

VCHIP CHAMP VDH COVID-19

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COVID-19 Vaccines

Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: The challenge is how much is enough? That's still an open conversation. It's starting to play out in some other states a little differently. Currently, the Vermont guidance is once you get vaccinated, that doesn't change anything in terms of guidance for quarantine and other mitigation strategies. There are other states that are saying if you've been vaccinated, then you don't have to quarantine if you've been exposed. At the end of the day, we just don't know if it's true that those vaccinated are less likely to transmit the virus after exposure. How will vaccines other than mRNA vaccines differ in terms of protection? We just don't know. Those are all open questions. It's premature to say that we know enough to tell people they are not a transmission risk after vaccination. Better data on that question should be coming. It would be different if we were in a situation where the prevalence rate of the virus was lower in the country. We shouldn't undersell how much the vaccine protects against the disease, but they have proven to be effective. We shouldn't discredit that. That's my only comment on the vaccine and herd immunity question.

SARS-CoV-2 Variant (B.1.351) & Moderna Vaccine

Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: The news kept coming out that the antibodies may be less effective or efficient against the B.1.351 variant. It's important to note that we're only looking at antibody responses. The vaccines do also seem to activate T-cell responses as well, but we're not paying attention to that in the studies. They looked at different variants of the virus in the Moderna study, and they compared that to the natural wild virus to see how well antibodies in blood can neutralize this range of the virus variants. The body can only dilute out the virus so many times before the neutralizing antibody effects go away. You need more antibodies to have the same effect against the other strains. Every single patient was able to neutralize the virus, as long as you didn't dilute the antibodies out too much. Current vaccines will probably be just fine. I think it's great that Moderna is making a booster for its vaccine just in case that data ends up being wrong.

JAMA Viewpoint: Opening Schools Safely

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: They did call out school sports where transmission had occurred, particularly wrestling. The take home message is crystal clear that schools are not driving the pandemic and that kids can return to schools with appropriate mitigation measures in place.

Questions/Discussion

Q: I am told that the state is no longer allocating any more doses for 1A. Does anyone have any updates on that as there are still 1A eligible individuals who need to receive the vaccine (medical students)?

A: Breena Holmes, MD, VCHIP, VDH: I'm going to have to get back to you through the lens of the Vaccine Program Manager. It's a bit of a Venn diagram. The actual original doses in 1a have already been

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

distributed and administered, but that doesn't necessarily mean you wouldn't be able to get a dose. They would just need to be reallocated. I will get back to you on that. The intention is to always have overlapping groups. I assume you are bringing this up because your medical students arrive in March.

Reponses from Vaccine Program: "Last week there was reduced vaccine allocation to hospitals for the 1A population. Acknowledging this pause, we will be working over the coming weeks to supply the vaccines needed to continue vaccinating this group; it will not be at the same scale as previous weeks."

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The vaccine implementation committee meets Friday. At all meetings to date, the committee has discussed overlapping groups without strict boundaries between them.

A: Christa Zehle, MD, UVM Larner COM: If we could advocate for setting aside doses through March as we have ~ 200 students who still need the 1st vaccine and will have patient care responsibilities beginning March 3rd. With appreciation!

A: Meghan Gunn, MD, Southwestern Vermont Medical Center, Pediatrics: Thanks for advocating for those med students! If this was 14 years ago when I was there, I would absolutely hope I would have gotten the vaccine.

A: Christa Zehle, MD, UVM Larner COM: We have students ready now and arriving back in the state through March. Class of 2024 students are back in person on campus on Monday and would like to get vaccinated, but first patient care activity is March 3rd.

Q: I have an appointment for dose #2 next week. Do you think I am good to go?

A: Breena Holmes, MD, VCHIP, VDH: I've heard that everyone's 2nd dose is allocated and in a spot and not elusive.

A: Wendy Davis, MD, VCHIP: We had a little bit of communication with Dr. Harry Chen who is running vaccine allocation meeting. It sounded like there would be overlapping availability for those in 1a and over 75 and that 2nd doses are set aside.

Q: I thought second appointments were supposed to be set up before leaving after getting dose 1?

Q: I have heard from some vaccine skeptics that they are not believing the evidence of 95% effectiveness because that was with masks. Of course, the argument that the control groups also wore masks isn't helpful. Any thoughts about this?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Groups were balanced. The point is well-taken. Masking alone is actually pretty effective at preventing disease.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I haven't heard that argument before. If we all take our masks off, the efficacy may be far worse. All of our mitigation strategies work together. At the end of the day, I doubt that masking alone had that profound of an effect. That will be the question as we develop herd immunity. When can masks come of, or should they, or under what scenarios? Personally, I think we're a long ways away from taking masks off.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There are a lot of unknowns. We need to be careful about creating immunity passports. There are a lot of ethical and equity issues around that. So not only do we have to contemplate masking, not only do we have to contemplate transmission, not only have to contract variants that are emerging, not only to take into account conflict and different efficacy of vaccines, but we also have to think about what it actually means when we should say this person but not another person can cross the state or do something else.

Q: I suppose a possible asymptomatic infection with one of these mutant variants where our vaccine protection is less known also makes it more of a wild card?

Q: A school parent indicated that some schools in Brooklyn, NY are encouraging use of KN95s or masks with filters because of the more contagious variant going around. Are there any new mask guidelines for VT schools that I should be aware of?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Not that I am aware of.

A: Breena Holmes, MD, VCHIP, VDH: Not yet for Vermont schools. We really don't want to get it out into the world that children need KN95 masks because we don't have the supply, and they should be saved for healthcare workers.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: This has been a hot topic for a while. About two weeks ago, a really well known aerosol expert from, I believe it was Virginia, had recommended using two masks and Dr. Fauci even talked about using two masks and I think what I mentioned on a previous call is that people should use the best and the highest quality mask that they can. When you're just using a single layer Gator, that's not going to provide a lot of protection. It doesn't trap many molecules. If you used a two layer Gator, you're going do better. If you use a simple cotton facial cloth covering, that will trap maybe 30 or 40%. But if you put additional layers on, that will trap additional molecules. So the better the protection, the better the mask, the fewer molecules are going to escape. And also you would actually have some protection for yourself. My general recommended is that people should use the highest quality mask that they feel comfortable using. I do not recommend using KN95 masks, which would be inappropriate. That really is indicated for the hospital setting and for health care workers with true exposures to airborne transmission, and SARS-CoV-2. If you can actually tolerate that KN95 mask, that's fine. KN95 masks were actually issued to teachers at the start of the year and it will provide better coverage, better protection for the environment and for the people around you than a surgical mask and better than a facial covering. Use the best quality masks you can.

Q: And what about the double masking that we seem to see more and more on TV? Any data supporting that?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I think one mask should be sufficient, as long as it fits well and is of good quality.

Q: For K-12, are there specific masks we should recommend to parents/caregivers?

A: Breena Holmes, MD, VCHIP, VDH: Just 2 ply and snug.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: We have been silent on THE mask to use. We recommend using at least two layers, not two masks, but two ply.

Q: Any chance that the guidance will change to 3-6 feet for 7th and 8th graders? I ask because in Vermont a lot of our schools are K-8.

A: Breena Holmes, MD, VCHIP, VDH: I would say that the other sort of discordance in our world these days is that the governor announced very strongly at the beginning of January that he would like everyone in person in April, and the questions that follow from that are all about distance. If you can't get the 7th through 12th graders closer than six feet, most school buildings in Vermont cannot accommodate their full student body. So, yes, Bill, Ben, Wendy, Ashley Miller, and I are on the task force for the safe and healthy schools and we're waiting to be charged with a reconvening so we can look back at the data and the science and think about the VT experience as well as the national experience. I'm confident that if there's a way to do it safely, the answer will be yes.