

## VCHIP CHAMP VDH COVID-19

April 8, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Sharing Practice Strategies - Pediatric Infectious Disease Update**

*Benjamin Lee, MD FAAP and William Raszka, MD FAAP, UVM Children's Hospital and Larner College of Medicine, Department of Pediatrics*

COVID-19 continues to remain rare in children. About 71% of reported cases are from the NYC/NY state/NJ area (current epicenter of U.S.). The median age of infection was 11 years old and the preponderance of cases in children were in the older than 10 year range with smaller fractions in the younger age groups. Also, the clinical presentation and severity differs slightly from adults. 73% of children versus 93% of adults reported having any fever, cough, or shortness of breath. About half of all reported children with positive COVID-19 had fever, half had cough, and very few had shortness of breath. It's slightly more difficult to come up with a more comprehensive case definition for COVID-19 in children due to variability of symptoms they may present with.

In both adults and children, the percentages for runny nose were quite low. There is a chance these numbers could be underestimated due to being incomplete. However, the data we do have suggests that even in children, the clinical presentation does appear to run more in line with lower respiratory tract illness such as fever or cough. Abdominal pain were a less frequent complaint in children as well.

Additionally, the clinical presentation appears to be more mild. The rates of hospitalization are far lower in children than in adults. Vast majority children can be cared for at home and only a handful required ICU care. Children who required hospitalization and ICU admissions occurred in children who had at least one underlying health condition. Otherwise, healthy children remains at low risk of significant illness for COVID-19.

During this time, there has been a total of three pediatric deaths that were reported. Dr. Lee cautioned that as of yet, it has been unconfirmed if COVID-19 was the cause of death in those children. It is unclear what their underlying health status was. This is the most comprehensive data set we have to date for U.S. children. Infants who do become infected may be at a slightly increased risk for more severe disease compared to older children. Children are less likely to experience the classic symptoms of fever, cough, or shortness of breath.

### Comments:

*A: Rebecca Bell, MD, UVMMC: I agree with Ben, based on the co-morbidities of the two pediatric deaths discussed, it isn't even clear how much COVID played a part. One patient for instance had metastatic disease on comfort care.*

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

## Questions/Discussion

**Q: I wonder if the public-facing data should be annotated to show that testing in the pediatric age group is not being encouraged unless children are ill enough to come to hospital attention.**

*A: Mort Wasserman, MD, UVM MC Pediatrics: If practices are discouraged from testing those under 20, then the numbers could be deceptive.*

*A: Breana Holmes, MD, VDH: I agree that the data is a little misleading. As we plateau out, testing in the pediatric population in close contact with COVID-19 cases will rise.*

Clinician comments:

- *There are many families who are calling me whose parents are COVID positive and children are having fevers/coughs. I am not testing them at all.*
- *Agreed. I heard from lots of families over the weekend where the entire family had a cough and fever. Only about half of these families had had an adult in the family tested.*
- *I had a child of a known health care worker with positive COVID-19 that now has fever. I'm not testing because it has to be presumed COVID.*
- *I don't feel they need to be tested, but I think it is misleading to say that there are only "x" number of cases in kids.*

**Q: I understood the conversation yesterday and day before to say that we should also test more teens and young adults now that testing is liberated?**

*A: Wendy Davis, MD, VCHIP: I agree that is one population to be more liberal with testing.*

**Q: Where should the rapid (15-minute) Abbott testing units be distributed?**

*A: Valerie A Rooney, MD, Just So Pediatrics: Kits should be distributed to Birthing Centers for laboring mothers!*

*A: Alex Bannach, MD, North Country Pediatrics: I think the most important sites are hospitalized PUIs as they require extensive use of PPE and waiting for test results can still take multiple days. Also PUI mothers prior to delivery should definitely be part of that group.*

*A: Meghan Gunn, MD, Southwestern Vermont Medical Center, Pediatrics: First of all, we only have one negative pressure room on our L&D unit and the separation is very difficult.*

*A: Alicia Veit, MD, Timber Lane Pediatrics: Agree with others that testing should be prioritized for mothers. I have had several mothers who have children with high fevers/cough at home and are worried about newborn being exposed to their siblings.*

*A: Valerie A Rooney, MD, Just So Pediatrics: Not knowing what the status is of laboring moms coming from out of state is a huge logistical issue.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: We have built protocols that those mothers should be under quarantine status.*

**Q: Are there any more data about sensitivity and specificity of these tests?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: There are not a lot of public facing data. The commissioner yesterday said that they have high sensitivity (>90%) and high specificity, but those are in patients with high pretest probability.*

*A: Ashley Miller, MD South Royalton Health Center: I was hearing 30% false negative on some of the groups I'm following.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Yes, there has been publicity that the original test kits in China were only 70% sensitive compared to CT scans of chests. There*

was an article on CNN that suggested false negatives in many areas. 70% sensitivity has been bandied about in the press.

**Q: I must note that I found the DVHA notification that we received to be certainly unclear. It did not say what, how, or provide the terms. It seems that 26 of my colleagues could figure it out, but I sure could not!**

A: Stephanie Winters, Vermont Medical Society: They do have a team of 8 people so if you have questions, please email them at [AHS.COVID19Financial@vermont.gov](mailto:AHS.COVID19Financial@vermont.gov) or submit what you have and let them get back to you!

[https://dvha.vermont.gov/sites/dvha/files/documents/News/Updated\\_COVID19%20Medicaid%20Retainer%20%20Process%2004.03.20.pdf](https://dvha.vermont.gov/sites/dvha/files/documents/News/Updated_COVID19%20Medicaid%20Retainer%20%20Process%2004.03.20.pdf)

A: Ashley Miller, MD, South Royalton Health Center: DVHA was very responsive to my questions. They said just fill out the application, it would be a grant, but they would get back to us with details.

**Q: I wonder if there is a role for VCHIP to help pediatricians do some basic on-the-ground epidemiology while kids are not being tested routinely. It would help us to know more about true percentages in each age group (infant, toddler, school-age, teen) develop moderate to severe disease.**

A: Elizabeth Hunt, MD, Timber Lane Pediatrics: The MMWR paper from 4/6 has pretty good information from an epi perspective.

A: Breena Holmes, MD, VDH: I like this idea. I will talk more with epi here at VDH and see if we can shift some of the testing recommendations to include more children.

A: Alex Bannach, MD, North Country Pediatrics: But is VT the right place to do epi testing with our small population numbers? It seems that hotspot areas are ahead on that.

**Q: Are infants more likely to be hospitalized due to dehydration or resp sx? Any data on that?**

A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: No data on why they were hospitalized. I am not familiar with statewide or national recommendations that get to that level of detail in children.

A: Rebecca Bell, MD, UVMHC: Pediatric deaths have been discussed within the national virtual PICU system and the two pediatric deaths had very significant co-morbidities.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I am not familiar with statewide or national recommendations that get to that level of detail in children.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Thanks Becca, that is very helpful information.

**Q: Are there general guidelines for pediatric patients admitted with confirmed or presumed COVID-19 (UVMHC + DHMC) regarding visitation and if a guardian can stay with the patient?**

A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Yes, we have a universal visitation policy. One adult can stay with the child.

Q: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: Dr. Raszka, is it the one adult who accompanied the youth from the start? It can't switch to another adult (visiting inpatient)?

A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: We try to keep the adult constant but understand that there are family issues where that cannot be achieved. So, under some circumstances different adults can visit.

A: Alex Bannach, MD, North Country Pediatrics: At North Country Hospital, we also allow only one caregiver but we would not allow COVID positive or PUI caregiver. The caregiver is to remain in the room, not to circulate in the hospital.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Alex, we are similar. Those with COVID are not allowed to visit the hospital. We try to keep the caregiver in the room. Issues regarding smoking have been challenging.

**Q: Are there any resources for food delivery for at-risk families with COVID-19 symptoms? Some ill families have few financial and family resources and it would be best to keep these families at home for 2 weeks if possible.**

A: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: I have outreach out to the Family Room, the BSD and to Sarah Holbrook about that very topic.

A: Breena Holmes, MD, VDH: I am in daily contact with school food delivery teams about advice for distribution with COVID. I am realizing your question is different than that.

A: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: Another difficulty for single parents trying to get their groceries w/out bringing their children is that InstaCart cannot accept 3Squares or WIC debit.

A: Joe Hagan, MD, Lakeside Pediatrics: Seems like the existing services for school kids are a delivery opportunity.

A: Breena Holmes, MD, VDH: Yes to 2-1-1, remembering that the Help Me Grow child developmental specialists at 2-1-1 know the most about families.

A: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: The breakfast and lunch food from districts has been very well received. However, families needing other items like diapers, wipes, bread, basics etc.

A: Leah Costello, MD, Timber Lane Pediatrics, South: I heard that Hannaford to go is back up and running.

A: Lisa Gannon, MA, Primary Care Health Partners: Unfortunately, the supermarket curbside deliveries are practically unavailable due to current demand. We tried ordering yesterday for a week out and couldn't. However, it is worth trying.

A: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: Thanks, Dr. Costello. I'll reach out to Hannaford on North Ave.

A: Kristy Trask, RN, Care Manager, Primary Care Pediatrics: Yes, Hannaford to-go is up and running again at North Ave and Essex.

A: Alex Bannach, MD, North Country Pediatrics: And supermarkets are starting to do phone order with drive through service where you pop your trunk from the car and they load, so potentially even COVID parents could do that?

A: Philip Magcalas, MD, Mountain View Pediatrics: Hannaford does curbside only for the next day. The website opens up at midnight.

A: Stephanie Winters, Deputy Executive Director for the Vermont Medical Society: We have delivery here in Central Vermont, so you must have it in Chittenden County!

A: Ashley Miler, MD, South Royalton Health Center: Try your small stores. Our local co-op and mom and pop stores can usually fill stuff in 24 hours.

A: Philip Magcalas, MD, Mountain View Pediatrics: So, for instance, in order to pick up Hannaford to-go for tomorrow, online ordering started at midnight, about 12 hours ago. In South Hero, Keeler Bay Variety will often fill orders for pickup that same day.

A: Carolyn Lorenz-Greenberg, MD, CVMC, Pediatric Primary Care: There are lots of informal Facebook groups linking people who need help with community volunteers. I've seen multiple grocery visits arranged.

*A: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: Hannaford to go still says "We cannot accept cash, checks, and EBT transactions". So no WIC or 3Squares for that service...*

*A: Colleen Moran, MD,: front porch forum is a great way to coordinate and get info out as well.*

*Q: Lisa Gannon, MA, Primary Care Health Partners: So only credit card?*

*A: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: Yes, Lisa.*

*Q: Joe Hagan, MD, Lakeside Pediatrics: Breena, can you reach out to grocers about accepting 3Squares for these families? Meaning you or VDH?*

*A: Breena Holmes, MD, VDH: We can't get any waivers for WIC for food. People still have to go into the grocery stores to pay.*

*A: Jessica Denton Community Health Team Social Worker, Lakeside Pediatrics: They can't pay at the Kiosk outside with the EBT card.*

*A: Ashley Miller, MD, South Royalton Health Center: I believe they can't use their cards over the phone or app.*

*A: Leah Costello, MD, Timber Lane Pediatrics, South: Sick and single parents who can only shop with all of their children in tow.*

*A: Jessica Denton Community Health Team Social Worker, Lakeside Pediatrics: Dr. Costello - this is what I'm trying to work on too.*

*A: Lisa Gannon, MA, Primary Care Health Partners: Maybe 2-1-1 can connect volunteer shoppers?*

**Q: Who cares for the kids of COVID positive that need to quarantine?**

*A: Breena Holmes, MD, VDH: I will tell you all about childcare tomorrow or Friday.*