

VCHIP CHAMP VDH COVID-19

April 27, 2020 | 12:15-12:45pm Call Questions and Answers*

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Practice Issues – Mother/Baby Care Updates

Wendy Davis, MD, VCHIP: Visitation policies continue to be in evolution for women who are coming into the hospital for labor and delivery. Last week, labor and delivery at UVM MC started universal testing. In terms of their visitation policy, they have been allowing one visitor or support person but if a woman was known to be COVID-19 positive, that woman would not be allowed a visitor. Concerns arose as they began to consider and implement universal testing about the impact of excluding support people. There has been a lot of engagement and advocacy done around this issue and this is a very active issue around the country.

The goal of the AAP Board call over the weekend was to liberalize the policy all over the country for COVID positive women so that a single support person could be involved throughout the delivery, even if the woman tested positive. This policy is being changed. There has not been a lot of decline on universal testing but there are concerns that it might happen if the policy did not get updated. The updated visitation policy will allow the support person to remain, even if the laboring woman tests positive, and then infection control protocols would be implemented for support person.

Breana Holmes, MD, VDH: We heard from Dr. Marj Meyer that there have been no positive laboring women at UVM MC to date.

Karin Gray, MD, UVM MC: UVM MC is still in the production stages and details are still being hammered out. It was a quick rollout with unintended consequences. The real intent is to provide another layer for caregivers in labor and delivery with the question of whether labor could be an area for an aerosolizing procedure and if moms ended up needing unanticipated airway instrumentation, their status would be known. The language was difficult to present to patients and visitors. We are hopeful the change in policy will remove that disincentive. The intent going forward would be to do universal screening at all three shifts. Additionally, if mothers decline the screening, it would be considered an unknown status or which the labor and OR unit would use PPE as if positive.

There was an unfortunate newscast on the birth experience at UVM MC. That newscast gave information that, if the mom is positive, there is a strong recommendation to separate moms and babies for a full 14 days. The emphasis on the strong recommendation and separation is creating more fear, and the 14 days isn't accurate. As we are allowing a support person in labor for COVID-19+ mothers, we do have the AAP recommendations for mother/baby separation as guidance and the WHO has different recommendations. As this disease has progressed in the U.S., we have not seen significant neonatal compromise. We need to reassure parents that we are discussing separation and educating throughout the process. Lastly, in regards to home birth, we recommend you refer to the AAP guidance.

Q: Are more moms asking for home births as a result of these fears?

A: Breana Holmes, MD, VDH: Our newborn screening program would alert me if there were more home births and I have not heard that.

Practice Issues – Updates from AAP National

Wendy Davis, MD, FAAP, VCHIP

The AAP continues to advocate strongly around vaccines, specifically with VFC and vaccine manufacturers. There are projections coming out that up to 26% more children will need VFC as the result of our economic decline and orders for VFC are already down by 15-20%. The CDC has already made concessions for VFC requirements. They have suspended onsite audits/visits for now. The AAP is also communicating with the vaccine manufacturers directly. They have talk to Pfizer and GSK and have requested a relief of 90-120 days of invoice payments. They have talked to Merck this past week and they have indicated that orders are down by 80% and the academy has also talked to Sanofi. Some states (not Vermont) are starting to talk about relaxing school immunization rules. Also, some sporadic reports of vaccine-preventable disease outbreaks, but we're unsure if these are above baseline. Last week, new breastfeeding guidance post-hospital discharge came out for mothers or infants suspected or confirmed with SARS-CoV-2 infection. There are some HealthyChildren.org articles that have come out that may be helpful based on the context of the discussions we've been having. Additional guidance that should be out soon, but is still in progress, is around school re-entry, updated newborn guidance Q&A and information for a webinar series regarding topics such as child abuse and neglect, mental health and health equity.

Federally, they are advocating intensely in D.C. for small business relief for pediatric practices. Their COVID-19 mailbox is still open and they encourage your submission of questions. The themes they are seeing there are the same themes we are seeing here. The AAP is now maintaining a database specific to pediatrics. They are doing this by mining public website like health department websites. They are looking for confirmed COVID-19 cases, as well as hospitalizations and confirmed testing in order to develop age and state specific metrics.

Questions/Discussion

Q: Should we be sending you any pediatric patients with fevers now? Or, as Dr. Raszka mentioned, the absence does not exclude it, so do you want us to start screening asymptomatic patients?

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: We are happy to see children. I think that primary care physicians can use their excellent clinical judgement. I am always cautious about testing totally asymptomatic patients.

Q: We were told to set up screening at Essex Pediatrics. Is this the only place we should send them or how do we send them elsewhere? If we are being encouraged to test more kids now (before we were told to hold because statistically not affecting kids) where do we send them?

A: Breena Holmes, MD, VDH: We are still encouraging use of testing sites at hospitals and a few FQHCs. I can send you the list. It's the Fairground in Essex; not Essex Pediatrics. I want to keep talking about this. Send and test folks with some symptoms, but if you don't like the pathways and the testing sites aren't right for pediatric patients, then let us know. We can do front of the nose testing at VDH labs, but there's not a clear pathway for it yet. Right now, we are still driving everyone towards testing centers. You need to call the customer service line at UVM MC, and they do the rest.

Q: Will this become clearer as we hear more about the coming testing strategy, maybe later this week?

A: Breena Holmes, MD, VDH: The Governor's pondering, and will come out later this week, testing strategies are who and where. To me, there is a platform of different tests and details around supply chain then become of interest. I am pushing for which tests. Hopefully there will be more to say about which test, who qualifies for which turnaround time, which swab, what part of body, etc. and where to send.

Q: Do we send them with a Rx?

A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): You call them and they call the patient.

A: Paul Parker, MD, Richmond Pediatrics & Adolescent Medicine: For screening, just call in the order to customer service at UVM MC (847-5121) and they set it all up. They call the patient, etc. It's very simple.

Q: Are you testing the support person as well?

A: Karin Grey, MD, UVM MC: This is so early on and I'm hearing the discussion around this. As things are evolving day-by-day, so is our visitation. Our support policies are evolving and some of these are a work in progress.

Q: Dr. Rinehart, can you comment on what COVID toes have looked like? What I have read is that they are burning and red, but without itchiness.

A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): There were reports from 2 families. Red toes, itchy in one case, not in the other. No lesions. In both cases, parents called specifically for testing due to what they read online.

A: Alex Bannach, MD, North Country Pediatrics: One case had red and blistered toes. Parent called also specifically for testing. Patient also had a cough. Patient will be tested today.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I still do not see anything about COVID toes in PubMed. Here is a blurb from a recent news report:

<https://www.usatoday.com/story/news/health/2020/04/27/coronavirus-doctors-learn-more-new-covid-19-symptom-covid-toes/3031743001/>

A: Paul Parker, MD, Richmond Pediatrics & Adolescent Medicine: One patient, purple, blanching toes with some vesicles (12-year-old) and tested negative.

A: Alyssa Parker, MD, Richmond Pediatric and Adolescent Medicine: One patient with myalgia and headache, non-erythematous bumps on 2 toes and erythema in the crease (looked like tinea on photo) - test negative.

A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): Yes, I had similar 4 cases over the weekend (video/telephone) with blisters in the mouth, fever (ages 2-15). I didn't test them once I saw/heard about the herpangina/blisters.

Q: Are these really enteroviral infections since it sounds like a handful of kids have all tested negative? My patient had no other symptoms -- only toes. Father travels and had gastrointestinal symptoms / fever.

A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): Sounds like enterovirus to me!

A: Elizabeth Hunt, MD, Timber Lane Pediatrics: I had a kid with enterovirus today who has been home for weeks. Dad works in HVAC industry in this case, 2-year-old with hand vesicles, fussy but no fever.

Q: If there are topics we are missing or topics you would like for us to address, please let us know.

A: Stephanie Winters, Vermont Medical Society: Would love to talk about "return to in-person practice" guidelines.

A: Molly Rideout, MD, UVM MC: Maybe return to teaching guidelines also, for the community practices?

Q: Is the AAP data publicly available?

A: Wendy Davis, MD, VCHIP I believe they are going to start posting it. They will update the data weekly. I believe the intent is to post it publicly.