

COVID-19 in San Diego County

Tuesday, July 21, 2020

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COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY





County of San Diego Health and Human Services Agency



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Public Health Officer
and Director of Public
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Director of Strategy
and Innovation

Objectives

1. What framework are we using to respond to the pandemic?

2. What actions and approaches are we taking?

3. How are we operationalizing the framework to address COVID-19?

4. What key lessons have we learned since beginning our response?

1. What framework are we using to respond to the pandemic?

Our Vision

Shared vision for change



Building Better Health

Living Safely

Thriving

Action Framework

VISION of a Region that is Building Thriving Better Safely Health **STRATEGIC APPROACHES** Pursuing Supporting Improving Better Service Policy & the Delivery Choices Environmental Culture Changes Within ĦĦĦ **AREAS OF INFLUENCE**







LIVING





TOP 10 LIVE WELL SAN DIEGO INDICATORS

Life Expectancy Quality of Life

Education

Unemployment Rate

Income

Security Physical

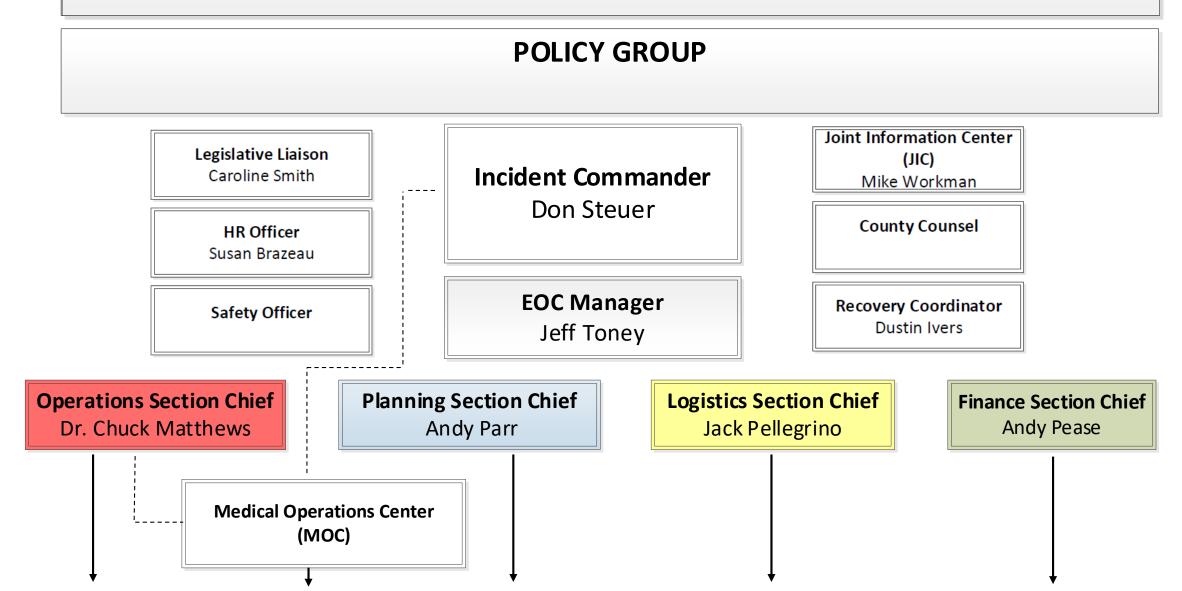
Environment Built Environment Vulnerable Populations

Community

that measure the impact of collective actions by partners and the County to achieve the vision of a region that is Building Better Health, Living Safely and Thriving.

2. What actions and approaches are we taking?

COUNTY OF SAN DIEGO EMERGENCY OPERATIONS CENTER (EOC): LEVEL 1 (MODIFIED) COVID-19 ICS ORGANIZATIONAL CHART



COVID-19 Timeline



FEBRUARY 14, 2020

The County declared Local Health Emergency & Local Emergency.



MARCH 11, 2020

The World Health Organization declared COVID-19 a pandemic.



MARCH 19, 2020

CA Governor Newsom issued an Executive Order to "Stay at Home."

T3

APRIL 28, 2020

The County rolled out the Test, Trace, Treat (T3) Strategy.

COVID-19 Approaches



CONTAINMENT AND MITIGATION (NON-PHARMACEUTICAL INTERVENTIONS)



SECTOR PARTNERSHIPS (CAREY)



FEDERAL AND STATE DATA-DRIVEN METRICS



T3 STRATEGY: TEST, TRACE, AND TREAT (NICK)



STATE OF CALIFORNIA ATTESTATION AND CONTAINMENT PLANS

Adaptive Response to COVID-19

Cases over time

DISEASE CONTROL Early detection (lab, clinical) and isolation (home, hospital)

Contact tracing

Health care infection, prevention, and control

Appropriate clinical care

Community engagement

NON-PHARMACUETICAL INTERVENTIONS (NPIs) Everyday personal NPIs (wash hands, cover coughs, stay home if ill)

Environmental NPIs (clean surfaces, increase ventilation)

Disseminate guidance about actions that should be taken during a Pandemic

Pandemic personal NPIs (home if anyone in household is ill, mask in community if ill)

Develop or update pandemic plans and social distancing strategies

Community NPIs (schools closed, telework and remote meetings, modify or cancel mass gatherings)

PHARMACUETICAL INTERVENTIONS

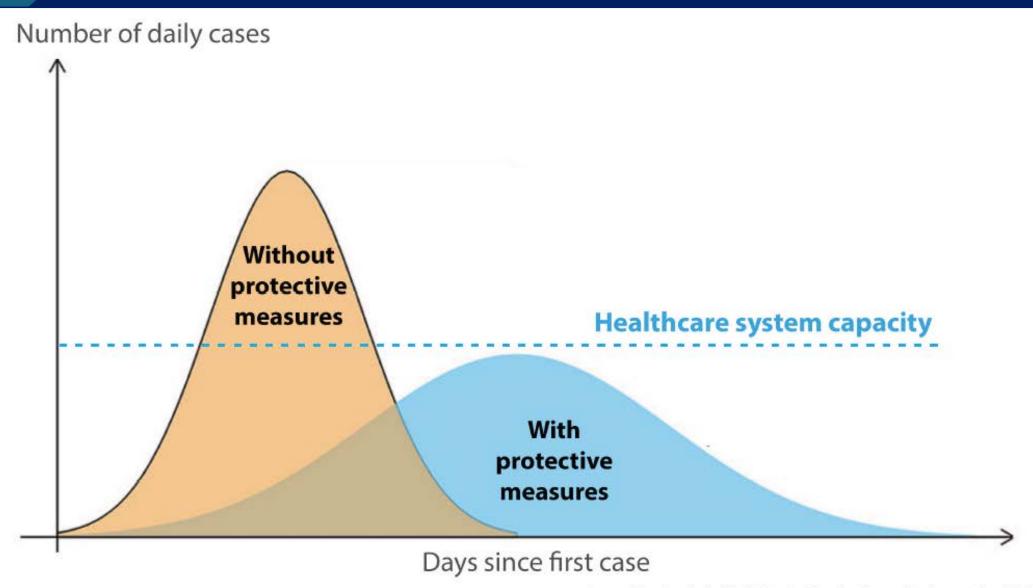
Specific treatments (e.g., antivirals)

Vaccines

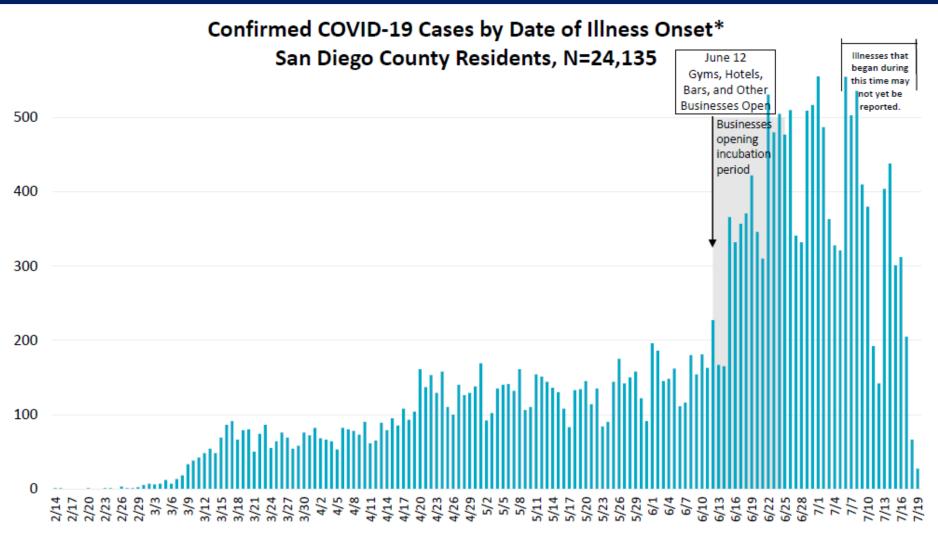
Containment

Mitigation

Flattening the Curve



COVID-19 Cases in San Diego County by Illness Onset Date

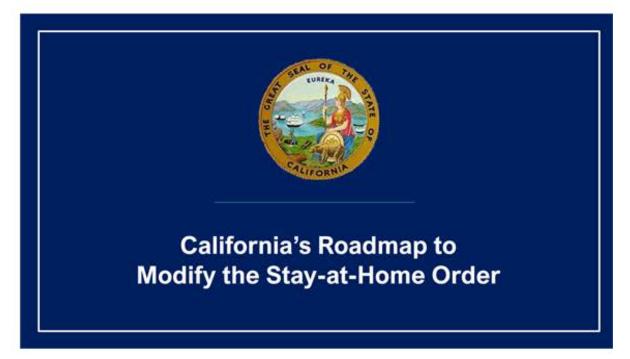


Data are preliminary and subject to change; *if case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead

Prepared by County of San Diego, Emergency Operation Center, 7/20/2020

Federal & State Data-Driven Metrics





Proposed State or Regional Gating Criteria

(Satisfy Before Proceeding to Phased Opening)

SYMPTOMS

Downward trajectory of influenzalike illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

HOSPITALS

Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

READINESS VARIANCE CRITERIA

SAN DIEGO
COUNTY IS READY
TO MOVE
THROUGH
ACCELERATED
STAGE 2

6 State Criteria

- 1. Epidemiologic stability of COVID-19 *
- 2. Protection of Stage 1 essential workers
- 3. Testing capacity *
- 4. Containment capacity
- 5. Hospital capacity *
- 6. Vulnerable populations

County Proposed Criteria

- 7. Sectors and timelines
- 8. Triggers for adjusting modifications

STATE REOPENING ROADMAP REPORT CARD

1 Prevalence of COVID-19 in the Community

- 2 Stability of Hospitalizations
- 3 Testing Capacity
- 4 Contact Tracing Capability
- 5 Personal Protective Equipment Inventory
- 6 Healthcare Surge Capacity
- 7 Public Health Guidance In Place

OPENING UP AMERICA AGAIN

Downward trend of:

- Influenza-like illness within a 14-day period (#1)
- COVID-like cases within a 14-day period (#2)
- Positive tests within a 14-day period (flat or increasing volume of tests) (#3)
- ☑ Treat all patients without crisis care. (#4)
- □ Robust testing program in place for at-risk healthcare workers, including antibody testing. (#5)
- □ Robust testing program in place for at-risk healthcare workers, including antibody testing. (#5)

N/A

N/A

N/A

San Diego Case Demographics

Summary of COVID-19 Cases

COVID-19 Case Summary	San Diego County Residents			
Total Positives	24,135			
Selected Characteristics	Count	%	Rate per 100,000	
Age Groups				
0-9 years	721	3.0%	166.3	
10-19 years	1,735	7.2%	400.0	
20-29 years	6,047	25.1%	1139.0	
30-39 years	4,605	19.1%	939.8	
40-49 years	3,479	14.4%	871.6	
50-59 years	3,442	14.3%	851.0	
60-69 years	2,089	8.7%	613.9	
70-79 years	1,075	4.5%	537.8	
80+ years	917	3.8%	765.3	
Age Unknown	25			
Gender				
Female	12,324	51.2%	741.6	
Male	11,724	48.8%	693.7	
Gender Unknown	87			
Hospitalizations*	2,215	9.2%		
Intensive Care**	575	2.4%		
Deaths	478	2.0%		

20-49-year-old age group represents 59% of cases

The case rate is
disproportionately higher for
Hispanics or Latinos and
Blacks or African Americans
compared to other groups

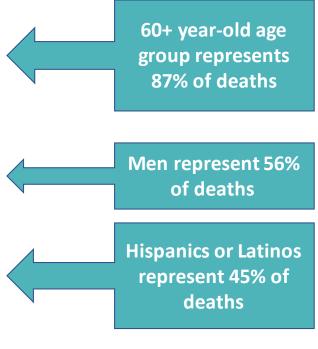


COVID-19 Case Summary	San Diego County Residents			
Total Positives	24,135			
Race and Ethnicity	Count	% of Total with Known Race/Ethnicity (N=18,776)	Rate per 100,000*	
Hispanic or Latino	11,430	60.9%	1045.4	
White	4,848	25.8%	321.0	
Black or African American	880	4.7%	522.4	
Asian	1,135	6.0%	265.4	
Native Hawaiian/Pacific Islander	162	0.9%	1135.7	
American Indian/Alaska Native	58	0.3%	266.4	
Multiple Race	263	1.4%	243.4	
Race/Ethnicity Other/Unknown	5,359			

San Diego Death Demographics

Summary of COVID-19-associated Deaths by Demographics

	San Diego County Residents		
Total Deaths	478		
Selected Characteristics	Count	% of Deaths with Known Demographics	
Age Groups			
0-9 years	0	0.0%	
10-19 years	0	0.0%	
20-29 years	3	0.6%	
30-39 years	4	0.8%	
40-49 years	15	3.1%	
50-59 years	40	8.4%	
60-69 years	79	16.5%	
70-79 years	111	23.2%	
80+ years	226	47.3%	
Age Unknown	0		
Gender			
Female	210	43.9%	
Male	268	56.1%	
Gender Unknown	0		
Race/Ethnicity			
Hispanic or Latino	208	45.0%	
White	177	38.3%	
Black or African American	18	3.9%	
Asian	55	11.9%	
Native Hawaiian/Pacific Islander	3	0.6%	
American Indian/Alaska Native	0	0.0%	
Multiple Race	1	0.2%	
Race/Ethnicity Other/Unknown	16		



Monitoring Data - Triggers Dashboard

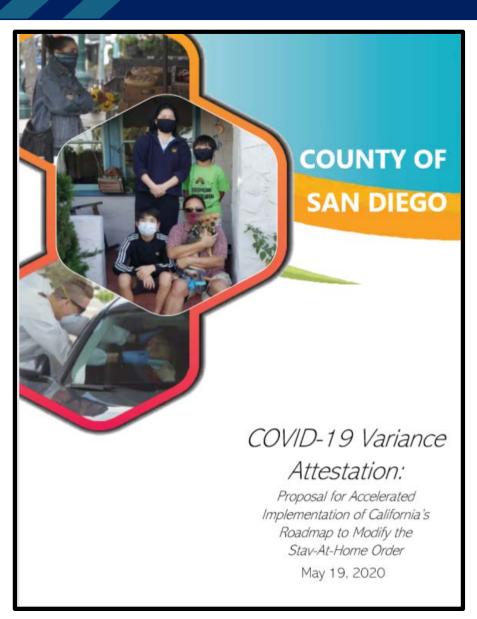
--Click here for Mobile version-- Data updated: 7/20/2020

COUNTY OF SAN DIEGO TRIGGERS FOR MODIFYING HEALTH OFFICER ORDER

Health Officer Order will be modified when any of the following three criteria are met*: 2. Community Outbreaks, 7. ICU Capacity, 9. PPE Supply Or one or more of the remaining criteria in at least two of the following three categories is met: Epidemiology (Surveillance), Healthcare (Hospital Capacity), Public Health (Response)

Epidemiology (Surv	reillance)	Healthcare (Hospital (Capacity)	Public Health (Res	ponse)
1. Case Rate Greater than 100 per 100,000 for the 14- day case rate, measured using date of illness onset with a 3-day lag	145.3 😢	5. Hospital Capacity Approach 80% capacity for all hospital beds in the county	72% ⋖	10. Testing Positivity Greater than 8% of positive tests as a percent of total tests, measured using specimen collection date in a 7-day period with a 7-day lag	7% ♥
2. Community Outbreaks* Seven or more new outbreaks in community settings in a 7-day period	16 🛭	6. Increasing Hospitalizations >10% increase in the number of confirmed COVID-19 patients currently hospitalized, measured as an average of the past 3 days and compared to the average of the 3 days prior	0.4%	11. Case Investigation 70% or less of investigations are initiated within 24 hours of notification over a 7-day period	8% 😵
3. COVID-Syndromic Upward trajectory of COVID-like syndromic cases reported within a 14-day period	2% ❷	7. ICU Capacity* <20% availability of ICU beds	33% 🗸	12. Contact Tracing Make first contact attempt for 70% or less of close contacts of new positive cases within 24 hours of identification	89% ♥
4. Influenza Like Illness	270	8. Limited Ventilator Capacity <25% availability of ventilators	46% ♥	13. Homeless Population Temporary shelter available for less than	
Upward trajectory of influenza-like illnesses (ILI) reported within a 14-day period	2% ❖	9. PPE Supply* ≤50% of hospitals have at least a 22-day supply of PPE	72% ⋖	15% of homeless population 36%	36% ✔

Attestation & Containment Plans



VARIANCE TO STAGE 2 OF

CALIFORNIA'S ROADMAP TO MODIFY

THE STAY-AT-HOME ORDER

COVID-19 VARIANCE ATTESTATION FORM



Submitted: May 29, 2020 Approved: May 20, 2020

Attestation and Containment Plans included the six criteria for local health departments:

- 1. Epidemiologic stability of COVID-19
- 2. Protection of Stage 1 essential workers
- 3. Testing capacity (including contact tracing)
- 4. Containment capacity
- 5. Hospital capacity and surge
- 6. Vulnerable populations

Vulnerable Populations

Attestation & Containment Plans

- Congregate Care Facilities
- Correctional Facilities
- Persons Experiencing Homelessness
- Children
- Older Adults
- Persons with Disabilities
- Underlying Medical Conditions

Other At-Risk Populations

- Persons with HIV/AIDS
- People in Rural Areas
- Various Racial/Ethnic Groups
- Native Americans

^{*} Prioritized testing established as of April 22, 2020

Testing Priorities, April 22, 2020

Priority Level for Testing Criteria: Federal, State, and County Recommendations





Revised April 22, 2020

	Nevisca April 22, 2020			
Priority Level	Federal Testing Criteria (March 2020)	State Testing Criteria (April 19, 2020)	County Testing Criteria (April 20, 2020) (Includes below recommendations PLUS federal and state recommendations)	
1	Hospitalized patients Healthcare facility workers with symptoms	 Hospitalized patients Symptomatic healthcare workers Persons identified for testing by public health contact investigations and disease control activities in high risk settings, including both residents and staff (e.g., congregate living facilities, correctional facilities) 	Residents and staff (symptomatic and asymptomatic) of congregate facilities which may include long-term care facilities, homeless shelters, substance use disorder treatment facilities, and correctional facilities	
2	 Patients in long-term care facilities with symptoms Patients 65 years of age and older with symptoms Patients with underlying conditions with symptoms First responders with symptoms 	 Screening of asymptomatic residents of congregate living facilities prior to admission or re-admission to congregate living facility (e.g., a hospitalized patient will be screened for COVID-19 prior to discharge to a congregate living facility) Screening of asymptomatic healthcare workers (e.g., skilled nursing facility workers, hospital workers) Symptomatic persons in essential health and public safety occupations (e.g., first responders, law enforcement, congregate living facility workers) Symptomatic persons >65 years of age or with chronic medical conditions 	Vulnerable populations (symptomatic and asymptomatic): People with HIV/AIDS People Experiencing Homeless Those in Rural Areas Racial/Ethnic Groups Native Americans Older Adults	
3	 Critical infrastructure workers with symptoms Individuals who do not meet any of the above categories with symptoms Healthcare facility workers and first responders Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations 	Symptomatic persons in essential infrastructure occupations (e.g., utility workers, food supply workers, other public employees)	Asymptomatic essential workers, including first responders and others, especially as part of an outbreak investigation or in areas with medically vulnerable patient populations	
4	Non-priority: Individuals without symptoms	 Community-based testing of all low-risk symptomatic persons Surveillance testing of asymptomatic persons 	Surveillance testing of deaths not otherwise linked to COVID-19	

T3 Strategy: Test, Trace & Treat

- Accessible
- COVID-19
 Testing (ACT)





- Culturally
- Competent
- Contact Tracing

- Assistance with safe isolation
- & individualized services



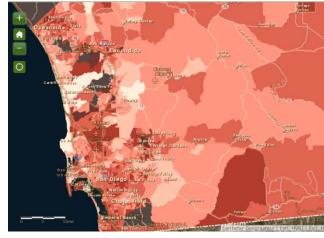
Health Equity Approach for T3 Strategy



Address inequities, disparities, and disproportionality by focusing on key interventions that will:

- Engage residents.
- Strengthen services.
- Serve for results.







eq·ui·ty
"equity of treatment"

dis-par-i-ty

dis-pro-por-tion

T3 Strategy: Test, Trace & Treat



County Drive-Up Testing Sites



Walk-in Testing Sites, in partnership with the State



Mobile Drive Up Testing Sites



Contracted Hospital for Testing at Skilled Nursing Facilities (SNFs)



Testing Strike Teams



First Responders



ACCESSIBLE

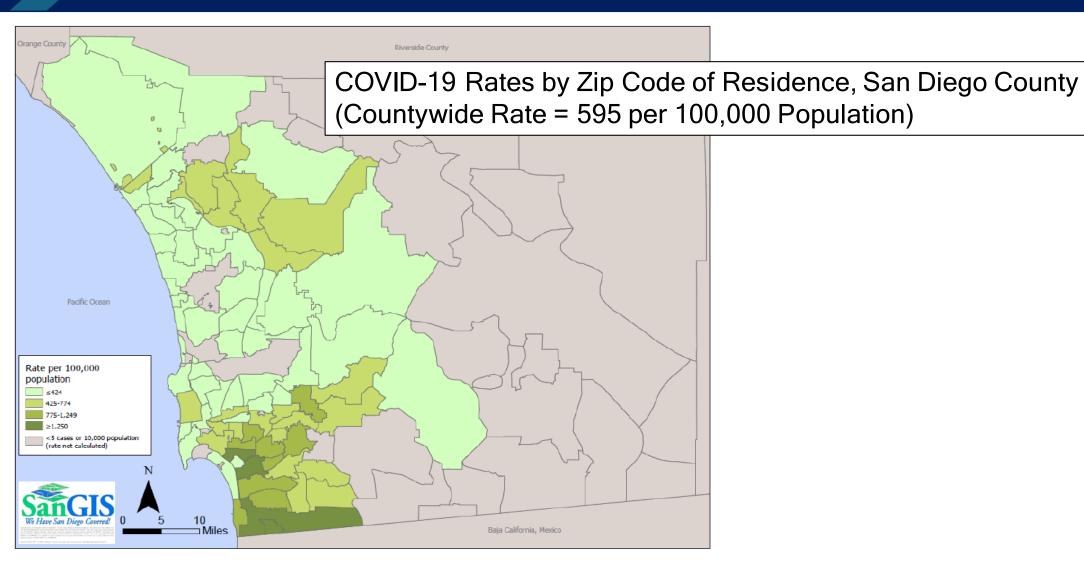


COVID-19



TESTING

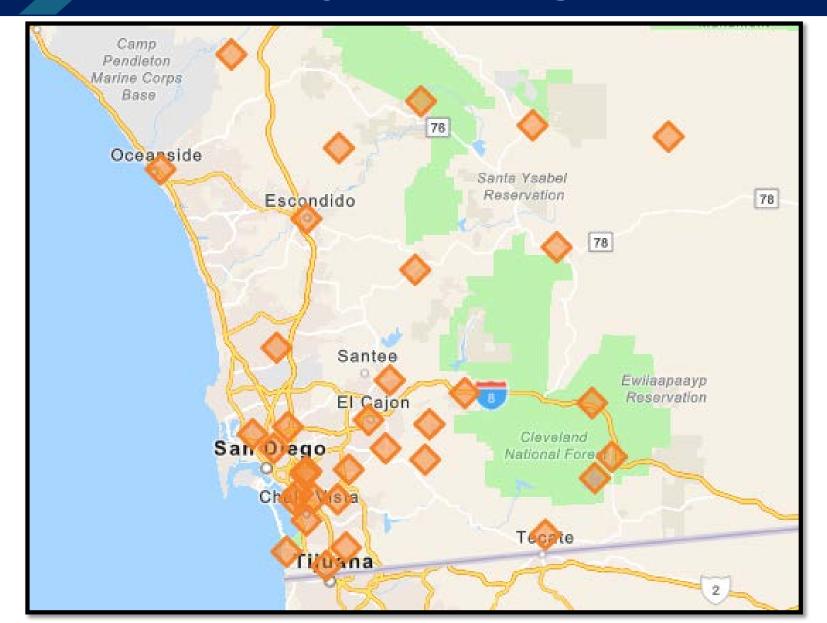
COVID-19 Rates by Zip Code



Rates calculated using 2019 population estimates from the San Diego Association of Governments. Rates not calculated for counts under 5 cases or populations less than 10,000. Zip code is zip code of residence, which may not be location of exposure.

Case counts and rates for each zip code are updated routinely on the County of San Diego COVID-19 website.

County Testing Sites



T3 Strategy: Trace



Case Investigator



Contract Tracer



Promotores/
Community Health Worker



T3 Strategy: Treat









Key Milestones and Metrics





7,884

Daily Tests Reported

Goal: 5,200

7-Day Average: 8,922



505,663

Total Tests Reported





FTE Resources Available

Goal: 450

927,734

Investigations Performed





82

Individuals in Isolation in Public Health Rooms

1,181

Cumulative

Data as of: Sunday, July 19, 2020

Dashboard Updated: Monday, July 20, 2020

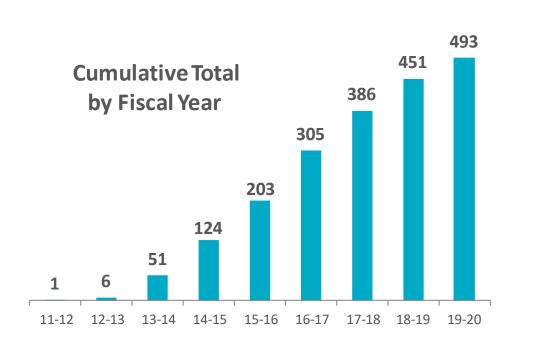
3. How are we operationalizing the framework to address COVID-19?

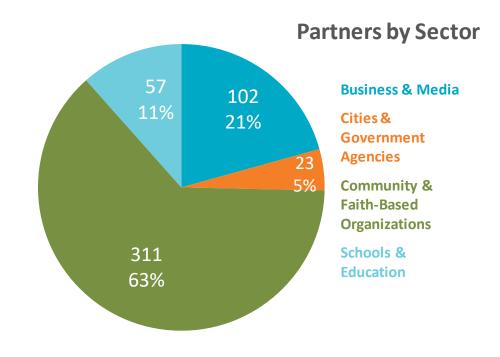
Recognized Partners



493 Recognized Partners as of 3-16-2020

- 16 Cities and Unincorporated County Areas: over 3.1 million Residents
- 39 School Districts over 494,000 Students





Sector Education and Outreach

Sectors and Sub-sectors



Business



CBO/FBO



Government



Education

The four original Live Well San Diego sectors





Older Adults & Disability Service **Providers**



Long-Term Care and Residential **Facilities**



Laboratory



Community-Based Organizations

Faith-Based Organizations

Youth

Rural



CBO/FBO

Areas

Tribal Nations



Government

City Managers & Unincorporated

> Bi-National Leaders

Legislators



Business

Early Care & Education

Education

K-12

Colleges & Universities



Military & Veterans



Homeless/ **Shelters**



Healthcare

Dental Providers

Clinical Providers 10 Community Sectors &

13 Subsectors

Sector Education and Outreach

Each Sector Team is comprised of:



Sector Lead and Co-Lead:

Subject Matter Experts in the Sector



Medical Subject Matter Expert:

Answer medical questions on telebriefings and through email



Sector Support Staff:

Support the communications and operations of the Sector

Sector Education and Outreach

Community Strategies within each Sector



Weekly Telebriefings



Email Blasts



Sector-specific webpages



FAQ's



Emailed questions to sector-specific email accounts



Community Presentations

The sectors provide education and outreach through:

TELEBRIEFINGS

PRESENTATIONS

EMAIL BLASTS

Engagement Summary

Average Number of Telebriefings Per Week

15

Average Number of COVID- 19 Presentations Per Week

10

Average Number of COVID-19
Email Blasts Sent Per Week

18

Average Number of Views Per Week

1,574

Average Number of Presentation Participants Per Week

433

Average Number of Recipients of COVID-19 Email Blasts Per Week

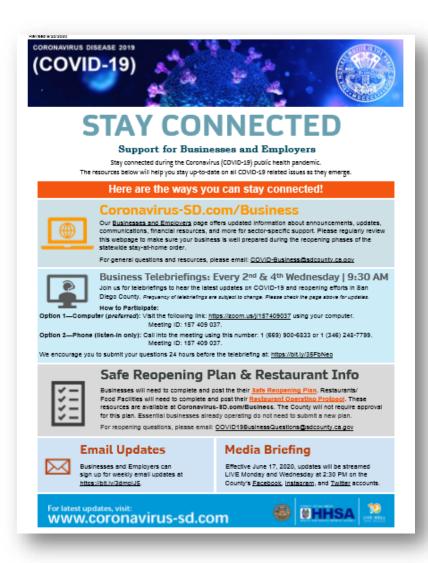
13,339



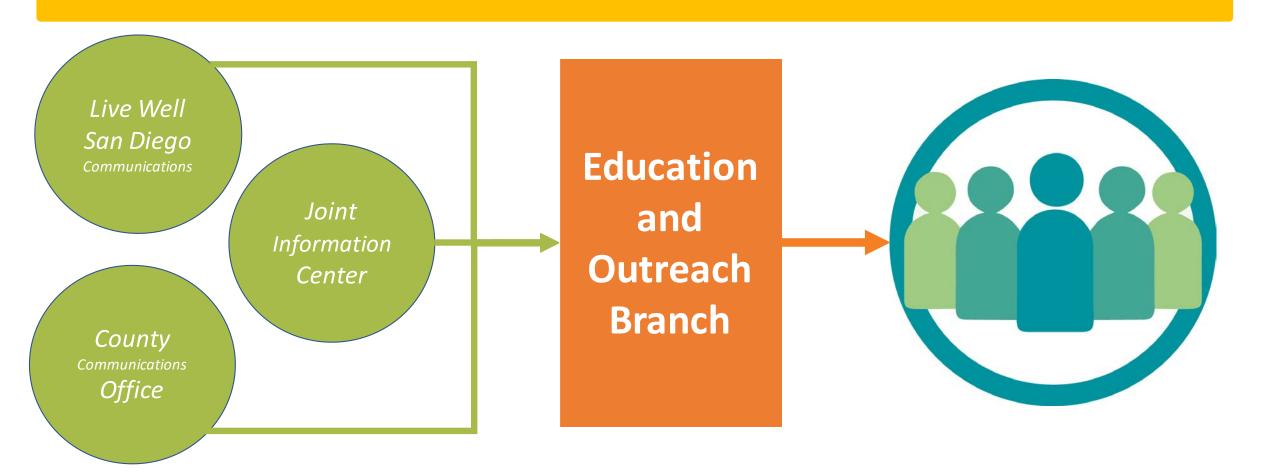
Updated as of 7/18/20

Keeping Businesses Connected

- Total number of receiving e-newsletters— 1322
- Chambers outreach 33 total chambers, completed 25 calls
- Business Sector Telebrief 114 average number of viewers
- Unique website clicks on a weekly basis 6485 from April to July 20, 2020



Media and Communications



Media and Communications

I PROTECT YOU YOU PROTECT ME

Stay in Place | Maintain Space | Cover Your Face



We're in this together San Diego!

Live Well @ Home



Live Well @ Home is a free resource to help community residents find tips and strategies to stay healthy in both mind and body while staying at home. We've organized the below resources and activities by age group and topic to help you find the right tools to match your needs.

Submit a Resource

BROWSE RESOURCES BY AGE GROUP

LW@Home Page Feedback

















A series of focus groups and listening sessions identified the following vulnerable populations:

How-To Videos

How to Use Postmates to Order Food How to Use DoorDash to Order Food



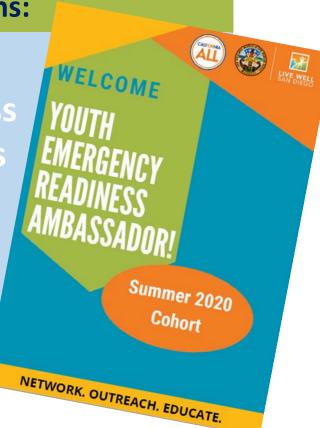






Latino Communities
Individuals Experiencing Homelessness
Older Adults and Disabled Individuals
Refugees and Immigrants
Rural Communities

Youth



Examples: Key Outcomes and Tools

- Coordination of Binational Efforts
- Universal Screening Tool
- Pediatric Provider Toolkit
- Faith-Based Safe Reopening Guide
- Safe High School Graduation Guide



Quotes and Testimonials

"I absolutely LOVE these weekly telebriefings and I hope they continue after COVID."

Homeless Sector Participant

"These briefings really clarify the spirit and intent of so many changes. Telebriefings give us accurate answers and actionable information, which we need more of."

Business Sector Participant

"I use this information personally to keep my family and I safe. I also share this information with our constituents. Thank you."

Military and Veterans Sector Participant



"Physicians are not afraid to answer difficult questions. I look forward to these every week."

Faith-Based Sector Participant

"The transparency of information is comforting to know that we're not alone."

Healthcare Sector

4. What lessons have we learned since beginning our response?

Key Lessons Learned

- Using the ICS structure to operationalize the organizational structure
- Strong connections with the County's ICS Policy Group and Joint Information Center
- Strong Health Equity lens and approach
- Existing collective impact model allowed us to pivot to meet needs through partnership with over 20 Live Well San Diego sector partners
- Assigned County Resiliency Officer to oversee *Safe Reopening Plans*
- Assigned County physician SMEs for sector support



THANK YOU!

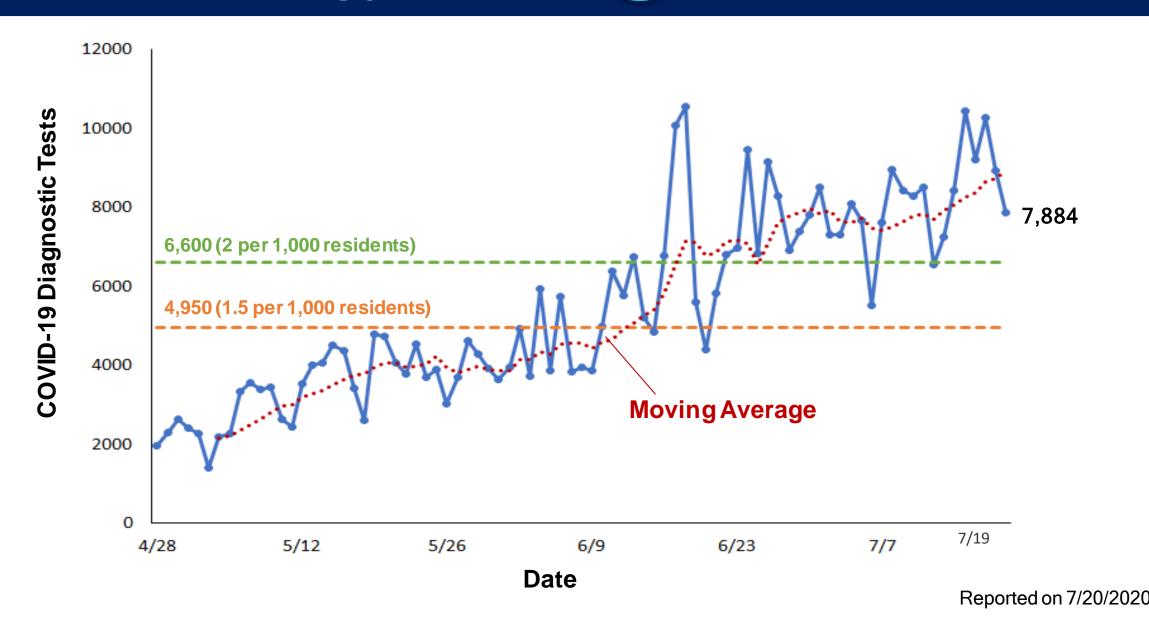
For more information on COVID-19 in San Diego County, visit: www.coronavirus-sd.com.





HIP-POCKET

T3 Strategy: Test



T3 Strategy: Trace



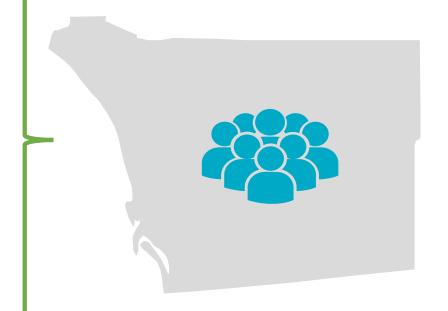
Case Investigator



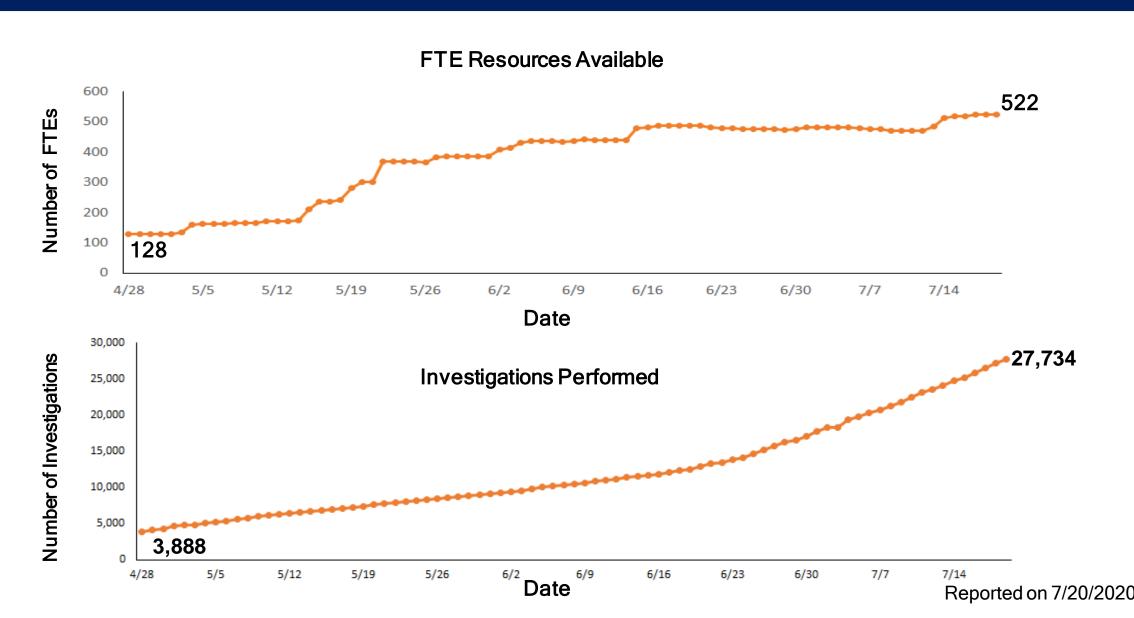
Contract Tracer



Promotores/
Community Health Worker



T3 Strategy: Trace



T3 Strategy: Treat

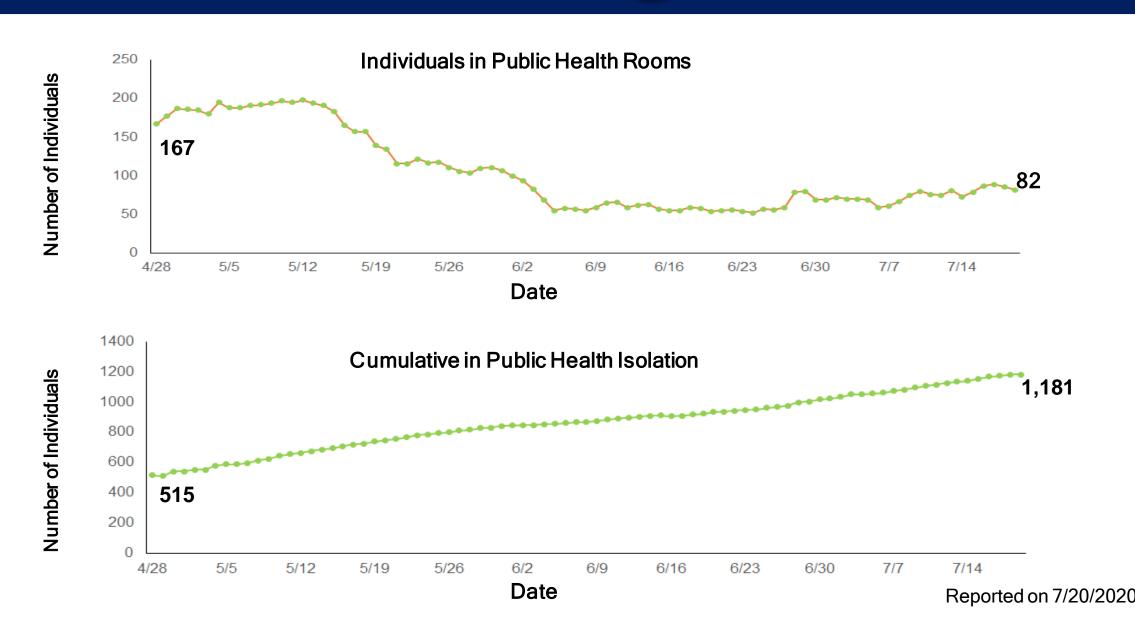




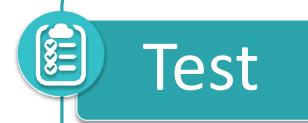




T3 Strategy: Treat



T3 Strategy: Innovations



COVID-19
 Collaborative
 for Children (C3)



TracingInformatics



Therapeutics

Collective Impact

The 5 Conditions of Collective Impact

- Common Agenda
- · Common understanding of the problem
- Shared vision for change

Shared Measurement

- Collecting data and measuring results
- Focus on performance management
- Shared accountability
- Mutually Reinforcing Activities
- Differentiated approaches
- Coordination through joint plan of action

- Continuous Communication
- Consistent and open communication
- Focus on **building trust**

(5)

Backbone Support

- Separate organization(s) with staff
- Resources and skills to **convene** and **coordinate** participating organizations

5 Conditions of Collective Impact

Live Well San Diego **Common Agenda** Simple **5 Areas of Influence & Top Shared Measurements** Actionable 10 Indicators **Sub-regional Mutually Reinforcing Recognized Partners Activities** Regional Leadership/ Action Continuous Teams, Partner Events, Communication LiveWellSD.org Helps mobilize, **County of San Diego Backbone Organization** coordinate, facilitate

John Kania & Mark Kramer. Collective Impact. Stanford Social Innovation Review. Winter 2011.

Contact

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