Questions/Discussion

Q: Has there been in increase in reports of myocarditis symptoms (chest pain, fluttering heartbeat) since the 5-11 vaccination process started? Do you have any guidance for school nurses who have students who present with this complaint in the first few days post Pfizer 5-11 vaccination?
A: William Raszka, MD, UVM Medical Center Children’s Hospital & Larner COM Department of Pediatrics: I have not heard of a single case being reported in VT (and have not seen any reports elsewhere).
A: Merideth Plumpton, RN, Vermont Department of Health: I have not heard of any cases either.
A: William Raszka, MD, UVM Medical Center Children’s Hospital & Larner COM Department of Pediatrics: I would say that is not surprising given that the reports in older children were mostly after the second dose.
A: Becca (Rebecca) Bell, MD, UVM Medical Center: I am not even aware of any adolescents in VT with vaccine-associated myocarditis. To put some numbers to it: there is no appreciable excess cases among females or after the first dose for anyone. The excess cases occur among males after the second dose with a higher incidence in 16-17 year olds compared to 12-15. So, the highest risk number is that for every 10,000 second doses given to 16-17 year old males, 1 would result in vaccine-associated myocarditis. We expect the incidence to be even lower in 5-11 year olds due to lower dose and lower baseline incidence of myocarditis.

Q: How can we advise families who want to use rapid tests for Thanksgiving gatherings? What is the best way to use these for families? Of course, we know that the only indication for school is in the test to stay program.
A: Breena Holmes, MD, VCHIP: https://www.healthvermont.gov/covid-19/protect-yourself-others Scroll down on this for Thanksgiving advice from VDH including testing.
A: Nathaniel Waite, RN, Vermont Department of Health: Get tested. Testing before you gather is a great way to protect everyone. Schedule your free PCR test no later than Monday, Nov. 22, to make sure results arrive in time. You can get extra reassurance with a rapid test, closer to the gathering. At-home tests you can buy at a pharmacy are a good tool for this, if you have access to them. They typically come in boxes of two, so if you use them, we recommend using one Tuesday or Wednesday and the other on Thanksgiving Day — to make sure your negative result is accurate.

Q: Rapid tests from a pharmacy can be expensive for some families. Any cheaper ways to get these?
A: Breena Holmes, MD, VCHIP (verbally): That has been the biggest problem with this recommendation. Online may be cheaper.
A: Walmart has them 2 for $14.
A: Merideth Plumpton, RN, Vermont Department of Health: We purchased a pack of 2 online for $20.

Q: What about false negative rapids giving families false hopes?
A: Benjamin Lee, MD, UVM Children’s Hospital & Larner COM Dept. of Pediatrics: That will always be a risk, but is far less so if serial testing is performed (e.g. test two days in a row), as suggested in the VDH guidance.
Q: Is our high positivity rate related to Halloween gatherings?
A: William Raszka, MD, UVM Medical Center Children’s Hospital & Larner COM Department of Pediatrics: I suspect it is due to all sorts of gatherings, not just Halloween.
A: Sometimes I feel like we are the only family still masking indoors and not doing any gatherings.
A: The world has forgotten that Covid exists and has moved onto “we don’t care if we get it”.
A: Unfortunately, I think the reality is that your statement accurately describes how much of the population feel, too tired to care anymore...
A: Our family and our kids are not doing inside socializing either... hoping they will not be social pariahs as a result!

Q: Why is the recommendation to test at 5-7 days after Thanksgiving, when we are testing 3-5 after close contact?
A: Benjamin Lee, MD, UVM Children’s Hospital & Larner COM Dept. of Pediatrics: Not sure, but this would be reassurance testing rather than testing for known exposure.
A: Breena Holmes, MD, VCHIP (verbally): The timing has changed for a vaccinated person to test between 5-7 days.
A: Ilisa Stalberg, Vermont Department of Health: I do not know why it changed other than CDC recommendation. But, we did just learn that AOE documents don’t yet describe this change.
A: Nathaniel Waite, RN, Vermont Department of Health: I don’t know the reason for the change, but the instructions for close contacts are here https://www.healthvermont.gov/covid-19/symptoms-sickness/what-do-if-you-are-close-contact.

Q: Are the suggestions for vaccinated people who are cc changing to 5 to 7 days — no quarantine?
A: Nathaniel Waite, RN, Vermont Department of Health: If my child is in quarantine, can they still be vaccinated? Yes. If your child is under quarantine and does not have symptoms, they can leave quarantine to get their first or second dose of the vaccine. Your child would then need to complete the rest of their quarantine. If they have symptoms, they should stay home and get tested for COVID-19. https://www.healthvermont.gov/covid-19/faqs#children

Q: So do we need to update the algorithm? (Referring to the testing day range change.)
A: Breena Holmes, MD, VCHIP (verbally): Yes, as of now the algorithm is not accurate.

Q: Are school nurses going to be sent an updated algorithm?
A: Breena Holmes, MD, VCHIP: We can let folks know when the change is made to the algorithm. We like everyone to use the link (not sending documents).

Q: We just had a discussion today if we could have an office holiday party and decided that it would be really important for morale but all will get PCR testing (and all are, of course, fully immunized). What are other practices doing?
A: William Raszka, MD, UVM Medical Center Children’s Hospital & Larner COM Department of Pediatrics: As with most things, there is a risk benefit ratio. I think that if everyone is vaccinated, and everyone has a recent negative PCR test one could argue that it would be reasonably safe. You could encourage masking other than when eating or drinking.

C: As far as sending symptomatic kids to school, many families are having trouble knowing what “markedly” improved actually means. Rhinorrhea and cough often last 10-14 days with a cold and parents just cannot take that much time off work. Most are willing to test for COVID, but the symptoms linger for a long time.

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.
C: One example from this morning in NEK, 4 new cases notification to SN, and mother absolutely refused to come pick up child.

C: Becca (Rebecca) Bell, MD, UVM Medical Center: I am sorry to hear that. Hearing more and more of these stories across the state.

C: I am also getting increasing pushback from parents about sick kids staying home if they've had a negative PCR. These are the kids that have persistent pharyngitis, or cough.

C: Our vaccine clinics at our school went fantastic. However, a problem I see is if a student missed this opportunity and have significant challenges to get to other schools or places, they seem to be out of luck. Students with significant autism sometimes can only be done in the office at a PCP’s and I’m hoping some exceptions can be made to get these kids into the offices.

C: One thing that really helps school nurses is when providers send a very clear letter regarding alternative diagnosis, what symptoms, what treatment, when would the child need to be sent home for Covid test vs normal symptoms.

C: That is a good reminder. I have to admit that we have mostly been relying on parents to communicate more recently.

C: I am calling this a win: a staunch ‘no vax’ family: An adult got #1 shot with "If I want my kids to get it, I am going to get it myself first and see how it goes".

Q: With increasing COVID cases, we are getting more requests for post-COVID clearance for PE/sports. In reviewing the workflow, there is no guidance for an age minimum for evaluation. It states that a telehealth visit could be done but when you review the 14-item checklist, it includes exam pieces (blood pressure, pulses, tachycardia, and murmur) that need to be evaluated. How are practices managing this?

A: We do phone screening for <12 year olds with mild symptoms and send generic “clear to return to school and sports” letter. For > 12 year olds or mod/severe symptoms, we try to do in office visits for clearance and VCHIP forms.

Q: What do you designate as "mild" symptoms?

A: Breena Holmes, MD, VCHIP: Mild is defined: ASYMPTOMATIC or MILD <4 days fever >100.4F and <1 week of myalgia, chills, lethargy.

Q: What about congestion/pharyngitis?

Q: So they can be in school, with a negative COVID PCR?

A: I am only talking about sports clearance in the recent posts.

A: Benjamin Lee, MD, UVM Children’s Hospital & Larner COM Dept. of Pediatrics: I thought that age was included in the criteria for return to play, although would have to confirm (I don’t remember the exact algorithm offhand).


Q: One school is > 80% vaccinated & does not need to contact trace, but last week, I had 8 exposed students, who were unvaccinated. I’m not comfortable unless those kids quarantine at home for 7 days. We have decided to offer students Test to Stay in that situation. Any thoughts?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: I think it's a good idea to do TTS for unvaccinated students. You just will have to be consistent. As in - "we are going to contact trace and TTS through this semester" so that you aren't contact tracing some exposures and not in other instances. Consistency is key.

A: Breena Holmes, MD, VCHIP: If they were unvaccinated, they do need to quarantine.

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.
Q: We had a parent travel for the first dose. The son will turn 12 in 2 weeks but the vaccinating site refused to allow her to schedule for an adult dose saying they needed to stay with the same product. Maybe clarification needs to go out to everyone that dose product is based on age.

A: William Rasza, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: We prefer age based dosing but we allow for the younger aged dose if the first dose was for aged 5-11 despite the child now 12 years old.

A: Benjamin Lee, MD, UVM Children’s Hospital & Larner COM Dept. of Pediatrics: If the child has turned 12, they are technically supposed to use the adult dose, but are eligible to continue with the lower dose if they got the first dose using the lower dose.

A: Merideth Plumpton, RN, Vermont Department of Health: Using the age appropriate dose at time of vaccination has been part of all our trainings. We will keep sending that message!

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