

Questions/Answers from VCHIP-VDH COVID-19 Call CHAT – January 19, 2022

Q: Any new information on return to activity after COVID? Can we clarify again that this is for all school-aged children vs only sports? School districts are saying it is only for sports players. How can we get the correct information out?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: RETURN TO PLAY - national AAP has assured me new guidance end of this week or early next week. Dr. Flyer and I have forwarded along all of your concerns/questions.

Q: Similar question on return to play, as a parent told me that the coach thinks it can be approved after just 5 days? We thought it had to be 10 since positive culture, even if mild illness.

A: New guidance should help with this confusion. Current guidance says 10 days, even with mild illness.

Q: Any word on old 90-day immunity issue? If new symptoms, should we presume it could be a new infection. PCR can be positive for 90 days, so should we recommend Ag testing? This is coming up a lot for triage RNs for travel and pts with new symptoms within 90-day window from their last COVID infection.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: To the best of my knowledge, the CDC has not changed its guidance for the first 90 days post infection.

A: Breena Holmes, MD, VCHIP: We have asked VDH policy people to consider 2 negative antigen tests 24 hours apart to clear symptomatic people who are within that 90 days when a PCR wouldn't be accurate. Stay tuned.

C: Just a reminder about a nice resource about COVID cases/deaths/vaccines around the world:

<https://www.arcgis.com/apps/dashboards/bda7594740fd40299423467b48e9ecf6>

Q: Latest inquiry from a grandparent who is at day 8 of illness, still mild symptoms, but asked by family to monitor newly positive child in her home since the mom is ill! Worried about additional exposure, what is the risk?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: I do not think the additional risk is significant.

A: Becca (Rebecca) Bell, MD, UVM Medical Center: This is my plan for childcare when my kids inevitably get infected.

Q: What is the recommendation for booster in the 90 days post COVID illness?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: As far as I'm aware, no changes, still eligible for booster but can defer for up to 90 days post-infection.

Q: Any reason not to get booster as soon as they are feeling better? I am having families tell me other medical providers are telling them to wait.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: There is no reason one has to wait as long as feeling well, but the closer one is from a recent infection the less urgent the need for the vaccine dose. There is still no minimum time requirement.

Q: Love that mindfulness moment. Was the GR recorded?

A: Penelope J Marchessault <penelope.marchessault@med.uvm.edu>

Q: We are getting more calls about prescriptions for antigen testing. Do we know if insurance companies are requiring Rx to pay?

A: Pharmacists can prescribe, so they go to the pharmacy and they can get the tests covered under insurance.

A: FYI, as of yesterday, TRICARE is NOT covering Antigen tests.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The national site is very easy to navigate for four free Antigen tests.

A: <https://special.usps.com/testkits>

A: Becca (Rebecca) Bell, MD, UVM Medical Center: I have also been reminding families that PCR tests are still free and available at community sites. It can be challenging to get same-day appointments but easier to make appointments for a few days out. So, for those families really interested in asymptomatic screening, I have recommended scheduling weekly PCR tests at their convenience for the next four weeks or so. Just another access point for testing for some.

A: Becca, great advice. I recommend PCR testing every 5-7 days for asymptomatic contacts and recommend VDH as well.

A: My fear is that people are relying on rapid antigen tests when they are negative, but with exposure should be getting per screening 5 days from exposure.

C: Rx for antigen tests: I'm wondering if we can write a Rx with max # of test kits covered by insurance per month with 11 refills? Might be good to come up with a standard Rx to decrease call volume at offices. This assumes there is supply available at pharmacies.

Q: Is there no concern with making sure 2 weeks past vax #2 or booster for "vaccinated"? VDH what to do if close contact looks like this...

A: COVID vaccine guidelines post COVID infection: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#CoV-19-vaccination

Q: Becca (Rebecca) Bell, MD, UVM Medical Center: Has anyone seen RSV in the last two weeks? It seems to have disappeared, at least among floor/PICU admits. Very strange. Still seeing rhino but no RSV lately. Just curious to hear what others are seeing.

A: No RSV recently, but starting to see influenza.

A: It's all rhino/entero up here in the north.

A: Becca, where I have worked, I am no longer seeing RSV, still some rhino/entero and starting with some Flu A, but mostly all COVID. Omicron is so contagious.

A: Still some RSV down in South Royalton.

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Thanks all, we haven't had flu admits yet but definitely rhino/entero. But the lack of RSV admits has really helped our inpatient census. We have a lower census than usual for January right now due to lack of RSV. Interesting.

C: I had a patient who still had positive Ag at day 10 and called for guidance...

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Do NOT do antigen tests on day 10. Once an immunocompetent person reaches day 10, they have cleared isolation.

C: The recommendation from VDH on rapid antigen to shorten isolation is just a recommendation. Lots of controversy about what positive antigen tests post day 5 means. It doesn't necessarily correlate with being infectious.

Q: Breena, What about those families that can fully isolate?

A: The guidance we shared about ongoing household exposure IS for people who cannot fully isolate.

Q: Can we clarify days? My interpretation and what we heard last week, is earliest you can leave house is day 6. After 5 days of isolation and 2 negative rapid tests are needed starting on day 4 at the earliest. But, not sure this is what schools are doing.

C: "Continuous household exposure" is a major issue in the schools I serve.

C: SB schools are giving out rapid tests and saying you can test starting at day 4 and need 2 rapid neg tests

C: Schools near me don't have enough tests to send home, or families have no way to get to the school to pick up if child is already home. Also some of the kits were 10 to a kit and couldn't be separated.

C: Maybe we just need to go back to 10 days of isolation and would not need to do the rapid Ag tests to go back to school/work

C: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: it will be very challenging to implement guidance at this point that is more conservative than the CDC guidance...

Comments on School Clearance

C: The schools NEED clarification to go to the families --IN SCHOOL exposure, unvaccinated, asymptomatic, antigen test negative. Do not need to quarantine outside of school. BUT --COMMUNITY exposure requirements are different--can attend with no symptoms, negative antigen test--but SHOULD QUARANTINE OUTSIDE OF SCHOOL.

C: Well, I had the first family transfer out because we would not clear child after 5 days, they went to urgent care instead and got cleared, have heard of several patients going there to get cleared.

C: I'm glad I'm not the only one that happened to, I felt right sticking to my guns, but will feel bad if the advice gets changed next week.

C: I agree, I am continuing to follow guidelines, pointing out to parents that it is in the best interest of their child's health.

Q: What are your thoughts about having families swab throat before nose to get a more accurate rapid result?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The data on whether the throat/saliva is better is murky indeed. The UK is now allowing throat then nose but Abbot reports that nasal testing is working as well for Omicron as for other variants. It is quite murky indeed but the FDA still recommends only swabbing the nose.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The official answer is to use tests as authorized, i.e. for nasal specimens only...

Q: From Home Visiting perspective: here are a fair number of "if...thens" in the instructions from schools, i.e.: if the positive tested sibling has 2 negative tests 24 hours apart (5 or more days from positive test) then you begin daily testing of 2nd child for 5 days. If all 5 tests are negative, then 2nd child can return to school. That is not even getting into the actual working of the tests and reading the results. There are just lots of room for tired, overwhelmed, and non-English speaking parents to go wrong. How will we support families who need more support re understanding how the tests do and don't work, etc.?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Totally hear you. There is some language in the AOE guidance that schools should be able to assist families, especially English language learners, in testing and offer in-school testing for those families. However, I do not know how this will be translated into practice and will be important to hear from folks on the ground about this.

Q: Can you help us with talking points for daycares navigating the tests for tots program, who are terrified of the ongoing household contacts situation. All the daycares in my area are wanting to keep kids home while ongoing contacts are in infectious period? They don't feel this is safe and don't feel they can staff the program if they follow the guidance to the 'T'.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The program for daycares is available to those who wish to use them but is not a requirement.

A: Becca (Rebecca) Bell, MD, UVM Medical Center: We have been hearing the same thing.

VDH/VCHIP/AAP-VT doing a childcare webinar tomorrow through LGK that will discuss testing and other questions/concerns.

A: Just FYI - lots of daycares (including those who are caring for kids < 2) - are already saying for symptomatic kids - 2 rapid antigens are OK.

A: We are aware of the use of 2 negative antigen tests to clear symptomatic children and are awaiting official VDH acceptance of this policy before we put on the flowchart.

Comments on Return to Play

C: We actually had a family tell us they were going somewhere else to get cleared to return to play.

C: Athletes are going to Urgent Care because they cannot get an appointment with their PCP or Pedi...

C: They can get in with me same day and we are in the schools, they specifically told me they were going somewhere else because I wouldn't start their clearance until day 10.

C: One suggestion would be to have a "COVID Clearance Clinic" and have a provider do just that for an afternoon, or an hour, or whatever works, these appointments should literally take 15mins if the forms are filled out prior.

C: I've been a RN for 20+ years - I'm not making any suggestions to a group of doctors on how they handle their patient flow.

C: Two issues with Return to Play 1) I know of one major regional HC provider that didn't know anything about this guidance; 2) Availability of appointments - some providers are telling families "see you in two weeks."

C: My concern is that the coaches want the athletes back ASAP, possible risk for the teen. In my opinion!

C: Sports clearance is causing a tremendous amount of work for me as school nurse, because some providers are clearing & writing a letter that says athlete "can resume full play immediately." Then parents argue w/ me when I say they need to follow return to play guidance. The most helpful is the UVM Children's Hospital Medical Clearance for return-to-play after Covid.

C: Very challenging with variability of clearance. Some high schools and ATs were having athletes starting at 5 days and not following graduated return to play. Our practice is requiring 10 days and recommending graduated return to play.

C: Would love to hear from cardiology if and what they are finding in the post COVID kids that we do end up referring based on their medical clearance exams.

C: We don't have enough appointments to do return to play visits for the # of COVID positive patients.

C: CVMC Pedis don't have availability to see athletes within 10 days.

Q: Could you put what you just said in the chat area...that it is 'Both' sports and kids/gym. I need in writing that it is all kids for clearance for the school.

A: Breena Holmes, MD, VCHIP: AAP interim guidance <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

Q: 19-year-old patient who had 2 doses of Pfizer 19 days apart. Is a college student in Canada. They did not accept the 19-day interval, so required him to get a 3rd dose in 8/21. Now school requiring booster (4th dose for him) 5 months after 3rd dose. Family asking if any data on 4th dose and any increase side effects or risks for healthy teenagers.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I do not believe there are data on 4th doses for healthy 19 year olds, unfortunately.

Q: Any discussion about antigen testing for new symptoms or close contacts for those that had confirmed COVID in the last 90 days?

A: Yes, awaiting policy decision to use 2 negative antigen tests 24 hours apart to clear new symptoms in someone who already had COVID (within 90 days) since PCR would not be accurate.

A: I have had several patients who have tested +COVID 19 in the last 3 months with a PCR that are presenting with cold symptoms. Should we advise rapid antigen testing 24hrs apart on day 4+5 or just return to school/care when symptoms have resolved?

A: Breena Holmes, MD, VCHIP: We have asked VDH policy people to consider the 2 negative antigen approach.

C: Symptoms must be addressed with kids coming back to school due to negative antigen test-- symptoms of illness still means stay home.

Q: Teen with apparent venous hum on exam, not formerly noted, but teen had COVID positive and symptoms only one day and continued with sport through that time since TTS and still active and asymptomatic. EKG needed? No other risk factors.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: There is an allowance that for children who had COVID and had already returned to usual activities without issues, then further clearance is not needed...

Q: Off the record...if one were to use an antigen test on their own child under 2...is that a problem? I guess I'm mostly wondering why they aren't approved for children under 2?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: because they were never tested in that age group... so no data to guide use.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: I assume that the guidelines for under 2 is because of concern for correct technique in small nares, etc. I don't think there is much data in that age group.

Q: Can I ask what other practices are doing as far as well visits with COVID patients? We have children with scheduled well visits on day 5 after COVID positive and they are returning to school but I'm still on the fence with having them come in for a well visit. I feel like the 5 day isolation has become a blanket statement and lost the other nuances of symptoms and ability to wear at WELL FITTED MASK (not cloth and my understanding a n95 for 2 surgical masks) and avoiding situations where mask is taken off.

A: I agree, I'm not comfortable having known positives come in between day 5-10 or well care, so we are not, for the same reasons you mentioned.

A: I would be willing to see them, but would wear full PPE myself and defer on op exam, so keep mask one. After all, we also do see them when they are sick, and I trust my PPE... for whatever it's worth.

A: We have dedicated well and sick time in the office, so that would make them coexist.

A: As do we, but we continue to do phone intake from the car for sick visits, so they avoid the waiting room which limits exposure of other patients, and that's what I would do for that patient.

Q: What are your recommendations for PCR testing on infants born to mothers who were COVID positive on pre-delivery screening?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The December 2021 guidelines for the management of COVID+ mothers is much easier. Essentially, the recommendation is a single PCR test in the hospital. It does give leeway for a test at 24 and 48 hours. If the test is negative, then the risk of the infant becoming infected at home seems low if the mother follows protocol at home (as best she can). There is no specific recommendation for a follow PCR after d/c.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Recently guidance has shifted towards recommending one PCR test for the exposed newborn close to discharge. Post-discharge, if exposed to positive parent at home (likely) then would quarantine for typical period following household member's clearance from isolation. Note that people in quarantine can seek needed medical care (i.e. newborn visits), if brought by an alternative caregiver who is not in quarantine or isolation.

Q: For children < 2 - they can't wear masks and can't use antigen tests. Is it correct then that they can leave their home after day 5 if their symptoms are improved and they have had no fever in > 24 hours? Does this also include return to daycare settings?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Yes.

Q: For a student who is 11 days out from a positive test, and has returned to school, a parent has now tested positive (11 days after student's positive test). Can you confirm that the student may continue to come to school with a positive parent in the household?

A: Yes, the student may return to school after clearing isolation even if other positive household members at home.

Q: And any need to quarantine outside of school?

A: Nope! Avoiding the infected person, masking in their presence, extra hand washing, all recommended but not required.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Yes, they can return. They fall within the 90-day window of immunity.

Q: Why not just say after isolating, "leave their home ON day 6," versus "after day 5"?

A: Breena Holmes, MD, VCHIP: VDH decision on language After Day 5.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Agree.

Q: What is the data on risk of myocarditis for people who get Omicron vs some of the earlier variants? Will a myocarditis protocol still be needed?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The preliminary data suggests possible lower risk of myocarditis- but that is preliminary.

C: I would love the algorithm, and I would say, I would rather it be multiple pages than miss of the guidance, I know we tried hard to make the first one one-page

C: It is one-page, they just broke it out on here!