

# COVID-19 Health Transition Team Report Out

San Antonio City Council and  
Bexar County Commissioners Joint Meeting  
April 28, 2020



Dr. Barbara Taylor  
Chair, COVID-19 Health Transition Team

## PURPOSE OF GUIDANCE

The intent of this guidance is to assist leadership in the City of San Antonio and Bexar County as they formulate plans to re-open our community.

This guidance is based on existing public health evidence, data, and expertise, and informed by shared values, including a commitment to equity and service to the community.



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## GUIDING PRINCIPLES

Our recommendations are based on the following guiding principles:

- ▷ **Beneficence**, we prioritize the community's well-being and recognize that health and economic prosperity are tightly linked.
- ▷ **Evidence-based decision making and responsiveness to new information**, informed by current evidence.
- ▷ **Respect for autonomy**, respect for individual freedom and privacy.
- ▷ **Trustworthiness**, unbiased and which place the community's best interest above our own individual interests.
- ▷ **Equity**, a commitment to protect those who are medically at risk or marginalized.

## PROCESS

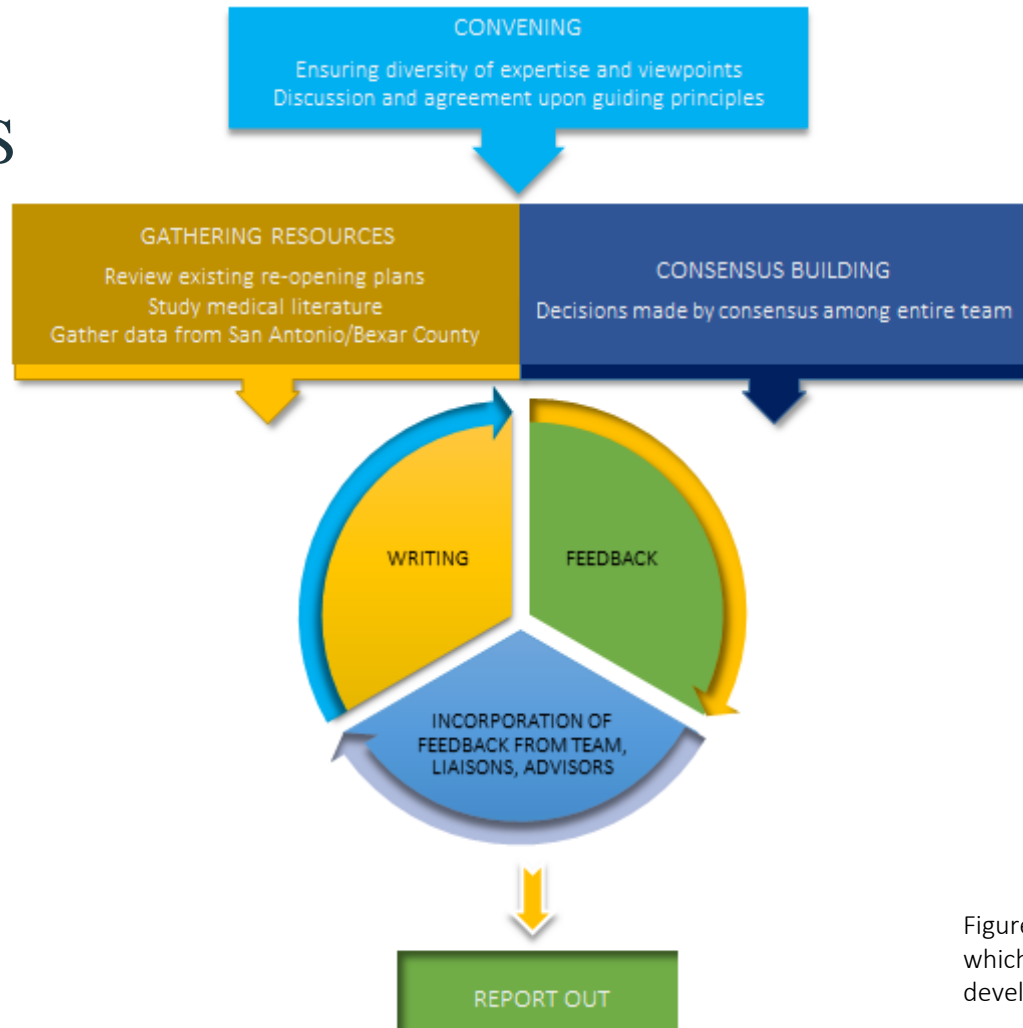


Figure 1. Visual depiction of the process by which the COVID-19 Health Transition Team developed guidance.

# PROGRESS INDICATORS

Reopening businesses, schools, community venues, and other sectors of the economy in San Antonio and Bexar County will require careful consideration of the risk of someone becoming infected with SARS-CoV-2, the virus that causes COVID-19, across many settings.

Due to the dynamic nature of infectious diseases, calculation of progress and warning indicators will be operationalized by the **Unified Command of the San Antonio and Bexar County Emergency Operations Center**:

- San Antonio Metropolitan Health District (Metro Health),
- San Antonio Fire Department (SAFD), and
- Southwest Texas Regional Advisory Council (STRAC).

We propose the following **progress indicators**, reflective of an effective community response to COVID-19:



A sustained decline in the number of new cases of COVID-19  $\geq 14$  days



The ability to perform tests for the virus in all people with symptoms of COVID-19, their close contacts, and those in public facing roles



Effective contact tracing capacity to identify all close contacts of people diagnosed with COVID-19 and offer testing to those for whom it is indicated



A prepared healthcare system that can safely care for all patients, including sufficient hospital capacity, workforce, and PPE for healthcare workers

## WARNING INDICATORS

We also recognize the need for continued monitoring of the epidemic as our community gradually re-opens. We propose the following **warning indicators** as signs that increased public health safety measures may be needed:



A decrease in the number of days it takes for the number of COVID-19 cases in our community to double (doubling time)

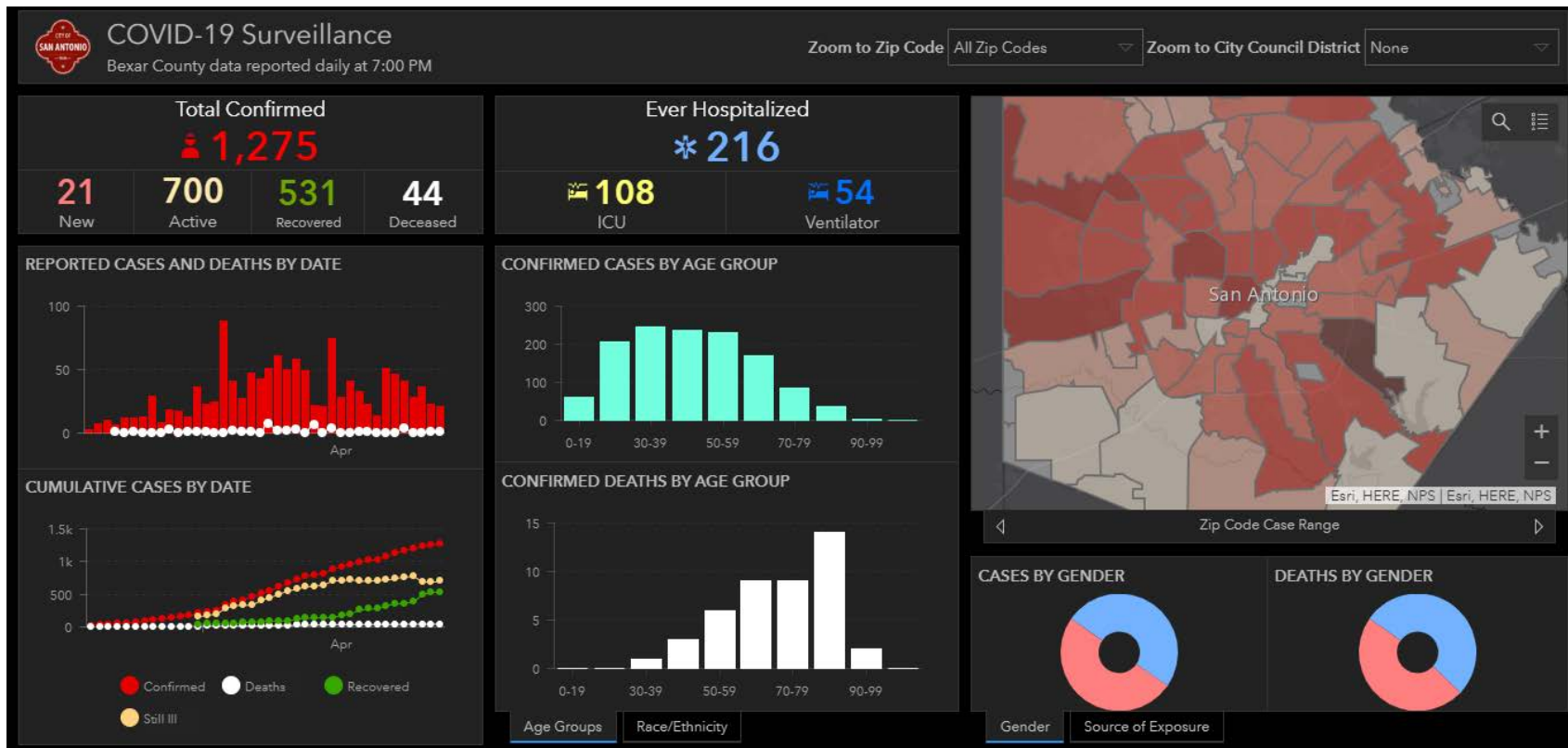


An increase in the percentage of COVID-19 tests suggestive of active infection that are positive for COVID-19



An increase in indicators of health system stress, such as reductions in personal protective equipment, hospital bed, or ventilator capacity, and increases in emergency medical system calls

# METROHEALTH COVID-19 DASHBOARD





## CAPACITY EXPANSION

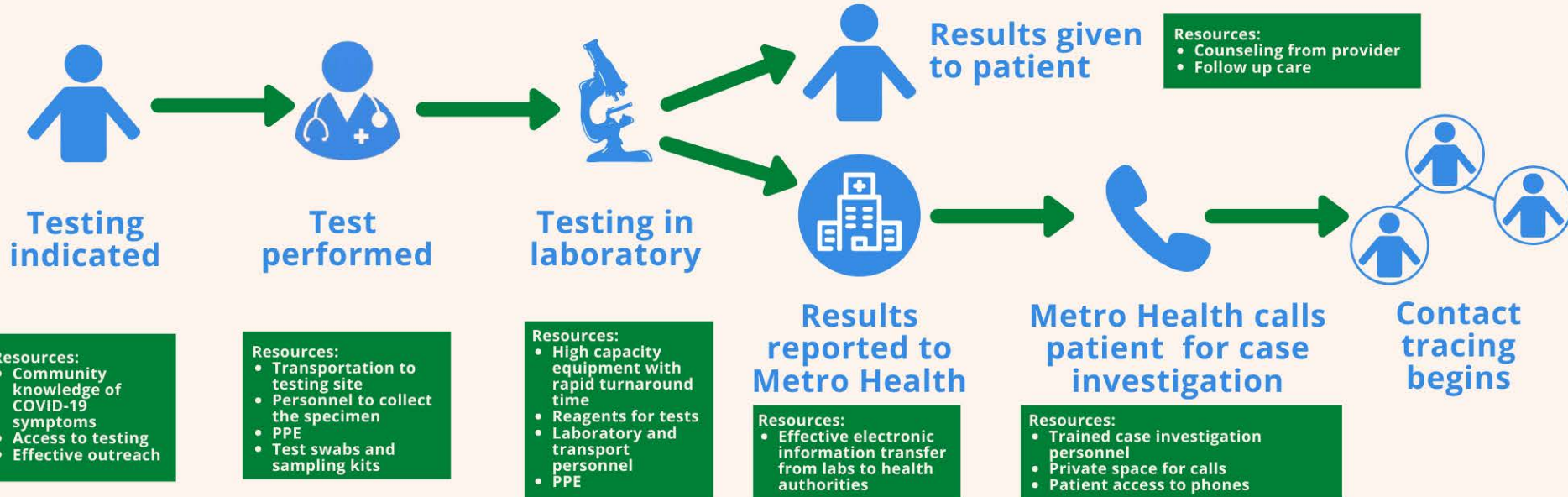
We recommend an expansion of our existing public health capacity for contact tracing and follow up. To do this, we recommended:

- Contact tracing efforts be increased to **175 investigators** to align with national standards.
- However, we also note that the team may need to triple or quadruple in size, depending on the number of cases being reported daily.

Improved access to testing: Based on current knowledge of the epidemic, our team believes that testing for active infection should be expanded to a capacity of over **3,000 daily**, which is twice our current testing capacity as of April 20, 2020.

- This number is based on the population of Bexar County and derived from Governor Abbott's estimate that appropriate testing **capacity for the state is 30,000/day**, and aligns with population based estimates from the Harvard Global Health Institute.
- It is our hope that other laboratory testing capacity from private laboratories is able to supplement testing capacity in the coming weeks.

# COVID-19 TESTING PROCESS



## STRATEGIES BY SECTOR

Guidance is provided for businesses and other sectors of the economy based on the risk of someone becoming infected with SARS-CoV-2 in that setting.

Risk is determined by:

- contact intensity, the number of people within 6 feet of one another and the duration of that contact;
- number of contacts; the number of people in the setting at one time;
- and modification potential, how easy it is to change the activity or the setting to reduce risk.

This guidance can be used by the COVID-19 Economic Transition Team to craft recommendations for specific sectors of the economy.

## PHASES

Throughout all phases, the indicators mentioned should be closely monitored. **Warning indicators**, such as the rate of new laboratory-confirmed cases in the community or the stress on our health systems, must be examined for signs that increased public health safety measures may be needed, including the need to retreat to measures taken in prior phases.



# PHASE I:

## STAY HOME, WORK SAFE

The goals of Phase I are to:

- Slow the transmission of COVID-19
- Increase testing capacity
- Ensure that the healthcare system has capacity to safely treat both COVID-19 patients and others requiring care
- Prepare for Phase II

Maintain Physical Distancing			
Close community gathering spaces such as: schools, shopping centers, museums, gyms, places of worship...	Promote telework	Limit unnecessary domestic or international travel. Returning travelers from areas with community spread self-quarantine for 14 days and consider testing if indicated	
Stay-at-home advisories for transmission hot spots	Cancel or postpone meetings and mass gatherings; promote virtual meetings and conferences	Close dining areas but encourage restaurants and bars to provide takeout/delivery services	
Increase Testing Capacity			
Easily accessible testing with rapid turnaround time for:			
Hospitalized patients	Healthcare workers and workers in public-facing roles	Close contacts of confirmed cases	Marginalized populations
Persons who live in congregate settings, such as homeless shelters, where physical distancing is challenging		Outpatients with symptoms	
Assess and lower barriers to acceptability of testing			
Communicate all test results efficiently and confidentially to health authorities and to those tested			
Optimize Healthcare System Functioning			
Hospital surge plans to be optimized with regards to:			
Critical-care and expansion capacity	Increase supply of personal protective equipment for healthcare workers	Ventilators	Staffing
Implement Comprehensive Disease Monitoring Systems			
Detect increase in new cases	Widespread testing	Track and Contain new infections	
Monitoring should be initiated and maintained at places of work, including public buildings, healthcare facilities and restaurants, and should include twice daily temperature checks and symptom screening			
Intensive Contact Tracing			
New COVID-19 positive + patients should be isolated at home or in the hospital	Close contacts of confirmed cases should be quarantined and monitored for 14 days	Increase capacity for isolation and quarantine of individuals who cannot be isolated at home.	
Masking, Hand Hygiene, and Surface Cleaning			
Including: people who are $\geq 2$ years should wear nonmedical fabric masks while in public <sup>1</sup>			

## PHASE II: STAGED REOPENING BY RISK ASSESSMENT

Phase II is a cautious step towards re-opening, determined by specific risks of activities, in the setting of expanded testing and contact tracing capacity and sufficient health system resources to care for all patients. During this phase, we recommend various sectors start to re-open using a graduated approach. Suggested approaches and strategies to guide Phase II activities include:

- Resuming activities takes place in stages
- Continued risk mitigation
- Team effort and community outreach
- Recommended monitoring

# RISK ASSESSMENT

A guidance document prepared by the Johns Hopkins Bloomberg School of Public Health's Center for Health Security recommends ranking activities by the risk of transmission. This risk is determined by three characteristics:

- **Contact intensity:** Are people in this setting close to one another (<6 feet) or farther away? How long are people in this setting in contact with one another? For example, low contact intensity would be walking past someone in a store; high contact intensity would be sharing an apartment with someone.
- **Number of contacts:** How many people will be in the setting at the same time? Higher numbers of people in the same place at the same time raise the risk for COVID-19.
- **Modification potential:** This considers how easy it is to modify the activity or setting to reduce risk. Settings where it is easier for people to remain 6 feet apart have higher modification potential. The U.S. Centers for Disease Control and Prevention has a document that describes these “mitigation strategies” across many different settings. For more information see Appendix III which includes a list of mitigation resources.

Category	Contact Intensity	Number of Contacts	Modification Potential	Total Risk Assessment
Restaurants <sup>1</sup>	Medium	Medium	Medium	Medium
Bars <sup>1</sup>	High	High	Medium	High
Salon, spas, and other personal care industries	Medium/high	Low	Medium	Medium
Retailers	Low	Medium	Medium	Low

## Example of a sector-specific monitoring strategy for risk mitigation.

### Retail, Restaurants and Event Spaces

#### Low to Medium Risk

Resume business at low/reduced operational capacity for an initial re-entry stage (2 to 4 weeks)

Businesses provide workers with masks (disposable procedure masks or regularly laundered cloth masks), and workers and customers remain masked except when eating or drinking.

#### High Risk

Remain closed until Phase 3

Exceptions could include theaters, museums, and other indoor leisure spaces to open reduced operational capacity if masking, hygiene, physical distancing, and air exchange standards sustained.

### Monitoring Strategies

- Physical distancing, hand hygiene, environmental cleaning, and optimized air exchange<sup>1</sup> must be implemented and sustained
- Health and safety monitoring (sampling strategy to be designed by sector) will continue for a period of time
- Monitoring outcomes are meant to be opportunities for process improvement and education
- Sector-based affinity groups could assist each other within sectors; if one or more members of the sector performs poorly, the entire sector can assist with improvements in order to continue to expand to maximal business capacity



# PHASE II

## Recommended components of Phase II

Schools and Childcare facilities <sup>1</sup>	
Re-open in Phase II <ul style="list-style-type: none"> <li>- Childcare facilities (daycare, preschools), with CDC/WHO mitigation resources, if not already open.</li> <li>- Noncontact school sports</li> <li>- Summer day camps without congregate living</li> </ul> <p><i>For Daycares and Summer camps consider COVID-19 lab testing/monitoring of counselors and screening of campers before camp</i></p>	Remain closed until authorities mandate re-opening or Phase III conditions are met: <ul style="list-style-type: none"> <li>- Schools</li> <li>- Contact school sports</li> <li>- Summer overnight camps</li> <li>- Institutions of Higher Education</li> </ul>
Retail and Restaurants	
Re-open in Phase II: Gradual re-opening with low operational capacity and progress towards full operational capacity. Physical distancing and other mitigation strategies will be critical.	
Outdoor Spaces	
Re-open in Phase II <ul style="list-style-type: none"> <li>- Parks, walking paths/trails, dog parks</li> <li>- Athletic fields without crowds (<math>\leq 50</math>, outdoors, with distancing)</li> <li>- Outdoor Pools</li> <li>- Playgrounds, skateparks, other outdoor recreation spaces</li> </ul>	Remain closed until Phase III <ul style="list-style-type: none"> <li>- Outdoor areas drawing crowds, determined by community feedback.</li> </ul>

<sup>1</sup>Childcare facilities are assessed a lower risk than schools because of a lower number of contacts and better modification potential, especially with CDC/WHO mitigation strategies. The team recognizes that without childcare options, it will be very difficult for San Antonio and Bexar County to successfully reopen.

## Recommended components of Phase II cont.

Community Gathering Spaces	
Re-open in Phase II - Libraries (with physical distancing and risk mitigation)	Remain closed until Phase III - Places of worship (except small gatherings allowing for physical distancing) - Community centers (except where physical distancing and hygiene can be enforced)  Alternative strategy - Places of worship to open, with masks, alternate distance seating, staggered sessions to avoid large crowds. Virtual sessions for elderly and at-risk. Consider some sessions outside with distancing.
Transportation	
Recommend avoiding nonessential travel, but do not ban travel. Consider COVID-19 testing and self-quarantine upon return, especially if travel to communities with higher COVID19 incidence than Bexar County	
Mass Gathering	
Recommend large concerts, gala fundraisers, Fiesta closed in Phase II	
Interpersonal Gatherings	
Allowed: Small social gatherings Example: birthday parties, preferred outdoors, ≤50 people	Not allowed: Large social gatherings Example: Weddings, funerals, with >50 people outdoor preferred
Masking, Hand Hygiene, and Surface Cleaning	
Continued from Phase I including: people who are ≥2 years should wear nonmedical fabric masks while in public	

# PHASE III:

## EASING OF RESTRICTIONS IN THE CONTEXT OF IMPROVING CONDITIONS

Suggested approaches and strategies to guide Phase III activities include:

- Continue increased capacity in operations across businesses and enterprises
- Continue universal hand hygiene and surface cleaning standards
- De-escalate restrictions related to isolation, social distancing, modified work environments and schedules
- High risk businesses and enterprises--those not meeting safety guidelines--will receive targeted support, education, and restrictions until standard guideline conditions are met
- For de-escalation of restrictions related to school, sports, travel, and large/mass gatherings: coordinate with state and federal agencies

Throughout Phase III, public health authorities will monitor **warning indicators** as signs that increased public health safety measures or a return to Phase I or II mitigation and assessment strategies may be needed.

## PHASE IV: PANDEMIC PREPAREDNESS

- Local capacity building
- Biomedical research
- Augment disaster preparedness



## PRINCIPLES FOR A COMMON-SENSE, SMART RECOVERY WITH A FOCUS ON THE MOST MARGINALIZED

- The team recognizes that racial and economic disparities are vast and deep in San Antonio and Bexar County. The guidance requests that our community **prioritize efforts for those most impacted by the COVID-19 pandemic** by focusing response and recovery support in low-income communities, communities of color including immigrants, and LGBTQIA+ communities.
- This is an **intersectional strategy** that ensures that all who are highest risk are reached for assistance, including the **medically at risk, people with disabilities, low wage frontline workers, incarcerated individuals, housing insecure individuals, and seniors**. When these individuals are also low-income or from communities of color, they are the most at risk.



## BREAKTHROUGHS

Any guidance must be adaptable to new developments. Over the next six months or more, new research and breakthroughs in testing and treatment will require changes to the current plans.

Our recommendations provide information regarding how the development of new testing modalities or a safe and effective treatment or vaccine would impact our community response.

# BREAKTHROUGHS

## Testing:

- Rapid on-site testing at work sites and mass gatherings
- Serology Testing: Antibody testing with high validity and reliability; Consensus that immunity is protective and long lasting; Not for diagnosis of current infection. Antibody tests can be used for population studies and to measure herd immunity
- Additional Testing Opportunities (e.g. saliva tests 22 vs nose-throat swab vs nostril swab; home test kits)

## Treatment:

- Safe and effective treatment that is widely available, regardless of income

## Vaccine:

- Safe and effective vaccine: Available to all with no out of pocket expense, regardless of insurance status

## Knowledge of disease transmission:

- Role of Children: Children are less likely to be very sick, but they do become infected. It's not clear what role they play in transmission<sup>25-28</sup>
- Role of Asymptomatic and Pre-symptomatic Infection: Infected but asymptomatic or pre-symptomatic people can potentially spread SARS-CoV-2. Not yet clear how many infections are caused by asymptomatic carriers

## A WAY FORWARD

- ▷ Cautious, data driven steps toward reopening
- ▷ Consideration for those most at risk
  - ▶ Medically at risk
  - ▶ Marginalized communities
- ▷ Caring for one another



## THANK YOU

- The Health Transition Team, liaisons, and advisors
- Support
  - Amanda Reyna, Erin Nichols
- Judge Wolff, Mayor Nirenberg, San Antonio City Council, and Bexar County Commissioners Court
- The Economic Transition Team