

AAP-OC Chapter Chat

COVID-19: Virology, Vaccines, and More

Wednesday, July 22, 2020
6:00 – 7:00 PM



Welcome

Kate Williamson, MD
President, AAP-OC Chapter



Harry Pellman, MD
*Board Member/CME Committee
Chair, AAP-OC Chapter*



AAP-OC Chapter Chat - Housekeeping

- Participants will be muted upon entering the call and will remain muted during the chat
- Use the Q and A to ask questions of the panelists or for any technical assistance
- This webinar will be recorded and posted on the AAP-OC Chapter website



Paul A. Offit, MD

Director, Vaccine Education Center,
The Children's Hospital of Philadelphia,
Professor of Pediatrics,
Perelman School of Medicine at the University
of Pennsylvania



Vaccinate Orange County

- AAP-OC Immunization Committee & OC Immunization Coalition
- Increase well visits through customizable image for your practice or school
 - Available as a poster, flyer or social media post
 - Spanish, Vietnamese, and Farsi available
 - More languages coming soon! (Korean, Chinese, Arabic)
 - Contact AAP-OC for customization

www.aap-oc.org/covid-19

OUR PEDIATRIC OFFICE IS OPEN DURING COVID-19 CLOSURES!

The COVID-19 pandemic has changed many things. But one thing is still the same...
Children Need their Check-Ups!



The AAP encourages families to continue visiting their pediatrician to keep children healthy & on schedule.

Your child's pediatrician is available for you to schedule your child's next well-check visit for the following and more:

Growth & Development



Is your child's development on track?

Mental Health



How is your child coping during this pandemic?

Nutrition



Is your child getting all necessary nutrients?

Immunizations



Is your child safe from other preventable diseases?

Contact Your Provider's Office

When you make an appointment, ask any and all questions about your child's health or COVID-19. Your provider is happy to answer them and help!



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Orange County Chapter



Matthew M Zahn, MD
Medical Director, Communicable
Disease Control Division,
County of Orange, Health Care Agency



**Cumulative Cases
to Date**
(includes deaths)

30,976

*1,463 SNF residents, 439 OC jail
inmates, and 125 Persons
Experiencing Homelessness*

**Daily COVID
Positive Cases
Received**

990

**Cumulative
Deaths to Date**

513

*Includes 234 SNF residents, 17 ALF
residents, 0 OC jail inmates, and 2
Persons Experiencing
Homelessness*

**Deaths Reported
Today**

20

*3 skilled nursing facility residents,
0 assisted living facility residents,
17 residents (not living in a facility)*

**Cumulative Tests
To Date**

366,584

**Tests Reported
Today**

6,684

**Cases Currently
Hospitalized**

700*

**Includes ICU cases*

**Cases Currently in
ICU**

234

ICU - Intensive Care Units

Current Hospital Patients

700

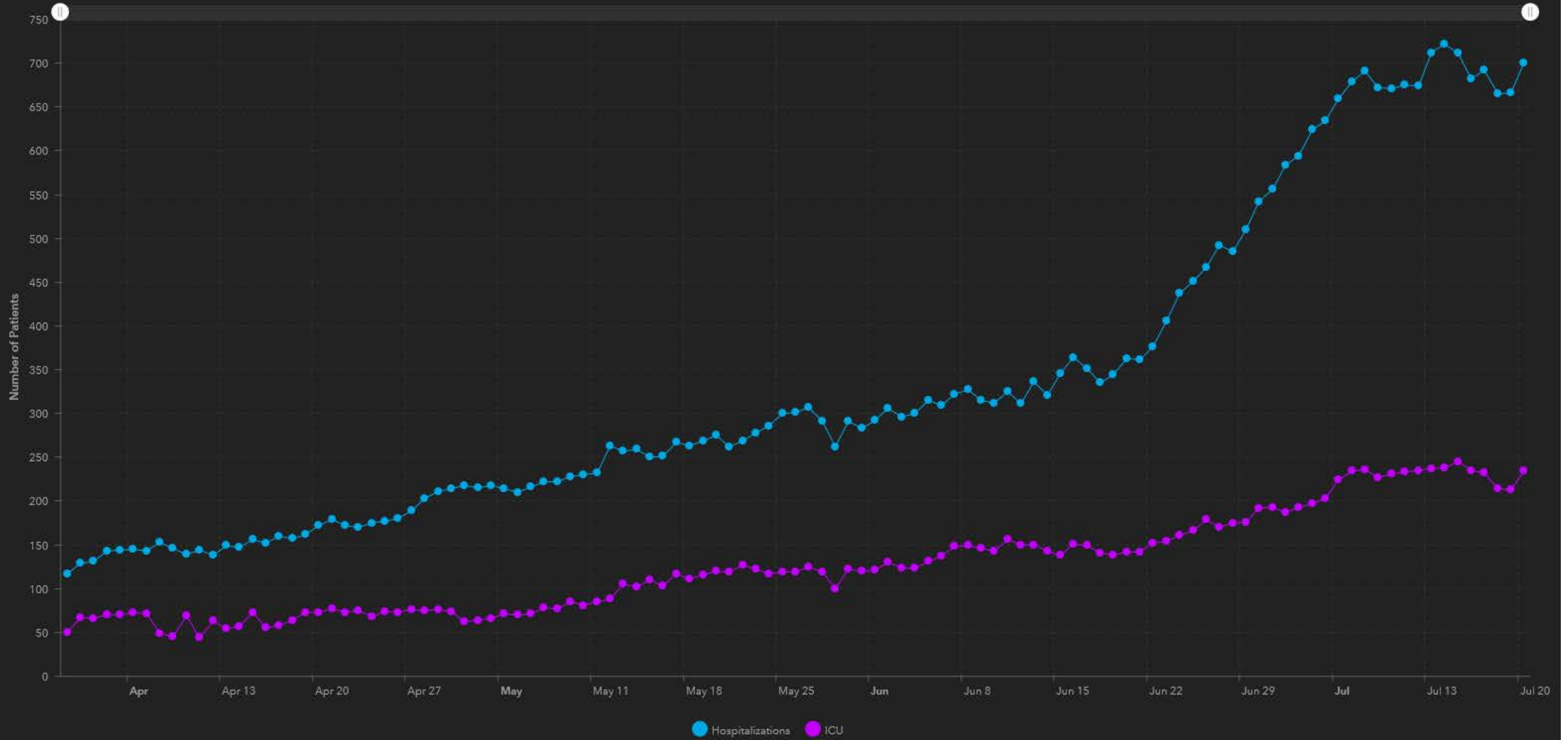
(Includes ICU)

Current ICU Patients

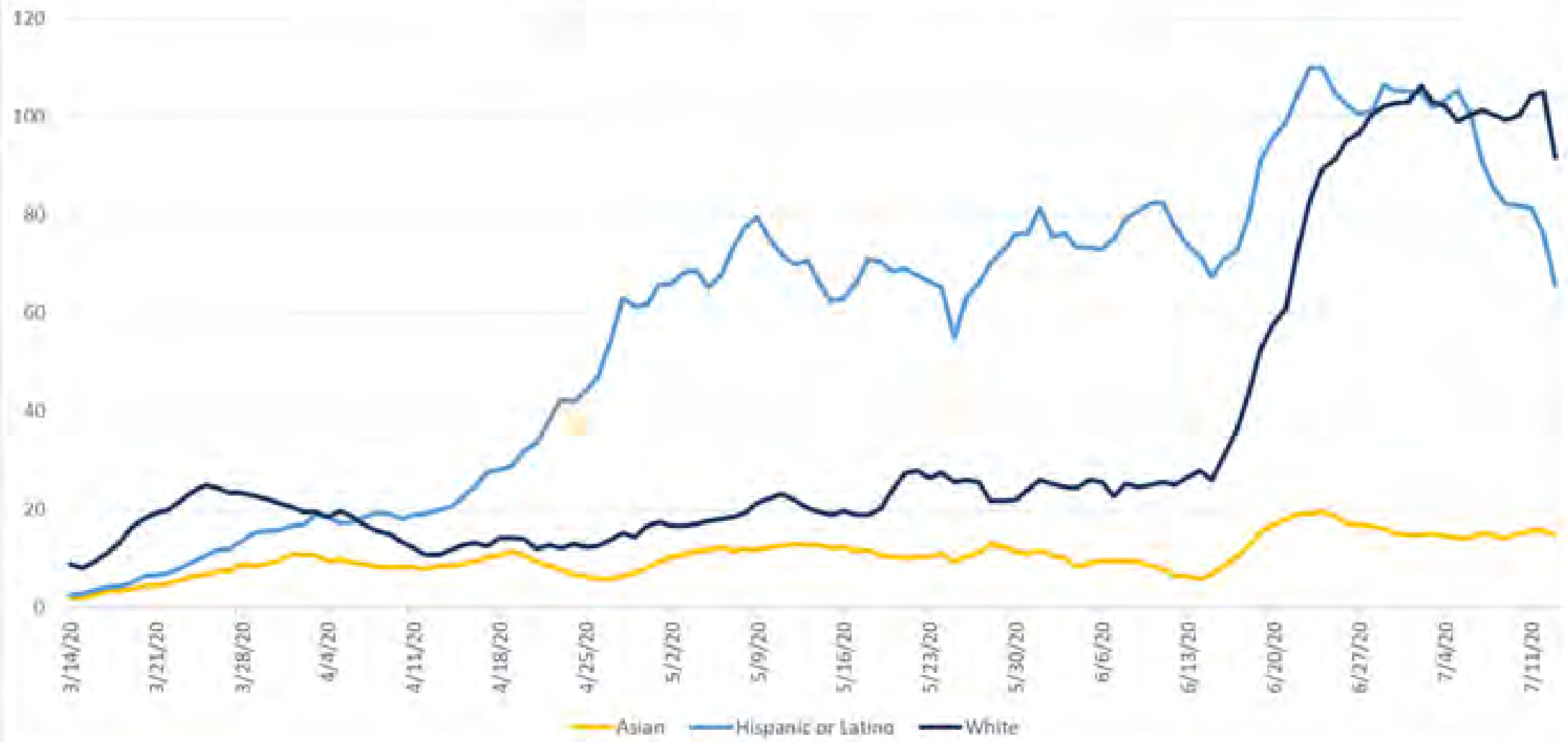
234

ICU - Intensive Care Unit

Daily Hospital/ICU Patient Census



7-day Average Raw Counts of New Daily OC COVID Cases
Specimen Collection Dates 3/18 - 7/13
(excluding other and unknown race/ethnicity)

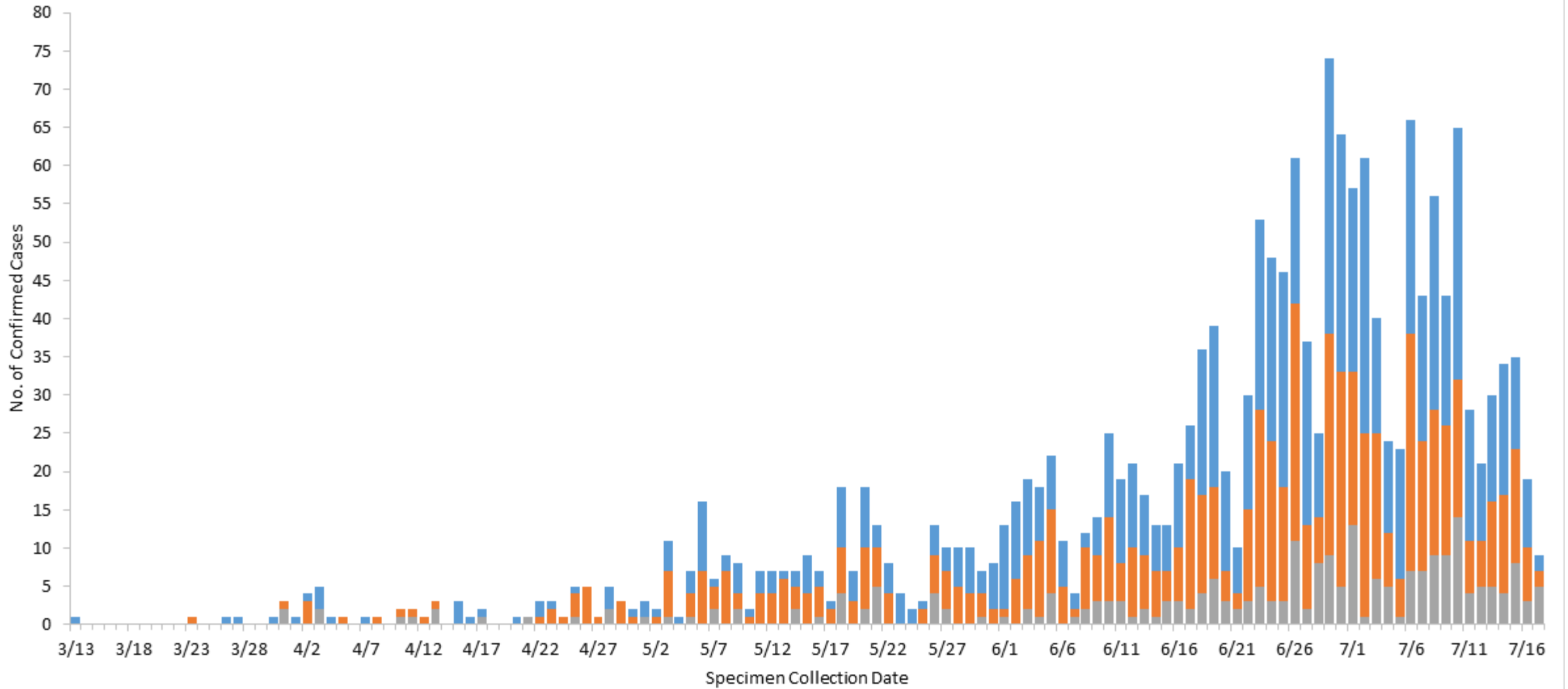


Pediatric COVID-19 Disease in Orange County

<u>Age Group</u>	<u>#</u>	<u>%</u>
0-2 years	243	14%
3-12 years	704	39%
13-17 years	845	47%
Total	1,792	100%

Pediatric COVID Cases by Age Group and Specimen Collection Date.

■ 0-2 years ■ 3-12 years ■ 13-17 years





State of California—Health and Human Services Agency
California Department of Public Health



COVID-19 and Reopening In-Person Learning
Framework for K-12 Schools in California, 2020-2021 School Year
 July 17, 2020

	Student or Staff with:	Action	Communication
1.	COVID-19 Symptoms (e.g., fever, cough, loss of taste or smell, difficulty breathing) Symptom Screening: Per CA School Sector Specific Guidelines	<ul style="list-style-type: none"> • Send home • Recommend testing (If positive, see #3, if negative, see #4) • School/classroom remain open 	<ul style="list-style-type: none"> • No Action needed



COVID-19 INDUSTRY GUIDANCE: Schools and School- Based Programs

Release date: **July 17, 2020**

- Establish procedures to arrange for safe transport home or to a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:

- Fever
- Cough

14

-
-
-
- Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Fatigue
 - Muscle pain
 - Headache
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - New loss of taste or smell



COVID-19 INDUSTRY GUIDANCE: Schools and School- Based Programs

Release date: July 17, 2020

STUDENTS

Age	Face Covering Requirement
Under 2 years old	No
2 years old – 2 nd grade	Strongly encouraged**
3 rd grade – High School	Yes, unless exempt

**Face coverings are strongly encouraged for young children between two years old and second grade, if they can be worn properly. A face shield is an acceptable alternative for children in this cohort who cannot wear them properly.

When Would a School Be Closed?

CDPH Guidance:

“Individual school closure may be appropriate when there are multiple cases in multiple cohorts at a school or when at least 5 percent of the total number of teachers/student/staff are cases within a 14-day period, depending on the size and physical layout of the school.”

Orange County Board of Education Vs Orange County Department of Education

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TRENDING: High school sports shifted Viewing the comet COVID hits 'Bond girl' Javier's reopens, 7 others close Black in OC



Great Park
NEIGHBORHOODS

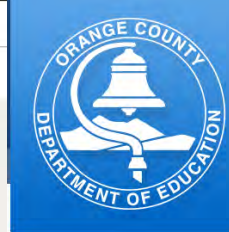
NEWS • Analysis

OC school board's symbolic bid to put kids in class grabs attention

Orange County's Congressional delegation "deeply concerned" over advocacy by the Orange County Board of Education in support of a full return to campus, without face masks or social distancing.



New
homes in



Departments



Orange County
Department of Education

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School Planning

- Orange County Health Care Agency Collaborated with the Orange County Department of Education to develop recommendations for schools to provide in-room education
- This guidance will form the basis for response plans of school districts in the county
- OCHCA will be providing guidance to schools in response to COVID-19 cases

Questions and Answers

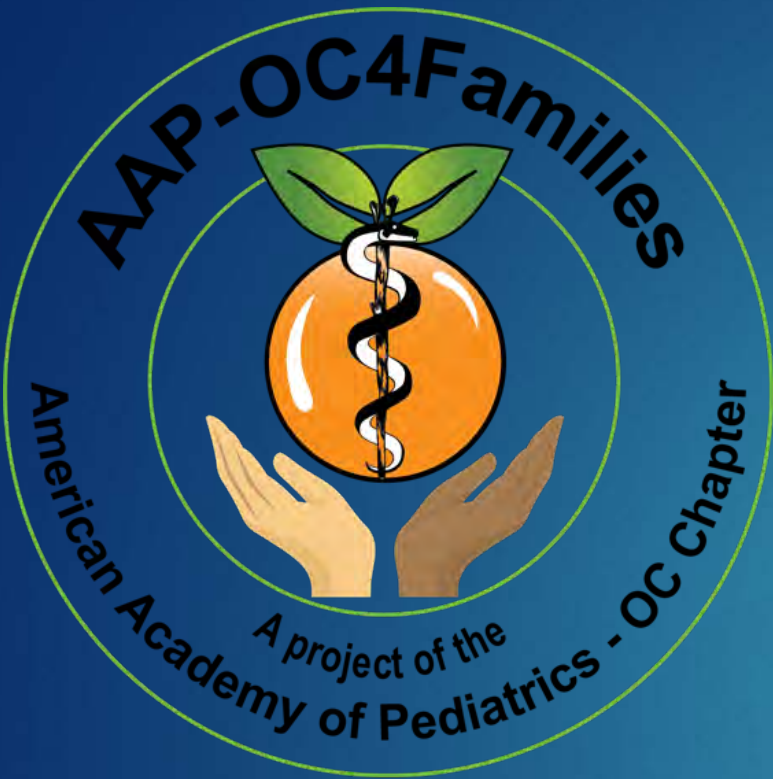


AAP-OC Chapter #MaskUp WEAR A MASK Campaign

- Take a picture of yourself and post it on social media....
- Use Hashtag: #MaskUp
- Tag @OCAAP (Instagram and Twitter)
@AAPOC4Families (Instagram)
- You may also take a selfie and send to Jamie@aap-oc.org to be included on @OCAAP Instagram and Twitter sites



#MaskUp by AAP-OC Chapter Board
Member Hillary Zieve, MD



Begins August 1, 2020



AAPOC4Families
@AAPOC4Families

- Home
- Events
- Reviews
- See more

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AAPOC4Families
1 min · 🌐

Welcome to AAPOC4Families!




Boost Post

1 Comment

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ORANGE COUNTY CHAPTER



MEMBERSHIP APPLICATION

AMERICAN ACADEMY OF PEDIATRICS — ORANGE COUNTY CHAPTER (CALIFORNIA CHAPTER 4)

First Name: _____ Middle/Maiden: _____ Last Name: _____

MD DO Other (Specify): _____ Male Female

Preferred Address & Phone Home – or – Office

Institution/Organization Name (if applicable)

Number/Street/Suite

City/State/Zip or Postal Code/Country

Phone: _____ Fax: _____

Home Work Cell

Email Address

Please indicate your training:

A) Primary Care Pediatrics B) Pediatric Subspecialty – Please indicate: _____

C) Other: _____

Categories of Chapter Membership: (Please Check ONE) (See below for descriptions)

<input type="checkbox"/> Fellow/Specialty Fellow \$225	<input type="checkbox"/> Resident Fellow \$0
<input type="checkbox"/> Emeritus/Retired Fellow \$50	<input type="checkbox"/> National Affiliate \$225
<input type="checkbox"/> Associate Member \$225	<input type="checkbox"/> Physician/Dentist Chapter Affiliate \$225
<input type="checkbox"/> Candidate Member \$225	<input type="checkbox"/> Chapter Affiliate \$145
<input type="checkbox"/> Post Residency Training Member (First 2 Years After Residency) \$95	<input type="checkbox"/> Chapter Affiliate Student \$0

Payment:

My check for _____ is enclosed – Check # _____

PLEASE MAKE YOUR CHECK PAYABLE TO: California Chapter 4, AAP

I would like to include a donation of _____ to CA Chapter 4, AAP

I will pay using a credit card: Visa Mastercard AMEX Discover

Amount \$: _____ • Cardholder Name: _____

Card Number: _____ • CVV: _____ • Exp. Date: _____

* If you prefer to give credit card information over the phone, please call AAP-OC at (949) 752-2787

www.aap-oc.org/membership

Support our Chapter

www.aap-oc.org/support-us

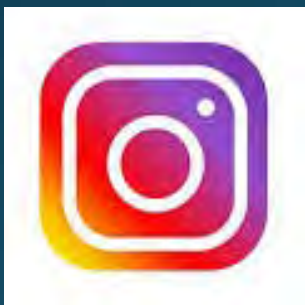
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And join us on social media



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Better Together!



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