

**COVID-19 Research Watch**  
May 18, 2020

**NON-PHARMACEUTICAL INTERVENTIONS**

**[Identification and Monitoring of International Travelers During the Initial Phase of an Outbreak of COVID-19 — California, February 3–March 17, 2020](#)<sup>1</sup>**

To prevent introduction of COVID-19 to the U.S., federal officials screened and monitored travelers arriving from China and Iran in February 2020. However, the authors found this effort did not effectively prevent COVID-19 introduction and transmission in California because of several difficulties with monitoring travelers, including: incomplete traveler information, large volume of travelers, errors in reported names, and asymptomatic transmission. While the authors found that the traveler screening system was labor intensive and resource heavy, a revised and fully equipped reiteration may be useful during subsequent disease resurgences.

**REGION-SPECIFIC RESPONSES TO COVID-19**

**[Voluntary collective isolation as a best response to COVID-19 for indigenous populations? A case study and protocol from the Bolivian Amazon](#)<sup>2</sup>**

Indigenous populations are especially vulnerable to COVID-19 because of the higher rates of poverty, morbidity and mortality they face compared to their non-indigenous neighbours. The authors propose an approach with two different phases to mitigate the effects of COVID-19 on the indigenous population and ensure a collaborative and effective plan that includes all stakeholders in the decision process. The first phase includes a mutual collaboration with tribal leaderships to conduct research, coordinate with regional government/public health authorities, provide PPE and medical care, and ensure collective decision making to isolate by regulating interactions of villagers. Phase two involves contact tracing, patient management, case reporting, and isolation responses for individuals who were diagnosed with COVID-19.

**PHARMACEUTICAL INTERVENTIONS**

**[SARS-CoV-2 Rates in BCG-Vaccinated and Unvaccinated Young Adults](#)<sup>3</sup>**

In light of the hypothesis that the BCG vaccine may be protective against COVID-19, Hamiel et al. examined patient data in Israel where the BCG vaccine was routinely administered to newborns from 1955 to 1982. The authors compared a group of 3,064 likely vaccinated patients born in the three years before 1982 (aged 39-41) to a group of 2,869 likely unvaccinated patients born in the three years after 1982 (aged 35-37). The authors found no evidence of a statistically significant difference in the proportion of positive test results when comparing the two groups, with each group having one case of severe disease, and neither group experiencing any deaths. The study did not find evidence that BCG vaccination is protective against COVID-19.

## **TRANSMISSION PATTERNS**

### **[Investigation of a COVID-19 outbreak in Germany resulting from a single travel-associated primary case: a case series](#)**

Bohmer et al used case interviews, epidemiologic methods, and whole genome sequencing to describe human-to-human transmission of SARS-CoV-2 during an outbreak in Bavaria, Germany that originated from one travel-associated case (a Chinese resident visiting Germany) and led to sixteen subsequent cases. The authors determined that the outbreak was comprised of four generations of virus transmission during a sixteen-day period; additionally, both the median incubation period and the median serial interval were four days. The secondary attack rate decreased with diminishing intensity of contact: secondary attack rates were 75% for household contacts who shared an isolation room, 10% for household contacts together until the case was isolated, 5% for those who had non-household close unprotected contact with a case, and 0% for those who had distant unprotected contact with a case. The authors also found that infectiousness frequently began before or on the day of symptom onset, and false negative tests occasionally occurred, suggesting global containment of COVID-19 may be difficult to accomplish.

### **ADDITIONAL RESOURCES**

[UCSF Library COVID-19 Research and Information Resources](#)  
[UCSF Institute for Global Health Sciences COVID-19 Resources](#)  
[UC Davis One Health Institute COVID-19 FAQs](#)  
[Harvard Viswanath Lab Myths vs Facts](#)

**Note on this Document:** This document was assembled by graduate and doctoral students attending the University of California, San Francisco with the intent of facilitating the rapid dissemination of information to the global community in order to help during this time. Carina Ashkar and Sarah Gallalee contributed to these summaries. This work is volunteer based.

### **References:**

- 1 Myers JF, Snyder RE, Porse CC, Teclé S, Lowenthal P, Danforth ME. Identification and Monitoring of International Travelers During the Initial Phase of an Outbreak of COVID-19 — California , February 3 – March 17 , 2020. *2020*; **69**: 599–602.
- 2 Kaplan HS, Trumble BC, Stieglitz J, *et al*. Voluntary collective isolation as a best response to COVID-19 for indigenous populations? A case study and protocol from the Bolivian Amazon. *Lancet* 2020; **6736**: 1–8.
- 3 Hamiel U, Kozer E, Youngster I. SARS-CoV-2 Rates in BCG-Vaccinated and Unvaccinated Young Adults. *JAMA*. Published online May 13, 2020. doi:10.1001/jama.2020.8189
- 4 Böhmer, M.M., et al., Outbreak of COVID-19 in Germany resulting from a single travel-associated primary case. *Lancet* 2020.