

VCHIP CHAMP VDH COVID-19

October 7, 2020 | 12:15-12:45pm Call Questions and Answers*

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VDH Updates

Wendy Davis, MD, VCHIP: The pilot of office-based testing with Timber Lane Pediatrics (including PPE guidance) is continuing and we're also working on broad PPE guidance in different settings, which we hope to finalize by next week. 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.

Per the antigen testing HAN, we do not recommend using antigen testing in Vermont's schools for students, staff or faculty. The low statewide prevalence means positive test in an asymptomatic person likely to be false positive, which may lead to unnecessary confusion, fear and school disruptions, including possible closures. Furthermore, PCR testing capacity remains adequate, so this method should be used for symptomatic individuals (and must exclude from school; so benefits of rapid turn-around time diminished).

The school data dashboard is now live at

<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>.

The pediatric algorithm is going well. As a reminder, please use the school nurse-medical home "disposition tool" for communication between medical homes and school nurses (replaces return to school "note"). On the epidemiology front, there are ongoing occasional cases. There is a new policy decision to alert schools of general details of a case in student/staff even if the person with the positive test was not in the school building while contagious.

The Strong and Health Start (School Reopening) Task Force reconvened last week with another meeting taking place this 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. The updated parent guidance aligned with the algorithm for child care and school-aged children is available at the following link:

https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_VT%20BacktoChildCareAfterIllness10.6.pdf.

Practice Issues: Youth Vaping in the Time of COVID-19 by L. E. Faricy, MD FAAP – Pediatric Pulmonology, UVM Children's Hospital; AAP-VT Chapter E-Cigarette Champion

In 2019, we were paying a lot of attention to the incredible rise in youth vaping that we saw in just 2 years, despite youth use of combustible cigarettes being cut in half during that time. The FDA Director at the time, Scott Gottlieb, publicized this as an epidemic. Then 2020 came along and we were chastened about what we should be calling an epidemic, and had to rightfully turn all our attention to learning how to safely and effectively provide health care during the COVID-19 era. However, we can't expect the COVID-19 pandemic has suddenly knocked the vaping "epidemic" into irrelevance – the widespread use of addictive inhalants is likely ongoing and does seem to have some association or interaction with COVID-19 at the

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

social/behavioral level and potentially through a risk that is biologically mediated, though we don't have as much data about that as it relates to COVID-19.

I'm going to briefly review the findings of the paper published in June titled "Association between Youth Smoking, Electronic Cigarette Use" (linked here: <https://www.sciencedirect.com/science/article/pii/S1054139X20303992>). The findings were based on a national survey of roughly 4,300 people ages 13-24 in May 2020. Participants were asked about symptoms, COVID-19 diagnosis, e-cigarette use, stay-at-home compliance, obesity and demographic factors. The primary finding was an increased likelihood of COVID-19 diagnosis among youth with e-cigarette use (5x higher among ever users; 7x higher among ever dual-users; 6.8x higher among last 30-day users). This study shows an association, but not causation, so we need to keep that in mind. The results could potentially reflect increased testing due to ongoing respiratory symptoms that may be related to e-cigarette use, given exposure to inhaled products has been associated with airway damage. Furthermore, e-cigarette use involves frequent touching of hands to face and potentially sharing products. Those not following "Stay-at-home" guidance were 1.5x more likely to have symptoms. The findings also illustrate an increased risk for African American and Latinx youth (roughly 2x for symptoms and testing) and those who were underweight or obese. The study focuses on self-reported symptoms and diagnosis, but does not include indicators of disease severity or hospitalization.

I was excited to see the results of the National Youth Tobacco Survey in the MMWR report released in September 2020 (linked here: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e1.htm#contribAff>). The CDC reported a decrease in youth e-cigarette use based on the survey, with high school past 30 day use down to 19.6% from 27.5% and middle school use down to 4.7% from 10.5%. The data was collected between January and March 2020, so unfortunately we don't have data that describes youth use of e-cigarettes in the last 7 months. Would you believe people who stand to make money off of addicting a population to e-cigarettes have used this time to step up their advertising game? There is this an interesting website from the tobacco group at Stanford that maintains a gallery of various advertisements related to tobacco products.

So, we don't really know what's happening with the rates of tobacco use among adolescents right now. It could be the same or it could be increasing. We know kids are spending a lot of time online right now which could increase exposure to these different advertising techniques and influences. It's also possible the rates are decreasing due to fewer opportunities for social interactions or pre-pandemic efforts to increase awareness and implement tobacco access legislation. It would be great if you could share what you're hearing from your adolescent and college-age patients about this.

The overarching goal of our VCHIP project is to increase the capacity of Vermont pediatric primary care and family medicine physicians with the following specific objectives: to educate and inform their adolescent and young adult patients around tobacco use with a focus on vaping and e-cigarettes; to evaluate patients for tobacco use, with a focus on vaping and e-cigarettes; to support youth who are addicted to nicotine and provide follow up planning, including pharmacotherapy recommendations; to provide awareness of treatment options and quitting resources.

Questions/Discussion:

Q: I have not been on a call in a while as I have been busy, but have gotten a lot of questions about how to handle Halloween. Did we come to a consensus on Halloween? I had seen the CDC page, but was wondering if we came up with specific guidance for our populations.

A: Wendy Davis, MD, VCHIP: We really haven't discussed Halloween and could do so. Let us know your specific question. The AAP also has parent materials.

Q: Do we support trick-or-treating?

A: Leah Costello, MD, Timber Lane Pediatrics, South: Mark Levine told a group of Shelburne Community School middle school students that trick-or-treating can be done with appropriate measures in place. Parties are not happening. I told my neighborhood this but unfortunately much of the neighborhood is not comfortable, so we will not be participating as neighborhood.

A: Colleen Moran, MD, Applesseed Pediatrics: A creative idea includes more like an Easter egg hunt for a small number of kids.

Q: Are any public flu clinics planned? I have school nurses asking.

Q: Is CVMC Pediatric Primary Care offering flu clinics? Some high school students are having difficulty accessing flu shots.

A: Kathleen Bryant, FNP, CVMC: Yes, we have weekend clinics that are drive up. They need to call our office.

Q: We're seeing more mixing of nicotine and THC. If there is specific information about that, it would be helpful. Also access to nicotine replacement in under age patients would be helpful! Thanks for all the information. THC + Nicotine = a huge increase in anxiety/panic attacks.

A: L.E. Faricy, MD, UVM Medical Center: That's super helpful. Nicotine replacement is on our radar because I don't think pediatric providers are usually prepared to provide that and the assessment of when it's indicated is another big piece. The THC mixing piece is interesting as I think that the rash we were seeing in the fall was really specifically related to THC containing materials. I would be interested if the word has made it out in a way that has changed use around that or not.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: MJ blunts are often a gateway to nicotine.

Q: We're having trouble getting providers to perform offsite clinics due to staffing. It would be great if VDH PHN's could team up with local providers to do a clinic.

A: Breena Holmes, MD, VCHIP, VDH: We've heard on the health department side that there's a capacity concern based on everyone being involved with outbreak prevention response. Chris Finley is joining the call Friday to give an update on influenza vaccine.

A: Kate Goodwin, RN, CPNP, Lakeside Pediatrics: I have access to a number of senior pediatric nursing students who are EAGER to help with flu clinics, and I would be happy to be a clinician support; please email me if we can get this going (kemorwood@gmail.com).

Q: Any word on home health providing flu vaccine to medically complex children?

A: Breena Holmes, MD, VCHIP, VDH: The home health agency has to sign up for Vaccines for Children and then they are good to go. Did you talk with your local agency about that?

Q: The school nurse communication tool I can find has the link to VCHIP's page with the recordings of these webinars. Do we really want parents to have that? We were sent these through our portal for parents to give to teachers and realized that link was on there. Is there a new form?

A: Breena Holmes, MD, VCHIP, VDH:

http://contentmanager.med.uvm.edu/docs/draft_school_nurse_disposition_communication_tool_v3_9-3-20/vchip-documents/draft_school_nurse_disposition_communication_tool_v3_9-3-20.pdf?sfvrsn=61e38079_2

A: Michelle Shepard, MD, Pediatric Primary Care, UVMCH Pediatric Primary Care & VCHIP: Or, perhaps put the algorithm on the VDH webpage instead.

A: Leah Costello, MD, Timber Lane Pediatrics, South: Just checked that link, and it does take you to the VCHIP page with recordings. Sorry, clarification, the link at the bottom of that document.

A: Breena Holmes, MD, VCHIP, VDH: Thanks. We will think through this pathway. I now see that it is being used for parents and therefore not appropriate to have it on VCHIP big website.

A: Alicia Veit, MD, Timber Lane Pediatrics: Breena, maybe have the "School Communication Tool" and the "Return to School Algorithm" in the school guidance documents? Parents want access to the actual algorithm/note and I think that is reasonable, but just should not be located on the VCHIP page.

Q: Is there a place where the most up-to-date school nurse communication tool will be located on the internet where we can print from? Could it be on the educational website? I would really like if it did not link directly to the VCHIP page. I think there is often confidential information discussed.

A: Leah Costello, MD, Timber Lane Pediatrics, South: Yes, revamping the VCHIP page slightly so that those most used documents are at the top would be really helpful.

A: Breena Holmes, MD, VCHIP, VDH: We appreciate the feedback on the landing page and we will clean that up and figure out how to get the information to you.