

VCHIP CHAMP VDH COVID-19

October 2, 2020 | 12:15-12:45pm Call Questions and Answers*

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VDH Updates

Wendy Davis, MD, VCHIP: Health Update: Use of SARS-CoV-2 Antigen Testing in Vermont: The Commissioner spent a fair amount of time talking about the “Health Update: Use of SARS-CoV-2 Antigen Testing in Vermont” document in his media briefing this morning. A positive antigen test would be considered presumptive and would require confirmation through a PCR test. In addition, the Strong and Health Start (School Reopening) Task Force has reconvened this week and will meet again next week. The key issues addressed by the task force are the following: Temperature screening will continue – flexibility around collection; travel guidance – strengthen and elevate visibility in guidance; distance – preserve 3 to 6 feet for pre-K through grade 6; preserve 6 feet for older students; pods; busses. Masking is really the most important mitigation strategy at this point.

Breena Holmes, MD, VCHIP & VDH: The parent handout, COVID-19 Information for Families: Return to School Following Illness, is up on the VDH website (linked here: <https://www.healthvermont.gov/response/coronavirus-covid-19/schools-colleges-child-care-programs>). As a reminder, we are intending to use it for childcare providers as well, since it is a non-medical interpretation of the algorithm. When kids have symptoms, they might have several days of no school for a child who is actually okay to learn due to the complexity of the hybrid model and pods (in-person versus remote days).

Nathaniel Waite, RN, VDH: There are multiple tools on our schools and childcare page for schools for when there are cases in the school or preparing for cases, and there is a desktop scenario /training there as well that folks may find interesting (linked here: <https://www.healthvermont.gov/response/coronavirus-covid-19/schools-colleges-child-care-programs>).

AAP Updates

Wendy Davis, MD, VCHIP: We hope those of you who are able will attend some of the fantastic National AAP Conference session focusing on racial health equity starting with the opening session tonight with Jennifer Hudson. The opening plenary, COVID-19: Public Health and Scientific Challenges, will take place tomorrow (10/3/20) followed by a Q&A with Dr. Anthony Fauci.

Practice Issues: Food Insecurity Measure Testing Project, Sarah C DeSilvey, DNP, FNP-C Georgia Health Center, Pediatric Faculty, Larner College of Medicine at UVM

Wendy Davis, MD, VCHIP: This group knows there has been a lot going on over the past several years in the area of food insecurity screening and follow-up in Vermont, and just a few of these there. Many of you have implemented your own initiatives. As part of our annual project in 2017- 2018, our CHAMP Network conducted food insecurity screening as one of the main measures we looked at. Participating practices did a tremendous job, going from a baseline average screening rate of 0% to 80% in a few short months and collaborated with community partners to support families who screened positive. As part of our current CHAMP project about Strengthening Vermont’s System of High-Performing Medical Homes, we’re going to return to food insecurity. Dr. Keith Robinson and the Children’s Hospital Population Health Committee are involved in a national collaborative led by the Institute for Healthcare Improvement (IHI) on the same topic.

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

Sarah C DeSilvey, DNP, FNP-C, Georgia Health Center & LCOM Dept. of Pediatrics: I lead efforts nationally on food insecurity and social determinants of health informatics. Over the last year and a half, I've been serving as the Director of Informatics for a national project called The Gravity Project, which is federally contracted to develop the terminology and data standards for social risk. Reach out to me if you'd like more information about that project. I participated in a National Quality Forum (NQF) funded initiative in 2019 to develop three food insecurity metrics related to screening, intervening and prevalence. The hope is to test these metrics in clinical practice settings, and that's where I look to the expertise of everyone on the call. The intent is to implement these metrics in clinical settings with the assistance of a company called Quality Insights. There is a \$4,500 honorarium for participation in the project.

Wendy Davis, MD, VCHIP: We at VCHIP stand ready to collaborate with you and will disseminate the link and PDF with more information this evening. We might think about working together to support this particular element of testing and incorporate it into what we're doing. We look forward to follow-up conversations.

Questions/Discussion

Q: Any word on specific school gym and cafeteria guidelines for whether the kids can run in the gym? Last week we said that this was going to go back to the committee. Have we heard anything?

A: Breena Holmes, MD, VCHIP, VDH: We met twice this week and need to meet next week as well so no revision yet, but I promise the PE topics are on our list. After we send recommendations to Dr. Levine and Secretary French, we will need to approve it, so, it may take a week or so for that.

Q: Were did lockers/backpacks addressed on the call this morning?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Not yet. So many topics are yet to come! Music and drama remain on the list.

Q: Could we review HIPAA and COVID results/testing with schools? There were a lot of questions coming to me from our family medicine and pediatric practices concerned with regards to giving notes for return to school. Schools and parents are asking for results to be faxed and sent to school.

A: Wendy Davis, MD, VCHIP: Does that have to do with the way those results are being posted? Maybe you could clarify. On this call, we've talked about the fact that because very small numbers may end up being posted on the health department school dashboard, and our communities are small, that it does seem to not be aligned with the health department's usual threshold for identifying the location of small numbers of cases.

A: Breena Holmes, MD, VCHIP, VDH: There are a couple of forces at play here. I can't get over how little we can protect people because of the media and the way that Facebook is working and the way that it's revealed very early on who the case is or at least enough information about the case of the person who has the virus and it's really identifiable; and that's not the health department, that's other forces at play. We back into that now by saying we support this dashboard as Dr. Davis noted on this call.

Q: An elementary school nurse requested COVID-19 and Strep results for a return to school from our practice. The nurse insisted on test results, communication tool and note to return.

A: Leah Flore, FNP, Shelburne Pediatrics: They should not need the results for the school, however, they do need the communication form completed and filled back to them.

A: Wendy Davis, MD, VCHIP: We have really promoted that the communication tool is the note for returning and I would personally encourage you to continue using that.

A: Breena Holmes, MD, VCHIP, VDH: Our disposition form was supposed to be the template for you all to communicate positive results. The school administration has a whole pathway upon which they receive information through public health contact tracing. For negative results, I hope that it's not the schools

requiring paperwork about negative results. I think the disposition form or the parent describing that is enough.

Q: The communication tool also asks for a diagnosis and I know some of our providers are not comfortable with that. Just wonder what communication has been made with the schools and their general expectations?

A: Leah Flore, FNP, Shelburne Pediatrics: The diagnosis on the communication form is for if you are letting them return to school. The school does need to know, for example, if they have seasonal allergies, because they are allowed to be in school with this and then they will not send the student home for congestion.

Q: When a child is home sick with mild symptoms, s/he can't join remotely efficiently because the pods are different.

A: Ashley Miller, MD, South Royalton Health Center: Thanks, my recommendation would be to try and make all of the in person classrooms streamed at the middle and high school level.

Q: The school districts are not all doing the same thing. Even after school stuff. Even being in Step 3, some elementary schools are not letting kids practice every day of the week, yet the high schooled can?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There is a lot of local control (and variability).

A: Wendy Davis, MD, VCHIP: What we've tried to do is create guidance and indicate where things must be followed and there are some gray areas when it has to do with physical facilities. Sometimes there needs to be some local adaptation.

A: Breena Holmes, MD, VCHIP, VDH: Our great school liaisons are your best resources. There is interpretation. Almost everything in the guidance is guidance. We want to make kids successful.

Q: VDH received call today from a HS is beginning to message that they, "welcome any negative test results but they are not required", using it as a means to determine when a student will be returning. In that HS, there is much travel so most are trying to get out of the travel quarantine.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: We are not letting students, teachers, or anyone else out of the travel quarantine (unless it meets criteria for essential).

A: Michelle Shepard, MD, Pediatric Primary Care, UVM Medical Center (Williston) & VCHIP: I was pleased to see UVM changed their academic calendar for the spring to help decrease the issues related to holiday travel.

Q: Does it apply to students if they are traveling to see parents (in the cases of divorce)?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I think child custody issues are essential.

A: Alicia Veit, MD, Timber Lane Pediatrics: "Parental shared custody" is essential.

A: Sally Kerschner, RN, MSN, VDH: Parental custody allows travel out-of-state. That child does not have to quarantine, but we ask them to BE CAREFUL.

A: Sharonlee Trefry, RN, VDH: That travel essential guidance is only for the "essential" individual, not any chaperoning adults.

Q: So, a kid who goes to visit a parent in another state does not need to quarantine upon return?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Visit is different from custody.

A: Nathaniel Waite, RN, VDH: Correct, if they are going out for leisure activities, they may need to quarantine.

A: Sally Kerschner, RN, MSN, VDH: Yes, it must be part of formal custody.