

VCHIP / CHAMP / VDH COVID-19 UPDATES



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July 20, 2020




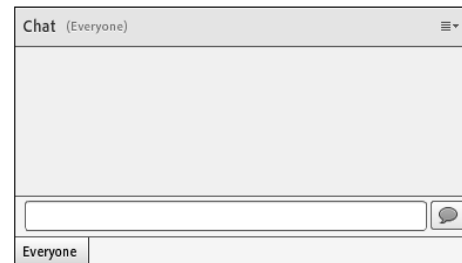
Technology Notes

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

- Celebrating the lives of John Lewis & CT Vivian
 - ▣ Also “Global Hug Your Kids Day”
 - ▣ Comet (C/2020 F3) NEOWISE seen over Malletts Bay (7/17)
- *Reminder: weekly event schedule*
 - ▣ **VCHIP/CHAMP/VDH calls: Monday/Wednesday/Friday**
 - ▣ Governor’s Media Briefings now Tuesday/Friday
 - ▣ VMS call with Commissioner Levine now **Thursday**
- Situation, VDH, AAP, media briefing updates
- Practice Issues: COVID Clinical Conundrums
- Q & A, Discussion



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

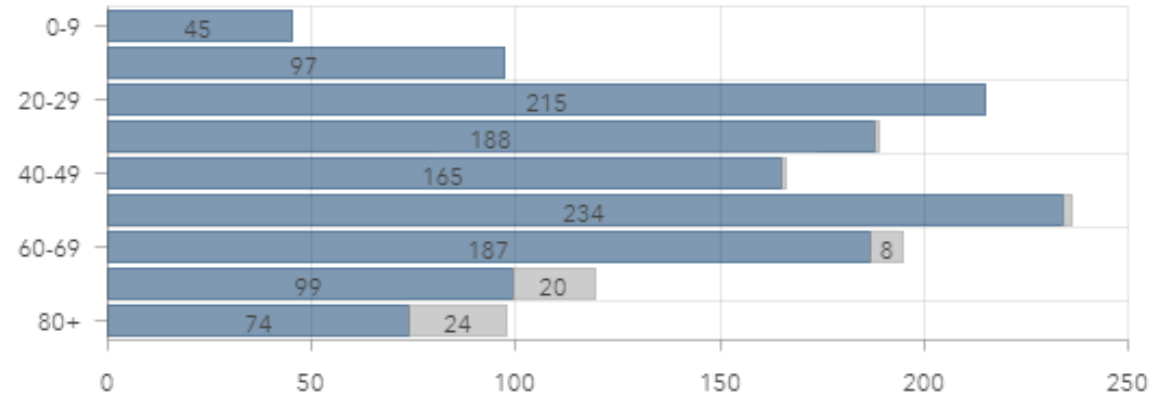
Situation update

Total Cases	1,360 10 New
Currently Hospitalized	3
Hospitalized Under Investigation	19
Total People Recovered	1,139
Deaths	56
People Tested	83,868
Travelers Monitored	1,146
Contacts Monitored	86
People Completed Monitoring	4,289
Last Updated: 7/20/2020, 11:22:01 AM	

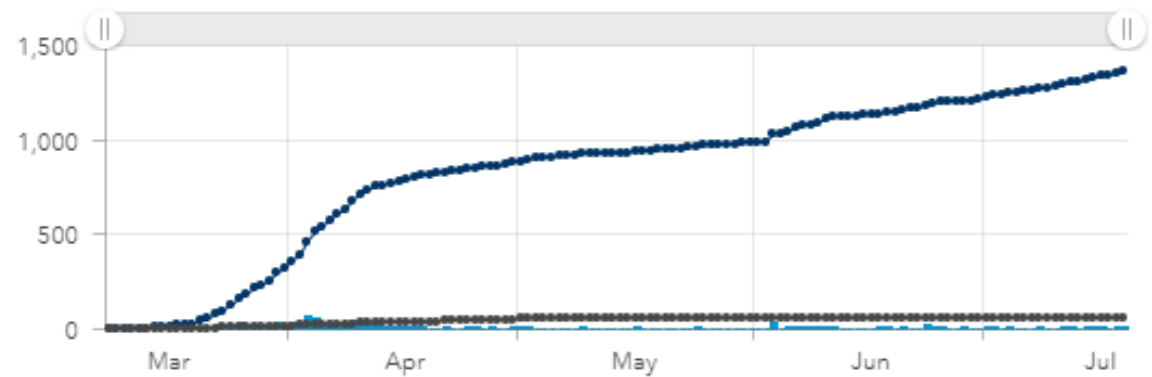
- **Manchester Medical Center update:** 35/63 people with positive antigen test for COVID-19 (reported to VDH by MMC since July 10) have had a PCR test.
- 33 of 35 PCR tests were negative & **2 were positive.**
- 56/63 w/pos. Ag test had been contacted (by 7/18); most are asymptomatic & have no link to other cases.
- ***VDH so far finds no indication of COVID-19 spreading in the community.***
- **Weekly data summary (7/17/20):**
 - **Weekly Spotlight** – County Profiles: detailed data for every county in Vermont!
 - https://www.healthvermont.gov/sites/default/files/documents/pdf/DataTeam_WeeklySummary_7.17.20.pdf

Situation update

COVID-19 Cases and Deaths by Age Group

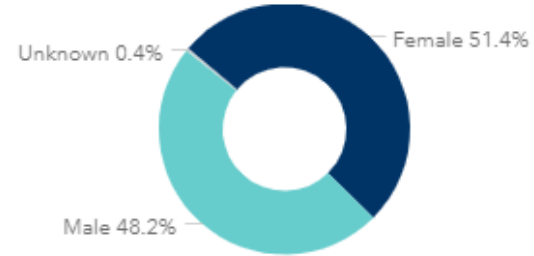


Vermont COVID-19 New and Cumulative Cases, Cumulative Deaths

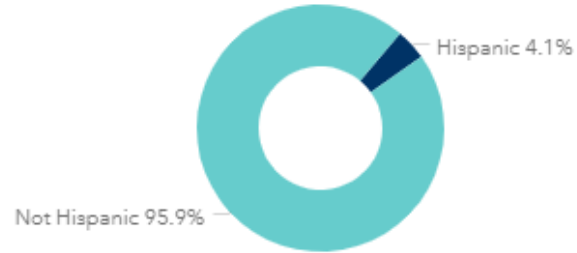


Situation update

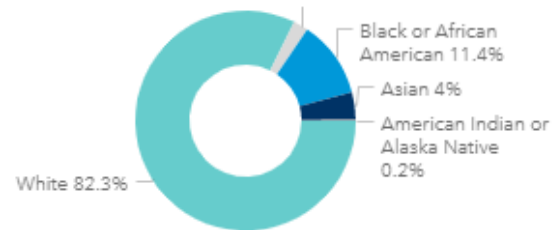
COVID-19 Positive Cases by Sex



COVID-19 Positive Cases by Ethnicity if Known



COVID-19 Positive Cases by Race if Known



Hover over charts to see values



Cases by Sex, Ethnicity and Race



Testing – VDH

IF YOU:	HERE'S HOW TO GET TESTED
have symptoms of COVID-19	contact your health care provider to ask about a test
are in quarantine because of travel guidance	contact your health care provider to ask about a test on or after day 7 of quarantine
are in quarantine because you are a close contact of someone with COVID-19	contact your health care provider to ask about a test on or after day 7 of quarantine
need a test to prepare for a medical procedure	arrange a test through the health care provider who is doing your procedure
have no symptoms and are not in quarantine	register at a community-based site or a pop-up location (see below)

COVID-19 Test Site Finder: Get Information on Coronavirus Testing Near You
 Powered by community. Brought to you by Castlight

Share:

Coronavirus test criteria and availability are changing daily. Check your state guidelines and call the coronavirus testing site before you go to learn about testing criteria, availability and hours.

- 1 If you are experiencing symptoms of COVID-19, such as fever, cough, or shortness of breath, please contact your healthcare provider or telehealth program to discuss whether you should be evaluated for testing.
- 2 Each coronavirus test provider will determine if testing is appropriate based on your symptoms, risk factors, and test availability.
- 3 UPDATE: Due to an increase in demand, there may be longer than usual wait times for testing and results in certain areas.

FIND NEAR ME

 Help the community

<https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid-19>

In case you missed it . . .



- MMWR: Absence of Apparent Transmission of SARS-CoV-2 from Two Stylists After Exposure at a Hair Salon with a Universal Face Covering Policy — Springfield, Missouri, May 2020
- MMWR: Factors Associated with Cloth Face Covering Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020
- Health Affairs: Community Use Of Face Masks And COVID-19: Evidence From A Natural Experiment Of State Mandates In The US (July 2020)
- **Recap of Friday (7/17/20) media briefing and follow up (Raszka & Lee)**
 - <https://vtdigger.org/2020/07/19/qa-a-uvm-researcher-on-covids-impact-on-kids-and-the-implications-for-schools/>

In case you missed it . . . (cont'd.)

- Emerging Infectious Diseases (early release): **Contact Tracing during Coronavirus Disease Outbreak, South Korea, 2020**
 - From NYT & AAP Daily Briefing: *“children younger than 10 transmit [the coronavirus] to others much less often than adults do, but the risk is not zero.”* Furthermore, *“those between the ages of 10 and 19 can spread the virus at least as well as adults do.”* Several experts have cautioned that *“the findings suggest that as schools reopen, communities will see clusters of infection take root that include children of all ages.”*
- *“Trump Administration Strips C.D.C. of Control of Coronavirus Data”* (NYT 7/14/20 re: hospitals ordered to bypass CDC & send all patient information to a central database in Washington). MoveOn.org petition:
 - https://sign.moveon.org/petitions/cdc-data-bypass-2?share=8cbd97f7-9879-4395-a313-9e9aa09a0c99&source=email-share-button&utm_medium=&utm_source=email
- **NEW** reports (TX & FL) of pediatric testing data (incl. infants < 1 y.o.)

CDC Resources for Young Adults

Factsheets for Young Adults

CDC has produced a series of factsheets for young adults, ages 15-21. The factsheets cover a variety of topics, including what test results mean, how to stay safe at the pool or beach, how to wear a face covering and other preventive measures.

- [Wear a Cloth Face Covering to Protect You and Your Friends](#) [1 MB, PDF]
- [Help Protect Yourself and Others from COVID-19](#) [1 MB, PDF]
- [What Your Test Results Mean](#) [1 MB, PDF]
- [Slow the Spread of COVID-19](#) [1 MB, PDF]
- [Do it for Yourself and Your Friends](#) [1 MB, PDF]
- [Stay Safe at the Pool/Beach](#) [1 MB, PDF]

[More Info](#)

Wear a Cloth Face Covering to Protect You and Your Friends

PUT ON

- WASH YOUR HANDS
- PLACE OVER NOSE AND MOUTH
- MAKE SURE YOU CAN BREATHE EASILY

TAKE OFF

- TAKE OFF YOUR FACE COVERING
- FOLD OUTSIDE CORNERS TOGETHER
- PUT ASIDE FOR WASHING
- WASH YOUR HANDS

WASH YOUR HANDS OFTEN, WEAR A MASK, AND STAY 6 FEET FROM OTHERS.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Practice Issues

COVID Clinical Conundrums

Dr. Breena Holmes, Director of Maternal & Child Health, VDH

Drs. Ben Lee and Bill Raszka, Pediatric Infectious Diseases



THE
University of Vermont
Children's Hospital

Clinical Scenarios

From private (physician) FB page:

- What if a teacher or **their** child (at same school) fails screening at the door? Two scenarios:
 - ▣ Teacher is fine but child is mildly symptomatic and needs to go home. Does the parent-teacher need to go home too? **No.**
 - ▣ Teacher is symptomatic and needs to go home. Does their child also automatically have to go home if they are asymptomatic? **No - if the teacher is tested and has COVID, then the child (will be a close contact and) goes home.**

Guidance

SEE VDH – VT AOE “*A Strong and Healthy Start: Safety and Health Guidance for Reopening Schools, Fall 2020*”

- Stay Home When Sick: Exclusion/Inclusion Policies – Students and staff will be **excluded from in-person school activities**, if they:
 - ▣ Show symptoms of COVID-19, such as a cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell
 - ▣ Have been in close contact with someone with COVID-19 in the last 14 days
 - ▣ Have a fever (temperature higher than 100.4° F)
 - ▣ Have a significant new rash, particularly when other symptoms are present
 - ▣ Have large amounts of nasal discharge in the absence of allergy diagnosis

Guidance (cont'd.)

- If above signs and symptoms begin while at school, the student (or staff member) must be sent home as soon as possible. Keep sick students separate from well students and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the sick student(s) until they leave.
 - Students and staff should be excluded from school until they are no longer considered contagious.
 - Students and staff with fever greater than 100.4° F and no specific diagnosis should remain at home until they have had no fever for 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
 - Materials, toys & furniture touched by the student . . . should be thoroughly cleaned & disinfected.
- Healthy students and staff with the following symptoms/conditions **are not excluded from in-person school activities:**
 - Allergy symptoms (with no fever) that cause coughing and *clear runny nose* may stay if they have medically diagnosed allergies and follow medical treatment plans.
 - Well-controlled asthma

Clinical Scenarios

- Grade school age child at daycare discloses “I had diarrhea”. Sent home with no other symptoms & normal stool at home the same day. Daycare requested PCP clearance to return.
- Preschool-age child with clear runny nose X few days: PCP feels potential allergy symptoms based on history but no formal testing. Daycare requests clearance/note.
- Preschool-age child (w/known chronic OME) brought to ER with symptoms of purulent ear drainage & no other symptoms. Started on drops and ER provided note saying he could go back to daycare. Family called next day saying daycare would not allow return w/o medical clearance from PCP.
- 6 month old in DCF custody coughing X 4 months after bronchiolitis-like illness. Seen by pulmonology: “likely post viral or asthma-like condition.” Some improvement with asthma care plan, but constant concern from daycare about cough. Dilemma: is increase in cough new illness or exacerbation of underlying condition?

Guidance

- ❑ SEE ***“Health Guidance for Childcare Programs, Summer Programs and Afterschool Programs”*** (last revised 7/13/20)
- ❑ **Stay Home When Sick: Exclusion/Inclusion Policies** – Children and staff will be excluded from in-person activities, if they:
 - ❑ Show symptoms of COVID-19, such as a cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell
 - ❑ Have been in close contact with someone with COVID-19 in the last 14 days
 - ❑ Have a fever (temperature higher than 100.4° F)
 - ❑ Have a significant new rash, particularly when other symptoms are present
 - ❑ Have large amounts of nasal discharge in the absence of allergy diagnosis If above signs and symptoms begin while in care or in your program, the child (or staff member) must be sent home as soon as possible.

Guidance (cont'd.)

- ❑ Separate sick and well children & limit staff contact as much as reasonably possible, while ensuring safety & supervision of the sick child(ren) until they leave.
- ❑ If a family childcare provider has any of the above signs and symptoms, she/he must arrange for children to be picked-up as soon as possible and keep as much a distance from children while waiting for children to be picked-up as possible.
- ❑ Consult with the child's healthcare provider. Based on clinical judgment, the child's HCP will be able to help the family determine what medical course to take (e.g. whether or not they think COVID-19 testing may be necessary). ***A medical note is not required for anyone to return to care in cases in which COVID-19 is suspected.***

Guidance *(cont'd.)*

- ❑ Children and staff with a fever greater than 100.4° F, no specific diagnosis, and COVID-19 is not suspected by the HCP must remain at home until they have had no fever for a minimum of 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- ❑ A family childcare provider who has a fever greater than 100.4° F, no specific diagnosis, and COVID-19 is not suspected by the healthcare provider should remain closed until they have had no fever for a minimum of 24 hours without the use of fever-reducing medications.
- ❑ Materials, toys, and furniture touched by children or staff who are sent home should be thoroughly cleaned and disinfected [NOTE: additional guidance provided here.]

Guidance (cont'd.)

- Healthy children, family childcare providers, and/or staff with the following symptoms/ conditions are not excluded from in-person activities:
 - ▣ Allergy symptoms (with no fever) that cause coughing and clear runny nose may stay if they have medically diagnosed allergies and follow medical treatment plans.
 - ▣ Well-controlled asthma
- **This inclusion does NOT require a medical clearance note from a healthcare provider when the child's allergy and/or asthma condition was known by the childcare program/provider prior to COVID-19. A new diagnosis does require written confirmation from the child's healthcare provider.**
- Note: If a parent/caregiver or staff member reports symptoms of COVID-19, encourage them to have a conversation with their healthcare provider to see if they should be tested for COVID-19. The parent/caregiver or staff member can contact 2-1-1 for information on where to access a healthcare provider if they do not have one . Families who do not have insurance can contact Vermont Health Connect for information about affordable insurance options. This also applies to family childcare providers who have symptoms of COVID-19.

Clinical Scenarios

- What is the best timing to test children exposed at camp – 7 days from 1st exposure or 7 days from positive test? Optimal testing time if 7 days after last exposure to last contact w/known positive case?
- Common scenario now: patient with no COVID contacts & fever without localizing signs, COVID test ordered but can't be done for 3-4 days & child then fever-free/asymptomatic for the 3 days after initial visit? Proceed with test? Families may or may not be able to observe at home while waiting.
 - ▣ Redefine who needs testing? Continue if pre-test probability is very low?
 - ▣ Why is there a 3-day delay in testing?
- **So who do we test – fever and runny nose?** And how long to keep children w/rhinorrhea out of school if not tested for COVID?
-

Other Questions

- Is Pediatric Pulmonology doing spirometry in the office?
 - Yes – doing PFTs in Pediatric Pulmonology Clinic – require negative COVID test (as with pre-procedure testing)
- Is anyone using UV light to sanitize their N-95 masks?
- AAP Council on School Health has developed a flow sheet to help PCPs (and school personnel) respond to different scenarios. Upon review, concern raised that “we are going to have a lot of viral illnesses that would have to stay home, and the only thing that might help would be other dxs (e.g., OM, + strep tests and + flu tests, or classic PR, roseola, Coxsackie)
- ***Join us Wednesday!***

School Re-opening

- Communities are moving forward – where is **yours** in this process?
- What are **your** thoughts/concerns to safely re-open?
- What are you hearing from families and what are communication gaps?
- **Volunteers needed for PSAs and videos**
- Monday's call: role of medical home in illness exclusion and return to childcare/schools
- Will present your cases for analysis

School Re-opening: Resources

For education & health professionals:

- VDH & VT Agency of Education: guidance, PowerPoint presentation available
- Additional VT AOE documents:
 - ▣ FAQ: <https://education.vermont.gov/strong-healthy-start-safety-and-health-guidance-faq-1>
 - ▣ Hybrid Learning: https://education.vermont.gov/sites/aoe/files/documents/edu-hybrid-learning-during-the-2020-2021-school-year_0.pdf

For parents & caregivers:

- What Parents can Expect at Childcare and Summer Camps:
 - ▣ <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Resources4Families-Childcare-Summer-Programs.pdf>
- Facial Cloth Coverings and Children
 - ▣ <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-childfacecovering.pdf>

Announcement (*thank you, Kate Ostrander, MD, UVM CH*)

Save the Date: Special Pediatric UVM Department of Pediatrics
Virtual Grand Rounds: **July 29, 8:00-9:00 AM**

- **Lee Beers, MD FAAP, President-elect, American Academy of Pediatrics**
 - ▣ Professor of Pediatrics & Medical Director for Community Health and Advocacy, Goldberg Center for Community Pediatric Health and Child Health Advocacy Institute at Children's National Medical Center
- **Topic: Early Childhood Brain Development—Aligning for Impact** (Vermont Early Childhood partners also invited!)
- Zoom meeting information to follow

Topics We Are Following

- School and college/university reopening, **return to sports** guidance
- AAP-VT Task Force on Race and Health Equity
- Immunization strategies/policy: catch-up, flu, COVID-19 (?)
- Pediatric health care “restart”: how to safely reopen your practices (Ideas? Questions?) – please email: vchip.champ@med.uvm.edu
 - ▣ 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

Questions/Discussion

- 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: **Wednesday, July 22, 12:15-12:45** (current schedule: Mon/Wed/Friday)
- Please tune in to VMS call with Commissioner Levine: **(guest speakers next week!)**
Now on Thursdays: July 23, 12:30-1:00 p.m. – NEW (Zoom) platform & call information:
- **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdJ2ZG4yQT09>
 - ▣ 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