UNIVERSITY OF CALIFORNIA HEALTH

November 6, 2020 Update
COVID-19 AND 'CORONAVIRUS' UPDATES

CARRIE L. BYINGTON, MD

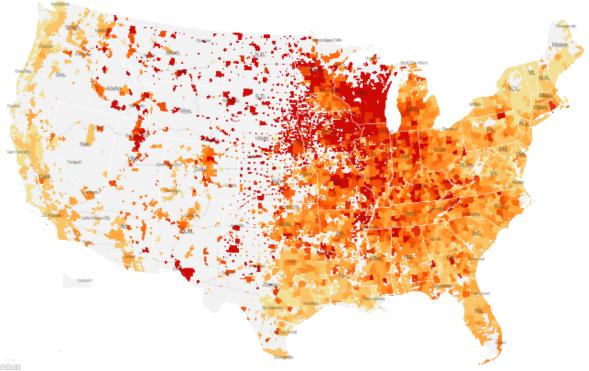
Executive Vice President, University of California Health

THE IMPACT ON OUR HEALTH SYSTEM

This is the 25th update for Regents regarding the SARS-CoV-2 virus pandemic and its impact on the University's health and academic enterprise. This update arrives at the end of an extraordinary week – with the outcome of the U.S. presidential election not yet finalized and a third surge in COVID-19 cases occurring nationally.

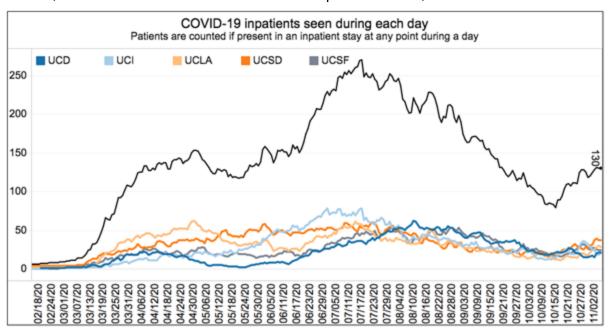
COVID-19 BY THE NUMBERS

The number of cases nationally has risen to more than 9.5 million and the number of deaths has climbed to 234,264, increases of more than two million and nearly 27,000, respectively, since the October update. The Centers for Disease Control and Prevention (**CDC**) reports that total cases have increased by 20% in the last week, especially in rural areas, and cases are increasing in 79% of U.S. counties. The Upper Midwest has suffered significant outbreaks and hospitalizations, and Texas has surpassed California in the total number of cases. An interactive version of this map can be accessed here.



Source: New York Times. Not shown: Puerto Rico is averaging 17.5 cases per 100,000 residents, while Alaska is 51.2, and Hawaii is 4.7. The hot spots map shows the share of population with a new reported case over the last week. Red indicates the highest concentrations.

California is performing well, relative to other parts of the country, despite slight increases to the positivity rate, now at 3.3%. The number of hospitalizations is now at 2,712 across the state, and 17,815 deaths have been reported during the pandemic, based on the most recent information from California Department of Public Health (**CDPH**). At University of California Health, these recent trends can be seen in our inpatient census, which now stands at 130.



Source: UCH Data Warehouse. Please note that on September 11, we made a change to the algorithm used to generate many of our numbers. We are now only counting COVID-19 admissions if a positive test occurred up to 30 days prior, or during, the admission. All trend lines have been retroactively updated. Our previous practice was to count any and all admissions after a positive SARS-CoV-2 test. Now we will restrict to admissions 30 days or fewer after a positive test, so some of the numbers have dropped.

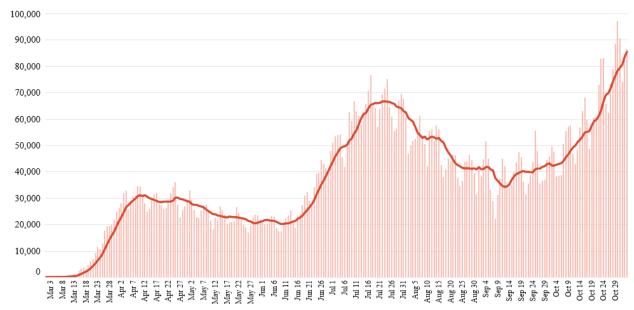
According to the state's color-coded system, several of the counties in which we operate have improved their metrics. Most notably, the City and County of San Francisco has improved to the

Widespread
Substantial
Moderate
Minimal

yellow category, indicating minimal active transmission and enabling some businesses to resume indoor activities with restrictions. However, most of our counties remain in the red 'substantial' transmission category, and Los Angeles and Riverside counties are coded purple for widespread transmission.

While initially encouraging, these numbers and tiers can change quickly. A combination of cooler weather, which causes people to spend more time inside, along with letting down our guard can turn the clock back on our collective progress.

We remain vigilant in watching the trends and keeping our surge preparations updated, as the rise in U.S. cases can clearly be seen on the following graph.



Source: The COVID Tracking Project, US Daily Cases, 7-day average line

EXPOSURE NOTIFICATION APP PILOT EXPANDS TO SEVEN US CAMPUSES

More than 20,000 people have activated the smartphone technology to participate in UC's pilot of an Exposure Notification system in collaboration with the State of California. This amount of activity is encouraging and has led to an expansion in the number of participating locations.

In addition to UC San Diego and UC San Diego Health, where Dr. Chris Longhurst, chief information officer and medical director is leading the effort on behalf of the system, UCSF and UCSF Health, launched the program in mid-October. The pilot now is expanding to students, faculty and staff at UC Berkeley, UC Davis, UCLA, UC Riverside and UC Santa Barbara.

This significantly increases the number of participants in the pilot program, which uses Google/Apple Exposure Notification (GAEN) technology to enable a notification if a person has had a high-risk exposure to another app user who later tests positive. Because privacy is such a concern, the approach does not store location data and a user who tests positive has to voluntarily report those results in the app for proximity notifications to be issued.

The advantage of early notification, of course, is the faster that someone self-isolates and gets tested, the faster we can break the chain of transmission.

I applaud Dr. Longhurst for leading and expanding this important pilot effort. More information here.

UC EXPERTS WILL BE ON CALIFORNIA PANEL REVIEWING VACCINE SAFETY

On October 19, Governor Newsom announced 11 experts to serve on the state's COVID-19 Scientific Safety Review Workgroup, which will independently review the safety and effectiveness of any FDA-approved COVID-19 vaccine. Four of the members are from UCH. They are:

- Chair, Dr. Arthur L. Reingold, the Division Head of Epidemiology and Biostatistics at UC Berkeley School of Public Health;
- Dr. Eric Goosby, UN Special Envoy on Tuberculosis, and Distinguished Professor of Medicine and Director of the Center for Global Health Delivery, Diplomacy and Economics, Institute for Global Health Sciences, at the University of California, San Francisco.
- Dr. Mark Sawyer, an infectious disease specialist at Rady Children's Hospital and a professor of clinical pediatrics at UC San Diego and the medical director of the UC San Diego San Diego Immunization Partnership.
- Dr. Peter Szilagyi, a pediatric health services and clinical researcher at UCLA with an overall mission to improve access to health care, quality of care, and health outcomes for children

California's initiative to independently evaluate safety and efficacy data for COVID-19 vaccines has been joined by Oregon, Washington and Nevada, similar to the regional cooperation on reopening activities through the Western States Pact.

THE IMPACT ON EDUCATIONAL PROGRAMS

Enrollment in the UC Washington Center (UCDC) winter remote program is back up to a normal student enrollment level. UCDC has begun planning for the possibility of students coming back to DC in summer 2021. If UCDC does reopen for in-person instruction in the summer, students will start arriving in late May 2021.

SHARING OUR EXPERIENCE THROUGH JP MORGAN PANEL REMARKS

On October 6, I had the opportunity to participate in a J.P. Morgan-hosted webinar with academic leaders to discuss strategies for adapting and managing through the complexities of COVID-19 in higher education. I was able to share the work of the UCH Coordinating Committee that drew upon expertise across our system to develop guidance. Our experience responding to COVID-19 has forged new relationships and new ways of working that will continue to advantage us moving forward.



SOME OF THE HEROES OF THE PANDEMIC















Captions from previous page

Top L: James Alvarez honors his late wife, <u>Yesenia Aguilar</u>, on Día de los Muertos. Yesenia was killed by a driver suspected of DUI, resulting in UCI Health delivering his daughter by emergency C-section.

Top R: UCI Health workers packed <u>200 goodie bags for firefighters</u> battling the Blue Ridge and Silverado Fires in Orange County.

2nd Row: A 30-person surgical team at UC Davis Children's <u>worked around the clock</u> to separate conjoined infants Abigail and Micaela Bachinskiy, who were joined at the head.

3rd Row: Halloween is a special time at all of our hospitals, especially our children's hospitals. (L): Max Waterhouse as C3PO, in the NICU of <u>UC San Diego Health</u>, accompanied by trusty companion R2D2. (M) Anthony Julian Caballero is a little sleepy in his Batman outfit. (R) Superhero window washers made an appearance at <u>UCLA Mattel Children's Hospital</u>.

4th **Row:** Child Life specialists at <u>UCSF Benioff Children's Hospital</u> made sure this Halloween will be remembered for fun rather than hospitalization.

COMMUNITY TESTING FINDS HIGH INFECTION AMONG MAYAN POPULATION

UCSF Health's ongoing outreach to underserved communities includes Oakland's Fruitvale District where <u>a recent testing program</u> found 27% positivity rate among Mayan residents and 12% positivity among the Latinx population.

Fruitvale is home to one of the largest Mayan-speaking populations in the United States. Mayan residents primarily come from Mexico, Guatemala, Belize, El Salvador and Honduras. Many, particularly those from western Guatemala, speak Mam as their first language. They are one of the fastest growing ethnic groups in Oakland.



UCSF performed nearly 2,000 tests over two days, working in partnership with a number of community groups. The results reaffirmed what has been observed in other studies, that the pandemic is disproportionately impacting our Latinx populations. One of the reasons for the impact is crowded housing, where one infected person can easily transmit it to all others in the home.

"We knew that the Mayan community, our Mam-speaking patients, were being disproportionately affected and this confirmed that," says Jane Garcia, CEO of La Clínica de La Raza, a network of health clinics that worked with UCSF on the testing effort.

POST COVID-19 CLINICS OPENING ACROSS OUR HEALTH SYSTEM

Thus far, University of California Health has admitted more than 2,000 patients diagnosed with COVID-19 and found 11,000 positive cases among more than 325,000 tests performed on UCH patients.

Although SARS-CoV-2 is thought of as a respiratory virus, the COVID-19 illness that it causes impacts multiple organs. Some patients who have recovered from the acute phase of COVID-19 report lingering symptoms months later. Other patients, who do not experience lingering outward symptoms, show heart and neurological impacts detectable only through scans.

To understand the cause of 'long hauler' symptoms and gauge the full impact of COVID-19, most UCH health centers have opened Post-COVID Clinics. The first one opened at UCSF in May called the OPTIMAL clinic, a multidisciplinary program that includes pulmonology, geriatrics and psychiatry.

As a novel virus, there's much to be learned about its long-term impact and possible treatments. <u>UC Davis Health</u>, <u>UC San Diego Health</u> and <u>UCLA Health</u> recently opened post-COVID clinics. While each clinic differs slightly, they include expertise in in multiple disciplines to provide a comprehensive approach to survivor support.



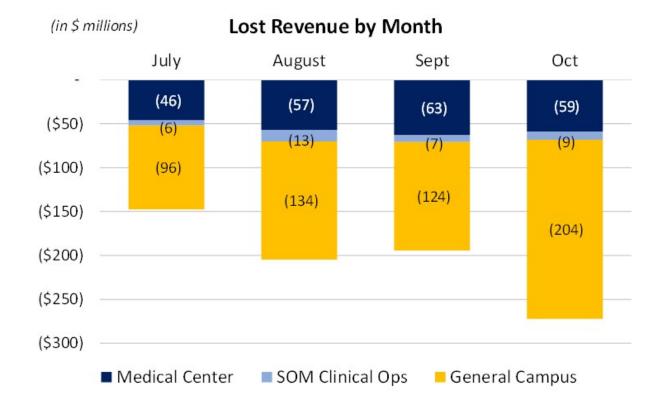
Mark Avdalovic, MD

"It's frustrating and frightening for them. With this clinic, we can provide a much-needed service to our patients and our community," said Dr. Mark Avdalovic, a specialist in pulmonary and critical care medicine and UC Davis Health associate professor of clinical medicine. "There are many who are still suffering a wide array of symptoms despite being many weeks out from their initial infection, and they don't know why. They deserve to have these symptoms evaluated in a systematic fashion."

This is a true continuum of care from initial diagnosis to post-discharge follow-up that will benefit patients and shed light on COVID-19's impact on the nation's health.

CARES ACT FUNDING UPDATE

The U.S. Department of Health and Human Services has updated its guidance about post-payment reporting processes and approved uses of funds received under via the Provider Relief Fund (PRF), part of The Coronavirus Aid, Relief and Economic Security (CARES) Act. The funds are to reimburse providers for health care related expenses or lost revenues attributable to the coronavirus.



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July-Sept COVID-19 Impacts	Ca	Campus/OP		SOM/Clinics		Subtotal		Med Centers		Total UC	
1 Lost revenue	\$	557,621	\$	35,283	\$	592,904	\$	225,705	\$	818,609	
2 Emergency Medical Services		13,882	223	4,722	200	18,604	1963	49,190	1 803	67,794	
3 Facilities and Cleaning Costs		12,559		619		13,178		40,447		53,625	
4 Add'l online/remote costs		19,182		12,881		32,063		6,606		38,669	
Total	\$	603,243	\$	53,505	\$	656,748	\$	321,949	\$	978,696	

UC Health					
\$	260,988				
550.	53,912				
	41,066				
	19,487				
\$	375,453				

(in & thousands)

Permitted uses include general and administrative expenses or operating expenses not reimbursable by other means and lost revenue due to coronavirus up to the difference between 2019 and 2020 actual patient care revenue. For University of California Health, this means UC anticipates being able to use all of the \$515.6 million in PRF funding received to date. The FY 19-20 financial performance for the medical centers will be reported at the November Regents meeting.

UCLA HEALTH SCIENTISTS WELCOME DR. ANTHONY FAUCI

UCLA Health hosted a special virtual conversation on November 5, 2020, with Dr. Anthony Fauci, a world leader in infectious diseases and director of the National Institute of Allergy and Infectious Diseases. Dr. Judith Currier, chief of the Division of Infectious Diseases at the David Geffen School of Medicine at UCLA, posed questions submitted by fellow scientists and physicians that focused on COVID-19 testing, therapeutics and vaccine research.

During opening remarks, Dr. John Mazziotta, vice chancellor of UCLA Health Sciences and CEO of UCLA Health, welcomed Dr. Fauci, stating "team science will lead us out of the pandemic." Among the 560 participants joining the session was basketball legend and UCLA alumnus Kareem Abdul-Jabbar.

Dr. Fauci's remarks noted the importance of keeping a positive attitude, practicing the fundamentals of physical distancing, wearing a face covering, handwashing, and appropriate testing.



In closing, he expressed optimism that one or more vaccines are coming and that we will bring an end to the pandemic over time. You can see a recording of the virtual meeting here.

IN CLOSING

Recent days have been bittersweet. I'm pleased to mark my <u>one-year anniversary</u> at UCH and am so proud of how our people have risen to the challenge of the pandemic.

While all of 2020 has been challenging, this week has been one of profound uncertainty. As we await a final outcome in the presidential election, I know that many of you are filled with anxiety, as I am, about the future. At times like these, it is easy to feel powerless. We are not. As adults in the USA, we have both rights and responsibilities. We have agency. We have choices. Choosing to be kind and respectful of others is always available to us. Be kind to yourselves and to others today, especially those you may not agree with. We are all on this journey, and we live and work together.

Carrie Byington, MD, FAAP, FIDSA @ @carrie_byington · Oct 30

I am grateful to be @UofCAHealth and to have completed my first year as EVP. It is a privilege to work with the leaders, faculty, staff, students, and trainees across the @UofCalifornia system. The system met the #COVID19 moment and delivered so much for CA + in 2020. #FiatLux

Diviversity of California Health @UofCAHealth · Oct 30

Please join us in congratulating @carrie_byington on the one-year anniversary of joining @UofCAHealth as EVP. Vour leadership during exemplifies #BoldlyCalifornian. @UCSFHospitals @UCSDHealth @UCLAHealth @UCDavisHealth @UCRHealth @UCIrvineHealth #IDtwitter #womeninmedicine

Whatever the future may hold, I am confident that we are learning and growing as a country.

The last year has taught us a great deal about what is important and has helped to shape our values. At UCH, we are building the future and the world we want to live in. That means we remain focused on:

- Improving the health of all people living in California now and in the future;
- Promoting health equity through the elimination of health disparities; and,
- Reducing barriers to access to our clinical, education, and research programs by creating more inclusive opportunities.

I am grateful to work with all of you. We will meet whatever comes with courage. We will continue our work to build a healthier world tomorrow and every day after.

With hope,

Carrie L. Byington, MD Executive Vice President University of California Health