Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health

July 10, 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

- July 10, 1930: Drs. Abt, Aldrich, Grulee file articles of incorporation for AAP in state of Illinois

- Reminder: weekly event schedule
  - VCHIP/CHAMP/VDH calls: Monday/Wednesday/Friday
  - Governor’s Media Briefings now Tuesday/Friday
  - VMS call with Commissioner Levine now Thursdays

- Situation, VDH, AAP, Media Briefing updates

- Practice Issue: Goggles, Baseballs, and Air
  - Bill Raszka, Ben Lee, Keith Robinson – UVM Children’s Hospital

- Q & A, Discussion

[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we’re providing today may change quickly]
Jan: Many societal factors converged as founders organized the AAP
   - https://www.aappublications.org/news/2020/01/08/dyk010820

Feb: AAP organizational efforts, growth of pediatrics flourished in 1930s
   - https://www.aappublications.org/news/2020/02/06/dyk020620

March: Amid war in 1940s AAP extended influence, undertook major child health study
   - https://www.aappublications.org/news/2020/03/09/dyk030920

April: AAP jumpstarts injury prevention efforts in 1950s, with nationwide impact

May: Tumultuous decade of 1960s ushers in Head Start, medical achievements
   - https://www.aappublications.org/news/2020/05/01/dyk050120

June: In the 1970s, AAP reaffirms mission, doubles membership, opens D.C. office
   - https://www.aappublications.org/news/2020/06/01/dyk060120
Situation update


Pop-up testing sites through July: many “events full” with some openings remaining later in the month.

Situation update

COVID-19 Cases and Deaths by Age Group

Vermont COVID-19 New and Cumulative Cases, Cumulative Deaths

Hover over chart to see values, and drag scrollbar at top of chart to zoom into date range

Situation update

COVID-19 Positive Cases by Sex

- Female 51.6%
- Male 45%
- Unknown 0.4%

COVID-19 Positive Cases by Ethnicity if Known

- Hispanic 3.8%
- Not Hispanic 96.2%

COVID-19 Positive Cases by Race if Known

- Other Race 1.0%
- Black or African American 11%
- Asian 4.5%
- American Indian or Alaska Native 0.2%
- White 82.6%

Hover over charts to see values

Cases by Sex, Ethnicity and Race

Is Your State Doing Enough Coronavirus Testing?

By Keith Collins  July 10, 2020

The number of daily coronavirus tests conducted in the United States is only 39 percent of the level considered necessary to mitigate the spread of the virus, as many states struggle to ramp up testing to outpace the record number of cases in recent weeks.

* includes 11 states and Washington, D.C.
AAP Updates

- Today 7/10/20: joint statement by AAP, American Federation of Teachers, Natl. Education Assoc., American Association of School Superintendents:
  - “Science should drive decision-making . . . Public health agencies must make recommendations based on evidence, not politics.”
  - “Children get much more than academics at school: S-E skills, healthy meals and exercise, MH support & other services . . . critical role in addressing racia/social inequity.”
  - Each community must consider local spread & ability to implement safety protocols. More funding needed!
- Article: “Pediatricians Say Children Should Return to School. Are They Out of Their Minds?” (David Hill, MD FAAP)
AAP New Guidance:

- Family Presence Policies for Pediatric Inpatient Settings During the COVID-19 Pandemic
- Coming soon: New Interim Guidance – Return to Sports
- Provider Relief Fund FAQs
Governor Scott:

- Recognize partners in testing: VDH, Kinney Drugs (Newport), Walgreen’s (Essex)
- Also recognize VT HCPs for testing/referrals; additional assistance needed.

Commissioner Dept. of Housing & Community Development Josh Hanford:
- new housing initiatives for renters, landlords, homeowners
  - 25m. rental assistance & 5m. Mortgage assistance available Monday, 7/13/20
  - VT State Housing Authority to administer rental/landlords; VT Housing Finance Agency to administer mortgage assistance.
  - VT Landlords Association & VLA providing technical assistance.
- Anticipate additional housing assistance initiatives in future
DFR Commissioner Mike Pieciak – Modeling Data:

- 45 new cases this wk. vs. 36 last week (25% increase)
- Favorable trend in hospitalizations – partly explained by lower average age (Mar-April 50-55 y.o.; May 40-50 y.o.; past 6 wks. <40 y.o.)
  - Vulnerable Vermonters & LTC doing a good job of protecting self/residents
- RESTART metrics:
  - Syndromic surveillance (ED/Urgent Care) very stable (0.63% vs. 4% guardrail)
  - 3 & 7d. rolling averages viral growth both <1% (no sustained growth)
  - Test positivity: rolling average 0.5% over the past week (vs. 5% VT guardrail and vs. Miami-Dade County 33.5% yesterday)
  - Hosp./critical care bed avail: close to 30% buffer. Non-ICU capacity higher.
Today’s Media Briefing

Commissioner Levine

- VDH following Winooski/BTV outbreak: no new cases in >1 week
- “New normal”: sporadic cases in Chittenden Co. & elsewhere
  - Stay home, wash hands, physical distance, wear facial cloth covering
- “Very concerned, disturbed & upset”: U.S. surge “w/connections being drawn to” mass gatherings, easing up on FCC/distancing; overzealous re-openings w/failure to follow guidance.
- Although deaths a minor feature of recent surge, seeing indications that deaths on the upswing in TX, AZ, FL
- Possible reasons: younger age, targeted ventilator use & other treatment advances – but fears that deaths will catch up due to time lag from onset.
Today’s Media Briefing

Commissioner Levine

- Must continue current pace of testing
- Will need more w/return to colleges & universities
- Need to increase/sustain testing partnerships & preserve VDH staff for outbreaks; especially crucial as we approach flu season
- Encouraged by engagement of hospitals, FQHCs, primary care system; look forward to further expansion.
  - Especially for patients in quarantine, travelers, exposed individuals or those that work in field that requires periodic testing
  - “Heartily welcome” pharmacy involvement
Vermont Youth Summer Opportunity **(Deadline: 7/10/20)**


**SUMMER ADVISORY GROUP**

Join other young people to make recommendations for legislation that would create Vermont’s First Elected Statewide Youth Council.

$ Youth Advisory members will be paid up to $200 for their time

Imagine a council made up of young people from all across the state. They come together to discuss important topics, learn skills and most importantly advise the Governor and the General Assembly on policies that impact young people in Vermont.

This Summer Advisory Group will be meeting to shape legislation that will be the founding document for the statewide youth council. The Advisory Group will also be instrumental in determining what the duties and powers are of the council, and discuss strategy on how to move legislation forward.

We need your voice in order to make this a reality. Please consider applying today!

**DATES & TOPICS**

- **JULY 14** 3-4:30 Representation & Discussion
- **JULY 21** 3-4:30 (Member Election) 7/11 AKARI
- **AUGUST 4** 3-4:30 (Preparation and Outreach)
- **SEPTEMBER TBD** Communications and Outreach
- **October TBD** (Connecting with Legislators)
Ben & Jerry’s Honors Our VT Pediatric COVID-19 Heroes
Practice Issues

Update on PPE, Youth Sports and WHO Controversies

Drs. Bill Raszka and Ben Lee, Pediatric Infectious Diseases
Dr. Keith Robinson, Vice Chair for QI & Population Health – UVM Children’s Hospital
Goggles, Baseballs, and Air: An Update on PPE, Youth Sports, and WHO Controversies

Keith, Ben, and Bill
Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)

Guidance

Using Eye Protection

Use of eye protection is recommended in areas with moderate to substantial community transmission. For areas with minimal to no community transmission, eye protection is considered optional, unless otherwise indicated as part of standard precautions.
The Joint Commission supports the following positions for healthcare organizations to prevent nosocomial COVID-19 infections as they are resuming routine care.

**Healthcare organizations should continue to follow CDC recommendations for universal masking of staff, patients, and visitors.** If there are situations where a patient cannot wear a mask (e.g., under 2 years of age, respiratory compromise, or examination of the nose, mouth, lips, and perioral area) personnel providing care within 6 feet of the patient should don a medical mask. In areas where there is moderate to substantial transmission of COVID-19 in the community (or as indicated by standard precautions), personnel should also wear eye protection in addition to wearing a mask. If there are no COVID-19 cases in the community for several weeks, organizations should work with public health authorities to re-evaluate the need for universal masking based on their community’s risk of new cases; if the organization stops universal masking, it should be prepared to immediately re-institute universal masking if new cases emerge.
# UVM Medical Center COVID-19: Personal Protective Equipment (PPE) Guidelines

The safety of all members of our healthcare team is a top priority for UVM Medical Center as we navigate the rapidly evolving clinical situation around COVID-19. UVM Medical Center has PPE guidelines that align the use of PPE with the risk of transmission. These guidelines are in alignment with recommendations from the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC).

<table>
<thead>
<tr>
<th>Who</th>
<th>When</th>
<th>PPE Standard</th>
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| Staff who do not have close contact (within 6ft) with patient or have a physical barrier between themselves and others | While in facility in shared space and/or social distancing is not possible. | Personal Mask (if not available use procedure mask)  
- May use own cloth mask  
- Mask should be washed daily, by user  
- Perform hand hygiene before and after touching mask |
| Staff who will be in close contact with patients (within 6ft) | While in facility in shared space and/or social distancing is not possible. | Procedure Mask  
- Use one mask/day (unless damaged or physically soiled)  
- Change following the care of patients on droplet precautions.  
- Perform hand hygiene before & after touching mask.  
- Avoid donning/doffing the mask repeatedly. |
| Staff who will be in close contact (within 6ft) with patients without symptoms of COVID-19 | When patient is unable to wear facial covering | Procedure Mask  
- Face/Fluid Shield |
UVM Medical Center COVID Inpatient PPE Guidelines
7/7/2020 PPE Steering Committee

Guiding Principles:
- COVID testing is required upon admission and prior to any procedure that involves instrumentation of the airway.
- Change in community prevalence could lead to more rigid adherence to airborne precautions for aerosol generating procedures (AGP) in all patients regardless of test result.
- Universal masking of staff, patients and visitors is required.
- Patient placement is guided by test result. If test results unavailable and new COVID symptoms or high clinical suspicion is present, then place on COVID PUI unit and await results.
- Please see this document regarding cohorting patients.

COVID PPE Guide (click to see full document):
- Universal Masking Precautions: Surgical/Procedure mask, [ADD eye protection whenever patient or visitor cannot wear mask].
- Airborne & Contact Precautions: Fit tested N95 and face shield (or PAPR) with gown and gloves.
- When using Airborne Precautions, staff must conserve their N95 for the entire day and recycle at end of day.
- Special Droplet & Contact Precautions: Universal N95/Procedure Mask and face shield with gown and gloves.

COVID Specimen Collection:
With COVID Symptoms: Special Droplet & Contact Precautions
Without COVID Symptoms: Universal Masking Precautions, face shield, gloves.

Patient admitted from outside hospital, Emergency Department, or direct admit from outpatient clinic.

COVID order placed for Asymptomatic Non-PUI or Symptomatic PUI

COVID TEST Result

POSITIVE Result
- Routine Care
- AGP without airway instrumentation
- Airway Instrumentation
- Airborne & Contact Precautions for all care regardless of symptoms.

NEGATIVE Result
- Routine Care
- AGP without airway instrumentation
- Airway Instrumentation
- Universal Masking Precautions (Add eye protection if patient cannot mask)

UNKNOWN or PENDING Result
- Routine Care
- AGP without airway instrumentation
- Airway Instrumentation
- Universal Masking Precautions (Add eye protection if patient cannot mask)

If patient has high clinical suspicion for COVID or develops new COVID symptoms, consider sending repeat COVID test. Treat as a PUI and refer to "Unknown or Pending Result" column.

+COVID Symptoms/PUI: Special Droplet and Contact Precautions
Airborne & Contact Precautions
Youth sports (not school based sports)

- Can you write a letter so my kid doesn’t have to wear a mask?
- Are youth sports safe?
- What should we do to keep kids safe?
It is Time to Address Airborne Transmission of COVID–19

Lidia Morawska, Donald K Milton

Clinical Infectious Diseases, ciaa939, https://doi.org/10.1093/cid/ciaa939

Published: 06 July 2020   Article history▼
Respiratory droplets vs aerosols

Stages Of Infectious Droplets And Droplet Nuclei

1. LARGE INFECTIOUS DROPLETS
   - Mucus/water encased.
   - Viruses are aerosolized by the infecter or by toilet water.
   - Quickly fall to the ground after traveling up to 1 - 3 ft.

2. SMALL INFECTIOUS DROPLETS
   - Mucus/water coating starts to evaporate.
   - Fall to ground after traveling 3 - 5 ft.
   - Can become droplet nuclei.

3. INFECTIOUS DROPLET NUCLEI
   - Droplet size has decreased to <5 microns.
   - Can float in the air for prolonged periods due to microscopic size.

Lockhart SL et al. 2020 PMID 32329014.
Evidence cited for airborne transmission

• SARS
• “Superspreader” events (e.g. choir practice, Chinese restaurant)
• Other viruses that can be detected in aerosols
  • RSV
  • MERS
  • Influenza
Implications?

- My opinion:
  - All respiratory viruses probably CAN spread via aerosols under favorable conditions
  - This does not mean that airborne transmission is the predominant mechanism for infection
  - If SARS-CoV-2 is labeled as an airborne virus, do all respiratory viruses need to be labeled as such...?
Implications?

• Does this mean that all health care encounters require N95 masks?
  • In areas with low prevalence and adequate PPE, nosocomial spread has NOT been a major problem
  • In areas with higher prevalence, community spread is at least as important in infections among health care workers
Author’s recommendations

are now the basis of guidance. Following the precautionary principle, we must address every potentially important pathway to slow the spread of COVID-19. The measures that should be taken to mitigate airborne transmission risk include:

- Provide sufficient and effective ventilation (supply clean outdoor air, minimize recirculating air) particularly in public buildings, workplace environments, schools, hospitals, and aged care homes.
- Supplement general ventilation with airborne infection controls such as local exhaust, high efficiency air filtration, and germicidal ultraviolet lights.
- Avoid overcrowding, particularly in public transport and public buildings.
Takeaways

• Wear a facial covering
• Appropriately physically distance
• Avoid crowded indoor environments
• When unavoidable, take measures to improve ventilation (crack the windows!)
Topics We Are Following

- School and college/university reopening, return to sports guidance and progress
- AAP-VT Task Force on Race and Health Equity
- Immunization strategies/policy: catch-up, flu, COVID-19 (?)
- Health care “restart” details, incl. telehealth/telephone coverage
  - Federal and state COVID-19 financial relief
- MIS-C (Multi-System Inflammatory Syndrome in Children)
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments
Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.

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, July 13, 12:15-12:45 (current schedule: Mon/Wed/Friday)

Please tune in to VMS call with Commissioner Levine:

Now on THURSDAYS: July 16, 12:30-1:00 p.m. – NEW (Zoom) platform & call information:

Join Zoom Meeting:
https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdIJ2ZG4yQT09

- Meeting ID: 867 2625 3105 / Password: 540684
- One tap mobile - +1 646 876 9923, 86726253105#, 0#, 540684# Dial In- +1 646 876 9923 / Meeting ID: 867 2625 3105 / Password: 540684