VCHIP CHAMP VDH COVID-19

October 9, 2020 | 12:15-12:45pm Call Questions and Answers*

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VDH Updates - Halloween

Wendy Davis, MD, VCHIP: We did do some follow up on your questions about Halloween. VDH is not doing any major promotion about this, but we do know that Commissioner Levine has addressed it on a couple of occasions emphasizing the regular mitigation measures in terms of how this holiday might be celebrated. (Wear a mask, stay 6 feet apart, keep groups small, and consider leaving treats outside on a table.) He did speak to some Shelburne Community School middle schoolers recently and advised that group that trick-or-treating could be done if appropriate measures are in place, but not parties. What VDH is doing is putting out some reminders about this on their social medica platforms. In particular, if you don't already, I would encourage you to follow them on Twitter (@healthvermont). They do a great job there, and they had a specific post on Halloween just on Wednesday, so take a look at that.

CDC - Halloween

Wendy Davis, MD, VCHIP: Someone also mentioned the CDC guidance on Wednesday. They have a page that's pretty extensively devoted to holiday celebrations in this season, including both Halloween and Dia de los Muertos. Obviously, they have some information on Thanksgiving and holiday travel. They do break out the potential activities for Halloween by the risk for viral spread. They categorize them as activities that are at lower, moderate, or higher risk of spread: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html. There is some information for parents there.

The AAP also has put out some nice information in a comprehensive news release (https://services.aap.org/en/news-room/news-releases/health--safety-tips/american-academy-of-pediatrics-offers-tips-for-a-safe-halloween-during-pandemic/). On their parent site, healthychildren.org, they have Halloween Safety Tips in multiple languages (https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Halloween-Safety-Tips.aspx).

VDH Updates

Wendy Davis, MD, VCHIP: As I've mentioned this week, the Strong and Healthy Start (School Reopening) Task Force is continuing to meet. We have another meeting today, and we are hoping to wrap up the revisions to that guidance. Selected key issues addressed in the revisions will be:

- Health screening and temperature checks will continue at school only.
- For travel screening, we are seeking greater public engagement and buy-in.
- As we approach bus transportation in winter, there will be good new information on how to ventilate buses.
- Physical distancing guidelines will be updated for pre-K through grad 6 now and then discusses for middle school and high school.
- The group still needs to discuss music education, PE and equipment, and indoor field trips. We are seeking other areas for clarification, as this will be the last revision for a while.

We've also updated the parent guidance document to align with the algorithm for childre care and school age students:

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

- https://www.healthychildren.org/English/safety-prevention/all-around/Pages/Halloween-Safety-Tips.aspx
- https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_VT%20BacktoChildCareAfterIllness10.6.pdf

Volunteers Needed for Pediatric SARS-CoV-2 Serostudy, Benjamin Lee, MD – Pediatric Infectious Disease, UVM Children's Hospital

Benjamine Lee, MD, UVMCH & LCOM: I mentioned this study a couple of months ago over the summer. We are conducting a longitudinal serosurvey of antibodies to SARS-CoV-2 in children in Chittenden County. We ultimately have settled on doing this in partnership with the Colchester School District. What we are looking for now is another request for volunteers to help us pull this off. What we need are volunteers to perform the following tasks:

- Blood draw by finger prick. We're going to be doing very small volumes, two to four drops of blood is really all we need in order to have enough serum to do the antibody testing that we're looking for. We need some folks who would be willing to help by assisting with with performing blood draws.
- Crowd control. We just need some folks to help get everybody pointed in the right direction and keeping people from mingling and clustering too close together.
- General logistical support. There are a variety of tasks we will need support with on the blood collection days, so, for example, things like potentially organizing specimen tubes and labels, helping courier tubes back and forth between whoever's doing intake and whoever's actually doing the finger stick. Those are minor logistical things that we would welcome an additional set of hands or multiple sets of hands to help with.

We are planning on doing this in the parking lot of Colchester High School parking lot on Wednesdays and Saturdays likely in early through mid November. The final dates aren't etched in stone yet., but we are most likely looking at starting Wednesday, November 4, and end on Saturday, November 14. We would potentially have four collection days. The goal is to generate data on local pediatric seroprevalence, which we don't have. In addition to helping us generate necessary pediatric data, you get a free lunch on me! That would be the added benefit. If you are interested in helping, please email Benjamin Lee, MD at blee7@uvm.edu. I know a number of you already contacted me back in the summer. If you have already reached out during the initial request this past summer, there is no need to contact me again. We will be doing a refresher, just-in-time training, if it's been awhile since you've done a finger stick or anything with phlebotomy. It is intended to be a refresher and not teaching someone for the first time necessarily.

Vermont Medical Society – Annual Meeting

Wendy Davis, MD, VCHIP: The Vermont Medical Society will be soon hosting the 207th Annual and Collaborative Meetint virtually in collaboration with the VTAFP, VPA, and AAPVT. Go to https://vtmd.org/annual-meeting. The morning session will cover the VMS Annual Business Meeting followed by an award presentation. A reminder that if you are employed by a Vermont hospital or affiliated with a Vermont hospital, in many instances, as part of medical staff benefits, your membership is paid, in case you did not know that. The afternoon session will include topics on race and health equity and family detention in the context of COVID-19. There's also a panel with VDH Commissioner Mark Levine, MD, Public Safety Secretary Michael Shirling, and Commissioner Michael Pieciak from the Department of Financial Regulations who's been doing the COVID-19 modeling.

Breaking News

From Gayle Finkelstein, Education Director of the Northern New England Poison Center, they have developed a short recorded webinar presentation on COVID-19 and home safety https://www.nnepc.org/poison-prevention-education/covid-related-poisonings. When Gayle reached out to me about this, I noted that this had been a topic we had talked about early on in these calls, but haven't for awhile. They also have a COVID-19 prevention fact sheet. Gayle has also been working with Drs. Rebecca Bell and Tom Delaney on youth suicide self-poisonings in Vermont. They recorded a podcast on this topic: https://www.nnepc.org/regional-news/podcast-suicide-attempts-in-vermont. They are also working on educating healthcare professionals around firearm access in relation to youth suicide.

Practice Issues: Staffing Practice-Based Immunization Clinics

Wendy Davis, MD, VCHIP: I wanted to go back to a question that came up on Wednesday. My thanks to Jessa Barnard from VMS for her response. You asked about medical assistants administering immunizations, and I think particularly in the context of these special flu clinics that some of you are doing to take advantage of the funding available for that. Jessa Barnard and others affirmed that medical assistants in Vermont are not licensed and don't need to be certified. Jessa provided us with the statute language because that was actually just updated ths past session.

The statute regarding delegation to unlicensed personnel was updated as follows: 26 VSA § 1444. LIABILITY FOR ACTIONS OF AGENT (a) A physician may delegate to a medical technician or other assistant or employee certain activities related to medical care and treatment that the individual is qualified to perform by training, education, experience, or a combination of these when the activities are under the control of the physician. The physician delegating the activities to the individual shall be legally liable for the individual's performance of those activities, and in this relationship, the individual shall be the physician's agent.This pretty much lines up with what we said on Wednesday. Of course, delegation from nurses to medical assistants is different and would fall under the oversight of the Office for Professional Regulation (OPR).

Practice Issues: VDH Immunization Program – Weekly Update, Chris Finley, VDH Immunization Program Manager

Chris Finley, VDH: I think of this less as a presentation and more as an update. I want to try to make sure you're informed of what we're thinking, so you have an opportunity to chime in. I've never been involved in anything where the federal oversight is so intense as it is with what we're doing right now. They released what's called the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations on September 16, and comprehensive plans are due from each state to the CDC on October 16: https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf. Basically, there is guidance and assistance with planning and operationalizing the vaccine response to COVID-19. It's identifying what's required and what's not. It goes through everything in depth from how we're going to identify critical populations to how we do reminder recalls for second cases, safety, and all that. That plan is being reviewed at the upper levels right now.

I want to talk a little bit about enrollment. All practices that are already enrolled still need to enroll in the COVID-19 program. Nothing counts that we've done before. I'll address that. There are three sections of the COVID-19 Provider Enrollment:

1. Section A: COVID-19 Vaccination Program Provider Requirements and Legal Agreement
    a. Forms are signed by the organization's Chief Medical Officer and Chief Fiduciary Officer, or equivalents, and are responsible for all vaccination sites.
2. Section B: CDC COVID-19 Vaccination Program Provider Profile Information

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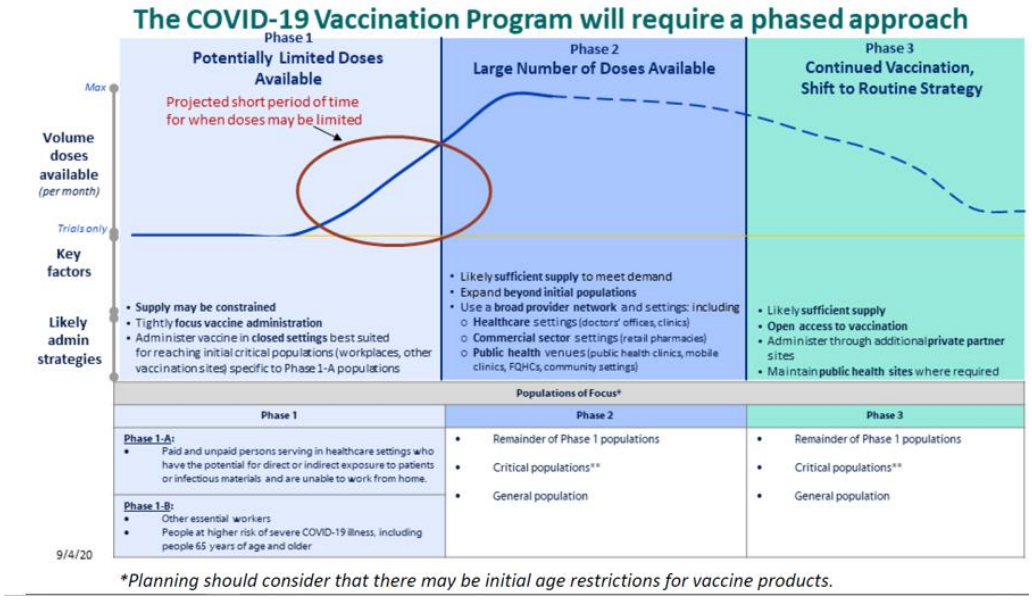
   a. Provide estimates of the # of patients routinely served by location (<18, 18-64, 65+)
   b. Flu vaccine capacity – doses administered during the peak week of the 2019-20 season
   c. Storage capacity for MDV's during peak epriods
3. CDC Supplementatl COVID-19 Vaccine Redistribution Agreement

Section B requests more specific data than we requested. Beyond the estimates of your population numbers, it wants your flu vaccine capacity at the peak week from last year and some storage specific stuff. To the degree possible, we're trying to use the data we have on enrolled practices to pre-fill that so that you all don't have to do that. There's another agreement that has to be signed with regard to redistribution. That's the federal government's concern that they know where the vaccine is at all times and that it's being used in the places where it needs to be.

We've been working on what this enrollment will look like and trying to make it easier for providers and for hospitals and pharmacies. We had something drafted up and actually went back to the drawing board to do a little more work because it would have taken you 45 minutes if we had all the information. We felt like we didn't want to compromise access. Once it's all done, it will be in Survey Gizmo, which allows us to summarize it. Enrollment forms will be sent via Survey Gizmo within the next 2 weeks. They will be sent to hospitals, pharmacies, all facilities that have agreed to a closed point of distribution, long-term care facilities, and currently enrolled practices. Unlike other states, we're pretty good in that because we have the adult program, so many other states don't work with adult practices much. We've got a lot there.

All jurisdictions are required to report on the sites enrolled in the COVID-19 vaccination program two times per week on the sites that are enrolled, and they even told us the specific days. Enrollment of those facilities that can vaccinate the critical populations, which I'll highlight, will be prioritized, as you can imagine. Here's a limiting factor: Within 24 hours after administration, all practices/organizations enrolled in the COVID-19 vaccination program must submit vaccine administration data through the state Immunizaton Registry or another system designed by the CDC. We are working very closely with pharmacies because many of you are aware to date, I think over 2/3 of pharmacies have been sending batch data once a month. If we have a two-dose vaccine, that system probably won't work.

Pictured below are the three phases that we see every meeting we have with CDC. Phase one, where it's limited doses. Phase two, a larger number. Phase three, when we get into routine continued vaccination. For Phase One, I'll say yesterday we received a question from WCAX saying that the HHS Secretary, Alex Azar, had said that a million doses would be ready by the end of December or whatever, and something else, and what did we think of it? And, well, when I wrote CDC to say, what? They knew nothing of it, so there's all sorts of different information coming out. What we've been told in Phase one is to expect very limited doses. It will be based on your rate of cases and also on the percent that you have in your population that hits the critical populations. As we get to Phase Two, that's where we will definitely want to move into using the enrolled providers in the wonderful medical home system that we have. For Phase one, we may be looking at mass vaccination clinics that can meet all the limited pieces, but also working with the hospitals and working with the large healthcare providers.



We've been told that CDC will contract with two pharmacies to provide vaccines to all residents in long-term care facilities. We're waiting for the final review/information on that, but that would be a wonderful way to reach those that are at risk. You've probably heard a lot about whether we call it a priority population or a critical population. Johns Hopkins came out with some recommendations. The National Academies, their equitable allocation report identifies some populations. For the four groups that you hear about – healthcare personnel, other essential workers, those with underlying medical conditions, and adults over 65 years of age – you can see the similarities

COVID-19 vaccine priority group comparison

Group	Johns Hopkins	National Academies	WHO
Healthcare personnel	**Tier 1**: Frontline healthcare personnel including LTCF providers; EMS **Tier 2**: HCP & staff with direct, non-COVID patient contact; pharmacy workers	**Phase 1a**: Frontline healthcare personnel including LTCF providers; EMS **Phase 2**: Other healthcare personnel	Priority groups unranked
Other essential workers	**Tier 1**: Public transport, food supply workers; teachers & school workers. Workers necessary for pandemic support: (e.g. vaccine manufacturers; public health workers/support) **Tier 2**: Frontline infrastructure; warehouse/delivery/postal; deployed military; police & fire; TSA and border security; high-density or high-contact jobs	**Phase 1a**: Police, fire **Phase 2**: Critical infrastructure at risk of exposure; teachers and school staff incl childcare workers	
Underlying medical conditions	**Tier 1**: Those with elevated risk of serious disease; members of social groups experiencing disproportionately high fatality rates	**Phase 1b**: Significantly higher risk (≥2 CDC designated conditions) **Phase 2**: Moderately higher risk (1 CDC condition)	
Adults ≥65 years of age	**Tier 1**: Adults ≥65 years including those living with or providing care to them	**Phase 1b**: Older adults in congregate settings **Phase 2**: All older adults not in Phase 1	

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The advisory committee on immunization practices will be meeting at the end of the month, and these will be factored into those recommendations. I suspect they will be voting on them and then making a recommendation to the CDC. At this point, we're working with these as we plan and because we're thinking it's not going to change significantly.

In terms of ordering, allocation, and distribution, we are trying to get all of the data that we can to define and describe priority populations and subgroups. The federal government is doing a significant amount of work on a new system that we just had training on. We're recognizing, given that the initial allocations of

the vaccine may be very limited and based on COVID-19 rates and the size of priority populations, we really need to understand who those subpopulations are. In the enrollment form that healthcare organizations will be filling out, we're asking you to provide some data on healthcare workers and some other data that you may not have had to provide in the past. To the degree that you can, we'd appreciate it because that's going to help us with defining subpopulations.

The ood news for those of you who have staff who know how to use it is the current vaccine ordering system (VIMS) will be used. Vaccine usage will be closely monitored, not only by the State but by the Feds, and redistribution may be necessary. We really want to work together. Right now, we've had a COVID-19 Vaccine Planning Workgroup that's primarily internal with the Agency of Digital Services, Drs. Lee and Raszka, and Dr. Davis. We're working on these three different areas:

- IT/Immunization Registry – address clinic planning and reporting issues
- Logistics – planning to support mass vaccination efforts
- Communication

The vaccination effort has become a branch of even our VDH Health Operations Center (HOC) and State Emergency Operations Center, which means we have access to supports, not only resources but also staff that we need, so we are building up our staff to be ready for this. Most importantly for this group, there a COVID-19 Vaccine Implementation Committee that's being formed by the VDH Commissioner's Office. This is the committee that I think is going to be really important to be able to say "this is what we've considered based on this" and to get some feedback from those of you that represent, and I'm really interested in making sure we have the healthcare community well-represented, but also those that work with older adults, those that work with the chronically ill. I can provide more next week if I know any more.

The outreach that providers have been doing for the flu vaccine has been amazing. A new dashboard is being developed. I have seen the plans for it, and it's really looking at differences in vaccinations between this year and last, if you got it for the first time, etc. So far, 38 practices have completed the CDC required addendum to do an off-site clinic. That represents 85 clinics being held in schools and other locations.

For the AAP-VT Grant Registration, 61 practices have submitted applications. There is a wide geographic spread of practices with an emphasis on rural locations. Additional funds are still available, and registration ends on October 23. If you know someone who's thinking about it, have them download the application at www.aapvt.org. I at least want to get them in the door. If they're not doing clinics, I think that would still be okay. We want to make sure people are in the door.

I wanted to update you on the Immunization Registry. School nurses are now able to enter immunizations into the IMR on behalf of a medical practice conducing a school-based clinic. My understanding is they need to email the registry at IMR@vermont.gov or call (888) 688-4667 for access so that their access changes during that time. I want to emphasize that's not a requirement. That's just if a school nurse is working with a practice, and it's something they want to do. We did get the change made for flu and COVID where when you conduct a clinic and you provide vaccination for patients that aren't yours, their practice association will not change. So if you do a large clinic and 50% aren't your patients, you won't have that big influx when you go to look at your rates or anything. Bridget reported there's a new report in the registry. It's a coverage report where practices can assess flu for any group of patients and that also can do it for HPV and MMR, which are still very important. There's a link for the guide: https://www.healthvermont.gov/sites/default/files/documents/pdf/IMR_QuickGuide%20Vaccine%20Coverage%20Report.pdf.

The flu doses from the state are flying out the door. Practices should have the vaccine that they need. 73,000 doses already are distributed to enrolled practices. Starting October 15, practices will be able to

order it without reconciling. There's an amazing amount we're asking of IT, in order to make it right. It just got done. Thank you all for all the work you all doing.

Wendy Davis, MD, VCHIP: Thank you. That's an amazing amount of work that's happened since you last reported to us. I just want to clarify. Did you say will be able to order flu without reconciling?

Chris Finley, VDH: Right, 10/15. The two things we did is, I think it's really difficult for practices to have us order for them, which we have to do in the very beginning when we don't have much, so we switch that over. That practices could order starting on September 30th, but if they did, and they hadn't reconciled within 7 days, then they had to go back and reconcile the whole inventory. For pediatric practices, that's a nightmare. So, starting October 15, they will be able to order flu without having to reconcile anything except the flu inventory. There's specific materials that are going to be made available that I'm finalizing right now.

Questions/Discussion

Q: Would nursing students be appropriate volunteers to conduct the blood draws?
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Ideally it would be folks who already have experience doing phlebotomy. If this was their first time doing it, I would not be quite as enthusiastic. But we can talk a little more about it offline if folks are interested in pursuing that further.

Q: Is home health playing a role? This would seem to be a great fit for supporting. We've been doing a lot of work with flu vaccines in central Vermont.
A: Chris Finley, VDH: Dr. Weinberger has connected us with UVM Home Health and they had concerns about enrolling. Our nurse coordinator followed up with them but there wasn't a lot of interest at that point so I don't have the full picture. But, we are willing to work with them and help them because I believe they are some of the kids at the highest risks for complications with the flu. For central Vermont, I just looked at their schedule, and they have a number of clinks planned. We have enrolled 4 home health agencies in the last four weeks for flu and we will be offering COVID enrollment. The 24-hour requirement to be able to report doses administered is going to be a challenge.
A: Katy Leffel, RN, Central Vermont Home Health and Hospice: I'd check in with home health in different areas. We're holding several additional free clinics and have been doing home pediatric and adult vaccines at CVHHH.

Q: A local hospital mentioned on the call yesterday they don't have any adult flu vaccines. Do you have any insight on that?
A: Christine Finley, VDH: My understanding is that they have adult vaccine clinics planned from October 12th through November 10th, but after the public clinic on October 12th they will no longer have certain flu vaccines.

Q: We are also hearing from pediatricians that they don't have supply either. Some are only scheduling children in November.
A: Christine Finley, VDH: I don't think that's necessary at all. We have adequate supply and I believe on Wednesday we ordered 8,000 doses of flu vaccine for practices. It's moving out and we ordered additional. I think a lot of times we suggest you don't do flu clinics until at least mid-October because we never know what's going to happen. If there's any interest in doing it a week earlier or so, you need to get the order in and make sure they have the flu vaccine. But there's no limits right now with our allocations.