VCHIP CHAMP VDH COVID-19

November 2, 2020 | 12:15-12:45pm Call Questions and Answers*

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**VDH Updates: School Cases**

*Wendy Davis, MD, VCHIP:* VDH also hosts the Vermont School Based COVID-19 Transmission dashboard (linked here: https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf). The dashboard is now updated on Tuesdays with data through the previous Sunday, so you can expect an updated table tomorrow. For a case update, there has been almost one new case per day in staff/students (almost all adults). There are a few new isolated cases in schools (Canaan situation with cross border cases). The Vermont College & University dashboards (available at https://dfr.vermont.gov/about-us/covid-19/school-reopening) indicate there are now 41 total cases as of 10/30/20 at St. Michael's College.

*Breena Holmes. MD, VCHIP & VDH:* We continue to be somewhat challenged by the difference between the NH public health system and the VT public health system. The school and many in that community were already hearing things before the VT public health system had the information. There's a pop-up site up there to get a better handle on those cases. If anyone on the call is from that region, there was some delay because the cases were in NH.

**VT Travel Map Update**

*Wendy Davis, MD, VCHIP:* There's concern about upcoming holiday travel, so please note the DFR travel map and share it with your patients if they are thinking about traveling (linked here: https://dfr.vermont.gov/about-us/covid-19/modeling/covid-19-modeling-graphics).

**VDH Updates – School Cases and Contact Tracing**

*Breena Holmes. MD, VCHIP & VDH:* Children's Integrated Services (CIS) says they need more information. Their response was not, "Well, those services should be in person," which is what I was hoping for. I continue to wonder about the intersection between home visiting services and early intervention services because I have heard from Melissa Kaufhold and others on this call that nurses in the home have figured out appropriate protocols. I'm wondering what the definition of essential services is. I also considered

It's going to be quite a week. This is the understatement of the century for what's ahead for our country on Wednesday, Thursday, and Friday. There is a notion of whether Vermont schools will be entirely virtual after the Thanksgiving holiday due to the concern about families travelling and gathering. College students are no different than anyone else who travel to a red zone. They need to quarantine for 14 days or test on day 7 to get out of quarantine. You need to wear a mask and keep distance when in the home together if travelling from other areas.

For contact tracing, we are increasing our capacity. All of the people who have been trained have been deployed now to the contact tracing response. We have more temp people coming in on November 7th. At this point, seven people per positive case are identified as a close contact. When we tell kids in schools to go home and quarantine, we tell them to go home and quarantine for 7 days before getting a test if asymptomatic. If the child develops symptoms, then they need to get a test sooner to see if they were

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infectious in schools and if there are potentially more close contacts. Over the weekend, they identified a bunch of additional school cases where there was a delay in testing symptomatic children.

**VDH Health Advisory (10/31/20) – Increased and Imminent Cybercrime Threats**

*Wendy Davis, MD, VCHIP:* I hope many of you are on the VDH Health Alert and Health Advisory Network (HAN). IF you're not, I encourage you to sign-up so you can get these notices immediately in your email. A HAN was released on Saturday about the increased and imminent cybercrime threat. U.S. DHHS, Cybersecurity and Infrastructure Security Agency (CISA), & FBI have credible information of increased/imminent cybercrime threat to U.S. hospitals and healthcare providers. VDH is sharing this information to encourage timely/reasonable precautions to protect networks. CISA has posted joint cybersecurity advisory describes threat & tactics, techniques, & procedures (often involving ransomware attacks, data theft & disruption of healthcare services – link provided). The HAN also includes suggestions for immediate action. Please consider following the advisory's mitigation steps.

**Testing Update – VDH and UVM MC/HN**

*Wendy Davis, MD, VCHIP:* The UVMMC/HN systems remain compromised (including OneCare Vermont), but repairs are in process. See the VDH Health Alert (10/31/20) for more information. The VDH Public Health lab worked 24/7 all weekend to assure testing capacity was adequate. All samples were either run here or sent out to Mayo Clinic or the Broad Institute. Tier 1 (high priority) are being run on UVM MC Panther machine in house (roughly 161 tests over the weekend of 10/31-11/1/20). The paper-based results are being faxed to the public health lab. Tier 2 tests (routine) in UVMHN are all going to Mayo Clinic or the Broad Institute, with results sent directly to the public health lab. We'd like to hear from you what has your experience been.

*Breena Holmes. MD, VCHIP & VDH:* At VDH, the team worked all weekend to improve communication time to try to get current results to the patient and into the public health system because people with COVID-19 not knowing it is not good. The Health Department is helping with communication to try to get test results back from Mayo or Broad labs. You need to make sure clinical providers and patients know the results as well.

*William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics:* The tests are being run, so it's really about the test results getting communication that is the problem. On many of the tests, there was no physician of record, so that made the follow up really challenging. Their plan is to communicate the positive tests first and then deal with the negative tests later.

**CDC Updates – MMWR on Household Transmission**

*Wendy Davis, MD, VCHIP:* The MMWR: Transmission of SARS-COV-2 Infections in Households — TN & WI, April–September 2020 was released early on 10/30/2020. It was previously identified that transmission of SARS-CoV-2 occurs within households but estimates vary widely & data on transmission from children are limited. The findings from a prospective household study with intensive daily observation for ≥7 consecutive days indicate that transmission of SARS-CoV-2 among household members was frequent from either children or adults. The implications of these findings include household transmission of SARS-CoV-2 is common & occurs early after illness onset. Furthermore, Persons should self-isolate immediately at the onset of COVID-like symptoms, at the time of testing as a result of a high risk exposure, or at time of a positive test result, whichever comes first. All household members, including the index case, should wear masks within shared spaces in the household. Linked here: https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6944e1-H.pdf.

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*William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics:* It's a pretty stunning study to be honest. They tested every single contact once a day for several days. It was a 50% attack rate. It didn't matter if the index case was a child or an adult. It just emphasizes the need to isolate family members within the home. Transmission in the household occurs early, frequently, and needs to be addressed. It's a little bit alarming. Isolate as best you can.

**Practice Issues: Testing Guidance for Adult Patients**

*Breena Holmes. MD, VCHIP & VDH:* We have got to continue to remind ourselves that we use these algorithms during low prevalence. If prevalence creeps up, then there should be less flexibility. We need to continue to talk about where these algorithms should live. I would need to do some work to get it onto the Health Department web site. It doesn't have the communications seal of approval. This is not coming from the Health Department. There's no logo here, so you can start using it. This is for primary care; not for general public.

*William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics:* We talked recently about bronchiolitis and potential not testing, but now I think we should test, even if it presents like bronchiolitis. I think we have to get ahead of this uptick as best as we can. I advocate for testing. I would not wait for a further escalation. That's my bias right now.

**Questions/Discussion**

**Q: Our school district has already made their own call about remote days post holidays.**
*A: Many schools are doing one week of remote learning after each holiday break.*
*A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: I still have a lot of problems with that approach, that seven days is not a quarantine if anyone else went away. So if I went away this week to Massachusetts, I would have to be quarantined for 14 days or have seven days and a test result. It is just a little inconsistent to say people can travel for the holiday and quarantine only the last seven days. I'm not necessarily saying we should stop in person learning. I am actually really opposed to that, but I would just say this is a hybrid and it doesn't meet the needs of either policy. Just be careful that it's not a true quarantine.*
*A: Breena Holmes, MD, VCHIP, VDH I agree with Dr. Raszka. School districts should wait for state guidance on this.: I'll just weigh in. I don't think they're making up their own rules. I think they're going remote, but they're really saying, the Friday before Thanksgiving starts the, I forget there was somebody trying to explain this, but it isn't seven, it's closer to 14 days on the math of when they think people are going to be traveling and then come back. It's all very strange.*

**Q: I worry if the approach with remote learning following holidays isn't rather encouraging rather than discouraging travel?**
*A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: I agree. That is also my concern.*
*A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: I agree and that's why I want to be so clear.*

**Q: Do they need another test at day 7 if the initial test was negative?**
*A: Monica Ogelby, Clinical Services Director, VDH: Unfortunately, yes, if they want to end quarantine early.*
*A: Breena Holmes, MD, VCHIP, VDH: So, the child develops symptoms, they're a close contact of someone with COVID, so they go straight to a test. (You're on page 1 of the algorithm). That test is negative, so that test is good for that day. But they're still in quarantine form exposure. Yes, they need to get retested at day 7 to get out of quarantine or stay in quarantine the full 14 days.*

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*Q: We had positive cases Friday and actually both our practice as well as patients heard about them from the contact tracers as lab results were not communicated due to IT problems.*
*A: Monica Ogelby, Clinical Services Director, VDH: Contact tracers cannot be the go-to for providing results for the public, but if you have a patient you're particularly concerned about or how, if positive, it could impact the community, contact tracers are happy to assist with result reporting under certain circumstances.*
*A: Michelle Shepard, MD, Pediatric Primary Care, UVM Medical Center (Williston) & VCHIP: The lab is calling the clinic with positive results. Families are angry/frustrated waiting for negative results. A big problem for us is not having contact information for families without EHR.*
*A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: Around the region, there is a backlog regardless of whether or not there is an EMR problem.*

**Q: We tested on day 7, they have hit day 10, so if they hadn't tested, they'd be cleared?**
*A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: If asymptomatic but positive, they need to quarantine for 10 days from the date of the test. So getting a day 7 test if asymptomatic does not mean they can go back at day 10 since exposure if asymptomatic and test is still pending.*

**Q: Any additional information on larger numbers of positive cases each day? Are they still connected to one of the outbreaks?**
*A: Breena Holmes, MD, VCHIP, VDH: We're still in the 20s, which you know I would say half of the cases are still associated with these outbreaks. When Dr. Davis asked me about Saint Mike's, I paused because, as you know, it's a tricky thing of what's public, but, I just looked it up and it is public now. The outbreak at Saint Mikes, which as you know, is secondary to the ice sports, is over 60 people now. So we're not at the end, at the edge of. You know it goes primary, secondary, tertiary outbreaks and we're still grappling.*

**Q: If a patient has had a COVID test, but has gotten no results and has quarantined for 10 days, is asymptomatic for at least 24 hours, can he/she return to school? If they had had no test, they'd be allowed to return. Does the fact that they have an outstanding test prohibit their return to school? This is the algorithm option "if no test done". We have one patient that we are waiting for 7 days.**
*A: Breena Holmes, MD, VCHIP, VDH: So you're wondering, in this context of the cyber breach, that you would be going 10 days without a result? That's horrifying. We're hearing that people are going a couple of days beyond what they would hope, but not 10. Since the breach was only five days ago, are you doing an anticipatory worry on that one? Because if there's no test done, and the patient goes back at 10 days, I'll answer that question straight up from the algorithm. But if you've tested in the context of some higher suspicion or close contact, that patient needs to be treated a little differently. I wouldn't just assume that it's as simple as a mildly symptomatic person waiting out the 10 days. I can't imagine a world where we're getting results 10 days, especially because we just spent the whole weekend trying to figure out communication pathways. We're a small enough state and we have just a handful of positives every day. I know it's 20, but two or four big handfuls. We should be able to at least get positive results into the hands of people before 10 days, so I guess I'm being an optimist on that one.*

**Q: Dr. Raszka, that message about URIs is getting lost in the small print. It feels like there will be a lot of "viral URI" diagnoses that won't get tested. I think asthma exacerbation needs to be looked at closely. If the asthma exacerbation is due to a viral URI, the virus could be COVID.**
*A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: Yes, we did touch base with our lab (before the cyberattack) and for now we do think we can support testing bronchiolitis patients for SARS-CoV-2.*

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**Q: Is there a modification of what is a close contact if people are masked? Any distinction between facial cloth coverings or surgical masks? How about the information of a close contact being within 6 feet for a total of 15 minutes in 24 hours?**
*A: Monica Ogelby, Clinical Services Director, VDH: Masks only impact our risk assessment, but doesn't spare anyone from being a contact unless there are healthcare workers involved. We obviously assess those contacts differently.*

**Q: Do we continue to follow the CDC guidance for exposure of health care workers where it does list masked vs unmasked of the case?**
*A: Breena Holmes, MD, VCHIP, VDH: Yes, health care worker exposure is from CDC.*

**Q: And for healthcare workers within home exposures, is it still up to the employee health to decide if they can work?**
*A: Breena Holmes, MD, VCHIP, VDH: Yes, employee health makes those determinations.*

**Q: Does anyone have an employee health algorithm?**
*A: Wendy Davis, MD, VCHIP: Michelle, I'm not sure, but we can ask.*

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