

The Miller Report

Mendocino Coast COVID-19 Update for the Week of June 22, 2020

by

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From William Miller, MD, our hospital's Chief of Staff:

COVID Cases on the Rise

As of this writing on Tuesday evening, June 23rd, today ten additional new cases of COVID were identified in our county bringing the total number of confirmed cases up to 72, with one patient currently hospitalized elsewhere. Of these 72, the Fort Bragg area only represents one case. Probably, most of this increase is due to expanded testing in Ukiah. According to the county health department, we have tested just over 9,400 persons here in the county. Compared with other parts of the US and California, this is only a modest rise. The exponential increases seen in the Los Angeles area, as well as parts of the US, cannot be attributed to just an increase in testing. This is because, in those areas, the number of hospital and ICU admissions along with COVID related deaths is also increasing exponentially. Thus, the disease is increasing, not just the number of positive tests results.

As shelter-in-place requirements continue to be rolled back, we will see an increasing number of cases here in Mendocino County. Eventually, we will see more cases here on the Coast. We should not be alarmed by this. It is what we know must eventually happen as we move to restart our economy, so much of which is based on people traveling in and out of our communities. As long as we continue to be mindful, wear face coverings, wash hands frequently and social distance, then the increase in cases should remain gradual and it will be a situation that we can cope with. Unfortunately, there is no way around the reality that there will be people who get infected by this virus and that some of those people will not survive the infection. What we have hopefully achieved by the measures of shelter-in-place is not only a flattening of the curve, but also creating a situation where we will be better able to take care of the people who do become sick.

Consistent surveillance testing of our community is of increasing importance and remains frustratingly difficult to establish. The problem is largely the continued lack of availability of the supplies to perform the test. Our County Supervisors, Ted Williams and Dan Gjerde, along with Dr. Naomi Doohan of the Health Department have been working with Adventist Health – Mendocino Coast (formerly Mendocino Coast District Hospital), Mendocino Coast Clinics and the City of Fort Bragg, to find a way to bring large scale surveillance testing here to the Coast and do so soon. It is our goal to be able to perform 200-300 tests per week on a consistent basis. Currently, it has been in sporadic batches of 100. So, for the moment, consistent, large scale *surveillance* testing is coming, but not quite here yet.

Fortunately, we have been more successful in setting up medical testing here on the Coast. Currently, we can test anyone who is symptomatic upon the order of their primary care provider. We currently are testing all admissions to the hospital who have symptoms and in the next few days will expand that to all patients admitted to our hospital regardless of symptoms. We are also currently testing all surgery patients. At this time, we are not offering antibody testing, because none of the tests available are reliable enough to distinguish between prior COVID infection from certain other coronavirus infections that cause the common cold. Additionally, it is unclear if having antibodies to COVID grants any type of reliable or long term immunity.

However, there are several promising antibody tests being developed that may help better answer some of those questions and when they become available, then we intend to offer them. While testing is very important and helps reduce spread through contact tracing when a person who is infected is identified, it cannot replace the value of those three simple things: face coverings, hand washing and social distancing. It may seem to some that such simple steps cannot be that important, but they are. Others may reject such recommendations because they intrude on our personal liberties. I am sure that most of us, myself included, are tired of hearing about them. However, they are, in fact, the most important thing we can do right now to protect ourselves and our community from this virus. So, thank you for listening once again to that message and for taking those simple steps to protect yourself and others.

From Tabatha Miller, our Fort Bragg City Manager:

COVID-19 Surveillance Testing – The Other Kind

As I write this week's report on Tuesday, June 23, 2020, what may be the last day of individual testing of Essential Workers in Fort Bragg is wrapping up. Mendocino County Public Health provided Mendocino Coast Clinics 100 of the test kits remaining from the surveillance testing program with UCSF. The County's contract with UCSF expired on June 4, 2020 but Public Health was able to work out a deal to process remaining test kits that were distributed around the County. Both Dr. Miller and I have written about the importance of testing, particularly wider spread surveillance testing that allows Health Officials to better understand the spread of the disease and track its progress. This is a critical component of reopening businesses and the economy.

Another tool that is being used to track the spread of the virus in communities is epidemiology testing of wastewater. SARS-CoV-2 is the strain of the coronavirus that causes COVID-19 and it is shed in the stool of COVID-19 patients. Composite testing of wastewater/sewer provides one sample that represents an entire population, not just those few who are tested as part of the surveillance testing or tested because they show signs of the virus. Wastewater testing has been used to track polio in India and illicit drug use in Canada.

Wastewater testing will not tell you who is infected or even the exact number of infected individuals but the testing will detect the virus, the strain or strains circulating in the community and the concentration, which can be used to estimate the number of infected individuals. Although this can be misleading in that detergents, chlorine and disinfectant will kill the virus in wastewater, altering the results. Similarly, individuals with the virus shed it in varying degrees of concentration, so those results will also vary. However, over time these trends can be very helpful in tracking the increase or decrease of COVID-19 in the community and if different

strains are introduced.

Locally, both Lake County and Mendocino County have tested wastewater for COVID-19. In Lake County, the first two weeks of testing were negative but the third week's detection coincided with the first confirmed cases in the County. [Biobot](#), a company out of Cambridge, Massachusetts conducted the Lake County testing. Biobot estimates that their 400 testing sites have tested approximately 10 percent of the population for COVID-19. This is higher than the individual testing capacity in the U.S. of 8.44 percent reported by datausa.io/coronavirus as of June 22, 2020.

Biobot's informational brochure claims that its results consistently detect approximately 10 times more cases than confirmed COVID-19 cases in the populations tested. While Biobot provided free testing in its introductory phase, it now charges for its services. Fort Bragg is in the process of contracting with Biobot for testing once a week for a six-month period. Each test will cost \$1,020, or over \$26,520 for the six-month period. One of the complaints about Biobot in the last stages of its free testing program was that test results were not delivered timely. They have since increased capacity and committed to a 3-day turnaround.

Testing wastewater for COVID-19, if results are timely, may provide an early detection of the virus in Fort Bragg. However, it isn't a substitute for a strong individual surveillance testing program. In a City with an influx of tourists, wastewater testing will not let us know if a detection was from a local, someone isolating at home or just passing through town. It will also not tell us who else the infected person or persons had contact with in the community.