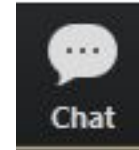


# COVID-19 for Pediatric Populations

In collaboration with



- Please use your first name and health center when you join the session
- Use the “chat” feature to ask questions
- Please remember to mute your microphone
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- This activity has been approved for AMA PRA Category 1 Credit™





# COVID-19 for Pediatric Populations

June 29, 2021

Daniel Johnson, MD

University of Chicago Medicine/Comer Children's Hospital

Pediatric Infectious Diseases

Director of ECHO-Chicago

# Disclosures

- No financial disclosures
- What gets said here today may change based on new data and recommendations
  - Knowledge is shared more rapidly through ECHO



# AAP is Providing Funding for This Session Through ICAAP:



- Project Firstline is a national collaborative led by the CDC to provide infection control training and education to frontline healthcare workers and public health personnel
- Disclaimer: AAP is proud to partner with Project Firstline, as supported through Cooperative Agreement CDC-RFA-OT18-1802
  - CDC is an agency within the Department of Health and Human Services (HHS)
- The contents of this program do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government



# Agenda

- Demographics
  - Disease and vaccination rates in Illinois
- Infection control at camp
- COVID-19 vaccines
  - Myocarditis

# Demographics



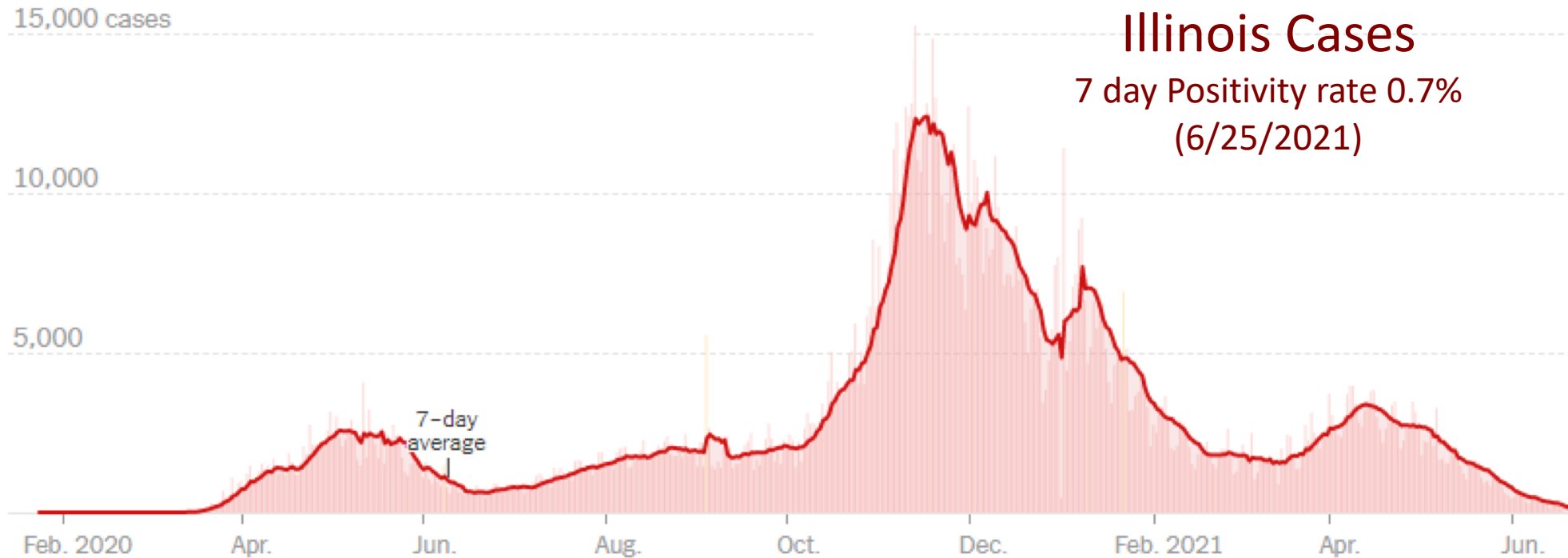
# Chicago Cases

7 day Positivity rate 0.5%  
(6/20/2021)



# Illinois Cases

7 day Positivity rate 0.7%  
(6/25/2021)



<https://www.nytimes.com/interactive/2020/us/illinois-coronavirus-cases.html>

<https://covidactnow.org/us/illinois-il?s=1330330>

<https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html>

# Illinois COVID Vaccine Rate

6/24/2021 (IDPH data)

## Illinois Population 12+

Fully Vaccinated: 5,637,499 (52%)

At Least 1 Dose: 7,386,476 (68.2%)

## Illinois Population 18+

Fully Vaccinated: 5,389,597 (54.7%)

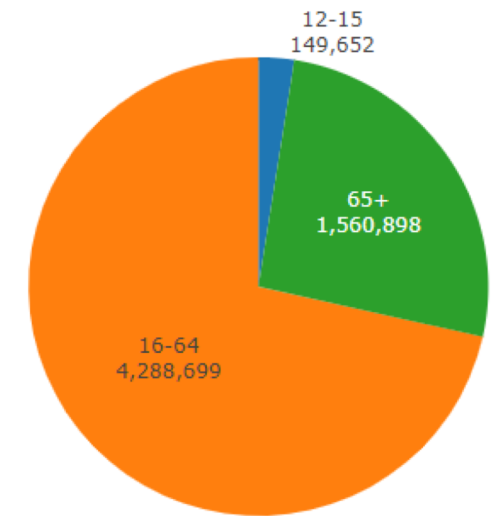
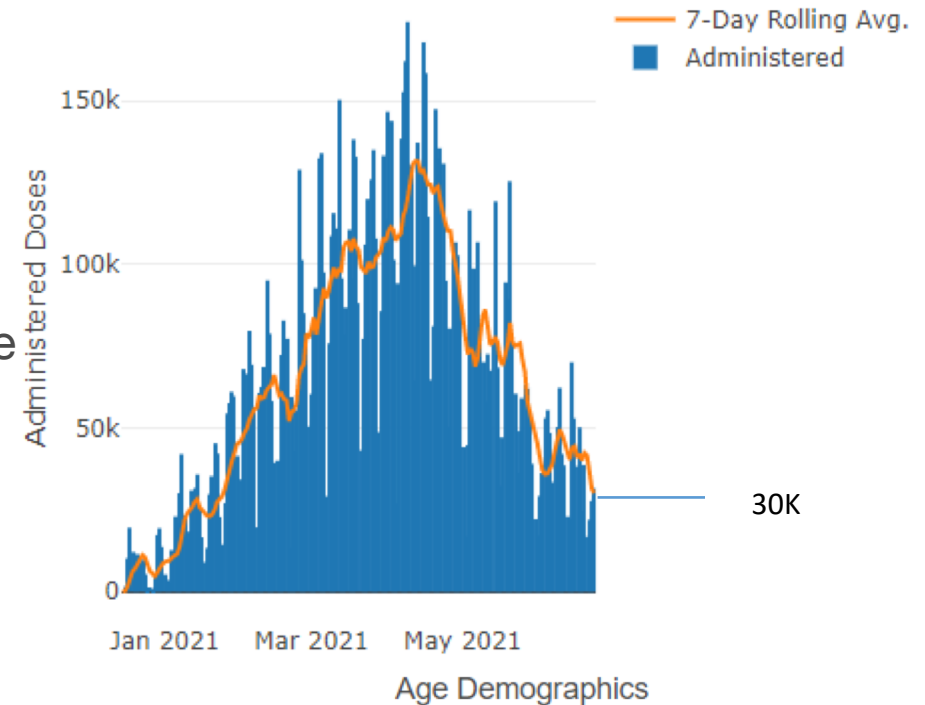
At Least 1 Dose: 6,970,079 (70.7%)

## Illinois Population 65+

Fully Vaccinated: 1,496,693 (73.3%)

At Least 1 Dose: 1,827,955 (89.5%)

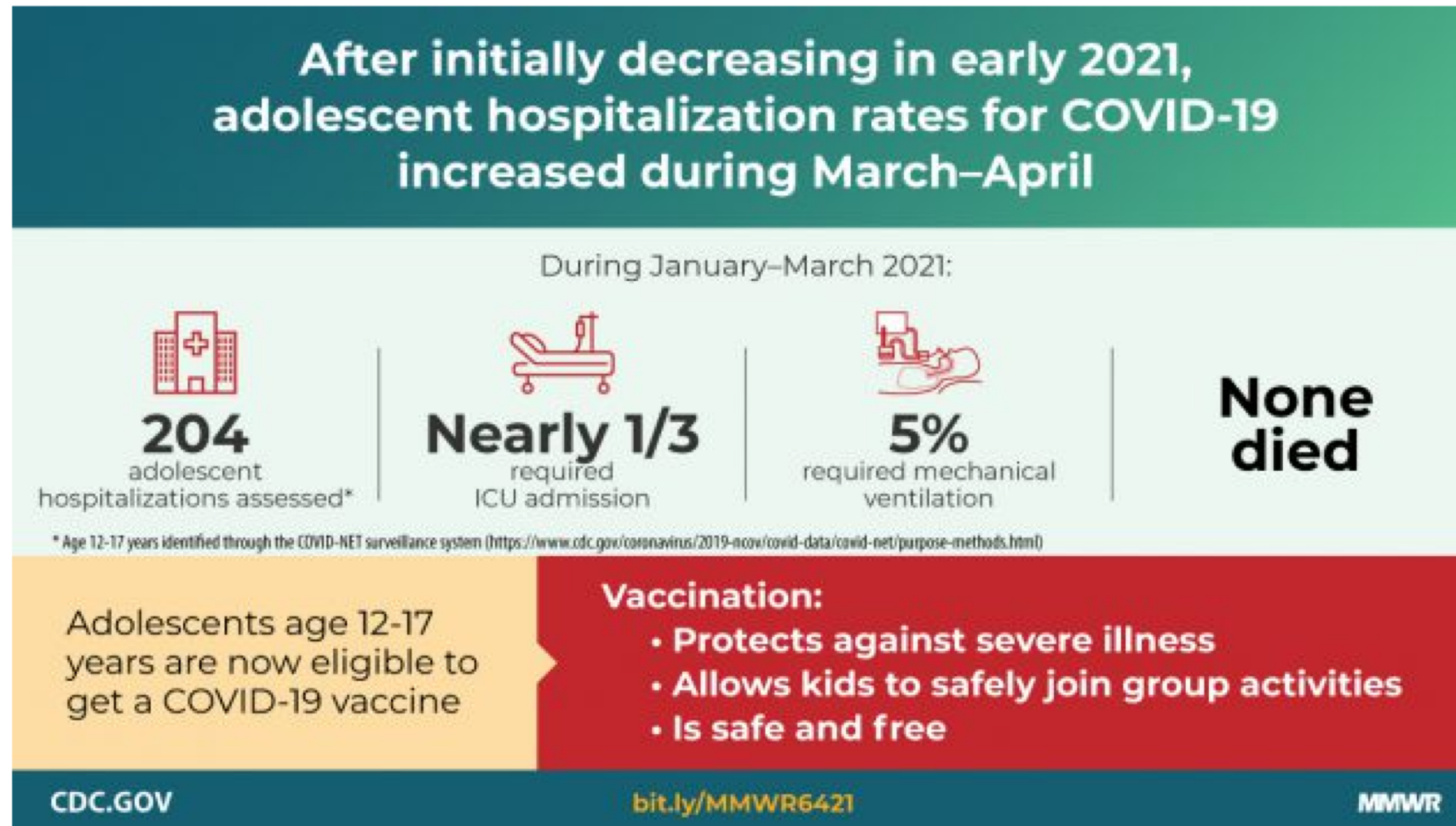
## Daily Reported Administered Vaccine Doses



12-15 16-64 65+

<https://www.dph.illinois.gov/covid19/vaccinedata?county=Illinois>

# Hospitalization of Adolescents, 12–17 Yrs with Lab-Confirmed COVID-19, 14 States, 3/1/20–4/24/021

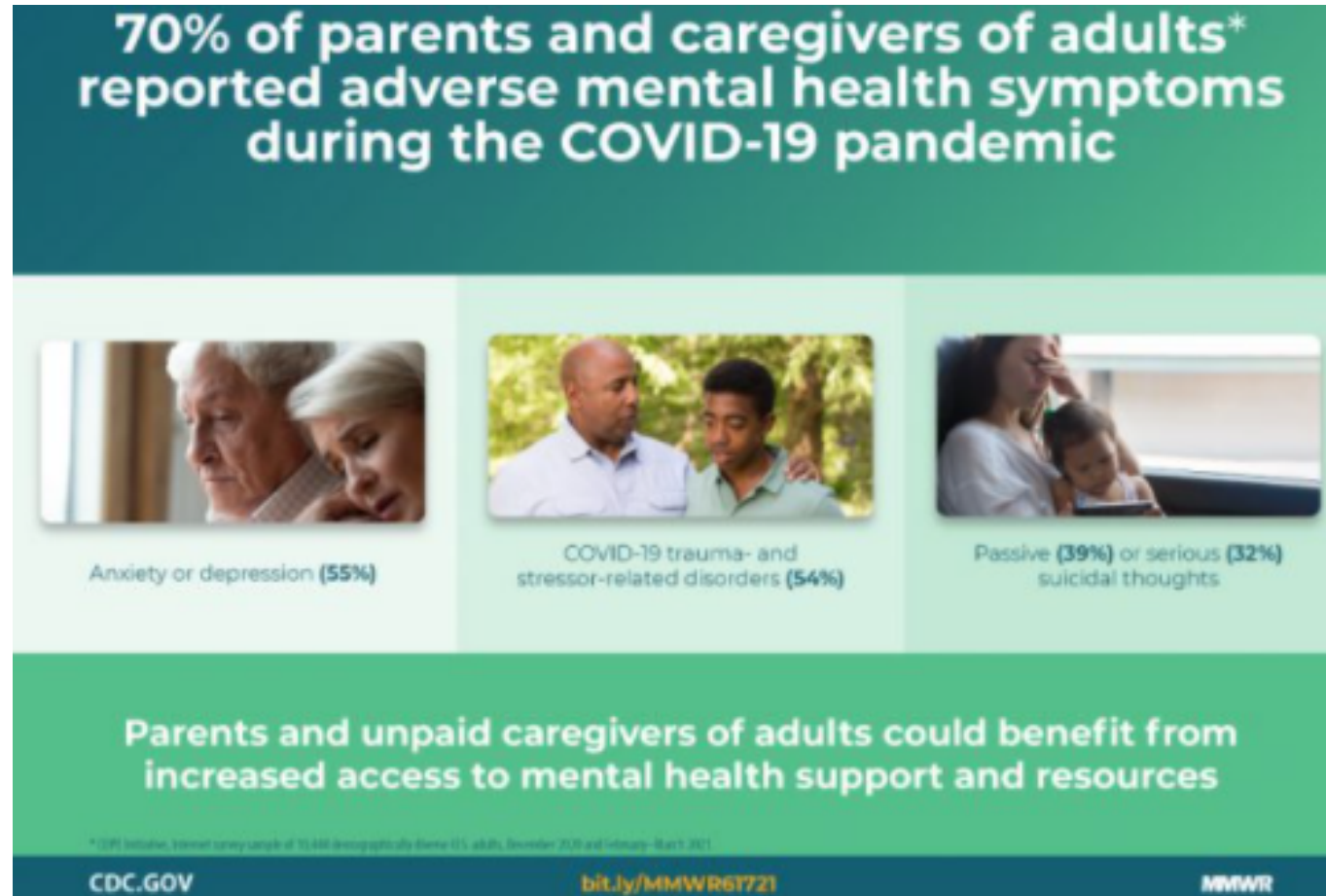


3X greater risk of hospitalization compared to influenza

# Mental Health Among Parents of Children Aged <18 Years and Unpaid Caregivers of Adults During the COVID-19 Pandemic — United States, December 2020 and February–March 2021



Weekly / June 18, 2021 / 70(24);879–887





# Infection Control and Camp





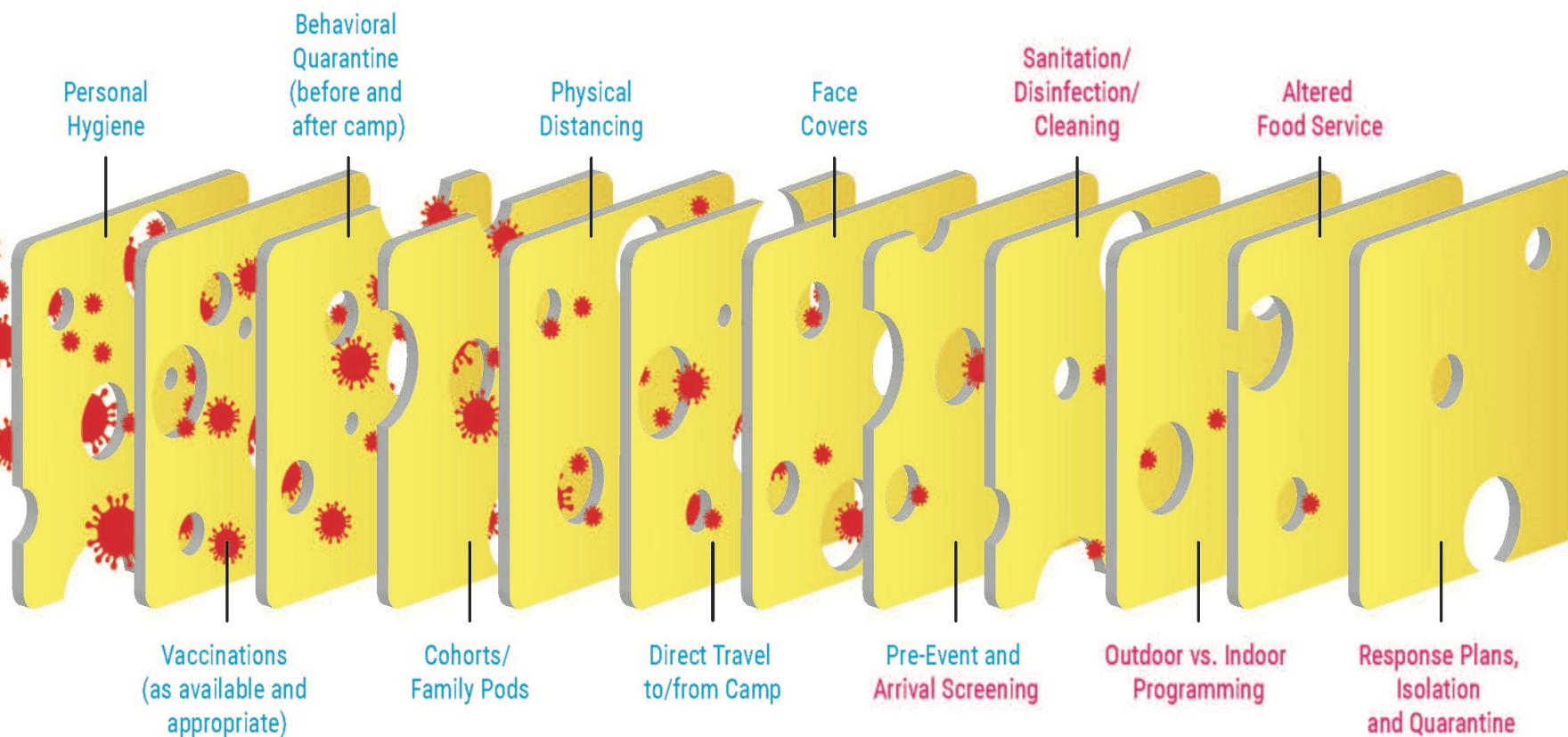
# Camp and COVID-19



- At most camps not everyone is fully vaccinated
  - Staff may be but children will be a mixed bag depending on age and preference
  - Those with immunocompromising conditions will need to discuss with their providers about efficacy of the vaccine for their situation
    - Those on B-cell modulating immunosuppressants, chemotherapy or current/prior BMT are at greatest risk for reduced efficacy for the vaccine
- Camp checklists: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/camp-planning-tool.pdf>
- The CDC and AAP recommend using layers of protection
  - Masks, physical distancing, handwashing, avoiding poorly ventilated spaces, limiting shared objects, routine cleaning, screening and testing those with symptoms, and cohorting

# COVID-19 MITIGATION STRATEGY

Personal Responsibility → Camp Responsibility



# The plan should address, at a minimum, the following topics



- Strongly encourage COVID-19 vaccination for all eligible campers and staff
- Document protocol/policy differences, for people who are fully vaccinated versus those who are not fully vaccinated
- Health screening for infectious illnesses, including COVID-19
- Diagnostic and screening testing for COVID-19
- The application of multiple prevention strategies to protect people who are not fully vaccinated
- Reviewing safety protocols for staff and campers who are at increased risk of getting severely ill from COVID-19
- Modifying camp activities to choose safer activities such as outdoor over indoor activities
- Travel policy for to and from overnight camp
- Travel policy for to and from offsite camp activities
- Cleaning of facilities and equipment

# The plan should address, at a minimum, the following topics

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CHICAGO



- Proper use of personal protective equipment by any healthcare staff
- A flexible, supportive sick leave (ideally paid sick leave) policies and practices to encourage people to stay home if sick
- Policies and practices that allow families flexibility, such as changing camp registration dates, if campers or their families are affected by COVID-19
- Managing a suspected or confirmed case(s) of COVID-19, including contact tracing efforts in combination with isolation for the ill person(s) and quarantine
- Planning for an outbreak
- Establishment of correspondence and contact information for local and state health departments in the event of an outbreak
- Provision of maps/directions to the nearest hospital or emergency treatment facility
- Designation of a staff person (e.g., camp nurse or other healthcare provider) to be responsible for responding to COVID-19 concerns
- Ensure communication with parents and caregivers about camp policies and practices and leadership

# Mitigation At Camp



## Masks

- Everyone 2 and up who are not fully vaccinated should wear face masks indoors
  - Exceptions:
    - People with certain disabilities that impact their ability to breathe
    - Overnight campers who sleep in the same cabin can remove their masks when no one outside that cohort is nearby
- Outdoors, no one needs to wear a mask unless they are in a crowded setting or in sustained close contact with other people who are not fully vaccinated, especially in communities with high\* transmission of SARS-CoV-2
  - Masks should not be worn during swimming or boating

## Physical distancing

- The AAP and CDC recommends physical distancing among people who are not fully vaccinated while indoors and outdoors including
  - at least 3 feet between all campers within a cohort
  - at least 6 feet between all campers outside of their cohort
  - at least 6 feet while eating and drinking without a mask indoors, regardless of cohort
  - at least 6 feet between campers and staff
  - at least 6 feet between staff
- For those vaccinated, no need to distance



# Sports



- Sports should be played outdoors whenever possible to reduce the possible transmission of the virus
- The AAP and CDC recommend people who are not fully vaccinated avoid playing close contact sports or sports held indoors; however, those who choose to participate in these activities should wear a mask and stay 6 feet apart
- Camps also may consider screening these athletes for COVID-19 before they participate
  - 1-2x weekly screening in areas where there is ongoing high transmission

# Testing

## VIRAL TEST FOR COVID-19

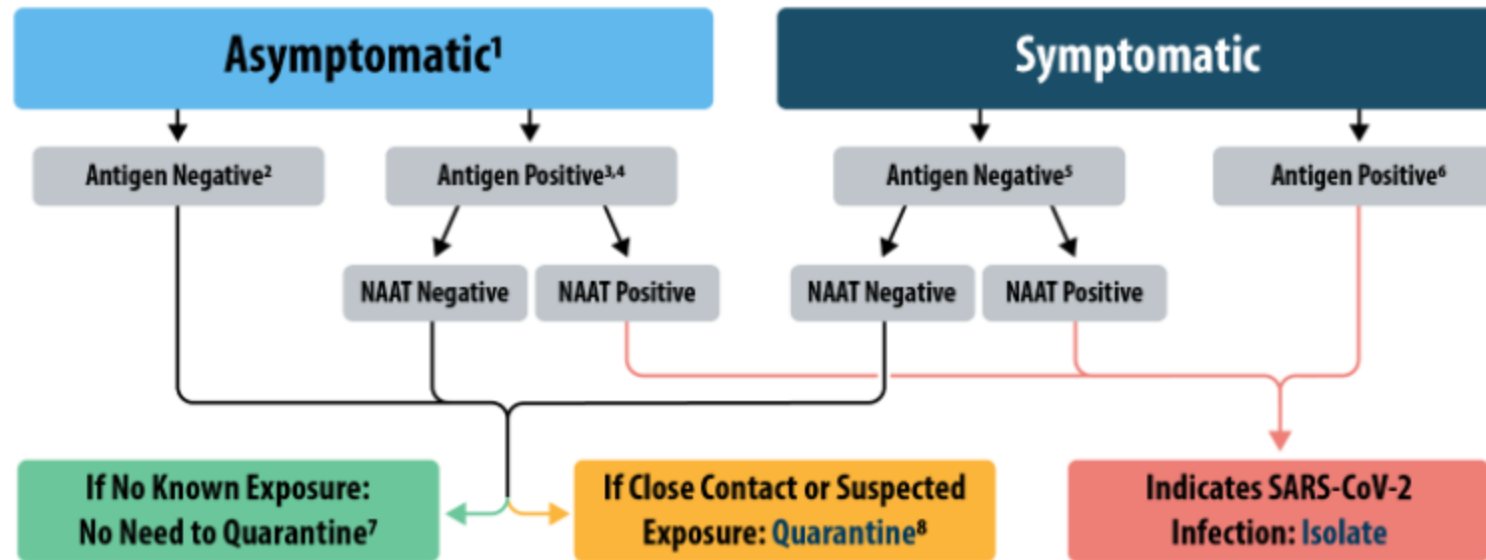
- ✓ A viral test only tells you if you are **infected now**.
- ✓ If you **test negative**, you can still get infected.
- ✓ If you test negative and you start to feel sick, you **may need to get tested again**.
- ✓ A viral test **cannot** tell you if you were infected before. You will need an antibody (blood) test to show that.



- Complex issue since it is a function of the type of test used, frequency of disease in the tested population and setting
- Testing is not effective when used as the sole prevention method
- Testing for symptomatic people is recommended
- Routine testing for asymptomatic or exposed vaccinated people is not recommended due to false positives, but for those not vaccinated,
  - Testing at the start of camp and 3-5 days after arrival is useful for overnight camps
  - Routine testing for asymptomatic exposed is recommended
- Should there be a positive result in the camp then testing of unvaccinated in the associated cohort should ensue and consideration be given to testing the entire camp if positives are found in people outside of the cohort



# Antigen Test Algorithm for Congregate Living (Overnight Camp) Settings



<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>

# Quarantining

- Exposure is defined as within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- People who are fully vaccinated with no COVID-19-like symptoms do not need to quarantine or be restricted from camp following an exposure to someone with suspected or confirmed COVID-19
  - Same is true for those with a well documented care of SARS-CoV-2 in the last 90 days
- Unvaccinated people should quarantine and be restricted from camp following an exposure to someone with suspected or confirmed COVID-19 and Follow the camp policy for when to return
  - Generally speaking the release from quarantine policy is:
    - After day 10 without testing
    - After day 7 after receiving a negative test result (test must occur on day 5 or later)
    - After stopping quarantine, you should
      - Watch for symptoms until 14 days after exposure and if symptoms, immediately quarantine and test
      - Wear a mask, stay at least 6 feet from others, avoid crowds
  - Some locations recommend quarantining for 14 days and recognizes that the shorter than 14 days balances reduced burden against a small possibility of spreading the virus

# There Are Other Issues Besides COVID

- Reported decrease in childhood vaccination rates
  - Providers should make certain that potential campers are up to date on childhood vaccines
- Campers must be knowledgeable about skin care
  - Sun screen
  - Insect repellant
  - Tick checks



# One More Resource

<https://www.acacamps.org/resource-library/coronavirus/camp-business/field-guide-camps>



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## Field Guide for Camps

[Home](#) > [COVID-19 Resource Center](#) > [Camp Business](#) > [Field Guide for Camps](#)





# Myocarditis/Pericarditis



# Myocarditis/Pericarditis After COVID Vaccination?



- 1,226 cases of myocarditis/pericarditis out of 300 million doses of mRNA COVID-19 have been reported to VAERS
- Cases are predominantly in male adolescents and young adults, more likely after the second dose than the first and typically appear within a week of vaccination,
  - The most common symptoms are chest pain, elevated cardiac enzymes, ST or T wave changes, dyspnea and abnormal echocardiography/imaging
- Of 484 reports in people <30 yrs old, 323 have met CDC case definition, 148 under review
  - Of the 323 confirmed cases, 309 patients were hospitalized and 295 discharged and 79% of those discharged have recovered
  - Cases of myocarditis/pericarditis within 7 days after a 2<sup>nd</sup> dose are higher than what would otherwise be expected
- For every 1 million second doses of COVID-19 vaccine, there have been about 67 reported cases in males (9 female) 12-17 years old, 56 cases in males (6 female) 18-24 years old and 20 cases in males (3 female) 25-29 years old



# Food for Thought

- Since the start of the pandemic, in the US at least 7.7 million people ages 12-29 years have been diagnosed with COVID-19, 2,767 have died
  - >4,000 cases of MIS-C
- In females ages 12-17 years, every 1 million 2<sup>nd</sup> doses could prevent 8,500 infections, 183 hospitalizations and one death
- In males, ages 12-17 years, every 1 million 2<sup>nd</sup> doses could prevent 5,700 infections, 215 hospitalizations and two deaths
- No one has died from vaccine induced myocarditis/pericarditis and hospitalizations are short and no evidence yet of significant harm after recovery
- People with a prior history of myocarditis/pericarditis who have recovered should still get vaccinated
  - How to approach those with myocarditis/pericarditis after a first dose is unknown at this time but a second dose can be considered

<https://www.aappublications.org/news/2021/06/23/acip-covid-vaccination-myocarditis-062321>

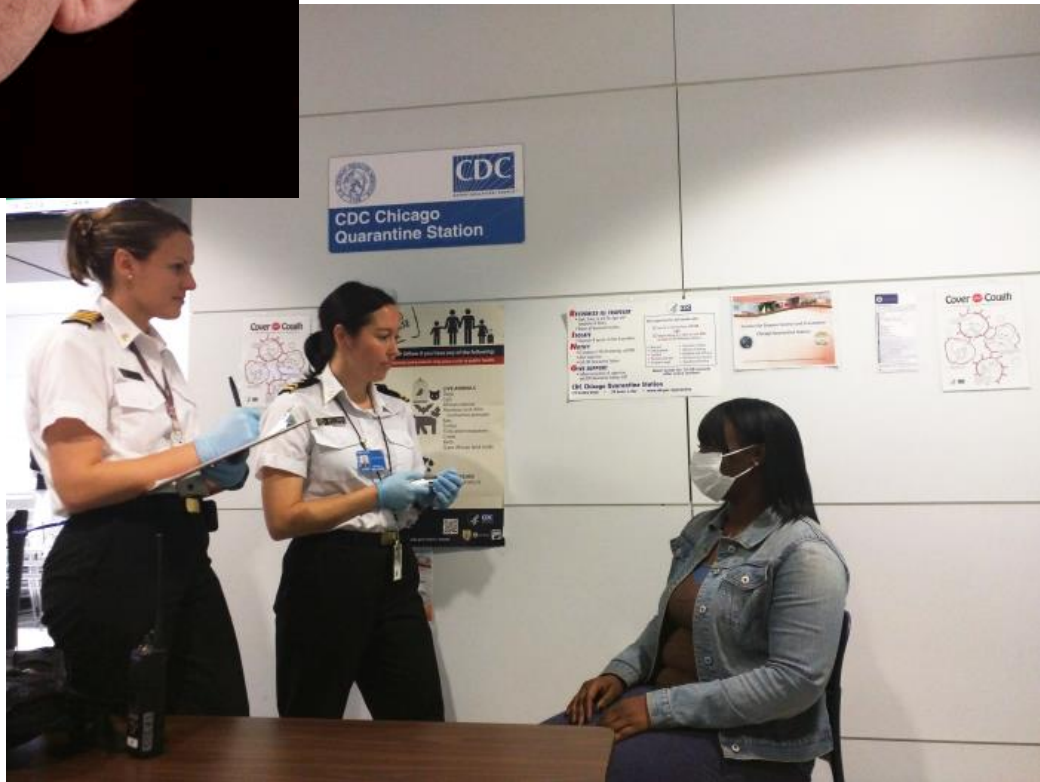


# •Discussion

We've gone where no one  
had gone before.....











**Pediatric COVID ECHO sessions: 28**

**Pediatric number of providers participated: 738**

**Total COVID sessions: 219**

**Total number of providers & healthcare  
professions participated: 1994**



# Our Team



## ECHO-Chicago Staff

*From Left to Right: Patrick Gower, Kanika Mittal, Isa Rodriguez, Daniel Johnson, Marielle Ogle, Kathryn West, Karen Lee, Sandra Tilmon, Dawn Croach*





<https://www.nytimes.com/interactive/2020/us/illinois-coronavirus-cases.html>

<https://covidactnow.org/us/illinois-il?s=1330330>

<https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html>





**DAMMIT JIM**

**I'M A DOCTOR, NOT A FORTUNE  
TELLER**

optimistic

promising propitious  
flushed lighthearted  
hopeful convinced affirmative sunshine  
rosy confident bullish cheerful gaiety  
fortunate blithe upbeat approving cheerfully  
auspice  
lucky buoyant amiability cheery hilarity  
favourable bright auspicious crimson ruddy  
expectant cheerfulness reassuring  
optimist encouraging positive  
optimism sanguine  
favorable

For all you are  
For all you do  
Thank You

# Thank you!

## Collaborators



**Contact [echo@bsd.uchicago.edu](mailto:echo@bsd.uchicago.edu) for any questions**

## Resources & recording of the session

**<https://www.echo-chicago.org/resources/covid19/>**

