

March 18, 2020

Dear fellow community members,

In this critical time of the COVID-19 (coronavirus) pandemic, perhaps I can share some important information that may help provide a better understanding of our current situation.

First, I think it is important to have some perspective on what a COVID-19 infection is and what it is not.

- COVID-19 is the name of the disease and the name of the virus is SARS-CoV-2 (a member of the coronavirus family of viruses).
- COVID-19 is a viral infection that is spread by respiratory droplets produced when a patient coughs or sneezes
 - 6 feet or more of distance from people is the safest recommendation
- The virus can live outside the body for some time, so you could be exposed to it by touching surfaces that a patient has coughed or sneezed on, however this is not a common way to catch COVID-19
- It is thought that people can spread the virus before they show signs of sickness, but this is not thought to cause a high rate of new infections
- People seem to be more contagious the sicker they are
- The vast majority of patients will have a mild course of illness similar to a common cold
 - Notably, around 30% of all common colds are caused by viruses in the coronavirus family
- Common symptoms (based on almost 56,000 Chinese patients that were positive for COVID-19)
 - Fever (almost 90% of patients had this)
 - Dry cough (68% of patients had this)
 - Fatigue (38% of patients had this)
- Uncommon symptoms (with any of these symptoms, it is **unlikely** you would have COVID-19)
 - Nausea or vomiting (only 5% of patients had this)
 - Runny nose (only 5% of patients had this)
 - Diarrhea (only 4% of patients had this)
- If you have a positive influenza test or other documented viral infection, you have around a 2% chance of also having COVID-19 (it is very **unlikely** you have COVID-19)

COVID-19 is indeed here and circulating around our community – this is not surprising. Just as we see every year with the flu (influenza) and common cold, viruses can and do move quickly through populations. What can we do about this and what has been done?

- What can you do?
 - Wash your hands and use hand sanitizer (you knew this already)
 - Do not touch your face
 - The virus likes to enter mucous membranes like the eyes, nose and mouth
 - Social distancing

- As crazy as closing schools sounds, measures like this slow the spread of the virus (see below on “flattening the curve”)
 - Keep more than 6 feet from others
 - If you can stay home, stay home
 - If you are not being exposed, you can’t get it
 - Cover your nose and mouth when coughing or sneezing
 - Clean and disinfect frequently touched surfaces
- What has been done?
 - Closing colleges and schools
 - Restricting events to small numbers of people
 - Many businesses are allowing work from home
 - Travel restrictions
 - Many other changes with many more likely to come

I think it is important to acknowledge that it will likely get worse before it gets better. COVID-19 isn’t a hoax, but the sky isn’t falling either. Reality lies somewhere in the middle and the next few weeks will bring clarity to what we are really dealing with. It is for this reason that proper preparation is key. I’m not referring to toilet paper or water, but rather medical facilities.

Our community hospital, Henry Mayo Newhall Hospital, has been working tirelessly to ensure that we are ready to help no matter how mild or severe the situation becomes. As an integral part of this work, I have seen a how agile a single, stand-alone hospital can be to implement strategies to protect and care for our community. We are ready.

Henry Mayo Newhall Hospital has mobilized resources to provide the following and much more:

- Created a COVID-19 Task Force
- Emergency Department
 - Instituted an external triage and screening system (immediately isolating suspected patients)
 - Implemented a “drive-through” COVID-19 testing station (prior to the recent recommendation to do so)
- Inpatient
 - Created an entire floor for isolating suspected/confirmed patients
 - Ensured that we have appropriate resources to care for potential patients

I have also worked with many of our local physician offices to help them prepare as well. Physicians, nurses and other staff are on the front line and I am personally thankful to have such an amazing group of professionals serving our valley.

You have likely heard the catchphrase “flattening the curve”. Just to make sure everyone knows how impactful this process is, I wanted to take a moment to address it. The idea is actually simple – if everyone gets sick around the same time, the medical resources are quickly overwhelmed and the ability to care for the community is severely hampered. We need to make sure that this doesn’t happen (the Italy experience is an example of this).

This underscores the importance of social distancing and the use of other countermeasures that will slow down the transmission of the virus to a manageable rate. So far, I believe with the steps we have taken and the understanding of the importance of social distancing, I am hopeful we have flattened and will continue to flatten the curve. We all need to be on board with this to make the biggest impact.

I talked about how most all patients will have a mild course of illness. We should also mention who is most at risk of being hospitalized from COVID-19. The following populations should take special care to stay home and away from people who may be sick:

- Those over 65 years of age
- People with underlying medical conditions
 - Chronic lung or heart conditions
 - Diabetes
- People whose immune system isn't as strong as it could be due to a disease process or perhaps a medication (think chemotherapy or steroids)

Testing is a very important part of understanding who should be quarantined from others. Unfortunately, tests have been a limited resource throughout the U.S. Many companies are working hard to come out with commercially available tests that can be deployed into service in large quantities. Henry Mayo Newhall Hospital is pushing to be allowed other options for testing. That said, we are currently using Quest (one of 3 major companies that provide testing nationally). We are strictly adhering to the CDC guidelines for testing (which can be found on the Los Angeles County Department of Health website) to make sure that every patient that needs testing and meets criteria gets tested. Our Emergency Department has been using an external triage system (patients are greeted outside the ED) to screen patients. Those who may meet criteria enter our "drive through" testing station to expedite care.

This situation is constantly evolving, and we receive new information and guidelines almost daily as we gain more understanding of COVID-19 and how it affects populations. It is clear that the coming weeks will have many challenges. The financial impact of social distancing and quarantine is undeniable, but we are at an inflection point where we need to make the difficult decisions. Our elderly are in more need of our community's support than ever. Your medical professionals are leaving their families to willfully step into battle on your behalf. Now, right now, is when we all come together as a united front.

We are all on the same team. With rational, focused effort, we can and will navigate through this process to the absolute best of our collective abilities. We have prepared for the worst and we will hope for the best.

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