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COVID-19 AND 'CORONAVIRUS' UPDATES

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THE IMPACT ON OUR HEALTH SYSTEM
This is the 16th update for Regents regarding the SARS-CoV-2 virus pandemic and its impact on the University’s health and academic enterprise.

COVID-19 BY THE NUMBERS
This week marks a poignant milestone. In the same week that we marked Memorial Day and honored the men and women who lost their lives while serving in the U.S. military, we exceeded 100,000 deaths nationally from COVID-19.

The loss was memorialized on the front page of the New York Times, which published the names of 1,000 victims on its front page as a representative group, and by The Washington Post which depicted the loss as rays of light soaring upward. Both are moving tributes to the individuals lost and offer a resource for acknowledging our collective grief. Both pieces inspired me to re-dedicate my energy to doing everything I can personally and through UC Health to reduce the scale of lives lost in the future.

In California, the number of confirmed cases now exceeds 100,000. Specifically, as of May 28, California reported 101,697 confirmed cases of COVID-19 and 3,973 fatalities, an increase of 17,640 and 537, respectively, since our last update, according to information from the California Department of Public Health (CDPH).

As you will see on our inpatient graph (next page), our COVID-19 census continues to fluctuate and now stands at 120. The numbers of hospitalizations in Northern California have declined since the early days of the pandemic, while the epicenter in Southern California has shifted to San Diego. We are reminded that the pandemic is not over. We remain vigilant and all of our hospitals are prepared to meet future surges that may result from increasing interactions between people as restrictions are loosened across the state.

Individual adherence to precautions including remaining home when ill, physical distancing, using face coverings, and handwashing, will be the most important resource we have to mitigate future outbreaks.
IN THIS UPDATE - A FOCUS ON STUDENT HEALTH

In addition to our six academic health systems, a significant focus of UC Health is clinical oversight of the student health and counseling centers at all campuses. This update focuses on COVID-19’s impact on our student population, as assessed by the UC San Diego pilot testing program, viral testing at our student health centers, and claims information through the Student Health Insurance Program (UC SHIP).

At UC San Diego Health, the ‘Return to Learn’ pilot program, which began May 11, has tested 1,306 students for SARS-CoV2 as of May 28 and found zero positive cases.

COVID-19 EVALUATIONS AND TESTING AT STUDENT HEALTH CENTERS

All of UC’s Student Health Services (SHS) and Counseling and Psychological Services (CAPS) are providing COVID-19 assessments, testing, and serving as campus coordinators for quarantine and isolation of students with suspected or confirmed COVID-19 disease.

For more detail on our daily dashboard, please follow @UofCAHealth on Twitter.
Since the start of the pandemic, the SHS centers have remained open for in-person medical assessments and testing for students who choose to remain within their home campus communities.

The SHS centers have tested over 1140 students with suspected SARS CoV-2 exposure or COVID-19 illness, with 50 students testing positive thus far.

The SHS centers at UC Berkeley, UC San Diego and UC Santa Barbara are participating in large research studies involving population surveillance and testing for COVID-19, with UCLA and UCI in the final preparation phases to begin similar studies this summer. All SHS centers will be participating in surveillance programs in the fall as students begin returning to campus.

**UC SHIP CLAIMS DATA FOR COVID-19 ILLNESS**
UC Student Health Insurance Plan (UC SHIP) was created to meet the Regent’s mandate that all registered students have health coverage as a non-academic condition of enrollment. Approximately 45% of UC’s student population are UC SHIP members. The remainder have coverage through other forms of insurance, including Medi-Cal.

UC SHIP claims data is another lens through which to assess the extent of SARS-CoV-2 in our student body. It’s important to note that while SHIP covers a great number of students during the academic year, many students are heading home for the summer and may seek care through non-UC facilities or will be covered by other forms of insurance. Students returning home may also be exposed to the virus in those settings.

**Graph 1: UC SHIP Cases of COVID-19 to Date**
A total of 54 cases of COVID-19 have been diagnosed thus far, with 53 of these in California.
Off-campus healthcare for students is available via Anthem’s nationwide network of medical providers, urgent care, emergency facilities, and hospitals. Enrolled UC SHIP students also have access to LiveHealth Online, Anthem’s 24/7 telemedicine and tele-behavioral health services in addition to services provided by SHS and CAPS.

**TELEHEALTH CAPACITY AT SHS AND CAPS**

In previous updates, we reported on the increase in telehealth volume for patients at our academic health systems. Similarly, the campus-based SHS and CAPS centers adjusted to provide the majority of their services by telephone or tele-video visits.

By the first week of April, the SHS and CAPS centers developed the capacity to provide 5535 total telehealth visits per week.

**Table 1: UC Student Health and Counseling Reported Weekly Telehealth Capacity**

<table>
<thead>
<tr>
<th>Campus</th>
<th>SHS Telemedicine Capacity</th>
<th>CAPS Tele-Behavioral Health Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCD</td>
<td>475</td>
<td>297</td>
</tr>
<tr>
<td>UCB</td>
<td>307</td>
<td>225</td>
</tr>
<tr>
<td>UCM</td>
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<td>100</td>
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<td>UCSC</td>
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<td>534*</td>
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<td>UCSB</td>
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<td>413</td>
</tr>
<tr>
<td>UCLA</td>
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<td>310</td>
</tr>
<tr>
<td>UCI</td>
<td>393</td>
<td>138</td>
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<tr>
<td>UCR</td>
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<tr>
<td>UCRD</td>
<td>215</td>
<td>364</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2864</strong></td>
<td><strong>2671</strong></td>
</tr>
</tbody>
</table>

*Includes Social Work and Psychiatry (Surge Capacity)
CAPS telehealth services include:

- Same-day appointments, urgent care, initial intakes
- Individual therapy sessions
- Couples therapy
- Psychotherapy groups
- Workshops
- Informal mentoring sessions
- Talking circles/drop-in hours
- Support groups, outreach, etc.

The SHS and CAPS centers provide remote care to UC students residing anywhere within the state and are committed to supporting for students residing outside of California or the United States. Although some state and federal telehealth regulations have been relaxed, the lack of reciprocity arrangements between state professional licensing boards generally prohibit provision of ongoing care across state lines. SHS and CAPS center providers are managing these complexities on a case-by-case basis and strive to maintain accessibility for all UC students requesting services remotely, whether by provision of services or referral.

ENSURING STUDENTS HAVE ACCESS TO PRESCRIPTIONS

To facilitate prescription refills during this pandemic, UC SHIP authorized a number of important changes for refills of routine medications during the COVID-19 outbreak for UC SHIP members:

1) UC SHIP members may obtain a 90-day supply of medications when refilled through SHS pharmacies;

2) UC SHIP members who are away from their home campus may contact the SHC pharmacy at a sister campus to obtain their refills if more convenient;

3) UC SHIP members may obtain 30-day supplies of their medications at retail pharmacies wherever they are residing (CVS, Rite-Aid, etc.);

4) UC SHIP has removed restrictions on early refills, allowing members taking maintenance medications to obtain early refills of their prescription medications if they have refills remaining on-file at a participating SHS or retail pharmacy;
5) UC SHIP has approved a one-time, 90-day extension for existing prior authorizations that were set to expire on or before May 1, 2020; and,

6) For UC SHIP members who utilize Optum Specialty Pharmacy for refills of specialty medications are able to receive a one-time, 90-day supply of some chronic specialty medications versus the traditional 30-day supply normally filled.

**SUMMARY OF COVID-19 ON STUDENT HEALTH SERVICES**

The SHS centers and UC SHIP have experienced a relatively low number of cases within the population tested to date but must remain vigilant to increase capacity should the incidence of new cases rise as stay-at-home orders are rescinded.

SHS centers will play a pivotal role as students begin returning to UC campuses in the fall. Recommendations for resumption of in-person instruction will be shared with the chancellors in the coming weeks and will be included in a subsequent update.

**UCSD PROFESSORS MAKE THE CASE FOR FACE COVERINGS**

Kimberly A. Prather, distinguished chair in Atmospheric Chemistry at UC San Diego, and Robert T. “Chip” Schooley, MD, professor and chief of the Division of Infectious Diseases at UC San Diego Health School of Medicine, have published a paper in *Science Magazine* that makes the case for face coverings as a way to reduce viral spread by the wearer.

World Health Organization (WHO) recommendations for social distancing of 6 feet are based on studies of respiratory droplets carried out in the 1930s.

These older studies showed large, ~100-μm droplets, produced in coughs and sneezes quickly underwent gravitational settling. However, when these studies were conducted, the technology did not exist for detecting submicron aerosols.

A 100-μm droplet will settle to the ground from 8 feet in 4.6 seconds whereas a 1-μm aerosol particle will take 12.4 hours. Measurements now show that intense coughs and sneezes that propel larger droplets more than 20 feet can also create thousands of aerosols that can travel even further and follow air flows over distances. Thus, it is difficult to define a safe distance for social distancing.

Overall, the probability of becoming infected indoors will depend on the total amount of SARS-CoV-2 inhaled. Ultimately, the amount of ventilation, number of people, how long one visits an indoor facility, and activities that affect air flow will all modulate viral transmission pathways and exposure. For these reasons, it is important to wear properly fitted masks indoors even when 6 feet apart.

Face coverings are considered part of a multifaceted approach to reducing viral spread.
THE IMPACT OF COVID-19 ON OTHER CLINICAL TRIALS AND RESEARCH

In recent meetings a question was asked about the impact of ‘stay at home’ guidance on the many other types of research underway at our campuses. Without a doubt, not being able to access labs has had a negative impact on many research projects. At UCSF and UCLA, some re-population of research labs is occurring with significant restrictions on the number of people who can be present at any one time.

Dr. Dan Cooper, chair of UC BRAID and director of the Institute for Clinical and Translational Science, said, “The COVID-19 pandemic has had a profound impact on all aspects of clinical and human based research across the UC system. Diseases and health conditions ranging from asthma to autism did not disappear, but we had to pause the ongoing research focused on understanding fundamental biological mechanisms and innovations in therapeutics and prevention. Across the UC system, investigators, patients with specific diseases, and the public, are all anxious to get back to the hard and creative work of discovery. Some studies (such as the NIH funded, multicenter, molecular transducers of physical activity) will simply have been unable to complete key data collection in more than 500 people; these data are lost. Similarly, across the UC system, countless numbers of patients living with heart disease, diabetes, and neurological disorders as well as the altruistic healthy volunteers who serve as comparison and control research participants, are eagerly awaiting the ‘restart’ of the UC human research and clinical trial enterprise. Beyond the return to some sense of normalcy, research across BRAID is one of the seminal manifestations of hope and progress, so sorely needed right now across the country.”

As a physician-scientist, I am deeply disturbed by the loss of data and progress against key goals, but I also know that we have a responsibly to model the behaviors we expect of others and to keep our colleagues and families at the lowest risk of viral transmission. We continue our clinical trials related to COVID-19 and hope to carefully restart other disease related research.

CONGRATULATIONS GRADUATES!

Our health professional schools have begun graduating the class of 2020.

This is a challenging time for anyone entering the workforce. Let your training, integrity and compassion be your compass throughout your careers.

We are so proud of you and look forward to seeing you make your mark on the world.
SOME OF THE HEROES OF THE PANDEMIC

Top L: UC San Diego Health Drs. Jess Mandel and Timothy Morris and Nurse Kelly O’Connor in front of Tijuana’s Hospital General where they will provide COVID-19 support.

Top R: UC Davis Health Drs. Nick Sawyer and Alex Schmalz battle COVID19 in New York City.

2nd Row L: Dr. Alicia Fernandez of UCSF Health testifies before House Ways & Means Committee about COVID-19’s disproportionate impact on communities of color.


Bottom Row: Pixar Animation Studios created custom illustrations for the children at UCSF Benioff Children’s to hang in their rooms.
THE IMPACT ON OUR ACADEMIC ENTERPRISE

On May 22, 2020, the UC Education Abroad Program (UCEAP) made the difficult but necessary decision to suspend all UCEAP programs for Fall 2020, both outbound and inbound, with extremely few exceptions (e.g., students already in-country who don’t want to or cannot return to the US). Students have been notified, as well as campus partners.

IN CLOSING

It has been a bittersweet week.

This is graduation season across UC Health, a time usually marked by celebration, joy and hope for the future. The COVID-19 pandemic has changed the character of graduation season. Our focus has been on safety, primarily by enforcing physical distancing, which has prevented many of the beloved traditions that usually mark graduation.

The COVID-19 pandemic has also created anxiety for our new graduates as they embark on their professional careers. At UC Health we are working to find creative ways to celebrate our graduates and to support them in their important transitions.

We know that they are well-trained. We also are confident that they will be leaders in their respective professions addressing the issues required to end the pandemic and creating the post-COVID health care world.

As we end this week, we all find ourselves at an important transition period. Across the country and in California, we see our leaders moving to loosen the restrictions put in place early in the pandemic. We do not know yet know the consequences of these changes, so we are entering another period of uncertainty.

In times of uncertainty, we can find certainty in our values. I am confident that UC Health will continue to adhere to our values and serve the state, our patients, our employees, and our students in the ways that are most needed as the pandemic continues to unfold.

With Gratitude,

Carrie L. Byington, MD
Executive Vice President
UC Health