

VCHIP / CHAMP / VDH COVID-19 UPDATES



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September 2, 2020



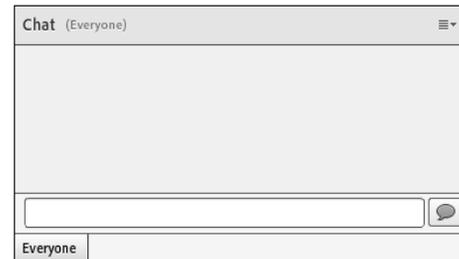
Technology Notes

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.



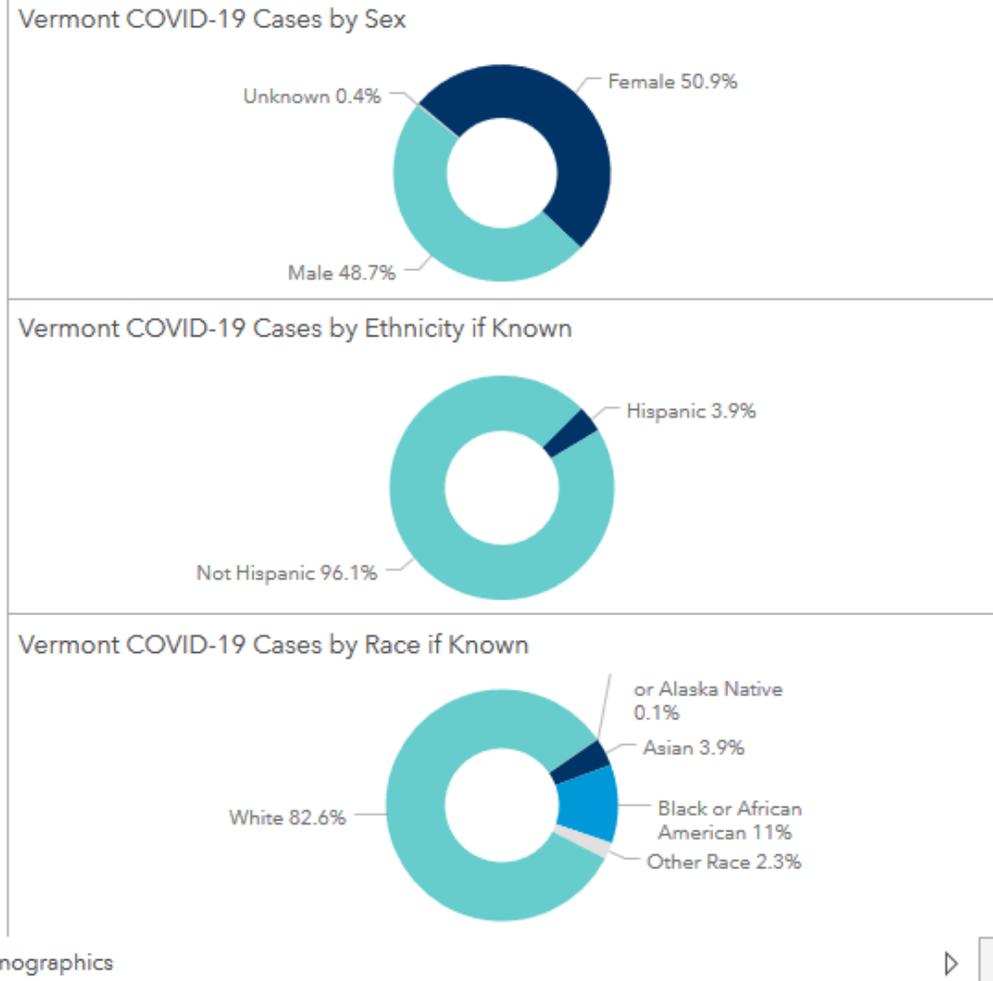
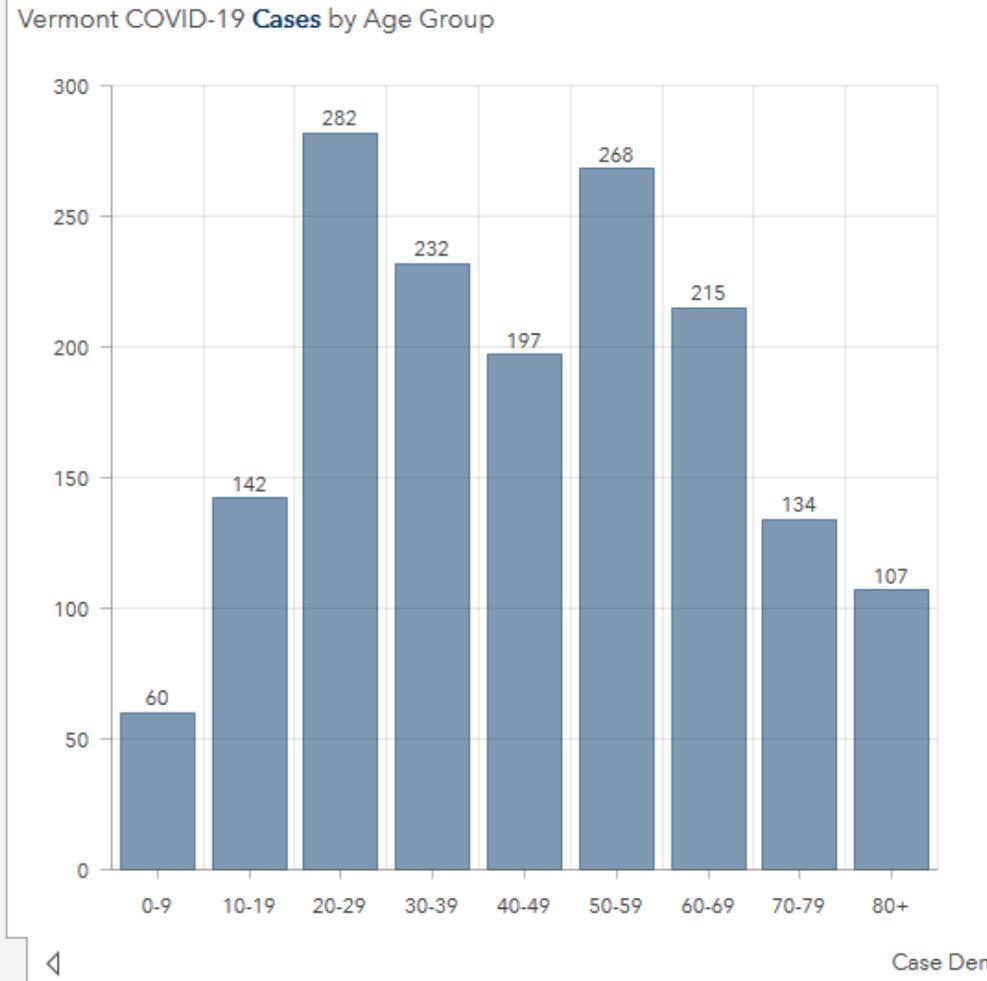
Overview Today

- Situation update
- Abbott-BinaxNOW
- AAP updates
- Request from David Nelson, MD, Vermont Emergency Preparedness Coalition
- VDH- HANs, Social Autopsy, Rutland situation
- Governor's Press Conference Tuesday September 1st, 2020
- Today's spotlight
 - ▣ Healthcare professionals-PPE and risk exposure

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

COVID Cases in Vermont

Total Cases	1,637
3 New	
Currently Hospitalized	1
Hospitalized Under Investigation	1
Total People Recovered	1,433
Deaths	58
People Tested	139,096
Travelers Monitored	630
Contacts Monitored	74
People Completed Monitoring	7,695
Last Updated: 9/2/2020, 11:01:42 AM	



Abbott-BinaxNOW COVID-19 Ag Card

From the FDA

- ❑ This test is to be performed only using nasal swab specimens collected from individuals who are suspected of COVID-19 by their healthcare provider within the first seven days of the onset of symptoms.
- ❑ The BinaxNOW COVID-19 Ag Card can be used to test nasal swab samples directly using a dual nares collection (swab inserted in both nares).
- ❑ The BinaxNOW COVID-19 Ag Card is only authorized for use in laboratories in the United States, certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform moderate, high and waived complexity tests. This test is authorized for use at the point of care (POC), i.e., in patient care settings operating under a CLIA certificate of Waiver, certificate of compliance, or certificate of accreditation.

Abbott-BinaxNOW COVID-19 Ag Card

- From FEMA
- A new rapid Abbot test has been approved for use. This provides results within 15 minutes of testing and is the size of a credit card.
 - The federal government has procured 150,000,000 to send directly to states on a pro-rata basis with the concept that they be provided to schools, day-care centers, critical infrastructure, first responders, or other users.
 - Priorities for distribution would be set by the state with the exception of some federal prioritization for healthcare workers, long term care facilities, and senior care centers.
 - They will be available between now and December time-frame. The Federal Government has 100% of production between now and December, so there won't be competition on the market until this contract is fulfilled.
 - EUA is for both symptomatic and **non-symptomatic** individuals
 - Online information: <https://khn.org/morning-breakout/us-set-to-buy-150-million-rapid-covid-tests-from-abbott-labs/>

Abbott-BinaxNOW COVID-19 Ag Card

- Vermont's Scientific Advisory Group (formerly known as Serology Work Group)
 - ▣ <https://www.healthvermont.gov/sites/default/files/documents/pdf/VDH-SerologyWorkingGroup-FinalRecommendations.04.16.2020.pdf>
- Meeting this week to guide Vermont's leadership on use of antigen testing moving forward

AAP resources

- AAP guidance: [Caring for Children With Acute Illness in the Ambulatory Care Setting During the Public Health Emergency](#)
- AAP News: [AAP interim guidance addresses outpatient care of sick children during pandemic](#)
- Email from AAP President Sally Goza, MD, FAAP: [COVID-19 Message to AAP Members](#)

Interim Guidance: Transport and Telehealth During Pandemic

- When transporting critically ill patients who have or may have COVID-19, AAP guidance emphasizes a balance of infection control with transport safety to reduce risks for medical staff and patients. Although telehealth is an important mode of health care service delivery, its quick and uneven uptake in some areas is increasing existing disparities in access to care.
- AAP guidance: [Frequently Asked Questions: Interfacility Transport of the Critically Ill Neonatal or Pediatric Patient With Suspected or Confirmed COVID-19](#)
- AAP guidance: [Guidance on the Necessary Use of Telehealth During the COVID-19 Pandemic](#)

Requesting Your Assistance (from David Nelson, MD – Peds EM): VT Healthcare Emergency Preparedness Coalition (VHEPC)

- **What:** multi-disciplinary partnership to improve & expand preparedness, response, and recovery capabilities (4 core disciplines: emergency management, emergency medical services, hospitals, and public health)
 - ▣ Also includes key member organizations from health & medical response community: **VCHIP is now a member!**
 - ▣ Join us if interested: <https://www.vhepcoalition.org>
- **Right now: your input requested** – survey gaps/needs re: ongoing COVID-19 pandemic.
 - ▣ Responses will be used to inform Coalition in prioritizing gaps & developing strategic plan for funding activities for all healthcare partners in Vermont.
- **PLEASE TAKE THE SURVEY:**
<https://www.surveymonkey.com/r/vhepcgapassessment>

Health Equity

Boston Medical Center's Health Equity Rounds.

Thurs Sept 3rd, 8-9am

The Other MIS-C

Multisystem Inequities of School Closures

This is the link to register:

https://bostonmedicalcenter.zoom.us/meeting/register/vJwlfuqqpDwivaG1_nkyO_FHsH2WGWiV_Q

Here's more info: <https://twitter.com/HEHsuMD/status/1300865519361425408?s=20>

Health Department Updates

- ❑ Thank you for your feedback about barriers to anterior nares testing- we are going to publish as FAQ- feedback keeps rolling in
- ❑ Rutland situation
- ❑ HAN- possible neurologic complications of COVID-19.
- ❑ HAN about types of SARS-CoV-2 tests is awaiting final approval- hopefully out today
- ❑ Social autopsy

Rutland Outbreak

- ❑ **The Vermont Department of Health is investigating a community outbreak of COVID-19 cases in Rutland County. The outbreak is associated with people who attended a private party at the Summit Lodge in Killington on August 19, 2020.**
- ❑ **To date, the Health Department has identified 14 cases among people who attended the event and their close contacts – meaning the virus has spread to one or more people who did not attend the private party. Health officials said Summit Lodge followed state protocols and guidance and has been a cooperative partner in the outbreak investigation.**
- ❑ **The Health Department contact tracing team has been working to reach the more than 40 party attendees. Contact tracing is a critical part of the state’s ability to contain outbreaks, and officials urge anyone who is contacted to please respond to calls from the department.**

Possible Association of Neurological Conditions with COVID-19

The U.S. Centers for Disease Control and Prevention (CDC) has recently formed a **unit** aimed at better understanding the possible association of neurological conditions with COVID-19. New CDC unit will provide subject matter expert assistance to health departments and clinicians for patients who meet the following criteria:

- Patients hospitalized for >24 hours
 - **AND**
- Patient with laboratory confirmation of a SARS-CoV-2 infection (laboratory confirmation in the previous 6 weeks (42 days)) **or** patient had a known exposure to a laboratory-confirmed COVID-19 case within the 6 weeks (42 days) prior to onset of neurological symptom(s)/condition(s)
 - **AND**
- The patient has or had neurological symptom(s)/condition(s) in the previous 6 weeks (42 days).
 - As a part of the clinical consultation, relevant medical records and/or patient specimens may be requested.

REQUESTED ACTION:

- Contact the Vermont Department of Health at AHS.VDHNeuroCOVID@vermont.gov if you have patients who meet the above criteria for assistance in coordinating clinical consultation with CDC.

Social Autopsy-Drug Overdose Trends

- The Vermont Department of Health has released the state's first [Social Autopsy Report](#), an in-depth look at how those who died of a drug-related overdose interacted with state agencies, and where improvements in the state's efforts can be made. The release coincides with the observance of [International Opioid Awareness Day](#).
- The Social Autopsy report examines data from 2017, when 109 Vermonters died of an [accidental or undetermined drug overdose](#). The report found that of those who did, nearly all had an interaction with at least one agency in the years before they died (98%). Two-thirds interacted with three or more state agencies, including the Vermont Department for Children and Families and the Department of Vermont Health Access.
- Funded under the Centers for Disease Control and Prevention's Overdose Data to Action grant, the Health Department partnered with the Departments of Corrections, Children and Families, Vermont Health Access (Medicaid), and Public Safety to analyze each department's data.

Governor's Press Conference

- Governor Scott
 - Schools open in one week, Educators already working in schools to get ready
 - Give thanks to all educators during this time
 - Most districts starting with a hybrid model
 - Low prevalence of virus in VT due to help of all VTers
 - To maintain it must continue to follow health guidance
 - Take recommended precautions
 - Masks, distancing, hand washing and staying home if sick
 - Avoid example of Hawaii
 - 8 weeks ago, had lowest case count in US
 - In July & August saw 120 cases/day
 - 8447 cases currently
- Secretary Smith-Childcare/Out of School time HUB creation

Governor's Press Conference

- **Secretary French-** Reporting of COVID data in schools must be balanced with privacy laws
 - Reporting of case numbers will be total number in school
 - Faculty and students
 - Will not be broken down by class or grade
 - Schools with less than 25 individuals will not have data released publicly
 - New data platform will come in late September
- **Commissioner Levine-** VT seeing 8 new cases per 100,000, Nationally it is 88 cases per 100,000
 - Rutland county outbreak
 - Contact tracers are working hard
 - Not an easy job, Maintain composure and collect information from people
 - Must be ready to deal with many different emotional responses
 - VT contact tracing reaches about 92% of cases within first 24 hours
 - 9 Years ago, were VT strong in Irene recovery
 - Continue to be strong in COVID situation

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Practice Issue

PPE and Risk Assessment in Healthcare Settings
Will Fritch and Kayla Donahue, Vermont Department of Health



VDH HOPR Team: PPE and Risk Assessment

Kayla Donohue

Will Fritch

□ 9/2/2020

Introduction to HOPR

- Healthcare Outbreak Prevention and Response (HOPR) Team Leads:
 - Kayla Donohue
 - Kayla.Donahue@partner.Vermont.gov (Name actually spelled with 'o' but email includes spelling with an 'a')
 - Will Fritch
 - William.fritch@vermont.gov
 - Jennifer Read
 - Jennifer.read@vermont.gov
 - Mallory Staskus
 - Mallory.Staskus@vermont.gov
- In addition to Central Office team leads, HOPR works closely with each Local Health Office
 - In response to a case, your facility might hear from one of the four of us or a Public Health Nurse in a Local Health Office.

Scope of HOPR

- HOPR works with healthcare facilities to conduct the following:
 - ▣ Primary Prevention
 - Proactive infection control reviews
 - Technical assistance/Q&A webinars with DAIL/Licensing
 - ▣ Secondary Prevention
 - Partnered with DAIL to draft Long-Term Care ReStart Guidance including proactive/surveillance testing schedule
 - ▣ Tertiary Prevention
 - Rapid Response Teams to work directly with each healthcare facility and discuss actions in response to a case, such as:
 - Exclusion and quarantine
 - Duration of isolation

Healthcare Contact Tracing Overview

- Notification to Vermont Department of Health
 - ▣ Several potential sources
- Contact Tracing Team's work with the individual
 - ▣ This is the primary contact tracing effort, supplemented/assisted by the other teams
- HOPR's work with the facility
 - ▣ Addresses infection control concerns and gathers supplemental

contact tracing info

What is an exposure?

- Following CDC [Guidance](#) on Healthcare Exposure Risk Assessment:
 - Was contact close?
 - ▣ a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.
 - Was contact prolonged?
 - ▣ 15 minutes or more OR in the presence of an aerosol-generating procedure
 - What type of PPE was utilized?
 - ▣ Respirator (or facemask if respirator not available)?
 - ▣ Eye protection (goggles or face shield)?
 - ▣ Gloves?

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³</p>	<ul style="list-style-type: none"> • HCP not wearing a respirator or facemask⁴ • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹ 	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure⁵ • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ • Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
<p>HCP other than those with exposure risk described above</p>	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19⁶ and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19⁶ at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Have you been exposed to COVID-19? Guidance for healthcare personnel (HCP) to assess potential exposures and subsequent work restrictions

Did the healthcare personnel (HCP) have prolonged¹ close contact² with a confirmed COVID-19 case during their infectious period³?

no
No work restriction indicated



yes
Did the HCP perform an aerosol-generating procedure?

no
Was the HCP wearing a respirator or facemask⁴?

no
HCP should follow appropriate work exclusion guidance⁵

yes
Was the HCP wearing eye protection?

no
Was the person with COVID-19 wearing a cloth face covering or facemask?

no
HCP should follow appropriate work exclusion guidance⁵

yes
No work restriction indicated

yes
No work restriction indicated

yes
Was the HCP wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure?

no
HCP should follow appropriate work exclusion guidance⁵

yes
No work restriction indicated

Scenario 1 – SARS-CoV-2-positive patient

- Three days ago, a 13-year-old male was seen in your office complaining of nausea, vomiting, and abdominal cramping. His temperature at the time of visit was 38.3° C. You did not see the patient, but you've been tasked with determining whether any of your staff might need to be excluded. The PA who saw the patient, who suspected COVID and collected the specimen, reported that the child was not wearing a mask when they entered the room but that she (the PA) was wearing both a mask and a face shield and that she donned gloves and gown for specimen collection.
- What additional questions do you have for your staff?

Scenario 1 – SARS-CoV-2-positive patient

- Other patients
 - ▣ Positive patient was in waiting room for < 10 minutes and was masked at that time, per front desk staff. He also sat > 10 feet apart from the one other patient in the waiting room at that time.
- Other staff
 - ▣ Front desk staff interacted with positive patient for < 5 minutes, were masked, and confirmed that the patient had a mask on at that point
 - ▣ Patient was seen by an RN before the PA. RN stated that she wore a mask while seeing the patient but that the patient was not masked in the exam room. Contact was close and prolonged.

Scenario 2 – SARS-CoV-2-positive staff

- Friday morning an RN calls out because their asymptomatic child received a positive SARS-CoV-2 PCR result last night. This RN has been feeling well and her temperature has ranged from 36.9 – 37.2° C during her screenings this week. She have been in the office all week and is responsible for collecting patient history and completing patient physicals.
- Sunday night the RN calls back, she were tested Friday and are SARS-CoV-2-positive.
- What questions do you have for this RN?

Scenario 2 – SARS-CoV-2-positive staff

□ Patients seen:

- RN saw 10 patients on Wednesday and Thursday. All patients were masked. RN was wearing eye protection and a respirator during all visits. Staff is excellent at hand hygiene. Interactions ranged from 10 – 20 minutes. All patients were masked.

□ Other staff:

- Staff maintain mask usage throughout the workplace and office space has maintained ≥ 6 feet between staff. All staff have remained asymptomatic. They ate lunch both days with one of the NPs.

Questions?

□ Thank you! Let's stay in touch!

Email: COVID19.HealthCareContactTracing@vermont.gov

Web: <https://www.healthvermont.gov/response/infectious-disease/novel-coronavirus-covid-19-health-care-professionals>

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 September 9, 12:15-12:45 (NO Call on Friday September 4th or Monday September 7th (Labor Day Holiday).***
- Please tune in to VMS call with Commissioner Levine:
Thursday, September 3, 12:30-1:00 p.m. – Zoom platform & call information:
- **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdJlJ2ZG4yQT09>
 - ▣ 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