VCHIP CHAMP VDH COVID-19

January 29, 2021 | 12:15-12:45pm Call Questions and Answers*

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**Questions/Discussion**

**Q: I'm getting lots of questions about if teachers should be wearing KN95s in light of Fauci's double masking comment. Should we be requiring double masking, and if so, what does that mean? Apparently, CDC recommends using KN95s for only 5 days and then replacing. If we have teachers wearing KN95s, what will we do about that?**
*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Teachers were provided with 10 KN95 masks at the start of the fall term. The idea was that they could wear one on Monday and hang it up to dry and wear a separate one on Tuesday, etc. Five would in theory be enough for a few months. Many felt they were tough on their ears (at least in SB school). We do not require them to wear KN95 masks. The key issue is wearing a high quality mask if you can. Single layer gaters are not high quality.*

**Q: For staff and adults, not pediatric clients...I just began hearing that axillary lymphadenopathy is showing itself as a side effect for some following COVID vaccinations. I have been checking in with some providers and am hearing mixed responses about whether one should delay mammography (for 6 weeks)? I'm hoping to learn more during next week's VMS call.**
*A: I definitely had axillary swelling, no discrete LN after both doses.*
*A: Susan Albertini White, NP, UVM MC: From Isabelle Desjardins UVMMC update on Tuesday - Mammogram should be obtained prior to vaccine or 4-6 weeks after due to lymph node swelling.*

***C: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The most recent data on efficacy for the strain identified in S. Africa is actual clinical data- not just lab data and banked sera.***

***C: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: No final decision; general feeling that outdoor sports may go forward, but interscholastic competition is not as clear. By interscholastic sports, I mean indoor sports such as basketball.***

**Q: Please clarify, wind/brass instruments being played inside school is still no, correct?**
*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There are some mechanisms for instruments but that is generally alone rather than in groups inside.*
*A: Breena Holmes, MD, VCHIP, VDH: We did put in some caveats that you can play instruments or sing when you're alone in a room without others.*

**Q: It would be nice if there could a list for the "end" of the day vaccines, for example next age group that could be there in 30 minutes to get it? Is there such a list?**
*A: Breena Holmes, MD, VCHIP, VDH: There is no such list. I know people are meeting about it. It has pretty significant logistical challenges.*

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

**Q: Any idea how long altered taste is lasting? My limited experience from patient reports is transient.**
*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: It seems highly variable. There are people who have s/s for a long time. This has been a bigger issue for fatigue and brain fog, but any symptom can persist.*

**Q: My understanding is that currently med students that rotate with us are not supposed to see sick patients. Any discussion about changing that once they are fully immunized? I miss sharing that part of pediatrics with them!**
*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Students can see ill children; just they are not supposed to see children with s/s of COVID (so if you wear a N95 mask to see the patient, the student should not go in with you). We do not have guidance post vaccination. That is a hot button issue.*

**Q: I am wondering if the current PCR testing is testing for any variants? I heard that wastewater tests can look for it. It sounds like certain cases have been identified in other states. What about VT?**
*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Our current PCR testing should identify the variants.*

**Q: Is there any information on long term GI symptoms in pediatric patients who have recovered from COVID-19? I have a 9 year old F who has had significant episodic abdominal pain for the past month, workup essentially unrevealing but has been to ER twice due to pain. She had a COVID infection in November, mild symptoms at that time.**
*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: II am not sure about GI symptoms. I have seen almost any neurologic symptom persist but less so on GI symptoms.*

**Q: I was wondering about your approach to older children with some signs of MIS-C but normal troponin levels and EKG. In the absence of worrisome findings, do you recommend IVIG even in those patients?**
*A: Kristin Crosby, MD, UVM MC: I think, as far as the consensus among the American College of Rheumatology from their paper that they released about MIS-C, there's really not clear use of empiric use of IVIG to prevent things like coronary artery aneurysms in patients without abnormal lab findings and abnormal EKG findings. So, there's really not great consensus on whether or not people would recommend IVIG. I think if we consider risk benefits and the potential risk of having coronary artery aneurysms that could develop overtime, which we just don't have great literature on, that IVIG, I think, would be a useful treatment for these patients in order to help potentially prevent any cardiac involvement. But unfortunately, there's really not great consensus. It's interesting because you said older children and there is obviously multi system inflammatory syndrome that's now started to be reported in adults as well around the country as high up to 42 years of age I've seen be reported and I believe their treatments are also similar to what we're doing, but there's not a great consensus on whether or not if they have normal cardiac enzyme, they have normal EKG findings, and a normal echo initially, if IVIG is the recommended treatment. I think it depends on each provider and in consultation with cardiology, rheumatology, ID and all those consults.*

**Q: I have read about some children presenting with MIS-C symptoms during initial infection vs. after. Does their presentation tend to differ at all?**
*A: Kristin Crosby, MD, UVM MC: I have heard from PICU colleagues around the country actually that the patients who present, at least with positive PCR and serology, so they have IG M antibodies as well as a*

*positive PCR, are anecdotally tending to present with more severe symptoms and are typically the cases that are requiring more severe and higher supportive therapies, including mechanical ventilation and ECMO, so it's a good question that you as. It certainly is something that, at least in our ICU population, we are seeing patients that have both positive PCR and positive IGM, the anecdotally thicker than those with just positive IGMs, so whether or not that's still an immune response from that initial infection as well as this multi system inflammatory response after the fact and if it's the combined effect on the patient that makes them present so severely or if it's truly unrelated. It's still yet to be seen, but they have anecdotally seen patients' present much, much severe symptoms.*

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