

# VCHIP / CHAMP / VDH COVID-19 UPDATES



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*August 14, 2020*




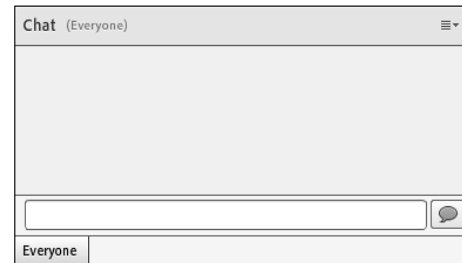
# Technology Notes

**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

- 75<sup>th</sup> Anniversary of the End of the Pacific War
  - ▣ Are we seeing the new “Greatest Generation”?
- *Reminder: weekly event schedule*
  - ▣ **VCHIP/CHAMP/VDH calls: Mon/Wed/Friday; Governor’s Media Briefings Tues/Friday; VMS call with Commissioner Levine Thursday.**
- Situation, VDH & AAP Updates
- Practice Issues: Latest **DRAFT** COVID-19 in Pediatric Patients – Triage, Evaluation, Testing and Return to School
- Q & A, Discussion



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

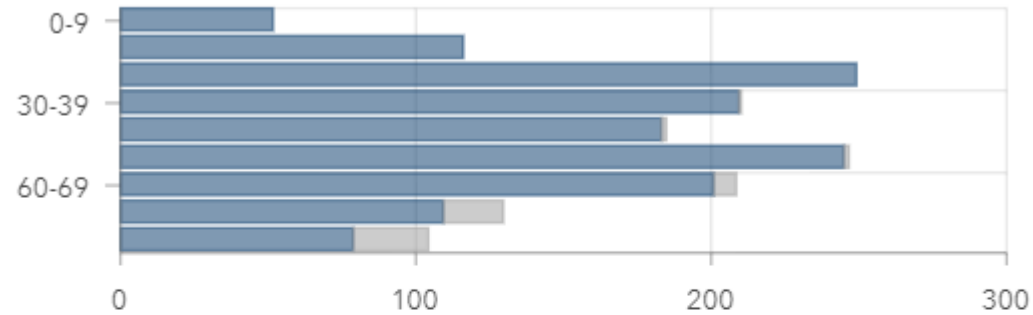
# Situation update

Total Cases	<b>1,501</b> 17 New
Currently Hospitalized	<b>2</b>
Hospitalized Under Investigation	<b>11</b>
Total People Recovered	<b>1,321</b>
Deaths	<b>58</b>
People Tested	<b>107,417</b>
Travelers Monitored	<b>943</b>
Contacts Monitored	<b>29</b>
People Completed Monitoring	<b>6,399</b>
Last Updated: 8/14/2020, 11:08:59 AM	

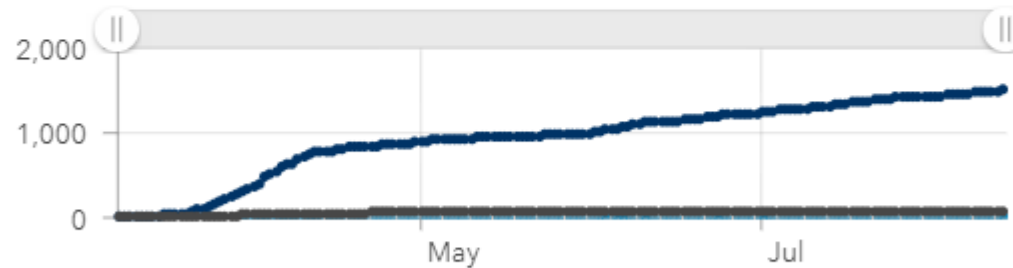
- **NEW** today – VDH **Weekly Data Summary** (8/14/20):
  - ▣ Overview, case demographics, clinical course, outbreaks, syndromic surveillance
  - ▣ <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Weekly-Data-Summary-8-14-2020.pdf>
  - ▣ Weekly Spotlight topic: **Demographics of People Tested** in VT, with focus on age/sex/race/ethnicity

# Situation update

COVID-19 **Cases** and **Deaths** by Age Group



Vermont COVID-19 **New** and **Cumulative** Cases, **Cumulative** Deaths

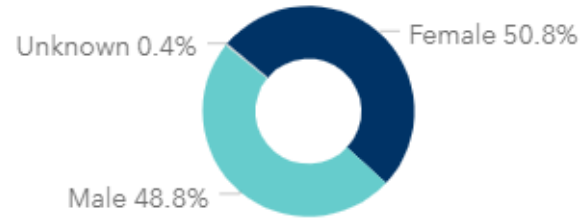


Hover over chart to see values, and drag scrollbar at top of chart to zoom into date range

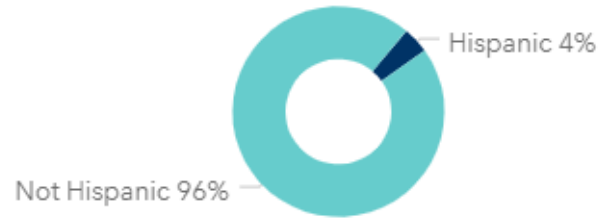
◀ Cases and Deaths by Date and Age ▶

# Situation update

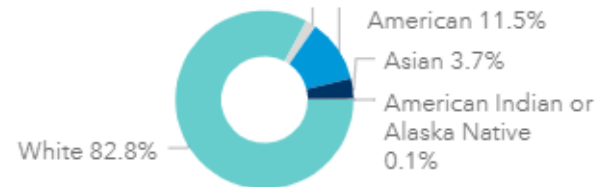
COVID-19 Positive Cases by Sex



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



# VDH Updates

## **NEW Health Updates:**

- ❑ Updated COVID-19 Testing Guidance and Collection Kit Ordering Information **(8/12/20)**
- ❑ Updated Novel Coronavirus 2019 (COVID-19)-Related Quarantine Recommendations for Congregate Care Staff and Residents **(8/14/20)**
- ❑ **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](#) (Co-issued with the VT Agency of Natural Resources)

# AAP Updates

## ***NEW Clinical Guidance***

- Cloth Face Coverings (8/12/20)
- COVID-19 Testing Guidance (8/12/20)
  - ▣ Why, when?
  - ▣ Age
  - ▣ Test types
  - ▣ Office-based testing
  - ▣ PPE
  - ▣ Differentiate (and when to test) for flu, SARS-CoV-2
  - ▣ Communicating results to families; reporting to public health



# Today's Media Briefing



## Governor Scott:

- Yesterday marked 5-month anniversary of declaration of State of Emergency in response to COVID-19 (March 13, 2020).
- Successful approach/viral suppression by increasing test capacity & PPE inventory, impl. mitigation measures (including in workplaces).
- As of today: lowest # of cases per capita in U.S.
- Today: **extending State of Emergency for another month** as vehicle that allows us to continue to manage the pandemic.

# Today's Media Briefing



## Governor Scott:

- New tools for municipalities (esp. college towns):
  - ▣ Ability to lower the limit on gathering size
  - ▣ Ability to limit hours for sale of alcohol – may set curfew for bars/clubs (appears uncontrolled parties are part of the problem in other areas)
- Directed state employees who can work remotely to continue to do so until the end of the year (and encourage others to do so).
  - ▣ Not because unsafe to come to work – but an opportunity to significantly reduce # of person-to-person contacts.

# Today's Media



## Commissioner Levine:

- Colleges & universities:
  - ▣ Preparing with them for months; focus on safety/health of students, faculty, staff, communities.
  - ▣ Expect cases – requested testing at entry: a few students have tested positive (one before student left home state) – “system working.”
- Contact tracing: definition, what contacts may expect, VDH response time for contact tracing.
  - ▣ NPR report **today**: 14 States Make Contact Tracing Data Public. Here's What They're Learning: <https://www.npr.org/sections/health-shots/2020/08/14/902271822/13-states-make-contact-tracing-data-public-heres-what-they-re-learning>

- ▣ See also VDH Weekly Update (7/10/20)

# Today's Media Briefing



## Commissioner Levine – Outbreaks:

- Announced formal end VT's 1<sup>st</sup> significant outbreak/ community spread on Wed. (8/12) at end of 2 full incubation periods, or 28 days, with no new cases
  - 117 were test pos.; many sick or hospitalized
- Effective community engagement of partner organizations
  - Association of Africans Living in Vermont
  - U.S. Committee for Refugees and Immigrants (USCRI)
- Behavior change difficult but achievable.

# Today's Media Briefing (cont'd.)



## VT Modeling – Commissioner Pieciak:

- ❑ U.S. reached 5m. cases but slowed time to addtl. 1m. cases: (17d., up from 15d.)
- ❑ 4 census regions: most significant declines in South; West, Midwest & Northeast plateauing at recently reported case levels.
- ❑ Cont'd. reduction hospital needs (U.S.): 15<sup>th</sup> consec. day of fewer pts. in hospital; ICU needs decr last 7d.
- ❑ New death high & steady: > 1K/day each of last 17days
  - Wed. just >1500 deaths = highest reported since May 15.
- ❑ Northeast: just >7% drop weekly cases – 2<sup>nd</sup> consec. week case

# Today's Media Briefing (cont'd.)

## VT Modeling – Commissioner Pieciak:

- New case growth ~flat this week: 39 new cases
- Lowest total cast count in U.S. & now lowest cases per capita this week
- VT metrics:
  - ▣ Syndromic surveillance well below 4% guardrail (stable throughout summer)
  - ▣ Rolling 3- & 7-day average viral growth rates both <1%
  - ▣ Positivity rate 7-day rolling average lowest in U.S. 0.7% (well <5% guardrail)
  - ▣ Hospital/critical care beds: below 30% buffer
- Model predicts slight uptick over next few weeks (but still av. <10/d.)
  - ▣ Impact of returning college students – protocols support safely reopening



# Today's Media Briefing (cont'd.)



## VT Modeling – Commissioner Pieciak:

- 5.9m. from 93 counties across travel region can travel to VT (increase of 700K compared to last week)
  - ▣ Especially favorable in Maine, NH
  - ▣ Vs. RI, DE, MD w/o a single county eligible to travel here quarantine-free
  - ▣ OH, NJ, VA: only 1 or 2 quarantine-free counties
- How our travel metrics compare to other geographic areas:
  - ▣ NY, NJ, CT – much less conservative std. than VT: <10 pos. cases/100K
  - ▣ EU – more strict than VT: must have 2-wk. total below 14 pos.cases/100K
  - ▣ VT “strikes a balance”
- Travel map use: <1.2m interactions/30d. = “great awareness”

# Practice Issues

## DRAFT COVID-19 in Pediatric Patients: Triage, Evaluation, Testing and Return to School





# DRAFT COVID-19 in Pediatric Patients: Triage, Evaluation Testing and Return to School

- **Notes: [PLEASE NOTE: this guidance . . . subject to change . . . ]**
- **<sup>1</sup>Determination of pre-test probability** includes consideration of local rates of COVID-19 infection from state/regional data, patient's signs and symptoms, likelihood of alternative diagnoses, and history of exposure to SARS-Co-V2.  
<https://www.bmj.com/content/369/bmj.m1808>
- **<sup>2</sup>Exposure/travel:** had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large number of cases of COVID-19 <https://accd.vermont.gov/covid-19/restart/cross-state-travel>
- **<sup>3</sup>Children who are evaluated by a medical professional and found to have a clear alternate diagnosis or explanation for symptoms may return to school 24 hours after resolution of symptoms even if SARS-CoV-2 testing is not performed (e.g. confirmed diagnosis of strep throat with appropriate treatment).**

# DRAFT COVID-19 in Pediatric Patients: Triage, Evaluation Testing and Return to School

- **Notes: (cont'd.)**
- **<sup>4</sup>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; OR 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 to the school nurse/administration prior to COVID-19. A new diagnosis of asthma does require written confirmation from the student's healthcare provider.**
- **<sup>5</sup>SEE APPENDIX A** for sample School Nurse – Medical Home communication tool for situations in which its use may be indicated.

# DRAFT COVID-19 in Pediatric Patients: Triage, Evaluation Testing and Return to School

## Exposure to known COVID-19+ patient or travel<sup>2</sup>

Symptoms	Exposure to known COVID-19+ patient or travel <sup>2</sup>	Medical Home: Order COVID-19 PCR Test for all patients	Return to school criteria – Patients should follow Vermont Department of Health guidelines for isolation and quarantine: <a href="https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-chart-observation-isolation-quarantine_final.pdf">https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-chart-observation-isolation-quarantine_final.pdf</a>
None	Yes	Test result negative	<ul style="list-style-type: none"> <li>• Patient has remained asymptomatic for at least 7 days and had a negative PCR test on or after day 7 [NOTE: patient must remain in quarantine and asymptomatic for at least 14 days since exposure/travel if testing <b>not</b> performed]</li> </ul>
<b>Any of the following symptoms:</b> <ul style="list-style-type: none"> <li>• Fever (<math>\geq 100.4</math> degrees F)</li> <li>• Cough</li> <li>• Shortness of breath/difficulty breathing</li> <li>• Sore throat</li> <li>• Runny nose/nasal congestion</li> <li>• Lack of smell/taste</li> <li>• Loose stools/diarrhea</li> <li>• Fatigue</li> </ul>	Yes	Test result positive	<ul style="list-style-type: none"> <li>• At least <b>10 days</b> have passed <i>since symptoms first appeared</i> <b>AND</b></li> <li>• At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications <b>AND</b></li> <li>• Symptoms (e.g., cough, shortness of breath) have improved</li> </ul>
		Test result negative	24 hours after resolution of symptoms Need to follow quarantine guidance due to positive exposure.

# DRAFT COVID-19 in Pediatric Patients: Triage, Evaluation Testing and Return to School

## High Pre-Test Probability<sup>1</sup>

Symptoms	Exposure to known COVID-19 patient or travel <sup>2</sup>	Medical Home: Order COVID-19 PCR Test for all patients	Return to school criteria. Patients should follow Vermont Department of Health guidelines for isolation and quarantine: <a href="https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-chart-observation-isolation-quarantine_final.pdf">https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-chart-observation-isolation-quarantine_final.pdf</a>
<b>Any of the following symptoms:</b> <ul style="list-style-type: none"> <li>• Fever (<math>\geq</math> 100.4 degrees F)</li> <li>• Cough</li> <li>• Shortness of breath/difficulty breathing</li> <li>• Sore throat</li> <li>• Runny nose/nasal congestion</li> <li>• Lack of smell/taste</li> <li>• Loose stools/diarrhea</li> <li>• Fatigue</li> </ul>	Yes	Test result positive	<ul style="list-style-type: none"> <li>• At least <b>10 days</b> have passed <i>since symptoms first appeared</i> <b>AND</b></li> <li>• At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications <b>AND</b></li> <li>• Symptoms (e.g., cough, shortness of breath) have improved</li> </ul>
		Test result negative	<ul style="list-style-type: none"> <li>• At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications</li> </ul>
Fever and cough	No	As above	Same as above
Cough and shortness of breath without known asthma	No	As above	Same as above
Loss of taste or smell	No	As above	Same as above
Fever and runny nose	No	As above	Same as above

# DRAFT COVID-19 in Pediatric Patients: Triage, Evaluation Testing and Return to School

## Moderate Pre-Test Probability<sup>1</sup> - Family Encouraged to Call Medical Home

Symptoms	Exposure <sup>2</sup> to known COVID-19 patient	PCR Test for COVID-19	If not PCR tested for COVID-19, child may return to school after <sup>3</sup> :
Fever ( $\geq 100.4$ degrees F) and one other symptom <b>except</b> cough or runny nose	No	Consult with Medical Home <sup>3</sup>	<ul style="list-style-type: none"> <li>At least 10 days have passed <i>since symptoms first appeared</i> <b>AND</b></li> <li>At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications <b>AND</b></li> <li>Symptoms (e.g., cough, shortness of breath) have improved</li> <li><b>OR</b> alternative diagnosis established by medical home<sup>3</sup></li> </ul>
No fever and $\geq 2$ symptoms: <ul style="list-style-type: none"> <li>Sore throat</li> <li>Nasal congestion/runny nose</li> <li>Loose stools/diarrhea</li> <li>Fatigue</li> <li>Muscle aches</li> <li>New chilblains-like rash</li> </ul>	No	Consult with Medical Home <sup>3</sup>	Same as above
Fever ( $\geq 100.4$ degrees F) alone	No	Consult with Medical Home <sup>3</sup>	Same as above

# DRAFT COVID-19 in Pediatric Patients: Triage, Evaluation Testing and Return to School

## Low pre-test probability<sup>1</sup>

Solitary symptom: consult usual infectious disease protocols (e.g., Caring for Our Children;	Exposure to known COVID-19 patient	PCR Test for COVID-19	If patient <u>not does not</u> undergo COVID-19 PCR testing, patient may return to school following <u>appropriate treatment</u> and/or resolution of symptoms.
Sore throat	No	Not indicated	24 hours after appropriate treatment/resolution
Nasal congestion	No	Not indicated	24 hours after resolution
Muscle aches	No	Not indicated	24 hours after resolution
Fatigue	No	Not indicated	24 hours after resolution
Loose stools or diarrhea	No	Not indicated	24 hours after resolution
New chilblains-like rash alone	No	Not indicated	No restrictions

# 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

# 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 1<sup>st</sup> 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: [vchip.champ@med.uvm.edu](mailto: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](mailto: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](https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates)
- Next CHAMP call: **Monday, August 17, 12:15-12:45** (current schedule: Mon/Wed/Friday)
- Please tune in to VMS call with Commissioner Levine:  
**Thursday, August 20, 12:30-1:00 p.m. – 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