

VCHIP CHAMP VDH COVID-19

October 26, 2020 | 12:15-12:45pm Call Questions and Answers*

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

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

VDH Updates

Breana Holmes, MD, VCHIP & VDH: We are taking out the recovered column from the school dashboard. It's going to be current cases and total cases. The rule of the day is expected cases, and, as Dr. Davis said, there is now 1 per day. So go societies, so go schools. The behavior of adults impacts our ability to keep schools open. Preventing community transmission means keeping low prevalence of the virus and that primarily resides on behavior of adults in the community.

Summary: School Guidance Changes

Wendy Davis, MD, VCHIP: Wendy Davis, MD, VCHIP: I'll start with a summary of the changes to the school guidance. Highlights and incorporation of supplemental guidance as previously published in the Agency of Education FAQs:

- Clarifications and emphasis on quarantine guidance for out-of-state travel (added the requirement of a daily travel screen for staff and students)
- Clarity around return-to-school after illness, including links to the return-to-school algorithm and parent guidance
- Clarification on cleaning schedule when an individual is sent to the isolation room, as well as cleaning of the isolation room
- Clarification on factors the Health Department will use in making recommendations when there is a case of COVID in school
- Added winter weather considerations for buses and transportation
- Added recommendations for seating charts in the school bus and cafeteria, along with classrooms
- Added link to guidance on mask exemptions
- Clarified guidance on cleaning and disinfecting, including accidental large volume spills or body fluids.
- Added guidance on the use of plexiglass/plastic barriers
- Clarified guidance on shared materials and lockers
- Younger students for the purposes of physical distancing requirements is now defined as students in Pre-K through Grade 6
- Clarified guidance on minimum physical distancing requirements for younger and older students
- Clarified guidance on performance arts
- Added new guidance on physical education
- Added new guidance on driver education (as published in the AOE FAQ)
- Added new guidance on the public use of school facilities (as published in the AOE FAQ)
- Added new guidance on indoor field trips
- Clarifications on isolation space
- Additional guidance on HVAC requirements

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- Additional guidance on the use of cafeterias in Step III
- Explanation on the use of 6-feet to determine close contacts for the purposes of contact tracing, as well as additional instruction for schools for contact tracing
- Additional resources for schools from the Health Department and CDC

Breana Holmes, MD, VCHIP & VDH: The summary of changes is at the top of the document with links. The Secretary of Education allows schools time to implement the new guidance, so the implementation date is set at November 16.

School and Childcare Branch requests for Primary Care Colleagues

Breana Holmes, MD, VCHIP & VDH: The school and childcare branch requests for primary care colleagues are as follows:

- Stay open and available for testing children who are identified as close contacts or need to get out of quarantine, as well as symptomatic children
- Trust the Health Department's process for contact tracing and decisions about who is close contact to a person with COVID
- Follow the pediatric algorithm for return to school after illness processes
- Follow quarantine guidance after your patients travel to yellow/red zones
- Call the Health Department if you are unsure of travel rules or have any other questions

Please share with your colleagues that contact tracing in Vermont is the best in the country, and we need to slow down and trust that process. It's not a healthcare provider decision, but I keep hearing about people being told to quarantine based on guidance from their doctor. It's a lot better from our perspective that you reach out instead of giving advice that may have changed, especially related to travel.

Practice Issues: Immunization Update, Christine Finley, VDH Immunization Program Manager

Christine Finley, VDH: There is some good news and bad news. One of the challenges is refrigerators are full, and a mechanical failure that is not noticed can result in loss. Just last week, we had a refrigeration failure result in around \$70,000 in vaccine loss. In my 10 years, that's the biggest loss I've seen. The refrigerator just died.

We have made remarkable progress in vaccination coverage and we continue to see upward trends in vaccine coverage in VT. We've seen significant increase in coverage with 1+ MMR, Hib full series, the HepB birth dose, 1+ VAR, 4+ PCV, 2+ HepA, and the 7-vaccine series from birth year 2011 to 2017 (prelim): examples on slides (full series, birth dose hep B). I used to get a note that we were the lowest in the nation, and I didn't get that note this year. We will be putting this data into charts and graphs.

According to the National Immunization Survey (NIS), Vermont's coverage has increased and surpassed last year's numbers. Last year, Vermont's coverage for the 7-vaccine series was 70.2% for 2013-2014 cohort and 73.7% for the 2015-2016 cohort, an increase of 3.5 percentage points. Coverage last year in Vermont was 4 points below Region 1 and 5 points above US coverage. Out of these vaccines, only the birth dose of Hepatitis A continues to be below the US rate as seen on the slide

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The work that you're doing, the effort you're putting in, seems to be making a difference. I understand it's going to be more challenging given this year and the changes. The COVID-19 Immunization Plan and Executive Summary is available on our website. We are looking forward to a safe and effective COVID-19 vaccine, and we are monitoring what the FDA and CDC says. I think we all understand why there might be hesitance.

We are beginning to ask the registry to look at immunization rates by town. It could also be by school. We continue to see pockets of low rates. We had an MMR rate I was really pleased with. We are going to have fewer pockets, but there will be pockets. The ones I tend to think about are pockets within a school, so that's where we want to target. Here's the link to VT school specific data:

<https://www.healthvermont.gov/disease-control/immunization/vaccination-coverage>.

Practice Issues: Stay Safe Vermont COVID-19 Harm Reduction Campaign, Christie Vallencourt, MPA – VDH Chronic Disease Information Director & COVID-19 Crisis Emergency Management Lead

Christie Vallencourt, VDH: We've been talking abstinence up until now. We are now talking about "you're going to go out and see friends, so how do you do it safely." We're over it. It's been 7 months. We're heading into the cold months. We're not sure when the vaccine is coming. There's no end in sight. The immediate reward of seeing friends and travelling is higher than the risk of getting sick at this point. There are plenty of people who are going to do what they want to do. They want that personal agency in their lives. They want that personal agency back and to be able to make their own decisions. We are getting a lot of calls about "can I do this? Can I do that?" We need to teach people to fish. We need to give them the information about risk, and let them decide if it's worth it to them. There are certain things that can be done to lower risk. It's not all or nothing. Everytime we go out, there's some risk.

Here's the campaign's goal: Meet Vermonters where they are in their prevention efforts and move them along the continuum of risk towards less risky behavior. We are looking at 3 distinct audiences: 1) people who are closely following public health guidance. We want to help them fight virus fatigue and give them the same guidance across the board. 2) people who are overwhelmed by the guidance. We want them to dial down their risk. 3) people who have found themselves in a high-risk situation, possibly through no fault of their own. We need to encourage them to lay low, get tested, and not visit people who are high risk.

We are focusing on 3 prevention behaviors: 1) 6-foot spaces, 2) masks on faces, and 3) uncrowded places (fewer close contacts). These three things can be visually assessed in any situation. Allows people to do a quick mental negotiation as they visually assess risk and then decide whether to move forward with the social situation or not. (Driving past an event scenario, like a farmer's market.) We can't visually assess whether people stayed home if sick or practiced hand-washing. These are three things that make COVID-19 prevention pretty unique. Wearing a mask, keeping physical distance, and staying away from people when we feel fine is not normal and goes against our cultural norms. People need reassurance and continue encouragement to follow them. Imagine these three prevention strategies as layers, like winter clothing, to help protect us. Even one layer is better than none. We are trying to meet people where they are and lower the risk.

We are doing paid ads on Facebook, Instagram, and Google. We are excited about this campaign, and we realize people have different styles of taking in information. People want to know "what can I do?", not what they can't do. We are going to be adding digital video, TV ads, VPR underwriting, print ads in local newspapers, and sending partners weekly digests to help amplify this message. What do we tell young

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people who really want to see their friends, especially as it gets darker and colder? Mental health is really a major concern. We have “having the COVID-19 talk” tips and tricks. This conversation can be awkward, but we need to do it. We need to negotiate and set expectations for when we all get together so that we all feel safe. Someone needs to say they want the safest measures, and then everyone else needs to follow suit. We are currently pushing out messages specific to Halloween, but these are the three things to look for when assessing risk in making the decision to go out. My email is Christie.Vallencourt@vermont.gov. If you want to receive weekly digests for ads, please let me know, and I’ll be happy to add you.

We’ve been running a concurrent traveler-specific promotion. We have been very targeted who we have served those ads up to, mostly to people in the summer who were actively looking for places to visit in Vermont or just outside of Vermont. We are also going to provide guidance specific to the holidays. If you are choosing to stay in Vermont, just because you aren’t travelling, doesn’t mean you should invite 40 people over for Thanksgiving. That’s coming. Breena or Ilisa can share what we’re working on.

We do have some graphics. They are very specific for our blog. We have a Droopl server. We are asking who want to share on their social media accounts by going to the VDH page and sharing from that page. Our message is so nuanced. Not trying to say “this is what you have to do.” We are trying to say “this is how risky this situation is for you, and you have to decide if this is worth it to you. We’re not going to make that decision for you.”

Questions/Discussion

Re: rise in positive cases and travel

C: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There are more and more contacts for each case. It’s very unfortunate and emphasizes the need for distancing, masking, etc. Travel will be a huge issue over the next two months, whether a Vermonter traveling or a guest.

Q: I have spoken to several families with high school and college age siblings to our patients with special needs that are struggling with balancing COVID risk and their teenager’s wants/needs for social life. The teenagers are pushing back and the families are looking for guidance on how to navigate mental health (needing to be around friends) and physical health to their high risk siblings. Any ideas for resources to share with them for their family meetings? I did share the VDH resources link already.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care (Williston): I’ve had many of those conversations, also. Those are the adolescents who really should be encouraged to mask and distance and see a friend or 2. They have “skin” in the game and are often isolated alone, not allowed in school option, etc.

A: Wendy Davis, MD, VCHIP: I believe the AAP has some good messaging as well. We’ll see if we can dig that up.

A: Elizabeth Hunt, MD, Timber Lane Pediatrics: I see college students’ really struggling, lots of depression, suicidal thoughts, and inability to get much out of learning. I suspect many of them will be home for holidays and or drop out/go remote (many of my patients are there already). They need a lot of help and healthy caution.

A: Michelle Perron, MD, Timber Lane Pediatrics: Yes, seeing lots of anxiety and depression in teens and 20 somethings.

Q: How quickly does a positive COVID result get communicated to VDH for contact tracing?

A: Breena Holmes, MD, VCHIP & VDH: The contact tracing clock starts once we have positive results in hand. Sometimes the school person alerts their team that their test is positive but it hasn’t gotten in the

hands of the contact tracer. Once in the contact tracer's hands it's within 24 hours that they will be in touch of the close contact of that person.

Q: We have an exposure event this past weekend, so unless patients hear from the department of health if they were a close contact, it would be business as usual for them unless they were told by department of health to quarantine?

A: Wendy Davis, MD, VCHIP: The answer is yes.

A: Breena Holmes, MD, VCHIP & VDH: Yes, if people have not heard, then they have not been identified as a close contact. There is some complexity around the state with geography. A follow-up from Friday's call is that we're still working out communication between VT and NH contact tracers, so there's some variability to that timeline if your exposure was in NH.

Q: The overall immunization numbers look great. An issue in VT and across the country has been the issue of pockets with lower immunization rates particularly with measles. How are we in VT? Do we have areas with low vaccination rates?

A: Christine Finley, VDH: We are beginning to ask the registry to look at immunization rates by town as typically it was by county. Where we can also get an indication is by schools, where we might see some pockets of low rates. Our MMR rate was high; I was really pleased with it. We will have fewer pockets.

Q: One of the challenges is that VDH is making the decisions around who's a contact/who needs testing/what day 1 is of quarantine. However, we hear from the families that VDH told them to get a test. It makes for possible communication problems (the families are the messenger between the decision people (VDH) and the ordering provider (us)). We had an instance of ordering a test a day early for a couple of families secondary to miscommunication around what was day 1/7.

A: Sarah McAuliff, MD, North Country Hospital: We are also running into the issue where the school is sending out letters telling families they were exposed and to get a test, which makes it more challenging when talking to families

A: Nathaniel Waite, RN, VDH: We've also received calls on the schools and childcare branch of folks getting tests before day 7 and being disappointed when they hear it' was too early. Contact tracing information on VDH site:

<https://www.healthvermont.gov/response/coronavirus-covid-19/about-coronavirus-disease-covid-19#contacttracing>.

A: Breena Holmes, MD, VCHIP & VDH: Good feedback here. The contact tracers are very clear with patients about what is day 7 and that is when testing is recommended. So if you are hearing otherwise, this is good feedback. So to be clear, your patients are being told to get a test NOT on day 7? I can make sure the contact tracers are more specific about the date. I think they are most of the time.

Q: I have had some discussions with families around risks for play dates, small gatherings, Halloween, travel to Santa's village, etc. For parents in the restaurant industry, it seems like we are telling them they can't do anything socially but that we don't care that they are constantly exposed at work. A waitress told me she waits on 60-100 people per shift, mainly travelers without any temperature check or exclusion if they came from a yellow/red zone. It feels unfair to them, wearing a cloth facemask at work when 60+ people are eating in a restaurant without masks. It does seem like a bigger risk than a play date or travel to Santa's village. It's hard to explain the difference.

A: Jill Rinehart, MD, UVM Medical Center Pediatric Primary Care (Williston): Just like health care workers, the waitress has a difficult moral responsibility to be more limited with social risk than other people who aren't exposed to so many.

Q: What is the recommendation for a convenience store in Sharon VT that is deliberately non-compliant with mask wearing? Many folks in and out with no masks. Does anyone from VDH follow up in a helpful way, perhaps with this new campaign?

A: Nathaniel Waite, RN, VDH: Ellen, I'm seeing a "report non-compliance complaint" link here: <https://accd.vermont.gov/covid-19/business>.

Q: I am finding that people are coming up with elaborate travel plans (for example, "I can go to PA because my sister who lives there quarantined there and therefore that is ok and my kids can go back to school when we return. I don't need to quarantine then."). Do we have plans for messaging about travel?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I agree. We cannot provide enough information about travel and the holidays. Everyone wants to get together.

Q: In the messaging campaign, is there any specific messaging for the holidays, e.g., Thanksgiving? For example, can family from NH visit? If they do, how should we minimize the risk? I know the mask and six-foot spaces will work but should we include anything specific about the challenges during a long dinner and how to minimize the risks?

A: Christie Vallencourt, MPA, VDH: We've been running a concurrent travelers specific promotion encouraging people to go to our travel page to find the latest guidance and giving them a preview of what that looks like. We have been very targeted in who we've been serving those ads up to, Mostly people who were actively searching for places to visit in VT or right outside of VT over the summer. And we are expanding that, so it's much broader, and now we're working on our more general post-Halloween and how to do this around Thanksgiving. We'll have travel guidance and this harm reduction campaign as they complement each other.

Q: Are the graphics on your web page? (Re: VDH messaging for harm reduction campaign)

A: Christie Vallencourt, MPA, VDH: This one is a little different. We do have some graphics but they are more specific to the sample blog and the e-newsletter.

Q: Are kids allowed to return to school after holidays after hosting family members from out-of-state who have not been able to follow travel guidance? Many families simply are not able to follow the travel guidance.

A: Nathaniel Waite, RN, VDH: If you are hosting travelers under quarantine in your home or lodging, you do not also need to quarantine. That means you can go to school, work, or the grocery store. However, you need to stay at least 6 feet from the people who are under quarantine. People under quarantine should wear a mask in common spaces, use a separate bathroom, eat separately, and otherwise not be in close contact with the people who are hosting them. Be sure to disinfect commonly touched surfaces, and check yourself for symptoms for 14 days. From guidance for Vermonters on our travel page:

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

A: Alicia Veit, MD, Timber Lane Pediatrics: It is just most families who are hosting are not staying 6 feet away/wearing masks with grandparents.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: That is a key issue. I think we need messaging on this. As you know, the guidance is pretty clear about quarantine but so many people just think the visitor is safe and relax. Is it worth it to the individual or for society? I still think we need to message that we have an obligation to protect all our residents.

Q: What about skiing and outdoor winter sports? As our days get darker and colder, people will get more depressed and need some way to safely socialize?

A: Wendy Davis, MD, VCHIP: We do expect that guidance to be out at the end of October, so that should be the end of this week.

Q: I have been trying to figure out how to message that schools are working so hard to keep our kids safe in school. Now it is our responsibility as a community to keep COVID out of the schools. This is on us, not just our schools.

A: Breana Holmes, MD, VCHIP & VDH: That is exactly right. That's been our message all along. That's the message. An individual's decision is starting to impact the ability for kids to feel connected, have routines and go to school.

Q: I know you've addressed this on previous calls, but I'm hoping for clarification. We don't have fit tested N95's and it's hard to get fit testing done. We keep all patients with COVID symptoms out of the office but for the few who show up in the room and it turns out they need COVID testing. Should we test them in the room wearing N95's, face shield, gown, and gloves or do we have to test them outside? If we do it outside, it's in view of all the other patients coming through the parking lot.