

March 6, 2020

COVID-19 AND 'CORONAVIRUS' UPDATES

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THE IMPACT ON OUR HEALTH SYSTEM

This is the third update for Regents regarding the SARS-CoV-2 virus (novel coronavirus), the COVID-19 illness it creates, and the impact on the University's health and academic enterprise. As expected, more cases of COVID-19 are being found throughout California, leading Governor Newsom to declare a state of emergency on March 4, 2020.

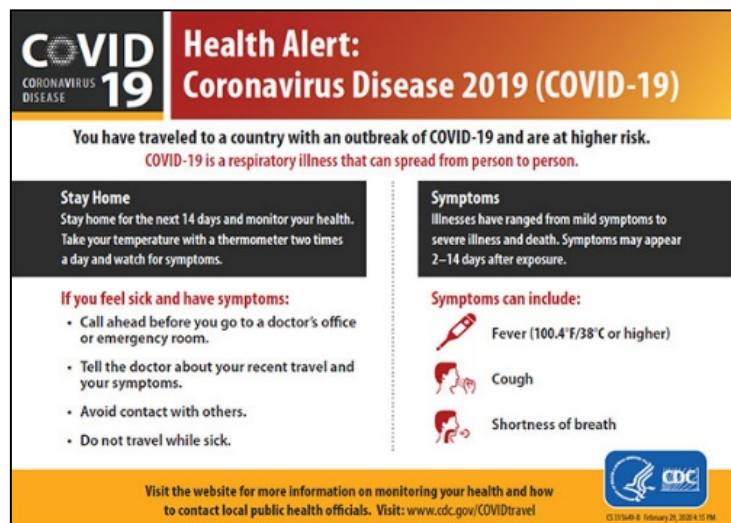
On March 5, the Department of Managed Health Care and the California Department of Insurance directed all commercial and Medi-Cal health plans under their regulation to reduce cost-sharing to zero for all medically necessary screening and testing for COVID-19. This includes waiving cost-sharing for emergency room, urgent care, or provider office visits when the purpose is to be screened and tested for COVID-19. The need for testing is based on a clinical determination made on a case by case basis by medical professionals.

Additional developments specific to the University include [new guidance](#) for travelers returning from Level 3 and Level 2 countries and the designation of UC's systemwide Emergency Operations Management Response Team (MRT) for policy decision-making related to limiting the impact of SARS-CoV-2/COVID-19, under the leadership of Executive Vice President and Chief Operating Officer Rachael Nava.

NEW UC POLICY FOR TRAVELERS FROM LEVEL 3 COUNTRIES

The Office of the President now requires all UC travelers **returning** from countries where the CDC has identified widespread sustained (ongoing) transmission to stay home for 14 days and self-monitor for symptoms. This precaution applies to all countries designated with a Level 3 travel health notice including, as of today, China, Iran, Italy, and South Korea. [The CDC continues to update its list of designated countries](#). Additionally, all UC locations are directed to avoid non-essential university-related travel to countries designated by the CDC as Level 2 or Level 3 for community transmission. Instructions for returning travelers include:

- Staying home for 14 days from the time they left an area with widespread, ongoing community spread and practicing social distancing.
- Taking their temperature with a thermometer two times a day, monitoring for fever, and watching for coughing or trouble breathing.
- Not going to work or school for 14 days.
- Not taking public transportation, taxis, or ride-shares.



COVID-19
CORONAVIRUS DISEASE

Health Alert:
Coronavirus Disease 2019 (COVID-19)

You have traveled to a country with an outbreak of COVID-19 and are at higher risk.
COVID-19 is a respiratory illness that can spread from person to person.




Stay Home
Stay home for the next 14 days and monitor your health. Take your temperature with a thermometer two times a day and watch for symptoms.

If you feel sick and have symptoms:


- Call ahead before you go to a doctor's office or emergency room.
- Tell the doctor about your recent travel and your symptoms.
- Avoid contact with others.
- Do not travel while sick.

Symptoms
Illnesses have ranged from mild symptoms to severe illness and death. Symptoms may appear 2–14 days after exposure.

Symptoms can include:

-  Fever (100.4°F/38°C or higher)
-  Cough
-  Shortness of breath

Visit the website for more information on monitoring your health and how to contact local public health officials. Visit: www.cdc.gov/COVID19



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- Avoiding crowded places and limiting their activities in public.

Persons in quarantine should seek medical care if they develop a fever of 100.4°F or higher, begin coughing, or have trouble breathing. However, they should call their doctor's office, health center, or emergency room before going so they get the care they need without putting others at risk. Ill returnees should avoid contact with others except for trained medical personnel.

HEALTH CARE PERSONNEL AT UC DAVIS HEALTH TEST NEGATIVE

We are pleased all UC Davis Medical Center employees who were placed on in-home isolation precautions due to potential COVID-19 exposure have either remained asymptomatic or tested negative for the virus. We look forward to all employees completing their 14-day isolation period and returning to work by Monday, March 9. I sincerely appreciate their dedication and commitment to patient care.

NUMBER OF PUIs AND CONFIRMED CASES AT UC FACILITIES

Table 1: Number of Persons Under Investigation (**PUI**) and patients with Confirmed COVID-19 who have been cared for across the UC Health System by Location

MEDICAL CENTER	PUIs TO DATE	CONFIRMED TO DATE
UC Davis Health	3	2
UCSF Health*	18-25	3
UCI Health	1	0
UCLA Health	7	0
UC San Diego Health	9	2
UC Campuses	14	0
TOTAL	52-59	7
* UCSF PUI count shown as a range because PUIs are being ruled in and out based on updated CDC PUI guidance.		

CDC EXPANDS CRITERIA FOR TESTING

As of March 2, 1,235 patients had been tested at CDC. The California Department of Public Health has a network of laboratories and 11 of these located across California have received COVID-19 test kits. All of our medical center campuses are working with these labs to test expeditiously. In addition, all of our clinical labs are developing COVID-19 tests in accordance with FDA guidance. Testing should become more available over the next two weeks, and turn-around times for results will be reduced as more labs, including our UC Health medical center labs come online.

CDC ISSUES GUIDANCE TO UNIVERSITIES ACROSS COUNTRY

The CDC has issued interim guidance to U.S. colleges and universities about how to reduce virus transmission among students, faculty, and staff, as well as how to respond quickly once a case is identified. UC is reviewing and adopting many of the recommendations.

[The full CDC guidance document can be viewed here.](#)

The guidance encourages all academic settings to update emergency operations plans, promote proper handwashing techniques, practice ongoing sanitizing of frequently touched surfaces, and initiate information sharing with local health officials including when it may be

necessary to suspend classes or cancel events and activities. Local health officials also will advise on when people can return to campus.

STATE BEGINS RELEASING N95 MASKS FROM STOCKPILE

To ease supply chain challenges, the California Department of Public Health (CDPH) received approval from the CDC and the National Institute of Occupational Safety and Health (NIOSH) to release some N95 masks from the state's emergency stockpile of 21 million. The newly released masks are for use in low-risk circumstances only. Although some of these masks have exceeded their manufacturer-designated shelf life, the [CDC tested filtration efficiency and inhalation/exhalation resistance](#) and found they continue to perform per performance standards. These masks are intended for use only in lower-risk scenarios to reserve unexpired masks for use with confirmed COVID-19 patients and other high-risk situations. [Cal/OSHA](#) also released guidance about the models of N95 masks that can be safely used past their shelf-life dates, the circumstances for use, and how health facilities can optimize expired masks as part of their inventory of Personal Protective Equipment (PPE). Some UC medical centers are submitting requests for these masks to their local health departments for submission to the state. Additionally, the [FDA has announced that health care personnel will be allowed to use certain N95 respirators approved by the National Institute for Occupational Safety and Health \(NIOSH\) that are typically used in industrial settings](#).

STATE AND FEDERAL GOVERNMENT ALLOCATE EMERGENCY FUNDING

California has activated its State Operations Center to coordinate response efforts and the Governor has asked the Legislature to allocate up to \$20 million to support the state government actions.

Today President Trump signed legislation that provides \$8.3 billion to help support the country's response to COVID-19. Of that, \$7.7 billion is allocated for new discretionary spending and an additional \$490 million in mandatory spending through a change in Medicare. More than \$400 million will be disbursed to states with each state receiving no less than \$4 million. It remains unclear if any financial support will be available for testing and care of uninsured patients, estimated at 2.8 million people in California. From a public health perspective, if the uninsured cannot get tested, it jeopardizes the health of all communities. I appreciate that Vice President Pence stated that Medicare and Medicaid will cover testing costs for Medicare and Medicaid enrollees. Cost estimates for testing and reimbursable amounts have not been finalized. And, academic health systems such as UC are incurring significant costs to add surge capacity and backfill staffing.

FEDERAL GOVERNMENT ACCEPTING COVID-19 RESEARCH PROPOSALS

As academic centers, our research capabilities are needed to accelerate development on a variety of COVID-19 countermeasures. The U.S Department of Health & Human Services is accepting proposals for product and technology research proposals for COVID-19 medical countermeasures and rapid response capabilities through a unified portal. The [portal](#) is intended to be a single point of entry to accelerate decision-making. Submissions should be under 500 words, and be accompanied by brief white paper, slide decks, manuscript, or other non-confidential information.

UCSF's COVID-19 RESPONSE FEATURED ON PBS NEWS HOUR

On Wednesday, the national PBS News Hour featured UCSF Health during a segment about the COVID-19 outbreak and the impact on the Chinese community in San Francisco, including acts of racism and stereotyping. We invite you to watch the video [online](#) and to see the guidance in the following article about how to avoid inadvertent bias in communications.



AVOIDING STEREOTYPING IN COVID-19 COMMUNICATIONS

Out of concerns about stereotyping and a growing number of racially motivated incidents, the Asian American Journalists Association (AAJA) is urging communicators to be careful when writing about or selecting images for COVID-19 content. Specifically, AAJA asks:

- Images showing Asians wearing facemasks should include the context that wearing masks is a common practice in many cultures and geographies and is not specific to this virus.
- Images of 'Chinatowns' should only be used if a story is explicitly addressing events or activities occurring in Chinatown and not used as a shorthand means of referring to or illustrating the virus or COVID-19 outbreak.
- The virus and resulting illness should be referred to by their proper names (SARS-CoV-2 and COVID-19, respectively) and not include terms such as "Wuhan Virus" because of the potential for stigmatizing all individuals from that region.

The World Health Organization has previously addressed the need to [avoid naming viruses or other transmissible illnesses after specific communities or geographies](#).

THE IMPACT ON OUR EDUCATIONAL PROGRAMS

- UCEAP continues to coordinate with each UC campus to mitigate the academic credit and financial implications related to the program suspensions in China (January 27), Korea (February 26), and Italy (February 28). Academic credit decisions are being coordinated, but each student's situation is unique. Decisions will be made based on a student's specific needs and the requirements of their UC campus.
- The financial implications are also complex. All students will have a financial impact associated with having to be reimbursed for costs. Financial aid students may be required to return at least a portion of their aid and/or scholarship funds. For some students, there may be delayed progress to degree. UCEAP is coordinating with campus Registrars and Financial Aid Officers to interpret and implement provisions of the [Department of Education Guidance for interruptions of study related to Coronavirus \(COVID-19\)](#), issued March 5, 2020.

- Students inquiring about remaining in Korea and Italy were sent a Waiver of Liability, Assumption of Risk, and Indemnity Agreement that they were required to sign and return if they made the decision not to return to the United States.
- UCEAP is also assessing the impact on outbound reciprocal exchange students who have completed their term at the University of California. The next cohort of inbound reciprocal exchange students will not arrive to the UC until fall 2020.

KEEPING PEOPLE INFORMED THROUGH PUBLISHED MATERIALS

The situation is changing rapidly. UC campuses have been publishing extensive educational materials for the public, our students, and staff. UCOP is distributing guidance to facilitate smooth operations. Examples include:

- [President's Directive on Travel to Level 2/3 Countries; MRT Emergency Powers](#) - **NEW**
- [How UC is Responding to the Coronavirus \(COVID-19\)](#) - **UPDATED**
- [Guidance for UC Locations](#) – **UPDATED**
- [President's Directive on Travel to China](#)
- [President's Directive on Travel to Korea and other Warning - Level 3 Countries](#)
- [Information for Parents and Students](#)
- [A Summary of UC's System Involvement in COVID-19 Patient Care and Research](#)

You can also find the latest travel information on the CDC website - [Information for Travel](#).

MEETING WITH KEY LEADERS

Across the UC Health System, we are engaging with key internal and external stakeholders to exchange information including:

- UC Council of Chancellors
- UC Health leadership including Vice Chancellors, CEOs, Deans, Chief Medical Officers, and Chief Nursing Officers
- Local and state health departments and laboratories
- Centers for Disease Control and Prevention
- Labor leaders

I will be providing ongoing updates twice weekly as warranted. Please follow me on Twitter [@carrie_byington](#), where I provide links to important information in real-time. Together we can protect the health of our students, employees, and all Californians.

Sincerely,

Carrie L. Byington, MD
Executive Vice President
UC Health