Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health
April 20, 2020
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 icon or press Enter to send.
Overview

- “4/20” – consider teen isolation, anxiety, anger and response; encourage check-ins re: mental health concerns
- VMS & AAPVT have been vocal on health implications of S. 54: assure inclusion of meaningful protections for Vermont’s youth (funding for prevention & afterschool programs).
  - Passed House; no Senate review of House changes (or any non-COVID)

Situation update

- Surveillance
- Testing

Other Updates

Practice Issues: mother/baby care.

Question and Answer

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

- **Total Cases**: 816
- **Currently Hospitalized**: 24
- **Hospitalized Under Investigation**: 25
- **Deaths**: 38
- **Total Tests**: 12,981
- **People Being Monitored**: 28
- **People Completed Monitoring**: 813

**Pine Heights (long-term care), Brattleboro, doing preliminary testing; may test entire facility this week pending preliminary results.**

- **All testing at Hilltop Inn (Berlin) negative (only adults tested; children not tested at parents’ request).**

- 8 patients in ICU
- 7 patients on ventilators

Last Updated (M/DD/YYYY): 4/20/2020, 10:32 EDT
Situation update (cont’d.)

COVID-19 Cases by Age Group

Vermont COVID-19 New and Cumulative Cases, Cumulative Deaths

Hover over chart to see values

Cases and Deaths by Date, Cases by Age
Cases by Sex, Ethnicity and Race

April 20, 2020
Situation update: Geographic Case Distribution

Vermont Case Count – April 19, 2020
*People who tested positive for COVID-19 in Vermont while visiting or seeking care are included in the Vermont county where they were identified.
**Some cases may be still under investigation and county not assigned yet.

Map of Rates of COVID-19 in Vermont by County - April 19, 2020
*Number of cases per 10,000 population. Caution should be used when interpreting rates in counties with small populations.
**People who tested positive for COVID-19 in Vermont while visiting or seeking care are included in the Vermont county where they were identified.

April 20, 2020
Situation update: Percent Positive Tests

Total Negative and Positive Results by Date of Specimen Collection
Overlaid by Percent Positive

*There is a delay in testing turn around time from the commercial labs. Most recent dates do not reflect the total number of tests and therefore no % positive rate is calculated.
Situation update: Testing

- VDH Public Health Lab: 225 tests (weekend)
- UVMMC (Sunday): 12 rapid (45-minute), 44 other in-house
- Broad (MIT): 26 tests
- **UVM MC:** all labor and delivery patients to be tested beginning TODAY
- Pediatric testing HAN expected today or tomorrow
- Contact tracing
Other Updates

  - Calls with Dr. Deborah Birx, HHS Deputy Secretary Kevin Hargan and CMS Administrator Seema Verma (testing, Medicaid and pediatric systems of care – pediatricians & children’s hospitals to be prioritized in next round of releases from the $100b. health provider relief fund).

- National Coronavirus Response: A Road Map to Reopening (Gottlieb et al)
  - Phase I: Slow the Spread
  - Phase II: Reopen, State by State
  - Phase III: Establish Protection, Then Lift All Restrictions
  - Phase IV: Rebuild our Readiness for the Next Pandemic
Practice Issues

Mother/Baby Care

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29 of the 33 patients who were positive for SARS-CoV-2 at admission (87.9%) had no symptoms of Covid-19 at presentation.

REMINDER: UVM MC to begin testing all labor and delivery patients today
Northern New England Perinatal Quality Improvement Network ECHO project launched 4/9/20 re: **Planning and Clinical Management of Perinatal COVID-19 Cases**

- **Target Audience:** Maine, Vermont & New Hampshire Perinatal Care Teams (OB/Peds/RNs/LCs/other team members)
- **Up-to-date information and support on the COVID-19 pandemic:** multidisciplinary panel of specialists shares latest developments & guidelines, discusses management of patient cases presented by participants, & answers questions during the hour-long sessions.

- **Registration link:** [https://connect.echodartmouth-hitchcock.org/](https://connect.echodartmouth-hitchcock.org/)
- **Series/Registration/265** (NOTE: MUST REGISTER and use browser other than Internet Explorer)
Mother/Baby Care: AAP

- New AAP guidance on Newborn Screening: emphasis on continuing to follow federal and state guidelines on newborn screening (esp. in context of earlier discharge)

- Providing Care for Infants Born at Home (Policy Statement – will distribute)
  - Underwent thorough, lengthy review; significant discussion regarding implications
  - Addresses both immediate & subsequent care
Upcoming topics

- Continue to follow telehealth, telephone coverage, other financial relief.
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments
- The Impact of Coronavirus on Vermonters Experiencing Food Insecurity (Wed., 4/22/20)
- Consider future evolution of child health care delivery
- Dr. Tim Lahey, UVMMC – ethical considerations (May 1, 2020)
Questions/Discussion

- Q & A Goal: monitor/respond in real time – record/disseminate later as needed (and/or revisit next day).

- For additional questions, please e-mail:
  - vchip.champ@med.uvm.edu
  - What do you need – how can we be helpful (specific guidance)?


- Next CHAMP call: Wednesday, April 22, 12:15-12:45 (same webinar/call information – invitation to follow)

- Please tune in to VMS call with Commissioner Levine:
  
  Tomorrow, Tuesday, April 21, 12:15-12:45
  Phone: 1-802-552-8456
  Conference ID: 993815551
Currently available serologic tests lack sufficient accuracy/reliability for making decisions/recs. to change indiv. or pop.-level behaviors.

At present, serologic testing in Vermont should not be used to make decisions about individuals, e.g. used to establish proof of immunity.

Recommendations may change based on periodic review of new data (e.g., test improvements)

VDH should consider conducting sero-prevalance studies in VT to establish what percentage of the general population has been infected with SARS-CoV-2 (addtl. survey high-risk indivs./settings. Consider periodic repeat to assess changes in population exposure.

Criteria used to reopen businesses and for return-to-work decisions should be made on established PH practices & clinical data No data exist to make recs. re: vaccination strategies in Vermont.

Content experts will reconvene in 1 month to reassess data.