp; contact tracing staff (goal 300)</td>
<td>• 41 requests for PPE in last 14 days (goal 0)</td>
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<td></td>
<td>• Cases rising in last 7 days</td>
<td>• 868 (100%) surge beds available</td>
<td>• “2500 tests/day (goal 3,100)</td>
<td>• 830 isolation/quarantine rooms operating (goal 1,203)</td>
<td>• 158 requests for PPE in last 30 days (goal 0)</td>
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<tr>
<td></td>
<td>• 80 cases hospitalized</td>
<td></td>
<td>• 1.2 tests/1,000 over 7 days (goal 1.5/1000)</td>
<td>• Special settings teams: LTCF, Outbreaks, Encampments</td>
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<tr>
<td></td>
<td>• Hospitalization flat in last 7 days</td>
<td></td>
<td>• 75% of residents w/in 30min drive to site</td>
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<td></td>
<td>• 7-day daily hosp change &lt;1% (goal &lt;5%)</td>
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Trends in Cases and Hospitalizations
Case rates have increased over the past week, while
hospitalization rates have remained stable since the end of May. Our goal is for cases to be flat or decreasing. This indicator remains a three.

- As of June 24, there were 5,275 reported cases of COVID-19 and 122 deaths. This represents 7.4 deaths per 100,000 people, compared to 14.5 deaths per 100,000 people in California State overall.

- As of June 23, there were 86 hospitalized patients (the highest was 105 on 5/30), including 33 ICU patients (the highest was 46 on 4/11) with confirmed COVID.

The updated predictive modeling studies from Johns Hopkins University show that a fast-paced reopening that increases person to person interaction by about 20% every two weeks starting in May, would exceed our hospital bed capacity by late July and lead to over 5,000 hospitalized on a given day in August.

A slower-paced reopening that increases interaction by about 20% every six weeks would reach our hospital bed capacity by late August and would peak at around 3,500 people hospitalized on a given day in September.

Keeping contact with others as low as possible is a crucial part of pandemic control. Effective use of preventive measures such as universal face covering and distancing, testing, and isolation can significantly reduce hospitalization rates. Your support with these efforts is critical for our community health and safety.

**Testing**

We are conducting about 2,500 COVID-19 tests per day which represents 80% of our goal to conduct 3,100 tests per day. The positivity rate has remained low at less than 4% overall, but much higher positivity rates persist in disproportionately affected communities. This indicator has been upgraded to a four.

Updated clinical guidance is now available for testing at Skilled Nursing Facilities. This includes guidance for all staff and residents who frequently leave the facility to get tested at least monthly.

The COVID-19 Testing Vendor Pool RFQ (Request for Qualification) has been released and is an opportunity for clinics, hospitals, and organizations to provide COVID-19 testing as part of Alameda County’s response to the pandemic. $20 million has been allocated for this effort and the goal is to get the testing services funded and set up quickly.

Download testing locations from the COVID-19 testing webpage and searchable in this interactive map of COVID-19 services (click to filter for COVID-19 testing). Eight sites offer free tests for any community member with symptoms and all essential workers regardless of symptoms.

Providers, please submit complete contact information for positive case reports and distribute isolation orders for all people getting tested.
If your facility needs COVID-related supplies, please complete these forms to request PPE and request testing supplies.

Case and Contact Investigation, Isolation and Quarantine

Over 10,000 people have been reached since the beginning of the outbreak in Alameda County. The number of contact tracers has increased from 70 to 90 over the past month and we continue to add staff. This indicator remains a three.

A new contact tracing Request for Proposals (RFP) is planned for August for community providers and organizations to support contact tracing services.

Case investigation and contact tracing challenges include a transition to new data systems, incomplete address or phone information submitted by providers, and people reluctant to talk with us because they don't trust the process. Please let community members know they will receive a call from the Health Department if they test positive, and it's critically important to answer the phone. Contact tracing is confidential, no immigration information is asked, and resources are offered as needed.

Close contact for a person with suspected or confirmed COVID-19 infection was previously defined as being within 6 feet of the individual for at least 10 minutes. The definition has changed to at least 15 minutes within 6 feet of the individual. This change is reflected in updated Isolation and Quarantine Packets (available in 7 languages) that all providers must disseminate to all patients being tested or who are presumptively diagnosed with COVID-19 without testing before they leave the health care facility.

Providers are encouraged to refer people living in crowded conditions or experiencing homelessness who need isolation/quarantine housing to Project Roomkey hotels. There are now 830 units across the county for people needing isolation housing and people experiencing homelessness who are at high risk for severe COVID-19.

Hospital Capacity and Surge Planning

As of June 23, our hospital capacity indicators are:

- 3.7% of the patients in hospital beds across Alameda County were confirmed COVID-19 positive which is within our goal of 50% of less. This indicator remains a five.
- 8% of the patients in ICU beds were confirmed COVID-19 positive.
- Not all health care providers have 30-day supplies of personal protective equipment (PPE) and are still requesting assistance from the county though there are no general shortages of PPE at this time. Our goal is for 30-day supplies of PPE to be maintained without county assistance. This indicator remains a three.
Disparities and Equity

We are committed to reducing the disproportionate impact of COVID-19 among Latinx and African American communities. Updated race and ethnicity data as of June 24 show that Latinx people now have 6.6 times the rate of COVID-19 diagnoses and 1.5 times the death rate of Whites. Black/African American people have almost twice the case rate and 2.1 times the death rate of Whites. All people of color groups except for those identified as multi-race have case rates higher than Whites. Race and ethnicity data are known for about 84% of cases and 99% of death. The data continues to show the urgent need to address racial inequities in workplace safety, education, and access to precautions, rapid access to testing, safe isolation, quarantine, and medical care.

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