### VCHIP / CHAMP / VDH COVID-19 UPDATES



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### **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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### International Day for the Abolition of Slavery

- NYT (9/27/20) Futures in Peril: The Rise of Child Labor in the Pandemic https://www.nytimes.com/2020/09/27/world/asia/coronavirus-education-child-labor.html
- Dec. 1 World AIDS Day
- □ *Reminder:* weekly event schedule
  - VCHIP/CHAMP/VDH calls: Mon/Wed/Fridays; Gov. Media Briefings Tues/Fri; VMS call with Comm. Levine Thursday
- Situation, VDH, CDC updates; Tuesday media briefing
- □ Practice Issues: School and Child Care Updates (& F/U)
- Q & A, Discussion



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







# Situation update



Nov



 $\Box$  U.S. 13.9 million+ cases; 272,633 deaths

- https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html (updated 12/2/20)
- 12/1/20: 184,294 new cases; 2,610 deaths; 98,691 hospitalized [NOTE: these stats updated post-call]
- Past week: average 161,245 cases/day (increase of 2%) from average 2 weeks ago)
- **1.4 million+ deaths worldwide** (64.2 million+ cases)
- VDH Weekly Data Summary no summary published on 11/27/20
- □ Find previous summaries at:
  - https://www.healthvermont.gov/covid-19/currentactivity/weekly-data-summary

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



**December 2, 2020** 

## Situation update





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



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**December 2, 2020** 

### 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 12/1/20: 128 total cases; 18 cases reported in preceding 7 days (down from 35 reported previous week)

November 29, 2020

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

<b>Learning Community</b> 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	16	128

VT College & University dashboards:

#### 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	35	110

Now on break from on-campus learning: <u>https://dfr.vermont.gov/about-us/covid-19/school-reopening</u>





# **Testing Updates**

- On-Demand Sites expanding daily/weekly will provide update w/email
- □ City of Burlington **local** testing: CIC Health Testing Site, 405 Pine St, Burl.
  - City web site (<u>https://www.burlingtonvt.gov/covid-19/testing</u>) states "must register" & redirects to state of VT registration site (thank you for addtl. info, Hillary Anderson).
- From Bill Raszka: hearing of a movement to test asymptomatic health care workers (similar to teacher surveillance).
- Also hearing that child care not allowing children in if the parent is tested for COVID – even if adult is asymptomatic.
- "Need to clarify that asymptomatic testing is different from testing contacts (through tracing) & symptomatic pts. vs. testing for surveillance/assurance (e.g., school staff). Latter NOT considered infectious until results are known."
- What are you hearing and advising?





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- Significant issue is that Radiology remains down (doing emergency films, using emergency readers; but takes more time – e.g., 1hr/CT scan). Goal = restore before Christmas
- □ For UVM Children's Hospital:

### Business as usual: please refer by multiple methods

- Issues remain with radiology and some pathology services
- Schedules mostly restored; taking next steps to assure inclusion of necessary information in electronic records.
- Please contact Dr. First for any referral issues/other concerns related to cyberattack recovery: lewis.first@med.uvm.edu







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# From the CDC/ACIP



- □ Emergency mtg. 12/1/20) COVID-19 Vaccines
  - Agenda: https://www.cdc.gov/vaccines/acip/meetings/slides-2020-12.html (slides)
  - Allocation of initial supplies of COVID-19 vaccine, Phase 1a; Clinical considerations for populations included in Phase 1a; Post-authorization safety monitoring update; VOTE (13-1 to support proposal)
  - Phase 1a: ~21 million health care workers & ~3 million adults in LTC (reduce burden on society by protecting those at highest risk of serious illness/death)
  - Presentation but no discussion re: Phase 1b (essential workers) & 1c (adults >65 y.o. & adults any age w/high-risk medical conditions.
  - Next steps: CDC (Director) accepts phase 1a rec; then states/local jurisdictions make the final decisions re: this & later prioritizations.





## Vaccine News (cont'd.)

Assuming **CDC approval** of 12/1/20 recommendation:

- FDA (12/10 & 12/17) reviews EUA applications from Pfizer/BioNTech & Moderna
- $\square$  If approved:
  - Federal contracts already in place to purchase doses
  - Companies indicate they could (combined) provide up to 40 million doses before calendar year-end; both vaccines require two doses.
  - CDC representatives at ACIP meeting: expect 5-10m. new doses of each mRNA vaccine per week.

### □ Join us this Friday, Dec. 4, for VDH Immunization Program Update.

Hearing through grapevine possible 10K doses to VT in 1<sup>st</sup> shipment – please

don't quote us!

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### More from the CDC: updated quarantine duration options

- Need to verify re: whether VDH will follow CDC recs please stay tuned. (Note: CDC still prefers 14 days)
- New guidance re: shortening recommended quarantine times for people who may have been exposed to the coronavirus.
  - Previous rec. = 14-day quarantine period following potential exposure; officials still support this as safest option. OR
  - Those without symptoms may end quarantine after seven days, followed by a negative test for the virus, or after 10 days without a negative test
  - PCR OR rapid tests are acceptable; should be taken within 48 hours of the end of the quarantine period.







# Follow Up: COVID-19 and "Immunity"

#### Thank you, Benjamin Lee, MD FAAP

- □ CDC guidance:
- Pt. w/confirmed COVID-19 in past 3 months & ASYMPTOMATIC: no need to quarantine/be re-tested following new exposure w/in that time frame.
  - If they are newly symptomatic, even within 3 months, then must quarantine and/or be retested, depending on the scenario.
  - Challenge: symptomatic pt. 2 months later from something else might still be PCR positive from their earlier COVID-19, but not sure there is really a way around that dilemma.
  - Does NOT apply to pt. w/COVID-19 MORE than 3 months ago; approach same as pt. w/NO prior history (ed. comment: these last two scenarios may be overly conservative; need more data)





# Follow Up: COVID-19 and "Immunity" (cont'd.)

#### From Ben Lee, cont'd.

- Some data re: possible "re-infections" earlier this spring from South Korea: <u>http://www.kdca.go.kr/board/board.es?mid=a3040200000&bid=0030&act=view&list\_no=36</u> <u>7267&nPage=5</u>
- Study looked at people who had previous COVID-19 who then tested PCR positive again after being PCR negative. None of a sizeable subset of patients who had these findings had infectious virus.
- Cases likely represent false neg. PCR after primary infection, or intermittent shedding of viral RNA, not true reinfections. Follow-up times generally short
- Since then: some isolated case reports of people being symptomatically reinfected (in at least one case that Ben is aware of, with more severe illness the second time, but this would be extraordinarily rare) – so it seems possible, but very rare. Need more longer-term data.







# Follow Up: COVID-19 and "Immunity" (cont'd.)

#### Thank you, Bill Raszka, MD FAAP

- Potential grey areas: when to start the 3 month clock? At the time of sx onset, test, or at the end of 10 days? ... "I would use **90 days** from 1<sup>st</sup> positive PCR test (assuming everyone these days is tested for COVID).
- For those with symptoms w/in 90 days, I would only test for COVID if there is no alternative diagnosis (as suggested in the guidelines) I think it incredibly unlikely to be symptomatic from COVID.
- Given the risk of persistent positive PCR results (a problem in S. Korea, nationwide, and even at UVMMC), I would be really cautious interpreting a positive PCR in this group of individuals. I think it would be reasonable to use cycle threshold values to exclude those with very high values or possibly even use an Ag test in this population. However, that may be making things complex.

□ "I do not think we can make any conclusions yet about the durability of immunity."





# Anti-Racism: Resources and Opportunities

- From the Harvard Center on the Developing Child (infographic): <u>https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-</u> <u>content/uploads/2020/11/RacismInfographic\_2020.pdf</u>
- □ From the Harvard Kennedy School (resources): <u>https://cpl.hks.harvard.edu/anti-</u> racism-and-resilience-resources
- From the Larner College of Medicine: "Together We Learn: Resources for Our Journeys in Justice & Inclusion"
  - Compiled by LCOM Office of Diversity, Equity, & Inclusion, Dana Medical Library, Office of Medical Communications, Student National Medical Association, Latino Medical Student Association, Social Justice Coalition, and the Gender & Sexuality Alliance "to assist our community in our continued personal and collective educational work in the realms of justice and inclusion" <u>https://researchguides.uvm.edu/UVMLarnerMedLearnTogether</u>





### **CHAMP E-Mail Distribution Difficulties**

#### □ Some emails are still not being received

- Were blocked on our end originally, this block has since been removed
- Labeled junk/spam at your site
- Other things? Still working to discover/fix.
- Will post email on our landing page the morning after the call and it will stay there until the subsequent email is posted







# Tuesday Media Briefing (12/1/20)

### **Governor Phil Scott**

DEPARTMENT OF HEALTH

- Acknowledged Giving Tuesday & encouraged donations
- Acknowledged inability to process test shipment from Barre to Broad (more details from AHS Secretary Mike Smith
- "Too early to know" extent of compliance and impact of Thanksgiving restrictions on gathering & travel; "cautiously optimistic." Cont. efforts with hope of easing restrictions in the future.
- □ "Going on offense re: testing & contact tracing"
- Our teams are ready for vaccine shipments by feds.
- □ "Reason to be optimistic; see light at end of tunnel more clearly
  - stay focused so we can get thru this dark tunnel; can't give up

when we can see our way out."





### AHS Secretary Mike Smith

- Reported by Times-Argus 11/20: 246 tests did not arrive at Broad lab (MIT) in timely manner (sat X 53 hrs.); could not be processed due to delay coll.
- Affected individuals emailed 1/30 ~6 pm & asked to seek retest; email addresses not blinded
- □ AHS General Counsel investigating process & privacy violations
- Testing: existing popups & adding On-Demand (OD) day/WE/eve hrs.
  Binax cards to LTC; offering PCR 2X/wk.
- □ Contact tracing capacity: 100 FTEs; 72 staff/d.; able to contact 216/d.
- Also looking at opportunities to expand call center; use text alerts to Vermonters identified as close contact of case.





#### VDH Commissioner Levine

- □ Dec 1: "last month of a long year."
- □ Three additional deaths: 2 females in 90s & 1 male in 70s.
- Outbreaks = 39; 186 situations, including one related to early TG celebration (while EO in place).
- If you gathered outside of restrictions, get tested. Counting on you to answer contact tracing calls & provide accurate info.
- □ Starting **12/2/20** cases will include **probable** cases positive Ag test plus:
  - 2 from sx list; OR >1 these specific sxs: cough, SOB or difficulty breathing OR severe respiratory illness with at least one of the following: clinical/radiographic evidence of pneumonia, or acute respiratory distress syndrome, AND no alternative more likely dx
  - VDH teams will take same PH actions as if confirmed interview, provide isolation guidance; notify close contacts to quarantine. Adds ~120 cases

Congoing concern re: cases in nursing homes and LTC.



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- Modeling Commissioner Pieciak:
- □ Weekly regional increase 14<sup>th</sup> week in a row, but rate slowed
- □ VTers have decreased movement; e.g., commuting less to workplaces.
- □ Decrease 7d. average from 105 to 70/day
- □ Availability/willingness for testing over TG may have suppressed case #s
- New cases expected to rise 29% over next 3 wks (decr from 45% projection last wk)
- Wash Co no longer one of highest for cases
- □ Travel into and out of VT both decreased vs. 2019
- □ Air travel: BTV saw 77% decrease 77% vs. 2019.





- □ Appears travel was down significantly in VT
- □ Weekly updates:



- □ K-12 cases: NH >100 new, ME 25 new, VT 18 new cases.
- Higher ed: last update this year since in-person instruction now complete for fall.
- VT colleges & universities did a remarkable job keeping all safe.
  >220K tests administered; 238 positive, or ~1% of 21K enrolled in IP instruction contracted virus this fall.
  - Congratulations to all who made VT one of safest places to attend college.
- □ LTC: 2 new active outbreaks; 65 addtl. cases (total 166).





# **Practice Issues**

### **School and Child Care Updates**



(https://vtdigger.org/2020/11/22/if-students-go-to-a-party-can-they-thengo-to-school-state-mulls-a-policy-decision/; photo by Glenn Russell)





December 2, 2020

# Update: Care of Children & Social Gatherings

- From Breena: ongoing discussion re: clear communication that Care of Children is allowable in the EO – incl. Afterschool activities for supervision (*not social/fun*)
- ReStart Team is discussing specific situation re: children cared for by relatives and what to do about those households gathering beyond the childcare
- (*Thank you, Elizabeth Hunt*): upcoming holidays: Hanukkah is early (begins evening of 12/10); not aligned w/school break (long: 12/23/20 1/4/21).
- Many parents take this time off (if child care closed). Some families may gather – may be helpful to put out guidelines re: how to do it well.
- Hearing esp. re: grandparents not seeing grandchildren in person for months, wanting to make it work during vacation. Over Thanksgiving many families did not gather with others due to short break 3-4 d.) & message was clear.





### CHAMP Network MOC QI Project 2020-2021: Strengthening Vermont's System of High-Performing Medical Homes

#### **Please join** our CHAMP QI project: Strengthening VT's High-Performing Medical Homes

- Provide reliable, comprehensive, family-centered preventive services & well child visits based on Bright Futures. Use a 2-generation approach with families.
- Provide care coordination & case management at appropriate levels.
- Use community services & supports for healthy development.
- Use QI to constantly adapt and improve.



- □ 2 measurement/improvement options to choose from (12/24 month or 3/6 year)
- Monthly collaborative call topics include: Promoting Family Strengths: Screening and Coordination in Early Childhood; Clinician Wellness; Developmental Assessments
- □ It's not too late to enroll please let us know by December 8, 2020!

Contact the VCHIP CHAMP Team at <a href="http://www.edu">vchip.champ@med.uvm.edu</a> with questions about



participation.





## BCBS VT Connectivity Care Packages Pilot Program

- □ Coordinated by VPQHC (50+ organizations participating)
- Support equitable access to telehealth services, esp. for those who are digitally & medically underserved.
- □ 20 iPads to distribute to BCBSVT members by mid-December
  - Must have access to service connect
  - iPad may be kept; may add other apps.
- To refer, email Julie Zack (Director, Integrated Health): <u>zackj@bcbsvt.com</u>
- □ Thank you, Erica Gibson, MD





### 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-</u> vchip.adobeconnect.com/champ2020learningsessionmoraldeterminantsofhealt h/event/registration.html





### Announcing with mixed feelings . . .

□ Position currently held by Sharonlee Trefry, MSN RN NCSN (MCH/VDH)

### Nurse Program Coordinator I: State School Nurse Consultant

- Link to the job posting: <u>https://careers.vermont.gov/job/Burlington-Nurse-Program-Coordinator-I-Limited-Service-State-School-Nurse-Consultant-VT-05401/691168800/</u>
- Support Vermont's School Nursing community of practice; provide nursing leadership to ensure effective school health services within the state; act as liaison to Vermont's School Nurse (SN) community; develop/promote quality standards for school health services programs.







## **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, December 4, 12:15-12:45 (current schedule: M-W-F): VDH Immunization Program Update
- □ Please tune in to VMS call with VDH Commissioner Levine:

*Thursday, December 3, 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#



