

## VCHIP CHAMP VDH COVID-19

November 16, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **In the News: CDC Forecast**

*Wendy Davis, MD, VCHIP:* As of November 9, national forecasts predict that 5,500 to 13,400 new COVID-19 deaths will be reported during the week ending December 5. These forecasts predict 260,000 to 282,000 total COVID-19 deaths in the United States by December 5.

### **In the News: From the New York Times**

*Wendy Davis, MD, VCHIP:* An article titled “Early Data Show Moderna’s Coronavirus Vaccine Is 94.5% Effective” published today (11/16/2020) is available at:

<https://www.nytimes.com/2020/11/16/health/Covid-moderna-vaccine.html>. The article indicates Pfizer and Moderna 1<sup>st</sup> will announce early data on large studies and 10 other companies are also conducting Phase 3 trials (including Australia, Britain, China, India and Russia). More than 50 other candidates are in earlier stages of testing. FDA goal is  $\geq$  effectiveness for approval. The Moderna vaccine has a longer shelf life under refrigeration/at room temperature than previously reported, which should make it easier to store and use.

Another article, titled “Doctors Are Calling It Quits Under Stress of the Pandemic” published yesterday (11/15/20) is available at: <https://www.nytimes.com/2020/11/15/health/Covid-doctors-nurses-quitting.html>. The article details the story of an independent pediatrician in Minnesota who opened her practice 2 years ago with the goal of spending more time with patients and families only to see it close in August of this year due to the pandemic. The article suggests thousands of independent practices closed, per a July survey of 3,500 doctors by the Physicians Foundation. Roughly 8% (16,000) closed recent months and another 4% plan to close within the next year. Other MDs/RNs are retiring early and some worry about their personal health due to age/medical condition that puts them at high risk.

### **VDH Update: Schools**

*Wendy Davis, MD, VCHIP:* We are trying mightily to keep our children and youth in school for in-person school, despite the tide of cases across the country.

*Breana Holmes, MD, VCHIP:* Unfortunately, this got picked up by the media and the school superintendents to mean that the schools have to do the contact tracing, which is not the intent. It’s really heightened everyone’s anxiety. It was also in the context of the press conference and the executive order against gatherings. I thought the Governor and Commissioner Levine got out ahead of this to stay that the restrictions again gathering were to be able to keep kids in school. We are all in a critical couple of days here. We need to get clear on what is creating confusion in schools and communities. There is no uptick in school cases. There is a massive uptick in community cases. Tomorrow when the school data comes out and we have 15-20 more reported cases, which is roughly the same case number growth rate we’ve seen over the last month.

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

### **VDH: At the intersection of schools and testing**

*Wendy Davis, MD, VCHIP:* We're at a critical inflection point. We have advocacy planned and we're requesting your assistance. Please continue to test in your practices and/or refer to testing sites for symptomatic AND asymptomatic individuals. This is especially important as college students return home for (extended) breaks. If you are not currently offering practice-based testing, please consider doing so. Also, teacher testing (surveillance) begins today.

### **COVID-19 Food Resources**

*Wendy Davis, MD, VCHIP:* Thank you to Melissa Kaufold for sharing the Farmers to Families food box program has been extended, but will likely end at the end of December. Starting November 16th, Farmers to Families food boxes will be available at multiple daily food distributions throughout the state. Reservations are required for the distributions. To register and see the dates and locations, please visit <https://humanresources.vermont.gov/food-help> or call 802-476-0316 for assistance. Each reservation will receive 1 box with about 30 lbs. of food, including fresh produce, dairy products, and meat. There is also the opportunity to pick up food for other families who are not able to make it to the pickup site. You must make separate reservations for each household you would like to pick up for. Each reservation is for one set of food.

### **COVID-19 Emotional Support**

*Wendy Davis, MD, VCHIP:* COVID Support VT: grant funded program offering mental health and wellness supports during the pandemic, now has three Support Counselors, available Mondays-Fridays, 8am-8pm, to provide emotional support, connections to community resources and to be a listening ear. Support Counselors are available by calling 2-1-1. All supports are confidential and free. There is also a weekly Wellness Group Tuesdays at 1pm or 5pm, to learn self-care strategies for coping and relaxing. Resources available at Media Center: self-serve and download wellness resources, available in many languages. Printed materials & a monthly newsletter are also available.

### **Practice Issues: Caring for Pregnant Women & Newborns during the COVID-19 Pandemic, Karin Gray, MD, Pediatric Hospitalist, UVM Children's Hospital**

*Karin Gray, MD, UVMCH:* Newborn care and obstetric care has been very stable and very functional at UVMCH. We have changed our welcoming policy. A laboring woman can come in with one support person. That support person can follow the mother over to Baird 7 and be present. We have a good policy to support a newborn. We are not in a position right now to be doing universal testing, so at this point, we are not. We would do testing if the baby was anticipated as needing NICU care. If a mother tests COVID-19 positive, then the newborn would be able to room in with her with precautions like masking, 6-foot distancing and good hand hygiene.

### **Questions/Discussion**

**Q:** Hi, Brena, heads up that MAUSD is planned for COVID Testing 11/20, however they are only going to have testing at one site, not all 5 schools. The COVID coordinator reports that they decided to have the collection at this site, however this does not allow for other staff to have testing done if desired. The staff can go after school if they can make it. Testing ends at 4pm. I thought the goal was to get ALL staff involved in testing who want to.

*A: Brena Holmes, MD, VCHIP, VDH:* I appreciate the update. We're expecting 20,000 tests completed this week for teachers/staff. It sounds like a district level decision, all of this is voluntary. The logistics have been handed to the school districts and is certainly not required so whatever is the decision for the super

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*intendent and the COVID coordinator for the logistics is what we really stand by. Access to testing is getting better every day. There all sort of on demand testing sites right now.*

**Q: Just heard of one of our elementary schools who closed preemptively due to community outbreak, not due to school cases...**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Schools should not be able to do that. There are 80,000 children and 18,000 teachers and staff and since the start of school, fewer than 70 infections in school.*

*A: Shannon Hogan, DO, UVM Medical Center Pediatric Primary Care, Burlington: I'm not sure how to better spread the truth and get your data out there.*

*A: Elizabeth Hunt, MD, Timber Lane Pediatrics: The governor's language was very helpful. I think a state approach to prevent what is being described would be ideal. Also, it's not like kids are not being tested. We are sending so many kids with viral illness for testing*

*A: Sally Kerschner, RN, MSN, VDH: Yes, I've had a few calls about the new school rule in notification this weekend, taken out of context.*

*A: Alex Bannach, MD, North Country Pediatrics: Some schools are experiencing staffing shortages due to quarantines, etc.*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Some schools across the nation are facing teacher shortages because many have gotten infected in the community.*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Honestly, the shortage of teachers/staff is the thing that would be most worrisome as to whether or not schools can stay open. That's why it's so crucial that the focus be on what is happening OUTSIDE of the schools, not in the schools.*

**Q: If teachers and staff aren't being safe outside of school, then why should their actions punish the kids?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I hope the new guidance from the governor will be effective and help decrease prevalence, but this will take time to see the impact. Everyone needs to be thoughtful and careful. The challenge for the schools is if the teachers are really sick (or quarantined) they cannot do in-person learning. If simply concerned, they should be in school!*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Shannon, I agree, my point is that if there aren't enough teachers to fully staff the classrooms because they are all out on quarantine, then that might prompt schools to transition to remote learning.*

*A: Michelle Shepard, MD, UVMCH Pediatric Primary Care (Williston) & VCHIP: Some schools in Washington County have closed without active infections or even true close contacts. Unfortunately, some of these school already had very limited access for even K-5 students (2 days 9-1:30 only). So sad that fear and lack of staffing is going to impact these children so much.*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I think the schools should remain open at all costs. It would just be so unfortunate it that couldn't happen because all the teachers were out sick or on quarantine.*

*A: Breana Holmes, MD, VCHIP, VDH: Big ask of all of you again. Please reach out to your school nurses, school leaders, school boards and share your expertise that schools are safe. The AAP is gathering today, and we really need you again to get information out to your communities that schools are still safe.*

**Q: Can you clarify how contact tracing is working currently? Our office continues to have a huge increase in calls with people that identify as close contacts for someone known to be positive. I know much of this is spread "social media." I am hoping that if how the contact tracing is working and maybe have a bit more obvious presence, it might increase family confidence.**

*A: Wendy Davis, MD, VCHIP: We will send the memo and clarifying language with tonight's email. We need your help assuring correct interpretation.*

**Q: I saw the slides from Friday that recommend increased testing, including if people were in contact in the 14 days prior to a positive case. That would drive a lot of calls, but not from contact tracing, right?**

*A: Breena Holmes, MD, VCHIP, VDH: The days of the capacity for us to have 122 cases of who have 7-10 contacts to call 1200 people a day is very unlikely. We're trying to figure out broader systems around the need to prioritize the person with COVID-19 for the contact tracing call and to figure out who that person was and where they were and then we're creating situational phone calls when that person is in a public setting that's risky that we really want to contain like a long term care facility, a health care facility, or a school. We are asking from you all for people like the worried well or somebody who has not been contacted by the health department who are aware of a situation in their community and they've moved about, we really want them tested. We heard that our colleagues in health care are not really there yet in terms of offering testing and issued older guidance. We need you all to put pathways into your office so that anyone who wants a test can get a test. For children, they may be seeking that guidance through you all, that's why it's different than the adult pathways. People see you as a trusted source of information. It's not that we can't contact trace. The Health Department is adding more and more people every day but we do need to have some other safety nets in place for containing this virus and not having everyone just waiting to be called.*

**Q: For individuals who are not close contacts, but want testing, is it recommended that they quarantine until results are back?**

*A: Breena Holmes, MD, VCHIP, VDH: In general, **no** quarantine while waiting for test if asymptomatic.*

**Q: How would you manage PPE for a mother who refuses COVID testing and does not follow guidance both during labor as well as after delivery if the mother was not symptomatic and your office was doing universal testing?**

*A: Karin Gray, MD, UVM Medical Center: We're treating people as if positive and using PPE as if positive, unknown, and symptomatic or a high level of concern. If there is a reason for a high level of concern around this mother, I would use COVID PPE. I would err on the side of caution if staff is concerned.*

**Q: That increased testing (asymptomatic worried or possible contact or at gathering), are we to drive those to the pop-up and walk in sites? Is there capacity at UVM MC?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I would drive to pop-ups for now if at all possible. I am still not sure how quickly UVM MC can turn around the communication.*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I think UVM MC right now is really trying to prioritize symptomatic patients and those with confirmed contacts, not worried well or not confirmed close contact.*

**Q: The superintendent of Harwood Union (Washington Co.) is concerned that the VDH asking schools to help contact trace is going to lead schools to have to close because insufficient staff to help with this. Can you explain the details behind this ask?**

*A: Breena Holmes, MD, VCHIP, VDH: That's not correct. I encourage you to read the memo that Wendy will attach tonight. The ask of schools was just a really solid partnership. When the health department calls the school and says you have a teacher with COVID, please communicate quickly to the pod of students that you'll be switched to remote and use the language for the testing schedule. It was a very clear attempt to just organize what was already going on with our Contact tracers at our schools and childcare team. That particular superintendent has been pretty activated all along and opted for that type of response, that she feels she's being handed contact tracing. Get yourselves back out to your children's schools and figure out what teachers and staff need to feel the same level of safety they felt in October and September because it really has shifted this weekend.*

**Q: Does the VDH website have all of the new pop up options available for us to let families know about? Do the new pop up sites have lower age limits for testing? Are they doing anterior nares or NP collections?**

*A: Breena Holmes, MD, VCHIP, VDH: We're working to keeping "where do get test" section of VDH website updated with new on demand sites but not sure that is updated today yet. Great questions! I'm emailing the person in charge right now.*

**Q: We are having many people cross the border to NH for rapid antigen testing. Local restaurant wait staff had a positive Friday night. We get calls about contacts of positives as teens interact (against advice). 2 questions: 1. Does VDH get any notification about test results? 2. Any plan at the moment for rapid antigen testing in VT?**

*A: Breena Holmes, MD, VCHIP, VDH: I do not have any updates on rapid antigen testing in VT. We're only using it in a few specific setting that shouldn't impact you all. We're trying to use it in a symptomatic setting in a hospital and we're trying to get it potentially used in long term care facilities. We do hear about positive antigen tests for Vermonters. They do try to get VT citizen results to the health department. The positive antigen tests all need to be backed up by PCR. And that needs to be communicated to the patient, not through the public health lab. We do continue to be concerned about antigen testing.*

*A: Wendy Davis, MD, VCHIP: The commissioner has been very clear about the narrow settings in which the antigen testing is useful in doing it in the types of settings that Breena mentioned with a regulatory to the surveillance use of it and not for the kinds of situations you're hearing about from your patients and contact.*

**Q: Are some clinics doing rapid PCR tests? A parent told me that he got a rapid PCR test in Manchester.**

*A: Sally Kerschner, RN, MSN, VDH: New Hampshire is NOT doing universal contact tracing, just for priority pops.*

**Q: Are these rapid PCR tests reliable and do they require validation?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The specific guidelines for Ag testing have not changed. I am surprised at any "rapid" PCR tests. The fastest PCR platform is in short supply. Perhaps someone in Manchester has a supply chain. The rapid PCR is quite sensitive.*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: All PCR tests are better than antigen tests, the term "rapid PCR" test is a bit of a misnomer. What is different is the turn-around time, all PCR tests have a minimum instrument run time, where you can really cut down is on pre-processing (are there lots of steps to prepare the sample, vs just loading it directly?). So I'm not quite sure what people mean when they say "rapid PCR" test. There are also some places that have developed isothermal amplification tests, which tend to be quicker, but technically these are not PCR.*

*A: Breena Holmes, MD, VCHIP, VDH: I've heard that as well. I always have our team triple check those told that someone has a positive PCR test in an hour, it's not a rapid 15 minute test, and it's rapid in an hour. There are clinics procuring their own platforms. I do believe rapid PCR tests are sensitive.*

**Q: Can Ben or Bill comment on the Moderna report that came out today? Or can we do it Wednesday?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Amazing preliminary communication. Approximately 90 people in the placebo became infected compared to 5 in the treatment arm. Still do not see the data though.*

**Q: Has there been updated information on length of immunity from vaccinations?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: No.*