Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health
April 30, 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:
  - Pediatric COVID-19 “inflammatory syndrome”
  - COVID-19 Testing in Vermont
- 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

- VDH Public Health Lab: 351 tests
- UVMMC: 318 tests
- Rutland Regional Medical Center now doing in-house testing (up to 100/day)
- DHMC planning to increase testing (NH has expanded testing recommendations)
- Gifford planning to increase testing hours (possible new location)
- N. Country Hosp. tested all staff: all neg.
- Hospitalized patients: 3 patients in ICU, 1 patient on ventilator
Situation update (cont’d.)
Situation update: Cases by sex/ethnicity/race

COVID-19 Positive Cases by Sex
- Female: 52.42%
- Male: 47.46%
- Unknown: 0.12%

COVID-19 Positive Cases by Ethnicity if Known
- Not Hispanic: 97.41%
- Hispanic: 2.59%

COVID-19 Positive Cases by Race if Known
- White: 94.55%
- Black or African American: 4.93%
- Asian: 1.27%
- American Indian or Alaska Native: 0.13%
- Other Race: 2.15%

Hover over charts to see values.
Other Updates

- **Breaking news**: Vermont Principals’ Association announces cancellation of Spring 2020 (HS) sports season
  - “No known expectation to return to in-person school for 2019-2020 school year” (first time VT w/o HS baseball season since before WWII)
  - “. . . 2020 seniors: your sacrifice is unparalleled in VT sports history, and is one that is quite literally saving lives.”
  - Same decision: NH (4/16), MA & NY (within the last week)

William Raszka, MD FAAP

COVID-19 Testing in Vermont

Benjamin Grebber, LCOM MD Candidate Class of 2021
COVID 19 and Severe Inflammation

• Background:
  • Some adults critically ill with COVID 19 have evidence of marked inflammation
  • Very high levels of cytokines, inflammatory markers
  • Presumed cytokine storm
  • Basis for IL-6 inhibitor therapy (e.g. tocilizumab)

• Sunday the UK NHS issued an alert:
  • Small increase in the number of patients who also seem to have multi-system inflammation

• Multiple other European countries also began reporting similar increase in children with features of severe inflammation
  • KD vs. Toxic Shock
  • Abdominal complaints
COVID 19 and Severe Inflammation (4/30)

- Italy: increase number of cases of KD
  - 20 cases in Bergamo; a “few” tested positive for SARS-CoV2
- France: increased number of KD like illness
- Asia: no increase
- US: anecdotal reports
  - NYC, National Children’s, maybe CHOP
  - None in LA or CO
- Summary: 50-100 cases as of yesterday
  - Some PCR or antibody positive but many not
  - No fatalities
  - One cases report
    - Hospital Pediatrics- looked like typical KD, diagnosed with COVID at discharge
  - No explanation
Practice Issues


William Raszka, MD FAAP

COVID-19 Testing in Vermont

Benjamin Grebber, LCOM MD Candidate Class of 2021
Priority for testing symptomatic children with mild to moderate disease should be given to children:

a) of health care providers;
b) with chronic underlying medical conditions;
c) in congregate housing; and
d) with exposure to a patient with COVID-19.
Commissioner of Health: 4/29/2020

- Ramp up to 1,000 tests per day
- Residents in long-term care
- Correction facilities (and corrections staff)
- Childcare providers
- Individuals quarantined

<table>
<thead>
<tr>
<th>Wave One</th>
<th>Wave Two</th>
<th>Wave Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Mildly symptomatic</td>
<td>-Pre-procedure pts (outpt)</td>
<td>-Pre-procedure (inpatient)</td>
</tr>
<tr>
<td>-Health care personnel</td>
<td>-Home health &amp; hospice</td>
<td>-Summer residents</td>
</tr>
<tr>
<td>-Long term care facilities</td>
<td>-First Responders</td>
<td>-Childcare providers</td>
</tr>
<tr>
<td>-DOC staff &amp; Inmates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Current Testing Platforms

<table>
<thead>
<tr>
<th>Testing Platform</th>
<th>Laboratory</th>
<th>Turn Around Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>MagMax (high throughput) **</td>
<td>VDHL</td>
<td>24 hours from receipt at lab</td>
</tr>
<tr>
<td>Qiagen (low throughput, manual ext)</td>
<td>VDHL</td>
<td>24 hours from receipt at lab</td>
</tr>
<tr>
<td>Panther</td>
<td>UVMMC</td>
<td>3.5 hours from receipt in lab</td>
</tr>
<tr>
<td>UVMMC LDT (Qiagen) **</td>
<td>UVMMC</td>
<td>24 hours from receipt in lab</td>
</tr>
<tr>
<td>Cepheid</td>
<td>UVMMC</td>
<td>1 hour from receipt in lab</td>
</tr>
<tr>
<td>Broad</td>
<td>External</td>
<td>24 hours from receipt in lab</td>
</tr>
<tr>
<td>Mayo</td>
<td>External</td>
<td>24 hours from receipt in lab</td>
</tr>
</tbody>
</table>

** Approved for nasal testing

Currently nasopharyngeal testing only, but...

Approved for nasal swab testing in symptomatic pts

Abbott ID Now Nasal Testing:
Harrington et al. → 75% positive agreement and 99% negative agreement between ID Now Nasal swabs vs NP Standard
# COVID-19 Specimen Collection Sites

A Resource for Health Care Professionals

The Department of Health continues to work to expand COVID-19 testing to more Vermonters – including those who have mild to moderate symptoms – to help increase contact tracing efforts and prevent the virus from spreading. The table below lists the COVID-19 specimen collection locations in Vermont and provides instructions for making patient referrals.

<table>
<thead>
<tr>
<th>County</th>
<th>Collection Facility Name</th>
<th>Instructions to Refer Patient for Specimen Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison</td>
<td>Porter Hospital</td>
<td>Fax referral to (802) 388-8866 or call (802) 388-8865; Porter providers via Epic</td>
</tr>
<tr>
<td>Bennington</td>
<td>Southwestern Vermont Medical Center</td>
<td>Call (802) 440-8844</td>
</tr>
<tr>
<td>Caledonia</td>
<td>Northeastern Vermont Regional Hospital</td>
<td>Fax referral to (802) 748-7383 or call (802) 748-7401</td>
</tr>
<tr>
<td>Chittenden</td>
<td>University of Vermont Medical Center (Essex Fairgrounds)</td>
<td>Call (802) 847-1170 (UVHSS Fanny Allen)</td>
</tr>
<tr>
<td>Essex</td>
<td>Northern Counties Health Centers - Island Pond</td>
<td>Fax referral to (802) 723-4544 or call (802) 723-4300</td>
</tr>
<tr>
<td>Franklin</td>
<td>Northwestern Medical Center</td>
<td>Call (802) 527-3670</td>
</tr>
<tr>
<td>Grand Isle</td>
<td>Champlain Islands Health Center - South Hero</td>
<td>Call (802) 540-8940</td>
</tr>
<tr>
<td>Lamoille</td>
<td>Copley Hospital</td>
<td>Call (802) 847-1170 (UVHSS Fanny Allen)</td>
</tr>
<tr>
<td>Orange</td>
<td>Gifford Medical Center</td>
<td>Call (802) 728-7000</td>
</tr>
<tr>
<td>Orange</td>
<td>Little Rivers Health Care - Wells River</td>
<td>Call (802) 222-3000 ext. 329</td>
</tr>
<tr>
<td>Orleans</td>
<td>North Country Hospital</td>
<td>Fax referral to (802) 334-4163</td>
</tr>
<tr>
<td>Rutland</td>
<td>Rutland Regional Medical Center</td>
<td>Fax referral to (802) 747-6200</td>
</tr>
<tr>
<td>Washington</td>
<td>Central Vermont Medical Center</td>
<td>Call (802) 371-5310</td>
</tr>
<tr>
<td>Windham</td>
<td>Brattleboro Memorial Hospital</td>
<td>Call (802) 257-0341 ext. 8200</td>
</tr>
<tr>
<td>Windham</td>
<td>Grace Cottage Hospital</td>
<td>Call (802) 365-4331</td>
</tr>
<tr>
<td>Windsor</td>
<td>Springfield Hospital</td>
<td>Call (802) 885-7533</td>
</tr>
<tr>
<td>Windsor</td>
<td>VA Hospital - WRJ</td>
<td>Call (802) 295-9363; Currently only testing Veterans</td>
</tr>
<tr>
<td>Windsor</td>
<td>Mt. Ascutney Hospital</td>
<td>Call (802) 674-7300</td>
</tr>
</tbody>
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Future

Serology Work Group and WHO
• Presence of antibody does not confer “immunization passport”
• Does not guarantee safe return to work
• Variable sensitivities/specificities
• Possible sero-prevalance studies in Vermont to establish what percentage of the general population has been infected with SARS-CoV-2

Whitman et al. (4/24/20) Test performance evaluation of SARS-CoV-2 serological assays
Studied lateral flow assays (also known as rapid serology tests) and ELISA immunoassays
https://covidtestingproject.org/

Supplementary Figure 1: Representative images of LFA scoring.
Upcoming Topics

- Continue to follow telehealth/phone coverage
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments
- UVM MC and HN plans to resume necessary care
- School reentry; adolescent well care; IZ catch-up (flu)
- **Tomorrow, May 1, 2020**: Dr. Tim Lahey, UVMMC – ethical considerations
- Continuing developments re: inflammatory syndrome, COVID-19 toes
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: Friday, May 1, 12:15-12:45 (same webinar/call information – invitation to follow)

Please tune in to VMS call with Commissioner Levine:
Tuesday, May 5, 12:15-12:45
Phone: 1-802-552-8456
Conference ID: 993815551
and Special Thanks to Wendy Davis for big efforts every day.

Today marks our 25th VCHIP/CHAMP/VDH COVID-19 call!