

## VCHIP CHAMP VDH COVID-19

October 14, 2020 | 12:15-12:45pm Call Questions and Answers\*

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

Breena Holmes, MD, FAAP, Physician Advisor, Maternal & Child Health, Vermont Department of Health (VDH), VCHIP Senior Faculty

### **In the News**

*Wendy Davis, MD, VCHIP:* Chris Finley pointed out the National Vaccine Advisory Committee is meeting this Friday, October 16<sup>th</sup>. The meeting is open to the public and there is even opportunity for public comment. Here is the registration link: <https://www.hhs.gov/vaccines/nvac/meetings/2020/10-16/index.html>. The focus topics include guidance on an approach for COVID-19 vaccination in children, lessons learned related to COVID-19 vaccine development and building confidence in the immunization system before, during and after COVID-19 vaccine implementation.

### **Coming Soon...**

*Wendy Davis, MD, VCHIP:* So The Strong and Healthy Start (School Reopening) Task Force for reopening schools has met several times over the past couple of weeks. Revisions to the guidance are in final review and we expect distribution within a week. The adult algorithm is out for some vetting with our adult primary care colleagues. We will also be pulling together some of the best of the CHAMP learning session yesterday, "Strengthening Vermont's System of High-Performing Medical Homes." As we go along in that project, we will be assembling the resources the speakers and many of you were able to chat in and share on the various topics.

### **Practice Issues – School Reopening Updates**

*Breena Holmes, MD, VCHIP & VDH:* Once the draft is cleaned up and your feedback is incorporated, the Strong and Health Start guidance will go to Commissioner Levine and Secretary French. The turnaround time is uncertain, but maybe the revisions will be released next week. We seem to be creating a pattern of revising the guidance every two months or so. Thanks a lot for your feedback on these calls in our never ending attempt to get this as clear as possible in this complicated time.

I'd like to do some high-level commentary on where we find ourselves with COVID-19 and schools. We've had a lot of face-to-face learning in Vermont public schools over the last five weeks and we still just have sporadic single cases, all acquired in the community and brought into schools. Due to a variety of contact tracing factors, each school has a completely different outcome as it relates to how many kids and adults are asked quarantine. I don't like to talk about an individual school's experience because if a larger group of folks are being asked to quarantine, I don't want there to be any misconceptions the school didn't do something right. To date, all of the schools have followed public health guidelines and done a beautiful job. I'd love to help continue to talk about the low prevalence and safety of our schools.

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

## Questions/Discussion

**Q: Do we know if the number of cases are increasing because they are reporting antigen testing as well as PCR?**

*A: Wendy Davis, MD, VCHIP: No, it's only PCR tests in Vermont. I don't know if the question was asking about maybe regionally and the rest of the country as well, but the case definition is PCR-based, so I would assume that's maybe what we're hearing, right? We'll double check that. It's actually a good question. We'll see if we can get more clarity on that.*

*A: Ashley Miller, MD, South Royalton Health Center: Yes, country/region. I heard somewhere that they were including antigen testing, but i don't remember where. This says NH is including antigen testing: <https://www.concordmonitor.com/covid-coronavirus-nh-new-hampshire-36674635?fbclid=IwAR3vb-qtUlyWIZhmNLxouqw1Vnkqvpcev65JgDquFODW3gniwbMbzhq36R8>.*

**Q: Is anyone going back to try to determine how each case became infected? This question was asked of Mayor Weinberger this morning. It's clear that once infected, contact tracing is done to find who the case has potentially exposed.**

*A: Breena Holmes, MD, VCHIP & VDH: That's exactly what the work of contact tracing is trying to figure out, where the person contracted the virus. To date, it's been pretty straightforward because we know who has COVID so far, and then we know how the folks who got that are related to those people. There's been some very simple nets and links. That won't be true forever. You know, there will be a case that comes through, and we'll say, "I have no idea where this came from." People do travel and come back, and they bring COVID. It's hard to talk about in the press because there's an energy field from some of the reporters that they want some punitive practice, or you're met at the border and there's some sort o monitoring of this, which I just can't picture. The governor handled those questions well, but it's still a reality that people feel that they are able to move about without the following the guidance, and that's going to catch up with us.*

*A: Ashley Miller, MD, South Royalton Health Center: Lots of people are assuming, "One person is negative, so no one else needs to get tested." The patient then says, "But my symptoms are exactly the same." It's frustrating.*

*A: Breena Holmes, MD, VCHIP & VDH: We're in sort of an interesting state. As medical folks, there's a need for efficiency, like, "Who am I going to test or see in the office?" If an adult was negative, can we assume the kids are, too? I don't think that works. You really have to consider everyone's exposure is different within a family, assuming you're not all just sitting in a house all day as a family. Using a negative test on one family member to assume the negativity of others isn't a current strategy. It certainly sounds convenient, but it doesn't line up with the way this virus is functioning right now in Vermont. If families want to talk with you about an alternative diagnosis, you might be able to factor in that someone's been negative and that the child is well or just had mild symptoms, and that might help you. If a professional says, "I think this is an alternative diagnosis," then send the child back to school, but that's vey nuanced and so rare. There's a whole body of work about assumptions based on family.*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I think that we may need to consider this going forward if testing supply and capacity begins to get restricted again. I agree with what Breena stated, but if we end up in scenarios where four families all have outbreaks of the same symptoms, my preference would be to test one member of each family rather than all members of one family.*

*A: Alicia Veit, MD, Timber Lane Pediatrics: Families are frequently asking about this, "Can't I just test the most symptomatic kid?" Right now, we are sending all siblings for the testing, but we could consider changing if testing capacity changes.*

*A: Breena Holmes, MD, VCHIP & VDH: In this current state of adequate testing I just don't think it makes sense to assume if the parent is negative, then the kids are negative because the kids have different exposures depending on where their care is, what their school is. I will tell you that from where I sit, the*

*testing appears to be increasing, not decreasing, and I think that's the function of a really strong push to continue to have such good surveillance and that below 1% positivity rate is a source of great pride for Vermont leadership. The way you stay there is adequate testing. That's a good follow up for the Burlington District office if they're on. Anyone that wants to make sure our Burlington Mayor knows the contact tracing work going on behind the scenes.*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: To be clear, I am referring to if we end up with limitations in testing again, not now.*

**Q: One of our residents raised the concern about transportation access to COVID testing. If people don't have a car and aren't on a bus line, and are possibly under suspicion for COVID--how do they travel to testing?**

*A: Alicia Veit, MD, Timber Lane Pediatrics: Families would be more willing to follow the guidance if it was easier to get a test. I'm referring to families who are returning from travel.*

*A: Breena Holmes, MD, VCHIP & VDH: What we're noting is people aren't quarantining at all upon return, so that's not a testing situation, that's a disregard for guidance, but if it is that folks would be willing to stay put for seven days and then be tested, but don't have access? Please bring those stories to me. To be clear, I'm referring to if we end up with limitations in testing. You know, I definitely get that then, I think. That's why we need to stay in such close contact with the folks that are in these supply conversations. I do know that the Health Department, public health lab, and the UVM Medical Center lab are talking all the time. That relationship is going beautifully, and the topic is constantly about which group of people can you test at UVM, which group of specimens should be coming up to the public health lab, and ongoing conversation.*

*A: Kat Goodell: In Brattleboro, our local EMS will pick up a kit at the VDH office and test the patient at home.*

*A: Jenn Reges: Refer to social work! We can help.*

*A: Kate Cappleman Sinz, LICSW: There was a transportation line at the hospital, and I know Green Cab was providing rides to testing. I need to look back into it and get back to you.*

*A: Kristy Trask, RN, UVMCH Primary Care Pediatrics: UVMCH refers families to Garnet Transport Medicine in Essex, and they went to the patient's home the next day and performed the test.*

*A: Heather Simkins: FAQ for pop-up testing: Can I get transportation to the test site? Yes. Schedule your appointment, and then at least two days before the appointment call 833-387-7200.*

*A: Jenn Reges: I just got confirmation from UVMCH Case Management Social Work Department, UVMCH has a contract with Green Cab through December to help transport folks without cars/access to bus lines to medical appointments and/or COVID testing sites. The phone number is 391-8288, but it's good to refer to social workers to help facilitate/support. That is for within Chittenden County or right outside the border (like St. Albans is okay for example).*

*A: Karen Nelson: EMS and Home Health do in-home testing in Washington County.*

**Q: Is the in-home testing by patient administered anterior nares, or is EMS performing NP swabs in PPE?**

*A: Kat Goodell: Last I heard, they were still performing NP swabs, not patient administered anterior nares, but it may have changed recently. They were in full PPE when testing.*

*A: Kathleen O'Reilly, VDH: In Bennington, EMS are performing NP swabs at home.*

**Q: Is the increase of positives in Windsor County all related to schools or the hockey teams?**

*A: Breena Holmes, MD, VCHIP & VDH: A word about the Vermont map - I have not found it to be helpful that we're doing a county specific map. Obviously, that's a transparency piece that is important to our leadership, and it's hard for me to tell you exactly why a County like Windsor pops up like that. I think you are correct that the only blips in positive numbers in the last 5 or 6 days is not only the hockey team. Just to be clear, it's adults and kids associated with hockey playing. There is a team, but it's bigger than that, and I can't speak to*

*that exactly, but I do know your district office might be able to keep track exactly why a county gets a blip. Obviously, Addison County increased during when the Champlain Orchards had a very public outbreak.*  
*A: Ashley Miller, MD, South Royalton Health Center: That's helpful, Breena, thanks!*

**Q: Are the winter sports guidelines being published soon?**

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The sports committee met again today and are planning to have hopefully a final meeting next Wednesday with official guidance to come out after.*