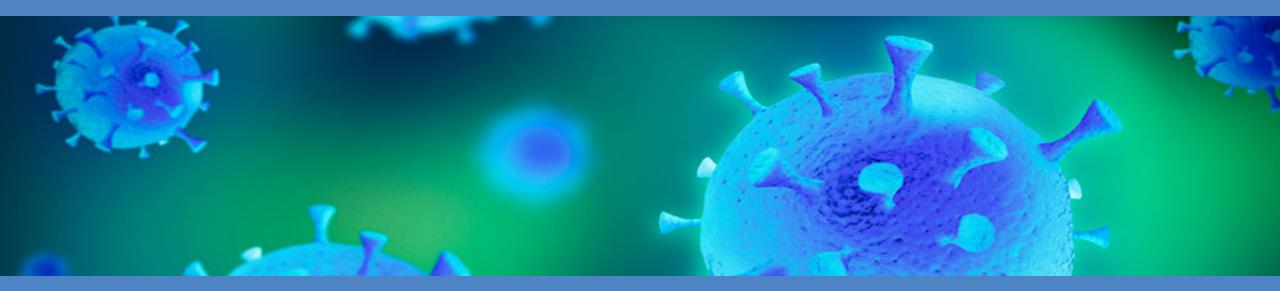
## VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH November 4, 2020





FAMILY PHYSICIANS



## **Technology Notes**

### 1) All participants will be muted upon joining the call.

If you dialed in or out, unmute by pressing #6 to ask a question (and press \*6 to mute).

Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

2) To ask or respond to a question using the *Chat* box, type your question and click the *p* icon or press Enter to send.

Chat (Everyone)	≣∗
Everyone	



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## Overview

International Stress Awareness Day
 National Eating Healthy Day



https://www.health.harvard.edu/blog/go-figure-a-healthyeating-approach-helps-people-be-healthy-2020031618996

VDH info for families: <u>https://www.healthvermont.gov/family/wic</u>

- Reminder: weekly event schedule
  - VCHIP/CHAMP/VDH calls: Mon/Wed/Fridays; Gov. Media Briefings Tues/Fri; VMS call with Comm. Levine Thurs.
- □ Situation, VDH, CDC, UVM CH/MC/HN updates
  - Special guests: Drs. Lewis First and Erica Gibson
- Practice Issues: Approach to STI Testing; Winter Sports Guidance

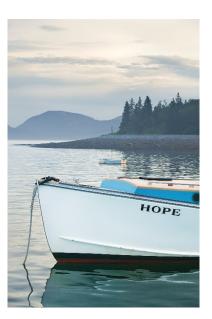


Photo by Peter Ralston, courtesy of Heather Cox Richardson



□ Q & A, Discussion



[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we're providing today may change quickly] <sup>3</sup> November 4, 2020

## Today's Chuckle (thank you, Barb Frankowski!) & Trivia

### □ The New Yorker/The Borowitz Report:

- In an early-morning victory statement that took many in the N.F.L. by surprise, the Cincinnati Bengals have declared themselves the winners of next February's Super Bowl." <u>https://www.newyorker.com/humor/borowitz-report/cincinnati-bengals-announce-that-they-have-won-super-bowl</u>
- "The declaration of victory seemed designed to stir controversy, in no small part because sixty minutes of the sixty-minute-long contest have yet to be played. But the Bengals remained defiant, arguing that no touchdowns, extra points, field goals, or safeties scored after their announcement should count. "As far as we're concerned, we've already won," the Bengals said."

How many women have served as Vermont's Lieutenant Governor?

• Answer to above: previously 3, now 4 with Ms. Gray

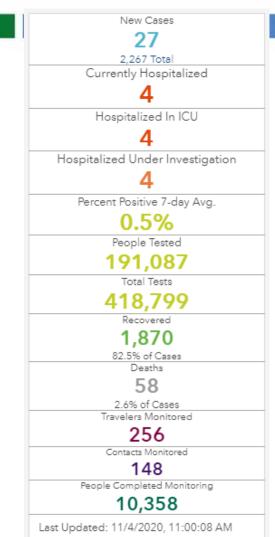
DEPARTMENT OF HEALTH

- Name them Answer: Consuelo Bailey, Madeleine Kunin, Barbara Snelling
- Name the Governors with whom they served Answer: Johnson, R. Snelling, Dean VERMONT





# Situation update



□ Election Day +1 (and waiting...)

### U.S.: 9.4 million+ cases; 232,607 deaths

- https://www.nytimes.com/interactive/2020/us/coronavirus-uscases.html (updated 11/4/20)
- 11/3/20: 92,66 new cases & 1,130 deaths
- Past week: average 88,168 cases/day (increase of 46% from average 2 weeks ago)
- 1.2 million+ deaths worldwide

### □ VDH Weekly Data Summary (10/30/20):

- https://www.healthvermont.gov/sites/default/files/documents/pdf/ COVID19-Weekly-Data-Summary-10-30-2020.pdf
- Weekly Spotlight Number of Contacts Per Case: how the # of close contacts/case of COVID-19 has changed over time



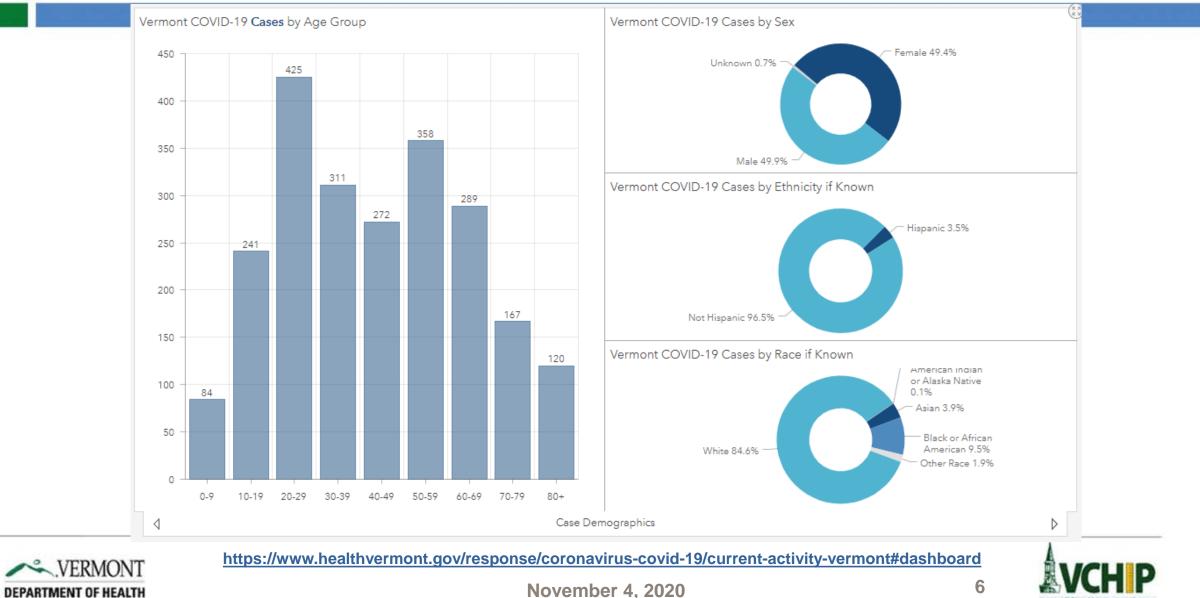
https://www.healthvermont.gov/response/coronavirus-covid-19/current-activity-vermont#dashboard



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November 4, 2020

# Situation update



**November 4, 2020** 

our Child Heath Inc. UNDERSITY OF VERMONT LARNER COLLEGE OF WEDC

## UVM Children's Hospital, UVM MC/Health Network Update

Lewis First, MD, Professor and Chair, Dept. of Peds LCOM; Chief of Pediatrics, UVM Children's Hosp.

- "We are playing the long game...we've been grateful & collaborative. Your patients and your patience are important to realize we will get through this. Our resiliency is important."
- Cyberattack on the UVMMC, Children's Hospital & Health Network (6 systems across the U.S.)
  - Goal is to provide **safe care**; VITL utilized for some tracking of labs & after visit summaries.
- Communication:
  - Emails sent via @uvmhealth.org email not getting through. UVM faculty with @uvm.edu accounts or @med.uvm.edu accounts may be able to receive email via these accounts. Internal communication happening via text chains.
  - **Call Provider Access Service (PAS)** and request call back for specialty consultation, urgent lab results, etc.
  - All oncology patients have paper records; continue to receive chemotherapy and treatment as per usual protocols.
  - **D** ED communication also working to be available & maintain communication
- " "Text or call me [Dr. First] and I will get the information to the specialist you need."
- Current situation: #s of COVID-19 cases, incl. children, increasing; visitor/other policies subject to change.
- NOTE: We have NO SCHEDULE for pt. appts. starting tomorrow. Patients can still come; requesting they bring meds & previous after visit summaries. Please let families know if coming to Specialty Center.
- "We are Pediatric Nation in Vermont. We are so fortunate to have each other. Let's be grateful that we have this environment.







## VDH Updates: School Cases

### **Cases in Vermont K-12 Learning Communities While Infectious**

	Learning Community	Cases Reported In the Past 7	Total Cases	
	Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.	an 25 students are reported in the		
	TOTAL FOR ALL SCHOOLS	11	39	

- Vermont School Based COVID-19 Transmission (dashboard)
  - https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf
  - Table now updated Tuesday w/data through previous Sunday; removed "Recovered" category)
  - As posted 11/3/20: 39 total cases; 11 cases reported in past 7 days.
- School cases
- □ VT College & University dashboards:
  - https://dfr.vermont.gov/about-us/covid-19/school-reopening
  - St. Michael's College outbreak: 65 total cases as of 11/2/20





## CHAMP Learning Session (10/13/20) Materials Now Posted!

### □ Thank you, Avery Rasmussen and Angela Zinno!

- Learning session website with recordings and slide decks: <u>http://www.med.uvm.edu/vchip/champ/champ\_2020\_learning\_session</u>
- Link directly to Dr. Berwick's keynote recording: <u>https://uvm-vchip.adobeconnect.com/champ2020learningsessionmoraldeterminantsofhealth/event/registration.html</u>
- Link directly to Dr. Berwick's keynote slide deck (NOTE this will be removed from the website 30 days from the date posted): <u>http://contentmanager.med.uvm.edu/docs/keynote\_berwick/vchip-</u> <u>documents/keynote\_berwick.pdf?sfvrsn=5b9b1922\_2</u>





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# **NEW** from the CDC/MMWR



- Birth and Infant Outcomes Following Laboratory-Confirmed SARS-CoV-2 Infection in Pregnancy — SET-NET, 16 Jurisdictions, March 29–October 14, 2020 (<u>https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e2.htm?s\_cid=mm6944e2\_w</u>)
  - (Early Release 11/2/20) "Already known": pregnant women with SARS-CoV-2 at increased risk for severe illness compared with non-pregnant women. Adverse pregnancy outcomes such as preterm birth and pregnancy loss have been reported.
  - "Added by this report": among 3,912 infants w/known gestational age born to women with SARS-CoV-2 infection, 12.9% were preterm (<37 weeks), higher than natl. est. of 10.2%. Among 610 (21.3%) infants w/testing results, 2.6% had positive SARS-CoV-2 results, primarily those born to women with infection at delivery.





## **NEW** from the CDC/MMWR



 Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–October 3, 2020

(https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6944e3-H.pdf)

- (Early Release 11/2/20) "Already known": limited information suggests that pregnant women with COVID-19 might be at increased risk for severe illness compared with non-pregnant women.
- "Added by this report": in an analysis of approximately 400,000 women aged 15–44 years with symptomatic COVID-19, intensive care unit admission, invasive ventilation, extracorporeal membrane oxygenation, and death were more likely in pregnant women than in non-pregnant women.





# **Practice Issues**

# STI Testing Guidance in the Setting of Supply Shortages Winter Sports Programs for the 2020-2021 School Year







NUVCIIINCI T, LULU

# Approach to STI Testing (thank you, Erica Gibson! Slide 1/5)

APPROACH TO **Gonococcal/Chlamydia\*** TESTING DURING PANDEMIC LAB TESTING SUPPLY SHORTAGE Sources: CDC, VDH HAN Nov 2, UVMMC alert Sept 10 Nov 4 <u>2020 . EGibson</u>

GOAL OF GUIDANCE:

- 1. Prioritize individuals most likely to experience complications
- Maximize the number of infected individuals identified and treated as much as possible in your setting during the shortage

WHAT ARE THE SUPPLY ISSUES?

- 1. 71% of labs have a shortage of supplies for STI testing
- 2. Affecting all labs: Hospital, Public Health, Commercial, Private
- 3. UVMMC lab alert Sept 10 Shortage of yellow urine GC/CT collection tubes
  - a. Okay to send if you have them but supplies cannot be replenished by UVMMC
  - b. Only test patients:
    - i. With symptoms
    - ii. At high risk
    - iii. With known exposure





# Approach to STI Testing (Slide 2/5)

### SYMPTOMATIC PATIENTS:

- 1. PEOPLE WITH SYMPTOMATIC CERVICITIS OR PELVIC INFLAMMATORY DISEASE (PID)
  - a. Treat empirically for both GC and CT
  - b. Vaginal swab (orange) PREFERRED, only for 16yo and older
    - i. Lab: Running NAATS
  - c. Endocervical swab (white) SECOND CHOICE
    - i. Lab: Running NAATS
- 2. PEOPLE WITH PENILE SYMPTOMATIC URETHRITIS
  - Test first if you can to determine if Gonococcal Urethritis or Non-Gonococcal Urethritis (NGU) then treat accordingly.
    - i. Urine sample (yellow tube). SAVE YOUR YELLOW URINE COLL TUBES FOR THESE PTS!
      - 1. Lab: Running NAATS
    - ii. Urethral swab (white, same as cervical)
      - 1. Lab: Running NAATS (CDC recommends backup Gram stain, Methylene blue)
  - b. If no test collection available then treat empirically for GC and CT
  - c. If treat empirically for GC and CT anyway then send test if possible to:
    - i. Confirm diagnosis
    - ii. Inform partner management
    - iii. Inform future management if symptoms persist or recur

### 3. PEOPLE WITH SYMPTOMATIC PROCTITIS

- a. Treat empirically for both GC and CT
- b. Consider Herpes (HSV) treatment if pain or mucocutaneous lesions present
- c. If rectal swab (white, same as cervical) available then test also.





# Approach to STI Testing (Slide 3/5)

### CONTACTS OF PATIENTS WITH GC/CT:

- 1. Treat empirically for appropriate organism
  - a. VT Expedited Partner Therapy for STIs rule allows health care professionals to prescribe medication to the sexual partner(s) of a patient diagnosed with a sexually transmitted infection without examining them.





# Approach to STI Testing (Slide 4/5)

### ASYMPTOMATIC PEOPLE WITH VAGINA-CERVIX-UTERUS:

- 1. Screen if:
  - a. <25yo (especially if pregnant)
  - b. >25yo who are at risk
    - i. new sex partner, multiple partners, partner with multiple, partner with STI
- 2. Vaginal swab (orange) preferred
  - a. Urine sample (yellow tube) if available and no swab available.
- 3. Extra-genital (pharynx, rectum) not recommended

### ASYMPTOMATIC PEOPLE WITH A PENIS WHO HAVE SEX WITH PEOPLE WITH A PENIS:

- 1. Rectal and pharyngeal testing should be prioritized above urine/urethral based testing if indicated
  - a. In order to maximize the detection of infection
- 2. If test kits are severely limited rectal testing should be prioritized over pharyngeal testing.

### ASYMPTOMATIC PEOPLE WITH A PENIS WHO HAVE SEX WITH PEOPLE WITH A VAGINA-CERVIX-UTERUS:

1. Screening is not recommended

### CONSIDER EXTENDING ROUTINE SCREENING INTERVALS FOR THOSE WHOM SCREENING IS RECOMMENDED EVERY 3 MOS IF TESTING IN SHORT SUPPLY:

- 1. Men who have sex with men (MSM) & Penile/Penile partners
  - a. High risk
  - b. Those using PrEP





# Approach to STI Testing (Slide 5/5)

### SWAB USE:

Orange: vaginal, only 16yo and older White with purple writing: cervical, urethral, rectal, oropharynx



### UVMMC MICRO UPDATES:

As long as you have the testing supplies you can send them. All testing available in lab (rectal/OP send out to Mayo)

\*Does not apply to HIV and Syphilis testing \*Reinstitute 2015 CDC STI Guidelines when shortages resolve



November 4, 2020





VT Agency of Natural Resources Secy. Julie Moore

□ Gov. Scott did not participate in deference to election

□ Topics:

- School-based winter sports guidance Secy. Moore
- Ski Industry operations Ted Brady, Deputy Secy. VT Agency of Commerce & Community Development
- COVID-19 Modeling Dept. of Financial Regulation Michael Pieciak
- Health update VDH Commissioner Mark Levine







# **Tuesday Media Briefing**



VT Agency of Natural Resources Secy. Julie Moore

- Winter Sports Programs for the 2020-2021 School Year <u>https://vem.vermont.gov/winter\_sports</u>
- □ General:
  - Supporting in-person instruction remains the priority
  - Developed w/input from health experts/educators; reviewed by VDH/AOE
- Sports typically offered in VT: Nordic/downhill skiing, snowboarding, basketball, bowling, competitive cheer, dance, gymnastics, hockey wrestling, & indoor track.

Contact & setting are important factors - & associated risk could not be mitigated for wrestling and indoor track. No vocal routines for cheer.







## Winter Sports Programs for the 2020-2021 School Year (cont'd.)

- No spectators at events, practices, indoor games "key personnel" only (basketball, bowling, competitive cheer, dance, gymnastics, hockey)
- □ Mask mandate continues; extends to referees for indoor sports.
- □ Begin practices, inter-squad scrimmages on/after Nov. 30
- Games/meets/competitions begin no earlier than January 11.
  Intentional 6-week interval to allow for health officials to look for trends & make adjustments as needed (data could lead to additional restrictions)

Social events strongly discouraged due to transmission risk







Ted Brady, Dep. Secy. VT Agency of Commerce & Community Dev.

- □ 6 specific areas add layers of protection for skiers, workers, community
  - All customers must attest to having read, understand, be in compliance w/VT travel/quarantine policies upon arrival.
  - Resorts must collect/maintain info needed for contact tracing daily.
  - Resorts shall reduce reliance upon out-of-state staff (ski patrol, instructors).
  - Lift operations/line mgt.: reduce capacity to 50% except for party traveling together (e.g., family of 4 could ride quad chair)
  - Base lodges: reduce to 50% fire occupancy max 75 ppl in one unitue space not matter the size.
  - Resorts to offer "very lenient" cancellation policies to discourage skiers from coming when ill.



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- Modeling Commissioner Pieciak:
- □ National: 7d.-average cases increasing; more geographically diverse.
- □ Regional: new case growth up 23% week over week.
- □ Although regional, VT cases increasing, other regions seeing greater incr.
- □ Time lapse of travel map now available on DFR web site.
- Even 11/14 VT counties exceed threshold; down to 332K (lowest # yet) can come from out-of-state w/o quarantine (vs. originally 19m. on 6/26).
- Forecast: more stable/improved vs. last week: slower growth next 4-6 weeks, potential peak as high as ~40 cases/d. "Could go either way."
- RESTART metrics all stable; lowest fatality rate in U.S. since beginning







# Tuesday Media Briefing (cont'd.)

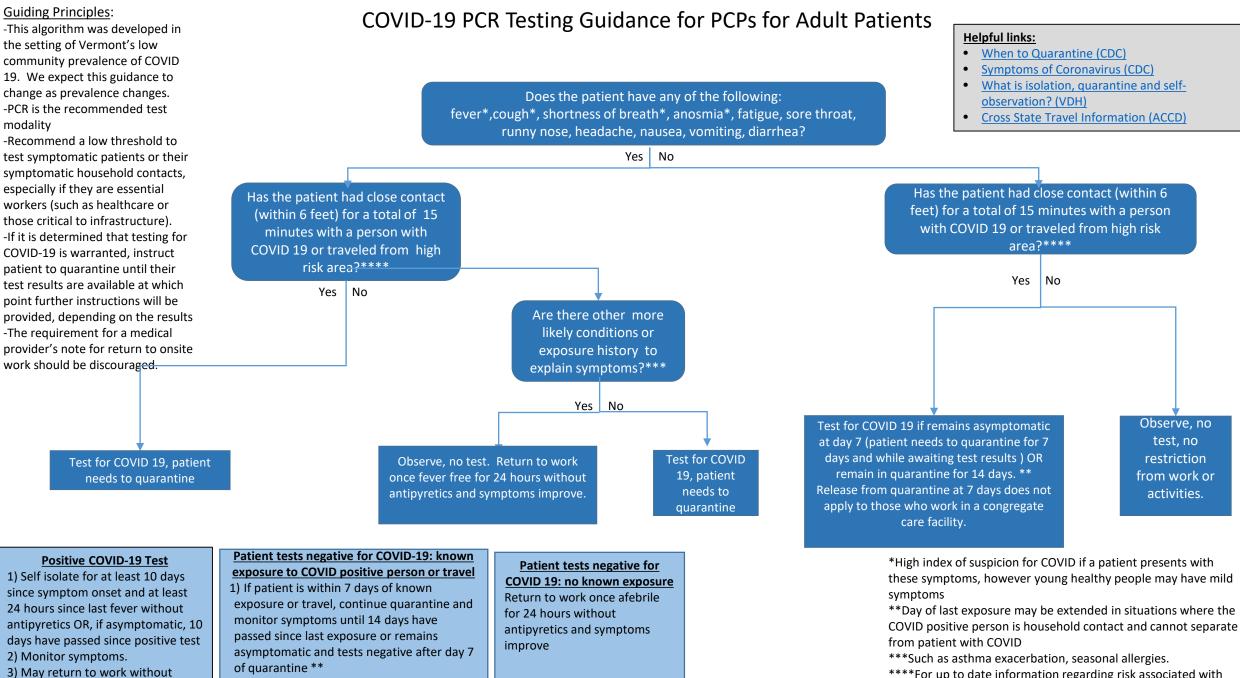
### VDH Commissioner Levine

- "Avoid travel if you can it will increase your risk of getting COVID-19."
- Visitors, including your returning college student, *must quarantine*, which means:
  - Wear a mask in common spaces
  - Use separate bathrooms
  - Eat separately
  - Stay 6 ft. apart & don't be in close contact w/other household members.
  - SEE new update page re: isolation & quarantine. <u>https://www.healthvermont.gov/response/coronavirus-covid-19/traveling-vermont</u>









2) Return to work without restrictions once

quarantine has ended.

restrictions once self isolation

period has ended.

\*\*\*\*For up to date information regarding risk associated with travel, visit https://accd.vermont.gov/covid-19/restart/cross-state-travel.

### Happening Soon: Vermont Medical Society 207<sup>th</sup> Annual & Collaborative Meeting

### https://vtmd.org/annual-meeting



### AGENDA: 2020 VIRTUAL VMS ANNUAL MEETING & COLLABORATIVE MEETING WITH VTAFP, VPA & AAPVT

### A.M. SESSION

8:00: Zoom Opens! 8:15: Welcome 8:30-10:30: <u>VMS Annual Business Meeting</u> 10:45-12:15: Awards Presentations

#### P.M. SESSION

12:25-12:45: Welcome

- 12:45-1:45: Creating an Organizational Culture Through Equity w/ Marie-Elizabeth Ramas, M.D., FAAFP
- 1:45-2:30: Impacts of Delayed Care on Health Care Outcomes w/ Fan Tait, M.D., FAAP
- 2:45-3:45: Family Detention, COVID, and the Ethical Duties of Doctors in Immigration Detention w/ Scott Allen, M.D., FACP
- 3:45-4:45: What Does the Next Year in Healthcare Look Like in Vermont? w/ Commissioner Mark Levine, M.D., Secretary Michael Schirling, & Commissioner Michael Pieciak
   4:45- 5:00: Wrap-Up







## From Let's Grow Kids

 The Fantastically True Story of the Super Early Educators & the Big Bad COVID: A Vermont Kids' Story
 <u>https://www.youtube.com/watch?v=XsJzGtx3do0&feature=youtu.be</u>



"I want to be a neurosurgeon"









THE FANTASTICALLY TRUE STORY OF + THE SUPER EARLY EDUCATORS & THE BIG BAD COVID:

A VERMONT KIDS' STORY

"Oh – I can't wait for 2021!"

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## Questions/Discussion

- □ Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- □ For additional questions, please e-mail: <u>vchip.champ@med.uvm.edu</u>
  - What do <u>you</u> need how can we be helpful (specific guidance)?
- VCHIP CHAMP VDH COVID-19 website: <u>https://www.med.uvm.edu/vchip/projects/vchip\_champ\_vdh\_covid-19\_updates</u>
- Next CHAMP call: Friday, November 6, 12:15-12:45 (current schedule: M-W-F)
- □ Please tune in to VMS call with VDH Commissioner Levine:

*Thursday, November 5, 12:30-1:00 p.m. –* Zoom platform & call information:

□ Join *Zoom* Meeting:

https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09

- Meeting ID: 867 2625 3105 / Password: 540684
- One tap mobile +1 646 876 9923, 86726253105#, 0#, 540684# Dial In- +1 646 876 9923 / Meeting ID: 867 2625 3105 / Password: 540684



