

VCHIP CHAMP VDH COVID-19

October 30, 2020 | 12:15-12:45pm Call Questions and Answers*

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VDH Updates – Safe Halloween

Wendy Davis, MD, VCHIP: The Health Department has been heavily promoting how to celebrate Halloween safely this week. It's a little late, but if your patients and families still need some guidance, it's easily accessible on the VDH web site.

Is it safe to celebrate Halloween this year? Can my family go trick-or-treating?

<https://apps.health.vermont.gov/COVID/fag/#4749>



From Let's Grow Kids

Wendy Davis, MD, VCHIP: There is a wonderful new video from Let's Grow Kids in Vermont, and it is entitled "The Fantastically True Story of the Super Early Educators and the Big Bad COVID: A Vermont Kids Story." It's delightful. It's only 6 or 7 minutes long. Here's the link:

<https://www.youtube.com/watch?v=XsJzGtx3do0&feature=youtu.be>

I love the little girl who says "I want to be a neurosurgeon" and the little boy who says, "Oh, I can't wait for 2021."

Breena Holmes, MD, VCHIP & VDH: Every year Let's Grow Kids gives an award to the Early Childhood Educator of the Year, and this year they decided to give it to all of them. On Wednesday night, they had their annual meeting and they kicked it off with this incredible video. There was not a dry eye in the place. There was a ton of energy about the courage of early care and education professionals that stepped up back in March and figured out a way to take care of kids for essential workers during that really unknown phase of a pandemic. Take some time and watch it because it's exactly why we do everything we do, and it was a great night of reminding us where we've been because that was a really scary time, We appreciate all the efforts back then, among all of you as well. It was a lot to figure that out, and we are grateful for you.

UVMCC Cyberattack and COVID-19 Testing

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Wendy Davis, MD, VCHIP: There was a cyber attack on UVM Medical Center and Health Network. The hospital noted the state and federal law enforcement are working together. There's been no known attack on the state IT system, and they are taking steps to ensure that there's no interruption of COVID testing. One of you sent us an inquiry this morning, noting that the COVID test to which she has some access are now being sent to Mayo and thus anticipating a significant increase in the turnaround time and getting some concern and pushback from parents about that. We just are so sorry that this has happened. It's just created tremendous disruption over the past couple of days now.

Breana Holmes, MD, VCHIP & VDH: The Health Department is just stepping up and offering to help. Obviously, all the testing is now coming to the public health lab that can, although it sounds like a certain subset is heading out of state again, which I don't know much about.

Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: It's obviously a little bit of a work in progress and moving target. My understanding is that for tests done through the UVMCMC lab here, we're trying to either develop the ability to expand in-house capacity to run those or those are being done at VDH right now because of the disruption. My understanding is that we don't have a way to directly interface with either Mayo or Broad. Broad was really where most of the most of the testing collected through UVMCMC had been going. My understanding is that there are other centers or clinics who are able to send directly to Mayo. It may be just really on a case by case basis until this whole affair can get corrected. I'm trying to find out, and I haven't yet had an opportunity for families or patients who had tests collected earlier in the week, and those specimens potentially are already at Broad, what the status of those are? I'm trying to sort that out as well, but unfortunately, there's still a lot that we're trying to clarify in terms of what the situation on the ground looks like.

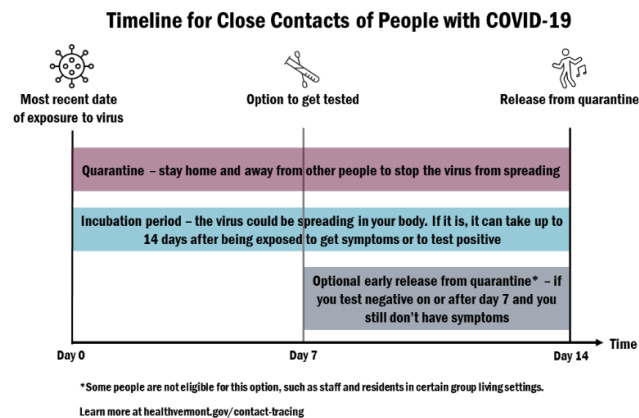
Practice Issues: Primary Care Testing

Breana Holmes, MD, VCHIP & VDH: Even just this morning, I heard of two other pediatric colleagues who told families to quarantine when contact tracing told them not to. Please do not override contact tracing. It creates too much uncertainty, especially because you're such trusted health officials. If you all add an extra layer of precaution by recommending quarantine for your patient, the community believes you over the contact tracing. It creates a feeling that maybe the Health Department is not taking the right approach. If you have colleagues in your communities, please get the word out that if they hear about a birthday party or something in the community where there was a case of COVID, not to tell families that they should probably quarantine. It gets everyone caught up in the story rather than the science of it. It's easy to get anxious and nervous, but what we've done so far has worked. I think that's the lesson here. Of these 11 school-based situations, there have been hundreds of close contacts, and nobody testing positive. Whatever is going on in schools is going well because they are actually able to prevent the spread.

VDH Testing Timeline for Close Contacts

Wendy Davis, MD, VCHIP: This graphic from the Health Department may be helpful as you advise patients because we know it can be confusing about the timeline for those who are identified as close contacts or those looking to get out of quarantine earlier than 14 days. This graphic shows starting with the most recent date of exposure to the virus and counting that as Day Zero. There is an option to get tested at Day Seven, followed by the timeline for release from quarantine with data points at Day Zero, Day Seven, and Day Fourteen. It's a pretty simple graphic if you're wanting to explain this to a patient.

Breana Holmes, MD, VCHIP & VDH: This graphic was created in response to physicians noting that patients were coming in and getting tested a day too early for the quarantine release. The Day Zero is key here. It's not Day One. I met with the contact tracing leads and made sure they understood that they have to be very literal with families about the dates, and not say "Hey, call Doctor X and get your test on Day Seven." The families will then be left trying to do the counting, so there now have a protocol to say, "you can be tested out of quarantine on November 8th. Families will now be able to bring forth to you all the exact date for the test.



Testing for COVID-19 – UVM Children’s Hospital Pediatric Primary Care

Wendy Davis, MD, VCHIP: Dr. Stan Weinberger provided some very useful guidance and documents in terms of how they're approaching testing at UVM Children’s Hospital Pediatric Primary Care. We will share a Word document of their testing protocol, they have created a process flow map, and then the Medical Center has a specific one-pager on the anterior nares testing. Dr. Weinberger wrote up the criteria and their goal of trying to see most patients with respiratory illness outside of their regular primary care clinic either by using nursing triage or a video visit and then referring patients who are deemed to need it to the Fanny Allen drive-through testing sites. They have a prioritization for patients that they are seeing in clinic, so those who may need an exam or other testing like strep, but probably not sick enough to go to an emergency room or urgent care. There are patients, and I suspect you're seeing these also, who you think need COVID testing, but folks who are really either unable or unwilling to go to the Fanny Allen site. As of yesterday, the daily volume is relatively low, between about zero and five patients. They keep their late afternoons and their evening clinic hours open for acute access for respiratory illness. They have designated rooms if testing needs to be done, which are kept closed for an hour after the visit and prior to surface cleaning. Patients go directly into the exam room. They don't stop at check-in. They don't get vital signs in a screening room. They don't sit in the waiting room. The provider enters the room with droplet and contact precautions and does the normal rooming activities that might be done by other personnel, conducts the test, and then if a strep test is collected, they have generally an LPN who takes the test and runs it while the visit continues using their droplet and contact precautions according to the UVM Medical Center guidelines. We know you all may have different approaches to this, but for them, this involves the gown, gloves, N95 fit-tested, and a face shield.

They could use the procedure mask if they were seeing an older teen patient who is able to do self-swabbing and if they are able to maintain distance. Generally, they're doing an exam and looking into the patient's

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unmasked throat, so they're not changing their PPE. As of yesterday it sounded like they were still working out their approach, as we go into influenza season, to those who might need flu testing.

Thank you, Stan Weinberger (Testing Protocol available as Word document)

- Criteria: assess most patients with respiratory illness outside of clinics, either with triage RN assessment or video visits; patients referred to FAHC drive-thru site
- Prioritization for patients to be seen in clinic:
 - Need an exam or some testing (e.g., Strep) but not ill enough for ED/urgent care
 - Need COVID testing but unable to access (or unwilling to go to) Fanny Allen drive-thru site
 - Daily volume as of 10/29/20 ~0-5 per day.
- Logistics (SEE Process Flow Map):
 - **Anterior nares testing only** (SEE separate document: UVM MC Anterior Nares Testing)
 - Keep late afternoons (& evening clinic) open for acute access for respiratory illness
 - **Designated rooms** (room closed for 1 hour post visit prior to cleaning surfaces)
 - Patients go **directly into exam room** (no stopping at check-in and no VS elsewhere)
 - Provider enters exam room with droplet/contact precautions; weighs patient, obtains temp/other rooming activities; conducts visit and testing.
 - Collects strep test which can be run by LPN (who waits outside door for it and runs it while visit conducted)
 - We use droplet/contact precautions as per our UVMHC guidelines – gown/gloves/fitted N95/face shield.
 - Acknowledge could use procedure mask if older teen patient able to self-swab for COVID if we stayed >6ft back. In practice, we're doing an exam and looking in their unmasked throat, etc., so we're not changing PPE.
- **Influenza testing** – reviewing guidance re: flu/COVID testing (pts. <5yo); considering NP swabs for both COVID/flu – no decision yet.

Stan Weinberger, MD: In practice, it really helps to have good triage and even sometimes good video visits beforehand because the hardest thing to sort out is how many symptoms does the patient have? Does it really seem like it could be COVID before we bring them in? It helps to preserve PPE. It also keeps patients who do not need to come in from coming on and otherwise to preserve PPE. Once we bring them in, if they have any symptoms, we really gown up to be ready for anything and in case it's COVID-19.

Wendy Davis, MD, VCHIP: This document, Primary Care COVID-19 Testing for Symptomatic Patients, has been in development by the Health Department, partly in collaboration with Timber Lane Pediatrics. It's been challenging to identify and try to solve some of the barriers. This checklist talks about where to conduct specimen collection, links back to all of the past Documents from the Health Department about how to get testing materials, how to do the test, how to get results, and then results reporting. There's a section on proper PPE and including some ordering information, ventilation information, and a bit about payment.

Breana Holmes, MD, VCHIP & VDH: It's not ready yet. The folks in the Med Tech branch that actually do the testing at our popups wanted to review it, so stay tuned. In terms of the adult triage guidance, I have a call at 1 pm today with Cindy Noise, who is the adult physician advisor. She's taken all the feedback, and she and I are going to finalize it and just get it out, even if it's imperfect. I will tell you that it drives almost everyone to testing because it's adults. A shout out to Ben and Bill that they were willing to consider and put out a

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pediatric algorithm to think about a middle state of alternative diagnoses and the decision making. I just think it's harder with adult medicine, so it's coming, I promise. It's really about schools. I talked to 200 school nurses during a town hall yesterday, and they really are being placed in the nexus of the primary care community and their teachers, so I can see why it matters in this arena.

Questions/Discussion

Q: Does the percent positive 7-day average reflect only VDH tests or all tests in Vermont?

A: Breena Holmes, MD, VCHIP, VDH: All tests.

Q: Re: band guidance. A local school is saying national guidelines, outside, 6ft apart with surgical masks with a slit cut in them and barriers on the end of their instruments. Anyone heard this?

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: Ashley, we have discussed music on multiple occasions for the Health Restart document. We have allowed band practice outside. The key debate is whether wind instruments with masking the instrument can be played indoors. So far, we have not been supportive of that.

A: Breena Holmes, MD, VCHIP, VDH: We're very aware of the national guidance and there's wonderful advocacy for music in VT but Drs. Lee and Raszka reviewed the studies and attaching HEPA filters to the end of woodwinds or trying to create a slit in the mask, it doesn't currently feel safe in an indoor setting. The new guidance allows people to be alone in a room singing and to be alone in a room playing a woodwind instrument but not in groups. We'll continue to revisit it.

Q: Do students need masks outside for band practice?

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: We have not required masking if outdoors and more than six feet apart.

Q: Can you comment on the timing/pace of the contact tracing process? For example, if you haven't heard from them in x days, you're in the clear?

A: Breena Holmes, MD, VCHIP, VDH: We activated 30 more contact tracers over the last week, just because of the increase in close contacts over the weekend. These are folks who have been trained and some need to be trained. We are trying to hold to the 24 hour goal when people will be alerted. It's hard to determine when to start the clock on 24 hours because it's not really from when the positive case is identified by the health system. It's more about when that information gets to the health department and then they're able to develop a line list with the schools. Case may be identified Saturday, but calls don't start until Monday. From the perspective of a citizen, from the time you hear about a case, it should still be 24 hours.

A: Alex Bannach, MD, North Country Pediatrics: We have been telling families if they haven't heard within 48 hours they should be safe. It has worked well from the contract tracers and counting from the time they (families) learned about the case, through whichever channel.

Q: I think the VOE just released new guidelines on library books. Used to have to quarantine books for 3 days and now none, as we are in step 3?

A: Breena Holmes, MD, VCHIP, VDH: Not related to Step 3. This is just in our revision of guidance based on science and the low transmission of virus on hard surfaces.

A: Jessica Denton, Community Health Team Social Worker, Timber Lane Pediatrics: Georgia Public Library VT is quarantining books for 7 days.

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: The problem is that if you put a large inoculum of virus on any particular surface, you can detect virus for many days. The library association did

a study inoculating books etc. with large amounts of virus and found that virus could be detected on some surfaces 8 days later, hence their recommendation. Remember-, that is not a real world test.

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: We have been in discussion about the need for quarantine for books. We have advocated no quarantine but the library associations have their own guidelines so there is a negotiation in progress about rules for school libraries.

A: Becky Collman, MD, Collman Pediatrics: Colchester's library quarantines, too. I am on the board, and would love to bring them official word that it is not necessary.

A: Breena Holmes, MD, VCHIP, VDH: If you hear anything about library books, the guidance is in process. We will have official library in schools word for you all Monday.

Q: Dr. Weinberger, do you reuse your N95? Does one provider do all the sick visits and remains in N 95?

A: Stan Weinberger, MD, UVMCH Pediatric Primary Care: We do reuse our N-95, putting them in a paper bag and then reusing them. We have one person on in the evening, but in the late afternoon, we don't necessarily have one provider who roams around to see all of the sick patients.

Q: Did the adult triage guidance come out? School RNs are asking about staff all the time.

A: Breena Holmes, MD, VCHIP, VDH: I have a call at 1 pm with Cindy Noise, and she and I are going to refine it and publish it. I will tell you that it drives almost everyone to testing because it's adults.