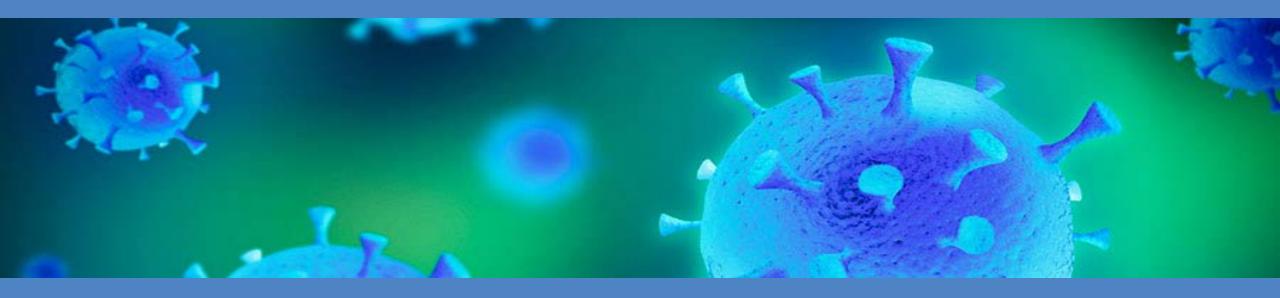
## VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health
August 17, 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

- Celebrating National Vanilla Custard Day
  - Day after Bennington Battle Day (SOV holiday)
  - Stay Home With Your Kids Day; Baby Boomers Recognition Day
  - **Tomorrow**: 100<sup>th</sup> Anniv., ratification Nineteenth Amendment!
- □ 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: Monday Potpourri focus on school plans
- Q & A, Discussion [Please note: the COVID-19 situation continues to evolve very rapidly very very very rapidly very very very rapidly so the information we're providing today may change guickly] august 17, 2020



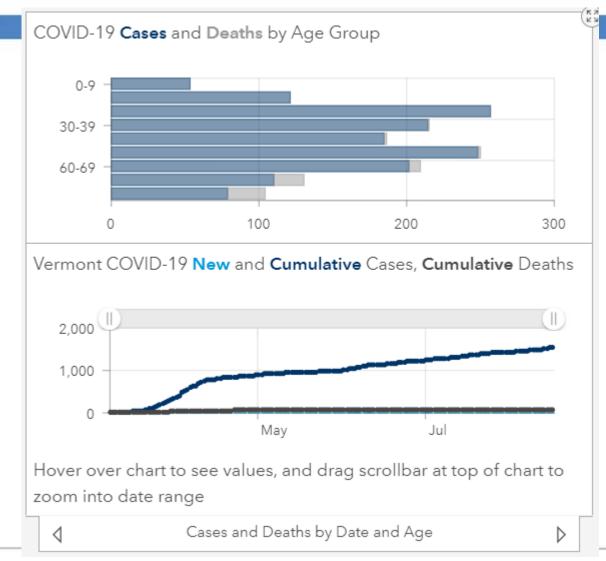


## Situation update

Total Cases
1,527
12 New
Currently Hospitalized
3
Hospitalized Under Investigation
15
Total People Recovered
1,343
Deaths
58
People Tested
113,223
Travelers Monitored
949
Contacts Monitored
42
People Completed Monitoring
6,605
Last Updated: 8/17/2020, 11:32:53 AM

- □ VDH Weekly Data Summary (8/14/20):
  - Overview, case demographics, clinical course, outbreaks, syndromic surveillance
  - https://www.healthvermont.gov/sites/d efault/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

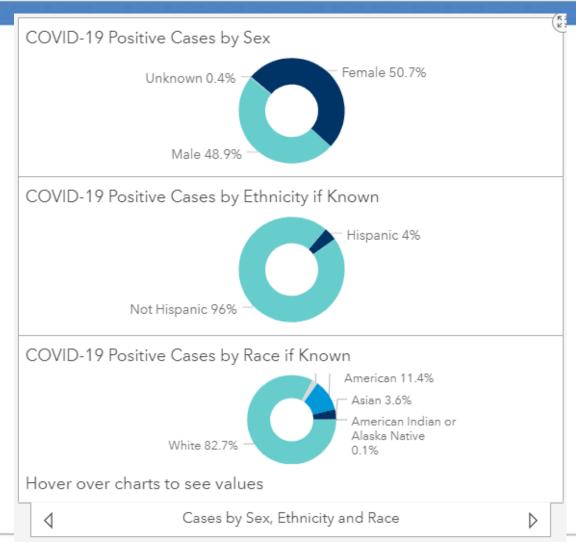






2020

## Situation update





2020

# **NEW:** Shared Decision-Making on Return-to-Work Decisions for School-Based Personnel

- Collaboration among VMS, VDH, VCHIP, AAP-VT
- □ Target audience: pts. of primary care clinicians (esp. parents/teachers)
- Key Concepts: School is vital; most students have v. low risk of disease; children/schools not leading drivers of pandemic; sciencedriven measure to lower transmission risk in schools.
- Considerations: local epidemiology; personal medical risk; personal safety measures; family medical risk; school risk mitigation measures; personal/household capacity for alternate plans
- □ Special thanks to Tim Lahey, MD MMSc, UVM MC Adult ID/Bioethics







## **VDH Updates**

### **NEW** Health Updates:

- Updated COVID-19 Testing Guidance and Collection Kit Ordering Information (8/12/20)
- SEE ALSO: COVID-19 Testing Plan: A Coordinated Public Health and Health Care Response (7/27/20)
  - https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Testing-Plan.pdf
- Updated Novel Coronavirus 2019 (COVID-19)-Related Quarantine Recommendations for Congregate Care Staff and Residents (8/14/20)
  - Clarification: this does NOT apply to colleges/boarding schools





## **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





## What You May Be Reading & Hearing

- □ From From *The Atlantic*: "We Flattened the Curve. Our Kids Belong in School."
  - https://www.theatlantic.com/ideas/archive/2020/08/our-city-flattenedthe-curve-our-kids-belong-in-school/615274/
  - "Communities that worked hard to beat the coronavirus should reap the benefits of doing so." (8/14/20 – by Boston pediatrician/child psychiatrist Dr. Elizabeth Pinsky – thank you, Becca Bell!)
  - "To focus only on the downside of reopening is to ignore the significant risks of staying closed: mental illness, hunger, physical inactivity, undetected child abuse, the trauma that results from witnessing violence."





## **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
  - <a href="https://us02web.zoom.us/webinar/register/2715880030866/WN\_--">https://us02web.zoom.us/webinar/register/2715880030866/WN\_--</a>
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## Practice Issues

## **Monday Potpourri!**

Including continued discussion **DRAFT** COVID-19 in Pediatric Patients: Triage, Evaluation, Testing and Return to School







### Weekend Questions:

- Request for guidance for moderate pre-test probability adults, either to be incorporated into student guidance or as an accompanying document.
- 9-mo. old w/fever, clear rhinorrhea, mild cough, D, fussy: challenge w/testing & then quarantine from rest of family pending test & result.
- □ Use of clear face shields by adults (from VDH AOE guidance)





- Notes: [PLEASE NOTE: this guidance . . . subject to change . . . ]
- 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. <a href="https://www.bmj.com/content/369/bmj.m1808">https://www.bmj.com/content/369/bmj.m1808</a>
- <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 <a href="https://accd.vermont.gov/covid-19/restart/cross-state-travel">https://accd.vermont.gov/covid-19/restart/cross-state-travel</a>
- 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).



- □ Notes: (cont'd.)
- 4Healthy students and staff with the following symptoms/conditions <u>are not excluded from in-person school</u> 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 <u>does NOT</u> 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 <u>does</u> require written confirmation from the student's healthcare provider.
- 5SEE APPENDIX A for sample School Nurse Medical Home communication tool for situations in which its use <u>may</u> be indicated.





#### 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> <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 <u>not</u> performed]</li> </ul>
Any of the following symptoms:  • Fever (≥ 100.4 degrees F)  • Cough  • Shortness of breath/ difficulty breathing  • Sore throat  • Runny nose/nasal congestion  • Lack of smell/taste  • Loose stools/diarrhea  • Fatigue	Yes	Test result positive	<ul> <li>At least 10 days have passed since symptoms first appeared AND</li> <li>At least 24 hours have passed since last fever without the use of fever-reducing medications AND</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.





### ¡High Pre-Test Probability¹

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>
Any of the following symptoms:  • Fever (≥ 100.4 degrees F)  • Cough  • Shortness of breath/ difficulty breathing  • Sore throat  • Runny nose/nasal congestion  • Lack of smell/taste  • Loose stools/diarrhea  • Fatigue	Yes	Test result positive	<ul> <li>At least 10 days have passed since symptoms first appeared AND</li> <li>At least 24 hours have passed since last fever without the use of fever-reducing medications AND</li> <li>Symptoms (e.g., cough, shortness of breath) have improved</li> </ul>
		Test result negative	At least 24 hours have passed since last fever without the use of fever-reducing medications
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





Moderate Pre-Test Probability - 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 (≥ 100.4 degrees F) and one other symptom except cough or runny nose	No	Consult with Medical Home <sup>3</sup>	<ul> <li>At least 10 days have passed since symptoms first appeared AND</li> <li>At least 24 hours have passed since last fever without the use of fever-reducing medications AND</li> <li>Symptoms (e.g., cough, shortness of breath) have improved</li> <li>OR alternative diagnosis established by medical home<sup>3</sup></li> </ul>
No fever and ≥ 2 symptoms:  • Sore throat  • Nasal congestion/runny nose  • Loose stools/diarrhea  • Fatigue  • Muscle aches  • New chilblains-like rash	No	Consult with Medical Home <sup>3</sup>	Same as above
Fever (≥ 100.4 degrees F) alone	No	Consult with Medical Home <sup>3</sup>	Same as above





### Low pre-test probability1

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 not <u>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





## 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: Wednesday, August 19, 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=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



