

## VCHIP CHAMP VDH COVID-19

November 11, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **VDH Updates: COVID-19 Cases in VT K-12 Learning Communities (While Infectious)**

*Wendy Davis, MD, VCHIP:* According to the COVID-19 in Vermont K-12 Learning Communities while Infectious dashboard (linked here:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>),

there were 15 cases reported in the past seven days for a total of 54 cases. The College and University dashboard (linked here: <https://dfr.vermont.gov/about-us/covid-19/school-reopening>) show the St.

Michael's College outbreak (part of ice sports) is up to a total of 76 cases as of yesterday's (11/10/20) media briefing.

### **AAP Updates**

*Wendy Davis, MD, VCHIP:* National AAP just released the transition plan for advancing child health in the Biden-Harris administration. The plan outlines specific policy recommendations to support our children and offers comprehensive steps to address the following wide range of pressing child health issues: COVID-19 pandemic, vaccinations, immigration, health equity and racism, environmental health and more. The plan provides more than 140 recommendations for 26 child health issues and builds on the AAP Blueprint for Children released in October. National AAP is also gearing up to address vaccine hesitancy. On the local level, in case you missed it, Dr. Leah Costello of Timber Lane Pediatrics gave a thoughtful interview with WCAX.

### **UVMHC Cyberattack Update – Lewis First, MD, Chair, LCOM Department of Pediatrics, and Chief of Pediatrics, UVM Children's Hospital**

*Wendy Davis, MD, VCHIP:* We received some important updates on the status of the cyberattack from Lewis First, MD, Professor and Chair, Dept. of Pediatrics LCOM; Chief of Pediatrics, UVM Children's Hospital. Multiple systems continue to be unavailable, which impacts many areas across the Health Network. Schedules are back online for ambulatory settings, but please continue to advise patients to bring medication lists and any relevant summaries to appointments. Email remains outgoing one-way only, but there are some alternate systems in place. In terms of potential timelines, the best case is Epic read-only access restored by next week, but it may take longer.

All lab testing needed for diagnosis and medication management are the priority, so please continue to hold routine labs for now. 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 faxed. If urgent, call Lab Customer Service: 802-847-5121.

Pediatric Hematology-Oncology is caring safely for existing patients but triaging newly-diagnosed oncology patients to other centers. To contact specialists, call Provider Access Service (802-847-2700). Please note,

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they cannot keep you on hold, so you will need to leave call-back number. The general phone number if patients are having trouble getting through to doctor's office is 802-847-8888. Under discussion is a possible change in visitation policies in the context of increasing case numbers. In addition, hospital clinical staff will wear eye protection at all times as part of PPE.

### **Governor's Media Briefing: Major Changes in Response to Increased COVID Cases in VT**

*Wendy Davis, MD, VCHIP:* Case numbers are rising, mostly due to social gatherings (including Halloween events involving adults), even small social gatherings, and travel. As of Tuesday, November 10, 2020, the Governor is temporarily suspending the use of the travel map for all non-essential travel as an indication of who needs to quarantine. All non-essential travel now requires quarantine. Folks who fall into the essential travel categories may still do so without quarantine, but those criteria are very specific. It made sense to the Governor to simplify the policy to ensure better compliance. "If you don't need to travel, don't. If you do travel, follow the rules!"

Mike Schirling, head of the Department of Public Safety, stated that the Vermont State Police will conduct compliance assessments of lodging, restaurants, and bars. I believe he called those out because those are the places where out-of-state visitors are likely to congregate. There will also be outreach to hunters here for deer season by the Department of Fish and Wildlife to ensure that both Vermont and out-of-state hunters understand the guidance and are in compliance.

Commissioner Pieciak's forecasting predicts as many as 40 to 60 cases per day in Vermont over the next 6 weeks. Commissioner Levine emphasized that now it the time to consider severely limiting travel and being extremely cautious/careful in gatherings, even with family. He encouraged anyone with an exposure to get a test and for anyone with symptoms to call their health care provider. He announced a partnership with CIC Health of Cambridge, MA, to offer daily testing statewide using a PCR self-administered nasal swab. He also plans to markedly increase surveillance testing to understand where the virus is in communities, especially for asymptomatic people. In particular, VDH is working with the Agency of Education to stand up testing for K-12 teachers and staff starting next week. Starting the week after Thanksgiving, testing will be offered to 25% of the schools in the state each week. A contract will provide training, technical assistance, supplies, and lab analysis. The school districts will provide teams. Results will go directly to the individuals tested. VDH epidemiology staff and public health nurses will contact positive cases to provide public health guidance.

*Breana Holmes, MD, VCHIP, VDH:* Commissioner Levine led by saying what has to be said over and over. The administration did not pick teachers because they are at high risk or higher risk. They picked teachers because it's a large group of public facing humans that they thought would be a good surveillance batch. That's not how it's getting translated, and there's already feedback since yesterday from the school nurses about what this means. We all know if we're able to identify a few teachers with COVID-19, which you know we might, although some of the New York City data is pretty low. When they tested public school teachers, they got very few positives, but now that COVID is more prevalent in Vermont, there will be a few teachers who test positive, which might lead to many more teachers involved in contact tracing and having to be quarantined. Very quickly that scenario would result in a workforce shortage.

*Breana Holmes, MD, VCHIP, VDH:* Dr. Bell said during the Governor's media briefing that some families do have the privilege to travel, but then the consequences of those actions impact everyone. We all need to be diligent.

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*Shannon Hogan, DO, UVMCH Pediatric Primary Care:* I love what Becca said about some have the privilege to travel, but the consequence of those actions impact everyone. We need to be diligent. So honored to be a part of such an amazing group.

### **Questions/Discussion:**

**Q: Does this include private schools or public only? Are VT independent schools eligible for this testing also?**

*A: Sally Kerschner, RN, MSN, VDH:* Independent schools are Burr Burton, St. Johnsbury, Rice, Lyndon Institute, and Thetford.

*A: Breena Holmes, MD, VCHIP, VDH:* There are five independent schools that have been offered this as well, and they were picked by their volume. I think we all feel that this is one of the many challenges ahead in how we're going to keep schools open with this growing energy that there's something about them that isn't intrinsically safe. I just really stand by the fact that schools are safe. That cases in schools, which as Wendy notes are limited. We have two per day now so maybe 14 per week. They are community-acquired cases, almost all adults, and there isn't significant or even moderate spread in schools. Given the approach to testing teachers, we're going to have to put all hands on deck with the pediatric community to keep schools open. There's just growing energy to not keep them open, and it's just terrible for kids. I really look forward to keeping this community tight so we can message together. Additionally, Dimitri Christakis, who is a great colleague of mine from residency, put out the JAMA Pediatrics editorial in May saying that kids have to get back to school. It's a pandemic. He's publishing a very important article tomorrow that speaks to the sort of loss of life when children do not get educated when they're young. I'm going to really use it as a catalyst. To give kids the best chances, we have to keep schools open. I know you'll be right with me.

**Q: Will they do the testing in the schools? Or at an outside site?**

*A: Breena Holmes, MD, VCHIP, VDH:* I didn't get a lot of detail, but the way this is rolling out is that the schools are going to figure this out, given the balance between policy and school autonomy. They're going to set up their own testing situation, and it's all-self-administered. It's all anterior nares where the teachers swab themselves. There has to be a COVID coordinator or someone involved. There's an IT piece to this that involves labels and printers. The Health Department has been very clear it doesn't have the capacity to help in this venue, so there's a whole other force at play here.

**C: Stephanie Winters, Vermont Medical Society: Trey Dobson, Tracy Dolan and Breena Holmes are giving an update and leading a discussion on increased test guidance for social activity on this Thursday's VMS call, November 12, from 12:30 – 1 pm.**

**Q: Would VDH consider putting a VT map on the website that shows red and yellow counties in VT? I think because VT has done so well with low numbers, Vermonters have felt safe traveling within Vermont and spending time with other Vermonters. I think we as a state need to message that any indoor gatherings with people outside their immediate household is a risk to each other.**

*A: Breena Holmes, MD, VCHIP, VDH:* Yes, this comes up all the time now that the entire country is red, and then we keep Vermont in this weird blue shade on any kind of map. I agree. This is in constant discussion with the Governor because there's just so much interplay between counties, and it's such an artificial border that he doesn't like the idea of, for example, having Addison County green and then everybody else red. You could see from the case list that there are counties that have the lion's share of cases. He also wonders if the impact of the movement for people's work, which is not currently essential work, but still

their only job. The Health Department is a great example of that because so many people that work in the Health Department system come from somewhere else. I hear you. I think from my perspective it's better that we continue to message that you really can't move out of your small domain, but if you think a map would help, I'll keep pushing that message. I'm a little on the fence about that. Be interested in others' opinions.

A: *Wendy Davis, MD, VCHIP*: I will say a little bit more about that because it certainly came up in the media briefing yesterday. I would say I'm seeing, but you have to be listening for it, a real strengthening of the message about small group size less than or equal to 10 and following on that just because you can, doesn't mean you should. So keep your group size as small as possible, even with immediate family, even with trusted other households. Stay tuned and keep your ears open to that, but we'll be interested to follow that map discussion.

A: *Colleen Moran, MD, Appleseed Pediatrics*: I agree, there is definitely false sense of security with the "blue Vermont," even with the changes of shades of blue.

A: *Ellen Gnaedinger, APRN, South Royalton Health Center*: Many are helped by a visual reference.

A: *Halle Davis*: Is there a way to regionalize it in some way so it's less dialed in than counties, but could still give some state information? Not sure how that could be done... I agree that I doubt people who are ignoring guidance would pay attention to a map, but would it be too much to hope that maybe people around them could maybe try to influence with visual reference?

A: *Alex Bannach, MD, North Country Pediatrics*: I agree that we absolutely need to continue to strengthen the message, so little compliance! So many local stores with <50% of customers wearing masks. However, I wonder if the people who disregard guidance currently would really be the ones to pay attention to the map at all?

A: *Shannon Hogan, DO, UVMCH Pediatric Primary Care*: I think messaging is key. As mentioned on Monday, I posted the VDH website on a FB group as people were talking about coming to Vermont to ski. We need to keep our State safe, and I think the map as it is, is ok, because we need to think of this as a group and together as a State. We don't want to get into us versus them.

A: *Breana Holmes, MD, VCHIP, VDH*: I will definitely take this feedback to the team.

**Q: I know there was discussion about plain clothes people going into bars/restaurants. Is there a place to report offending businesses?**

A: *Stephanie Winters, Vermont Medical Society*: Here is the guidance document:

<https://accd.vermont.gov/covid-19/business/stay-home-stay-safe-sector-specific-guidance>. Here is the link on how to report offenses:

<https://forms.office.com/Pages/ResponsePage.aspx?id=O5O0IK26PEOcAnDtzHVZxp8VolcMV9NNu0QyGvdGAVUN1pLSTdOMERRR1dXOVpZMDBZUEtNVlhXMi4u>.

**Q: The news talked about State Police enforcing mandates in restaurants and lodgings. Is there any discussion about enforcing of mask mandate in stores?**

A: *Breana Holmes, MD, VCHIP, VDH*: The enforcement that was announced yesterday is going to include masks.

**Q: Has anyone heard of in home testing from LabCorp for 18+? <https://www.pixel.labcorp.com/at-home-test-kits/covid-19-test-home-collection-kit>**

A: *Breana Holmes, MD, VCHIP, VDH*: We will need to note this question and get back to you.

A: *Michelle Perron, MD, Timber Lane Pediatrics*: It's a PCR test.

**Q: Has there been thought given to closing schools between Thanksgiving and Christmas? I have heard that rumor.**

*A: Breena Holmes, MD, VCHIP, VDH:* The Secretary of Education has been clear that that is not a public policy coming from the State Agency of Education, and that will not be recommended. However, many schools are discussing it, and a few have already decided not to close all the way to Christmas, but definitely going remote the week after Thanksgiving. If you hear that is happening in your community, I'd love to hear from you, as it's a little hard to keep track of.

*A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics:* We have been very against that idea, but there has been a lot of chatter in the school communities about it.

**C: I've been getting lots of calls from schools regarding families going hunting and not agreeing to quarantine.**

**Q: Is there any talk of increasing restrictions in other arenas (restaurants, businesses) to help keep numbers low enough that schools can stay open?**

*A: Wendy David, MD, VCHIP:* In the Q&A part of the media briefing, there were a number of questions related to what else can be done right now given this national, regional, and Vermont picture of increasing cases. The message was that everything's on the table. We're trying certain things now. We'll see how it goes, but everything remains on the table.

*A: Breena Holmes, MD, VCHIP, VDH:* I think there might be an opportunity here, I don't think people think about preserving schools as much as they should. I think that's an important policy place for us to go.

*A: Shannon Hogan, DO, UVMCH Pediatric Primary Care:* I would love stricter policies outside of school if that could keep our kids in school.

*A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics:* My firm belief is that schools can remain open even if/when other sectors need to get scaled back again. Completely agree that should be the approach, rather than closing the schools.

**Q: Any thoughts to modify the return to school protocol at this point? I have had more than a few parents decide to just keep their kids home x 10 days rather than test, which means the chance to do contact tracing is lost if they actually are positive.**

*A: Wendy Davis, MD, VCHIP, VDH:* Good question. I'm not aware of thoughts about that at the moment. Maybe as we continue to improve testing availability, and as you all continue to make adaptations to test, maybe we can mitigate that a bit. Unfortunately we do think this cyberattack has complicated at least the negative result return, although I know they're working very hard on that. It sounds like this outside testing, standing up additional testing, will have its own system of results, determination, and communication, so that should help.

*A: Breena Holmes, MD, VCHIP, VDH:* Yeah, exactly. I'm always so curious to hear someone didn't seek a test in that setting, and if it's just a parental choice. Not sure, but I feel like the trusted relationship with the pediatrician could push a little bit on that to say that we really need to know, and the contact tracers are getting stronger in their language when they recommend quarantine, even for asymptomatic people. "Let's go ahead and try to get you a test," and then they offer them a community list of places to go get that done. So, more testing, please. As always, if you hear if the barrier is lack of access to testing, it's really important to get that information to Wendy and me because we only know what we hear.

*A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics:* If appropriate we should really push testing, but, ultimately, I don't think we can force families to test.

A: *Monica Fiorenza, MD, Timber Lane Pediatrics (South)*: Families are getting frustrated with how long it has been taking to get negative results. A few weeks ago, it was usually 48 hours. Now some results are not back for 6 days.

A: *Ashley Miller, MD, South Royalton Health Center*: We definitely have parents refusing testing, even after a long discussion about public health implications, and we have anterior nares right here for them. I also agree with Dr. Fiorenza that that is part of the problem.

A: *Michelle Perron, MD, Timber Lane Pediatrics*: I hear from families that they do not want to isolate waiting for the test results to opt out of testing.

A: *Alex Bannach, MD, North Country Pediatrics*: No lack of access to testing for us, but delay in results is discouraging parents.

A: *Stephanie Winters, Vermont Medical Society*: I have also heard that people are afraid to even call the Health Department, as they think they will be fined if they were socially active.

A: *Wendy Davis, MD, VCHIP*: I wish folks would listen through the media briefing or the media follow up because the Commissioner is always so kind. Please share this message with your friends, family, patients, and their families. This is not about penalizing people who have either not known, or perhaps breached a guidance per se, it's really about trying to do the right thing for our communities, and he says that beautifully, so let's amplify that message.

A: *Breana Holmes, MD, VCHIP, VDH*: This is a messy time, and there's a ton of stigma, too. Obviously, all of us is child health advocates, the kids that end up with positive tests are experiencing a lot of negative repercussions. Thanks for the reminder. We cannot go there, and we have to message that everywhere we can.