

## VCHIP CHAMP VDH COVID-19

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

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**Testing Updates: VDH Health Advisory**

*Wendy Davis, MD, VCHIP:* The new Health Advisory on updated guidance regarding testing for SARS-CoV-2 was just released yesterday. This HAN puts the recommendations in writing to allow for broader testing.

*Breena Holmes, MD, VCHIP & VDH:* It's now blanket advice that when folks are close contact to get a test immediately and then get a test on Day 7. When a pod of children go home from school to quarantine, they could have two tests, or they could just wait for Day 7. We are being a little looser around tests with kids for all the reasons you understand. By the time school situations are identified, it's often Day 5 anyway. I'm sorry to put that out because it is confusing, but that is the state of affairs. They feel this recommendation to test when you are gathering is confusing because the Governor's guidance says not to gather. We do want to encourage people who are gathering, though, to get tested. You see the nuance there.

**In the News**

*Wendy Davis, MD, VCHIP:* You may be hearing about Burlington's ongoing evaluation of COVID-19 in wastewater to gain a better understanding of what's happening in our community. There are a number of wastewater treatment plants in Burlington, but the recent data showing increasing levels of COVID-19 was only from one of the plants. I don't know a lot about the science behind this, so feel free to chat in if you can provide more details.

In other news, Burlington High School was looking at moving temporarily to the now vacant Macy's department store in downtown Burlington, because of their soil and air quality issues at the site on North Avenue. It turns out there were also some soil contaminant issues at the Macy's site. At the moment it is unclear, but I understand air quality testing will be happening there as well.

**COVID-19 Vaccine Updates**

*Wendy Davis, MD, VCHIP:* Chris Finley, VDH Immunization Program Manager, stood in for Commissioner Levine at the VMS call yesterday. As you can imagine, the effort of the immunization program and all of its partners to stand up vaccine distribution is both herculean and fluid. Those who plan to administer COVID-19 vaccine when it does become available must enroll separately for vaccines for children and vaccines for adults. There is a separate enrollment system, so if you're interested and not familiar with that, please contact the immunization program. In response to a question, Chris noted it's too early for pediatricians to enroll for the purpose of giving vaccine to parents, as we will not have enough in these initial shipments for that to be happening. A representative from the Immunization Program will be with us on Monday, so please chat in then if you have a specific question.

*Merideth Plumpton, RN, VDH:* COVID-19 Vaccine enrollment will open in the next few weeks for providers. We have been focusing on enrolling those who will vaccinate the 1a population first. The new MMWR, out yesterday, is about allocation of vaccine in the early stages.

[https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm?s\\_cid=mm6949e1\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm?s_cid=mm6949e1_w)

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

## Questions/Discussion

**Q: Questions re current guidelines: If a household family member is identified as a close contact, kids can still go to school; if a household family member tests positive, kids must quarantine. Is this right?**

**A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics:** Yes, a contact of a contact does not need to quarantine, only the direct contact.

**A: Breena Holmes, MD, VCHIP & VDH:** This is still the guidelines. Multiple private businesses are making their own rules about that they want household members to do while people are waiting for tests, while people are asymptomatic. It's been very interesting this past week but this is the rock solid guidance. You only quarantine if you are identified as a close contact of someone who has COVID-19 and all the other reasons to quarantine, like travel and multi-household gathering. But in this circumstance, we're starting to see that as people get more activated by the increased cases, they are making their own rules. We're standing by this for now and I check on it every day.

**Q: How does this apply to going to school, i.e., if a parent is COVID-19 positive, is their child required to stay home?**

**A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics:** Yes, if anyone in the household is a confirmed positive, the child would have to quarantine because they would be a direct contact. If a parent was exposed to someone at work, for example, and is quarantining, but the child had not direct contact with the confirmed case that the parent was exposed to, then that child does not need to quarantine, even if their parent does. This is assuming that everyone remains asymptomatic, of course.

**Q: Any word on how long quarantine is now? There was some word from the CDC that the quarantine would decrease down to 7-10 days? I'm referring to the COVID-19 guidelines on our pediatric algorithm. It says they can return to school after 10 days have passed since symptoms first appeared, etc.**

**A: Breena Holmes, MD, VCHIP & VDH:** No change in VT. We feel that it is going well and we are not currently aligning with CDC. NH is following CDC change in quarantine guidance. The change in the CDC has come into alignment with what Vermont is already doing, which is you can get a test at day 7 but they also said that without a test you can get out of quarantine at day 10, so really the only difference is that we're going to keep the day 14 for people who don't test out and continue to 7 for the test.

**A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics:** To clarify, CDC still says 14 days is best but offers now as an option 10 days as an alternative if no testing is done and the person is asymptomatic. We were doing 14 days from last contact for exposed children who were asymptomatic and not tested. So, for now that wouldn't change, unless VDH revises their guidelines to align with CDC.

**A: Leah Flore, FNP, Shelburne Pediatrics:** I'm referring to the COVID-19 guidelines on our pediatric algorithm. It says they can return to school after 10 days have passed since symptoms first appeared, etc.

**A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics:** I agree that a child diagnosed with COVID-19 needs to stay out of school for 10 days assuming that they meet other requirements (e.g., afebrile without antipyretics and symptoms improved).

**A: Breena Holmes, MD, VCHIP & VDH:** The trio: (1) you have to be 10 days from the onset of symptoms, (2) fever free for 24 hours in the absence of fever-reducing medications and (3) you have to be feeling better.

**A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics:** We need to be careful with the terminology. The situation you describe relates to duration of isolation following diagnosis of COVID-19. This is different than duration of quarantine for someone who has been exposed but is not sick, which is what the CDC change refers to.

**A: Leah Flore, FNP, Shelburne Pediatrics:** Sorry, I was referring to NOT having COVID-19 but just sent home from school with a cold, for example, if they choose not to test and no other diagnosis, then out of school for 10 days.

**A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics:** I see, sorry for the confusion, that is correct.

**Q: BHS students now having some in person time at Edmunds Middle School on Wednesdays. Cohort A in the AM on Wednesdays and Cohort B in the PM on Wednesdays. So at least they are getting a little safe in person time now.**

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: That is great to hear!*

**Q: What is the email that we need to write to get on the email distribution list?**

*A: Breena Holmes, MD, VCHIP & VDH: [VCHIP.CHAMP@med.uvm.edu](mailto:VCHIP.CHAMP@med.uvm.edu).*

**Q: Just so grateful that our colleagues at UVM never stopped being available to us by phone as readily as before the crash, and despite the stress that all this must have caused, still in a good mood! You rock!**

*A: Erica Gibson, MD, (she/her), UVMCH Pediatric Primary Care & VCHIP: Thanks to all the PCPs relying on our specialty consult services for being understanding and patient. If you have not gotten copies/info regarding urgent consults done while we were on paper, please call the specialty offices to request a faxed copy of the handwritten note; it will take a while to get things into scanning.*

**Q: Just checking, since there have been lots of questions about quarantine/isolation in COVID-19 in the Pediatric Patients Return to School Protocol. If the child is able to isolate away from the infected person in the household - Option B is COVID-19 PCR test on Day 7 if asymptomatic. If negative, OK to return to school. This is still OK, correct?**

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: That is still correct, as long as they are not back in contact with the infected person before they clear isolation themselves.*

*A: Breena Holmes, MD, VCHIP & VDH: Isolation is a very particular event. It involves separate bathrooms, separate space, masking, eating separately, and staying 6 feet apart. It's not easy to attain in a parent-child relationship.*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: A huge issue in households is whether children can actually truly separate from infected parents. At UVMMC we are extremely dubious of effective household isolation.*

**C: I didn't get a chance to hear the press conference today but there's a lot of concern in the suicide prevention community. Historically, suicide rates have gone down during times of national crises (9/11, etc.) but then once acute crisis is over and some recovery is occurring, people feel isolated and left behind and that's when suicide rates increase with a long tail after the crisis. Just something to watch for especially with increased gun sales. Tom and I are speaking about firearm safe storage counseling during a VMS webinar on Thursday, December 17<sup>th</sup> at noon, <https://vtmd.org/thursday-webinars>.**

**C: The gathering FAQ from AOE came out last night:**

[https://education.vermont.gov/sites/aoe/files/documents/edu-faq-guidance-for-schools-related-to-limits-on-multi-household-gatherings\\_0.pdf](https://education.vermont.gov/sites/aoe/files/documents/edu-faq-guidance-for-schools-related-to-limits-on-multi-household-gatherings_0.pdf).

**Q: In the beginning, I remember hearing that there were hotel options for families who really wanted to isolate. Do those options exist at all?**

*A: Breena Holmes, MD, VCHIP & VDH: Yes, reach out to your field director for AHS if you have that need OR the patient can tell the contact tracer about that. Here's the Agency of Human Services Field Services website link: <https://humanservices.vermont.gov/about-us/field-services>. In Chittenden County, the field director is Jane Helmsetter ([Jane.Helmsetter@vermont.gov](mailto:Jane.Helmsetter@vermont.gov)).*

**Q: Question about flu reporting: Our walk in does rapid testing and has had a significant number of flu and COVID-19 positive adults. The rapid flu to date are not being reported. Should they be? The rapid is done with the patient in office and the PCR is sent out and we get the result back in a few days. But specimen collect the same visit. Just want to make sure we are reporting these if relevant. Will pass along considering PCR for flu and COVID.**

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Standard practice; we do not report rapid flu to the state. Still, the issue of co-infection is important and something we discussed in March.

A: Merideth Plumpton, RN, VDH: Pediatric deaths and Novel strains of Influenza A:

<https://www.healthvermont.gov/disease-control/disease-reporting/infectious-disease-reporting>

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: There has been very little flu thus far. I am a bit concerned about potential false positive rapid flu test results, particularly if they are also COVID-19 positive. Do you mean you have many where both are positive, or many where either one is positive? So they are rapid flu positive, COVID-19 PCR positive? If they are getting COVID-19 PCR by NP, it might be worthwhile to see if flu PCR can be added for confirmation.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The key virus to identify is COVID.

**Q: So, does this change the previous recommendation to NOT do flu swabs due to shortages? Should we swab for both if clinically suspicious?**

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: If the rapid flu test result will not change management, I would be very judicious about utilizing it.

A: Breena Holmes, MD, VCHIP & VDH: No change in the recommendation for not over swabbing. Whatever you do in your own office is separate from this reagent conversation about the state lab and UVM labs.