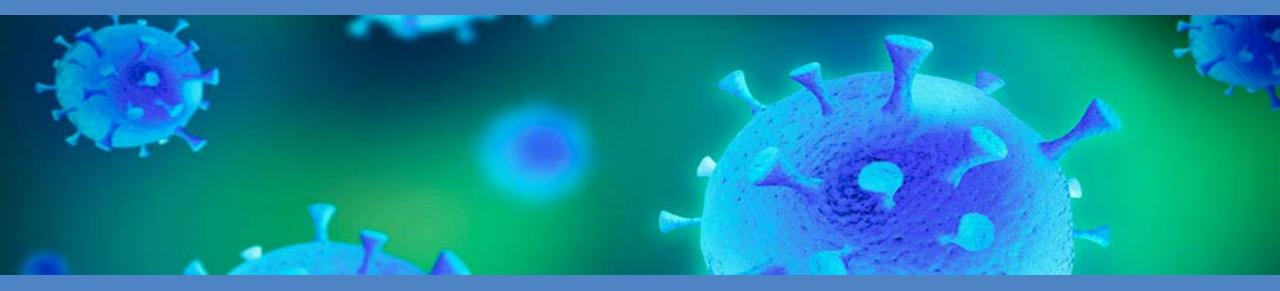
VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health July 10, 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 *p* icon or press Enter to send.

Chat (Everyone)	≣*
Everyone	







American Academy of Pediatrics dedicated to the health of all children®



90 Years of Caring for Children—1930–2020

- 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





AAP News: Series Highlighting the AAP's 90th Anniversary (2020)

- Jan: Many societal factors converged as founders organized the AAP
 <u>https://www.aappublications.org/news/2020/01/08/dyk010820</u>
 A A P News
- □ 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
 <u>https://www.aappublications.org/news/2020/03/09/dyk030920</u>
- April: AAP jumpstarts injury prevention efforts in 1950s, with nationwide impact
 <u>https://www.aappublications.org/news/2020/04/24/dyk050120</u>
- 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

phttps://www.aappublications.org/news/2020/06/01/dyk060120 July 10, 2020





Situation update



DEPAKIMENT OF HEALTH

To register for a test:

https://www.healthvermont.gov/response/c oronavirus-covid-19/testing-covid-19

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

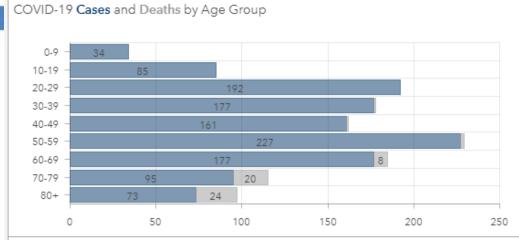
https://www.healthvermont.gov/response/coronavirus-covid-19/current-activity-vermont#dashboard

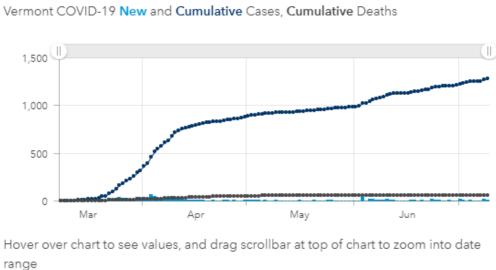


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July 10, 2020

Situation update





VERMONT

https://www.healthvermont.gov/response/coronavirus-covid-19/current-activity-vermont#dashboard

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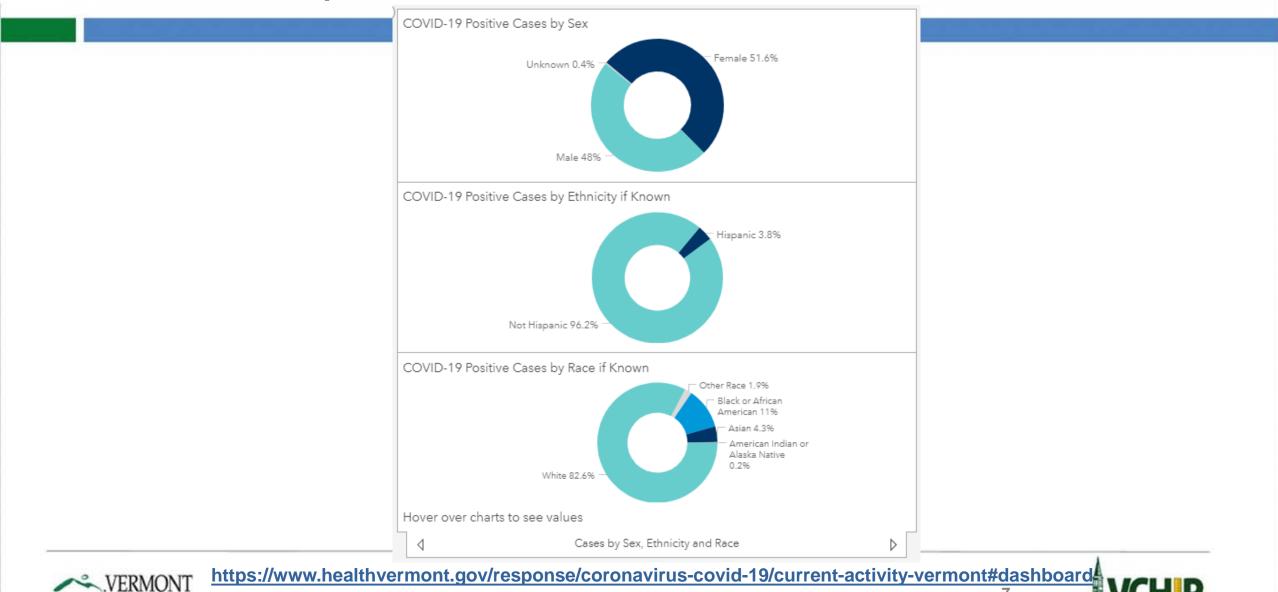
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July 10, 2020

Cases and Deaths by Date and Age

Situation update

DEPARTMENT OF HEALTH



July 10, 2020

Increment Child Health Incorrownees Program

Testing Across the U.S.

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

6/25/20: AAP releases COVID-19 Planning Considerations – Guidance for School Re-entry (6/25/20)

- 7/7/20: AAP President Dr. Sally Goza participates in White House Roundtable to discuss guidance (media coverage): <u>https://www.npr.org/sections/coronavirus-live-</u> updates/2020/07/08/888853601/school-reopenings-should-keep-public-health-in-mind-pediatric-group-says
- 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



July 10, 2020





AAP Updates

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
 - https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19infections/help-for-pediatricians/provider-relief-fund-information-and-resources/





Today's (Friday) Media Briefing (7/10/20)

Governor Scott:

VERMONT

DEPARTMENT OF HEALTH



- Recognize partners in testing: VDH, Kinney Drugs (Newport), Walgreen's (Essex)
- Also recognize VT HCPs for testing/referrals; additional assistance needed.
 VDH: <u>https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid-19</u>
- 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)</p>
- 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 reopenings 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

Julv 10. 2020

"Heartily welcome" pharmacy involvement



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Vermont Youth Summer Opportunity (Deadline: 7/10/20)

Apply at: bit.ly/WTadvisory

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

bit.ly/VTadvisory

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!

TIT

JULY 14 3-4:3 REPRESENTATION

& TOPICS

JULY 21 3-4:30

JULY 28 3-4:30 (Focus Areas)

UGUST 4 3-4:30

EPTEMBER TBD



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









July 10, 2020

Goggles, Baseballs, and Air: An Update on PPE, Youth Sports, and WHO Controversies

Keith, Ben, and Bill

Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™		<u>A-Z Index</u>			
		Search	Coronavirus 🕶	Q	
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Coronavirus Disease 2019 (CC)VID-19)				
Your Health 🐱 Community, Wo	rk & School 🗸 Healthcare Workers & Labs 🗸 Healthcare	alth Depts 🐱 🧼 Cases & Data	✓ More √	/	
✿ Healthcare Workers	HEALTHCARE WORKERS				
Testing Overview +	 Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) 				
Clinical Care +					
Infection Control —	Updated June 3, 2020 Español Print Pa	age 🕜	S 🗇 S		
Infection Control Guidance					
Using PPE	Guidance	Using Eye Protection			
Hand Hygiene	Infection Control Guidance	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.			
Alternate Care Sites					
Assisted Living Facilities	Using Personal Protective Equipment (PPE)				

The Joint Commission

Position Statement (revised June 22, 2020): Preventing Nosocomial COVID-19 Infections as Organizations Resume Regular Care Delivery

The Joint Commission supports the following positions for healthcare organizations to prevent nosocomial COVID-19 infections as they are resuming routine care.

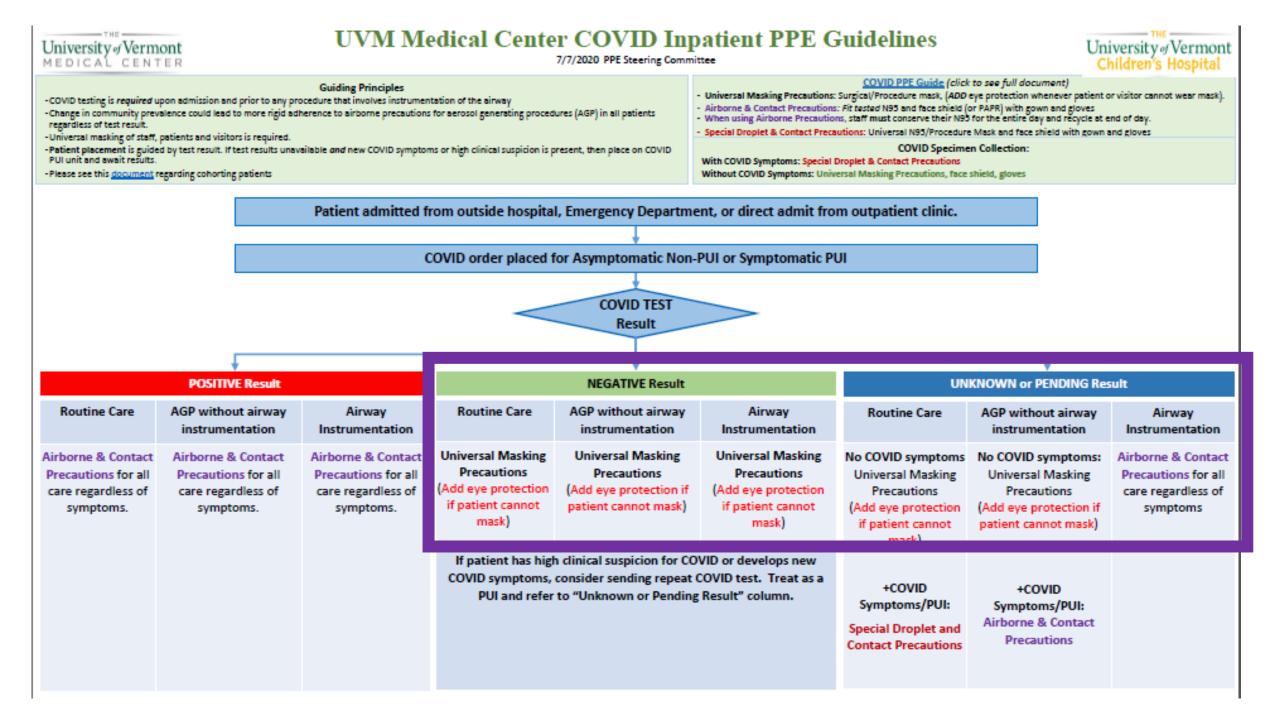
Healthcare organizations should continue to follow <u>CDC recommendations</u> for universal masking of staff, patients, and visitors. If there are situations where a patient cannot wear a mask (e.g., under 2 years of age, respiratory compromise, or examination of the nose, mouth, lips, and perioral area) 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 <u>standard precautions</u>), 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.



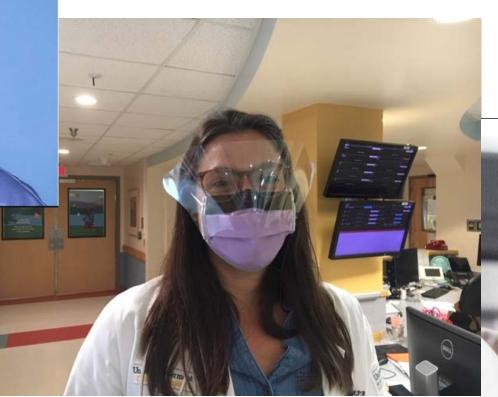
UVM Medical Center COVID-19: Personal Protective Equipment (PPE) Guidelines

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).

Who	When	PPE Standard
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









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?



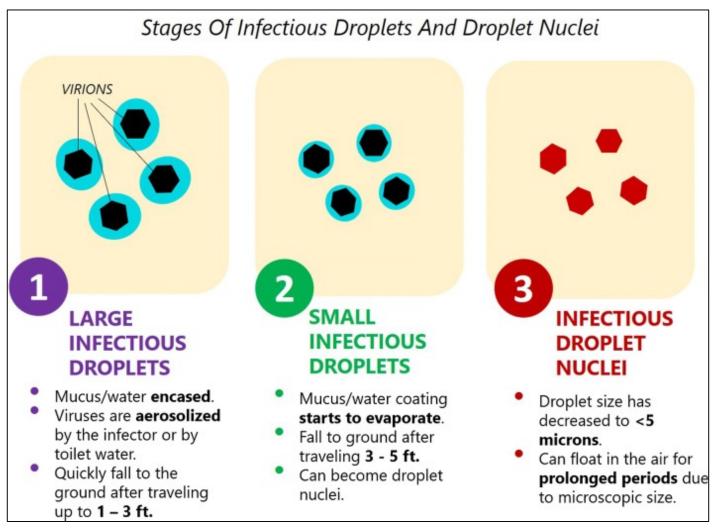
ACCEPTED MANUSCRIPT

It is Time to Address Airborne Transmission of COVID-19 @

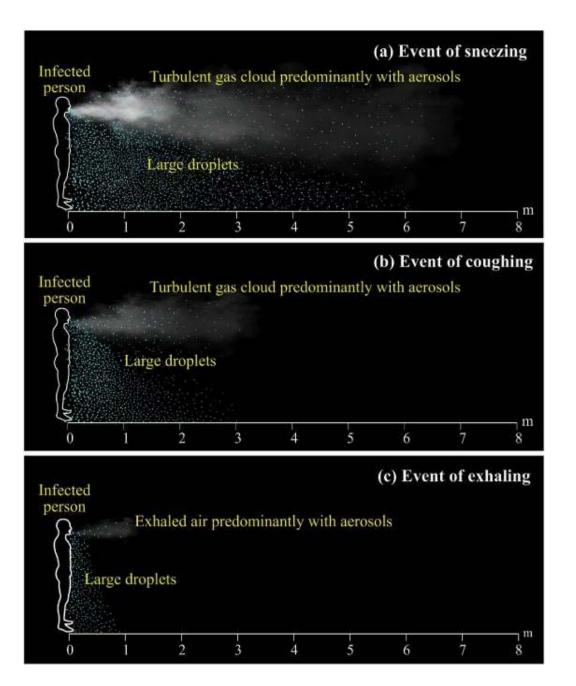
Lidia Morawska 🖾, Donald K Milton

Clinical Infectious Diseases, ciaa939, https://doi.org/10.1093/cid/ciaa939 Published: 06 July 2020 Article history v

Respiratory droplets vs aerosols



Lockhart SL et al. 2020 PMID 32329014.



Jayaweera et al. 2020 PMID 32569870.

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
- In MIS-C (Multi-System Inflammatory Syndrome in Children)
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments





Questions/Discussion

- □ Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- □ For additional questions, please e-mail: <u>vchip.champ@med.uvm.edu</u>
 - What do <u>you</u> need how can we be helpful (specific guidance)?
- VCHIP CHAMP VDH COVID-19 website: <u>https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates</u>
- □ 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 <u>THURSDAYS</u>: July 16, 12:30-1:00 p.m. – NEW (Zoom) platform & call information:

□ Join *Zoom* Meeting:

https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09

- 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



