

VCHIP CHAMP VDH COVID-19

November 9, 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

VDH Update: Increasing Cases and Mitigation Strategies

Wendy Davis, MD, VCHIP: We're seeing strengthening messaging regarding increasing cases and doubling down on our mitigation strategies from the Governor and the health department. Governor Scott tweeted this morning about this, so I expect you'll see some increased messaging around this.

Breena Holmes, MD, VCHIP & VDH: I suspect there will be an announcement at the Governor's media briefing tomorrow about limiting travel and the size of social gatherings.

AAP Updates

Wendy Davis, MD, VCHIP: We will continue to remind you all about the AAP COVID-19 Town Hall series, which takes place every other Thursday evening (linked here: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/connecting-with-the-experts/>). The town hall this past Thursday (11/5/20), Supporting the Emotional & Behavioral Health of Children, Adolescents, and Families during the COVID-19 Pandemic, is available at:

https://players.brightcove.net/6056665225001/default_default/index.html?videoid=6207704908001.

Companion interim guidance is available at: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-on-supporting-the-emotional-and-behavioral-health-needs-of-children-adolescents-and-families-during-the-covid-19-pandemic/>. Dr. Erica Gibson will hopefully be joining our call on Friday to discuss this important topic.

In the News

Wendy Davis, MD, VCHIP: There's lots in the news that we're all hearing over this last 48 hours. On November 6, the FDA authorized the first serology test to screen for coronavirus antibodies, with appropriate caution to "not interpret positive test results to mean patients protected." There was follow-up in the New York Times yesterday (11/8/2020) regarding COVID-19 infections in animals, noting dogs, cats, tigers, hamsters, monkeys, ferrets, & genetically engineered mice have also been infected. The article is available here: <https://www.nytimes.com/2020/11/08/science/Covid-virus-transmission-mink.html>. The New York Times also provided a nice summary of some peer-reviewed publications about studies that are raising questions about whether the cytokine storm is actually responsible for the death of patients with COVID-19. The summary specifically looks at two studies published in JAMA Internal Medicine and one published in NEJM. The theory was over reactive immune response eliminated virus but also fatally damaged tissues and organs. However, recent studies suggest IL-6 levels were not elevated in patients with COVID-19 and drugs (e.g. tocilizumab) aimed at blocking IL-6 were not effective in treating such patients.

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Historically, immune mediators in severe disease (i.e., sepsis) have not been very successful. The immune response is multifactorial. We still are not sure why some people do so poorly.

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

UVMMC Cyberattack Update – Lewis First, MD, Chair, LCOM Department of Pediatrics, and Chief of Pediatrics, UVM Children’s Hospital

Wendy Davis, MD, VCHIP: Multiple systems continue to be unavailable affecting many areas across the Health Network. There is limited access to patient data in ambulatory settings. Please continue to advise patients to bring medication lists and after visit summaries or D/C summaries to their appointments. All lab testing needed for diagnosis and medication management are accepted, but please do not order routine screening and unnecessary daily inpatient tests. There are paper requisitions only with provider name, location, and phone/fax. OPD results are faxed. UVM phlebotomy is also limited with Main Campus ACC only. Positive COVID-19 test results are relayed to the ordering provider by phone and negative results are being faxed. If urgent, call Lab Customer Service: 802-847-5121.

Breana Holmes, MD, VCHIP & VDH: I learned on Friday that if the provider calls, the results are easier to access than if you send the patient to call the lab. Lab customer service is 802-8247-5121. It is incorrect that if you do not hear back then the results are negative.

VDH Updates: School Cases

Wendy Davis, MD, VCHIP: Based on what we know about case increases, the Vermont School Based COVID-19 Transmission dashboard will show different numbers tomorrow, since it’s updated weekly on Tuesdays with data through the previous Sunday. The dashboard is available at: <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>. As posted on November 3, there were 39 total cases, with 11 cases reported in past 7 days in Vermont K-12 learning communities. The Vermont College and university dashboard is available at: <https://dfr.vermont.gov/about-us/covid-19/school-reopening>. 65 total cases have been linked to the St. Michael’s College outbreak as of November 2.

Practice Issues: Vaccine News

Wendy Davis, MD, VCHIP: The New York Times also posted an article today regarding the Pfizer vaccine news, indicating Pfizer’s early data shows their vaccine candidate is more than 90% effective. The article is available here: <https://www.nytimes.com/2020/11/09/health/covid-vaccine-pfizer.html>. Early analysis of the coronavirus vaccine trial suggested it’s robustly effective in preventing COVID-19. The vaccine was developed w/ (German) BioNTech; released sparse details from clinical trial, based on 1st formal data review by outside panel of experts. No safety concerns were noted in the press release. Pfizer plans to ask the FDA for emergency use authorization (EUA) of the 2-dose vaccine later this month (after collecting the recommended 2 months of safety data). The company expects to have manufactured enough doses for 15-20 million people by the end calendar year. They must still collect long-term safety and efficacy data and it’s unclear the duration of these protections. Pfizer is the first company to announce positive results from a late-stage vaccine trial, however there are eleven vaccines in late-stage trials (4 in the U.S.). The Moderna vaccine uses similar technology and may release early results later this month. Pfizer did not take federal money for research and development as part of Operation Warp Speed.

Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: It’s hard not to view these results as pretty encouraging. No one I know in the vaccine world was expecting that any of these early vaccines would have efficacy that high, of 90%. Many flu vaccines have around 60% efficacy. The actual data itself has not been released. All we have is a press release from the company itself. Not everyone has completed the two-

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month follow up on safety data. It's still fair to say that there's a decent amount of monitoring left to go to get a safety signal from these data. It was based on a higher number of cases planned in the interim analysis. At the end of the day, I found these data to be encouraging, much more so than I suspected for initial vaccine testing results. Distribution will be challenging. This is the first mRNA vaccine to be shown to be effective. They are easy to produce, but difficult to distribute because they need to be kept very cold, -80 degrees. Most standard household freezers only go down to -20 degrees. There still are some caveats. The data have not been vetted by others. It's still early, so there's still a lot of safety data to evaluate.

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Dr. Lee will speak about the vaccine itself and the data but Pfizer is clearly gearing up to charge for the vaccine (my reading of the comments from the executives).

Practice Issues: Vaccine News, COVID-19 in Schools

Wendy Davis, MD, VCHIP: There were several cases in schools this week, with cases increasing since November 6, 2020. We're now seeing days with 3-4 schools impacted and extensive contact tracing. Among the schools impacted are Grand Isle Elementary (one case; 2 classes switched to remote "out of an abundance of caution") and Essex-Westford (3 cases; not exposed to virus at school; schools open for in-person learning Monday). The message for pediatricians is we are still waiting for contact tracers to tell a family if their student is a close contact. While it's tempting to recommend quarantining students/staff "out of abundance of caution" before they are called, we do not recommend this. AOE leadership's clear message is they are not recommending switching to remote instruction after Thanksgiving. There are ongoing conversations about surveillance testing for teachers and other groups this winter.

Breana Holmes, MD, VCHIP & VDH: I think the days of us being able to call out certain schools are going to rapidly go away. Since Thursday, there are 6 to 8 schools that have a case. We will interpret what you are hearing. We are trying to slow everyone down to discuss quarantine for close contacts. I was struck by how many schools couldn't manage that and just decided to close classrooms or the whole schools. It felt like some of that early work we did to slow down the anxiety or public perception of this, we're sort of back there again. It's being driven by the increased number of cases and the messaging from the Governor and Commissioner Levine. Contact tracing is now taking longer than 24 hours. If you hear that a case in a classroom, but the contact tracers haven't contacted anyone in that classroom yet, then try not to give quarantine advice. We want to diminish the energy around closing schools or going remote. The AOE is now 100% clear. They are not recommending any kind of switch to remote-only after Thanksgiving, however, some independent school districts have made that decision. There is an ongoing need for surveillance around large groups of people, like teachers, to do frequent and widespread testing on those groups this winter. We need anthropologists and psychologists on our team now. We don't know why people are relaxing. If anyone has ideas about that, please let me know.

Questions/Discussion

Q: Our triage RNs had an Algorithm question: COVID exposure in the home and not able to isolate; option 2 is to remain in the home and to do a 14 day quarantine starting after last sick person is 10 days out from their infection. Families have noted that the contact tracers have been instructing them to test at 7 days (rather than wait 14 days). Can we do that? We had been giving families mixed messages.

A: Breena Holmes, MD, VCHIP, VDH: That sounds alright to me. It sounds like you're in the 14 day path for quarantine, so day 7 is test out and day 14 is quarantine.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: They can always do a test at 7 days following last exposure as long as they are asymptomatic. The key is that the last exposure within a household doesn't occur until the index case has cleared isolation. It would probably be reasonable to put out a disclaimer than any direct guidance from VDH contact tracing team should supersede any other recommendation since often there will be case-by-case scenarios.

Q: It is incorrect that if you do not hear back then the results are negative.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Negative results will be faxed to the ordering provider. Positives should be called in as soon as the result is known. There was a big backlog getting that information for the tests that were collected during the first week of the cyberattack. To clarify an important point, I am referring only to testing done through UVMCMC.

A: Liz (Elizabeth) Richards, MD, Brattleboro Primary Care - Pediatrics: That seems like a bad idea since our results are taking 5-6 days to come back and we had a positive come in 6 days later. Our tests are going out to Mayo now from Brattleboro.

A: Kristen Connolly, MD, Timber Lane Pediatrics (Milton): This past week, many tests are taking 6 days. We are spending a lot of time receiving calls from patients waiting on tests 6 days out.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Mayo results have been slow for some time.

A: Alex Bannach, MD, North Country Pediatrics: Same here, usually 6 days. Parents are understandably anxious, but overall usually understanding. We all do what we can. Hopefully it will eventually get better again. And let's remember, that's still better than other parts of the country.

Q: When you say schools have a case, do you mean students or faculty?

A: Wendy Davis, MD, VCHIP: You may recall as the school transmission dashboard began to be developed and posted, we had and continue to have concerns about protecting privacy of all individuals, but really with the worry about stigmatization, particularly of our students. So you will see simply numbers about the actual, number of cases, and these are folks who were infectious while in school, and then both the total and then people who have recovered but not identifying by student or staff. Showing these two schools was by no means meant to be exhaustive. Interesting to continue to watch how schools vary in their response.

Q: If positive cases call contacts with positive results Sunday, families often call our offices first. Wondering what guidance to give if <24hrs before school starts?

A: Breena Holmes, MD, VCHIP, VDH: We really want business as usual until it isn't. Kids go to school until someone calls and tells you to quarantine. But if you're describing a household contact or someone with COVID, they will 100% be told to quarantine. So, if you're being specific that Dad has COVID, they for sure will be told they should quarantine, but if it's a friend's father, then we really want everybody to slow down and wait for contact tracing.

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

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Stick with business as usual. The LAST thing I want to do is close schools (even in an abundance of caution).

Q: Parents are calling to ask whether to send kids to school if in a window where VDH may not have reached out yet. I always say they will hear from VDH if considered a close contact. It's just tricky on Sundays. Family is in close contact. I just fear we will be sending contacts to school as rates rise. Hopefully they are called by Monday AM.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I think everyone should plan to send kids to school unless told otherwise (even with the understanding that they may be finding out super early). The challenge is that this ends up being a huge game of telephone. Often the information that the second or third person along the chain gets is wildly inaccurate when people are talking directly to each other rather than to VDH. I agree, if the contact is within the household then they should quarantine--hopefully that information would have been provided at the time they got the positive result.

A: Alex Bannach, MD, North Country Pediatrics: Most parents want to be responsible by keeping their children home. They don't want to find out later that their child exposed other people. It's very understandable and I cannot really say that I find that wrong if families choose to do that.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Households are different from the community. Family with close contact is just too slippery. If they live in the household, that is a household contact.

Q: I was surprised that our school notified every parent (ES, MS, and HS) about a single positive on high school football team. I feel like it just induces panic.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I agree. I understand the schools wanting to be transparent lest people accuse them of hiding anything, but at the same time, the outcome is much more anxiety for all than is necessary.

A: Breena Holmes, MD, VCHIP, VDH: We're in a very important relational space of the public health folks and the school administrators and yesterday we had a call at 1:00 o'clock, two o'clock, 3:00 o'clock, and 4:00 o'clock with big teams of public health, people with big teams of school administrators, and they just make decisions and I just admire them because they're on the frontline. The school administrators in that scenario you're describing just decided to alert a lot of people and that it's a balance between clear and transparent communication and sort of over oversharing I guess. So, thanks for noting this. We do a lot of good work saying well, whatever your communication is, it is not the public health recommendation to XYZ and it's a nice balance now because the superintendents are learning from each other and they already know we're going to say that. A part of the reason the school and childcare branches are on the call, is because they don't have an official role but all through the week and on the weekends we're on these calls as a way to talk about our experience and how to work with the community reaction as opposed to the actual contact tracing, which is very different.

Q: More and more people seem to know someone who tested positive and was not very sick or sick at all and despite knowing the bad side of this virus, I think this is leading people to be much less fearful, even beyond the fatigue of COVID guidelines.

A: Shannon Hogan, DO, UVM Medical Center Pediatric Primary Care, Burlington: It is easier to relax for people than the reality that we are heading into a dark, cold winter where you cannot see your family over the holidays and have limited things to do due to the pandemic.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I agree. People are tired. I think the tide will change when the hospitals across the nation are overrun.

A: Greg Connolly, MD, Lakeside Pediatrics: I would love for the mask mandate to be enforced with a penalty attached. I see people outdoors constantly without masks when passing other people.

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A: Alex Bannach, MD, North Country Pediatrics: I agree with the mask mandate with penalties attached. That might be the only language some people understand, as sad as that is.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: An important clarification, unfortunately we may be looking at mass lock-downs again at some point this winter if this continues. We have to do whatever necessary to keep the hospitals from being overrun.

Q: Is the September 14th Algorithm the latest for pediatrics or is there one since?

A: Wendy Davis, MD, VCHIP: Yes, that's the latest.