

April 10, 2020
COVID-19 AND 'CORONAVIRUS' UPDATES

CARRIE L. BYINGTON, MD
Executive Vice President, UC Health



THE IMPACT ON OUR HEALTH SYSTEM

This is the ninth update for Regents regarding the SARS-CoV-2 virus pandemic and the impact on the University's health and academic enterprise.

The number of confirmed COVID-19 cases continues to increase in California. This reflects the progression of community-based transmissions as well as improving access to testing.

As of April 8, there are 18,309 confirmed cases in California and 492 deaths, according to the [California Department of Public Health](#).

As we prepare to enter the predicted surge of COVID-19 cases in the US, we are fortunate in California that our early actions supporting physical distancing and sheltering in place are flattening the curve (See Figure 1) when compared with other states. We are all grateful for the commitment of our communities which has saved lives. [View the interactive graphs here for April 10:](#)



Figure 1: Deaths per 100,000, adjusted for population, based on data from WHO and CDC, collected by Johns Hopkins University, and analysis by The Washington Post.

GOVERNOR'S TASK FORCE ON TESTING

On April 4, Governor Newsom announced a new COVID-19 Testing Task Force to expand access and accelerate the speed of providing test results to better minimize further spread. The Task Force will pursue several strategies, including setting up higher capacity testing hubs, rapid point-of-care testing, and collaborations with commercial labs. The effort includes participation by Dr. Nam Tran from UC Davis Health and Dr. Steve Gonias from UC San Diego Health, who also leads our UC Health COVID-19 Coordinating Committee Laboratory subject matter expert group.

EXPANDING OUR INPATIENT CAPACITY IN ANTICIPATION OF THE SURGE

Governor Newsom challenged all hospitals in the state to increase their capacity by 40%, as part of a larger effort to add as many as 50,000 additional beds in the state for a worst-case patient surge. UC hospitals have responded aggressively and successfully.

As a system, we have identified almost 1500 new beds and have essentially achieved our surge capacity goal.

Hospital	Pre-surge Beds	Surge Beds	Total Beds	Surge Beds as % of Pre-surge
UC Davis	625	273	898	44%
UCI	402	163	565	41%
UCLA	726	374	1,100	52%
UC San Diego	803	174	977	22%
UCSF	1,242	497	1,739	40%
TOTALS	3,798	1,481	5,279	39%

Figure 2: Number and percent surge beds added. UCLA figures include Ronald Regan and Santa Monica medical centers; UC San Diego includes Hillcrest and Jacobs medical centers; UCSF includes UCSF Benioff Children's Oakland and San Francisco, UCSF Mission Bay, Parnassus and Mount Zion.

This additional capacity was achieved in a number of ways and will continue to increase using a tiered approach as needed:

Level one

Reopening closed units

Converting single rooms to double occupancy, where possible

Accelerating construction on beds set for opening in the future

Level two

Converting behavioral health beds to medical-surgical beds

Utilizing ambulatory spaces that are under-utilized as we reduced non-emergency census

Converting ambulatory spaces used for more intensive outpatient functions

Level three

Utilizing Post-Anesthesia Care Unit (PACU) spaces underutilized due to reduction in surgeries

Converting ED observation units into full service medical, surgical and critical care beds

Level four

Utilizing surge tents for medical-surgical beds

Setting up auxiliary wards in open hospital areas

Level five

Utilizing operating rooms as medical, surgical and critical care beds

Utilizing emergency department units as medical, surgical and critical care beds

Transferring neonatal intensive care and pediatric intensive care patients to children's hospitals and converting space to adult medical, surgical and critical care beds

Fortunately, early stay-at-home orders issued by counties and the state are "Flattening The Curve," providing much needed time for all hospitals to add surge capacity, acquire supplies and plan for additional personnel. Various models now estimate California's surge may begin to materialize as soon as next week.

Meanwhile, the state, counties, and federal resources are converting public spaces such as the Sleep Train Center near Sacramento into field hospitals. The state reached out to UC to discuss

potentially using campus dormitory space as temporary clinical space or to house additional personnel. The state subsequently asked UC campuses to work with county health officials.

UC San Diego has contracted with the County of San Diego to provide 350 rooms in a new campus housing building that is not currently occupied by students.

If needed, one Nuevo East will be used by the county as an innovative medical treatment center that will accept “step-down” and low-level cases of COVID-19 to make room for more serious cases at area hospitals. Step-down cases are those who have recovered and passed the most severe stages of COVID-19. The center will also house doctors and nurses who will be responsible for patients receiving care at the facility.

We are proud to be a community partner by providing a building they can use and manage for their purposes.

UC PROVIDES SEED MONEY TO SPUR NEW COVID-19 RESEARCH PROJECTS

On Monday April 6, UC announced \$2 million in seed funding to jump-start new research initiatives related to COVID-19. The effort allows high-impact projects to begin quickly, with grants of up to \$25,000, while the researcher awaits federal funding.

Proposals are evaluated on three key criteria: projects with strong potential for impacting the pandemic in the near term, how quickly the project can begin, and a focus on some of the state's most vulnerable populations. Continuation funding also is available if the project undergoes a rigorous peer review process. [The application process for initial funding has been streamlined and researchers can apply here.](#)

IMPORTANCE OF FEDERALLY SUPPORTED RESEARCH IS CLEAR IN A CRISIS

I was pleased to work with President Napolitano on [an opinion piece published in Inside Higher Education](#) on Tuesday, April 7. Academic systems like UC are critical to bringing a science-informed approach to public health policies, as well as for the development and trials of new diagnostics, treatments and ultimately vaccines and cures. As we wrote in our piece: “We still have a window of opportunity to make a difference in the current crisis with medical breakthroughs supported by the federal government. With the right support, research universities can continue to protect public health and save the lives of countless Americans. Acting now, we can solve this crisis more quickly and position ourselves on solid footing for whatever comes next.”

UC IN-HOUSE TESTING CAPACITY CONTINUES TO GROW

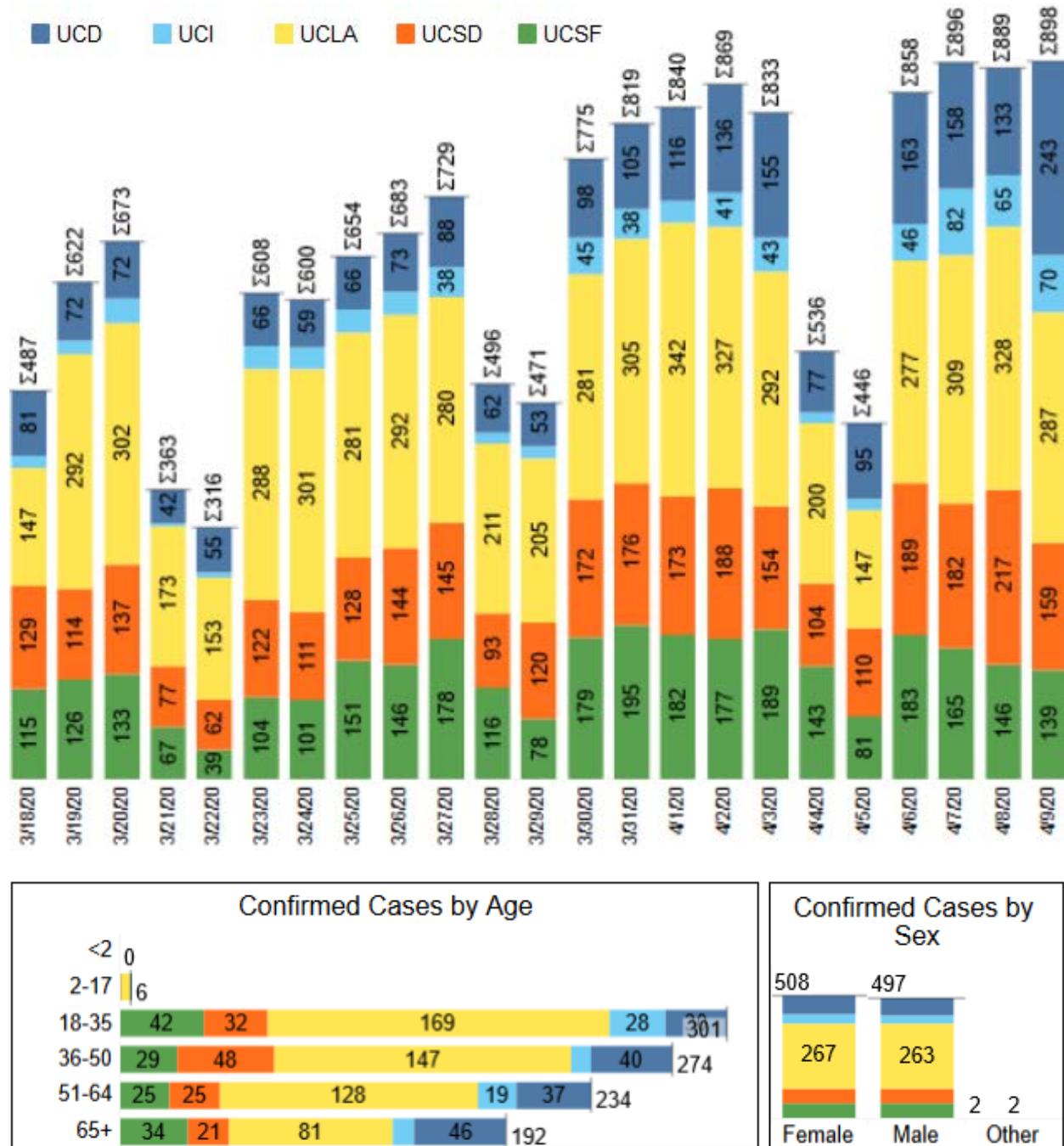
As noted in my March 20 update, a new diagnostic laboratory adjacent to the Chan Zuckerberg Biohub at UCSF was preparing to open. That lab is now operational, enabling [UCSF to provide its testing capabilities to the public health departments of nine Bay Area counties.](#)

Table 1: Active Confirmed Inpatients	
LOCATIONS	CURRENT CONFIRMED
UC Davis Health	18
UCSF Health	20
UCI Health	11
UCLA Health	40
UC San Diego Health	20
TOTAL	109
Inpatient Count current as of April 9	

Table 2: Positive Tests at Campus Locations	
Campuses	81
Current as of April 9	

Also importantly, this service is being provided at no cost to those departments. This is a significant step forward in expanding testing capacity and accelerating turn-around time.

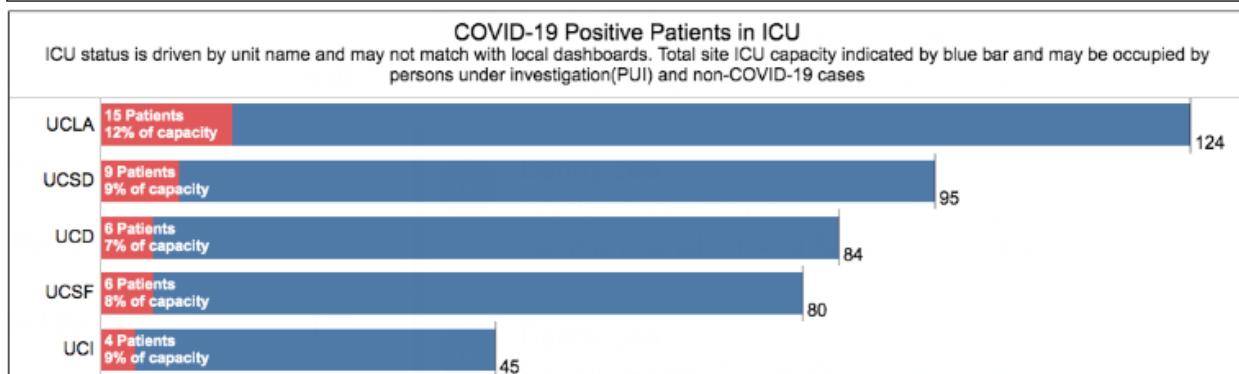
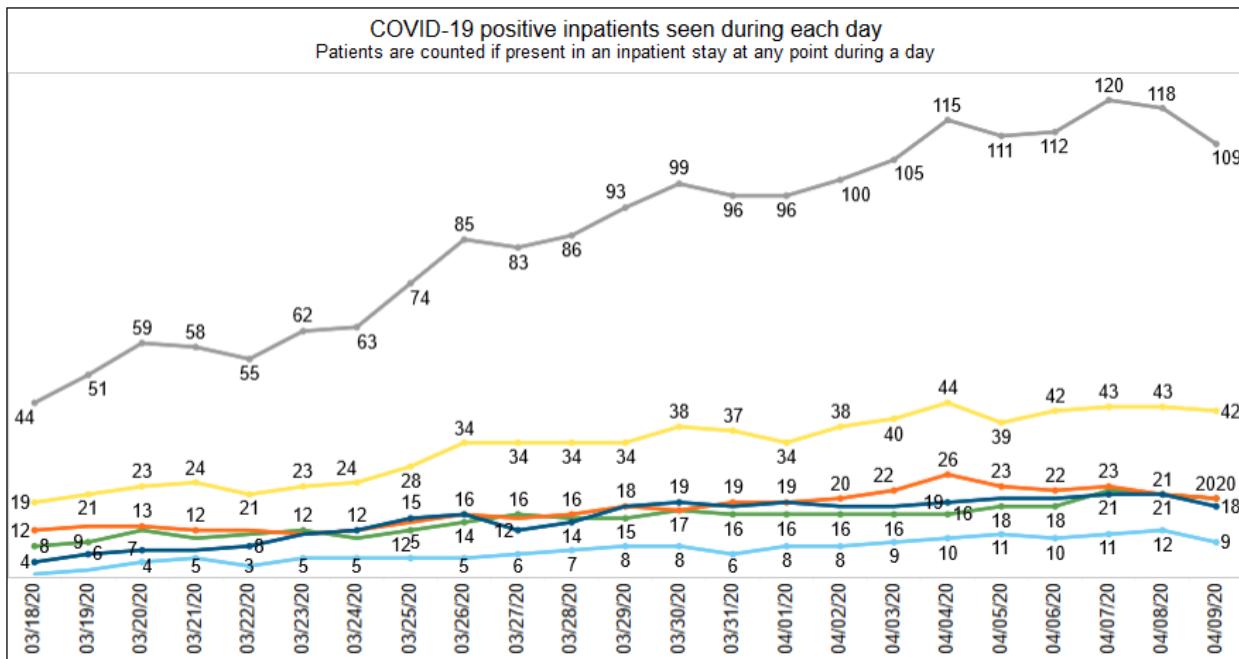
On Monday April 6, we began publishing a daily dashboard on Twitter via [@UofCAHealth](#) showing the number of SARS-CoV-2 tests performed for UC Health patients. The information includes the total number of tests performed each day at each site and breaks down positive tests by age, gender and location. The first post was 'liked' by 361 people and retweeted 172 times to reach more than 90,000 views. The testing dashboard through today is below.



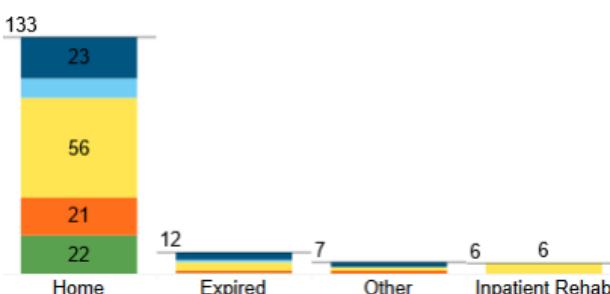
Our ability to pull and visualize data from all instances of Epic, our electronic health records system, and our UC Health Data Warehouse now includes the number of inpatients at each hospital with a COVID-19 diagnosis, and the number of those who are in intensive care.

The dashboard, which contains de-identified data, also is being made public on a regular basis via the [@UofCAHealth account](#), so that the public has another means by which to assess the impact of COVID-19 on area hospitals and to provide real-time data to inform predictive models.

■ UCD ■ UCI ■ UCLA ■ UCSD ■ UCSF



COVID-19 Positive Inpatient Discharged Patient Dispositions



As of April 9, UC hospitals have 109 inpatients with a COVID-19 diagnosis.

Patients with a COVID-19 diagnosis in the ICU represent only a small percentage of total capacity.

Patients with diagnosis other than COVID-19 are not included in the display. Most patients with COVID-19 have recovered sufficiently to return home.

CLINICAL TRIALS FOR COVID-19 TREATMENT CONTINUES TO EXPAND

UC continues to expand the number of clinical trials in a search for drugs that are already available that may help in treating COVID-19. Eight clinical trials are underway and three more are pending approval. Eligibility criteria are available through the links.

Active Clinical Trials at All Five Medical Centers	Active Clinical Trials at One or More Medical Centers
Remdesivir (NCT04280705)	Sarilumab - Davis and UCLA (NCT04315298) DAS181- UCLA (NCT03808922) Tocilizumab - UCLA (NCT04320615) Azythromycin - UCSF (NCT04332107) Mesenchymal stem cells - UCSF (NCT0381854) Hydroxychloroquine - UCLA, Davis, UCSF (NCT04332991) Aviptadil - Irvine (NCT0431697)

UCLA AND UCSF APPS HELP IDENTIFY EMERGING 'HOTSPOTS'

Access to accurate information is essential in the fight against COVID-19. A lack of widespread testing has hindered the ability of public health officials to gauge its spread.

UCLA Health and UCSF Health are collecting information directly from the public to identify emerging 'hot spots.'

UCLA Health's Department of Computational Medicine developed a desktop app called '[Stop COVID-19 Together.](#)' Experts in engineering, data science, clinical medicine, epidemiology and public health developed a '5-minute survey' that asks about symptoms, social distancing practices, age and other risk factors.

UCSF physician-scientists launched a new app, dubbed COVID-19 Citizen Science (CCS). The app asks the user to complete an initial 10- to 15-minute survey about their health and daily habits, with follow-up questions delivered by push notification or text messages over time.
[Download the app here.](#)

SUPPORT FROM THE COMMUNITY MAKES A WORLD OF DIFFERENCE

The long hours and hard work of our clinicians and staff are made easier by displays of support from the community.

And our hard-working teams have empathy for colleagues at hospitals that are in the midst of their local surge. These moments are profoundly meaningful.



Upper left: UCSF sends a message of support to New York-Presbyterian Hospital, located in the center of the outbreak. **Upper right:** San Francisco Opera production staff collected and delivered Personal Protective Equipment (PPE) used backstage. **Middle left:** First delivery of 2,500 face shields to UCI Medical Center, made by UCI Arts Professor Jesse Jackson and a team from UCI School of Medicine. **Middle right:** Free pizza from California Pizza Kitchen and the Dodgers. **Lower left:** Neighbors of UCSF bang pots and clap at 7 pm ([video with audio](#)). **Lower middle:** UC Davis Veterinary Medicine's One Health Institute donated 400 swabs to the medical center. **Lower right:** San Diegans clap and cheer for their local health care workers at 8 pm ([video with audio](#)).

WHAT'S THE TRUTH ABOUT CLOTH FACE COVERINGS?

Now that cloth masks have been recommended by local officials and the White House, it's understandable that you may have questions about the usefulness of home-made masks. Do they provide protection?

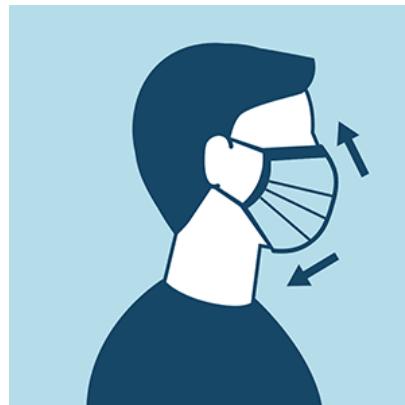
Yes and No. Cloth face coverings capture saliva and large droplets that you might exhale containing the virus. This reduces the likelihood that you are transmitting an infection to others by contaminating surfaces onto which the droplets fall. Likewise, when others wear a cloth mask, they are less likely to contaminate surfaces that you might touch.

However, the mesh on home-made and surgical masks are not fine enough to filter out viruses from the air. Fortunately, SARS-CoV-2 typically becomes airborne only during invasive procedures, such as intubation.

The CDC provides guidance on how to maximize the efficacy of home-made masks and recommends their use in public settings where other social distancing measures are difficult to maintain, especially in areas of significant community-based transmission.

To be helpful, cloth face coverings should:

- fit snugly but comfortably against the side of the face;
- be secured with ties or ear loops;
- include multiple layers of fabric;
- allow for breathing without restriction; and,
- be able to be laundered and machine dried without damage or change to shape.



The CDC provides [a template for use in making your own mask here](#).

KEEPING PEOPLE INFORMED THROUGH PUBLISHED MATERIALS

UC campuses and OP are publishing informational and educational materials for the public, our students and staff. UCOP is distributing guidance to facilitate smooth operations, including:

- [President's Letter to UC Community Announcing No COVID-19 Related Layoffs](#)
- [UCOP Innovation & Entrepreneurship Research Collaborations](#)
- [Equity and Inclusion in the Face of COVID-19](#)
- [Novel Coronavirus 2019 \(COVID-19\) Paid Leave and Remote Work Provisions - President's Letter to the UC Community](#)
- [President's Directive on Travel to Level 2/3 Countries; MRT Emergency Powers](#)
- [How UC is Responding to the Coronavirus \(COVID-19\)](#)
- [Guidance for UC Locations](#)
- [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](#).

IN CLOSING

I am so proud of UC Health, the skill of our analytic teams in pulling data together for a systemwide view, the way UC hospitals have expanded their surge capacity to help meet the needs of the state, and of course, the courage and spirit of the clinical personnel and staff in our hospitals and clinics.

I call on all leaders – elected, business, civic and social – to remind their constituencies not to relax their precautions. I know people would like to return to some degree of normalcy as soon as possible. I want that too. **We have not yet reached the apex of the surge. We run tremendous risk if people lower their guard, stop practicing social distancing, and incorrectly assume the danger has passed. It has not.** Stay the course and know that your sacrifices are helping UC Health provide care for more Californians.

I will continue to provide updates weekly. 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. Fiat Lux.

Sincerely,
Carrie L. Byington, MD
Executive Vice President
UC Health