Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health
April 8, 2020
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
  - VDH website
  - Surveillance & testing updates
  - Other updates/resources: Vermont Medicaid, cloth face coverings & PPE
- Pediatric ID Update: Drs. Ben Lee & Bill Raszka (UVM CH & Larner COM Dept. of Pediatrics)
  - MMWR
- Next up: mother/baby care; essential child 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]
VDH Web Site Update

- New resource: COVID-19 data dashboard
  - Expands core data previously provided, including:
    - Interactive Vermont map
    - Cases by data (new/cumulative)
    - Cases by age group, gender
    - County-level information: total/new cases, deaths, cases/10,000 people
- List updated by 11 a.m. daily
- Web pages expanded to deliver group-specific content
COVID-19 in Vermont

New Data Dashboard Situational Awareness

healthvermont.gov/covid
### Situation update

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>605</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently Hospitalized</td>
<td>35</td>
</tr>
<tr>
<td>Hospitalized Under Investigation</td>
<td>40</td>
</tr>
<tr>
<td>Deaths</td>
<td>23</td>
</tr>
<tr>
<td>Total Tests</td>
<td>7,749</td>
</tr>
<tr>
<td>People Being Monitored</td>
<td>48</td>
</tr>
<tr>
<td>People Completed Monitoring</td>
<td>773</td>
</tr>
</tbody>
</table>

Last Updated (M/DD/YYYY): 4/08/2020, 11:00AM EST
Situation Update


April 8, 2020
Situation update

COVID-19 Cases by Age Group

- 10-19: 13 cases
- 20-29: 73 cases
- 30-39: 86 cases
- 40-49: 82 cases
- 50-59: 114 cases
- 60-69: 98 cases
- 70-79: 76 cases
- 80 plus: 63 cases
Testing

- Reminder: recent “liberalization” by Commissioner Levine
  - Target adults, cont. to include those with mild sx
- Pediatric population
  - Moderate-severe symptoms & those at highest risk
  - Ongoing discussion re: children of HCPs
- Abbott rapid test machines:
  - 15 expected for VT – distribution under discussion (LTC? HCPs?)
  - Test characteristics unknown; cartridge life/supply?
DVHA/Medicaid Updates

- **Medicaid Retainer** (cash flow assistance) – SEE memo 4/3/20:
  - As of this morning: DVHA had received 26 applications, has done one test for approval/submitted for funding.
  - Have reviewed another “batch” and sent to the Secretary for approval.
  - Many still pending: either hadn’t been received before the first round of review or **incomplete** when first received.
  - VMS (thank you, Stephanie Winters!) requested breakdown of submissions: primary care vs. specialty care, geographic – DVHA working on response.

- DVHA continues to encourage these applications!

- **AAP National** aware, will share, & would like to know:
  - How it’s playing out: are practices applying, any additional info: please email Wendy, swinters@vtmd.org & DWalters@aap.org
DVHA plans to issue additional guidance re: pre-approved codes for telephone and telemedicine care to alleviate confusion (we will distribute when available).

**Premium waiver**: DVHA waiving Dr. Dynasaur monthly premiums as of April 1, 2020, due to the COVID-19 emergency (via Betty Morse, CSHN/VDH).

SEE: DVHA COVID-19 Vermont Medicaid Response to VT General Assembly (4/3/20) – comprehensive summary – we’ll distribute in tonight’s e-mail and post on VCHIP COVID-19 web page.

Existing PA end dates will extend addtl. 6 mos. until emergency declaration terminated.
Cloth face coverings, PPE

- Cloth face covering recommendations (CDC, VDH)
- UVM MC
  - Use in conjunction with all other recommendations such as stay at home, social distancing, etc.
  - For health care providers: wear the cloth face covering while in the public or in the hospital or clinic complex until seeing pts.
  - UVMMC and UVMHN now recommend universal use of procedure (surgical) masks during clinical care encounters. Once a HCW begins wearing a surgical mask, they should continue to wear the surgical mask for the duration of time seeing patients.
  - Cloth face coverings are NOT considered PPE. Once the HCW has completed clinical duties and have left the clinical environment, they may resume wearing the cloth face covering until home.

April 8, 2020
Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020

CDC COVID-19 Response Team

Benjamin Lee, MD
William Raszka, MD
University of Vermont Larner College of Medicine
VCHIP/CHAMP
April 8, 2020
Methodology

• Data submitted to CDC from Feb 12-Apr 2 via electronic surveillance database

• 149,082 cases (99.6%) had age data

• Only a small proportion of cases had full data
  • Hospitalization status known for only 33%
  • Presence of underlying health conditions known for only 13%
  • Reported symptoms known for only 9.4%
COVID-19 remains rare in children

- 2,572 (1.7%) of all reported cases were children <18 years
  - 71% from NY/NJ
- Median age, 11 years (range, 0-17)
  - 32% aged 15-17
  - 27% aged 10-14
  - 15% aged 5-9
  - 11% aged 1-4
  - 15% aged <1
Clinical presentation slightly differs from adults

<table>
<thead>
<tr>
<th>Sign/Symptom</th>
<th>No. (%) with sign/symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pediatric</td>
</tr>
<tr>
<td>Fever, cough, or shortness of breath†</td>
<td>213 (73)</td>
</tr>
<tr>
<td>Fever§</td>
<td>163 (56)</td>
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<tr>
<td>Cough</td>
<td>158 (54)</td>
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<tr>
<td>Shortness of breath</td>
<td>39 (13)</td>
</tr>
<tr>
<td>Myalgia</td>
<td>66 (23)</td>
</tr>
<tr>
<td>Runny nose¶</td>
<td>21 (7.2)</td>
</tr>
<tr>
<td>Sore throat</td>
<td>71 (24)</td>
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<tr>
<td>Headache</td>
<td>81 (28)</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>31 (11)</td>
</tr>
<tr>
<td>Abdominal pain¶</td>
<td>17 (5.8)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>37 (13)</td>
</tr>
</tbody>
</table>

*Includes patients with confirmed COVID-19.†Excludes those with shortness of breath.‡Excludes those with fever.§Includes those with temperature recorded.¶Includes those with runny nose.
Clinical presentation more variable

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Clinical presentation more variable

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<thead>
<tr>
<th>Sign/Symptom</th>
<th>Pediatric</th>
<th>Adult</th>
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</thead>
<tbody>
<tr>
<td>Fever, cough, or shortness of breath†</td>
<td>213 (73)</td>
<td>10,167 (93)</td>
</tr>
<tr>
<td>Fever§</td>
<td>163 (56)</td>
<td>7,794 (71)</td>
</tr>
<tr>
<td>Cough</td>
<td>158 (54)</td>
<td>8,775 (80)</td>
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<tr>
<td>Shortness of breath</td>
<td>39 (13)</td>
<td>4,674 (43)</td>
</tr>
<tr>
<td>Myalgia</td>
<td>66 (23)</td>
<td>6,713 (61)</td>
</tr>
<tr>
<td>Runny nose§</td>
<td>21 (7.2)</td>
<td>757 (6.9)</td>
</tr>
<tr>
<td>Sore throat</td>
<td>71 (24)</td>
<td>3,795 (35)</td>
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<tr>
<td>Headache</td>
<td>81 (28)</td>
<td>6,335 (58)</td>
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<td>Nausea/Vomiting</td>
<td>31 (11)</td>
<td>1,746 (16)</td>
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<td>Abdominal pain§</td>
<td>17 (5.8)</td>
<td>1,329 (12)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>37 (13)</td>
<td>3,353 (31)</td>
</tr>
</tbody>
</table>
Clinical presentation milder

- Hospitalization rate lower in children
  - 6%-20% vs. 10-33% in adults 18-64
  - Infants <1 had highest proportion of hospitalized children

- Hospitalization, ICU admission more common in those with underlying conditions (77% and 100%)

- 3 pediatric deaths
  - Unconfirmed if COVID19 was cause
Summary

- Most comprehensive dataset to date for US children
- Infection in children, particularly younger children, continues to be far less common and overall of milder severity, consistent with international data
  - Infants who do become infected may be at slightly increased risk for more severe disease compared to older children
- Children less likely to experience classic symptoms of fever, cough, or SOB
Upcoming topics

- Mother-baby care:
  - AAP/VDH
  - UVM MC, NNEPQIN
  - WHO?

- Updated guidance for provision of essential child care
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:

- Next CHAMP call: **Thursday, April 9, 2020 12:15-12:45** (same webinar/call information – invitation to follow)

- Please tune in to VMS call with Commissioner Levine:
  
  **Tuesday, April 14, 12:15-12:45**
  
  Phone: 1-802-552-8456
  
  Conference ID: 993815551