VCHIP CHAMP VDH COVID-19

November 4, 2020 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD, FAAP, Physician Advisor, Maternal & Child Health, Vermont Department of Health (VDH), VCHIP Senior Faculty

UVMMC Cyberattack Update – Lewis First, MD, Chair, Pediatrics, UVM Children's Hospital

Lewis First, MD, Professor and Chair, Dept. of Peds LCOM; Chief of Pediatrics, UVM Children's Hosp.

- "We are playing the long game…we've been grateful & collaborative. Your patients and your patience are important to realize we will get through this. Our resiliency is important."
- Cyberattack on the UVMMC, Children's Hospital & Health Network (6 systems across the U.S.)
  - Goal is to provide **safe care**; VITL utilized for some tracking of labs & after visit summaries.
- Communication:
  - Emails sent via @uvmhealth.org email not getting through. UVM faculty with @uvm.edu accounts or @med.uvm.edu accounts may be able to receive email via these accounts. Internal communication happening via text chains.
  - **Call Provider Access Service (PAS)** and request call back for specialty consultation, urgent lab results, etc.
  - All oncology patients have paper records; continue to receive chemotherapy and treatment as per usual protocols.
  - ED communication also working to be available & maintain communication
- "Text or call me [Dr. First] and I will get the information to the specialist you need."
- Current situation: #s of COVID-19 cases, incl. children, increasing; visitor/other policies subject to change.
- NOTE: We have NO SCHEDULE for pt. appts. starting tomorrow. Patients can still come; requesting they bring meds & previous after visit summaries. Please let families know if coming to Specialty Center.

We are going to get you the information you need. This call is a lifeline. We should be grateful for it because it's going to allow us to stay together. We area Pediatric Nation in Vermont. We are so fortunate to have each other. Let's be grateful that we have this environment."

Practice Issues: Approach to STI Testing for Gonorrhea and Chlamydia - Erica Gibson, MD

Multiple parties have put out information about limited availability of testing supplies for gonorrhea and chlamydia. You really want to prioritize individuals most likely to experience complications. We want to maximize the number of infected individuals identified and treated as much as possible in your setting during the shortage. 71% of labs have a shortage of supplies for STI testing, and the shortage if impacting all labs (hospital, public health, and commercial, private). The UVMMC lab alert on September 10th indicated there is a shortage of yellow urine GC/CT collection tubes. It's okay to send these tubes if you have them, but UVMMC cannot replenish the supplies. You should only test patients with symptoms, at high risk or with known exposure. Symptomatic patients include people with symptomatic cervicitis or pelvic inflammatory disease (PID), people with penile symptomatic urethritis and people with symptomatic proctitis. Yellow urine collection tubes should be saved for patients with penile symptomatic urethritis. The recommendation for people with symptomatic cervicitis or pelvic inflammatory disease (PID) is to treat empirically for both GC

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and CT. Please note, this does not apply to HIV and Syphilis testing. Reinstitute 2015 CDC STI guidelines when shortages resolve. Find more details in the STI approach document embedded below.

APPROACH TO **Gonococcal/Chlamydia*** TESTING DURING PANDEMIC LAB TESTING SUPPLY SHORTAGE
Sources: CDC, VDH HAN Nov 2, UVMMC alert Sept 10
Nov 4 2020 . EGibson

GOAL OF GUIDANCE:

1. **Prioritize individuals most likely to experience complications**
2. Maximize the number of infected individuals identified and treated as much as possible in your setting during the shortage

WHAT ARE THE SUPPLY ISSUES?

1. 71% of labs have a shortage of supplies for STI testing
2. Affecting all labs: Hospital, Public Health, Commercial, Private
3. UVMMC lab alert Sept 10 – Shortage of yellow urine GC/CT collection tubes
    a. Okay to send if you have them but supplies cannot be replenished by UVMMC
    b. Only test patients:
        i. With symptoms
        ii. At high risk
        iii. With known exposure

SYMPTOMATIC PATIENTS:

1. PEOPLE WITH SYMPTOMATIC CERVICITIS OR PELVIC INFLAMMATORY DISEASE (PID)
    a. Treat empirically for both GC and CT
    b. Vaginal swab (orange) PREFERRED, only for 16yo and older
        i. Lab: Running NAATS
    c. Endocervical swab (white) SECOND CHOICE
        i. Lab: Running NAATS
2. PEOPLE WITH PENILE SYMPTOMATIC URETHRITIS
    a. Test first if you can to determine if Gonococcal Urethritis or Non-Gonococcal Urethritis (NGU) then treat accordingly.
        i. Urine sample (yellow tube). **SAVE YOUR YELLOW URINE COLL TUBES FOR THESE PTS!**
            1. Lab: Running NAATS
        ii. Urethral swab (white, same as cervical)
            1. Lab: Running NAATS (CDC recommends backup Gram stain, Methylene blue)
    b. If no test collection available then treat empirically for GC and CT
    c. If treat empirically for GC and CT anyway then send test if possible to:
        i. Confirm diagnosis
        ii. Inform partner management
        iii. Inform future management if symptoms persist or recur
3. PEOPLE WITH SYMPTOMATIC PROCTITIS
    a. Treat empirically for both GC and CT
    b. Consider Herpes (HSV) treatment if pain or mucocutaneous lesions present
    c. If rectal swab (white, same as cervical) available then test also.

ASYMPTOMATIC PEOPLE WITH VAGINA-CERVIX-UTERUS:

1. Screen if:
    a. <25yo (especially if pregnant)
    b. >25yo who are at risk
        i. new sex partner, multiple partners, partner with multiple, partner with STI
2. Vaginal swab (orange) preferred
    a. Urine sample (yellow tube) if available and no swab available.
3. Extra-genital (pharynx, rectum) not recommended

ASYMPTOMATIC PEOPLE WITH A PENIS WHO HAVE SEX WITH PEOPLE WITH A PENIS:

1. Rectal and pharyngeal testing should be prioritized above urine/urethral based testing if indicated
    a. In order to maximize the detection of infection
2. If test kits are severely limited rectal testing should be prioritized over pharyngeal testing.

ASYMPTOMATIC PEOPLE WITH A PENIS WHO HAVE SEX WITH PEOPLE WITH A VAGINA-CERVIX-UTERUS:

1. Screening is not recommended

CONSIDER EXTENDING ROUTINE SCREENING INTERVALS FOR THOSE WHOM SCREENING IS RECOMMENDED EVERY 3 MOS IF TESTING IN SHORT SUPPLY:

1. Men who have sex with men (MSM) & Penile/Penile partners
    a. High risk
    b. Those using PrEP

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Practice Issues: School-Based Winter Sports Guidance

Wendy Davis, MD, VCHIP: Guidance for Winter Sports Programs for the 2020-2021 School Year is now available at: https://vem.vermont.gov/winter_sports. Highlights include no spectators at events, practices, indoor games ("key personnel" only). The mask mandate continues and extends to referee for indoor sports. Practices, including inter-squad scrimmages can begin on or after November 30. Games/meets/competitions can begin no earlier than January 11. There is an intentional 6-week interval to allow for health officials to look for trends and make adjustments as needed (data could lead to additional restrictions). Social events are strongly discouraged due to the transmission risk.

Questions/Discussion

Q: Question about the Vermont Health Department form online "when kids can return to school". It says that no note is needed to go back to school, which I understand the thinking behind this, but what the schools have been having parents do is not contact their primary care providers when kids have multiple symptoms or exposures/travel. For example, a student is sent home with multiple symptoms, the school sent the communication form to the pediatrician, the parent calls the office, got testing, but then sent the child back to school without waiting for the results or the 10 days that is recommended to keep the child home if has multiple symptoms. I think the wording of no note may need to be changed as it is not what we want to have happen. We want parents to call our office and discuss what the plan of care for the child should be and when they are safe to go back to school plus if we need to test them we want to do this. In this scenario and in several others the communication tool was not returned with a plan plus the parents are making their own decisions.
A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: Oh, no. That is not good! Somehow, I am getting the impression that too many people are easing up and tired of the rules. I am so worried.
A: Breena Holmes, MD, VCHIP, VDH: We want team based care, medical homes, parents, school nurses communicating clearly about children and their health. The reason for the language about no note is that we didn't want to drive an administrative process that is better served with good teams. That said, the communication disposition tool we developed for us in communities is used as a "note" so can you encourage its use in this scenario?
A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: There is no scenario where a test is pending due to symptoms where the child should be back at school. Technically they are supposed to be under quarantine. Hopefully that would get picked up at screening?

Q: This of course doesn't apply to pediatrics, but is a thin prep (pap) sample okay to use for asymptomatic screening or best not to do any screening at all?
A: Erica Gibson, MD, UVMCH Pediatric Primary Care & VCHIP: We haven't traditionally done that or recommended that. If nothing else is available, I either defer to Dr. Lee or Razska now or I can call the lab to check in on that as a possible option.
A: Wendy Davis, MD, VCHIP: If you get that information, we can put that in our email tonight or soon.

Q: Is this also for the samples we send to the Vermont Health Department?
A: Erica Gibson, MD, UVMCH Pediatric Primary Care & VCHIP: I don't have information on the lab side of VDH testing, if they're able to do all the testing.
A: Breena Holmes, MD, VCHIP, VDH: The whole reason for the HAN was to begin the journey and to think about guard rails as we probably won't have the supplies we need over the next few months. We're getting people to think more thoughtfully as we move forward.

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Q: So is the risk of asymptomatic infection in people with penises not that big of a concern and does it not affect fertility? We pushed so hard to screen our adolescents, and now if feels like a big step back.
A: Erica Gibson, MD, UVMCH Pediatric Primary Care & VCHIP: The guidance has always been more about screening women or those with vagina, cervix and uterus because of the risk of complications and that stands with this guidance also so, yes, it's not as big of a concern in terms of complications down the line. That's where that comes from. But when we get back to normal, I absolutely recommend continuing to screen those patients also regularly.

C: James Metz, MD, UVM Medical Center: Just a reminder, we do not empirically treat younger children who may have been sexually assaulted. It's important to get the test and then if the initial test is positive, then a confirmatory test is important before starting treatment.

Q: Wondering why indoor track isn't allowed?
A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: That did come up. There was also a lack of space to do many of these activities and many felt that those who loved indoor track still could participate in a spring sport. Spring sport guidance will not be out until next year. Indoor track usually has very large indoor meets, and that was the issue. They are multiple team competitions and there was no way to mitigate that risk at all.

Q: I missed information on the Adult Algorithm. Who developed this?
A: Wendy Davis, MD, VCHIP: Let me go back and show you that. This was in collaboration of some family medicine folks, Cindy Noyes, MD, an infectious disease doctor at UVM Medical Center, Rachel DiSanto, MD and other authors. It was a long time coming and in response to this groups desire to be able to help families and school nurses, due to adult teachers who have largely seen cases in schools, and this is the result.

Q: Is this (adult algorithm) ready to be shared?
A: Breena Holmes, MD, VCHIP, VDH: We have an even better graphically designed version to attach tonight.