

VCHIP / CHAMP / VDH COVID-19 UPDATES



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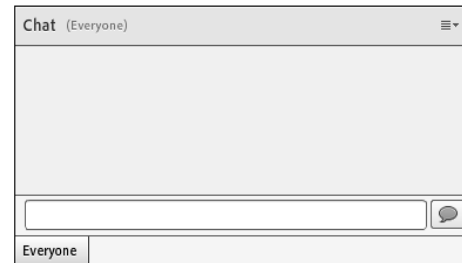
Technology Notes

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

- CDC Health Alert on Pediatric Multi-system Inflammatory Syndrome
- Practice Issues:
 - ▣ **Health Care Workers testing plans**
- Question and Answer



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

Pediatric Multi-System Inflammatory Syndrome

□ Final Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)

- • An individual aged <21 years presenting with fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **AND**
- • No alternative plausible diagnoses; **AND**
- • Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

- Fever >38.0° C for ≥24 hours, or report of subjective fever lasting ≥24 hours
- Including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin
- Additional comments
- • Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C
- • Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection



Practice Issues

Healthcare Workers Testing Plans



Here is what we know

- Guidance on re-opening healthcare settings coming SOON
- We know that intermittent testing does not have a lot of science behind it. I am sharing your feedback on this daily.
- Hospital systems, VMS, VAHHS, Bi-State working with AHS team
- Planning to create a Check List for consideration in making your plans
- Plans will not be submitted anywhere. Just required that you have one

Your observations/comments

- *“I think if the goal is to convince parents that it is "Safe" to come back to community practices - that it should be consistent across practices”*
- *“Even defining HCW is problematic- doctors, nurses, schedulers, social workers, anyone in the office at all? It is all over the place.”*
- *“I'm masked.. working safely..and if positive.. then what? people can be positive for weeks and weeks”*

What would be helpful on the check list?

- Where to do testing? If supply chains hold up, you can collect you and your staff's anterior nares specimens
- Cost? No cost share with any COVID related care including testing
- Frequency?

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: **Monday May 18, 12:15-12:45** (same webinar/call information – invitation to follow)
- Please tune in to VMS call with Commissioner Levine:
Tuesday, May 19, 12:15-12:45
Phone: 1-802-552-8456
Conference ID: 993815551