

## Questions/Answers from VCHIP-VDH COVID Call CHAT – January 5, 2022

### ISOLATION AND QUARANTINE

VDH adopted the CDC isolation and quarantine guidance 12/29/2021.

On 1/4/2022, CDC updated their guidance to include this update:

*Who does not need to quarantine: If you came into close contact with someone with COVID-19 and you are in one of the following groups, you do not need to quarantine.*

- You are ages 18 or older and have received all [recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people.
- You are ages 5-17 years and completed the [primary series](#) of COVID-19 vaccines.

Vermont has NOT adopted the highlighted part of policy and we eagerly await news on that decision

**ILLNESS AND TESTING** many questions about use of antigen tests for mildly ill children – *Policy people are meeting with pediatric infectious disease doctors and pediatricians Jan 6<sup>th</sup> to discuss testing options for return to school.*

For now, current guidance stands which is PCR test for symptomatic children.

**ADDITIONAL ILLNESS QUESTIONS** – Please address what COVID symptoms are. I say this because a parent said their child had no symptoms so they could come back sooner after testing positive; however, they have a headache, which is considered a symptom, correct?

**Breena** (verbally): That's a symptom.

**William Raszka** (verbally): That is not symptom- free. The Omicron variant is much more upper respiratory tract-focused. It is more in the nasopharynx and not in the lungs. It is more in upper respiratory tract and head.

### **CLARIFICATION of what to do with positive antigen test (contact tracer told family to do confirmatory PCR)**

*Positive antigen tests STAND. No need for confirmatory PCR. PCR confirmation of a rapid test is only necessary for negative rapid if concern for COVID by symptoms or close contact scenario. Antigen tests are useful when prevalence of disease is high, like now.*

**Comment:** As of right now schools are still requiring PCR tests.

*Return to school is a different topic. Schools are requiring PCR to clear children that have a little cold and they want to go back to school. They need a PCR and symptom resolution to get back to school FOR NOW. Policy people are meeting with pediatric infectious disease doctors and pediatricians January 6 to discuss testing options for return to school.*

Great resource, <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Follow-up-Testing-Guide.pdf>.

### **RETURN TO PLAY (RTP) PROTOCOLS AND OFFICE MANAGEMENT**

*Please see Leah Costello office protocol attached to VCHIP email this evening*

*Return to play is a completely separate protocol than what just happened at the CDC with isolation changes. The protocol is still that must wait out 10 days after your infection/diagnosis before getting cleared to return. Becca Bell reached out to national AAP and we are in touch with Pediatric*

*Cardiology at UVMMC to improve clarity. As stands, recommendation is to wait 10 days and receive clearance. Many have cleared patients over the phone with nurse triage.*

**Alex Bannach:** I have relaxed and am now using the RTP rather based on judgement, and even if >12 yo, if mild, will often tend to clear for full activities if completely negative AHA screen instead or gradual return to play. Different obviously for moderate or severe sx's but rarely seeing those.

**AVAILABILITY OF PCR TESTING, SUPPLY CHAIN FOR RAPID ANTIGEN TESTS and EQUITY:** several day wait as of yesterday (1/4/22).

*Midway through our call it was shared that PCR availability was markedly improved today so hopeful that is the trend. We have great hope that the supply chain for antigen testing is going to get better every day.*

**ATHLETICS AND TESTING- concern about coaches and testing.**

*It was recommended that athletes have routine testing; up to the school to figure out how to do it so a lot of variability there.*

**PEDIATRIC HOSPITALIZATION QUESTIONS**

*We hospitalized a few patients for COVID, but they were quite mild.*

*The state has been reporting that adult ICU patients have been generally 80-90% unvaccinated. All pediatric COVID hospitalizations have been unvaccinated.*

*Uptick in adult inpatient admissions for and with COVID. Teaching services all now taking COVID patients (some asymptomatic and admitting for other reasons).*

**VACCINES INCLUDING BOOSTERS**

**Question:** Clarified yesterday that 5-11 year olds who are truly immunocompromised are recommended a 3rd dose 28 days after the 2<sup>nd</sup>, right?

**Merideth Plumpton:** Yes, immunocompromised is defined the same for 5-11 as it is for anyone 12+.

**Question:** Booster 12+ clarification: For this age group also > 5 months (rather than > 6 mo) after second dose eligible?

**Merideth Plumpton:** Waiting for ACIP to weigh in on boosters for 12-15, we should know more by the end of today.

**Question:** Do booster eligible students have to be boosted to be considered fully vaccinated when considering the 80% threshold?

**Becca Bell:** CDC says no requirement for booster in 5-17 y.o. to be considered fully vaccinated. Vermont state is looking at that. It's not official yet but may adapt that. Stay tuned.

**Merideth Plumpton:** The definition of fully vaccinated hasn't changed yet. I am not sure how that affects the 80% threshold.

**Question:** @merideth plumpton - the definition of fully vaccinated hasn't changed, but the way we consider them using the new CDC guidelines has - those who are booster eligible but not boosted are given the same guidance as those who are unvaccinated.

**Question:** When can we start boosting 12-15 year old?

**Merideth Plumpton:** ACIP is meeting this afternoon to discuss boosters for 12-15. We should have more info later today or tomorrow morning.

**Merideth Plumpton:** <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-takes-multiple-actions-expand-use-pfizer-biontech-covid-19-vaccine>

**Merideth Plumpton:** There is a great chart in this document that should help with boosters.

## LUNCH AND MASKLESS TIMES

*Lunch has always been a mild concern in the school policies. We decided it was a very small risk that had to be taken. So, there's no change in the way we are recommending people get together and eat lunch.*

**Leah Costello:** We have kids at lunch with masks off who then turn positive in the next 48 hours. There are risks everywhere. We have to mitigate and figure out how to have kids in school. Glad it isn't my job to figure this out but let's remember we are ok with kids being in lunch with kids who are about to turn positive and we don't know yet.

**Becca Bell:** Yes, this is a good point. Higher risk is the kid in the lunchroom who will turn positive tomorrow rather than the kid who was positive 6 days prior.

## ADDITIONAL QUESTIONS/SCENARIOS:

**Question:** How long do students isolate if they've been COVID positive and they then (during isolation) test positive with a rapid on day 4 or day 5? Do they quarantine for the whole 10 days?

*If patient test positive on day 4 or 5, they have the option to do 2 more antigen tests, 24 hours apart after that. If supply is issue, revert back to the 10 day isolation recommendation started at the new date of the positive test*

**Question:** What about kiddos who test positive and cannot wear a mask? Stay home for 10 days still?

**Breana:** Yes, if person can't wear a mask and have COVID, they should isolate for 10 days.

**Question:** We have some confusion in our community about testing with close contact or symptoms if you have had COVID in the last 3 months. Previously this was not necessary. With the shift to more use of rapid tests and a new variant (Omicron), has there been any change in this thinking?

**Becca Bell:** Josh, re: recovered but recent infection. We noticed today that it's not clear on the VDH website but you do not need to quarantine if close contact and had confirmed COVID in the last 90 days. And VDH will update this on the website.

**Question:** We have been hearing some about higher yield with pharyngeal swab with omicron. Do you have any info on this? (or pharyngeal + nasal)

**William Raszka:** I saw that. No real data. Interestingly, I wound up getting an NP test yesterday through the hospital!