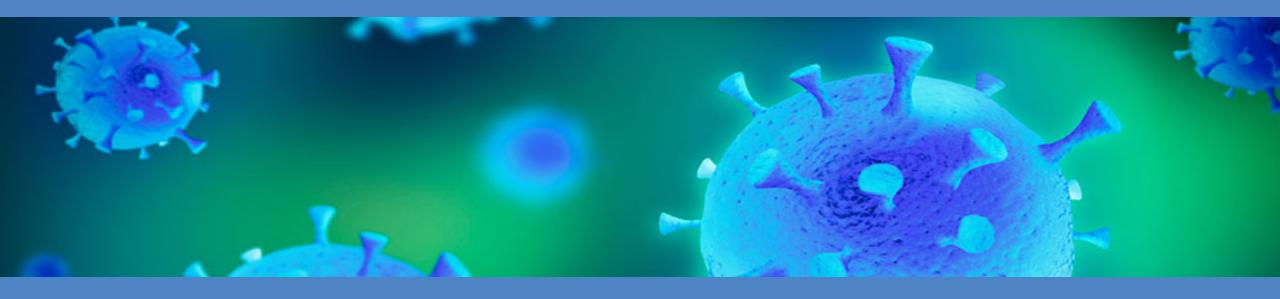
VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH December 14, 2020









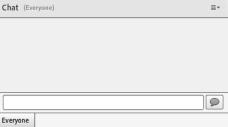
Technology Notes

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 licon or press Enter to send.







Overview

- COVID-19 Vaccine Distribution Day
- Electoral College to certify the Presidential election
 - Vermont results (10 a.m.): 3 votes for Biden-Harris

https://classroommagazines.scholastic.com/election/civics-in-action/the-electoral-college.html

- □ A sad anniversary: Sandy Hook Elementary School shooting (2012)
- Reminder: weekly event schedule
 - VCHIP/CHAMP/VDH calls: Mon/Wed/Fridays; Gov. Media Briefings Tues/Fri; VMS call with Comm. Levine Thursday
 - <u>NEXT</u> week (for 2 wks ONLY): Mon/Wed only (12/21, 23, 28, 30)
- □ Situation, VDH, CDC updates
- □ Practice Issues: **Asthma Update 2020**
- Q & A, Discussion



[Please note: the COVID-19 situation continues to evolve very rapidly information we're providing today may change quickly]

December 14, 2020



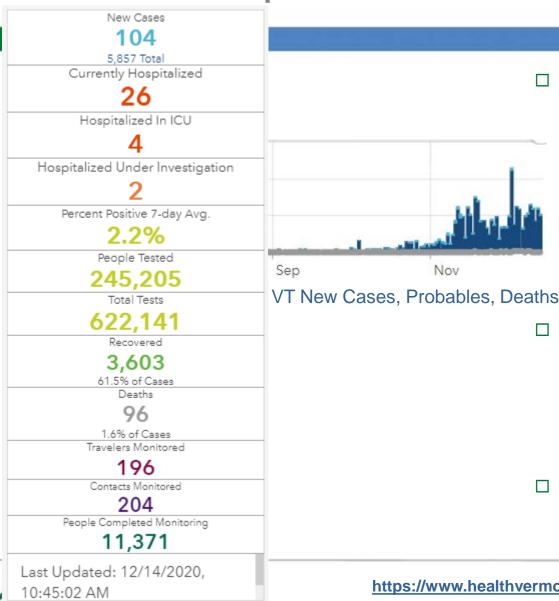
Reminder: Data Dashboard Change (effective 12/2/20)

- Vermont COVID-19 cases now includes probable cases reported to VDH since September 6, 2020.
- Definition:
 - Person tested positive on antigen test and has symptoms of COVID-19 or epidemiologic evidence, OR
 - Person has symptoms of COVID-19 and is epidemiologically linked to a confirmed case of COVID-19.





Situation update



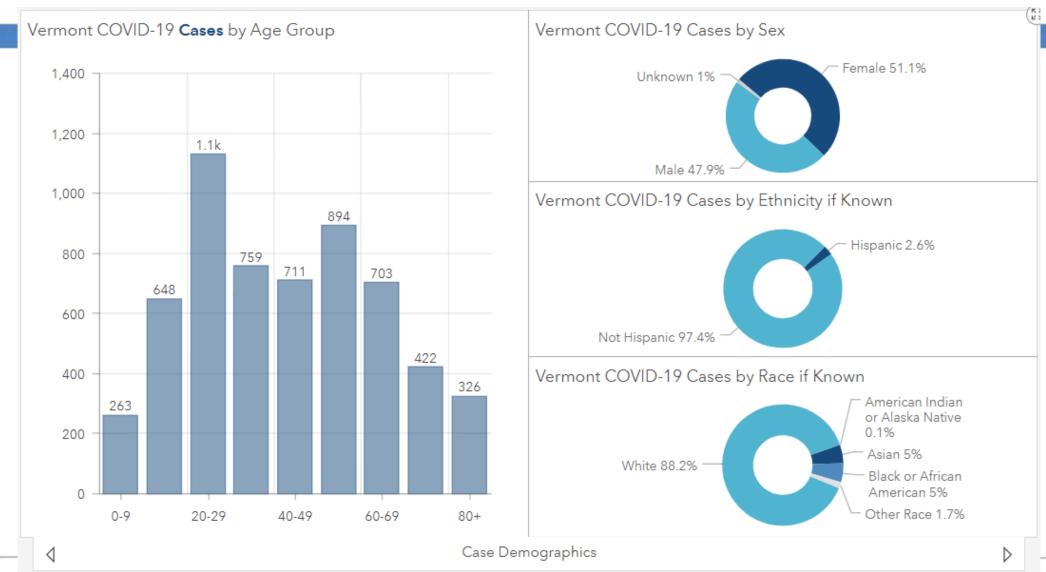
U.S. 16.3 million+ cases; 299,328 deaths

- https://www.nytimes.com/interactive/2020/us/coronavirusus-cases.html (updated 12/14/20)
- 12/13/20: 184,248 new cases; 1,357 d.; 109,331 hosp.
- Past week: average 210,112 cases/day (increase of 30% from average 2 weeks ago)
- 1.6 million+ deaths worldwide (71.5 million+ cases)
- VDH Weekly Data Summary(12/11/20)
 - Weekly Spotlight Topic: High Risk Populations
 - VTers ≥60 yo or w/pre-existing health conditions are at highest risk for serious COVID-19 outcomes.
- Find previous summaries at:
 - https://www.healthvermont.gov/covid-19/currentactivity/weekly-data-summary

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

Nov

Situation update







COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

- COVID-19 Cases in Vermont K-12 Learning Communities While Infectious (dashboard)
 - https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf
 - Table updated **Tuesday** w/data through previous Sunday. As posted 12/8/20: **158** total cases; 20 cases reported in preceding 7 days (up from 18 reported previous week).

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.	Cases Reported in the Past 7 Days	Total Cases
TOTAL FOR ALL SCHOOLS	20	158

- VT College & University dashboards:
 - Now on break from on-campus learning: https://dfr.vermont.gov/about-us/covid-19/school-reopening



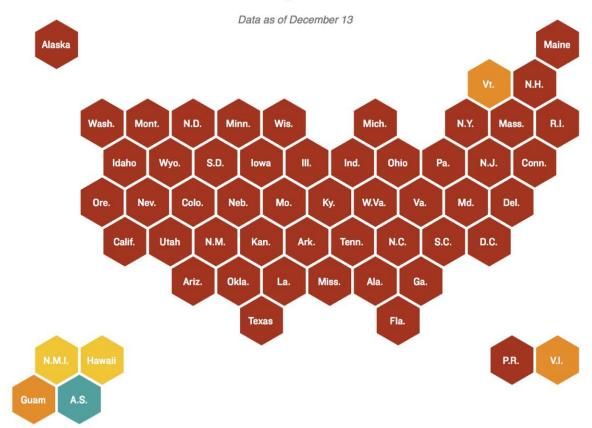


Vermont in the News (thank you, Buzz Land)

NPR heat map (12/13/20)

https://www.npr.org/sections/health-shots/2020/09/01/816707182/map-tracking-the-spread-of-the-coronavirus-in-the-u-s

50 Places Are At The Highest COVID-19 Risk Level



RED

Threshold: 25+ daily new cases per 100,000 people

Indicates: unchecked community spread

ORANGE

Threshold: 10-24 daily new cases per 100,000 people

Indicates: escalating community spread

YELLOV

Threshold: 1-9 daily new cases per 100,000 people

Indicates: potential community spread

GREEN

Threshold: <1 daily new case per 100,000 people

Indicates: close to containment





VDH Update: Testing

- Capacity appears to be meeting needs of Vermonters; open to feedback if providers having trouble with access (please email vchip.champ@med.uvm.edu & breena.holmes@vermont.gov)
- □ Test result turn-around is <u>2-3 days</u> & smoother this week. Please advise if pts. experiencing longer delays; occasional "glitches."
- Following up on use of dual rapid tests for influenza & COVID-19 (concerns re: false positive flu in setting of low community transmission) – please stay tuned!





VDH Update: Schools

- Schools: several cases/several schools w/in a district (few communities); not linked still seeing v. low in-school transmission
 - A few large school districts going remote through the end of the calendar year for staffing reasons, community anxiety and logistics.
 - Burlington school district classes/bldgs. remote TODAY (w/6 more COVID-19 cases over WE: 2 at Flynn Elementary; 1 at Seahorse Engagement Center; 1 at Edmunds Elementary and 2 at Edmunds Middle School)
 - Flynn Elementary School, Edmunds Elementary and the Seahorse Engagement Center will only be moving to remote learning for certain affected classes – per WCAX News and Supt. Tom Flanagan, BSDVT)
 - Edmunds Middle School is closing for remote learning Monday and Tuesday because of staffing challenges and safety precautions.

Winooski: increase in cases again which affects the schools.

VDH Update: Schools and COVID-19 Stigma

- VDH School & Childcare Branch hearing more re: bullying of students who have COVID-19 & entire pod must move to remote learning (affected students blame their classmate with positive result)
- Language for school leaders to share with their communities:
 - Together we must support those who become infected with this virus. These "COVID cases" are our friends, family, and neighbors, and we need to treat them with understanding and empathy.
 - Many individuals who are sick with COVID-19 suffer from uncomfortable symptoms and emotional stress, and you can assist them by not partaking in negative chatter or speculation. If appropriate, we recommend that you reach out to community members affected by quarantine & offer help. With creative action from us all, we will get through the period of anxiety and disruption. Thank you for your investment in the health and wellbeing of our school community.



CDC Update: COVID-19 Vaccine Calls/Information

- □ TODAY: 1 2 pm Eastern time COCA call on "What Every Clinician Should Know About COVID-19 Vaccine Safety"
 - https://emergency.cdc.gov/coca/calls/index.asp
- December 13, 2020: What Clinicians Need to Know About the Pfizer-BioNTech Vaccine
- Coming Wednesday to THIS call: additional details on vaccine distribution, resources to address vaccine hesitancy, and MORE!





VCHIP-CHAMP Email Update

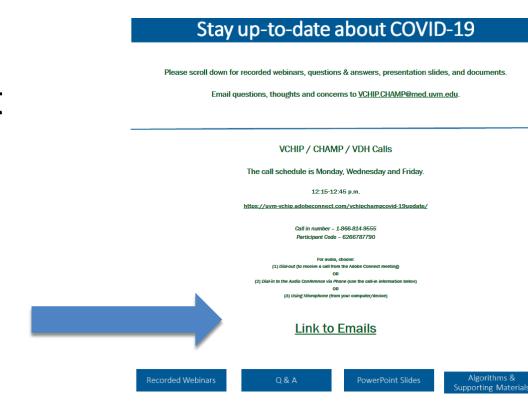
- Had received inquiries re: post-call emails not being received last few weeks (unclear if related to cyber attack)
- Continuing to work with LCOM Information Systems (COMIS) to remove (automatic) block due to large percentage of messages marked as spam by many recipients originating from our VCHIP-CHAMP mailbox
- Created a UVM LISTSERV to hopefully resolve the issue. Replies to the LISTSERV will still go to <u>vchip.champ@med.uvm.edu</u>.
 - Please continue to use vchip.champ@med.uvm.edu for feedback/inquiries
- □ Please continue to let us know if you are NOT receiving emails.





CHAMP E-Mail Distribution

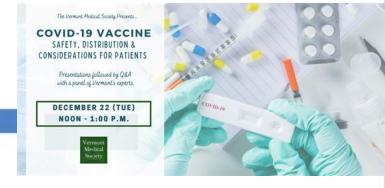
For now, we will continue to post email on our landing page following the call and it will remain there until the subsequent email is posted







Coming Attraction: VMS Vaccine Panel



- COVID-19 Vaccine: Safety, Distribution & Considerations for Patients
- □ Presentations followed by Q&A with a panel of Vermont's experts:
 - Developing and approving COVID vaccines quickly and safely & what side effects and monitoring needs to expect between Pfizer and Moderna vaccines with Dr. Beth Kirkpatrick
 - The ethics of vaccine prioritization and distribution planning with Dr. Tim Lahey
 - Talking to patients about getting vaccinated and specifically considerations in pregnant and lactating women with Dr. William Raszka
- □ Tuesday, Dec. 22, 2020 12:00 PM Eastern; register at:

https://us02web.zoom.us/webinar/register/WN_7VyHgGqiRkuDdbtCbxl8cQ



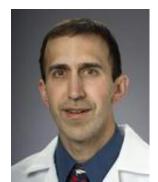


Practice Issues

Asthma Update 2020

NAEPPCC Expert Panel Recommendations

Thomas Lahiri, MD FAAP – Director, Pediatric Pulmonology



University of Vermont Children's Hospital





Asthma Update 2020

NAEPPCC Expert Panel Recommendations

Thomas Lahiri, MD
Director, Pediatric Pulmonology



Abbreviations

- SABA: short-acting bronchodilator
- ICS: inhaled corticosteroid
- LABA: long-acting bronchodilator
- LAMA: long-acting muscarinic antagonist
- LTRA: leukotriene receptor antagonist

Figure I.b: Stepwise Approach for Management of Asthma in Individuals Ages 0-4 Years

	Intermittent Asthma	Management of Persistent Asthma in Individuals Ages 0-4 Years				
						STEP 6
Treatment	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	SILFO
	PRN SABA and	Daily low-dose ICS and PRN SABA	Daily low-dose ICS-LABA and PRN SABA▲	Daily medium- dose ICS-LABA and PRN SABA	Daily high-dose ICS-LABA and PRN SABA	Daily high-dose ICS-LABA + oral systemic
Preferred	At the start of RTI: Add short course		Or	did FRN SALA	FRIT SADA	corticosteroid and PRN SABA
ricienea	daily ICS▲		Daily low-dose ICS + montelukast,* or daily medium-dose			
			ICS, and PRN SABA			
Alternative		Daily montelukast* or Cromolyn,* and PRN SABA		Daily medium- dose ICS + montelukast* and PRN SABA	Daily high-dose ICS + montelukast* and PRN SABA	Daily high-dose ICS + montelukast*+ oral systemic corticosteroid and PRN SABA
For children age 4 years only, see Step 3 and Step 4 on Management of Persistent Asthma in Individuals Ages 5-11 Years diagram.						

Assess Control



- First check adherence, inhaler technique, environmental factors, ▲ and comorbid conditions.
- Step up if needed; reassess in 4-6 weeks
- Step down if possible (if asthma is well controlled for at least 3 consecutive months)

Consult with asthma specialist if Step 3 or higher is required. Consider consultation at Step 2.



Control assessment is a key element of asthma care. This involves both impairment and risk. Use of objective measures, self-reported control, and health care utilization are complementary and should be employed on an ongoing basis, depending on the individual's clinical situation.

Abbreviations: ICS, inhaled corticosteroid; LABA, long-acting beta₂-agonist; SABA, inhaled short-acting beta₂-agonist; RTI, respiratory tract infection; PRN, as needed

- ▲ Updated based on the 2020 guidelines.
- * Cromolyn and montelukast were not considered for this update and/or have limited availability for use in the United States. The FDA issued a Boxed Warning for montelukast in March 2020.

Short course of ICS for 0-4 Years

- For infants/children with 3+ episodes of viral associated wheezing
- Or 2 episodes in the past year
- Panel recommends concomitant ICS daily for 7-10 days and SABA at onset of symptoms
- Based on studies with budesonide 1 mg twice daily (2-4 times the usual maintenance dose)



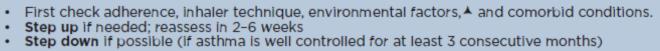




Figure I.c: Stepwise Approach for Management of Asthma in Individuals Ages 5-11 Years

	Intermittent Asthma	Management of Persistent Asthma in Individuals Ages 5–11 Years				
Treatment	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
Preferred	PRN SABA	Daily low-dose ICS and PRN SABA	Daily and PRN combination low-dose ICS-formoterol	Daily and PRN combination medium-dose ICS-formoterol	Daily high-dose ICS-LABA and PRN SABA	Daily high-dose ICS-LABA + oral systemic corticosteroid and PRN SABA
Alternative		Daily LTRA,* or Cromolyn,* or Nedocromil,* or Theophylline,* and PRN SABA	Daily medium- dose ICS and PRN SABA or Daily low-dose ICS-LABA, or daily low-dose ICS + LTRA,* or daily low-dose ICS +Theophylline,* and PRN SABA	Daily medium- dose ICS-LABA and PRN SABA or Daily medium- dose ICS + LTRA* or daily medium- dose ICS + Theophylline,* and PRN SABA	Daily high-dose ICS + LTRA* or daily high-dose ICS + Theophylline,* and PRN SABA	Daily high-dose ICS + LTRA* + oral systemic corticosteroid or daily high-dose ICS + Theophylline* + oral systemic corticosteroid, and PRN SABA
		Steps 2-4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in individuals ≥ 5 years of age whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy.		Consider On	nalizumab**▲	

Assess Control





Consult with asthma specialist if Step 4 or higher is required. Consider consultation at Step 3.

Control assessment is a key element of asthma care. This involves both impairment and risk. Use of objective measures, self-reported control, and health care utilization are complementary and should be employed on an ongoing basis, depending on the individual's clinical situation.



Short term ICS use/increase for ages 4+?

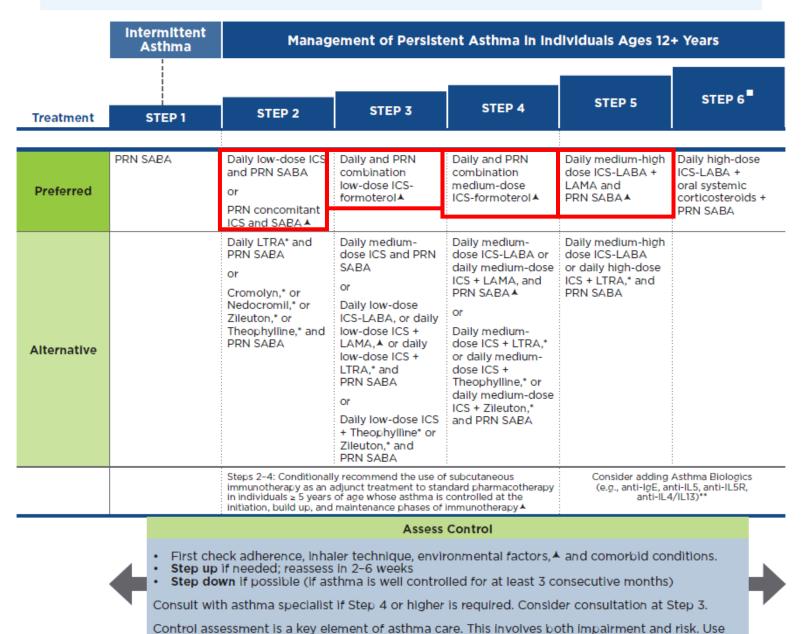
- If adherent to daily ICS treatment, transient increase of ICS dose (by 2-5 fold) is **NOT** recommended in children 4-11 years
- Similarly no clear benefit for children > 12 years who are adherent
- Consider daily ICS + as needed SABA or as needed ICS/SABA for >12 years
- May consider quadruple dosing of ICS who are experiencing exacerbation symptoms if >16 years with questionable/poor adherence

Suggested Max Daily ICS doses (Intermittent)

INHALED STEROID	0-11 YEARS	12 YEARS +
Budesonide	2 mg or 800 mcg	1200 mcg
Fluticasone propionate	352-440 mcg	880 mcg
Mometasone	400-440 mcg	800-880 mcg
Ciclesonide	160 mcg	320 mcg
Beclomethasone	320 mcg	640 mcg

Note: If patients are receiving frequent intermittent high dose ICS, combination therapy with LABA should be strongly considered!

Figure I.d: Stepwise Approach for Management of Asthma in Individuals Ages 12 Years and Older



of objective measures, self-reported control, and health care utilization are complementary and should be employed on an ongoing basis, depending on the individual's clinical situation.

SMART Therapy

- Single Maintenance and Reliever Therapy (ICS-formoterol)
- Consider for Step 3 and above (moderate to severe persistent)
- Not necessary if well controlled on ICS-LABA + as needed SABA
- High certainty of evidence, ages 12 years+
- Moderate certainty of evidence, ages 4-11 years
- Only studied with *formoterol*—rapid onset of action, safety profile
- Maintenance dosing of 1-2 puffs once or twice daily
- Maximum dose per day:
 - 36 mcg (8 puffs) for ages 4-11,
 - 54 mcg (12 puffs) for 12 years +



SMART Therapy

- May have less impact on linear growth vs daily high dose ICS
- Better asthma control measures
- Reduction of exacerbations
- Preferred regimen for Step 4 in children 12 years +
- Not to be used with ICS-salmeterol



Use of LAMA for Children 12 years and over

- LAMA: tiotropium
- ICS-LABA is preferred rather than ICS-LAMA
- LAMA may be added if control is suboptimal on ICS-LABA
- LAMA may be considered as add on therapy to ICS for patients who cannot take LABA (if not controlled by ICS alone)
- Avoid LAMA if there is glaucoma or risk for urinary retention
- May increase risk of harm in certain groups







LTRA Use in Persistent Asthma

- Not specifically addressed in the 2020 guidelines
- New guidelines continue to offer LTRA as an alternative for monotherapy (Step 2) and as an adjunct treatment at higher steps
- Be aware of FDA black box warning for montelukast
- Behavioral/mood side effects may develop
- Cautionary use in children/adolescents with depression or mood disorders

Use of FeNO

- Fractional exhaled nitric oxide testing (ages 5 and up)
- Marker of T2 bronchial/eosinophilic inflammation
- May be helpful to support diagnosis of asthma
- Can be useful adjunct for monitoring and management
- Consider use with uncertain diagnosis, unable to perform spirometry
- If performed in children < 5 years, does not predict future asthma
- FeNO levels
 - < 25 ppb (<20 if under 12) suggest other diagnosis, steroid treatment or non-T2 inflammation
 - 25-50 ppb (20-35 <12 yrs) provides little diagnostic information
 - >50 ppb (>35 if under 12) consistent with T2 inflammation and asthma diagnosis

Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- For additional questions, please e-mail: vchip.champ@med.uvm.edu
 - What do <u>you</u> need how can we be helpful (specific guidance)?
- □ VCHIP CHAMP VDH COVID-19 website:

 https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- □ Next CHAMP call: Wednesday, December 16, 12:15-12:45 (current schedule: M-W-F):
- Weeks of 12/21 and 12/28 ONLY: calls will be Monday and Wednesday ONLY
- Please tune in to VMS call with VDH Commissioner Levine:

Thursday, December 17, 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#



