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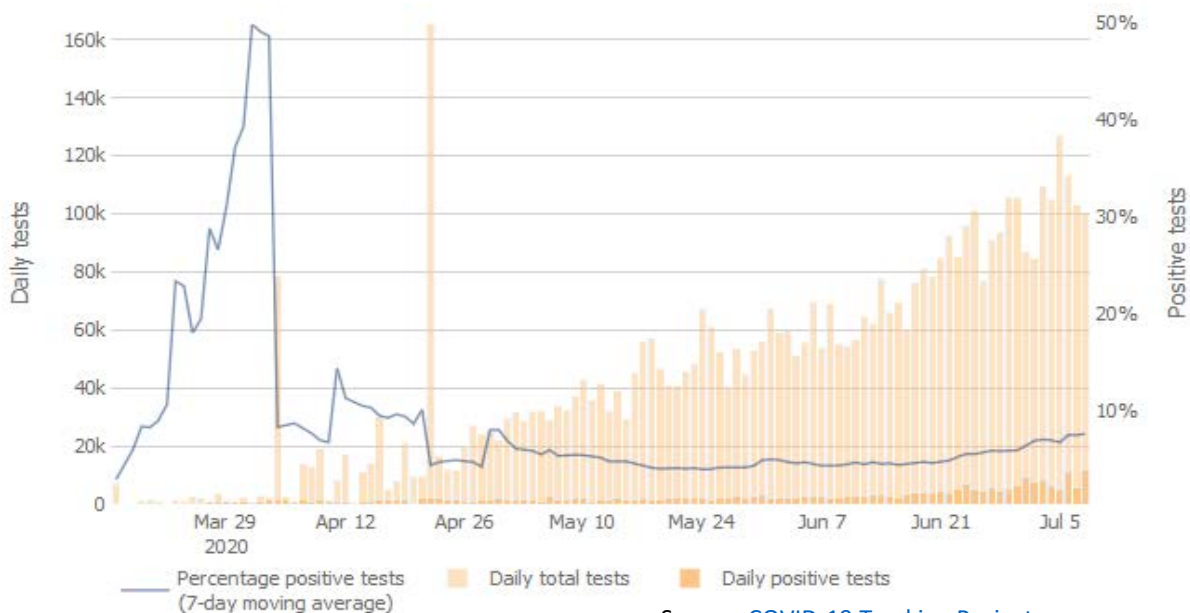
THE IMPACT ON OUR HEALTH SYSTEM

This is the 20th update for Regents regarding the SARS-CoV-2 virus pandemic and its impact on the University's health and academic enterprise. I would like to begin by congratulating Dr. Michael V. Drake on his selection as the 21st President of the University of California. He is an extraordinary choice and clearly a leader for these times. On behalf of University of California Health, I want to enthusiastically welcome Dr. Drake back to the UC system on August 15. We look forward to working with you to end the pandemic and to improve the health of Californians.

COVID-19 BY THE NUMBERS

Since the last update on June 19, the pandemic has accelerated across the US and in our state. Between the last update and July 9 in California, the number of confirmed cases has risen from 161,099 to 296,499, an increase of 84%, and the number of deaths has grown from 5,290 to 6,711, an increase of 27%, based on data from the California Department of Public Health (CDPH). In the same period, nationally, the number of cases has soared from 2.1 million to over 3 million and the number of deaths has climbed from 117,632 to 132,056, increases of 45% and 12%, respectively, based on information from the Centers for Disease Control and Prevention (CDC). In mid-June, across the US, we were seeing 20,000 new cases daily, and on Thursday of this week the daily new case count was more than 64,000.

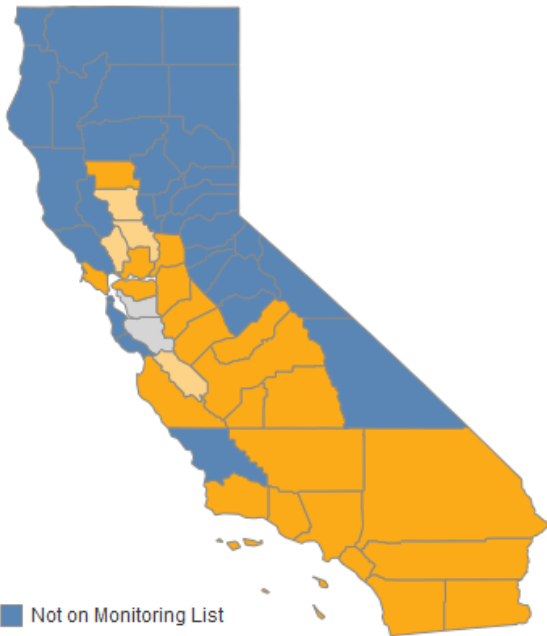
Some have argued that increased testing fully explains the increase in cases. This is inaccurate. If the viral spread had plateaued, the positivity rate would remain the same or decline over time regardless of the volume of testing. **Instead, the average positivity rate across California has risen from 4% to 7.3% over the past two weeks.**



Source: [COVID-19 Tracking Project](#)

This is especially concerning given that testing early in the pandemic was reserved for individuals who were ill, and we now test many asymptomatic individuals as well.

Governor Newsom has established 8% as the maximum positivity rate allowable for the loosening of restrictions on activity.



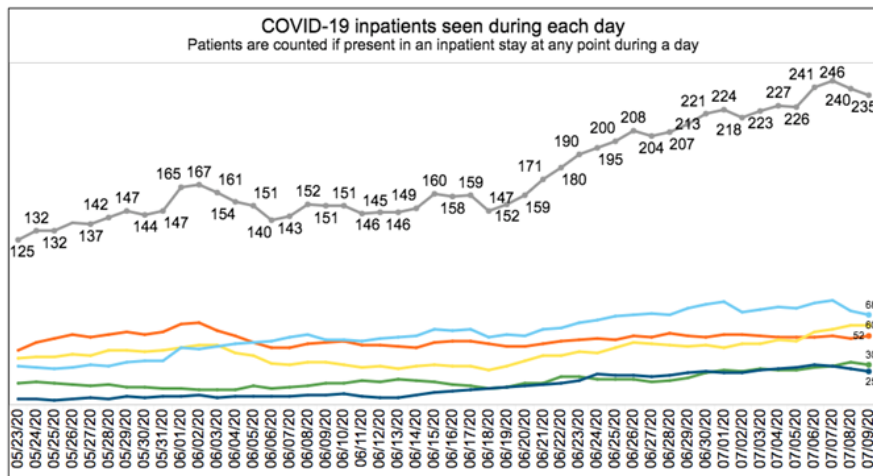
County	Location	Positivity %
Alameda	UC Berkeley	4.0%
Los Angeles	UCLA/UCLA Health	7.0%
Merced	UC Merced	13.3%
Orange	UCI/UCI Health	11.8%
Riverside	UC Riverside/UC Riverside Health	12.2%
Sacramento	UC Davis Health	6.2%
San Diego	UCSD/ UC San Diego Health	11.0%
San Francisco	UCSF/UCSF Health	1.9%
Santa Barbara	UCSB	9.1%
Santa Cruz	UC Santa Cruz	2.9%
Yolo	UC Davis	5.3%

Source: [Covid19.CA.Gov County Variance](https://www.covid19.ca.gov)
as of July 9, 2020

potential restrictions if the local situation worsens. In counties where our educational campuses and health centers are located, test positivity rates vary widely from a low of 1.9% in San Francisco to a high of 13.3% in Merced. You can follow [test positivity rates by county here](#). In general, an increase in positive case counts is followed ~two weeks later by an increase in hospitalizations, which in turn drives ICU occupancy one to two weeks after admission. The UC Health Coordinating Committee (UC-HCC) for COVID-19 and its subject matter expert groups have produced guidance to campuses, which will continue to evolve as circumstances change.

The rise in local positivity rates, hospitalizations and ICU use prompted Governor Newsom to rollback indoor activities in a number of counties, while placing other counties on the watch list for

SIGNIFICANT INCREASE IN HOSPITALIZATIONS FROM COVID-19



Our COVID-19 census has doubled since May 26, rising from 120 to 244 as of July 6.

Today, July 10, we have **235 inpatients** with a COVID-19 diagnosis, with the highest count, 68, at UCI Health.

Follow our COVID-19 daily dashboard on Twitter [@UofCAHealth](#).

THE POLITICALIZATION OF MASKS AND PUBLIC HEALTH

One of the most disheartening aspects of this pandemic has been the politicization of face coverings and the efforts to intimidate public health officials. Some individuals feel the requirement for face coverings infringes on personal freedoms. Some blame public health officials for the suspension of business and recreational activities. In [Orange County](#), for example, anger over a local masking order led to revealing the home address of the public health officer, the need for personal security and ultimately her resignation as support from the local board of supervisors diminished. In [San Diego](#), members of the public revealed the home address of that county's health officer during a televised conference that drew an angry rebuke from the local medical association. The [Los Angeles](#) County Public Health Director received threats of violence during a public briefing in June. In [Santa Clara](#) County, the first in the nation to order a shelter-in-place order, the public health official has been threatened and full page ads were taken out accusing her of impoverishing people. All across the state and nation, public health officials have reported threatening emails and harassment. These individuals, all who happen to be women, work tirelessly to protect the health of others and their work is vital during a pandemic. They deserve our support. You can read about others across the nation who have suffered in similar ways [here](#).

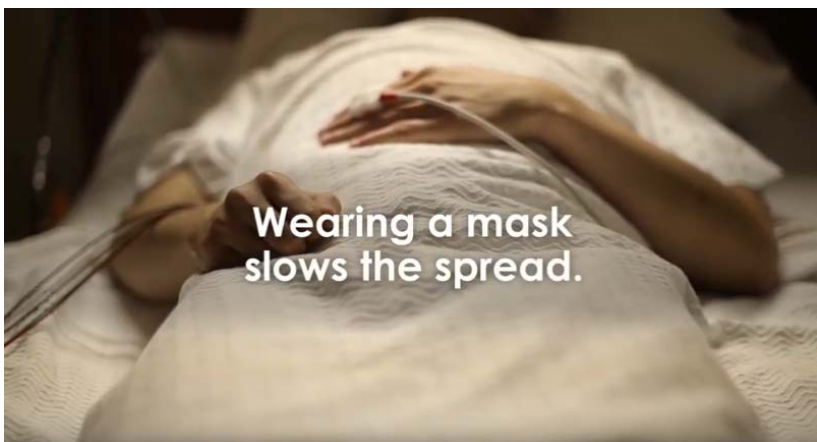


Dr. Nilu Patel, UCI Health

California Medical Association (**CMA**) President Dr. Peter Bretan Jr. said, "We are deeply concerned that politics may be trumping public interest in some of these cases, and that the public's health may be compromised as a result." The [CMA is so concerned](#) that it is supporting legislation ([SB 483](#)) to shield home addresses of public health officials from publicly accessible Department of Motor Vehicle records. That protection is available to members of the legislature, city councils and boards of supervisors.

Clinical personnel, like Nilu Patel, a certified registered nurse anesthetist at UCI Health, and other clinicians share their experiences about the politicization of health guidance in [a recent Kaiser Health News/California Healthline article](#).

The state is attempting to refocus guidance about face coverings back to what it truly is - a public health issue that requires active participation from all of us. [Governor Newsom's office released three public service announcements](#) in English and Spanish, as well as multilingual billboards and social media.



Watch the Public Service Announcement [here](#).

I urge all of us to be role models of the behavior we expect to see in others and encourage others to defend face coverings as a necessary public health measure.

SHARING LESSONS LEARNED AMONG ACADEMIC HEALTH CENTERS

On June 22, I had the opportunity to participate in a roundtable discussion of academic health system leaders in the U.S. and Europe. The discussion was hosted by Association of Academic Health Centers International (**AAHCI**) and was focused on 'COVID-19 Epicenters: Lessons learned, Impact, and Next Steps.' The session included representatives from Austria, France, Germany, Kazakhstan, Netherlands, Slovenia, and fellow American Dr. Rick Barohn, executive vice chancellor for health affairs, at University of Missouri Health Care.



I was proud to represent University of California Health and share how we have pulled experts from across the system to develop guidance on key issues. The round table also illustrated how academic systems around the world are grappling with the scale of the pandemic and its many accompanying responsibilities. Many of the lessons we have learned in California, including working collaboratively across our system, developing policies and procedures for the system, and working with our state government mirror the best practices I observed from other countries present at the meeting. A recording is available [here](#).

UC TO PARTICIPATE IN HUMAN TRIALS FOR VACCINES

The National Institute of Allergy and Infectious Diseases (NIAID) will launch clinical trials of potential COVID-19 vaccines over the coming months. UCSF Health, UCLA Health and UC San Diego Health are trial sites that will participate. Institutions may create more than one site for the trial. Presently, there are a number of vaccines in various stages of development including candidates from Moderna, Astra Zeneca, Johnson & Johnson and Sanofi. The timing, criteria and final vaccine candidates will be posted on a new NIH-sponsored website for the [Covid Vaccine Prevention Network \(CoVPN\)](#). The completion of rigorous vaccine trials in an effort to identify a safe and effective vaccine for SARS-CoV2 is the most pressing scientific issue facing the world. We are proud to contribute to this effort across UC Health and know that our participation will hasten the availability of a vaccine. We will continue to provide updates as the trial progress.

ALL INTERVIEWS TO BE VIRTUAL AT UC MEDICAL SCHOOLS

On June 30, the [deans of all six UC medical schools announced](#) that all interviews for the 2020-2021 academic year will be conducted virtually. This includes interviews of medical students, residents and fellowship applicants. Dr. Cathryn Nation, vice president of health sciences for UC Health said, "Applicants to UC medical schools and residency programs rigorously prepare academically and usually travel for in-person panel interviews. We don't want these individuals to feel their chance for success is influenced by their ability to appear in-person at this time when the risk of coronavirus transmission remains a very real concern." The shift to virtual interviews also reduces a potential financial impediment given the cost of travel and lodging at a time when the economic toll of job losses is impacting many families.

I applaud this thoughtful adjustment. Our goal is to support all applicants in pursuing their dreams without the additional stress related to the cost, logistics and transmission risk associated with interview travels.

UC RIVERSIDE SOM GETS FUNDING INCREASE IN STATE BUDGET

On Monday June 29 Governor Newsom signed the Budget Act of 2020 and accompanying budget trailer bills. The budget provides the University with \$3.466 billion, which is a decrease of \$260.8 million, or -7%, from the Budget Act of 2019. The budget also includes a trigger that would restore \$472 million to UC if the State receives sufficient new federal funds by Oct.15. If the funding restoration takes place, campuses would receive a combined \$171 million, or 5% more than in 2019-20.

The Budget Act of 2020 will help the University provide more equitable access to health care in a post-pandemic California with new funding for the UC Riverside School of Medicine and the UCSF Fresno – UC Merced partnership in medical education.

The [UC Riverside School of Medicine \(SOM\)](#) will receive \$25 million in ongoing funding, allowing it to expand the number of medical students it accepts. This is an important step in helping the school fulfill its objective of training students and residents who remain in the underserved area to help improve access to care.

The [UCSF Fresno – UC Merced partnership](#) is another example UC's commitment to increasing access in underserved areas. The state's budget includes \$15 million to support a collaboration between UCSF Fresno, which already has a medical student training program, and UC Merced, which has a strong basic sciences program and students who are eager to explore health professions. During the first two years of medical school, students will be on UC Merced's campus learning in classrooms while their next two years will be at UCSF Fresno for the clinical part of their education.



CHANCELLOR MUÑOZ FORMALLY JOINS UC MERCED

Chancellor Juan Sánchez Muñoz formally joined UC Merced July 6. In his [video introduction](#), Chancellor Muñoz noted, "As we re-envision the future of higher education, we must ensure it serves our nation's increasingly diverse population. UC Merced is breaking ground in diversity among our undergraduates and we will do more with our doctoral students and our faculty. If we strengthen the diversity pipeline we will strengthen all of higher education." Muñoz arrives at an exciting time for UC Merced, and at UC Health we look forward to partnering with him to increase health professional training and access to care in the Merced region.

SOME OF THE HEROES OF THE PANDEMIC



Captions on next page.

Captions for images on preceding page

Top L: Thank you [UC San Diego Health](#) teams and all who worked the July 4 holiday to help patients.
Top R: Kudos [Dr. Arielle Gire-Dumas](#) on the “Spirit of Nursing” chief resident award at UC Davis Health.
2nd Row L &R: PBS NewsHour interviewed [Dr. Davey Smith](#) of UC San Diego Health as part of its Diaries from the Frontline series and [Dr. Kirsten Bibbins-Domingo](#) of UCSF about racial disparities.
3rd Row L: Amanda’s complicated pregnancy resulted in [three healthy babies](#) at UC Davis Health.
3rd Row R: [Dr. Zarin Noor examines Scarlett](#), a 3 year old, at UCSF Benioff Children’s Hospital clinic.
Bottom Row: Thank you Drs. [Alya Khan](#), [Jeffry Nahmias](#), and [Michelle Hure](#) for participating in UCI Health’s [#UCIMaskUp campaign](#).

PRELIMINARY RESULTS OF CRISIS STANDARDS OF CARE RESEARCH

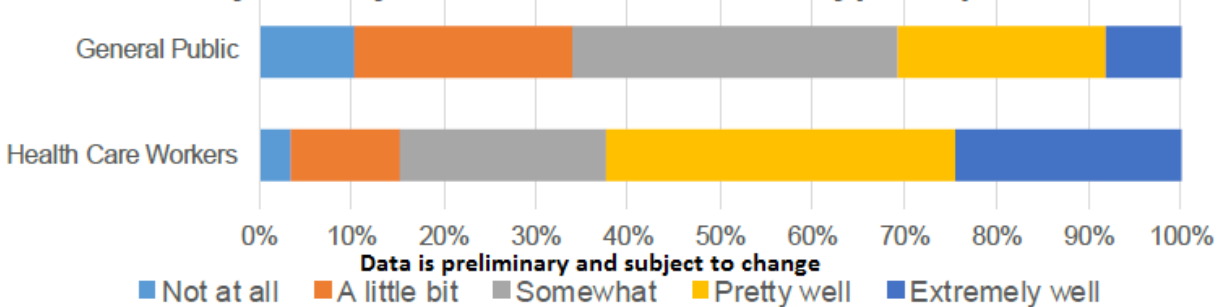
You may recall that UC Health convened a systemwide group of critical care physicians, bioethicists and others to review and refine guidance for our clinical teams should we reach a stage called Crisis Standards of Care (**CSC**). A CSC declaration is made when a resource necessary for critically ill patients is depleted. The guidance is to provide decision-making clarity that can be relied upon by clinical teams making incredibly difficult decisions in very stressful situations.

The Working Group provided initial recommendations that will continue to be refined based on input from stakeholder groups. That input is being gathered through a wide array of hospital and patient advisory groups as well as a study led by UCLA. The study conforms to [Institutional Review Board \(IRB\)](#) standards.

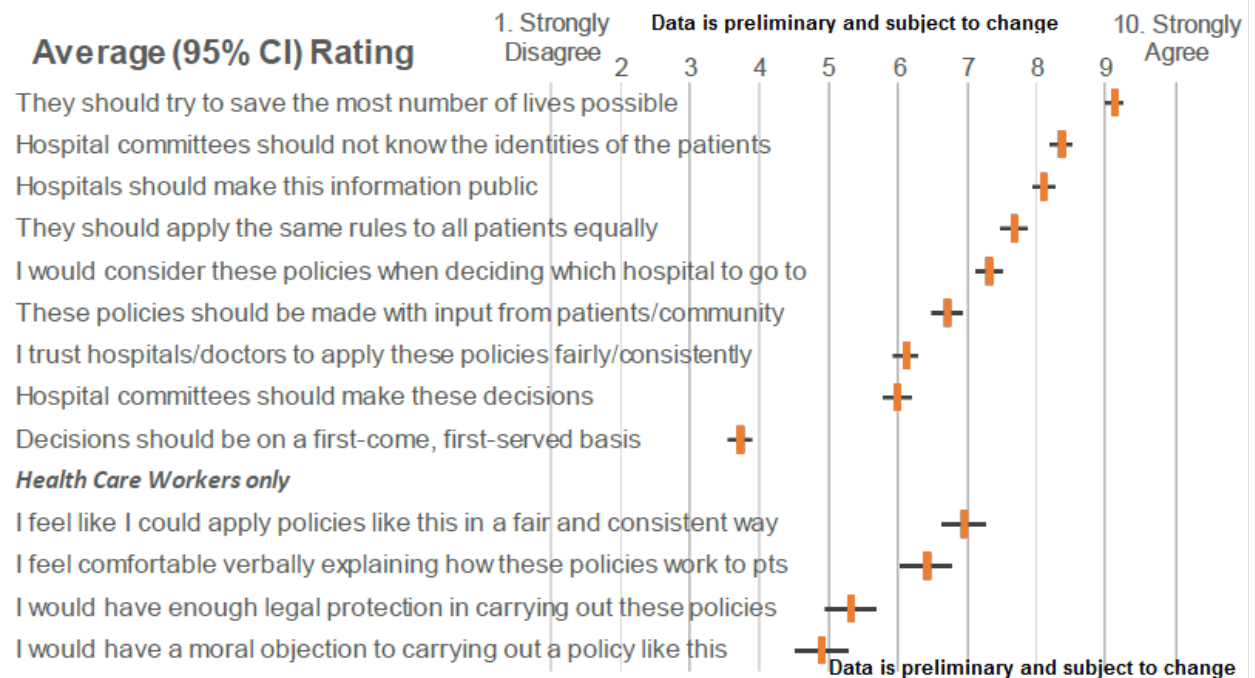
The study is now fully live in English, Spanish, Tagalog, Korean, Chinese, and Vietnamese and accessible online at www.uccovidstudy.com. Recruitment is ongoing and as of July 6, 959 individuals (533 from California) have entered the survey and provided consent, with 806 participants (460 from California) completing the baseline assessment battery. **The results shared here are preliminary and subject to change as more information is gathered.**

Asked “*Have you ever heard about a policy that would determine how doctors or hospitals decide who would get life support machines (for example, mechanical ventilators or respirators) if there weren’t enough for everyone who needed one during a crisis,*” 71% of respondents in the general public and 85% of clinical personnel responded affirmatively. However, the level of understanding varied widely.

How well do you feel you understand how these types of policies work?



One objective of the effort is to assess the values that should be foundational for CSC guidance. The survey includes nationwide input as well as a subset specific to California. The accompanying graph shows the level of agreement or disagreement with certain statements.



The process of gathering input via the survey and hospital and patient advocacy groups will continue. I would like to thank all the members of the Bioethics Working Group, under the leadership of Dr. Rochelle Dicker, and Drs. Russell G. Buhr and Lauren E. Wisk for their efforts on the IRB study. More information will be provided in a future update.

IN MEMORIAM OF DR. BERT LUBIN

Dr. Bert Lubin, former president and chief executive officer of UCSF Benioff Children's Hospital Oakland, passed away on June 27 at the age of 81.



[Dr. Lubin was passionate about children's health](#) and widely regarded as a skilled, likeable administrator. Lubin led Children's Hospital Oakland from 2009 through its affiliation with UCSF Benioff Children's Hospital and continued to contribute as associate dean for children's health until retiring in 2018. I had the opportunity to meet him and to discuss research and mentorship of trainees when I visited CHORI in 2001. He was an inspiration for child health investigators.

Even as he battled brain cancer, Lubin continued to care about his community and the health of children. As the pandemic spread, he organized efforts to make backup ventilators for hospitals treating patients with COVID-19.

He lived a life of service and kindness and will be deeply missed.

IN CLOSING

Since the novel coronavirus made its presence known to the world on December 31, 2019, we have been responding across our hospitals and campuses.

We have learned a great deal about the virus including how to protect ourselves from infection. We have developed testing capacity, tested potential therapeutics, developed best practices for caring for patients, and have shared our expertise across the UC System and beyond.

Now we have entered an accelerated phase that will test us and will require us to use what we know and to continue to learn. We must find ways to balance essential services for all patients while caring for those with COVID-19. We must also find ways to continue our education and research missions.

One of the lessons from the first wave is the importance of cross-functional teamwork at every level. We have practiced that in the UC Health Coordinating Committee (UC-HCC). I am grateful for the support of so many subject matter experts that serve on the UC-HCC. As we transition to another phase of the pandemic and as we transition leadership at UC you can continue to rely on the guidance of the UC-HCC and clinical resources of UC Health to protect the system and ensure that we can continue to meet our missions.

Fiat Lux

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