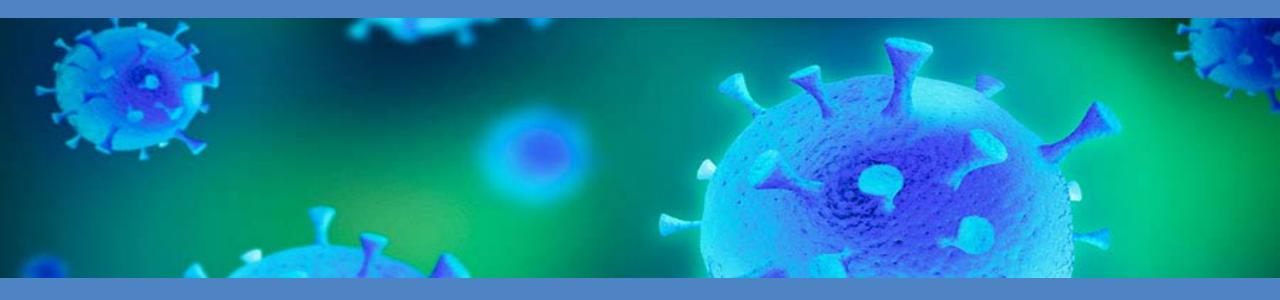
VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health
August 12, 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 licon or press Enter to send.



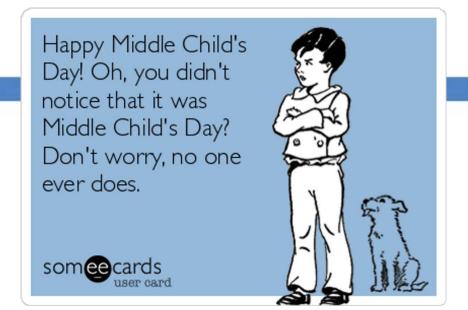




Overview

DEPARTMENT OF HEALTH

- Celebrating International Youth Day 2020
 - Theme: "Youth Engagement for Global Action"
- Also: National Middle Child Day
- Reminder: weekly event schedule
 - VCHIP/CHAMP/VDH calls: Mon/Wed/Friday; Governor's Media Briefings Tues/Friday; VMS call with Commissioner Levine Thursday.
- Situation, CDC, AAP & VDH Updates, Presentations
- □ Practice Issues: Severity of COVID-19 Illness in Children Rebecca Bell, MD FAAP, Pediatric Critical Care, UVM CH
- 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

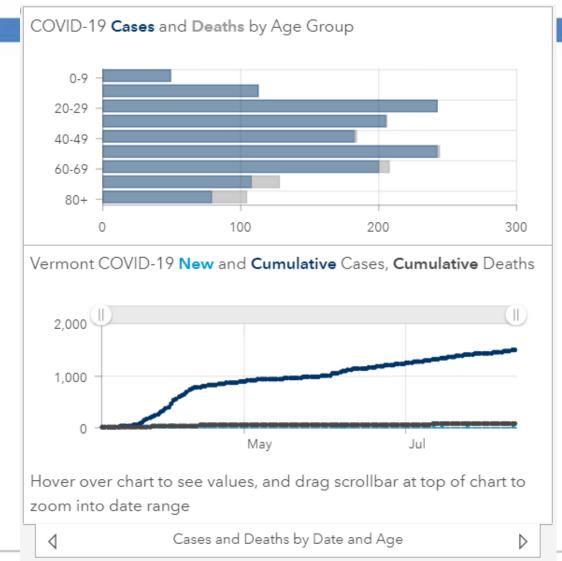
1	Total Cases	
	1,478	
	5 New	
	No Data	
	No Data	
	Total People Recovered	
	1,302	
	Deaths	
	58	
	People Tested	
	105,073	
	Travelers Monitored	
	948	
	Contacts Monitored	
	33	
	People Completed Monitoring	
	6,254	
	Last Updated: 8/11/2020, 1:21:07 PM	

- Reminder VDH Weekly Data
 Summary (8/7/20):
 - Overview, case demographics, clinical course, outbreaks, syndromic surveillance
 - https://www.healthvermont.gov/sites/ default/files/documents/pdf/COVID19
 -Weekly-Data-Summary-8-7-2020.pdf
 - Weekly Spotlight topic: Long-Term Care Facilities





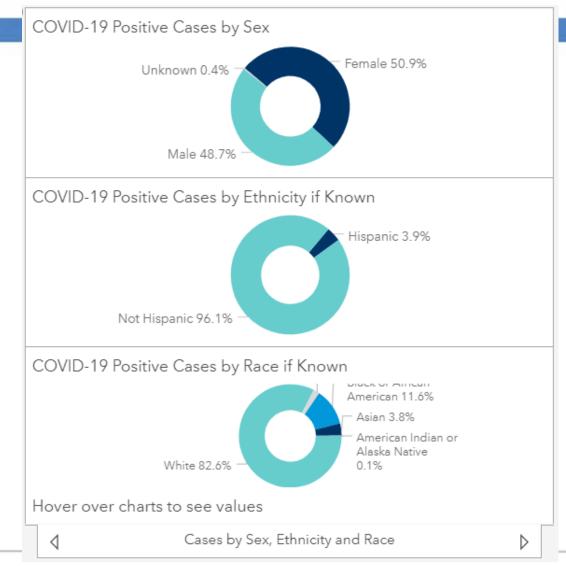
Situation update





2020

Situation update





VDH Update: NEW – IMPROVED Contact Tracing

CORONAVIRUS (COVID-19)

WHAT YOU NEED TO KNOW NOW



CONTACT TRACING: Contact tracing is how we reach out to people who test positive for COVID-19, and their close contacts, so they can take steps to stop the disease from spreading. Learn about contact tracing.



PREVENTION: You are required to wear a face mask in public, if unable to keep 6 feet from others. See more prevention tips and know how to recognize COVID-19 symptoms.



TRAVEL: Find out whether you need to quarantine when you come to Vermont and sign up for daily symptom check reminders.



RESTART VT: Get the latest guidance from the Agency of Commerce and Community Development on efforts to restart business, travel, tourism and other sectors in Vermont.



TESTING: Contact your health care provider to find out about getting tested. There are testing locations throughout Vermont.



QUESTIONS? Search our Frequently Asked Questions or use the chat bot to ask your COVID-19 question.





GET VERMONT COVID-19 DATA!

VDH – Contact Tracing (cont'd.)



- New icon on the main COVID page
- New contact tracing section with comprehensive information
- Short link to this section to link users directly to this information:
 www.healthvermont.gov/contact-tracing

Coming soon:

- All related FAQs will link to the new section
- □ **Graphics** that help visually explain illness timeline (infectious & incubation periods, etc) to be included on the web. once final.
- Short animated video re: contact tracing and what to expect if they are contact traced.





VDH Updates

Guidance released:

- (UPDATED 8/11/20) Safety and Health Guidance for Reopening Schools,
 Falls 2020 (Co-issued by AOE and VDH)
- NEW 8/11/20) Fall Sports Programs for the 2020-2021 School Year (Coissued with the VT Agency of Natural Resources)
- Reminder/clarification: communication between medical homes and child care providers re: return to childcare for ill children (e.g., diarrhea, other sxs)
- Letter to VT Superintendents from Child Development Div. (DCF)
 - □ Registered family child care homes & provision of care for school-aged children.





What You May Be Reading and Hearing

At the intersection of health care and racism:

- NYT: For Doctors of Color, Microaggressions Are All Too Familiar (Emma Goldberg, 8/11/20)
 - https://www.nytimes.com/2020/08/11/health/microaggression-medicine-doctors.html
- □ PBS KIDS for Parents: Using Media to Talk with Children About Race
 - Books, podcasts, news, TV, social media
 - https://www.pbs.org/parents/thrive/using-media-to-talk-with-children-about-race
- Journal of Adolescent Health: Association Between Youth Smoking,
 Electronic Cigarette Use, & Coronavirus Disease 2019:
 https://www.jahonline.org/article/S1054-139X(20)30399-2/fulltext





Tuesday Media Briefing (8/11/20)

Governor Scott:

- □ Just >1 mo. from start of school year "safe return" so impt.
- We must not forget negative impact if our children don't return... "what keeps me up at night is those [families] who don't have time to teach & struggle to pay for child care. What happens to their kids?"
- As Dr. Rebecca Bell, President of the VT Chapter of the AAP told us a few weeks ago, "many of our kids are not doing OK."
- Will continue to advocate for school reopening while our case trends show we can do it. Planning weekly updates on this topic; may not be one single answer – must respect differences among VT schools and communities – "that's the independence Vermonters have demanded."





Tuesday Media Briefing (cont'd.)

Patsy Kelso, VT State Epidemiologist (VDH)

- Testing reflect only on point in time can be falsely reassuring if negative.
- Decisions to close schools for in-person instruction will be made w/superintendent or head of school & VDH.
- If case occurs in (cohorted) single classroom, most likely will close just that one room for IP instruction for ~1 d. to start contact tracing; if students mixing, may close all impacted classrooms just for a day: gather facts, convene rapid response team, contact trace
- □ "We can open schools safely it's mission critical to open schools and we have to try. There may be no safer place to do





Tuesday Media Briefing (cont'd.)

VT AOE Secretary Dan French

- Released today: A STRONG AND HEALTHY START Safety and Health Guidance for Reopening Schools, Fall 2020 (*Revised* 8/11/20)
 - VT's health guidance "fairly comprehensive (vs. other states, CDC)
 - Changes based on new health information & Vermont maintaining high degree of viral suppression; more useful for implementation based on feedback from educators & other stakeholders.
 - Based on public health consensus view: strong recommendation for in-person instruction for younger students, esp. grades K – 5 (also strong educational rationale for them to promote healthy dev.





Tuesday Media Briefing (cont'd.)

VT AOE Secretary Dan French

- Changes of note:
 - Daily health screenings: previously required by school personnel but will now allow parents to complete questionnaire or conduct at 1st point of contact w/District or entry to school building.
 - Temperature screening: "Schools should conduct temperature screening of students...at the first point of contact." If not feasible on bus, then conduct on entrance to school (protocol provided).
 - Change in distanc rec. for younger students: now allows range of 3 to 6 feet; rec. for older students remains at 6 feet.
- Goal: revisions more doable but maintain safe approach.





VT School Reopening Documents in Development

- Updated Safety and Health Guidance for Reopening Schools
- What to expect when school starts (FAQs for parents)
- Video with pediatricians
- COVID Case at School Quick Reference Guide
 - Line list
- How Schools Can Prepare for COVID
- Return to school after illness algorithm
- Rapid Response Protocol for School Outbreaks
- KN95 Use & Care; PPE Kit Use & Care





Practice Issues

Severity of COVID-19 Illness in Children

Rebecca Bell, MD FAAP – Pediatric Critical Care, UVM CH President, AAP-VT Chapter







COVID-19 Data: North American Pediatric ICUs





Morbidity and Mortality Weekly Report (MMWR)

SEVERITY OF COVID-19 ILLNESS IN CHILDREN

Rebecca Bell, MD, MPH
Pediatric Critical Care
UVM Children's Hospital
AAP-VT Chapter

Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1–July 25, 2020

Early Release / August 7, 2020 / 69

576 cases – positive for SARS CoV-2 during hospitalization or in 14 days prior

Cumulative hospitalization rates

- Adults: 164 per 100,000
- Children: 8 per 100,000
 - 25 per 100,000 in children under 2 yrs
 - 4 per 100,000 in children 2-4 yrs
 - 6 per 100,000 in children 5-17 yrs

42% of hospitalized children had underlying health conditions

Obesity (38%), asthma (13%)

*99 counties in: California, Connecticut, Colorado, Georgia, Iowa, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah

One-third of children hospitalized with COVID-19 require ICU care, CDC says

CDC data suggests children can experience severe cases of COVID-19



Need for ICU same as adults

A new report released Friday by the US Centers for Disease Control and Prevention found that when children are hospitalized due to Covid-19, they need the intensive care unit as often as adults do.

AAP News

Study: 33% of children hospitalized with COVID-19 admitted to ICU

PICU ADMISSIONS

Of those with complete medical charts (n=208)

69 (33%) admitted to the PICU

Highest Level of respiratory support

- 12 (5.8%) invasive mechanical ventilation
 - 17% of PICU admissions
- 8 (3.9%) BiPAP/CPAP
- 5 (2.4%) HFNC
- 4 (1.9%) coded as ARDS
- One patient died
- Median PICU LOS 2 days (1-5)



The Burden of Respiratory Syncytial Virus Infection in Young Children

Caroline Breese Hall, M.D., Geoffrey A. Weinberg, M.D., Marika K. Iwane, Ph.D., M.P.H., Aaron K. Blumkin, M.S., Kathryn M. Edwards, M.D., Mary A. Staat, M.D., M.P.H., Peggy Auinger, M.S., Marie R. Griffin, M.D., M.P.H., Katherine A. Poehling, M.D., M.P.H., Dean Erdman, Dr.P.H., Carlos G. Grijalva, M.D., M.P.H., Yuwei Zhu, M.D., M.S., et al.

Prospective (2000-2004) population-based surveillance of acute respiratory infection among children under 5 years of age in 3 counties (n=5067)

Average annual hospitalization rates:

- 1700 per 100,000 under 6 months of age
- 300 per 100,000 under 5 years of age
- Extrapolated 685 per 100,000 under 2 years of age

RACIAL DISPARITIES

COVID-19

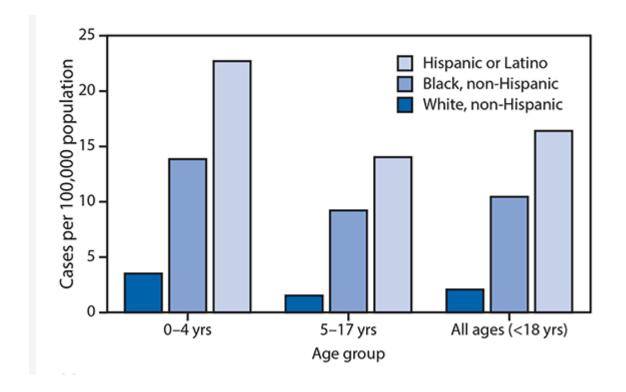
46% identified as Hispanic

30% identified as Black

MIS-C

40% identified as Hispanic

33% identified as Black



"Long-standing inequities in the social determinants of health, such as housing, economic instability, insurance status, and work circumstances of patients and their family members have systematically placed social, racial, and ethnic minority populations at higher risk for COVID-19 and more severe illness, possibly including MIS-C"

VIRTUAL PICU SYSTEMS

COVID-19 Confirmed Patients BY STATE / PROVINCE



US + Canada, as of 8/10/20

Sites submitting data 185

COVID-19 positive 1300 (1,087 < 18 yrs old)

PICU patients tested 19,000

46 deaths*

* age unknown

VPS DISCHARGE SURVEY

Not all sites that submit data to primary survey submit to discharge survey

589 patients < 18 yrs of age

13 deaths in positive children (8 -12 felt to be COVID-related)

■ 1.4-2% of admissions

PATIENTS < 2 YEARS OF AGE

95 patients

- 1 death
- due to COVID-19? No

Max respiratory support

- RA/LFNC 59%
- HFNC 14%
- CMV 16%
- HFOV 2%
- ECMO 1%

Race/ethnicity

- Hispanic/latinx 34%
- Black 29%
- White 18%

PATIENTS 2 - <12 YEARS OF AGE

214 patients

5 deaths

• Due COVID-19? 4 yes, 1 maybe

Max respiratory support

- RA/LFNC 52%
- HFNC 13%
- NIV 4%
- CMV 28%
- HFOV 0
- ECMO 2%

Prior comorbidities

- None 52%
- Mild 17%
- Mod/severe 30%

Race/ethnicity

- Hispanic/latinx 35%
- Black 29%
- White 19%

PATIENTS 12 - < 18 YEARS OF AGE

280 patients

7 deaths

Due COVID-19? 4 yes, 3 maybe

Max respiratory support

- RA/LFNC 49%
- HFNC 15%
- NIV 10%
- CMV 21%
- HFOV 1.5%
- ECMO 2.6%

Prior comorbidities

- None 38%
- Mild 29%
- Mod/severe 33%

Race/ethnicity

- Hispanic/latinx 40%
- Black 32%
- White 14%

BMI

< 18.5 4.7%

18.5-24.9 16%

25-29.9 (overweight) 18%

30-39.9 (obese) 33%

>40 (class III obesity) 18%

MORE FROM VPS

Hx of immunodeficiency

42/589 (7%)

Hx of autoimmune dx

26/589 (4%)

MIS-C

<2 yo 9 (13%)

2-12 yo 69 (39%)

12-18 yo 57 (26%)

SUMMARY

Children less likely to be admitted to the hospital than adults

True. Hospitalization rate 8/100,00 among children, 164/100,000 among adults

Hospitalized children as likely to be admitted to ICU as adults (33%)

meh, not sure what this adds

Children can get severe illness

of course!

Rate of invasive mechanical ventilation lower among pediatric ICU patients than adult ICU patients

• True. Of ICU admissions children: 17-30%, adults: 60%. Of overall hospital admissions children 6%, adults 19%

ICU mortality rate lower among children than adults

- Children 1-2%, adults 30%
- Mechanical ventilation not a death sentence
- Mortality rate among hospitalized patients: children 0.5%, adults 17%

Obesity is a common underlying medical condition among children hospitalized and in the ICU

Racial disparities among hospitalized children are significant, with Hispanic and Black children overrepresented

Upcoming Presentation

- PMI PCC Webinar: The Business Impact Of COVID-19 On Pediatric Practices
 - Thursday, August, 20, 2020
 - Topics: Updates on CARES Act funding for pediatricians; SBA loans; data trends; advocacy; well Visit Update, telemedicine Update
 - https://us02web.zoom.us/webinar/register/2715880030866/WN_--
 JMD1Lu_TOCnI-1hZ4G95A





Safe and Healthy Schools: What to Expect This Week

- In development: guidance for health care professionals re: shared decision-making with their adult patients with chronic health conditions considering returning to the school environment.
- We are continuing to refine *DRAFT* COVID-19 in Pediatric Patients: Triage, Evaluation Testing and Return to School
 - Thank you, Barb Kennedy, Alicia Veit, Ben Lee, Bill Raszka and ALL who have sent your feedback!
- Please continue to help disseminate/explain guidelines and inform implementation in your communities!





Reminder: HCP Stabilization Grants (from 7/14/20)

AHS Secretary Mike Smith:

- Opened Friday, July 17, 2020 (application, FAQs)
 - Who: VT-based health care/human service (billing) providers operating on/before February 1, 2020
 - When: Cycle One online application process open until August 15, 2020, to cover lost revenue/expenses from 3/1/20-6/15/20. Cycle Two: applications starting in October to cover losses from 6/16/20-9/30/20.
 - What: submit 2019 & 2020 revenue information, COVID-19 related expenses, data on any financial relief received and org. tax info.
 - Where: https://humanservices.vermont.gov/help-and-resources/covid-19-information
 - What else: NOT first-come, first-served; AHS may need to prioritize 1st cycle.
- □ HCPs encouraged to apply even if uncertain re: eligibility





Topics We Are Following

- School (K-12), 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: <u>vchip.champ@med.uvm.edu</u>
 - 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 <u>you</u> 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: *Friday, August 14, 12:15-12:45* (current schedule: Mon/Wed/Friday)
- □ Please tune in to VMS call with Commissioner Levine:

Thursday, August 13, 12:30-1:00 p.m. – 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



