

## VCHIP CHAMP VDH COVID-19

May 11, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Testing Updates**

*Wendy Davis, MD, VCHIP:* Abbott ID Now COVID-19 testing platform will finally be distributed to all Vermont hospitals this week. Also, recall the published paper about this testing platform that Ben Grebber, LCOM medical student, drew our attention to a couple of weeks ago. The article showed 75% positive agreement and 99% negative agreement between ID Now nasal swabs vs NP Standard. We know there is a meeting later today to discuss how these results will be reported.

*Breana Holmes, MD, VDH:* There are 3-4 national studies that shows the sensitivity of this test is good enough compared to some of the other platforms and PCR tests. It is a point of care (POC) test that also requires a biohazard special lockdown that only hospitals are eligible for. The Commissioner spoke with hospital CEOs on Friday and they agreed to be the recipient of POC and the supply chain is adequate for the materials/supplies that go into the platform.

This is generating a ton of stress for the epidemiology team due to getting the positive results out of POC. The Public Health Lab is constantly seeking the lead results from all of you who do the POC lead testing and it's not a smooth situation. Just be aware, if you have any role in your hospital in terms of data sharing, there's going to be a lot of quality assurance opportunities that really test people locally. With a 15-minute turnaround, we still need to get that information to the epidemiology team so they can start their contact tracing and make it worthwhile.

On Friday, we told you about the new pop-up sites for testing targeting health care workers, first responders and child care providers who have been providing emergency childcare. This is part of the State of Vermont's efforts to ramp up testing to 1,000 tests/day. This testing is for current infections and not serology. Pop-up sites do not require a physician referral and you can register online through this link <https://humanresources.vermont.gov/popups>. However, testing sites do require a physician referral.

The turnout from Saturday's pop-up testing was a bit lower than expected. The expectation that we could get 600 people tested in a day is maybe not lining up with the consumer drive. You may also hear the Governor's task force may consider using the pop-up sites for everyone. Thank you to Dr. Raszka for the conversation of asymptomatic testing one moment in time is a little bit of a horse that got out of the barn. Health care people need to put some parameters around how we're all tested as healthcare professionals and what the rules are for our employers. The general public will be offered asymptomatic testing soon. It will be a lot of work for the health department but it appears the right thing to do based on our best thinking in the absence of a vaccine and serology test to figure out what's going on with this virus in VT.

### **Governor's Media Briefing**

There were no positive tests yesterday. Vermont has the third lowest rate in the United States, however, there are 45,000 deaths in a radius of 350 miles around Vermont. The Agency of Commerce is working with VDH and DPS on gradual reopening of retail one week from today on May 18. Retail businesses will need to

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meet or exceed the health and safety requirements for all non-profits. The occupancy limit will be no more than 25% maximum legal capacity. They will need to undergo safety/cleaning training.

Commissioner Levine discussed the mission to greatly increase the number of tests to understand the spread. We expect that there are many more Vermonters infected than revealed by confirmed tests to date. The test capacity is 1,000 per day.

All staff at correctional facilities are now being tested to find all staff and residents with any positive cases. There were 138 samples collected at pop-up sites on Saturday from 3 eligible groups and there are three more events this week. There will be a priority on testing for those returning from outside Vermont, who are expected to self-quarantine for 14 days. If they do not have symptoms at day 7, then individuals can be tested at a pop-up site. If they test negative, they can then end quarantine.

The Commissioner addressed the recommendation to have a mask available, even if in open air and to wear it in closed spaces and know how to wear it. Masks are not for children under two, pregnant women, or those with difficulty breathing. He also noted the importance of making space on trails and only socializing with one other trusted household.

Secretary Smith spent a bit of time on dental services and emphasized that routine care is not approved yet, only emergency/urgent dental care. Dental providers should not assume the ban will be lifted on May 18. The State of Vermont is not able to supply PPE for elective care. Many businesses will remain closed until sector-specific guidance is available. Certain healthcare services are being allowed with adherence to VDH guidelines, including the definition of personnel. There were questions regarding acupuncture, ABA, chiropractic, hearing aid, naturopathic, ophthalmologic, PT, and certain mental health services.

### **Practice Issues – Vermont Guidance for Reopening Childcare – Breena Holmes, MD, VDH**

Childcare can voluntarily re-open on June 1. There was supportive funding that expires on May 31. They need to re-open to get a new pot of money available on June 1. New health and safety guidance is being edited and is coming out on Wednesday, May 13. Individuals over age 65 or people with serious underlying medical conditions, including pregnancy, should not provide childcare per CDC guidelines. This is tricky in Vermont because many are over age 65 and are providing care. An exclusions to this recommendation should be made on a case-by-cases basis and in coordination with health care providers. There are specific recommendations for home-based childcare, which are prevalent in Vermont.

Small group size will be determined by epidemiology and data. Currently, the size is 10 kids. No large group activities will be allowed. There needs to be frequent handwashing with soap and water for at least 20 seconds. Frequent cleaning will need to occur throughout the day, and no visitors or volunteers will be allowed during the day. The Governor is not requiring a facial cloth covering, but is recommending it. VDH recommend making it fun for kids to join adults in wearing masks and to participate in this important part of prevention. If children can wear masks properly (put on, take off, not suck on it, etc.), then they should be allowed to do so. The AAP is recommending that children at high-risk or severely immunocompromised are encouraged to wear an N-95 mask for protection, but VDH believes children at high-risk shouldn't participate in childcare.

Childcare providers had lots of questions about pediatric multi-system inflammatory syndrome. The kids in NYC were COVID negative, but many were antibody positive. If cases are identified in VT, then we need a reliable serology test to decide if this is associated with COVID-19. There are very specific medical concerns to re-open childcare, and this one is at the top of the list. A lot of childcare providers have healthcare professionals on their boards. They are not necessarily pediatricians. They are getting a lot of pressure

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saying it's unconscionable to open these centers. A balance from pediatricians on this topic would be helpful. Summer camps health guidance will be the same as for childcare. There are unique features to some summer programming that may need individual guidance, mostly how to move about, take buses, go to swimming pools, and so on. We need to layer in these specific situations.

### **Questions/Discussion**

#### **Q: Will the public be allowed to have repeated testing whenever they want it?**

*A: Breena Holmes, MD, VDH: This is such a good question. This strategy needs a lot of process behind answering that question.*

#### **Q: I did not hear discussion about opening testing to all on the press conference.**

*A: Breena Holmes, MD, VDH: For those new to the call, I often share something hot off the press and may be ahead of what goes out generally. You may hear today, and it may have been said at the press conference, but, the Governor's task force does wonder about these pop-up testing sites being for everyone, not just for those subgroups of people Dr. Davis identified.*

#### **Q: Is self-quarantine 12 or 14 days?**

*A: Debra Hartswick, MD, Timber Lane Pediatrics: A recent VMS email said 12 days in quarantine, with testing on day 7.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: It is now 12 days.*

*A: Stephanie Winters, Vermont Medical Society: The newest HAN says: As we RESTART VT, the goal is to minimize restrictions on Vermonters when reasonable, while remaining focused on identification of all cases and containment of the spread of SARS-CoV-2, the etiologic agent for COVID-19. Quarantine is indicated for asymptomatic people who have potential exposure to a COVID-19 case (e.g., identified through contact tracing, returning travelers). Based on data in the medical literature, almost 100% of individuals develop symptoms within 11 ½ days after exposure to an individual with COVID-19. Therefore, the recommended period of quarantine is being changed to 12 days. Individuals who are in quarantine can be tested on or after day 7; if the results are negative and they are asymptomatic, they can end quarantine (they should remain in quarantine while awaiting test results).*

*A: Breena Holmes, MD, VDH: This is a bit of a mess. The HAN says 12 days but there may be a modification. I can't figure out why but I will tell you as soon as I can.*

#### **Q: I feel like Ophthalmologic was supposed to be ophthalmic. It seems like optometry fits under OPR, but not Ophthalmology?**

*A: Wendy Davis, MD, VCHIP: It was unclear from the verbal presentation. I will look at the published information and clarify!*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Yes, there's a big difference there.*

#### **Q: What about children with special health care needs?**

*A: Breena Holmes, MD, VDH: What we are currently saying is that children who are at high risk for contracting COVID are not encouraged to participate in group activities during this virus.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: In my opinion, N-95 masks are not an option.*

*A: Susan Sykas DNP, Appleseed Pediatrics: N-95 masks need to be fitted properly and many are not small enough for us as HCP. Are there any that are smaller?*

*A: Alex Bannach, MD, North Country Pediatrics: I honestly cannot imagine any of my high/special needs kids wearing an N-95 mask. I do not think they would be able to tolerate it (I barely can!).*

**Q: What does "antibody positive" really mean? How much cross-reaction with other (past) coronavirus infections?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: As always, antibody testing is complicated. With regard to the inflammatory condition, we are trying to develop a reportable condition profile!*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: It depends on the assay. There are a number of assays available that have demonstrated relatively low rates of cross-reactivity to other known coronaviruses. So this information would be incorporated into the selection process.*