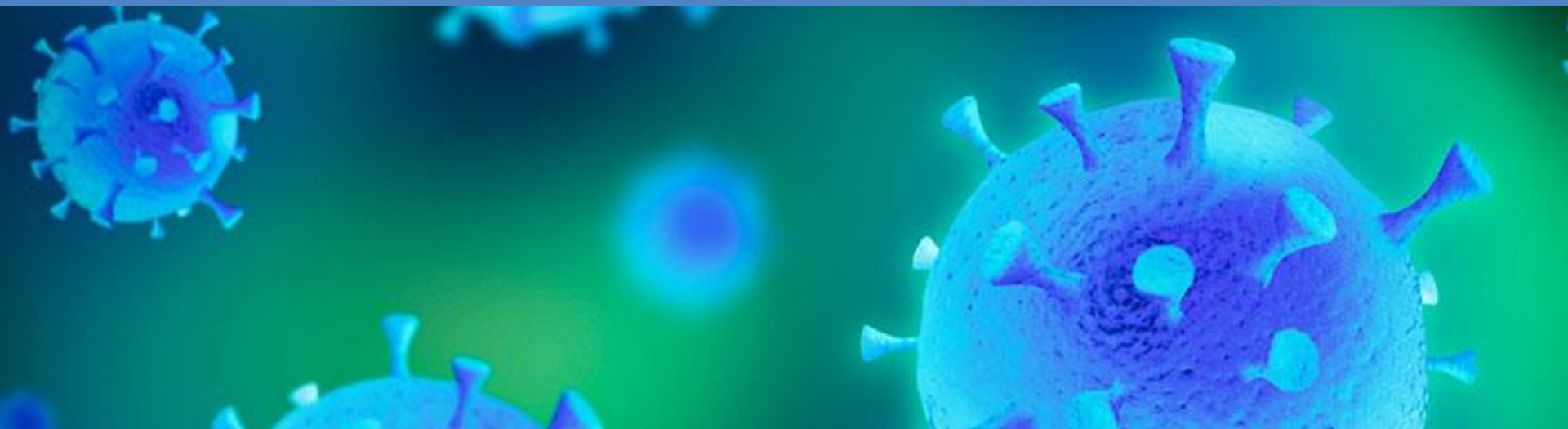


VCHIP / CHAMP / VDH COVID-19 UPDATES



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



Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics
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VERMONT ACADEMY OF
FAMILY PHYSICIANS



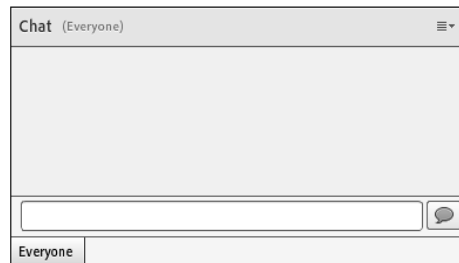
Technology Notes

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 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]

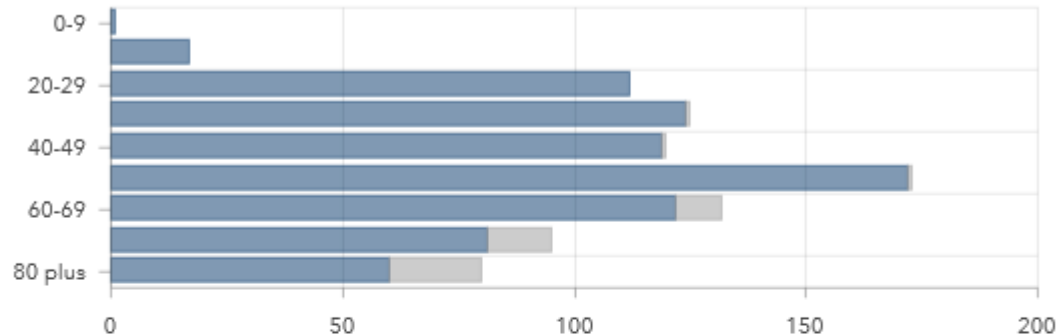
Situation update

Total Cases
855
Currently Hospitalized
11
Hospitalized Under Investigation
22
Deaths
47
Total Tests
15,073
People Being Monitored
13
People Completed Monitoring
830
Last Updated (M/DD/YYYY): 4/27/2020, 10:34 EDT

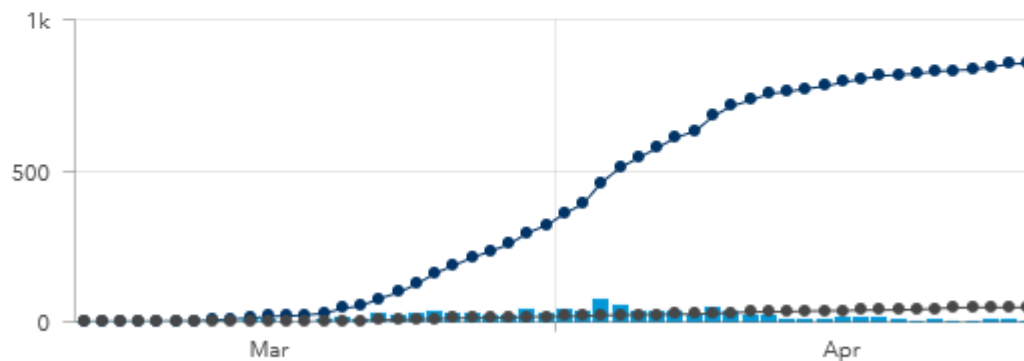
- One case at Evolution House (sober housing, Burl.) – CHCB assist w/tests
- VDH Public Health Lab: 116 (4/25); 42 (4/26); anticipate ~50 today
- UVMMC (4/26/20): 3 rapid (45-minute), 52 (3-hour), 36 other in-house (not incl. home or other pvt.)
- No tests to Broad (MIT)
- 2 patients in ICU*
- 5 patients on ventilators*
 - ▣ *Note: timing issue re: ICU vented number updated daily after 11a.m. and other numbers are updated earlier.

Situation update (cont'd.)

COVID-19 **Cases** and Deaths by Age Group



Vermont COVID-19 **New** and **Cumulative** Cases, **Cumulative** Deaths



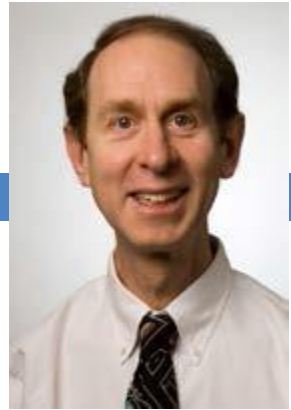
Hover over chart to see values

Cases and Deaths by Date and Age

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

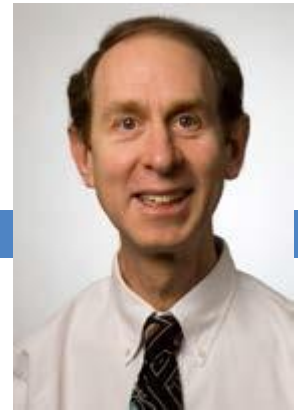
Today's Media Briefing



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

Today's Media Briefing



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

Practice Issues

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

Updates from AAP National (cont'd.)

- ❑ 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

AAP Advocacy: HHS Provider Relief Fund Update

American Academy of Pediatrics

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COVID-19 Update: A Message from the AAP CEO

Dear AAP members:

Yesterday, Congress passed needed supplemental funding to the Paycheck Protection Program (PPP). This program has helped many pediatrician practices and we encourage those still eligible to apply.

Earlier this week, the Department of Health and Human Services (HHS) released its second wave of funding through the CARES Provider Relief Fund. The AAP has been working hard to assure that pediatricians, pediatric medical subspecialists and pediatric surgeons receive needed help. We have been in regular communication with HHS senior officials and the White House and had been assured that pediatricians would be included in this round of funding. Unfortunately, we were not.

The round of funding announced by HHS targets hospitals, Medicare providers, and rural hospitals and clinics. While pediatricians who have provided COVID-19 testing or treatment to uninsured patients can apply for reimbursement, we are deeply concerned that pediatricians are left out of the funding going out in this round. We have reason to believe that pediatricians may be eligible for an additional allocation of funding, the details and timing of which have yet to be announced. We will make every effort possible to advocate for this.

Pediatric practices across the country are hurting. This [New York Times article](#) published yesterday crystallizes one especially dangerous outcome of the crisis on pediatricians' ability to continue to keep the doors open: missed appointments for childhood vaccines. A vaccine-preventable disease outbreak during a global pandemic would be a public health crisis adding needless morbidity and mortality to a health system already stretched thin.

AAP President Sally Goza, MD, FAAP, did 20 television interviews yesterday on a virtual media tour, all focused on the urgent need for parents to continue seeing their pediatrician and on the tremendous challenges pediatric practices, including hers, are facing right now.

If you've had to make changes to your practice, whether furloughing or laying off staff, or if you have genuine concerns about your ability to stay open for business over the next month or two absent federal funding, please share your perspective with us at www.aap.org/COVIDstory. In addition to using these stories as advocacy tools, we will be sharing them on social media using [#PedsPutKids1st](#) to highlight all our members are doing to keep children and communities safe during COVID-19.

We are not done fighting for this needed financial relief. Far from it. As we continue to make the case to the Administration and Congress to provide this essential, urgent funding for pediatricians, we need your help to amplify our message. The more stories and data we can point to on the ground of the toll this lack of federal support is having on pediatric practices, the more effective our advocacy will be. Thank you for all you are doing every day.

Sincerely,

Mark Del Monte, JD
Chief Executive Officer/Executive Vice President

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 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*)

Children and COVID-19: State-Level Data Report as of 4/23/20

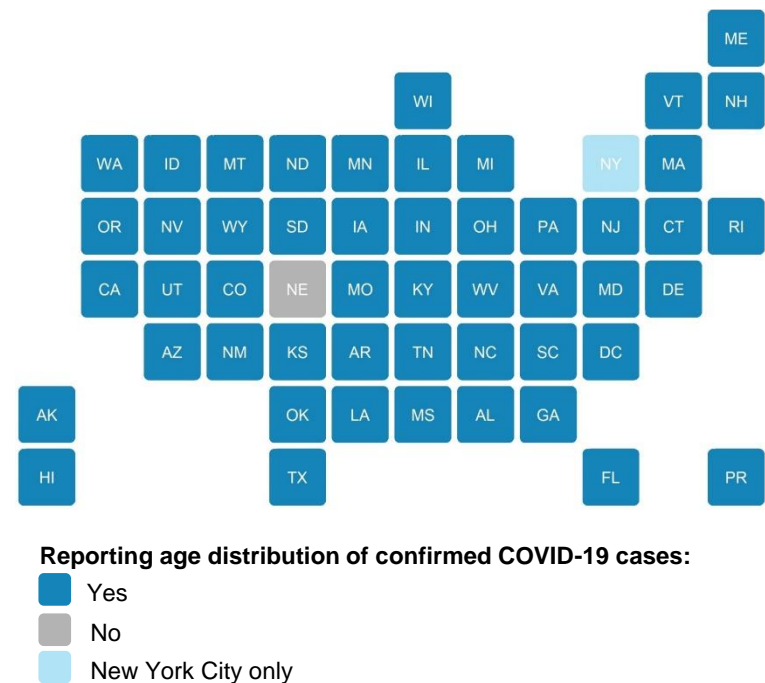
Summary compiled by American Academy of Pediatrics from information publicly reported by 48 states, NYC, DC, PR, and GU



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

Fig 1: States Reporting Age Distribution of Confirmed COVID-19 Cases as of 4/23/20



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

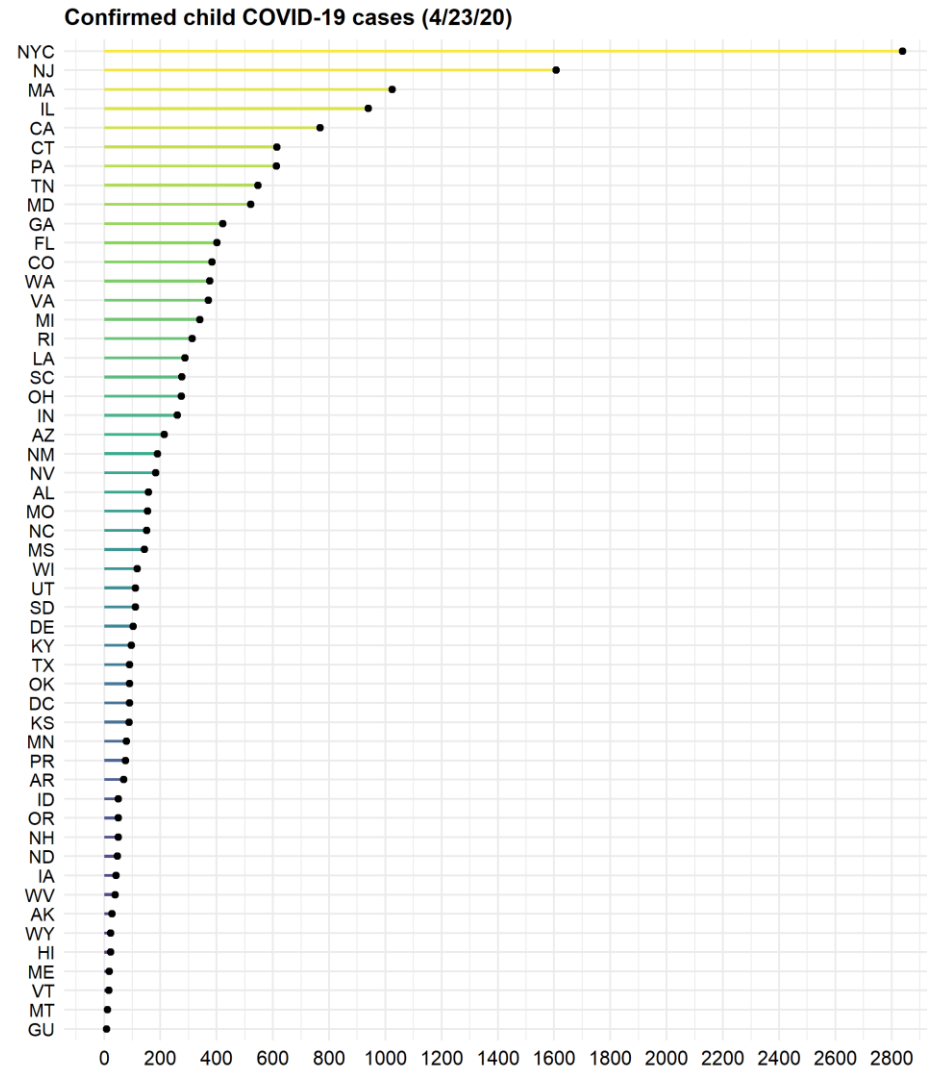
- In 3 states reporting, children made up between 4.6-9.0% of total state tests

See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU



Fig 2. Number of Confirmed COVID-19 Child Cases

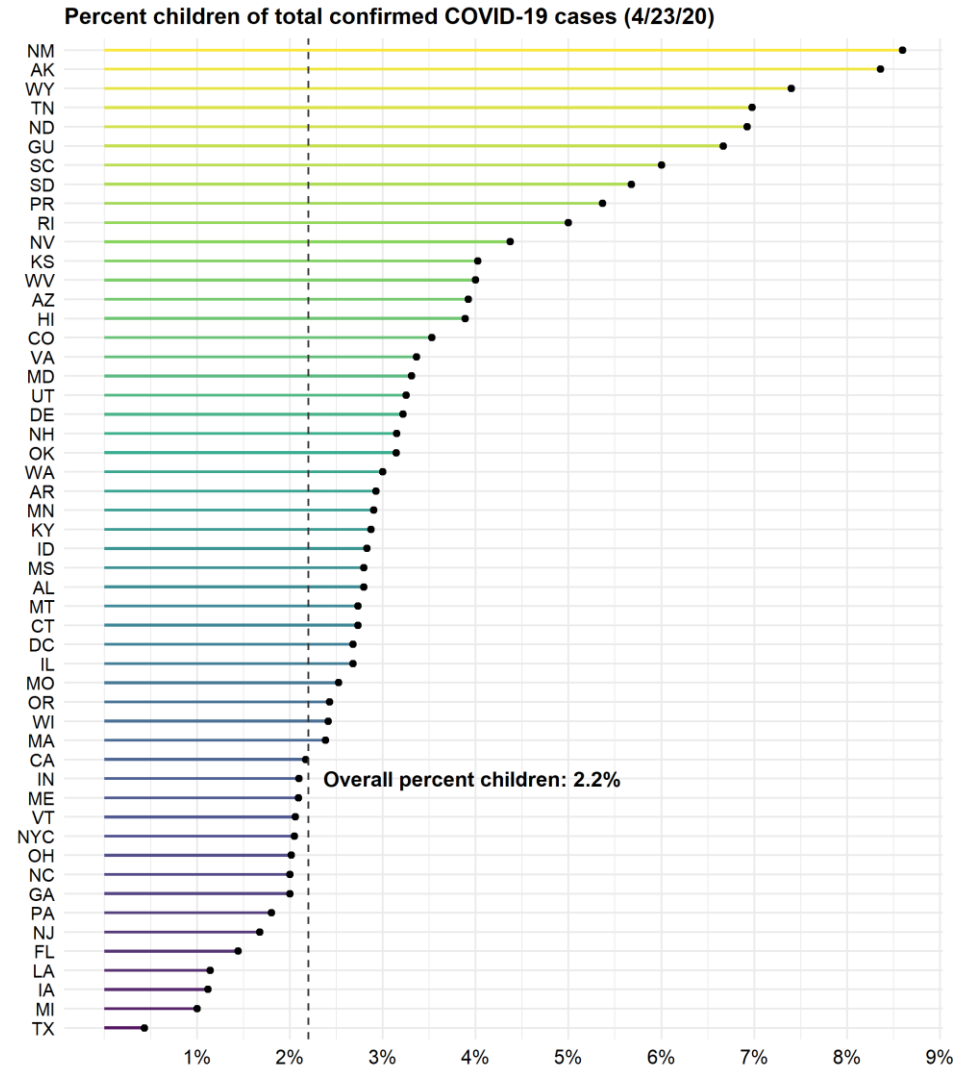
- 15,911 total confirmed child cases
- NYC reported over 2,800 child cases
- NJ, MA, and IL reported 900 or more cases
- 20 states reported fewer than 100 child cases



See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU

Fig 3. Percent of COVID-19 Cases that were Children

- 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

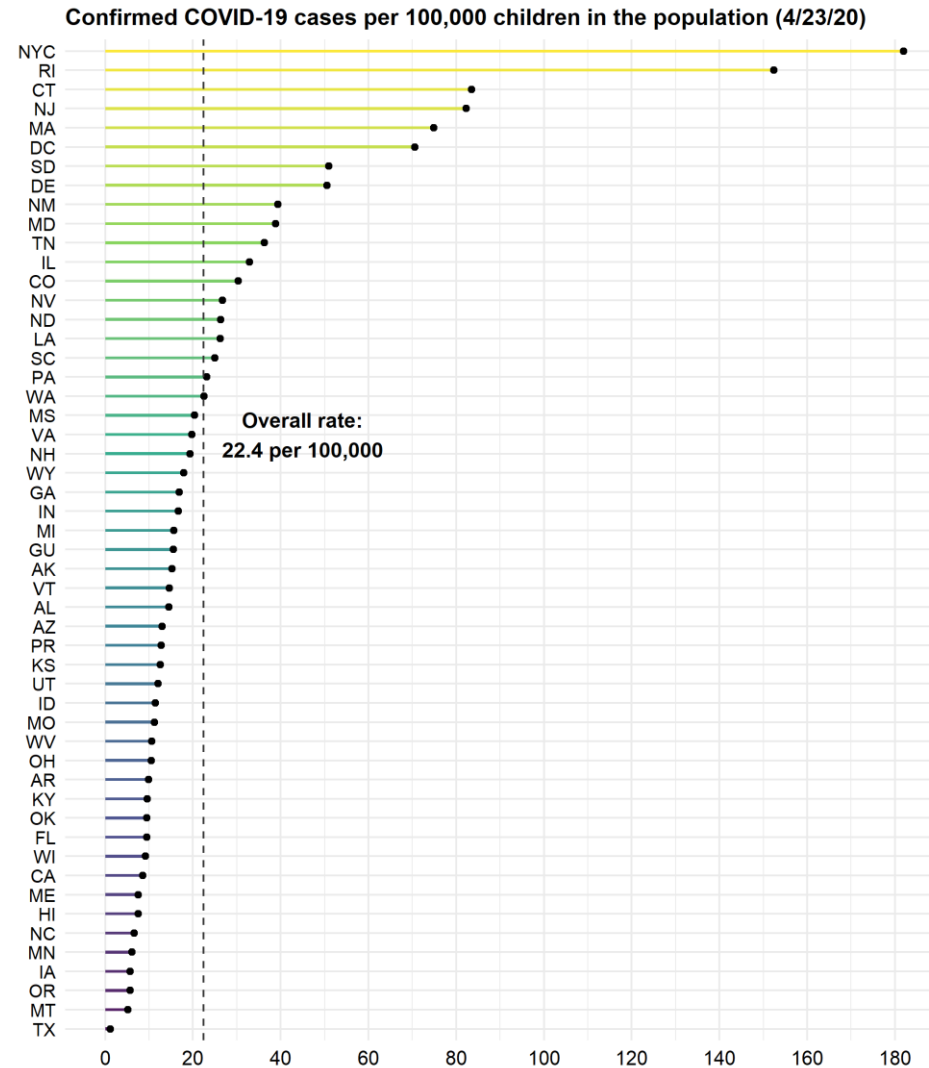


See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU

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

Child Population (ACS, 2018)*	Total cases (all ages)^	Number of child cases	Percent children of total cases	Cases per 100,000
71,066,237	710,953	15,911	2.2%	22.4

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

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

* Note: Hospitalization rate = number of child hospitalizations / number of child cases



Appendix Table 3: Child Testing (4/23/20)

COVID-19 Testing and Children

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

* 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

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

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