

VCHIP CHAMP VDH COVID-19

October 16, 2020 | 12:15-12:45pm Call Questions and Answers*

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AAP Updates

Wendy Davis, MD, VCHIP: There was a wonderful report just out as a pre-publication release on COVID-19 Transmission in U.S. Child Care Centers: <https://pediatrics.aappublications.org/content/pediatrics/early/2020/10/12/peds.2020-031971.full.pdf>. The highlight here was that, at least over the time period that they looked at in the early months of the pandemic, childcare was not associated with an elevated risk for COVID-19 transmission to providers. There is quite extensive epidemiologic data provided in the table to accompany that article. I also wanted to just remind folks, we've said this before, but the journal *Pediatrics*, with our esteemed own Lewis First as editor-in-chief, has, as one of their collections, a COVID-19 collection (<https://www.aappublications.org/cc/covid-19>). They have made their content available to all. You do not need to be a member to access this content in *Pediatrics* and all of the COVID-19 information that the AAP is assembling. That's a really terrific benefit. I want to call your attention to the fact that there are many COVID-related articles in the October 2020 issue of *Pediatrics*, so please take a look at that if you haven't already:

- Racial and/or Ethnic and Socioeconomic Disparities of SARS-CoV-2 Infection Among Children
- Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey
- COVID-19 and Parent-Child Psychological Well-being
- COVID-19 Disease Severity Risk Factors for Pediatric Patients in Italy
- Early Experience of COVID-19 in a US Children's Hospital

The Academy just released the 2020 version of the Blueprint for Children. Many of you may recall that the first edition of this came out for the 2016 election. It not only gives a great overview of the state of children in 2020, but, of course, because of our current context, they really have highlighted the impact of the pandemic as well as racism, the two issues that they are following closely in this edition. The way this is structured, it really leads to a presentation of high level policy recommendations for children, families, communities, and the nation as a whole. As they noted, there will be a presidential transition, and they will supplement with detailed policy recommendation for a new administration. Many states take this national blueprint and adapt it for our own state context, so that's something that my guess is our chapter will be considering in the weeks ahead as well.

VDH Updates

Wendy Davis, MD, VCHIP: A few Health Department updates. We wanted to let you know, and this may be of interest, mostly to Chittenden County, but really to folks all around the state, that the Health Department website continues to translate their COVID-19 materials into many, many different languages for our population of residents (<https://www.healthvermont.gov/media/translation/covid-19-translations>). In

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particular, the most recent one was the information for families about return to childcare or an out-of-school care program following illness. Many other COVID-19 documents are also available in these languages, in particular the one about cloth facial coverings for children is, in, I think, essentially the same languages, so lots of good information there if you serve patients from those nations.

COVID-19 and Ice Hockey

We are going to talk a little bit about hockey. Some of you may have seen, just out, an MMWR report on an outbreak of COVID-19 associated with a recreational hockey game in Florida in June of all things: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6941a4-H.pdf>. Of course, our season just hadn't quite gotten going then. 15 of 22 persons became ill within five days of this game. 13 of 15 had actual positive test results. The asymptomatic individuals did not get tested. The report describes "vigorous physical exertion; deep heavy respiration, frequent movement from ice surface to bench; variable on-ice face protection and no cloth face mask use during game or in locker room." The hypothesis is that the index patient was the source of infection while presymptomatic. What I like about this report, and it's a very brief report, but it sort of calls out some of the characteristics unique to hockey that make for potentially greater risk in this environment, and I think that's certainly going to be important to Vermonters going forward through the next few months.

You've likely also heard that New Hampshire suspended their hockey rink operations due to a number of cases and clusters in New Hampshire. Patsy Kelso, MD, who stood in for the governor today in the media briefing, was asked if any of the Vermont cases, our hockey cases, were linked to New Hampshire. I believe what she said was they knew that some of the Vermont players had traveled out of state, but they don't yet know the impact or specific connections. Patsy also commented on the many potential risk factors that can contribute to spread in the hockey arena, no pun intended.

In Maine, we also know there has been an outbreak or outbreak clusters associated with the hockey official who worked at multiple rinks in Maine. I'm aware of at least one cluster in a Massachusetts school that appears to be linked to hockey, so quite a hot topic. Some of the specifics to the Vermont case, or cases, were players, adults, mostly adults, who use the specific center in central Vermont. Both hockey and broom ball teams, recreational teams, and, as of this morning, there were 18 confirmed cases. Contact tracing continues. There is a pop up testing clinic tomorrow at the very auditorium from 9 am to 3 pm, and, in particular, the Health Department is seeking to test folks who have links to the teams or use that specific center or their close contacts. Bill Raszka, MD, is noting there was cluster in New Jersey also associated with a particular rink, so I think we're going to be hearing more about this.

Breana Homes, MD, VCHIP & VDH: I was just saying that that we will will have much more to say about this. I think even as soon as Monday. This is a very large situation. I guess I would just say publicly, because I don't like when one venue gets called out, the Health Department is very clear that the center itself is has done everything right and is working very hard on the connecting of people that need to be connected and the contact tracing. It isn't always that it's the center or the rink itself, right? It's a complex situation involving the behavior of humans as well, and we have to be careful not to make any assumptions about that.

Wendy Davis, MD, VCHIP: Good point, thanks, and I'll adjust the slides to reflect that because I think Dr. Kelso did note that in her presentation today. , The governor has, as you may have heard, extended the

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state of emergency until now November 15th. He did briefly address the hockey situation. Instead, we are considering a number of steps to strengthen our guidance and emphasized how well on top of this particular situation the VDH contract tracing team is.

Weekly Immunization Update, Merideth Plumpton, RN – Nurse Program Coordinator, VDH Immunization Program

Wendy Davis, MD, VCHIP: We are now planning to provide a weekly vaccine update, which I suspect will involve both influenza vaccine and COVID-19 vaccine as we move along.

Merideth Plumpton: I just wanted to share that Chris Finely has another commitment today, so she wasn't able to join us. The bigger message is that, as we get more information about the COVID vaccine itself, and as we develop our COVID vaccine plan for Vermont, we intend to share broadly with our partners. The first update is that we're working to finalize the interim operational plan for our COVID vaccination program in Vermont. On NPR this morning, not sure if anybody was able to catch it, other state immunization managers were interviewed. One other state said that the interim plan is like the frame for a house, so we're starting to build this structure. I believe that is due this week. Enrollment for COVID vaccine will go out to providers by November 1st. This will be a separate process, even if you're already enrolled in our vaccine program. There are some other things that need to be assured that you can manage and do.

Dr. Davis had actually asked me to talk directly about ultra cold storage. There are several vaccines, as you're all aware in development right now. Some of them have an ultra cold storage requirement of negative 90 degrees Celsius to negative 60 degrees Celsius. What we're being told right now is the ultra cold vaccine will only be considered for shipment to large establishments. The minimum shipment for that particular vaccine is 1,000 doses. We're thinking that's going to be available earlier on and shouldn't affect practices when you're ready to start vaccinating patients in your office, but if it does, there's no ultracold freezer requirements. They're going to be shipped in packaging that can be filled with dry ice and managed for a short period of time within whatever setting they're in. That's all the information we have so far, as we get more, we will update you.

I just wanted to let everybody know that flu orders continue to come in and we have adequate supply. We, the state, has distributed over 81,000 doses of flu vaccine so far this season, which is phenomenal. We have some Flumist available, so I don't know if practices want to order that or not. If that's something that your patients are interested in, we have about 6,000 doses. So far, we have distributed mostly prefilled syringes, and we will be moving to a mix of pre-filled syringes and single dose vials soon. The Health Department has needles and syringes available to help with flu clinics, if your offices are not able to order enough from your normal supplier. I'm going to put the email address to request those in the chat box when I'm done.

Just a quick update, I saw that Stephanie Winters is on and she can fill in as she wants to, but 67 practices so far have submitted grants to the AAP for the increased flu vaccine access. We still have funds left, and we are still encouraging practices to apply. We want to deplete those funds. That's really all that I had unless there are specific questions.

Wendy Davis, MD, VCHIP: That was great information and a couple of thoughts from me. First of all, Stephanie just chatted in that AAP-VT is extending the deadline a bit, so stay tuned. So we will. I know

Stephanie you'll let us know that and we'll let folks know that. We keep that slide in a little bit later with the information.

If folks are interested in that, look for that in the slide deck or on our website or on the AAP-VT website, I believe. I want to thank the program for your responsiveness with respect to assisting with needle and syringe availability to practices who are having trouble ordering. I will say, nationally, that is an issue all around the country that I'm hearing about from my pediatric colleagues in AAP and also hearing about difficulty with vaccine orders. I feel like to date that hasn't really been an issue in Vermont. It's concerning that we're hearing about that elsewhere. Thank you for your response to the ultra cold storage question that did come up on the CMS call yesterday, which Tracy Dolan, Deputy Commissioner, and Breena Homes attended in the absence of Commissioner Levine. Here is the email address Merideth chatted in (ahs.vdhimmunizationprogram@vermont.gov) for folks who need help with needles and syringes.

Coming Soon!

Wendy Davis, MD, VCHIP: A revised version of *A Strong and Healthy Start: Safety and Health Guidance for Reopening Schools, Fall 2020* will be released soon. The adult algorithm continues to undergo vetting. We will continue to provide the "best of" the VCHIP CHAMP learning session: "Strengthening Vermont's System of High-Performing Medical Homes."

Practice Issues: Friday Potpourri

Wendy Davis, MD, VCHIP: There's been a thread in the chat about the quarantine and folks still feeling like there may be a little bit of confusion.

Breena Homes, MD, VCHIP & VDH: Let me kind of air out of quarantine. We have a call on Friday morning at 8 am with our school liaison partners around the state, I think Nate, SharonLee, and I could kind of tell the frequency of a certain topic based on that, "What's the Friday morning topic is?" Today, it was travel and quarantine, so thanks for confirming that. Yes, the Eastern part of the state, as New Hampshire is getting redder and redder, it is super important for people to understand, quarantine is any travel. It's not overnight. It's not if you, as my friend says, lick the doorknobs. It's whether you drive over there and come back. That's super important for everyone, but the problem that is adding to the complexity is that there are essential travel allotments for traveling to red zones and returning without quarantine, and I would just encourage you to read that very clear section on the website. People that work in Vermont, but live in the red zone, are allowed to come over for their essential work, and there's a longer list of things that exempt you or give you a waiver from the need to quarantine. There is a school in NH that is actually part of the Vermont public education system, Rivendell, and that school is allowed to participate in Vermont activities. If you have any questions on the Eastern part of the state about who can play where or what's going on in schools and sports, those are very specific situations. We have several questions this week, so feel free to type them in. We'll try to answer them, or email me directly.

Wendy Davis, MD, VCHIP: In the chat, there is this issue of what the highway signs say, the part of the message that says if you stay, and people feeling like that may confuse folks who aren't completely familiar with the guidelines or even where to find the guidelines, so that may be something to take back to communications.

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Wendy Davis, MD, VCHIP: Bill Raszka, MD, is saying that that cross-state travel issues for high schools have come up on the sports committees.

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: That's come up for both the high school sports and the recreational sports, and it's interesting that there are some students in New Hampshire that actually go to Vermont, and there are some students in Vermont that actually go to New Hampshire. I think what we're saying is that if the New Hampshire schools are following the Vermont Department of Health guidelines, and it's actually really easy. The issue really is that if you are a Vermont student going to a New Hampshire school, and that NH school has been playing sports with school that are outside that zone, then we're going to prohibit that kind of activity. As you can imagine, it's a little complicated figuring out this cross border stuff, but nonetheless there are people trying to address it and trying to figure out what's best to do. Right now, we're allowing students to go back and forth for their schooling.

Wendy Davis, MD, VCHIP: As far as we know, we're still on track to get that next round of winter sports guidance end of October? Is that still looking like the timeline?

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Indeed. Julia's been in charge of that, and she's doing a really nice job. Lots of interesting discussion about that, as you can imagine, but then it's in its sort of final rounds at this instance in time.

Breana Homes, MD, VCHIP & VDH: That's reminding me to share one other complexity of the week. If you are a close contact of someone with COVID, as you know, including this situation in the arena in the Montpelier area, close contacts are being encouraged to get tested, and obviously, when you're waiting for a test in that setting, you quarantine. If you're the worried well and you're not a close contact, but you were somewhere in that sphere, we put forth clear language that those kids go and get tested just because they knew a kid on the team or they were near the kid, but weren't identified as close contacts. While that student is waiting for a test result, they can go to school. There's a nuance there, in case it comes before you - because they're not identified as a close contact, they're just getting a test. There are dozens of high school kids being tested in that area with some association with the outbreak, but they're not close contacts. The decision was they're not being held out of school. If people have questions about that, email me, but yeah, that's important.

Wendy Davis, MD, VCHIP: A reminder again to continue to use the communication tool designed to help school nurses, medical home, family, and student communicate about illness, and we are still getting questions about this. This is why I left this in because we recognized that you get requests for clearance notes, for example. The goal here has been to decrease administrative burden, have a tool that aligns with the return to school after illness algorithm, and really try to make the communication as brief and seamless as possible, but in alignment with our guidance. If you folks don't have this form or if you need clarification about how to use it, please let us know. We recognize also that I think where a source of confusion may be is that in the guidance we say "a note is not needed." That was really intended to send the message that we don't want medical homes and other professionals providing this care to be burdened with having to literally write something, and we also don't want you to be put in a position of being asked to do something that doesn't align with our guidance, so hopefully this tool is helpful. Dr. Bill Raszka, is reminding us of our great presentation by Jonathan Flyer and Nancy Drucker about hockey players who test positive and the need for clearance. If folks weren't on the call the day we reviewed the July information that came out through the

American College of Cardiology, we are noting it as new guidance. It depends on the level of symptoms and what is warranted in terms of clearance.

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: For the primary care providers who are seeing patients, there may be an administrative task for you as well as a physical exam task. That and how to define mild/moderate is a little unclear, but it's possible you'll have to do an exam and an EKG for return to play for infected athletes.

Questions/Discussion

Q: Did we clarify if people travel from Vermont to Grafton County for the day if they need to quarantine when they get back? There was confusion yesterday that it was only if they stayed overnight in a red/orange county.

A: Ashley Miller, MD, South Royalton Health Center: I think the confusion might come from the highway signs that say "if you come into Vermont to stay...", and has the website.

A: Breena Holmes, MD, VCHIP, VDH: Any travel to a yellow or red area requires quarantine, even for brief trip. It's whether you drive over there and come back. So that's super important for everyone. But the problem is, or the complexity is, there are essential travel allotments for traveling to red zones and returning without quarantine. We've got a very clear section on the website because people that work in Vermont but live in the red zone are allowed to come over for their essential work. And there's a longer list of things that exempt you or give you a waiver from the need to quarantine.

<https://www.healthvermont.gov/response/coronavirus-covid-19/traveling-vermont>.

A: Nathaniel Waite, RN, VDH: And take your great VT public health prevention strategies with you when you travel.

Q: Would children be in the first group to recommend get the COVID vaccine? Thought it would go to high risk folks first.

A: Ashley Miller, MD, South Royalton Health Center: My understanding is that the vaccine may not even be approved.

A: Merideth Plumpton, RN, VDH: It seems like we're waiting for final guidance on what the highest priority groups would be. It sounds like there's going to be 4 tiers or four groupings. Until that guidance comes out, it's kind of a moving target at this point. Johns Hopkins released this document about priority groups <https://www.centerforhealthsecurity.org/our-work/publications/interim-framework-for-covid-19-vaccine-allocation-and-distribution-in-the-us>.

Q: Also, did we figure out if NH is counting antigen testing in their positives?

A: Breena Holmes, MD, VCHIP, VDH: I thought I was confirming it by sending the Han for New Hampshire, but, I can double check if that didn't.

Q: Are we limited return to play for the hockey players? In theory, if moderate symptoms, they need MD clearance and may need an ECG.

A: Breena Holmes, MD, VCHIP, VDH: Actually, I just put the restatement of what I said verbally 3 minutes ago. Close contacts quarantine and if you played hockey or if you have a student in a different scenario who wants to test out of abundance of caution for some association with but not a close contact, they do not need to quarantine. They do not need to stay home from school. I was just restating it in writing.

A: Wendy Davis, MD, VCHIP: Dr. Raszka is reminding us of our great presentation by Jonathan Pryor and Nancy Drucker about youth hockey player involvement about the need for clearance, so that's a very good reminder, thanks. And if folks weren't on the call the day we reviewed the July information that had come out through the American College of Cardiology, Dr. Raszka is noting the new guidance from the AAP. So we will get that reference. So the bottom line is anyone caring for these patients needs to think through that framework and the level of symptoms and what is warranted in terms of clearance. But it's possible you have to do an exam and an ECG for return to play for inspected athletes.

Q: Breena, is that only for worried well who were at the Civic Center or is that any worried well?

A: Breena Holmes, MD, VCHIP, VDH: Any worried well can attend school while waiting for test results. Only close contacts or symptomatic folks should quarantine while waiting for results. 1) an individual is a close contact to a case and should quarantine; 2) a student plays hockey at the Civic Center and is recommended to be tested out of an abundance of caution and does not need to quarantine as they are not a close contact. In the latter case, VDH would not recommend a student be excluded from school.

A: Wendy Davis, MD, VCHIP: Thanks, and as far as we know we're still on track to get that next round of winter sports guidance end of October?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Yes, indeed, that is still indeed looking like the timeline.