CLINICAL PEARL

- Nearly 1/3 of patients in a case series of 38 patients with COVID-19 in Hubei province, China were found to have ocular manifestations consistent with conjunctivitis, including conjunctival hyperemia, chemosis, and epiphora. By univariate analysis, patients with ocular symptoms were more likely to have higher white blood cell and neutrophil counts and higher levels of procalcitonin, C-reactive protein, and lactate dehydrogenase than patients without ocular symptoms. Ocular findings occurred more frequently in patients with more severe disease. While viral particles have been detected in conjunctival swabs, it is unclear whether ocular fluids contain viable, replication-competent virus or not. A case report from Italy suggests that this may be the case, but additional studies are needed to determine the infectivity of conjunctival fluid from SARS-CoV-2-infected patients. In the meantime, it makes sense to consider ocular fluids as a potential source of SARS-CoV-2 infection.

PUBLIC HEALTH UPDATES

- San Mateo County issued a Health Alert - Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19) on May 14th
  - It provides background information on several cases of a recently reported multisystem inflammatory syndrome in children (MIS-C) associated with coronavirus disease 2019 (COVID-19) and a case definition for this syndrome
  - Healthcare providers should report any patient who meets the case definition to San Mateo County Communicable Disease Control Program at 650-573-2346 during business hours

- New revised San Mateo County Health Officer orders dated May 14th:
  - Home isolation order directing individuals in the county diagnosed with COVID-19 to isolate themselves along with home isolation instructions
  - Home quarantine order mandating individuals in the county who are close contacts of individuals diagnosed with COVID-19 to quarantine themselves along with home quarantine instructions

GUIDELINES

- CDC's guidelines on specimen collection for SARS-CoV-2 diagnostic testing are as follows:
  - For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing an upper respiratory specimen. The following are acceptable specimens:
    - A nasopharyngeal (NP) specimen collected by a healthcare professional; or
    - An oropharyngeal (OP) specimen collected by a healthcare professional; or
    - A nasal mid-turbinate swab collected by a healthcare professional or by a supervised onsite self-collection (using a flocked tapered swab); or
    - An anterior nares (nasal swab) specimen collected by a healthcare professional or by onsite or home self-collection (using a flocked or spun polyester swab); or
    - Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare professional.
  - Swabs should be placed immediately into a sterile transport tube containing 2-3mL of either viral transport medium (VTM), Amies transport medium, or sterile saline, unless using a test designed to analyze a specimen directly, (i.e., without placement in VTM), such as some point-of-care tests.
  - Testing lower respiratory tract specimens is also an option. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended. When under certain
clinical circumstances (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen.  
- Store specimens at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, store specimens at -70°C or below.

**ACADEMIC/RESEARCH PAPERS**

- *Lancet*
  - An outbreak of severe Kawasaki-like disease at the Italian epicentre of the SARS-CoV-2 epidemic: an observational cohort study
  - Hyperinflammatory shock in children during COVID-19 pandemic
  - Interleukin-1 blockade with high-dose anakinra in patients with COVID-19, acute respiratory distress syndrome, and hyperinflammation: a retrospective cohort study

- *Journal of Medical Virology*
  - COVID-19 epidemic: Disease characteristics in children

- *Cleveland Clinic Journal of Medicine*
  - Managing COVID-19 Infection in pediatric patients
  - Management of patients with COPD during the COVID-19 pandemic

- *Annals of Internal Medicine*
  - SARS-CoV-2 Isolation From Ocular Secretions of a Patient With COVID-19 in Italy With Prolonged Viral RNA Detection
  - The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application
  - Epidemiology of and Risk Factors for Coronavirus Infection in Health Care Workers

- *JAMA*
  - Characteristics of Ocular Findings of Patients With Coronavirus Disease 2019 (COVID-19) in Hubei Province, China
  - Characteristics and Outcomes of Children With Coronavirus Disease 2019 (COVID-19) Infection Admitted to US and Canadian Pediatric Intensive Care Units
  - Asymptomatic Seroconversion of Immunoglobulins to SARS-CoV-2 in a Pediatric Dialysis Unit
  - SARS-CoV-2 Rates in BCG-Vaccinated and Unvaccinated Young Adults
  - Interpreting Diagnostic Tests for SARS-CoV-2

- *Nature Medicine*
  - Antibody responses to SARS-CoV-2 in patients with COVID-19

- *medRxiv*
  - Saliva is more sensitive for SARS-CoV-2 detection in COVID-19 patients than nasopharyngeal swabs
  - The Possible Role of Vitamin D in Suppressing Cytokine Storm and Associated Mortality in COVID-19 Patients

- *CDC Emerging Infectious Diseases*
  - High Contagiousness and Rapid Spread of Severe Acute Respiratory Syndrome Coronavirus 2
  - Characteristics and Outcomes of Coronavirus Disease Patients under Nonsurge Conditions, Northern California, USA, March–April 2020
  - Infectious SARS-CoV-2 in Feces of Patient with Severe COVID-19
  - Detection of Severe Acute Respiratory Syndrome Coronavirus 2 RNA on Surfaces in Quarantine Rooms
MMWR

- **Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020**

HOT OFF THE (LAY) PRESS

- **FDA**
  - FDA Authorizes First Diagnostic Test Using At-Home Collection of Saliva Specimens
  - FDA Authorizes First Antigen Test to Help in the Rapid Detection of the Virus that Causes COVID-19 in Patients

- **STAT**
  - Inside the NIH’s controversial decision to stop its big remdesivir study

- **The New York Times**
  - ‘Straight-Up Fire’ in His Veins: Teen Battles New Covid Syndrome
  - Abbott's Fast COVID Test Could Be Missing Cases, Study Says
  - Promising Results From Early Vaccine Tests, Drug Maker Says, Rallying Wall Street
  - At Senate Hearing, Government Experts Paint Bleak Picture of the Pandemic
  - ‘Lives Were Lost’ as Warnings Went Unheeded, Whistle-Blower Tells House
  - ‘Rolling Shock’ as Job Losses Mount Even With Reopenings
  - Fearing of Second Wave, Cal State Will Keep Classes Online This Fall
  - Latin America’s Outbreaks Now Rival Europe’s. But Its Options Are Worse.

- **The New Yorker**
  - Amid the Coronavirus Crisis, a Regimen for Reëntry

- **BBC**
  - Coronavirus: Wuhan in first virus cluster since end of lockdown

- **Blomberg News**
  - Second Waves Are Plaguing Asia’s Virus Recovery

- **Quillette**
  - COVID-19 Superspreader Events In 28 Countries: Critical Patterns And Lessons

- **San Francisco Chronicle**
  - BART, national transit agencies call for $33 billion to keep trains, buses running
  - Once united, Bay Area counties take divergent paths toward reopening

EPIDEMIOLOGY UPDATES

- **US Leads the World in Confirmed COVID-19 Cases** per Johns Hopkins University Center for Systems Science and Engineering Dashboard Website

- **California COVID-19 by the numbers** are available on the CDPH Website and the NYT Map and Table (includes data by county)

- **San Mateo County COVID-19 Dashboard**

- **Santa Clara County COVID-19 Dashboard**

ADDITIONAL COVID-19 RESOURCES:

- **COVID-19 California Statewide Case Statistics**
- **Palo Alto Online tracking the coronavirus** in San Mateo and Santa Clara counties