

VCHIP CHAMP VDH COVID-19

February 3, 2021 | 12:15-12:45pm Call Questions and Answers*

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Practice Issues: COVID-19 Vaccine Update by Benjamin Lee, MD FAAP – Pediatric Infectious Disease & LCOM Vaccine Testing Center

Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I put together tables of key summaries of each of the major vaccine players right now (see slides 26-27). Re-infections are becoming a concern with the emergence of the B.1.351 and P.1 variants, so we'll keep an eye on that.

Questions/Discussion:

C: Breena Holmes, MD, VCHIP, VDH: Here's a link to the new biography on the Blackwell sisters:

https://www.amazon.com/Doctors-Blackwell-Pioneering-Sisters-Medicine/dp/0393635546/ref=asc_df_0393635546/?tag=hyprod-20&linkCode=df0&hvadid=459515946640&hvpos=&hvnetw=g&hvrnd=4299774107572997535&hvpon e=&hvptwo=&hvqmt=&hvdev=c&hvdvcmdl=&hvlocint=&hvlocphy=9002572&hvtargid=pla-933355729879&psc=1

Q: The school report only shows as positive if the child was potentially positive while in school? I know of a child in a private school locally who was positive in the past 1.5 weeks but no cases showing.

A: Breena Holmes, MD, VCHIP, VDH: Yes, only if student or staff/teacher if infectious while in the school or at a school sponsored activity are only included in the table. Infectious is defined as two days prior to symptoms and if you're asymptomatic when you test positive, it's still two days prior to the positive test or the day the test was taken. It's a public health convention to do it two days back and people asked a lot about this. You are incubating the virus several days prior to that but the contagion and the infectious period was deemed to be 48 hours prior to the onset of symptoms and that has worked for us to track it that way.

A: Judy K. Orton, MD, Green Mountain Pediatrics: Daily conversations with parents (and some of these kids have been positive) about their bubble which is more like a dome than a bubble. We continue to educate.

Q: Vaccine question: For children at high risk, say 17-year-old Trisomy 21 patient with history of congenital heart disease, who is first, the child or parents?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: At this time, there is no ring strategy for high risk children.

Q: Is primary efficacy for all three vaccines equal to any symptomatic infection?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: What is being presented is efficacy against symptomatic disease. AstraZeneca just released data against infection. Ben will address that.

Q: Germany is limiting use of AstraZeneca vaccine to age <65 years old. Any discussion about age limitation in the US?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I am not sure what the ultimate decision will be.

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

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: The Germany issue about the age is the reason they are doing that is the preponderance of the efficacy of the data is in younger age groups and that it suggests that efficacy is very low in those greater than 65 but I take that back as I can't recall if they were citing AstraZeneca's data or if they had their own internal data. There is a question around if there is an age effect around the vaccine ... in patients. AstraZeneca in the latest preprint they did report a lot of information about antibody titers and at least based on antibody titers, it looks like those who were greater than 55 (unsure if he said 55 or 65) had pretty similar antibody levels as the other age groups. What really seemed to make the most difference was the duration between intervals, so people who went longer between their first and second dose tended to have better protection, better antibody It's not necessarily surprising. Usually we worry about too short of an interval when trying to boost with a vaccine, not too long. I think there's going to be more to come on that on AstraZeneca because they started enrolling more of those patients later, their sample sizes are just much smaller. Pretty sure there will be more and more information in that age group.

Q: Sorry if I missed this, is there any data on how long any of the vaccines are effective or is it too soon to know?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Too soon. The AstraZeneca is really complicated these days. This is a bit unfortunate as this was the vaccine that was designed for world wide release at a reasonable cost.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: That is true, but every dose/regimen within AstraZeneca has shown terrific protection against hospitalization and death, so no matter how it's sliced and diced, I think it is effective at the most important task at hand.

Q: By "Latin America" variant do you mean the new variant out of Manaus, Brazil?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I think "Latin America" refers to where the study was conducted, which is broadly defined.