

VCHIP CHAMP VDH COVID-19

March 23, 2020 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM; Breena Holmes, MD, FAAPS, Director of Maternal & Child Health, Vermont Department of Health (VDH)

Surveillance/Testing

Breena Holmes, MD, VDH: Once you go into clear community spread, the public health response shifts because it's no longer important to attach contacts to cases and because of the sheer number of cases. That shift occurred over the weekend and the public facing guidance around that is coming, hopefully today, to set the expectations of the general public, so they're not waiting for a call from the health department if they're wondering if they're considered a close contact of someone who has tested positive. Nobody should be moving about and if people are not feeling well, they should be excluded from these essential childcare spots. The minute I see something that can be shared with the public, I'll get that to you, because it will be a big expectation management change.

Child Care Guidance

Breena Holmes, MD, VDH: We did decide that childcare providers should do a health screening at the door. They already have thermometers, since that is a part of child care regulations in our state. They're checking temperatures of children at the door. I wonder if that is going to lead to more calls to your office. Keep me posted on if that creates a burden on you. We had to make that decision for a few reasons, mostly the childcare providers felt safer taking the temperatures themselves, instead of doing historic temperatures or asking families to monitor that.

Practice Implementation Strategies - *Judy Orton, MD, Green Mountain Pediatrics*

Judy K. Orton, MD, Green Mountain Pediatrics: In our culture room, laptops are not brought in and we have separate BP, thermometer and stethoscope that's exclusive to the dirty room.

Judy K. Orton, MD, Green Mountain Pediatrics: Anyone can download the medical release from our website - under the schedule an appointment tab, but I'll pass it along to Wendy to share.

Questions/Discussion

Q: How are the hospitalists holding up?

A: Karen Leonard, MD, UVMMC: We are hanging in there - thank you!

A: Lewis First, MD, UVMMC: Our hospitalists are doing an incredible job but so is everyone working inside or outside of our hospital trying to protect our patients and families and ourselves!

Q: Ashley Miller, MD, South Royalton Health Center: I would love interpretation of this document, "We estimate 86% of all infections were undocumented (95% CI: [82%-90%]) prior to 23 January 2020 travel restrictions. Per person, the transmission rate of undocumented infections was 55% of documented infections ([46%-62%]), yet, due to their greater numbers, undocumented infections were the infection source for 79% of documented cases" (Source: <https://www.ncbi.nlm.nih.gov/pubmed/32179701>).

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

A: William Raszka, MD, UVMMC: This has to do with mathematical modeling of the early days of the outbreak in China. At that time, only the sickest were being identified. Lots of infections were theoretically transmitted by those with milder symptoms that were not being identified.

Q: Are any of the 75+ cases in VT in the pediatric population?

A: Breena Holmes, MD, VDH: The youngest person to date is 20 years old in VT.

Q: As cases increase, will VDH report by age group? Mass.gov site is now reporting this way.

A: Breena Holmes, MD, VDH: The new cases are being identified on the VDH website by gender, age and county. We're going to start to do a pie graph of age when we get to 100 positive cases. We will have clearer numbers soon, as we figure out communications with commercial labs and Mayo Clinic.

Q: Do we have an estimated time frame for increased testing?

A: Wendy Davis, MD, VCHIP: I think what we're going to hear is a continued push for testing only when necessary because, I think despite improvements to test supply, it's clearly still limited.

A: Sharing the testing load between UVMMC, Mayo Clinic and commercial labs (mostly Quest) was a strategy to increase testing for already collected low-risk samples.

Q: Who would staff the surge facilities?

A: David Nelson, MD, UVMMC: VT National Guard is helping set-up three medical surge sites; this is just set-up for when needed: Today—UVMMC at Gutterson Fieldhouse; Central Vermont Medical Center at Barre City Civic Center Auditorium Tomorrow – Northwestern Medical Center at Collins Perley Sports Center.

Q: What is the specificity and sensitivity of the currently available tests?

A: William Raszka, MD, UVMMC: I do not think that there is much public data on sensitivity and specificity on the various test kits.

Q: There are concerns in Middlebury area that diapers and formula are in low supply to nonexistent for families with new babies at home. Is the state going to put some limits on purchasing and avoiding purchases by individuals who do not have babies at home? Reporting sites that are selling these items at high cost.

A: Wendy Davis, MD, VCHIP: WIC is working with the formula companies for WIC clients to try to ensure continued supply. There is concern about the social media circulation of recipes for diluting formula or making your own formula, so we'd like you to be on the lookout for that. The state is working on formula and more generally, food availability. We want you to be on the lookout for that and check-in with patients who you think may be at risk for that and let us know, so we can feed that back to the state. WIC is working hard on meeting enrollment demands.

A: Breena Holmes, MD, VDH: We received the waiver over the weekend so that all WIC visits, including new enrollment visits, can be done over the phone. I would recommend reaching out to Moira Cook in the Middlebury District office.

A: Breena Holmes, MD, VDH: We need to hear from all of you about shortages in your communities, including food. We will use this call to pull together community specific resources challenges for families moving forward. The Governor is very interested in this topic.

A: Monica Benjamin, MD, Porter Pediatrics: Diaper wipes are another shortage in Middlebury area.

A: Ashley Miller, MD, South Royalton Health Center: Diapers and wipes are definitely an issue in the upper valley (Windsor/orange County).

Q: Is temperature screening now being recommended for all patients entering offices (i.e. we are following AAP recommendation to see well infants with one parent in am for vaccines)?

A: William Raszka, MD, UVMMC: At UVMMC, patients and visitors are or will be screened for fever.

Q: Screened by questioning or measuring temp?

A: William Raszka, MD, UVMMC: Both history and in person.

A: Paul Parker, MD, Richmond Pediatric and Adolescent Medicine: I am just asking parents via telephone before their well visit if they or their infant/toddler have any ill symptoms -- cold symptoms, fever or gastrointestinal symptoms. If they do then the appointment is rescheduled. Absence of fever does not seem to be a specific enough measure to predict absence of COVID infection.

A: Deb Hartswick, MD, Pediatric Medicine: Paul that has been our sense too.

A: William Raszka, MD, UVMMC: I agree that fever itself is not good enough. We screen for fever and respiratory complaints. We do not screen for GI issues.

A: Judy K. Orton, MD: We do screen well patients for respiratory symptoms also.

Q: I've been seeing reports of children with COVID manifesting with GI symptoms. Is that not accurate?

A: William Raszka, MD, UVMMC: We do not screen for GI issues.

A: William Raszka, MD, UVMMC: Almost all the data on COVID has been driven by adults.

Q: Is staff being screened the same way yet? Is their guidance to provider practices to screen their staff prior to work? If so, has the guidance been sent out?

A: Denise Aronzon, MD, Timber Lane Pediatrics: Found this article on asymptomatic spread in case it is helpful, <https://www.nejm.org/doi/full/10.1056/NEJMc2001737>

A: William Raszka, MD, UVMMC: Asymptomatic but never symptomatic, asymptomatic but presymptomatic, and mildly symptomatic in adults and children have all been conflated which makes giving good advice difficult.

Q: Does the State consider obtaining a NP swab an aerosol generating procedure that requires N95 masks?

A: Breena Holmes, MD, VDH: I will confirm the answer but maybe some on the call know.

A: William Raszka, MD, UVMMC: At UVMMC we no longer require N95 masks for those obtaining a NP specimen.

Q: Is that because they are trying to save N95, or because there really isn't increased risk?

A: William Raszka, MD, UVMMC: I think true risk is low. All other PPE guidelines remain in place for the NP testing.

Q: Any comment on CNN report of 12 year-old on a ventilator in Atlanta?

A: William Raszka, MD, UVMMC: It is unreasonable to expect that no children will develop severe disease.

A: Breena Holmes, MD, VDH: That's another thing I'm really going to need your backing and guidance on. For kids in our state experience positive cultures, there's going to be this interesting ethical dilemmas about the release of information. If we say it's just a kid, that might increase anxiety as people would assume it's a normal kid, but if we're identifying a child in VT as having special health needs in a geographic region, we might be up against some patient privacy concerns. The public health rule is that if you have less than 10 cases in a community, it's too easy to trace down who somebody is. Send me some thoughts or ideas.

Q: Andrea Green, MD, UVMMC: Any value in creating a thematic drop box around resources for food, IPV, literature review, etc.?

A: Sarah DeSilvey, APRN, NMC: Hunger Free Vermont's food insecurity in COVID link is helpful for patients and teams (Link here: <https://www.hungerfreevt.org/news/coronavirus>)

A: Wendy Davis, MD, VCHIP: We're currently posting webinar recordings, Q&A synopses and relevant resources on our website (Link here: http://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates). Please email me about your thoughts on the best way to post and disseminate information.

Q: Do we know for certain that Medicaid is covering well visit codes through telehealth?

A: Breena Holmes, MD, VDH: Yes to Medicaid for certain and if you hear anything different or have any trouble, call me.