

Attendance: Kylie Nissen, Kathy Anderson, Mobeen Rathore, Lori Sondrol, Carrie Ranum, Chris Tiongson, Melissa Horner, Parag Kumar, Julie Erpelding, Melissa Seibel, Patrick Welle, Brenda Thurlow, Sue Beach, Hewitt (medical student), Myra Quanrud

**Multisystem Inflammatory Syndrome-Children (MIS-C) Top 10**

**Presented by: Mobeen Rathore, MD, CPE, FAAP**

PDF of slides will be available on the website, as will the recording of the meeting.

No one on the call has seen any MIS-C cases yet.

Is the definition of MIS-C too broad? It is broad because they don't know what the actual disease is they need to keep it broad and fine tune it from there. CDC gets all the information and then analyzes and will weed it out as time goes on. This is a wide net to catch everything right now and will become more specific in time. IVIG is being used for treatment. The COVID infection strain is different on each coast. The virus has already mutated.

Early April we began to see it. We probably had some before but didn't know what it was at the time.

A reason that minority populations are being hit harder is because they may not have the ability to social distance as well as some others. Initially in Jacksonville the highest population of positive tests were in the most affluent areas – these were the people that were able to get to the health facilities and pay to get tested. In Fargo the big cluster is amongst the homeless population.

Vaccine-wise, how successful will we be in making a vaccine against this? The way this epidemic is going to be beat is by herd immunity (vaccine and infected). Until then the virus will stay around. If the virus mutates the vaccine will be like influenza vaccine and won't be fully affective. Probably won't have until the 2021/2022 season.

Serology – how can that be helpful in pediatrics – would that be helpful as kids go back to school, start to play sports? He isn't a big believer in the antibody test that is being used now. Showed the table below. Don't know enough yet to know if they build immunity after having it.

**Clinical Significance (DNA + Antibodies)**

COVID-19 PCR	IgM Ab (blood)	IgG Ab (blood)	Clinical Significance
Not Detected	Not Detected	Not Detected	Patient was most likely not exposed to SARS-CoV-2 <del>has no laboratory evidence of</del>
Detected	Not Detected	Not Detected	Patient may be in window period of infection <b>Infected</b>
Detected	Detected	Not Detected	Patient may be in early stage of infection <b>Infected</b>
Detected	Not Detected	Detected	Patient may be in later or recurrent stage of infection <b>Infected</b>
Detected	Detected	Detected	Patient is in active stage of infection <b>Infected</b>
Not Detected	Detected	Detected	Patient may be in the recovery stage of infection <del>be acutely or recently infected</del>
Not Detected	Detected	Not Detected	Patient may be in early stage of infection <del>be acutely infected</del>
Not Detected	Not Detected	Detected	Patient may have had past infection, recovered and possibly immune

## **Creating a Hunger Free North Dakota** **Presented by: Karen Ehrens**

Focuses on food security in North Dakota. The AAP had advocated on the national level for WIC funding. The levels of food insecurity in North Dakota are at an 25+ year high. For a number of years, ND has been fortunate in being among the lowest rates of food insecurity (9%).

1. More than 100,000 North Dakotans have filed for Unemployment Insurance March 16 – May 15; some jobs are coming back online while some businesses are opening up, while others may not ever re-open.
2. The Great Plains Food Bank is reporting a 44% increase in visits to partner food pantries and soup kitchens, and a 79% increased demand of their direct services such as backpacks for kids, rural mobile food deliveries; donors and volunteers are stepping up, but there is a long term need for sustaining efforts;
3. In early April, there was reported a 34% increase in SNAP applications in North Dakota (nationally, there has been an increase of 41% for SNAP).
4. The number of people receiving SNAP benefits in North Dakota in North Dakota in March 2020 was 22,481 households and 48,152 individuals; in April 2020, there were 24,223 households and 51,073 individuals. There have been over 1,700 applications for Pandemic EBT per the North Dakota Department of Human Services.
5. 44% of 11,300+ North Dakotans who completed a statewide survey administered by the ND Department of Commerce on impacts of COVID-19 stated that hunger/food insecurity is an issue of concern in their communities.
6. Approximately 20.5% (\$94,114 of \$458,396) of grant funds awarded by the North Dakota Community Foundation over two rounds of COVID-19 Response Grants in April and May, 2020 were awarded to fulfill requests from food helper organizations. In addition, other grant awards were provided for both housing and food. Over \$30,000 was requested for meals for seniors, and \$10,000 for school meals <https://www.ndcf.net/learn/news-reports.html>
7. Nationally, in April, 2020, the price of food increased 2.6% on average (increases of 4.3% for meats, poultry, fish and eggs, 1.5% for fruits and vegetables, and 2.9% for cereals and bakery products) the biggest monthly increase in nearly 50 years (US Bureau of Labor Statistics)
8. Nationally, in April 2020, food insecurity doubled overall and tripled among households with children. "Food insecurity increased by more than April's unemployment rate jump predicted it would, especially for families with children."

Ways to help:

- Vote – engage in learning about the candidates
- Federal nutrition programs – as much as we can do to let the US Dept. of Ag and our congressional delegates know these programs are needed and people need to have access to them. Ex. Waivers for WIC program so people don't have to physically go in to get services.
- Writing a letter to the editor to let people in the state know that we need to make sure people have access to healthy food

*Kathy Anderson will connect Karen Ehrens and Dr. Tinguely because of his interest in food security.*

## **AAP Updates**

**Presented by Kathy Anderson**

Every week since COVID we have had weekly Chapter Chats with the AAP leadership.

AAP is looking for ND Chapter spokesperson for drowning prevention.

New pediatrician campaign called Call Your Pediatrician. Resources are available on the AAP website. [www.services.aap.org](http://www.services.aap.org) – lots of resources available. Also house webinars here.

AAP Office of State Affairs is asking all Chapters to send a letter to State Medicaid Offices. Many states have implemented new rules around physician reimbursement. Ex. LA is reimbursing at 75% for telehealth wellness checks and then the remaining 25% is reimbursed when the BP, temp, etc. are taken. *We will send the letter out to the membership to review and provide feedback. Membership can send Kylie and Kathy any replies and ideas that they have.*

Let us know what your needs are – email Kylie or Kathy.