Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health
April 10, 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

- **Situation update**
  - Surveillance
  - Testing
  - Other updates/announcements: special Pediatric Grand Rounds via Zoom next Wednesday, April 15, 2020

- **VDH Updates**: fact sheets on promoting child safety/coping w/family stress; WIC shopping; specimen collection sites list

- **Practice Issues**: Mother/Baby Care

- **Question and Answer**

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

- Governor Scott extends State of Emergency through **May 15** (and all corresponding orders, etc.)
- Updated modeling
- NW State Correctional Facility inmate/staff tests pending
- 14 patients in ICU
- 8 on ventilators

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>679</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently Hospitalized</td>
<td>32</td>
</tr>
<tr>
<td>Hospitalized Under Investigation</td>
<td>43</td>
</tr>
<tr>
<td>Deaths</td>
<td>24</td>
</tr>
<tr>
<td>Total Tests</td>
<td>8,657</td>
</tr>
<tr>
<td>People Being Monitored</td>
<td>44</td>
</tr>
<tr>
<td>People Completed Monitoring</td>
<td>781</td>
</tr>
</tbody>
</table>

Last Updated (M/DD/YYYY): 4/10/2020, 11:00 EDT
Situation update (updated 4/10/20)
Date and Time: Wednesday, April 15th, 8:00-9:00, via Zoom (login details to follow)

Title: “COVID-19 Town Hall: The Non-Infectious Complications of This Virus.”

Goal: Discuss the impact of the COVID-19 pandemic on children and families, including access to basic needs, behavioral issues, mental health, and child safety (brief presentations followed by Q/A)

Speakers:
- Beth Forbes MD: behavioral challenges and management strategies
- Haley McGowan MD, Courtney Fleisher PhD, Erica Marden MD: supporting and promoting mental health
- James Metz MD, Tracey Wagner RN, Mary-Ellen Rafuse LICSW: promoting child safety
- Kate Cappleman-Sinz, LICSW: resources to help families meet basic needs
Other VDH Updates

- Laboratory testing locations:
  - VDH Public Health Laboratory (~60/day)
  - UVM MC (in-house) Laboratory
  - Outsourced tests will now to Broad Institute (MIT, Boston)

- Abbott POC (rapid) test machines update (Breena)
  - Concerns re: test sensitivity (~60%) & supply limitations

- VDH Fact Sheets to promote child safety
  - Child Safety During COVID-19 (focus on injury prevention)
  - Coping with Family Stress During COVID-19 (includes resource links)

VT WIC Program has requested waiver to support phone transaction for WIC EBT
- Likely for smaller stores/Coops if successful
- Chain store online ordering does not accept WIC EBT
- Pilot for online ordering for SNAP EBT nearing completion
- USDA regulation requires WIC PIN to be entered in presence of cashier – designated proxy may enter (waiver?)

Grocery shopping under “Stay Home – Stay Safe”
- Designate proxy shopper OR order online/phone with proxy payment & pick-up
- Vermont Grocers Association list of options
Other VDH Updates: Specimen Collection Sites

COVID-19 Specimen Collection Sites
A Resource for Health Care Professionals

The Department of Health continues to work to expand COVID-19 testing to more Vermonters – including those who have mild to moderate symptoms – to help increase contact tracing efforts and prevent the virus from spreading. The table below lists the COVID-19 specimen collection locations in Vermont and provides instructions for making patient referrals.

<table>
<thead>
<tr>
<th>County</th>
<th>Collection Facility Name</th>
<th>Instructions to Refer Patient for Specimen Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison</td>
<td>Porter Hospital</td>
<td>Fax referral to (802) 388-8866 or call (802) 388-8865; Porter providers via Epic</td>
</tr>
<tr>
<td>Bennington</td>
<td>Southwestern Vermont Medical Center</td>
<td>Call (802) 440-8844</td>
</tr>
<tr>
<td>Caledonia</td>
<td>Northeastern Vermont Regional Hospital</td>
<td>Fax referral to (802) 748-7383 or call (802) 748-7401</td>
</tr>
<tr>
<td>Chittenden</td>
<td>University of Vermont Medical Center (Essex Fairgrounds)</td>
<td>Call (802) 847-1170 (UVMHN Fanny Allen)</td>
</tr>
<tr>
<td>Essex</td>
<td>Northern Counties Health Centers - Island Pond</td>
<td>Fax referral to (802) 723-4544 or call (802) 723-4300</td>
</tr>
<tr>
<td>Franklin</td>
<td>Northwestern Medical Center</td>
<td>Call (802) 527-3670</td>
</tr>
<tr>
<td>Grand Isle</td>
<td>Champlain Islands Health Center - South Hero</td>
<td>Call (802) 540-8940</td>
</tr>
<tr>
<td>Lamoille</td>
<td>Copley Hospital</td>
<td>Call (802) 888-8298</td>
</tr>
<tr>
<td>Orange</td>
<td>Gifford Medical Center</td>
<td>Call (802) 728-7000</td>
</tr>
<tr>
<td>Orange</td>
<td>Little Rivers Health Care - Wells River</td>
<td>Call (802) 222-3000 ext. 324</td>
</tr>
<tr>
<td>Orleans</td>
<td>North Country Hospital</td>
<td>Fax referral to (802) 334-4163</td>
</tr>
<tr>
<td>Rutland</td>
<td>Rutland Regional Medical Center</td>
<td>Fax referral to (802) 747-6200</td>
</tr>
<tr>
<td>Vermont</td>
<td>Central Vermont Medical Center</td>
<td>Call (802) 371-5310</td>
</tr>
<tr>
<td>Windham</td>
<td>Brattleboro Memorial Hospital</td>
<td>Call (802) 257-0341 ext. 8200</td>
</tr>
<tr>
<td>Windham</td>
<td>Grace Cottage Hospital</td>
<td>Call (802) 365-4331</td>
</tr>
<tr>
<td>Windsor</td>
<td>Springfield Hospital</td>
<td>Call (802) 885-7533</td>
</tr>
<tr>
<td>Windsor</td>
<td>VA Hospital - White River Junction</td>
<td>Call (802) 296-9363</td>
</tr>
<tr>
<td>Windsor</td>
<td>Mt. Ascutney Hospital</td>
<td>Call (802) 674-7300</td>
</tr>
</tbody>
</table>
Practice Issues

Mother/Baby Care
What we are hearing . . .

- AAP guidance suggested strict separation. UVMMC flowsheet bifurcated at a strict separation vs. modified for parent preference. Community hospital RNs aware of WHO statement in favor of no separation, or at least less stringent, e.g.:
  - Breastfeed safely, with good respiratory hygiene
  - Hold your newborn skin-to-skin
  - Share a room with your baby

- RE: consideration of prioritization for rapid testing: can you suggest considering testing all laboring/possibly laboring mothers when they present to the hospital? The potential issues associated with someone contaminating the birthing center are huge...

- Interest (e.g., North Country and the other small hospitals) for use of Abbott POC testing on inpatients (which would include labor patients and newborns)
AAP INITIAL GUIDANCE: Management of Infants Born to Mothers with COVID-19 – released 4/2/20 (Puopolo, Hudak, Kimberlin, Cummings; COFN, SONPM, COID; “based on current limited evidence as of 3/30/20”)

- Circulated through VDH HAN 4/3/20
- “Congenital/perinatal transmission to newborns from infected women may occur” (but “considerable uncertainty exists”)

Recommendations

- Consider neonates born to women with COVID-19/testing pending as PUIs for infection (may not be univ. applicable; expect revisions)
- Cont. HCP delivery room attendance per “normal center-specific policies” and/or reevaluate inst. mandatory attendance & allow “standby”
- PPE if attendance required for infant stabilization: airborne/droplet/contact precautions
AAP INITIAL GUIDANCE: KEY POINTS

- Separate newborns from mos. with COVID-19 when physical environment allows (risk education if mo. chooses room-in)
- Mothers with COVID-19 can express breast milk to be fed by uninfected caregivers
- Test infants of infected mos. at 24 (and 48) hours after birth.
- Newborns with or at risk of COVID-19 require frequent outpatient follow-up through 14 days after D/C.
- Mother maintains separation after hospital D/C and uses mask/hand hygiene for newborn care until meets criteria.
- Infected mother whose newborn requires hospital care maintains separation per criteria.
Pregnant mother presents to L&D and requires admission for \textit{LABOR}‡

Does the patient have any combination of fever, new cough or new shortness of breath not due to something else?

- Mother is Person Under Investigation (PUI)*.
  - Initiate Special Droplet + Contact precautions, or Airborne if known COVID+
  - Patient wears mask

Send RSV/Flu, COVID swab if not already sent.
Recommend separation from infant after delivery.

- Mother agrees to separation
  - Delivery
  - Mother transferred to M6 or alternate COVID unit
  - Newborn transferred to B7 COVID Room when stable
    - Special Droplet + Contact Precautions
    - Care by healthy caregiver or RN/LNA in PPE
    - Expressed breast milk or bottle feeding
  - If newborn requires higher level of care:
    - Transfer to NICU, B5, or PICU as census/clinical condition dictates.
    - Patient on Special Droplet + Contact Precautions.

- Mother refuses separation
  - Maintain Special Droplet + Contact precautions pending test results
  - After delivery, couplet care (as census allows) on:
    - L&D
    - Baird 7
  - Mother must wear PPE and strict hand hygiene for BF/care
  - Maintain > 6 foot separation otherwise plus physical barrier

- If mother delivers precipitously or PUI determination cannot be determined until after birth for any reason, initiate Special Droplet + Contact Precautions, send RSV/Flu and COVID swab, but continue couplet care as above

‡Initial bed placement according to “COVID+ or PUI admission/evaluation” rubric. If presenting for C/S and patient meets criteria for PUI or is known COVID+, admission to M6 or alternate COVID unit. Post-delivery, placement as above depending on mother’s decision re: infant separation

*Defined by CDC as: being within approximately 6 feet (2 meters) of a COVID-19 case (or PUI) for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room – or – having direct contact with infectious secretions of a COVID-19 case or PUI (e.g., being coughed on)

*NICU visitation not allowed

Close contact† with a PUI or person who is COVID+ OR person <14 days from high-risk area or under travel-related quarantine?

- Woman requires ongoing quarantine
  - Initiate Droplet + Contact Precautions
  - Couplet care

- Routine care

- If newborn requires higher level of care:
  - Transfer to NICU, B5, or PICU as census/clinical condition dictates.
  - Patient on Contact + Droplet Precautions.

†Defined by CDC as: being within approximately 6 feet (2 meters) of a COVID-19 case (or PUI) for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room – or – having direct contact with infectious secretions of a COVID-19 case or PUI (e.g., being coughed on)
**Discharge instructions if separated:**

For COVID+: Continue separation until 7 days from symptom onset AND 72 hours after resolution of symptoms

For COVID test pending at discharge: Separation as above until results known, if negative, discontinue isolation

**Discharge instructions if not separated:**

For COVID+: Self-isolate together, monitor for symptoms in infant

For COVID test pending at discharge: Monitor for symptoms until results known

Asymptomatic but exposed to known positive: Continue self-quarantine together and isolation from contact
Mother/Baby Care: UVM CH & MC

• Our algorithm recommends separation (per AAP) but has a pathway for cohorting (per WHO). Our experience (e.g., influenza) is that most women would opt to room-in with their babies, and we support this choice, but would provide education around the choice.

• Updates: slight changes to the side of the algorithm for in-hospital quarantine (contact/droplet precautions; asymptomatic mother and baby remain together) as it was updated to add arrival within 14 days to Vermont.

• Current version not yet officially approved by Incident Command at UVM MC.

• Not recommending routine testing of healthy asymptomatic newborns at this time.
Upcoming topics

- Follow-up re: telehealth, telephone coverage
Today’s Chuckle

April 10, 2020

© Dave Granlund.com
PoliticalCartoons.com
Questions/Discussion

- Q & A Goal: monitor/respond in real time – record/ disseminate later as needed (and/or revisit next day).

- 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, April 13, 12:15-12:45 (same webinar/call information – invitation to follow)

- Please tune in to VMS call with Commissioner Levine:
  Tuesday, April 14, 12:15-12:45
  Phone: 1-802-552-8456
  Conference ID: 993815551

April 10, 2020 19