



North Coast Physician

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The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication. hdncms@sbcglobal.net

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"YELLOW FLOWERS"
Stephen Kamelgarn, M.D.

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Let's Ban Surveys Emily Dalton, M.D.



Why are post marketing surveys so popular now? It seems as though every interaction we have generates a survey request. You purchase an appliance--a survey arrives. You use a video chat application--another survey. You listen to an audiobook--you are asked to write a review. Speak on the phone with a customer representative and invariably you'll be asked to complete a survey about your experience. You hire a repair person--another survey. It's overwhelming. You could spend all your time doing nothing but surveys.

I remember having my car serviced at a San Francisco dealership and the poor representative followed me out to my vehicle as I was leaving to plead privately for ratings of "excellent on all items", explaining that a "good" was considered as terrible as

a "poor" rating for them. Interactions like that give the impression that surveys are being used to pressure and control customer service workers instead of being used as a tool to help managers implement better service policies.

Physicians too, are subject to being surveyed and it's not an enjoyable experience.

As physicians, we are tasked with giving patients what they need, not what they want. While it's nice when those two things are the same, often they are not. Confronting patients or disabusing them of erroneous medical ideas are part of our jobs, but this aspect of medicine does not lend itself to generating great surveys. Do we really want patients who receive a cancer diagnosis to receive a survey about their experience?

I recently had an interaction with a cemetery where my father's ashes are interred. Guess what? I received a survey asking me about my experience as a customer. While I have stopped doing most surveys sent my way, I thought it might be interesting to see what kind of questions our cemetery asks. My favorite inquiry was when they asked if I had made any arrangements for my own demise, and if I would like a friendly call from a customer representative? I thought about it briefly, but then realized that could generate another survey.

Customer satisfaction surveys are overused, and have become oppressive to the people being evaluated. Join me in calling for a ban on these annoying intrusions into our lives. §

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COVID Tracker – Genomic Sequencing to Support Local Case Investigations

By: Jeremy Corrigan, MS, PHM II

Public Health Laboratory Manager

The Humboldt County Public Health Laboratory (HCPHL) has been conducting local diagnostic testing for SARS-CoV-2 to identify patients who have contracted the disease, COVID-19. Testing helps Public Health’s Communicable Disease Prevention and Control unit to identify the prevalence of the disease within the community, conduct investigations, and monitor positive cases in an effort to mitigate transmission of COVID-19.

Chan Zuckerberg (CZ) Biohub, Inc. or, the “Biohub,” is a medical research collaborative comprised of medical researchers from several California universities. To better understand the origin and nature of regional transmission of COVID-19, the Biohub is conducting genomic sequencing of SARS-CoV-2 in various regions. The Biohub has generously offered to provide genomic sequencing services of positive samples collected by HCPHL at no cost. This opportunity will provide Public Health increased understanding of local transmission, which will assist in COVID-19 investigations.

The Biohub has been conducting this type of genomic sequencing for public health departments in California for about two months and they have learned a lot in this brief time with nearly 900 sequences generated for 10 health departments and counting. The HCPHL sends batches of extracted RNA from our de-identified positive samples identified by our lab on a periodic basis. The Biohub generously performs genomic sequencing for positive SARS-CoV-2 to produce a phylogenetic tree for our team to analyze. All sequences are uploaded and publically available on the GISAID database, the primary repository used by the global SARS-CoV-2 sequencing community.

Tree Generation and Collaborative Genomic Epidemiology Analysis

· The Biohub generates a phylogenetic tree from GISAID data with all sequences from California with a subset of sequences from elsewhere in the USA and world for context.

o Multiple sequence alignment.

All the genomes are aligned to the same SARS-CoV-2 reference (Wuhan-Hu-1, NC_045512.2), and locations at which mutations have occurred are determined.

o Tree Building. Shared mutations can represent shared ancestry, and a phylogenetic tree is constructed which is the most consistent with the data (under a maximum likelihood mathematical model).

o Export. The tree is saved as a JSON file for easy sharing and visualization using <http://auspice.us>

· Phylogenetic trees are shared back with our county and team (listed below) by email.

o Hava Phillips – CD Program Supervisor

o Ron Largusa – Epidemiologist

o Gunnar Stoddard – Medical Office Assistant II

o Jeremy Corrigan – Laboratory Manager

· Our team formats private metadata (such as cluster identifier, patient names, workplaces, etc.) into a “csv.” file.

· Our team views the tree using auspice.us and our private metadata client-side (it never leaves their computer) via drag-and-drop.

· Calls between our team and CZ Biohub are conducted to discuss and interpret epidemiological significance

of the genetic relationships.

By allowing our Biohub collaborators to confirm or rule out clusters, we are able to use our genomic data generated (in near real-time) to: resolve ambiguity in contact investigations, identify importations, and understand risk factors and settings for transmission events to inform public health decisions. This data have already proven to be valuable to our county. An example of its use is highlighted below:

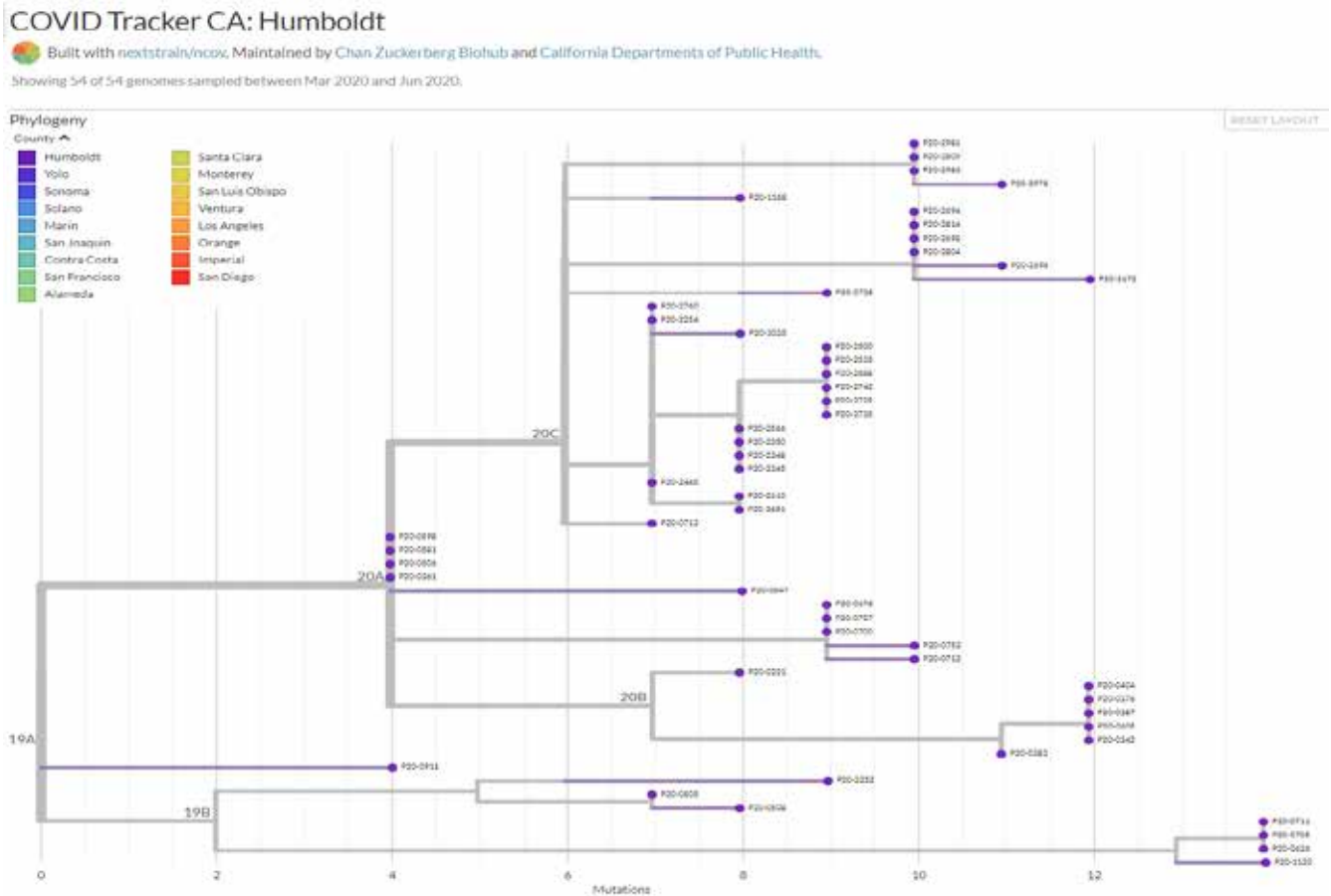
Case Study 1: Humboldt County had relatively few detected coronavirus cases in March and April, and their case investigations suggested that most originated outside of the county. The genetic data confirmed that each case cluster was genetically distinct from each other cluster, suggesting an absence of cryptic community transmission at that time. More recently, genetic data linked three clusters within the county which had a plausible, but not definitive, connection beforehand, indicating that some community transmission is now playing a role.

“Testing”, Continued Next Page

**Give
Blood
Today**



Figure 1: Genetic phylogenetic tree of SARS-CoV-2 positive samples from Humboldt.



Humboldt Health Alert:
<https://humboldt.gov.org/2018/Humboldt-Health-Alert>

Del Norte Health Alert
<http://www.co.del-norte.ca.us/departments/health-human-services/public-health/provider-resources/health-alerts>

Humboldt County COVID-19 Dashboard

Alert Level 3: High Risk. Many cases with conditions for community spread, with many undetected cases likely. Limit everyday activities to increase safety.

CUMULATIVE TOTALS:

Tests: 15,458 Confirmed Cases: 233 Hospitalizations: 17 Recovered: 184 Deaths: 4

Del Norte County COVID-19 Dashboard

CUMULATIVE TOTALS:

Tests: 4,571 Confirmed Cases: 89 Hospitalizations: 0 Recovered: 88 Deaths: 0

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