

VCHIP CHAMP VDH COVID-19

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

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COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

Breana Holmes, MD, VCHIP & VDH: I want to acknowledge that these are the cases that get into our epidemiological system. The school nurses may know about more cases than this, and sometimes we have to catch up. If that happens to come up into your consciousness, there is a lag. As you know, this is just infectious cases while in school as well, which has to be sorted out.

VDH Update: Testing

Wendy Davis, MD, VCHIP: There are 227 testing sites throughout Vermont with a variety of days and hours of operation. There's still a push to send asymptomatic patients to these sites and make sure symptomatic patients have a connection to a medical home for testing. However, there's some mixing there.

VDH Update: Quarantine

Wendy Davis, MD, VCHIP: We wanted to call your attention to the fact that in the context of vaccine being rolled out, the governor's executive orders related to travelling and gathering do not exempt people who either have disease, had a positive antibody test, or have received the vaccine.

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I hope those vaccinated are explicitly told that vaccination does not change any of the current mitigation strategies. I worry people will become more relaxed or those around vaccinated individuals will become more relaxed.

CDC in the News

Wendy Davis, MD, VCHIP: If you have time, I think it's worth looking at an article that appeared in *The New York Times* today (available here: <https://www.nytimes.com/2020/12/16/us/politics/cdc-trump.html>). This caught my attention that a former CDC chief of staff has come out quite publicly about the administration's dismissal of science and the impacts on the CDC messaging and budgets. There was testimony you may have noticed in the House of Representatives last week by the MMWR editor-in-chief, who said she had been asked to destroy an email showing appointees attempting to meddle with their publication. This was very poignant to me as I had some connection to the CDC as Health Commissioner under H1N1. There is such a distinct difference between that and what's happening now. However, the tone of the presentations this week on the clinician outreach and clinical partner calls and return of some old voices discussion the vaccine were reassuring.

CDC Update: MMWR

Wendy Davis, MD, VCHIP: Two MMWRs germane to our topic today were recently released. On December 13th, the early release of the ACIP recommendations (available here: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e2.htm>) and the early release of the report on the factors associated with positive test results in outpatient health facilities among children and adolescents

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

in Mississippi (available here: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e3.htm>). The latter provides some good news that attending school and childcare was not associated with positive tests.

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There is good news from schools, even from Mississippi: Among children and adolescents aged <18 years in Mississippi, close contact with persons with COVID-19 and gatherings with persons outside the household and lack of consistent mask use in school were associated with SARS-CoV-2 infection, whereas attending school or child care was not associated with receiving positive SARS-CoV-2 test results.

VDH Update: COVID-19 Vaccine

Wendy Davis, MD, VCHIP: Yesterday, Vermont received its second shipment of the Pfizer-BioNTech vaccine. Vermont is getting weekly shipments of 5,800+ doses through December. They are also reserving the second dose for those receiving the first dose. Our great Immunization Program has also placed a preorder for the Moderna vaccine pending FDA approval. We could potentially see thousands of doses of that very soon. Distribution of these vaccines are currently limited to the 1a priority group, which includes high risk health care workers and residents and staff of long term care facilities. The ACIP and the Vermont Vaccine Implementation Advisory Group are finalizing the recommendations for additional priority groups. Commissioner Levine noted it will likely be several months before the vaccine is widely available to Vermonters.

Practice Issues – COVID-19 Vaccine Update from the VT IZ Program Christine Finley, APRN MPH – VDH Immunization Program Mgr. & Merideth Plumpton, RN – Nurse Program Coordinator

Chris Finley, APRN, MPH, VDH: We are working as hard as we can, and we need you to have patience. We are getting directives from CDC. We really want to get the healthcare workers vaccinated. The communications out to HCWs are behind. Some of the hospitals have said they want to do the outreach to their people so that they can get them scheduled in clinic. We want to get you vaccinated. In terms of the next phases, CDC ACIP is meeting on Sunday to determine the phases. Vermont's advisory committee is meeting on Friday. We are trying to look at a way not to put false line between those 65 and older, chronic conditions, and front-line workers. We're trying to get all the information we can out to providers about the vaccines. We are enrolling primary care providers in limited supplies. We may need to go with broader clinics first before we get it to you. Hospitals have been asked to vaccinate providers in their areas and that would absolutely include primary care providers. I'm hoping all providers with direct patient contact will be hearing within the next couple of days where they can be vaccinated. Our pharmacy partners are CVS, Walgreen's and Health Direct (Kinney).

Breana Holmes, MD, VCHIP & VDH: School nurses are also 1a, and they will need the outreach, but teachers have not been determined yet in Vermont. Most teachers think they are 1b, but that has not been determined.

Chris Finley, APRN, MPH, VDH: There is no separation of one nurse from another. If healthcare facilities are all getting information, then they need to know that it's all nurses.

Breana Holmes, MD, VCHIP & VDH: Patsy Kelso has asked the EPI team to think about the algorithms a little differently. Are we really going to say that if you have a mild fever after vaccine, for example, will you be excluded from work? This is getting into a muddy space with mild symptoms and not excluding those with

mild vaccine symptoms from general life. I don't have an answer there, but I'm sure you've thought of this as well.

Questions/Discussion:

Q: If a patient gets one of the new home rapid tests & it is positive, do they then need a PCR test?

Thanks.

A: Breena Holmes, MD, VCHIP & VDH: VDH doesn't have an official word yet. What I don't know is if rapid tests at home are antigen or PCR. I will tell you that, not officially, Pasty Kelso and the Commissioner have said they stand by PCR tests. They don't parse them. PCR tests are the gold standard. If the rapid home tests are antigen, then the stock answer about antigen tests in Vermont is that during times of high prevalence, they are deemed accurate. In times of low prevalence, they are not as accurate and may cause false positives, which should be followed up with PCR testing.

A: Ellen Gnaedinger, APRN, South Royalton Health Center: On NPR this AM they were reported to be antigen.

Q: So can we have older kids go back to school...maybe even 7th and 8th graders?

Q: We are getting more questions about pregnant and nursing moms who work in health care and recommendations for COVID vaccination. We have been deferring to CDC guidance and recognizing limited data at this time. Any other suggestions/resources for these discussions?

A: Merideth Plumpton, RN, VDH: Yes we have a resource. I will link it here:

<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html>. There is a section on pregnant and lactating people.

Q: Can we define low and high prevalence?

Q: Lots of parents voicing distrust re FDA and CDC and therefore vaccine approval. I usually try to reassure them with the fact that vaccine approved in lots of other countries and, of course, made in Germany. CDC information is very good and easy to understand. I refer parents to that as well.

A: Merideth Plumpton, RN, VDH: There are resources on talking to patients:

<https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>. We are hearing lots of distrust with the FDA. There's more trust in VT with the CDC and the health department.

Q: Do we know if the Sunday call is available by recording yet?

Q: One of our challenges is when we need to get the whole family tested including children <age 3. Typically for very young kids, we either have the parents swab the child outside our office or we order drive-through testing at Fanny. If parents need to be tested too, I have to tell them to either contact their PCP or sign up for a pop up slot. But lots of adults have trouble reaching their PCP's or don't have one and there isn't currently an easy way to order testing for the whole family, especially if there are infants/toddlers who need testing and can't do pop up sites. Would love for there to be a way to test the whole family in one fell swoop.

A: Ashley Miller, MD, South Royalton Health Center: We are doing the whole family at our office.

A: Stan Weinberger, MD, UVMCH Pediatric Primary Care: We struggle with the same concern around parent access testing.

Q: How do you handle advising parents on their own health conditions and contacting their PCP's?

A: Ashley Miller, MD, South Royalton Health Center: We do not do any advising. We just do the test like a pop-up site would.

A: Stan Weinberger, MD, UVMCH Pediatric Primary Care: That has been a concern/barrier, feeling like we can't just report test results but have to give some guidance to parents if positive. That is, if the parent (not our patient) is positive.

A: Ashley Miller, MD, South Royalton Health Center: I would refer to VDH at that time.

A: Breena Holmes, MD, VCHIP & VDH: We have noted many times these on-demand sites. You can send people if they're mildly symptomatic. So it isn't an absolute that those are stood up only for asymptomatic testing, and that might be a good choice. As Dr. Davis notes, there are hundreds of slots planned between now and January.

A: Wendy Davis, MD, VCHIP: I do think those on demand CIC sites, and again it's tricky, and the issue is it looks like that's being called out is if the children in the family are young children and can't access those sites then it becomes more difficult but certainly I think in some of these cases those should be good options for folks, so I just wanted to reemphasize that.

Q: Do both vaccines require 2 doses? Do we know how effective a 1st dose is vs. receiving 2 doses?

A: Merideth Plumpton, RN, VDH: Both Pfizer and Moderna require 2 doses.

A: Chris Finley, APRN, MPH, VDH: Pfizer is 2 doses 21 days apart. Moderna is 28 days apart. Not certain about effectiveness with 1 dose.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I do not think we have any data on effectiveness. There is some data on immunogenicity, more for Moderna though. I mean after the first dose.

Q: Has anyone on the call gotten their vaccine yet?

Q: Do you know if the nursing homes have begun their vaccine planning? I know some have not developed any plans at all.

A: Merideth Plumpton, RN, VDH: That is a strong message our communications branch will be making.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: That was my understanding but I have two parents in one and when I asked, they said they had no idea and no plans!

A: Merideth Plumpton, RN, VDH: LTCF is starting to vaccinate within the next week.

Q: How are private practice providers going to get immunized ourselves, since we are not hospital employees?

A: Merideth Plumpton, RN, VDH: You will get your vaccine at your local hospital.

A: Chris Finley, APRN, MPH, VDH: Hospitals have been asked to vaccinate healthcare workers within their area, and they've been given estimates of what that means by the group, and that would absolutely include primary care providers. We're expecting that there will be communication and outreach from the hospitals on when those clinics are coming and how you can register for them. Within our Health Operations Committee we have a hospital communication group, and actually they're meeting right now, to be going through some of the details of that, and I'm hoping that all providers with direct patient contact but are will be hearing in the next few days where they can be vaccinated.

Q: School nurses & teachers have been asking about a time frame for their vaccinations, just so VDH is apprised.

A: Merideth Plumpton, RN, VDH: School nurses are in 1A. I have gotten lots of communications from school nurses in immunization inbox and would be great to do outreach communication to them.

A: Nathaniel Waite, RN, VDH: Childcare providers may also be reaching out to determine when they will be able to be vaccinated.

A: Merideth Plumpton, RN, VDH: The question of childcare has been raised.

A: Breena Holmes, MD, VCHIP & VDH: The teachers have not been determined yet. Well, Massachusetts has named teachers as 1B. We have not and that's very confusing. Most teachers think they are 1B and they're ready, but that is going to be determined in Vermont after the ACIP meeting. So if that comes up it's a little bit of a waiting game there.

A: Merideth Plumpton, RN, VDH: We are waiting for ACIP to vote on 1B.

Q: When do you expect to be completed vaccines with the 1a category in VT?

A: Chris Finley, APRN, MPH, VDH: Well, hospitals need to get the planning schedules and vaccinate everybody and then they need to come back in 3 weeks to be revaccinated. Some of the hospitals will be using more Moderna than Pfizer vaccines and in that case it would be 4 weeks. We don't have an allocation of vaccines beyond week 3 at this point.

C: Becca Bell, MD, UVMHC: Here's the link to the VMS webinar, "A Crisis in Vermont: Gun Violence & Suicide":

https://us02web.zoom.us/webinar/register/WN_aMbtSq0KR9aTii2G-PNGMA