

VCHIP CHAMP VDH COVID-19

May 6, 2020 | 12:15-12:45pm Call Questions and Answers*

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Governor's Media Briefing

Wendy Davis, MD, FAAP, VCHIP, UVM

The "Stay Home Stay Safe" order remains in place but the Governor is relaxing restrictions on social gatherings. Social gatherings are now allowed for ≤ 10 people but really keeping it to family and friends. These gatherings would preferably be outside where distance restrictions can be easily implemented, and being thoughtful about who you will be with due to exposure. The Governor also made a point that the most vulnerable should continue to stay at home as opening may mean potential for more illness. Mitigation measures should continue to be maintained.

Recreation Plans

Wendy Davis, MD, VCHIP

Secretary Julie Moore, VT Agency of Natural Resources, is lifting restrictions on limiting outings within 10 miles of home. Outdoor recreation businesses such as skate parks, ball fields, bicycling, tennis courts and golf courses are open as long as there are no spectators. There is a lot of information on the State of Vermont websites.

Practice Issues – Testing Updates

Breena Holmes, MD, VDH

Increased testing will help us relax some of our isolation. We also want to make it easier to test kids and now feel we do have adequate supplies. Standard swabs with wooden sticks mess with PCR, so please do not use the swabs lying around in your drawers at your office. We want to control and standardize the swabs that we are using and they should come from the test kits created by the lab.

Dr. Becca Bell will be working on a demonstration video on how to collect COVID-19 specimens with a nasal swab (front of nose, vigorous swab, 10-15 seconds both sides). The public health lab is up and ready and UVMHC is working on validating all of their platforms for nasal swabs. We are prioritizing long term care (LTC), pediatric primary care providers and other primary care providers for mildly symptomatic adults.

Turns out saliva is a good test, except you have to do first thing in the morning and a larger volume. We are getting it validated as a simple spit in a tube process, but details on how and when to do it are still being figured out.

Practice Issues – Reopening (non-emergency) Child Care

Breena Holmes, MD, VDH

We are reopening child care in June for non-emergent settings (not just for children of essential workers). Possible timing is mid-June if the epidemiologic data remains stable. Vermont Health and Safety guidance is being updated this week to reflect new CDC guidance. It will also align with childcare-summer programs and afterschool guidance. The update will include updates in the way we are monitoring people, tracking symptoms, and contact tracing. We promote community healthcare professionals in these conversations. Public health leadership is beginning to plan with Vermont Agency of Education for school re-opening in the fall, as there are a lot of things to be considered and decided upon. We are doing well in Vermont because

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

we are small and we talk to each other. Childcare providers are concerned about liability. How do we get folks to feel okay if there is a positive case among their children or staff (so it is not a scarlet letter and they are going to get in trouble)? I'm knee deep in this and expect to know more this afternoon. One of the roles pediatricians can play is to understand the guidance and help people interpret it. Also, to help reassure people that we need to start trying. Nothing we do between now and the vaccine is without risk.

Questions/Discussion

Q: A husband of a woman who tested positive in Strafford couldn't get tested. I told them to call the Department of Health because that sounds the opposite of what we want to do.

A: Breena Holmes, MD, VDH: Completely agree. That's people following different pathways of advice. We are expanding what symptomatic means. We will keep communicating and hope that more and more people get the right information. That is a daily experience for me, getting a phone call that someone was denied a test, which is the opposite of what we want to do. People who take care of adults need some outreach.

A: Wendy Davis, MD, VCHIP: We are figuring out ways to have test sites and hours more up-to-date, since many of you have experienced challenges in this area.

Q: How many symptoms need to be present for us to test?

A: Breena Holmes, MD, VDH: It's super liberal. You could just test based on fever. We are trying to run 1,000 tests a day, down to 400 last week, 600 this week. Please test more broadly.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: A challenge for the primary care provider is seeing a child with only sore throat. It will be a bit odd to do the throat culture and then send the patient elsewhere for COVID testing. I think this will place pressure on the PCP.

Q: Good point, but it sounds like we will be able to do a test in the office eventually with nares non-aerosolizing way?

A: Breena Holmes, MD, VDH: That is the goal, and it's moving very quickly. There will be a distribution of kits soon. But, they want you to watch the video first to know how to execute the test.

Q: Is a strep throat culture considered an aerolizing procedure?

A: Breena Holmes, MD, VDH : There's a little bit of a line of how much PPE you need to wear for a front of the nose test, but, yes, if you're doing a throat in the office, you should be able to do a COVID-19 test in the office by early next week. You do need to watch the instructional video first.

Q: What PPE is VDH recommending for the nares testing?

A: Breena Holmes, MD, VDH: A glove and a regular mask.

Q: Is there any data/information about people wearing face shields rather than cloth masks when in the community? A few parents feel these are better tolerated than face masks.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I'm not sure if there is good data on this topic but if we assume that the reason for wearing the protection is to protect the public, it may be reasonable.

Q: I think naturopaths also need access to the HANs. Does that happen? I have heard from friends who take their kids to NDs that in one case the provider did not recommend testing what sounded like a pretty sick kid.

A: Jessica Stadtmauer, ND, Vermont Naturopathic Clinic: I'm an ND and our office is receiving the HANs.

A: Breena Holmes, MD, VDH: NDs just need to sign up to receive the HANs. They are available to everyone.

Q: What is the VDH plan for out-of-state folks coming in for the Memorial Day Weekend?

A: Breena Holmes, MD, VDH: The Governor just reminded everyone that people can come here, but they have to self-quarantine for 14 days. That restriction will be in place for a while. That's a personal reliability thing. There are deep concerns with activity of the virus on our neighboring states, so he doesn't want to relax the 14-day quarantine for people coming to Vermont.

Q: So there is the cough into elbow and shoulder and wearing masks, but do we want them to turn their head in a mask to cough into their shoulder?

A: Wendy Davis, MD, VCHIP: Good point!

Q: Is there a way to better communicate to those who have been tested that they need to quarantine until results are known and possibly even if results are negative? I had a parent yesterday who is symptomatic and was tested but had been out in the community before test results back. Additionally, any guidance on what day of illness testing is most accurate or when symptomatic people who have one negative test should be retested?

A: Breena Holmes, MD, VDH: Re-testing is turning out to be problematic as a strategy because many people stay positive for weeks (up to 55 days). When we tried to test corrections staff to send them back to work, they continued to test positive. We've shifted to clinical criteria for return to work. If someone is not symptomatic and positive, that person can go back 7 days after the test based on CDC guidance. We've been discussing what is prudent for returning to work after a positive test.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Anytime one tests, then the patient needs to quarantine. There are always unintended consequences to testing.

A: John King, MD, UVMCC: There was a recent article about Taiwan recommending no contacts for a positive case 5 days after symptoms started.

Q: I was wondering if testing sites are making it clear to people that they shouldn't be out and about in that interval.

Q: What about a negative test being retested to assure a True Negative?

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I would be cautious about retesting a negative patient, unless for whatever reason the pre-test probability was very high.

Q: Would the kits come from and be ordered through VDH or UVM in Chittenden County?

A: Breena Holmes, MD, VDH: They would likely be available at both sites, but I will get you more information tonight or on tomorrow's call.

Q: Any thought to going back to accepting OP swabs again? The PCP could then collect the strep and COVID-19 swab at the same time.

A: Breena Holmes, MD, VDH: Folks seem to be feeling platform fatigue, and we are trying to get the nares collection solid.

Q: I would love to hear what other offices are planning for the summer and fall in terms of opening offices back up to all visits and how to separate sick from healthy visits and how much PPE to wear for sick visits? We have seen sick visits in cars, but that can be challenging. We are now planning to revert to sick visits in the office again. We will use separate entrances and separate rooms and are planning to wear goggles, procedure mask, gown, and gloves for sick visits. What are others planning/doing now and in next months?

Q: It would also be helpful to have guidance on appropriate room cleaning after seeing symptomatic patients as well as how long to have the room be 'out of use.'

A: Wendy Davis, MD: We will follow up on this in future calls.

Q: If we test a kid and are waiting for results, does the asymptomatic parent need to self-isolate?

A: Breena Holmes, MD, VDH: I will need to confirm the guidance and get that in writing for you.

Q: Unless the parent is a healthcare worker, right? Aren't they supposed to keep working until symptomatic?

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The healthcare worker would wear a mask, but everyone is anyway.

Q: Is there timing for when community lactation consultants can return to doing in-home visits? I am assuming we still should hold off because they don't have access to PPE?

Q: So, asymptomatic people coming from out of state (or with close positive contacts) need to quarantine/not work for 14 days, but people who have tested positive who are asymptomatic only need to quarantine/can return to work after 7 days? What is the rationale on this?

A: Breena Holmes, MD, VDH: The 14-day quarantine for out-of-state individuals comes from the Governor's deep concern about NY and MA residents because those two states are extremely active in terms of the virus. He doesn't want to relax the quarantine for out of staters until that calms down. The 7 days is CDC guidance. It's not a perfect system.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The CDC has now changed their guidance for symptom-based isolation from 7 to 10 days after onset.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The 97% confidence interval was always 12 days; 14 days was chosen to be cautious. There were still concerns that we were missing a few though. The quarantine has to do with the incubation period of the virus.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The incubation phase of the virus is up to 14 days, so if someone is being MONITORED under quarantine for infection, symptoms could present up to 14 days later, but for confirmed positives, shedding of infectious virus diminishes significantly after 7 days after onset, although the CDC has now changed their guidance for symptom-based isolation from 7 to 10 days after onset.

Q: Has anyone read of any child testing positive without the parents testing positive first? The initial information out indicated the children were getting this from the adults, though there has been worry that children are asymptotically spreading this. Any clear data?

A: Leah Costello, MD, Timber Lane Pediatrics: This is a good question as we think about opening the schools for the fall.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: This is the million dollar question. There are no clear data. I think that it will be very interesting to see what happens in Europe over the next month or two, as several countries have started to reopen schools.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: There is really very very little data on children transmitting. The new German data says they have plenty of virus in their nose, but we still have little direct clinical evidence of transmission.

A: Leah Costello, MD, Timber Lane Pediatrics: What about the following article:

<https://www.nytimes.com/2020/05/05/health/coronavirus-children-transmission-school.html>. Of course, it's not a medical journal, just out in the public. Schools, daycares, and parents are probably reading it.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I'll reference two big studies. One in China suggested that children don't transmit as often, though models suggest that in school they have lots of contact, which makes up for it. That is one model. The German data is the data I mentioned above. The children have plenty of virus, so the investigators assume if there is virus present, then they can transmit.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I agree with Bill. These studies suggest the possibility of transmission in schools, but don't truly demonstrate it.

A: Leah Costello, MD, Timber Lane Pediatrics: Thank you. It's just nice to have responses, as parents ask questions about these articles.

A: Susan Sykas DNP, Appleseed Pediatrics: AAP posted some recent specifics about opening schools. Good ideas. Check it out.

A: Jill Rinehart, MD, UVMMC: There is a physician from NY who has been interviewed on national news saying kids transmit, which is confusing to families.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Jill, it is crazy confusing. A key point is that children have not been the key drivers of the pandemic. There is a nice Swiss case report showing that a symptomatic COVID-19 positive and influenza positive child who attended school and multiple functions transmitted influenza but not COVID-19.

A: Wendy Davis, MD, VCHIP: We will continue to revisit the epidemiology. Please keep sending us the reports and the literature.

Q: I have been reminded by my childcare colleagues of the fact that school-aged children, who are not usually in childcare on 6/1, need care if a parent/care provider is working. What is the Governor planning to do to address this issue?

A: Breena Holmes, MD, VDH: We are exploring what the workforce needs to feel less uncomfortable in re-opening childcare. A lot of people have school-aged children, so it's hard to care for other people's children when you don't have care for your own school-age children. We've had afterschool programs caring for school-aged children for essential workers. As we look to summer camps, our Governor doesn't want to go from 10 to 50 people congregating, but he may move the group size up to 20 or 25. There's more to come on this.