Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health
April 27, 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

- Situation update
  - Surveillance
  - Testing
- VDH and Other Updates
- Practice Issues:
  - Mother/Baby Care
  - Updates from National AAP
- 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

- One case at Evolution House (sober housing, Burl.) – CHCB assist w/tests
- VDH Public Health Lab: 116 (4/25); 42 (4/26); anticipate ~50 today
- UVMMC (4/26/20): 3 rapid (45-minute), 52 (3-hour), 36 other in-house (not incl. home or other pvt.)
- No tests to Broad (MIT)
- 2 patients in ICU*
- 5 patients on ventilators*

*Note: timing issue re: ICU vented number updated daily after 11a.m. and other numbers are updated earlier.

April 27, 2020
Situation update (cont’d.)
Situation update (cont’d.)
Oximetry in (Emergency) Child Care?

- NYT Opinion (4/20/20): “The Infection That’s Silently Killing Coronavirus Patients”
- Inquiries re: adding pulse oximetry screening to temperature checks?
- Not currently supported by data, evidence
- Any reason to revisit temperature policy?
  - If ~50% of symptomatic children diagnosed with COVID have fever, may be best screening tool at present
  - But absence of fever does **not** exclude the diagnosis

April 27, 2020
Commissioner Levine:

- Reopening around country is concerning
- Reopening here is slowly possible due to:
  - Sustained reduction in cases for at least 14 days
  - VT hospitals safely able to treat all patients requiring hospitalization with adequate resources & without resorting to crisis standards of care
  - VT able to test all people with COVID-19 symptoms
  - VT is able to conduct active monitoring of confirmed cases and their contacts

April 27, 2020
Commissioner Levine (cont’d.)

- Expect details later this week re: testing strategy for the weeks ahead
- Social (“physical”) distancing here to stay: expect to continue in Vermont even as we “reopen.”
- Facial coverings here to stay for a while
  - Commissioner’s weekend observation: all grocery store employees masked but not all patrons
Today’s Media Briefing

Commissioner Levine (cont’d.):  
- Published doubling rate list: BTV barely registered (estimated at every 3 months)
- Serology testing (WHO):
  - Presence of Ab does not confer “immunization passport”
  - Does not guarantee safe return to work
  - NYT data analysis from academic labs: accuracy of current panels still not where it needs to be.

- Governor: Stay Home, Stay Safe remains in effect

- SBA re-opened PPP today (1st round: 1b. in VT)
  - If already applied, contact lender to assure in queue
Mother/Baby Care Updates

News from AAP National
Updates from AAP National

- AAP continues intense advocacy re: vaccines (CDC/VFC, vaccine manufacturers)
  - Project up to 26% more children will need VFC
  - VFC orders ↓ 15-20%
  - CDC concessions re: VFC requirements – e.g., on-site audits/visits have been suspended
  - Communicate w/manufacturers: Pfizer, GSK previous week – AAP requesting 90-120d. relief on invoice payment
  - This week: Merck (orders ↓ 80%); Sanofi

April 27, 2020
Other vaccine-related issues:
- Concern re: potential to relax school entry immunization rules
- Sporadic reports of vaccine-preventable disease outbreaks (not sure if above baseline)

NEW Guidance:
- Breastfeeding Guidance Post Hospital Discharge for Mothers or Infants with Suspected or Confirmed SARS-CoV-2 Infection
- HealthyChildren.org Articles
  - Ask the Pediatrician: During the COVID-19 pandemic, would it be safer to plan a home birth rather than deliver my baby at a hospital?
  - Ask the Pediatrician: Is it OK to call the pediatrician during COVID-19 even if I'm not sure my child is sick?
AAP Updates/Guidance In Progress

- AAP now maintaining data base of pediatric cases, hospitalizations and testing (see slides 19-28 for details)

**Guidance in Progress:**

- School Re-entry Guidance
- Updating Newborn Guidance Q&A
- Planning next series of webinars
  - Child Abuse and Neglect
  - Mental Health
  - Health Equity

April 27, 2020
AAP Advocacy: HHS Provider Relief Fund Update

Despite assurances from CMS Administrator Seema Verma, pediatricians left out on this week’s announcement

- $50 billion – Medicare FFS providers and hospitals
- $10 billion – Hospitals in high impact areas
- $10 billion – Rural clinics and hospitals
- $400 million – Indian Health Service
- $?? – Uninsured Fund
- $?? – Pediatricians, OBGYNs, dentists, Skilled Nursing Facilities
AAP Priorities This Week

- AAP’s letter this week to congressional leadership advocates for:
  - More financial support to pediatricians
  - 501(c)(6) fix to Paycheck Protection Program (PPP)
  - Increased Medicaid funding
  - Increased nutrition assistance
  - Addressing barriers to immigrant families
  - Medical liability protections for frontline physicians
  - Federal action to increase vaccine confidence
AAP COVID-19 Member Email Key Themes

- WCC: when to resume older child visits?
- How/when to re-open practices, schools, child care
- Catching up on WCC and meeting school requirements
- Ongoing variety of clinical practice questions
- How to access federal funding relief
- Delivering telehealth care
- Discussion Board: planning build out and re-reorganization of shared resource library
AAP Webinars

- COVID 19 Pandemic – Clinical Guidance for Pediatric Practices
- Disaster Management for the Pediatrician in the COVID-19 Response
- Talking to and Supporting Children During a Pandemic
- Caring for Children with Complex Medical Conditions During COVID-19
- Telehealth and COVID-19
- Coding During the COVID-19 Pandemic
- Resilience in Stressful Times and Connecting During the Times of Trauma (new this week)

Summary compiled by American Academy of Pediatrics from information publicly reported by 48 states, NYC, DC, PR, and GU
Available Data for Children

- State-level reports are the best publicly available data on confirmed COVID-19 cases for children, but the detail and consistency varies substantially by state.

- **48 states, NYC, DC, Puerto Rico, and Guam** provide age distributions of confirmed COVID-19 cases:
  - 15 states and NYC provide age distributions of hospitalizations
  - 3 states provide age distribution of testing

- Unknown: number of children infected but not tested and confirmed

See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU
Summary of State-Level Data Provided in this Report: 4/23/20

Detail and links to state data sources provided in Appendix Tables 1-4

Confirmed Cases
• 15,911 total confirmed child cases reported as of April 23, 2020
• Children represented 2.2% (15,911/710,953) of all confirmed cases in locations reporting age

Confirmed Cases per 100,000
• Calculated using child population estimates from 2018 American Community Survey (US Census)
• Overall rate: 22.4 confirmed cases per 100,000 children in the population

Hospitalizations
• COVID-19 associated hospitalization of children is rare
• In 15 states and NYC, children represented 3.2% or less of total hospitalizations

Testing
• In 3 states reporting, children made up between 4.6-9.0% of total state tests

See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU
Fig 2. Number of Confirmed COVID-19 Child Cases

- 15,911 total confirmed child cases
- NYC reported over 2,800 child cases
- NJ, MA, and IL reported 900 or more cases
- 20 states reported fewer than 100 child cases

See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU
Children represented 2.2% (15,911/710,953) of all available confirmed cases.

Eight states and GU/PR reported 5% or more of cases were children.

LA, IA, MI, and TX reported 1.1% or less of cases were children.

See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU.
Fig 4. Confirmed Cases per 100,000 children

- Overall rate: 22.4 confirmed cases per 100,000 children in the population
- NYC, RI, CT, NJ, MA, and DC reported more than 70 confirmed cases per 100,000 children
- Fourteen states reported 10 or fewer cases per 100,000 children

See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU
Appendix Table 1: Overall Data (4/23/20)

Summary data across the 48 states, NYC, DC, PR, and GU reporting age distribution of confirmed COVID-19 cases

<table>
<thead>
<tr>
<th>Child Population (ACS, 2018)*</th>
<th>Total cases (all ages)^</th>
<th>Number of child cases</th>
<th>Percent children of total cases</th>
<th>Cases per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>71,066,237</td>
<td>710,953</td>
<td>15,911</td>
<td>2.2%</td>
<td>22.4</td>
</tr>
</tbody>
</table>

Notes (as of 4/23/20):
* Locations (48 states, NYC, and DC, PR and GU) currently reporting age distribution for COVID-19 cases account for 97% of total US child population
^ Locations (48 states, NYC, and DC, PR and GU) currently reporting age distribution for COVID-19 cases account for 86% of total US confirmed cases
Appendix Table 2: Child Hospitalizations (4/23/20)
COVID-19 Hospitalizations and Children

<table>
<thead>
<tr>
<th>Location</th>
<th>Age range</th>
<th>Number of child cases</th>
<th>Percent children of total cases</th>
<th>Number of child hospitalizations</th>
<th>Percent children of total hospitalizations</th>
<th>Hospitalization rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>0-19</td>
<td>384</td>
<td>3.5%</td>
<td>22</td>
<td>1.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Florida</td>
<td>0-14</td>
<td>401</td>
<td>1.4%</td>
<td>13</td>
<td>0.3%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Hawaii</td>
<td>0-19</td>
<td>23</td>
<td>3.9%</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Kansas</td>
<td>0-19</td>
<td>89</td>
<td>4.0%</td>
<td>1</td>
<td>0.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>0-19</td>
<td>1,024</td>
<td>2.4%</td>
<td>16</td>
<td>0.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>0-17</td>
<td>144</td>
<td>2.8%</td>
<td>3</td>
<td>0.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>0-17</td>
<td>1,607</td>
<td>1.7%</td>
<td>41</td>
<td>0.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>New York City</td>
<td>0-17</td>
<td>2,839</td>
<td>2.1%</td>
<td>232</td>
<td>0.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>0-19</td>
<td>47</td>
<td>6.9%</td>
<td>2</td>
<td>0.7%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Ohio</td>
<td>0-19</td>
<td>274</td>
<td>2.0%</td>
<td>20</td>
<td>0.7%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Oregon</td>
<td>0-19</td>
<td>50</td>
<td>2.4%</td>
<td>3</td>
<td>0.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>0-19</td>
<td>313</td>
<td>5.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>0-19</td>
<td>111</td>
<td>5.7%</td>
<td>2</td>
<td>1.7%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Utah</td>
<td>0-14</td>
<td>112</td>
<td>3.3%</td>
<td>1</td>
<td>0.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Virginia</td>
<td>0-19</td>
<td>370</td>
<td>3.4%</td>
<td>12</td>
<td>0.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>0-19</td>
<td>117</td>
<td>2.4%</td>
<td>7</td>
<td>0.5%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

* Note: Hospitalization rate = number of child hospitalizations / number of child cases
### Appendix Table 3: Child Testing (4/23/20)

#### COVID-19 Testing and Children

<table>
<thead>
<tr>
<th>Location</th>
<th>Age range</th>
<th>Number of child cases</th>
<th>Percent children of total cases</th>
<th>Total tests (all ages)</th>
<th>Number of child tests</th>
<th>Percent children of total tests</th>
<th>Positive rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>0-19</td>
<td>940</td>
<td>2.7%</td>
<td>164,346</td>
<td>7,508</td>
<td>4.6%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Nevada</td>
<td>0-19</td>
<td>184</td>
<td>4.4%</td>
<td>42,709</td>
<td>2,089</td>
<td>4.9%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>0-18</td>
<td>24</td>
<td>7.4%</td>
<td>7,567</td>
<td>681</td>
<td>9.0%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

*Note: Positive rate = number of child cases / number of child tests*
### Appendix Table 4: State-Level COVID-19 Data (4/23/20), cont.

Click state name to view original data source

<table>
<thead>
<tr>
<th>Location</th>
<th>Age range</th>
<th>Child Population (ACS, 2018)</th>
<th>Total cases (all ages)</th>
<th>Number of child cases</th>
<th>Percent children of total cases</th>
<th>Cases per 100,000</th>
<th>Number of child hospitalizations</th>
<th>Percent children of total hospitalizations</th>
<th>Hospitalization rate (Note: number of child hospitalizations / number of child cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missouri</td>
<td>0-19</td>
<td>1,376,830</td>
<td>6,137</td>
<td>155</td>
<td>2.5%</td>
<td>11.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>0-19</td>
<td>229,434</td>
<td>439</td>
<td>12</td>
<td>2.7%</td>
<td>5.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nevada</td>
<td>0-19</td>
<td>688,997</td>
<td>4,208</td>
<td>184</td>
<td>4.4%</td>
<td>26.7</td>
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</tr>
<tr>
<td>New Hampshire</td>
<td>0-19</td>
<td>258,170</td>
<td>1,588</td>
<td>50</td>
<td>3.1%</td>
<td>19.4</td>
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</tr>
<tr>
<td>New Jersey</td>
<td>0-17</td>
<td>1,953,643</td>
<td>95,865</td>
<td>1,607</td>
<td>1.7%</td>
<td>82.3</td>
<td>41</td>
<td>0.5%</td>
<td>2.5%</td>
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<tr>
<td>New Mexico</td>
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<td>482,153</td>
<td>2,210</td>
<td>190</td>
<td>8.6%</td>
<td>39.4</td>
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<td>New York City</td>
<td>0-17</td>
<td>1,560,100</td>
<td>138,435</td>
<td>2,839</td>
<td>2.1%</td>
<td>182.0</td>
<td>232</td>
<td>0.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>0-17</td>
<td>2,300,645</td>
<td>7,608</td>
<td>152</td>
<td>2.0%</td>
<td>6.6</td>
<td></td>
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<tr>
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<td>0-19</td>
<td>178,698</td>
<td>679</td>
<td>47</td>
<td>6.9%</td>
<td>26.3</td>
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<td>3.2%</td>
<td>4.3%</td>
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<tr>
<td>Ohio</td>
<td>0-19</td>
<td>2,593,325</td>
<td>13,609</td>
<td>274</td>
<td>2.0%</td>
<td>10.6</td>
<td>20</td>
<td>0.7%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>0-17</td>
<td>956,486</td>
<td>2,894</td>
<td>91</td>
<td>3.1%</td>
<td>9.5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Oregon</td>
<td>0-19</td>
<td>873,567</td>
<td>2,059</td>
<td>50</td>
<td>2.4%</td>
<td>5.7</td>
<td>3</td>
<td>0.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>0-18</td>
<td>2,648,911</td>
<td>34,045</td>
<td>613</td>
<td>1.8%</td>
<td>23.1</td>
<td></td>
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<td>Puerto Rico</td>
<td>0-19</td>
<td>594,011</td>
<td>1,416</td>
<td>76</td>
<td>5.4%</td>
<td>12.8</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rhode Island</td>
<td>0-19</td>
<td>205,213</td>
<td>6,256</td>
<td>313</td>
<td>5.0%</td>
<td>152.4</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>0-20</td>
<td>1,105,945</td>
<td>4,608</td>
<td>276</td>
<td>6.0%</td>
<td>25.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>0-19</td>
<td>217,606</td>
<td>1,956</td>
<td>111</td>
<td>5.7%</td>
<td>51.0</td>
<td>2</td>
<td>1.7%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>0-20</td>
<td>1,506,220</td>
<td>7,842</td>
<td>547</td>
<td>7.0%</td>
<td>36.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>0-19</td>
<td>7,398,099</td>
<td>21,069</td>
<td>91</td>
<td>0.4%</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td>0-14</td>
<td>932,462</td>
<td>3,445</td>
<td>112</td>
<td>3.3%</td>
<td>12.0</td>
<td>1</td>
<td>0.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Vermont</td>
<td>0-19</td>
<td>115,973</td>
<td>825</td>
<td>17</td>
<td>2.1%</td>
<td>14.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>0-19</td>
<td>1,869,792</td>
<td>10,998</td>
<td>370</td>
<td>3.4%</td>
<td>19.8</td>
<td>12</td>
<td>0.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Washington</td>
<td>0-19</td>
<td>1,663,285</td>
<td>12,494</td>
<td>375</td>
<td>3.0%</td>
<td>22.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td>0-19</td>
<td>364,160</td>
<td>967</td>
<td>39</td>
<td>4.0%</td>
<td>10.6</td>
<td></td>
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<tr>
<td>Wisconsin</td>
<td>0-19</td>
<td>1,276,103</td>
<td>4,845</td>
<td>117</td>
<td>2.4%</td>
<td>9.2</td>
<td>7</td>
<td>0.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>0-18</td>
<td>134,775</td>
<td>326</td>
<td>24</td>
<td>7.4%</td>
<td>17.9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Upcoming topics

- Continue to follow telehealth, telephone coverage, other financial relief.
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments
- School reentry; adolescents and well care; immunization catch-up
- 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)?

- VCHIP CHAMP VDH COVID-19 website:
  https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates

- Next CHAMP call: **Wednesday, April 29, 12:15-12:45** (same webinar/call information – invitation to follow)

- Please tune in to VMS call with Commissioner Levine:
  (Tomorrow) **Tuesday, April 28, 12:15-12:45**
  Phone: 1-802-552-8456
  Conference ID: 993815551