

VCHIP VDH COVID-19 Q&A Chat April 6, 2022

Guidance on Return to School When Negative COVID Test but Symptomatic

C: We are seeing many students (and family members) who continually test negative for Covid-19 (antigen and LAMP) but are ill with sore throat and fever for multiple days or nausea/vomiting/diarrhea for multiple days. What is the best guidance school nurses can pass along to parents for appropriate return to school. It seems this may be adenovirus.

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The fundamental issue is that ill children should not attend school. If still symptomatic (e.g. GI issues or respiratory issues), children should stay home until better (that standard we had applied pre-COVID). While I am always a bit suspicious of negative LAMPS etc. with household COVID contacts, we have to respect the results (in terms of isolation).

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: There is a lot of norovirus in the community. We just have not experienced this type of community transmission of common viruses since the onset of the pandemic.

Antigen Tests for Omicron and Subvariant

Q: Is there any evidence that antigen tests are less sensitive/specific for Omicron BA2 subvariant?

C: I am echoing this question! Lots of confusion. Including in my own family.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Whether the antigen tests were as sensitive for BA1 was a hot topic with conflicting results. Most suggested some drop off but still good sensitivity (which did not always match community effectiveness). I am not sure there has been any data released on the sensitivity for BA2- but have heard of lots of negative results.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Not clear if sensitivity is any different, but one thing that does seem like a consistent pattern is antigen tests turning positive a bit later than with previous variants. Either way, lots of people still testing positive using antigen tests...

Current non-COVID illnesses

C: Yesterday, I had 18 students out w/ URI symptoms & 5 out w/ GI symptoms out of 310 students.

C: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: There is a LOT of norovirus going around right now, along with other non-COVID respiratory illnesses...

C: One of my schools has >30% students out - 20% positive for Covid and @10% misc. illness.

C: Becca (Rebecca) Bell, MD, UVM Medical Center: On the topic of current illnesses, I will share (since we do lots of viral panels on admitted patients) that we continue to have kids admitted for rhinovirus and metapneumovirus. And a bit of influenza. Not much RSV. Not much, if any, COVID.

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C: I worked output in Vermont the last 2 weeks and have seen an uptick in COVID testing outpatient and as Becca has said I have seen increases in flu, rhinovirus, strep, but not as much RSV bronchiolitis. I saw a lot of Croup like symptoms too last week. Becca, I think most of the COVID in kids now is managed output and at home with home tests.

Testing and Masking

C: The unfortunate thing is people are testing right away with antigen tests after a contact even when asymptomatic, calling it neg and never testing again until they are symptomatic and probably have spread it as they aren't masking. And my kids are having way more COVID contacts post not masking and many return prior to day 10 of isolation and have not tested and aren't masking.

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: How long to isolate remains confusing as several protocols exist (not necessarily in K-12 but across multiple sites and institutions).

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: As for isolation: five days for community (and K-12 despite excellent evidence that many (e.g. 30%) individuals are still infectious on day six. The LCOM requires two consecutive negative antigen tests 24 hours apart beginning on day 5; the hospital requires 7 days of isolation without any need for antigen or PCR testing.

C: Bill, if we are only concerned about severe illness with COVID, then maybe we should stop testing in general as we are chasing something that doesn't need to be accounted for.

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: This is a hot topic. We will soon drift toward only testing to treat (my suspicion and bias). As for schools, it will remain that ill children should not attend school.

C: I agree Bill, but I wish we had support for families so kids could stay home.

C: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I have been arguing for a while now that in the current setting, case counts alone likely have little value anymore on their own. I think testing has value in many settings, but I think we remain too focused on case counts in general. Agree that parents need MUCH more support...

C: Bill and Ben, I think focusing on case counts leads to more anxiety and lack of faith in vaccination, when in reality we need to focus on the fact that vaccination prevents severe disease.

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: I agree. That will take time.

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Families Who Test on Day 6

C: People are sending kids back with positive antigen tests on Day 6. We cannot enforce negative testing OR masking in this situation.

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: How long to isolate remains confusing as several protocols exist (not necessarily in K-12 but across multiple sites and institutions).

C: They tell us! "She's still testing positive but her symptoms are improved and she'll be there in the morning". Per the AOE, we cannot require negative tests to return after 5 day isolation. We educate, educate educate but parents bring them in.

C: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: If folks are not going to honor the results of the tests, they shouldn't be testing at all...

Children under 5 and Immunocompromised Vermonters- special considerations

Q: Members who are immunocompromised are feeling unsupported with mask optional guidelines and indicate that there is evidence that one-way masking is not protective. Are there ways to provide additional support to these individuals that do not result in returning to mask mandates in schools?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: One-way masking with high quality masks still provides protection. For folks who are concerned about their own protection, I would really emphasize the need for high-quality masks...meaning N95, KN95, or KF94.

C: Those with kids under 5 and immunocompromised feel left behind and still live in COVID 2020.

C: I agree and the elderly as well.

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The child care space is a tough, tough space.

Health History Form

Q: Can you elaborate on which "health history form" is being referred to by Kaitlyn Kodzis?

A: The health history form referred to can also be the screening tool that providers use in their Pre-participation physical evaluation portion of their exam.

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Caregivers with Sick Kids

C: While it is of course best to keep a sick child home, this is also a tremendous strain on caregivers. Keeping a child home for days for a single minor symptom (e.g. runny nose) is difficult. I believe that caregivers are struggling and perhaps there should be consideration of looking at if/when children can return with a single minor symptom so that there is more adherence when multiple symptoms and/or isolation is needed. Just a thought as parent who had a child home for 5 days due to a runny nose :)

C: Agree, we have not changed our societal safety nets to account for people needing to keep kids home. It is truly unfortunate.

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: In our original protocol for the pandemic (two years ago), we did have some room for return to school with a single minor symptom, e.g. runny nose.

C: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The newer guidance does provide more allowance for mild symptoms with negative testing...

C: Yes, the previous and new guidance does allow for this. But there is still pressure to keep kids home and there are some childcares who also continue to implement stricter policies. It's very confusing for caregivers who want to do what's best but don't have enough social support or understanding of the guidance.

C: The Sample School Sickness policy:

https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy_FINAL_March2022.pdf has this about mild symptoms "If the LAMP or antigen test is negative, and the student or staff is presenting with mild symptoms (i.e., runny nose or headache) that may be attributable to another diagnosis (i.e., allergies) the student or staff may return to class. This decision should be made by the school nurse based upon clinical decision-making."

C: Not all schools are following the language of the sample school sickness policy.

Request New Guidance

Q: Community members who monitor the data are very confused by the number of cases, positivity rate and why there are not changes in guidelines. I have indicated that hospitalization rates and critical care requirements are guiding decisions and they want to know why we are waiting for that number to increase given uptick in Europe and surrounding states?

Q: Thanks for your questions. I would love more guidance on how to talk to our concerned community members about risk and current policies. I think some people over estimate their risk and that is a delicate topic to discuss. Any guidance??

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The country continues to evolve in its approach to COVID. There are political and scientific rationales. We live in a

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time when everyone over the age of 5 has had the chance to be immunized (and protected against severe disease). We will use markers of severe disease to change policies- not just infection or positivity rates.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: It is not at all clear that we will see the same surge in US as Europe did with BA.2. There are a lot of differences between the scenarios at this point in time.

A: Wendy Davis, MD, VCHIP: Interesting article (opinion) in NYT today related to your ? re: community member confusion. Speculation - but I will include link in email tonight.

Percentage of Tests on Symptomatic People

Q: Re the denominator of the testing %age - do we know what %age of tests are done on symptomatic people? Could that be an issue?

A: We do not know whether positive test results are in symptomatic people.

What is an Outbreak

Q: Could you remind me of what is considered an outbreak? COVID or Flu?

A: Breena Holmes, MD, VCHIP:

COVID outbreak defined:

"Outbreak" can also have a sector-specific definition, but the definition that we most use for COVID is: three or more cases that are epidemiologically linked, where at least one case is confirmed via a lab test or LAMP result.

Flu Outbreak definition:

Increased absenteeism throughout the school in association with influenza-like illness. This includes:*

- students who are sent home with fever and cough or sore throat*
- absent students with parental reports of flu, or*
- absent students with parental reports of fever and cough or sore throat.*

**Increased absenteeism is defined as absentee rates exceeds 10% for entire school; OR absentee rate exceeds 20% of one grade or class.*