

VCHIP / CHAMP / VDH COVID-19 UPDATES



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August 7, 2020




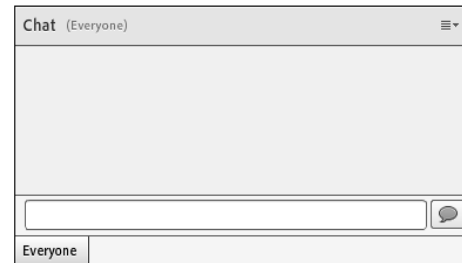
Technology Notes

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

- Honoring victims & survivors (the hibakusha) on the 75th anniversary of the bombing of Hiroshima (8/6/20)
 - ▣ Celebrating CHAMP: National Sea Serpent 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 & VDH Updates
- Practice Issues: **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

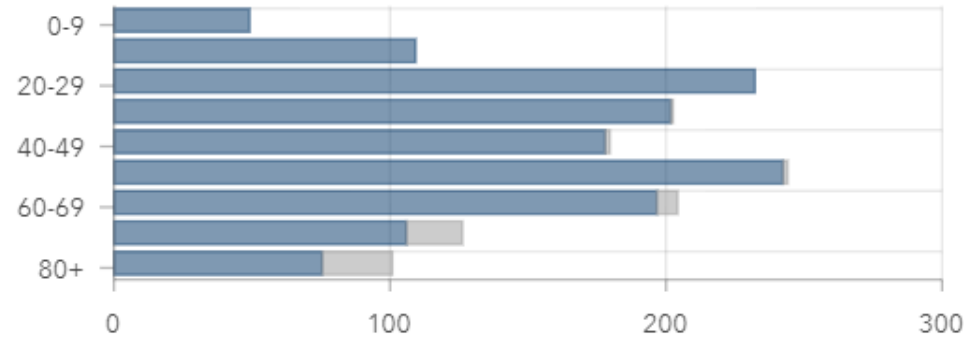
Total Cases	1,448 2 New
Currently Hospitalized	1
Hospitalized Under Investigation	5
Total People Recovered	1,260
Deaths	58
People Tested	100,962
Travelers Monitored	1,004
Contacts Monitored	30
People Completed Monitoring	5,824
Last Updated: 8/7/2020, 10:51:30 AM	

- **NEW** information re: Tallahatchie County Correctional Facility, MS
- 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**

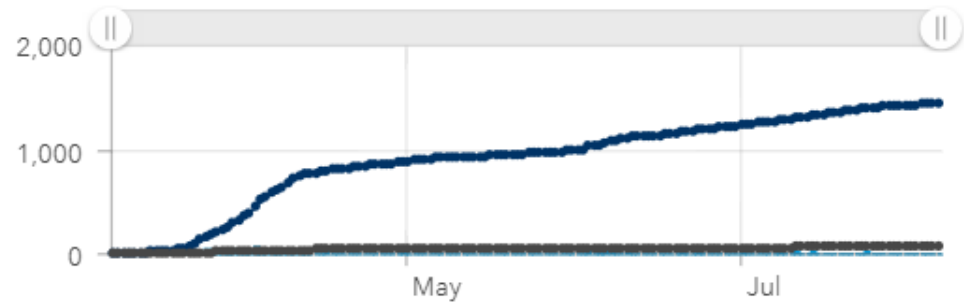


Situation update

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

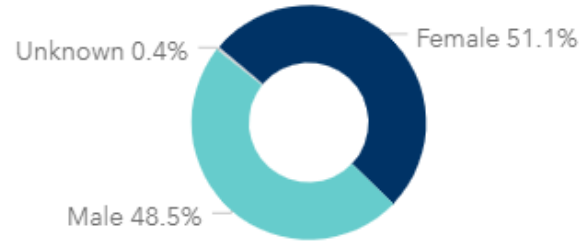


Cases and Deaths by Date and Age

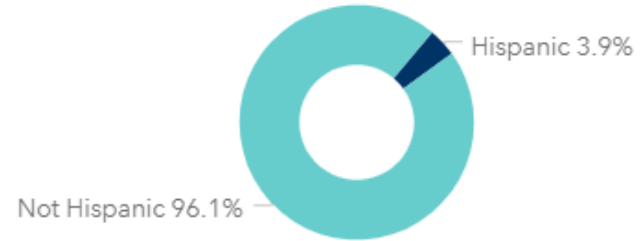


Situation update

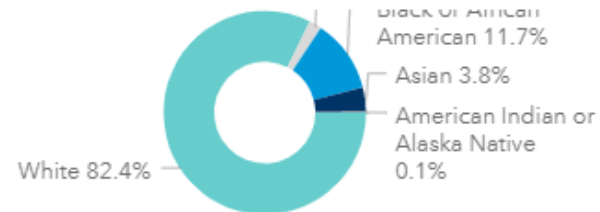
COVID-19 Positive Cases by Sex



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



Pediatricians in the News!

- AAP-VT Chapter President Becca Bell on VPR:
<https://www.vpr.org/post/poll-finds-vermonters-split-over-reopening-public-schools-fall#stream/0>
- Drs. Leah Costello (Timber Lane Pediatrics), Erin Kurek (UVM MC IM Hospitalist) and Jocelyn Bouyea, COVID nurse coordinator, created school reopening video for Champlain Valley School Dist.
 - ▣ “Caring, empathetic, generous, knowledgeable, credible and reassuring!”
 - ▣ Well over 1000 views as of today!
- <https://www.youtube.com/watch?v=K2t2HYrn5d0&feature=youtu.be&fbclid=IwAR3U-NCVeP1DWWekn4dJhJxwyqh1q-3U9dZKcgYw1cdzwPRSYAjXbrmoQjg>

What you may be reading and hearing

- **Washington Post** On Parenting/Perspective – Back to school in a pandemic: A guide to all the factors keeping parents and educators up at night
 - Vermont's Jessica Lahey & Tim Lahey:
https://www.washingtonpost.com/lifestyle/on-parenting/back-to-school-in-a-pandemic-a-guide-to-all-the-factors-keeping-parents-and-educators-up-at-night/2020/08/05/479542b4-d740-11ea-aff6-220dd3a14741_story.html
- Michelle Obama podcast: mental health in context of COVID-19

Today's Media Briefing



Governor Scott:

- Focus on COVID-19 testing
 - ▣ **Thank you:** VDH, PH Lab, VT National Guard, SOV employees.
- Ramping up infrastructure to support schools and child care.
- (Q & A) Data re: school reopening plans?
- AOE Secy. French: many Districts still finalizing or revising plans – “too early to tell.”
- Will collect monthly data starting in Sept. on in-person, hybrid, remote.
- Sate working on building a list of child care providers to support this environment.

Today's Media Briefing (cont'd.)



Commissioner Levine

- No outbreak updates except MS prison (Commissioner Baker)
- Vermont passed **100,000 tests milestone** this week.
- “Testing essential” to show how much v. in communities; reassuring statewide/affirms low case count are real (not b/c not enough testing).
- **Thank you** to PH Laboratory Team: microbiologists, lab techs, admin/data entry, med tech team (pop-ups strategic/timely), Local Health Offices, EMTs, VT National Guard.
- Be mindful of “**caution fatigue.**”
- Some states have long turnaround times ($\geq 7-10d.$); almost useless re: disease spread, but not a problem for **symptomatic** pts. in VT.

Today's Media Briefing (cont'd.)



Commissioner Levine

- Most in VT with symptoms NOT being sent to commercial labs
- For asymptomatic, some HCPs are sending to commercial lab, TAT may be longer.
- Plan now for adequate supplies/capacity for high priority situations (esp. most vulnerable).
 - As other states have surges, we may expect slowdowns.
 - Stockpiling supplies – but testing is NOT prevention.
 - Helps w/general prevalence, post-exposure, whether symptoms truly due to COVID-19

Today's Media Briefing (cont'd.)



Commissioner Levine

□ Now must **prioritize testing**

- ▣ Close contact of someone w/COVID-19; w/symptoms; w/medical risk
- ▣ Most in VT with symptoms NOT being sent to commercial labs
- ▣ If not exposed to virus, keep following the core points: mask, 6 ft. distance, stay home if sick & contact HCP.
- “The name of the game is harm and risk reduction.”

Today's Media Briefing

Dept. of Corrections Commissioner Baker:

- Tallahatchie Correctional Facility owned & operated by CoreCivic
- Revised data: 146 (not 147) of 219 inmates positive (audited results)
 - 65 negative, 8 refused testing
- Timeline: (7/28) 6 inmates arr. at Marble Valley – followed protocols.
- VT sent team to MS (Dr. Strenio; DOC logistics chief).
 - Satisfied w/level of medical care at 3 nearby hospitals.
 - Proper protocols being followed (8 refusals being treated as if pos.)
- Dr. Strenio reviewing charts of all inmates; recommends CoreCivic must determine level of spread among other inmates and staff.

Today's Media Briefing (cont'd.)



VT Modeling – Commissioner Pieciak:

- ❑ National: new cases cont. to decrease & decrease in hospitalizations/critical care. (new cases <60K/d.). >1K deaths/day last 11 days (one death every 80 seconds past week)
- ❑ Updated CDC death projections: could reach 190K by end of Aug.
- ❑ New DFR analysis urban vs. rural:
 - ▣ Today no correlation between urbanization & COVID-19 experience – even highly rural areas are seeing significant cases.
 - ▣ Regional travel zones by urbanization underscores above.
- ❑ MT, AK, HI experiencing testing delays & contact tracing challenges – and now seeing significant case growth.

Today's Media Briefing (cont'd.)



VT Modeling – Commissioner Pieciak:

- ❑ Regional case growth slowing – but still monitoring certain areas closely (MA & RI)
- ❑ Otherwise, seeing “even mix improvement/worsening” (ME esp. impr.)
- ❑ VT metrics:
 - ▣ Syndromic surveillance well below 4% guardrail
 - ▣ Rolling 3- & 7-day average viral growth rates both declining
 - ▣ Positivity rate 7-day rolling average lowest in U.S.
 - ▣ Hospital/critical care beds: ICU at ~30% buffer, but not a concern based on other metrics.
 - ▣ Travel map: pop. **not** subject to quarantine ~5.2m. (vs. 4.8m last wk.)

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:

- 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>
- **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>

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

Notes (cont'd.):

- 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 Rx).
- Healthy students and staff with the following symptoms/conditions **are not excluded from in-person school activities**: allergy symptoms (w/o T): coughing & *clear runny nose* may stay if they have medically-diagnosed allergies & follow medical treatment plans; OR well-controlled asthma. This inclusion **does NOT** require a medical clearance note from a healthcare provider when 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.

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

High Pre-test Probability

Symptoms	Exposure to known COVID-19 patient or travel**	Medical Home: Order COVID-19 PCR Test for all patients	Return to school criteria (Note: optimal COVID-10 PCR test timing is <u>7 days post exposure</u>)
Any of the following symptoms: <ul style="list-style-type: none"> • Fever • Cough • Shortness of breath/difficulty breathing • Sore throat • Runny nose/nasal congestion • Loose stools/diarrhea • Lack of smell/taste • Fatigue 	Yes	Test result positive	<ul style="list-style-type: none"> • At least 10 days have passed <i>since symptoms first appeared</i> and • At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications and • Symptoms (e.g., cough, shortness of breath) have improved
		Test result negative	<ul style="list-style-type: none"> • At least 7 days have passed <i>since symptoms first appeared</i> and • At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications and • Symptoms (e.g., cough, shortness of breath) have improved
Fever and cough	No	As above	Same as above
Cough and shortness of breath not diagnosed with asthma or CAP	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: Family Encouraged to Contact Medical Home

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

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

Low Pre-test Probability

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, <u>patient may return to school following appropriate treatment and/or resolution of symptoms.</u>
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

Safe and Healthy Schools: What to Expect This Week

- ***Under review***: updated (Vermont-specific) school guidance: **A Strong and Healthy Start: Safety & Health Guidance for Reopening Schools, Fall 2020** – expected next wk.
- Will continue 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
- *Please continue to help disseminate/explain guidelines and inform implementation in your communities!*

CHAMP Surveys Assessing COVID-19 Impact on Practices

Thank you for participating!

- Goal: Identify the impact of COVID-19 on practices and preventive services in order to keep delivering call content that's timely and relevant, to inform advocacy efforts & priority topic areas or the fall learning session and QI project
- 2 surveys:
 - ▣ **Preventive Care During COVID-19**, assessing how well visit care is being provided (including telehealth, developmental screening, and issues facing adolescent patients)
 - ▣ **Practice Impact**, including personnel impact, stressors related to care delivery, and opportunity to provide feedback to CHAMP
- NOTE **revised** frequency (based on your feedback!):
 - ▣ ***Final set of surveys will go out August 15. There will not be an August 1 Impact Survey.***

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: 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: **Monday, August 10, 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=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