



VCHIP CHAMP VDH COVID-19

February 1, 2021 | 12:15-12:45pm Call Questions and Answers*

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COVID-19 Cases While Infectious in K-12 Schools

Breena Holmes, MD, VCHIP, VDH: When you look on the map and see a community that has an uptick in cases, there are usually more cases in schools in that community. On average, it has been about 12 cases per day, with 50 in the last few days. It's often isolated spread from household members with COVID-19, and then the child is infectious while in school. I don't know if you saw the childcare data, but I'm so optimistic about the fact that there's 1,100 child cares and only 6 outbreaks. It's truly awesome what's happening in childcare, and that data is from last March.

Questions/Discussion

Q: Child Care appreciates the strong support from Breena and DOH in helping them to provide care safely.

A: Wendy Davis, MD, VCHIP: On Wednesday, we would like to feature a little bit about the Let's Grow Kids publicity and promotion that we've seen roll out over the past several days. You have a wonderful new three year strategy to work with the administration and the legislature in our communities to really operationalize what you've been trying to do through Let's Grow Kids for a number of years now, in terms of increasing the accessibility, the affordability, and the quality of child care. So we will bring some of that information forth on Wednesday and into the future and we appreciate your partnership with us as the healthcare community in helping to support that strategy and roll it out.

Q: Just another question about vaccine availability/prioritization for parents/families of children with high risk conditions? Getting lots of questions from parents.

A: Leah Flore, FNP, Shelburne Pediatrics: Remember vaccines are not approved for kids.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care (Williston): Thank you! I just keep bringing it up. Other states are including conditions and parents are saying that in other states they are eligible.

A: Wendy Davis, MD, VCHIP: This is still about moving through those older age bands before those groups are eligible.

A: Breena Holmes, MD, VCHIP, VDH: Dr. Rinehart is advocating for parents of the children with special health needs: I appreciate Jill's advocacy. Everyone needs to continue to put forth populations of people they are familiar with and wondering about especially two generational vulnerability like this as it's important to keep at the foreground but it's not going to change anything now because it's very deliberate and very age oriented and that will be the strategy all the way through March. Sixty-five and up as they add each 5 years going down. After that it could start getting interesting especially if we get new vaccine Johnson and Johnson, or if the supply magically increases.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: No update.

C: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Schools have not been the driver of the pandemic. With appropriate mitigation procedures, there seems little in-school transmission.





C: Breena Holmes, MD, VCHIP, VDH: This is somewhat remarkable to me. If I think back to the meetings at the end of May and June when we started in the task force to write the guidance, this is exactly what Drs. Lee and Raszka were keeping track of for us and said these same sentences. Because of the early studies in other countries we've been able to amplify the message. It isn't leading to a ton of change in the decision making of the hybrid models yet and that is because of this primary sticking point of the distance that grades 7 through 12 students have to be 6 feet apart. So we're coming to the major policy decision ahead for Vermont in order to get more grade 7 through 12 students in person. There's going to have to be some conversation about distance. There's no conversation about masks, it's all about distance. Bill and Ben have been summoned by Patsy and Doctor Levine. Thankfully, they're going to let me listen and that will be within the next week or two that they're going to weigh in on distancing. I will just say that I think there's ton of opportunity for all of you as community leaders to continue to have this conversation. Any of these resources we put forth can be packaged up for you to do some communicating with your school administrators and others about the safety of Vermont schools.

Q: Still hearing about double masks. I thought this was not necessary if mask is quality?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I think if you are wearing a high mask, I do not think you need to double mask. I am not saying that we have to wear N95 masks. A surgical mask, I think, technically is triple ply.

A: Breena Holmes, MD, VCHIP, VDH: We talked about this a fair amount on Friday. The news continues to promote notions of double masking and there's still nothing from the CDC and the CDC director has been clear to say a well fitted, nice ply mask that fits, is still the recommendation, but I do know it could change and we'll stay right on that. I did want to note, too, in the Wisconsin MMWR, we had a few inquiries about this. All the mitigation strategies are in place that we have in Vermont, however, there's something in that study that says the students and teachers were triple ply masking. They had three ply masks, so somebody was suggesting that that was why they did better in their data, but I don't have any way to bear that out. I just wanted to say it to see if Dr. Raszka has anything to say about the triple ply and Wisconsin. A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: It is becoming more complicated, Anthony Fauci said he thought double masking might be helpful, as and we know many people take their cues from him (very appropriately). I still think that a single good mask is the most important and an extra is probably redundant.

Q: NH has changed the rules to allow vaccinated healthcare workers to forgo quarantine. Puts the pressure on VT. Is it foregoing quarantine after exposure or travel in NH?