VCHIP CHAMP VDH COVID-19

February 5, 2021 | 12:15-12:45pm Call Questions and Answers*

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COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

Breena Holmes, MD, VCHIP, VDH: I took a peek and the COVID-19 cases in VT K-12 learning communities is up to 58 over the last seven days. It was just reported out today and reflects a small uptick, but I was happy to see yesterday there were only 5 cases. As I've told you, we're averaging about 7 cases a day, but that's more like 8 cases today. I'm hopeful we've peaked and we're heading back down.

VDH Update: New Symptoms Post-COVID Infection

Breena Holmes, MD, VCHIP, VDH: The most frequent questions to the school and childcare branch that were transformed into an FAQ thanks to our great Communication Director, Shari Levine. The FAQ was updated yesterday, February 4th. We get a lot of questions about how to handle the situation if you've had COVID-19 and then you get sick again. It's super important that we continue to think about this together. We don't know much about this virus, but we know you don't get tested again in the 90 days after you've had COVID-19, but we do want to remind people to stay home when sick, even if it's not COVID-19, so that's the answer on this one. The next frequently asked question, which came up at the press conference six times, is whether folks need to quarantine if they're a close contact but have already had COVID-19. The answer is no, if you've had COVID-19, you don't have to quarantine if you've been identified as a close contact. However, folks do have to quarantine if they travel, because the governor doesn't want to start shifting the travel rules until there's more consensus across states of how we're going to handle those who've had COVID-19 or been vaccinated.

Questions/Discussion:

Q: That nuance in the quarantine requirements is going to be really hard to explain to families.
*A: Breena Holmes, MD, VCHIP, VDH: If you have had COVID, you **don't** have to quarantine if you've been identified as a close contact. But, you have to quarantine if you travel. The governor doesn't want to have to start shifting the travel rules until there's more census across states of how we're going to handle vaccinated people or people who have COVID as it relates to travel. If someone calls you and says you were a close contact you need to quarantine, but you've already had COVID, you can act normally. I just wanted you to know that both the Governor and Commissioner Levine really want to work on the 'travel and now you have to quarantine piece', but they're holding the line right now. So I don't know that it is that confusing to people. It's just no one can get out of quarantining with travel. I'd be interested to see why you think that's hard to message.*

C: Becca Bell, MD, UVM Medical Center: I'm going to reach out again to my local school district, thank them for their work, and see if I can be helpful. Maybe we can reconnect and check in with our local schools like we did this summer.

C: Becca Bell, MD, UVM Medical Center: I'm doing some public testimony next week on behalf of AAP-VT to support the Youth Council Bill and continued investment in afterschool/summer/third space programming.

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

Q: We are already getting calls from school nurses who are concerned about the new guidance for school sports. Understand that many issues with pre/post game socializing.
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Also, I was unable to be on the most recent sports call, although Bill was and may have more details, but he is unable to be on this call right now.
A: Breena Holmes, MD, VCHIP, VDH: I fully anticipated this. I was a little bit surprised. Bill and Ben did note that the sports meeting was this morning, so hopefully by Monday they'll be able to share a little bit about that. I know that they met and I guess the best answer back to everyone who is concerned is they looked at the data and they were balancing the epidemiology with the needs of students to participate. So I'm a little surprised as well, but we're going to have to just, as with everything with COVID, keep rolling.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Just an update on the school sports issue is that I was not in the most recent meeting where some of these issues were more hashed out. I know Bill was, but unfortunately he's not on the call today and I haven't had a chance to circle around with him about the details of some of the stuff that was discussed on the sports call. But hopefully we can get a little bit more clarity or information, if we have more to share.

Q: Are coaches aware that players who have had COVID will need physician clearance *prior to* return to play for cardiac reasons?
A: Breena Holmes, MD, VCHIP, VDH: In the sports guidance, there's a very clear paragraph that Bill Razska wrote that says no student can play until they've been cleared by primary care, and it also is a 14 day from the time you had symptom resolution as opposed to the 10 day, which is the normal non-athlete return to life. So there's a known discrepancy there or difference and we're getting a lot of questions. So yes, everyone that reads the sports guidance knows that you have to be cleared by primary care. But if you're hearing otherwise, we'll figure out a way to pop that up into the consciousness of the coaches.

Re: follow up regarding Astra Zeneca Vaccine data
C: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I wanted to offer a brief follow-up regarding some comments I made regarding the new Astra Zeneca vaccine data. I've looked over the data regarding "transmission" more and have softened my stance a bit. Vaccinated people who were performing weekly self-swab had fewer total PCR+ tests overall compared to placebo. So what this likely means is that people who otherwise would have had severe disease now have mild, and those who would have had mild or asymptomatic now have none. The data don't actually directly study transmission, but the implication is that if there are fewer PCR+ people then there will be less transmission overall. So, I did go back and look more deeply at the Astra Zeneca preprint that came out over the weekend because if you recall, I stated that I wasn't quite sure yet how to interpret the data regarding decreased transmission, which has been all over the news. But what they've done is that there was a subset of people who were asked to take weekly self-administered nasal swabs. What we find is that in people who are vaccinated with Astra Zeneca vaccine, the total number of PCR positive tests is decreased compared to placebo. And at first I thought that, of course, that would make sense because if you're including all infection, symptomatic or not, that's what we might expect to see, but the key is that what it looks like the data are showing is that there's a whole chunk of people who normally would have had either asymptomatic infection or some sort of PCR positive test that have just sort of disappeared from the vaccinated group. I think again, it's a preprint only and I kind of wish that they would be a little bit better in how they're walking through their logic in the paper, but I think what they're arguing is that if you have somebody who's vaccinated, if they get infected, if they ordinarily would have had a severe case, they probably are now having mild disease, but what that also means is that there's a whole other group of people who otherwise would have had mild or asymptomatic disease, that the vaccine is able to just completely block the infection. So you have an entire sort of sub category of people who otherwise would have become infected and become PCR

positive who now they just don't see any more. The data don't actually, even though the news and all the media talking about how the vaccine reduces transmission, the study actually doesn't speak at all about transmission in the strict sense of the word. It's just they're inferring if you have that many fewer PCR positive cases, sort of walking around out there, then that's going to have an overall effect of reducing transmission. So I did want to offer that update because after having a look at the data a little bit more, I think I see more what they're getting at. But again, like all the Astra Zeneca publications so far, the data could be presented more clearly just put it that way, so I just wanted to offer that update on my thinking there.

Q: I'm curious about the quarantine guidelines given what Ben talked about on the Wednesday call re: previous COVID infection not being protective against some of the variants?
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Is the question, do we need to worry about continuing the quarantine after COVID given this sort of reinfection data? If so, I think that is a concern. I think one of the issues is that those reinfection data are really only being derived in areas that have a really high prevalence of particularly the B.1351 South African variant and the Brazilian variant. We don't know for sure what the degree of penetration into our population with those variants are, but I think it's generally still believed that they're not as widespread here as they are certainly in South Africa or in Brazil. But I agree, I think that is something that we need to think about once we see more of that spread occurring, if we see more of that spread occurring. Similarly, this also goes hand in hand with quarantine post vaccination. Is there an argument to be made that people are actually better protected post vaccination rather than post natural COVID and how does that factor in. I think getting back to one of the comments that Bill made in one of the previous calls, I think the thing that everybody really wants to be very wary of is releasing any guidance that could be interpreted as some type of immunity passport. I wonder, this is me just speculating here, but, I wonder if that's also playing into the travel quarantine rulings because if we say that you don't need to quarantine post travel, then all of a sudden you have an entire group of people that we basically said okay, now you guys are okay to go on and go travel and take vacation and do whatever and that's just going to introduce a lot of tension across the community so I think those sorts of factors also have to weigh into the thinking.

Q: Are there updates from the state or VDH about doing surveillance COVID PCR testing for health care professionals?
A: Breena Holmes, MD, VCHIP, VDH: I don't know. I haven't heard that topic in weeks.
A: Wendy Davis, MD, VCHIP: We'll take a look at that and if we find something, we'll put that in the email this evening.
A: Alicia Jean Veit, MD, Timber Lane Pediatrics: I believe UVM MC is doing surveillance COVID PCR testing on their staff at this point.
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: UVM MC is doing surveillance testing on a voluntary basis, the goal is to do a certain percentage of per month. But it is not mandatory or a condition for working, patient contact, etc.

Q: I was late to the call, will the sports guidance be attached to tonight's email?
A: Wendy Davis, MD, VCHIP: We heard that it will be posted to the state website by the end of Monday but I'm not sure if we'll have anything before then. We'll get it out as quickly as possible.

Q: How many weeks is recommended to wait to get a COVID-19 vaccine *after* receiving a different vaccine (flu or other routine vaccines)?
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I believe the general recommendation is 2 weeks if possible but is not an absolute requirement.

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Q: Is there a time frame *after* COVID vaccine that you should wait before getting a different vaccine?
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Yes, 2 weeks either way.

C: Lisa Gannon, MA, Primary Care Health Partners: Here's the link to an interesting 4 minute listen or read this morning on NPR: https://www.npr.org/2021/02/05/964358098/researchers-new-model-predicts-number-of-people-currently-contagious-with-covid-.

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