

VCHIP CHAMP VDH COVID-19

October 28, 2020 | 12:15-12:45pm Call Questions and Answers*

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VDH Updates

Wendy Davis, MD, VCHIP: VDH has changed slightly when and how they report the school cases, school-based transmission as they call it, on their dashboard that is specific to this data. So we're providing you with the link.

Vermont School Based COVID-19 Transmission (dashboard)

Current, Recovered and Total Case Counts

School Name	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total of All Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	11	25

- <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
- New this week: The table now gets updated on Tuesdays showing data that we collected through the preceding Sunday. They removed the "Recovered" category. You now see cases reported in the past seven days and then total cases. For this past week, which just posted yesterday, 11 cases were reported in the past seven days, and 24 total cases have been reported for all schools.
- Case update: There was almost one new case per day in staff and students, though the cases were almost all adults.

VT College & University dashboards: <https://dfr.vermont.gov/about-us/covid-19/school-reopening>. As we noted, as of Monday, there was essentially about one new case per day being reported, almost all in adults, and then VDH also continues to link to the dashboard. The data from St. Michael's College I'm showing was as of Monday, so there may be updates to that data which we will try to get for you.

Breena Holmes, MD, VCHIP & VDH: We had a good day yesterday. No new cases yesterday, which was a nice reprieve. Prior to that it was, you know, a daily event. So some days will be good.

CDC Updates

Wendy Davis, MD, VCHIP: There were some interesting reports published in MMWR as early releases. MMWR (early release): COVID-19-Associated Hospitalizations among Health Care Personnel (HCP) – COVID-NET, 13 States, March 1- May 31, 2020

- <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6943e3-H.pdf>
- 6% of adults hospitalized with COVID-19 were healthcare personnel (36% in nursing-related positions; 73% had obesity). 28% of those patients required admission to the ICU. 16% required mechanical ventilation; 4% died.
- Implication: Health care personnel can have severe COVID-19-associated illness, highlighting the need for continued infection prevention and control in health care settings as well as community mitigation efforts to reduce SARS-CoV-2 transmission.

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MMWR: COVID-19 Mitigation Behaviors by Age Group – US, April–June 2020

- <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6943e4-H.pdf>
- They used a self-reported data collection methodology, and the mitigation behaviors differed significantly by adult age group. Prevalence of mitigation behaviors was lowest among 18 to 29 year-olds and highest among those over 60 years old. Mask wearing, it was noted, did increase over time, but other behaviors either decreased or were unchanged.
- Implication: prioritize communication/policies among the young adult age group.

From the New York Times

Wendy Davis, MD, VCHIP: There were a couple of articles from the *New York Times* that pertain to our ongoing following of racial and social health equity and justice issues.

- *Protecting Your Birth: A Guide For Black Mothers* (Oct. 22, 2020)
<https://www.nytimes.com/article/black-mothers-birth.html>
 - Black women in America have a three (3) times higher risk of death related to pregnancy and childbirth than their white peers, regardless of higher education or financial status, and it's as much as five (5) times higher for black women over the age of 30. The article lists recommendations for pregnant women and their providers:
 - Step 1: Acknowledge Race and Racism in the Room
 - Step 2: Create a Care Plan Anticipating that Racism May Impact Pregnancy
 - Step 3: Identify How Racism May Impact Labor
 - Step 4: Identify How Racism May Impact Postpartum
- Recent context: Dr. Chaniece Wallace (Chief Resident of Pediatrics at Riley Children's Hospital at Indiana University) died of postpartum complications following the birth of her daughter via C-section at 35 weeks, which is just heartbreaking and tragic. Although it is of small consolation, the American Academy of Pediatrics actually provides complimentary life insurance to those in residency, so it's hoped that her family will benefit in some small way from that. There is also a Go Fund Me page, and a couple of folks have some additional details about it if people are interested in opportunities to support this family. Her infant remains in the NICU at Riley Children's.
- *Respecting Children's Pain* written by our good friend and colleague Dr. Perri Klass, a pediatrician who writes an ongoing column called The Checkup:
<https://www.nytimes.com/2020/10/26/well/family/respecting-childrens-pain.html>
 - A new study published in *The Lancet* challenges those who care for children to end what researchers say is the common under treatment of pain in children, starting at birth.

Practice Issues: Updated Sports/Organized Sports Guidance (10/26/20)

Wendy Davis, MD, VCHIP: There has been a major revision to this guidance on the ACCD web site, and they do a nice job, as do all of our state agencies, of calling out what's new or different in colored font when you go to the website. A lot of the changes were in response to the ice sports outbreak.

9.1 Sports/Organized Sports Including Youth Leagues, Adult Leagues, Practices, Games, and Tournaments

[Note: We are still awaiting winter sports guidance from AOE.] <https://accd.vermont.gov/news/update-new-work-safe-additions-be-smart-stay-safe-order#sports-and-organized-sports>

Selected highlights:

- Vermont-based sports teams may only participate in sporting events in Vermont, and these events may only occur between or involve Vermont-based teams.
- Any Vermont based athlete or team that chooses to leave the state to participate in a recreational sports practice, scrimmage, pick-up game, or competition must complete a quarantine before

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returning to work, school, or attending public events. This guidance applies even if the sports event is taking place in a county identified as eligible for quarantine-free travel on the state's cross-state travel map.

- All players, coaches, officials, staff, and spectators should complete a health check before arriving at practice sessions, scrimmages, games, meets, or competitions, including a temperature check.
- Consistent with the most current guidance available from the American Academy of Pediatrics, all children and adolescents (through age 22) diagnosed with COVID-19 infection, regardless of symptom severity, may not return to play until asymptomatic for at least 14 days and cleared by their primary care physician. Adult athletes or others (such as referees) who exercise vigorously during an athletic event diagnosed with a COVID-19 infection should not return to play or vigorous exercise until asymptomatic for two weeks and cleared by their physician.
- Avoid congregating before, during, and after practice; promote an “arrive, play, and leave” mentality. Players, coaches and officials should arrive for practices, games, meets and competitions dressed to play to the maximum extent practicable and limit time spent in locker rooms. Any locker room use must adhere to all physical distancing and masking requirements.
- **Outdoor Sports** – by intensity of contact
- **Indoor Sports** - COVID-19 is more likely to spread in closed indoor spaces with poor ventilation, meaning indoor sports are inherently higher risk, and outdoor alternatives should be utilized to the maximum extent practicable.
- **Spectators** – The number of spectators should be limited as much as possible, and measures should be put in place to ensure social distancing between households. Interactions between spectators and participants should be minimized before, during, and after events. Spectators should be actively discouraged from attending practices and scrimmages. At no time shall the total number of people present exceed current limits on event size – currently 150 for outdoor events. Large outdoor facilities, such as trail networks, ski areas, and multi-venue facilities, may have more than 150 people in them as long as there is no single gathering or event exceeding 150 people and all guests can maintain six feet of physical distancing between households.
- **No or low-contact** – track and field, individual event swimming, bowling, gymnastics, figure skating – may hold team practice sessions, competitions, and meets.

Summary: School Guidance Changes

Wendy Davis, MD, VCHIP: The updated school guidance is now posted on the Agency of Education website and linked through the VDH website. The new document is beyond 40 pages and done wonderfully. I want to call out Ilisa Stalberg, the Director of Maternal Child Health at VDH, who really kept this guidance organized, herded a group of cats from many sectors to not only get the original guidance written, and then released this revision, which is beautifully formatted so that you can see exactly what's new.

Revised School Guidance now available – Highlights: <https://education.vermont.gov/documents/guidance-strong-healthy-start-health-guidance>

- 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

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- Added recommendations for seating charts in the school bus, cafeteria, classrooms
- Added link to guidance on mask exemptions

Highlights and incorporation of supplemental guidance as previously published in AOE FAQs:

- Clarified guidance on cleaning and disinfecting, including accidental large volume spills or body fluids.
- Added guidance on the use of Plexiglas/plastic barriers
- Clarified guidance on shared materials and lockers
- Younger students for the purposes of physical distancing requirements is now defined as students in PreK 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
- 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
- Sports and organized force guidance, as well, so clarifications on.

Breana Holmes, MD, VCHIP & VDH: Some of the changes on distancing requirements may mean that, for some schools, they can no longer fit all the kids in the building. I do want to acknowledge that we are hearing this from other schools, but this distancing requirement – the 6-foot distance for older kids – became very important in the last few weeks with our leadership all the way up to the Governor. The change in the guidance for the physical barrier/Plexiglas will also have an impact because it is not allowable to use it to decrease the distance between students. It can only be used for additional prevention. The messaging is a lot clearer. We are giving schools time to implement these changes, as they do not go into effect until November 16 at the request of school leadership.

Questions/Discussion

Q: Does it differentiate between teachers and students?

A: Breana Holmes, MD, VCHIP, VDH: No.

Q: Feels like it's mostly adults/teachers, is that correct or just my wishful thinking?

A: Breana Holmes, MD, VCHIP, VDH: That is correct.

A: Wendy, Davis, MD, VCHIP: Correct, that is, mostly adults and teachers, and we are definitely trying to make that clear every time we talk about this topic, so, thanks for bringing that up, because that is by far the overall way that people in schools are being infected and affected.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: In all schools across the world, it turns out that adults are the driver of infections, not children.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I agree completely.

Q: So are you saying that teachers are bringing it into the school from outside? The teachers are not getting it from asymptomatic students?

A: Breena Holmes, MD, VCHIP, VDH: Yes, it is primarily cases of adults and some children who follow. It's hard to talk about this without blaming adults in the schools. I really want to avoid the stigma. The messaging is really around adults in the community doing better with the mitigation measures to protect the schools. It's hard to talk about without implying blame so I prefer to talk about adults in communities in general rather than adults in schools.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: That is correct. There may be rare exceptions but without question that is the main concern.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The accumulated data suggests that children infrequently transmit COVID-19 in the school setting.

Q: I haven't personally read this but, I was told that the new guidelines say that 7th and 8th grades MUST be spaced 6ft apart and 3ft is no longer appropriate. Can you shed some light on that?

A: Breena Holmes, MD, VCHIP, VDH: It has always been true that grades 7-12 need 6 feet spacing. The 3 feet spacing is recommended for Pre-K through grade 6. We really want to double down on distancing. We are hoping an increase in the strictness of distancing will help us in the coming winter months. It is the way we want it set up.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: In my opinion, any restrictions that are imposed should be done with a focus on limiting risk activities among adults. Schools can and should remain open even if other sectors need to be dialed back.

Q: It was my understanding that the 6ft was not absolute and it was more "do the best you can". We used the AAP spacing guidelines to open our school 5 days a week which I thought didn't specify differences in spacing based on grade. I realize this is slightly different from VT guidance, but if we have to have our 7th and 8th grades no closer than 6 ft. apart, we will have to have those classes go remote. So the 6 ft. is not a "do the best you can" that's absolute. We have been open 5 days a week for the start of school so to do that would be very frustrating. Thoughts?

A: Breena Holmes, MD, VCHIP, VDH: Sorry to hear this but hearing from others schools the same challenges with distancing and older kids.

A: Ashley Miller, MD, South Royalton Health Center: Our MS/HS are hybrid so only half the kids are in each day so they can maintain distancing. Other thoughts would be to use cafeterias or libraries or gyms to spread them out more.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Unfortunately, I think that is the fall-out from these changes. I fear there are many schools who will have to back-track now.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Many of the schools are already using the gyms and cafeteria-, which makes it hard.

Q: Any thoughts on how to handle when kids come back from Thanksgiving break talking about family traveling for the holidays?

A: Breena Holmes, MD, VCHIP, VDH: VDH is working on a bunch of messages for schools about this. "Please don't travel."

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: That has been a hot topic. We are advising NOT to travel. If they do, they need to quarantine.

A: Wendy Davis, MD, VCHIP: The Commissioner did touch on college students travelling, and the need to respect the travel guidance, even when you are coming back to your family.

Q: If the school nurse calls the family to check about this and parents say the child must be mistaken, what then?

A: Breena Holmes, MD, VCHIP, VDH: I don't know what to do when people fib, but a really strong relational approach to this is important. These conversations are difficult. You really have to say, "Maybe others among you are not abiding by travel restrictions and quarantine risk, and that's putting us all at risk." We just have to keep messaging.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Again, this has been an issue. The end result, if we do not trust the families, is that schools go fully remote after Thanksgiving, which would be a terrible result. We have to keep messaging.

A: Kate Goodwin, RN, CPNP, Lakeside Pediatrics: This is basically the conclusion I came to and what I told the RNs; hopefully people can be responsible. I'm glad I'm not the only one who doesn't know how to handle fibbers!

A: Leah Costello, MD, Timber Lane Pediatrics, South: I always think of Michelle Obama saying, "When they go low we go high." in these situation. I would say something like, "Thank you so much for following our state guidelines. It is people like you that are keeping us all healthy". It shows you trust the family and if they are fibbing and feel guilty about it since you were so kind, they might call back and fess up! Maybe I am naive and this really doesn't happen, but I sure hope everyone is telling the truth.

A: Breena Holmes, MD, VCHIP, VDH: Yes, I think that's a real legacy of our community of providers, Paula Duncan and the strengths-based approach. When people tell us what they're doing, just believe it. That may lead to some pitfalls.

Q: Does this apply to school teams as well?

A: Breena Holmes, MD, VCHIP, VDH: No, Winter sports in school guidance is coming later this week.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: That will be finalized (tomorrow I think) but yes (unless the HS is on the border and follows VDH guidelines). There are two more meetings tomorrow AM to review these documents and make sure they are aligned.

Q: I have a case where a parent is asking for a COVID test due to a positive contact at daycare and is required for them to return. I reassured the parent VDH would have contacted them if they were a positive contact. It doesn't seem right to me the daycare would require testing to return but we're struggling to find a balance between investigating more or just ordering the test.

A: Breena Holmes, MD, VCHIP, VDH: Sarah, not sure why the daycare is requiring that. Yes, close contacts of a positive case in childcare would have been contact by the health department.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: That is unfortunate, for scenarios where it is vital for the families to have access to daycare. I don't think anyone could be faulted for testing if the center will not comply, but really the center needs to be informed.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: If the patient is symptomatic and has a PCR test and it is done correctly, we generally accept the result. The exception would be if the pretest probability was really, really high (and then we would retest if indicated).

A: Sharonlee Trefry, RN, VDH: We spoke with a parent about that this morning. She was relieved by her conversation with HCP and our child care branch call. The child care scenario caller today confirmed that her child was not in the child care when the index case was present.

Q: I'm wondering about symptom/contagion window. If a family calls up and a child has had symptoms for 1 day, is negative COVID test considered valid at that point? In other words, if we are telling people day 7 is the best day to test if asymptomatic, what about those who have symptoms? Could we be seeing false negatives due to testing too early?

A: Breena Holmes, MD, VCHIP, VDH: This is a hard one for me because there's so many factors. If this is a child that's just alone because there is no possible exposure and it's just symptoms, you can test them at the

time of their symptoms but I'm not sure I would do day 1 however. I would say let the symptoms sit for a day or two and then test.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: We really wrestled with that with the algorithm. If you have a true exposure, testing on day 1 after the exposure with someone who has rhinorrhea or something like that, it may be unrelated to the exposure and they may have rhinovirus or something else like that. So the exposure becomes really important. But, if you had an exposure in a reasonable incubation period after exposure and symptoms are consistent with COVID, if you did a test, we would expect it to be negative at that time. But, if they had no exposure what-so-ever and they had signs and symptoms of COVID, if you test because of signs and symptoms, then we would accept that. It's all about that exposure history. You have to give at least 7 days for people who have been truly exposed because you may be detecting some other illness rather than COVID.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: If symptomatic due to COVID, the test should be positive, but if symptomatic during a quarantine period and the test is negative, that negative test doesn't necessarily end quarantine unless the test is done at day 7 or later. You can test whenever the symptoms develop. It's just that if they develop symptoms at day 1 of quarantine and test negative, that doesn't end their quarantine. The difference is they all need to ISOLATE for positive results, not just quarantine. If the 5th child was deemed to be truly negative, that child would need to QUARANTINE for 14 days after the rest of the family cleared isolation, if that makes sense. So that is why I would confirm with VDH in this scenario. If all symptomatic together, I think it seems mostly that the child had COVID but with a falsely negative test.

Q: To clarify, essential workers living in NY (yellow zone) have to abide by VT travel rules during the holidays, etc.?

A: Breana Holmes, MD, VCHIP, VDH: Essential workers do NOT need to quarantine. No one should be travelling from a yellow zone or otherwise to somewhere that is red for the holidays. They still have to quarantine when they get back. If it's an essential worker that comes to work on day travel, then they don't have to quarantine.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Leisure travel is different than work or needing healthcare.

Q: What if they choose to go to a wedding or Thanksgiving or whatever to CT and stay over then come back?