



VCHIP CHAMP VDH COVID-19

October 13, 2021 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM Breena Holmes, MD, FAAP, Vermont Child Health Improvement Program, UVM

Universal Masking in Schools

Schools are recommended to require universal masking until November 1st, which may be extended. Universal masking should be the very last thing to be rolled back, as it is essential in preventing the spread of cases in schools.

Q: Patients do not need to wait between flu shots & COVID-19 vaccinations, is that still correct?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: That is correct.

A: Merideth Plumpton, RN, Vermont Department of Health: That is correct. https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html

Q: Could you comment on the logic behind why a vaccinated asymptomatic contact is recommended to be tested 3-5 days after exposure (and if negative is presumed not infected) but an unvaccinated asymptomatic contact is recommended to be tested 7 days later to be presumed not infected?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The key issue is vaccination status. For asymptomatic unvaccinated individuals we think we can identify approximately (at least) 90% of infected people by seven days. We have VT data to support that. For vaccinated people without symptoms, we assume low risk and think the average incubation period is around 3-5 days. This is often piece of mind testing.

Q: I heard on VPR this AM that a handful of children in VT have been hospitalized with COVID this fall, with 2 being in the hospital currently. Is that accurate information and do we have any additional information about these children?

- A: Becca Bell, MD, UVM Medical Center: Yes, that is accurate. Patients have been unvaccinated. Hard to say more than that since there are so few and don't want to give out too much info.
- A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That is accurate.
- Q: Are they in the PICU or floor?
- A: Becca Bell, MD, UVM Medical Center: Both.
- Q: Did the kids hospitalized have any underlying issues?
- A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: No.

C: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Regarding pediatric hospitalizations: the key issue is that there is much more community transmission as well. Pediatric cases ultimately still reflect community spread, we have had a lot more COVID in general so it was inevitable that we'd start to see some pediatric hospitalizations, just based on the numbers.

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





Q: I am looking for confirmation/rebuttal of instructions a patient received at an urgent care. A child was identified as a school bus contact. The child developed mild respiratory symptoms about 3 days after exposure. They were tested at that point, negative for Covid. The urgent care note says, "Child is not able to test out of quarantine today because they had developed symptoms after exposure. They will need to quarantine for 21 days regardless of the results of today's test." What? A negative test in someone with respiratory symptoms would indicate to me that their current symptoms are not Covid. And I'd test again at the 7 days from exposure point. And then quarantine ends.

A: Becca Bell, MD, UVM Medical Center: You are correct. Close contact can test out according to algorithm. This is the current version which confirms your pathway: http://contentmanager.med.uvm.edu/docs/vchip-aap-uvmch-uvmch-vdh covidpediatric flowchart current 9 10 21.pdf?sfvrsn=ca6754f1 2

Q: Why is the incubation period considered different for vaccinated vs unvaccinated individuals?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Vaccination decreases risk of infection, and if infection occurs is likely to be less severe and of shorter duration. With Delta in general, incubation period is shorter as well. But if unvaccinated could definitely still be shedding/infectious at day 7, concern for that is less so that far out if vaccinated.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: In theory, an asymptomatic vaccinated exposed person does not have to test. We offer the opportunity for

Q: Is anyone looking at the Medical Reserve Corps to help school personnel with TTS testing?

testing. An unvaccinated person needs to test (or quarantine a longer time).

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I know that question has been asked multiple times but my understanding is there is not capacity at this time. I hope that might change...

A: Breena Holmes, MD, VCHIP (verbally): Yes, currently the medical reserve corps is being utilized for vaccination efforts and will not be used for Test to Stay.

Q: For kids who are fully vaccinated and have positive covid test with mild symptoms, should they have 10- or 14-days isolate to be cleared to go back to sports?

A: Breena Holmes, MD, VCHIP: If someone has positive COVID test- they return when they meet 3 criteria- 10 days since symptom onset, fever free (without meds) and symptoms resolving.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: This is what the AAP states: "What if the youth or a family member exhibits signs or symptoms of COVID-19 or tests positive? All parents/guardians need to report if the athlete or any household contact is exhibiting any signs or symptoms of COVID-19 or tests positive for SARS-CoV-2, even if asymptomatic. These athletes should be held out of ALL practices and games until the CDC-recommended isolation or quarantine period has expired. If the test result for SARS-CoV-2 is positive, team officials and the health department should be notified so contact tracing and appropriate quarantining can be performed. The local health department can assist in determining when it is safe for athletes and exposed contacts to return to practice, and guidelines from the CDC should be followed to determine clearance."

A: Breena Holmes, MD, VCHIP: Here is the algorithm for return to play:

https://contentmanager.med.uvm.edu/docs/cardiac screening in pediatric patients after covid19 infection - june 2021/vchip-documents/cardiac screening in pediatric patients after covid19 infection - june 2021.pdf?sfvrsn=bca34495 2

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Shannon Hogan, DO, UVM Medical Center, Pediatric Primary Care: Isolation is 10 days after start of symptoms, quarantine is 14 unless test at day 7 and negative if asymptomatic prior to test to stay.

Q: Re COVID vaccine for 5-11yo, we are very much looking forward to starting vaccines in the clinic, would appreciate update on whether VDH will be planning vaccine clinics in the elementary schools? We would need education for nursing if vials constituted in a different way than normal and storage requirements etc once that information is official.

A: Merideth Plumpton, RN, Vermont Department of Health: This is what we know so far (all is pending approval): Pfizer vaccine for 5-11 will be a different formulation than the current Pfizer vaccine, it will have a diluent, can be refrigerated up to 10 weeks (increase from current 31 days in fridge). As soon as we have more details we will share.

Q: Will there be more opportunities for training regarding COVID vaccine administration? We did a few COVID clinics this summer and have not done more due to lack of need (desire not to waste, local clinic available) but would like to do more when EUA comes out. Need to get more of our staff trained so we have more availability. Should I contact Meredith?

A: Merideth Plumpton, RN, Vermont Department of Health: Hi, yes please. Merideth.Plumpton@vermont.gov

Q: Do we have data on masks?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The challenge with masks is that there are no definitive data, comparing masking vs no masking, as no one thinks that it would be ethical to instruct people to NOT mask for the sake of doing that study. So showing differences between groups is very challenging. What is very clear is that a universal factor in large outbreaks is lack of consistent masking.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Masks still remain the number one mitigation strategy in schools. Calculating efficacy is not easy but some data suggests roughly 50-70% efficacy. Actually, I should say effectiveness -which is a real-world number. A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The best study to date on masking in public was published recently: https://www.nature.com/articles/d41586-021-02457-y
The challenges are that it only involved adults and effect size was relatively small given the limitation that the comparator group also likely had a lot of masking occurring. Also clearly showed the added benefit of using medical-grade vs cloth masks.

Q: Why is Test to Stay an antigen test and not PCR?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The key issue is that in TTS the antigen test is done every day for several days in a row. Under those conditions, we feel more comfortable identifying positive individuals.

C: Ashley Miller, MD, South Royalton Health Center: As far as the vax for littles, AAP put out a nice article about it, it's going to be a different vial, different colored top, and the current color top is not going to be approved, so we will need to wait for the new vials.

Q: Any data about the ability of fully vaccinated asymptomatic people to transmit covid unknowingly? Wendy Davis, MD, VCHIP: I heard some info about that yesterday but didn't have the reference - will see if we can find it.

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