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
June 4, 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.
New Schedule of COVID-19 Update Calls

- Starting **this** week: 3 days/week
  - Monday (6/1), Wednesday (6/3), Thursday (6/4) – no call Friday (tomorrow)

- Thereafter: **Monday, Wednesday, Friday**

- Anticipate two days with clinical focus and one day with practice operations/coding/billing/payment focus – but subject to change per the current situation, your feedback and availability!
Overview

- Today is Audacity to Hope Day
- Situation update
  - Surveillance
- Other updates
- Practice Issues: Updates on Transmission, Masking, and Serology
- Q & A, Discussion

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

Total tests from special testing in Winooski this week (6/1 – 6/3/20) > 200

Ongoing opportunities for testing of asymptomatic persons at pop-up sites – find times/locations & register at: https://humanresources.vermont.gov/popups

As of May 16, the total testing numbers decreased by about 1,000 due to a change in reporting data. The “total tests” number no longer includes serology tests (also known as antibody tests) that were being reported by some labs. The “total test” number now only reflects people who were tested for a current COVID-19 infection.

Reminder: “Total People Recovered” based on the number of confirmed positive cases (VT residents & non-VT residents who tested positive in VT; does not include deaths or patients currently hospitalized).
Situation update (cont’d.)

COVID-19 Positive Cases by Sex
- Female 52.92%
- Male 46.69%
- Unknown 0.39%

COVID-19 Positive Cases by Ethnicity if Known
- Not Hispanic 97.07%
- Hispanic 2.93%

COVID-19 Positive Cases by Race if Known
- White 90.05%
- Black or African American 5.04%
- Asian 1.91%
- American Indian or Alaska Native 0.1%

Hover over charts to see values

Cases by Sex, Ethnicity and Race

Tonight, Thursday, June 4 at 7 p.m. Eastern
Updates from UVM Medical Center

- Email from Dr. Mike D’Amico, Medical Staff President (6/3/20)
- UVM MC plans to “re-emerge and re-open”
- Helpful links:
  - General COVID-19 information/current policies: https://www.uvmhealth.org/Pages/Coronavirus/For-Medical-Professionals
Wednesday Media Briefing (6/3/20)

Commissioner Levine

- Winooski case cluster: expanded testing (200 residents on 6/1 and 6/2) revealed new cases in range of 10 – 20 (not unexpected).
- VDH Epi Team in process of verifying/validating data; details will be forthcoming as possible.
  - Contact tracers are working with those involved (using standard public health approach)
  - Cases indicate that virus is still active in Vermont.
  - VDH continues to collaborate with city of Winooski and community partners; assure all are taking steps to stop the spread.
Update on Transmission, Masking & Serology

Reed Hausser, MD Candidate, LCOM Class of 2021
Ben Lee, MD FAAP; William Raszka, MD FAAP
Updates on Transmission, Masking, and Serology

Reed Hausser
Ben Lee
William Raszka
Transmission

- Children continue to make up a very small percentage of COVID cases
  - Children 0-10 are ~1% of cases, and children 11-18 are 2-5%.\(^1\)

- Most children exposed at home, with few community exposures.
  - CDC reports 91% in the US due to household exposure.\(^1,2\)

- Children also less likely to become infected after household contacts (HHC) than adults
  - Secondary attack rates of 4% and 17.1% respectively.\(^3\)

- Children are infrequently transmit infection to adult HHC
  - Only 8% of pediatric cases had children developed symptoms prior to adult HHC.\(^4\)
  - In two studies totaling 485 households with COVID, zero index cases identified <15 years old.\(^5\)

1. CDC “MMWR, Feb 12-Apr 2, 2020.”
5. Ludvigsson, Jonas F. “Children are unlikely to be the main drivers of the COVID-19 pandemic—a systematic review.”
COVID-19 Transmission In Schools

• One symptomatic COVID+ child in France visited three schools causing 86 school exposures and 112 total exposures.
  • No new cases of COVID\(^1\)
  • Extensive influenza transmission at the time.

• New South Wales (Australia) had 18 COVID patients across 15 schools with 863 contacts
  • Only two new cases identified\(^2\)

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International School Experience

• Sweden and Taiwan never closed primary schools
  • Neither country has seen significant education based clusters
    • 1 HS in Sweden closed

• Most countries in Europe have been reopening schools since April
  • No nationwide increase in cases
  • Few new clusters
    • Israel appears to be having some increased activity associated with schools, but it is still too early to say exactly what’s happening.
Summary:

- To date children seem:
  - Less commonly infected (or diagnosed)
  - Less likely to transmit
  - Unlikely to be the key drivers of the pandemic
WHO mask policy: mixed messages

• Recent confusion regarding statements on masks (“WHO says healthy people should not wear masks”)

• Type of mask:
  • Medical
  • Homemade

• Purpose:
  • Protecting the wearer?
  • Protecting others?

What WHO actually says:

• “If you do not have any respiratory symptoms... you do not need to wear a medical mask.”

• “Caregivers or those sharing living space with [a COVID-19 patient] should wear a medical mask when in the same room as the affected person”

WHO stresses that it is critical that medical masks and respirators be prioritized for health care workers.

The use of masks made of other materials (e.g., cotton fabric), also known as nonmedical masks, in the community setting has not been well evaluated. There is no current evidence to make a recommendation for or against their use in this setting.

Antibody testing for COVID-19

• Antibody testing:
  • Wide variability in platforms, antibodies tested, and characteristics
  • A positive result indicates past infection*
  • Has not been correlated with immunity or duration of immunity

https://www.wbur.org/commonhealth/2020/05/15/coronavirus-antibody-testing-accuracy
Antibody testing for COVID-19

• Appropriate uses:
  • Learning how many in a population have been infected
    • epidemiology not clinical application
  • Identifying children with MIS-C associated with COVID-19
  • Assessing COVID-19+ convalescent plasma donors

• Inappropriate uses:
  • Diagnose acute COVID-19 infection
  • Determining immunity to COVID-19
  • Making “return-to-work”, use of masks or other PPE, or risk stratification decisions

• Need to be interpreted in the context of local prevalence
A test with 98% sensitivity and 99% specificity
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AAP-VT CHAPTER TASK FORCE ON MINORITY HEALTH, EQUITY AND INCLUSION

Child health and mental health providers, trainees, family advisors, youth, representing diverse geographic and clinical practice areas throughout Vermont

Objectives:
Guidance and resources for practices working towards creating a culturally safe medical home
Resources for families experiencing racism and screening tools and guidance for pediatricians
Guidance and resources for families to promote anti-racism
Upcoming Topics

- Emerging guidance for school re-opening, fall 2020
- Immunization strategies/policy: catch-up, flu, COVID-19
- Refining guidance re: testing of HCWs in practices
- MIS-C (Multi-System Inflammatory Syndrome in Children)
- AAP-VT Task Force
- Continue to follow developments in telehealth/telephone coverage
- Health care “restart” details
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments
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, June 8, 12:15-12:45** (same webinar/call information – invitation to follow) – last call for this week.

Please tune in to VMS call with Commissioner Levine:

- **Tuesday, June 9, 12:15-12:45**
- Phone: 1-802-552-8456
- Conference ID: 993815551