

Questions/Answers from VCHIP-VDH COVID Call CHAT - January 12, 2022

Q: Can someone speak to Return to Play protocols changes?

A: Breena Holmes, MD, VCHIP: Still waiting for national AAP for any return to play changes. For now, we are using current protocols, recognizing that pediatric health care professionals are using clinical decision-making and there is some variability to approaches.

VERMONT DASHOBARD UPDATE

A: Nathaniel Waite, RN, Vermont Department of Health:

Jan. 6 1,898

Jan. 7 2,975

Jan. 8 2,357

Jan. 9 1,061

Jan. 10 939

Jan. 11 813

Q: Will the vaccinated vs. non-vaccinated data be updated beyond 12/26 once this update is done? Especially hospitalizations and deaths?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: This is from last week (slides 9 and 10), https://dfr.vermont.gov/sites/finreg/files/doc_library/dfr-covid19-modeling-010422.pdf. Yesterday's slides aren't up yet but they look very similar.

Q: There seems to be conflicting guidance regarding what fully vaccinated means. Are we requiring boosters at this time to be fully vaccinated?

A: Nathaniel Waite, RN, Vermont Department of Health: What does being fully vaccinated mean? (Part of this FAQ below) <https://www.healthvermont.gov/covid-19/faqs#boostershot>

You are fully vaccinated 14 days after you received two doses of either the Pfizer or Moderna vaccines, or one dose of the Johnson & Johnson vaccine. This is because it takes time for the vaccine to train your body to fight COVID-19. You are still considered fully vaccinated even if you choose not to get a booster shot when you are eligible for one.

However, you are not fully protected from COVID-19 until you get your booster shot. Booster shots are recommended for everyone age 12 and older and additional doses are recommended for people who have moderately to severely compromised immune systems. Learn more about booster shots and additional doses.

A: Merideth Plumpton, RN, Vermont Department of Health: Fully vaccinated means completing a primary series. Please look at the website, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>, for language about staying up to date with COVID vaccines.

A: Breena Holmes, MD, VCHIP: The term for boosted is UP TO DATE to distinguish from fully vaccinated.

Q: Is AOE saying students 12-15 who have not had booster or students 16+ who have not been boosted need to quarantine after a close contact or are either or both able to continue to attend school if they are asymptomatic?

A: Students who complete a primary Pfizer series do NOT have to quarantine after exposure. <https://www.healthvermont.gov/covid-19/symptoms-sickness/what-do-if-you-are-close-contact>

Q: Also, the take home rapid tests are just for in-school exposure, like TTS, right? We aren't keeping students in school who were exposed in the community?

A: Ilisa Stalberg, Vermont Department of Health: Yes, new protocol is coming. We still have a number of decision points that need to be made before it can be released--but feel free to keep the pressure on!

Q: Regarding return to play: There still seems to be some confusion at schools. Some are following some are not. Some have nurses involved, some not. Please advise.

A: So much variability in clinical decision making among our pediatric colleagues AND in the role of schools, which we intended to be minimal (teaming but no gatekeeping).

Q: I heard that at this time AOE is separating public schools from independent schools and are not able to offer independent schools the program from rapid testing at this time. Is there a time frame for when independent schools will be included in the new program?

A: We are not aware of this--will elevate.

Q: What about teachers who are > 6 months and have not received a booster? Close contact VDOH indicates they would need to quarantine.

A: Yes, they need to quarantine.

Q: Ben, do you recommend a 4th dose for immunocompromised and certain health conditions as outlined by CDC after 3rd dose in primary series, aka 4th dose, as their booster?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Yes, for any immunocompromised patient, they should have 4 doses: 3 primary plus a booster

A: Merideth Plumpton, RN, Vermont Department of Health: For immunocompromised, Pfizer 12+ and Moderna, people CAN get a booster or 4th dose. For 5-11 only the additional or third dose are authorized right now.

Q: Can we anticipate having a robust supply of rapid tests to allow us to offer tests to vaccinated as well as unvaccinated students after exposure?

A: Working on it and AAP advocacy in this area!

Q: Re Isolation: Can we get a definitive answer on how we are counting out to day 5? Do people end isolation and return to activity on Day 6 if the specific criteria have been met or day 5? The language is not clearly written: "Stay home and isolate for 5 days. You can leave your home after day 5 if:

A: Becca (Rebecca) Bell, MD, UVM Medical Center: 5 days of isolation, which means you can leave your house at day 6. With day 0 being first day of symptoms or positive test.

C: It would be helpful if the end dates for quarantine and isolation were the same. Becca Bell (above) said leave on day 6 for isolation. Quarantine says leave quarantine on day 5. It would make sense to have it go out on day 6 also.

C: Becca (Rebecca) Bell, MD, UVM Medical Center: I agree that the language should be the same and we have been hoping that the FAQ will include language "leave house on day 6".

Q: Can you go over household contacts? How long do the close contacts need to quarantine? Do we go from the 5 day isolation period or last day of exposure to the infected person to start the close contacts quarantine period?

A: The general approach to household contacts has not changed. Unvaccinated close contacts would begin their quarantine period after the last infected household member clears isolation. So under the new guidance, it would be day 5 of the index case (assuming all other criteria for ending isolation at day 5 are met), which would then be day 0 for the quarantine period for the contact.

C: We need guidance about staff/students who have a covid positive household member. It seems foolhardy to allow even vaccinated household members to come to school with ongoing exposure each day at home.

C: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I disagree, I think if fully vaccinated and asymptomatic, if close contact you should not be required to quarantine. Just mask.

Q: Re: Around use of test to end quarantine in young kids. Back when quarantine was 14 days, pts could test at day 7 and if negative PCR would end quarantine. With the guidance now, for young kids who can't mask, they have to quarantine for 10 days?

A: Working on this important policy decision about children under 2.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That is a challenging question. We had a discussion about this last week, for those children we think it would still be most reasonable to stick to the previous guidance. If unable to mask, then quarantine with PCR test at day 7.

Q: Since TTS was approved for PreK, can we use out rapid tests to keep PreK kids in school after an exposure?

A: YES, PreK students can be part of test to stay.

Q: Will there be any relief funds through VT or the Fed to cover employers needing to give sick leave for COVID? It is going to become more and more of an issue and people need to be home when sick, care for sick loved ones, quarantine and likely most employees will need more time off than under usual circumstances. Is the Scott administration working on any of this?

A: We are not aware of any funding for this.

Q: Re: Positive case: If someone is still testing positive (antigen test) at day 10, what do schools recommend to parents?

A: From Dr. Lee (email inquiry of same topic earlier this week)

The risk that anyone (other than severely immunocompromised patients) remain infectious past 10 days is very, very low. While the problem of persistently positive tests is most common with PCR since they are so much more sensitive, this can still rarely happen with antigen tests as well, with positive results detected even when virus is no longer transmissible. If he has completed his recommended 10 days of isolation, he can return, irrespective of test results (again, unless he is severely immunocompromised). I have very little concern that he is still infectious 10 days out.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Isolation can end after 10 days of symptom onset if all other criteria are met, irrespective of test results. I would not perform antigen tests on day 10.

Q: Are schools supposed to follow the new AOE recommendations of having unvaccinated staff & students who have home COVID exposure do test to stay at beginning of school day & if negative, then either students or staff can stay in school?

Q: Are we now following the new AOE guidelines, keeping kids in school w/ rapid tests, if they are exposed at home?

A: Each school is working out how to discontinue the old way and move toward the vision of using home antigen tests for students/staff regardless of vaccine status. There will be some guidance soon (fingers crossed). Some schools are sticking with status quo for a few more days and others have started the new approach (depending on antigen test availability). AAP is advocating for the use of at home antigen

tests for vaccinated/unvaccinated/exposed at home or at school and also symptomatic students/staff for antigen use.

About use of procedural masks for younger kids

A: Ilisa Stalberg, Vermont Department of Health: The state is distributing procedural masks to children in childcare as part of the new Test for Tots programs.

Comments about website going live this morning for free antigen tests

C: The website wasn't working as of about 11am for me. Said site was overloaded.

C: You can't get on the website for free tests. It was overloaded right at 10 AM and since then!

C: Could not get tests even at 10...site had too many hits.

C: Website crashed at first, but was back up and easy to use. Address fields a little wonky, but anyone can sign up (even without a VDH log in).

C: I've been trying since noon to get on the site for home antigen tests and am so far unsuccessful. It "doesn't recognize my address" and "try back within the hr".

C: As of this AM, the Say Yes site worked for a resident in Chittenden County, but our Windham County cable internet connection did not allow us to sign up. The resident in Chittenden was able to order our Say Yes tests for our Windham County address.

Q: Ben, for the younger kids who can't mask, if it is a parent they cannot isolate from, do you recommend day 7 for PCR 10 days after parents + test? Has been confusing because parents out of isolation 5 days.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I agree, it is confusing, but yes, it would be day 7 following whenever the last infected household contact clears isolation, so could be day 5 now under the new guidance.

A: But with recommendation to clear isolation after 5 days WITH ONGOING MASKING, wouldn't that mean for exposed family members that the index patient would need to continue to mask at home for another 5 days? I don't think people will do that.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That is a fair point. Yes, they should continue to mask at home. Whether or not folks will is a very open question. Personally, this is one of many frustrations I have with the new CDC guidance.

Q: Dr. Lee, at what point (what day after exposure) does a positive individual stop antigen testing if tests continue to be positive?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I assume this refers to people who are testing starting day 4 to get out of isolation but keep coming up positive? Since 2 days of negative tests are recommended under this approach, to me, it would seem reasonable to stop at day 8 and then just wait until day 10 at that point...Clunky to be sure.

Statement: I think the community at large needs to hear that our ultimate goal is to get back to a "test to treat" plan.

C: Breena Holmes, MD, VCHIP: Agree that socializing the changes toward the bigger goal is ongoing. Becca/Ben/Bill/Breena are doing webinars with teachers next week to discuss.

Q: Will the pre-k programs be getting rapid antigen tests supplied in a different way or can we assume that our SU supply will be increased to include our pre-K students?

A: We will clarify. I think PreK students will come under the Test for Tots program administered through CDD.

Q: Any more info about omicron being found better on pharyngeal swab?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: It appears that omicron is much more of an upper respiratory virus and replications peaks first in the throat, not nose, which means throat specimens, may actually be more sensitive for omicron. Still a bit early to say. If so, we may need to reconsider whether to re-open testing to OP specimens again...

Q: School staff is demanding that children who have tested positive eat in a separate area and wear their masks outside at recess for the remainder of the 10 days after a positive test...any advice?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: We've heard the same and have argued against that, as it stigmatizes those children. I still think there is virtually no role for masking outdoors, period.

Q: Will school nurses still be able to do PCR tests for symptomatic students/staff or are we doing away with PCR testing at schools completely?

A: Nathaniel Waite, RN, Vermont Department of Health: <https://education.vermont.gov/covid19/testing> There is some initial details here and more to come.

Q: Is there anyone who can confirm or refute the >80 vaccination guidelines?

A: Ilisa Stalberg, Vermont Department of Health: Keep with the >80% vaccinated --> no contact tracing guidance for now. But this is likely to go away when we stop contact tracing all together.

Q: Ben, what is the threshold to going to a "flu-like model". Go home if sick, testing only if it changes clinical management? I understand we might not be there yet, but when?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That is the million-dollar question. I view the current model as an off-ramp to get there. While COVID-19 is clearly going to become endemic, we're not quite there yet. Otherwise we wouldn't have spread like we're seeing! So it's reasonable in my mind to do things step-wise. I'm referring to changes to school-based contact tracing, testing, etc. here.

CHOP Policy Lab Guidelines

Becca Bell: <https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab-Guidance-In-person-Education-K-12%20Educational-Settings-January-2022.pdf>