

## VCHIP CHAMP VDH COVID-19

May 13, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Testing Updates**

*Breana Holmes, MD, VDH*

The Commissioner said that the health department will not be providing specific guidance about requirements for practices to submit their plans to test their own health care staff to a Vermont testing task force. Should we think about identifying some standard of guidance? VCHIP would help facilitate and support this and it would be great to have our infectious disease experts weigh in on this as well.

As a reminder, the pop-up testing sites are only for asymptomatic patients. If you have symptomatic patients, or are aware of symptomatic family members, request to call their provider and ask for a testing referral to existing sites. They can be sent to testing sites set up by a hospital or as a primary care clinician, you can do anterior nares testing at your site as well as long as you have proper PPE. You do not need PPE if a patient collects their own specimen. The Commissioner said the anterior testing supplies have arrived and patients will need to register for this. The Bennington site has completed over 250 tests and it went quite well. I heard it was anterior nares testing, but I'll confirm.

There is no requirement to test any child for childcare or summer camp entry. Let's keep talking to each other about symptomatic versus asymptomatic testing. There is no requirement, but you are going to be asked by parents for this type of testing. No order is required, just go to pop-up sites that are asymptomatic sites. The bundle of kids that are asymptomatic can go to the pop up sites. A runny nose is different. Some of you have asked if those kids can just show up at pop-ups as well instead of putting in an order. People want symptomatic kids seen or at least talked to by a healthcare provider before an order is made, mostly for differential diagnosis reasons, at the very likely event the test will come back negative. I want to keep working on systems. But, with the push from the Governor, let's keep in touch about what is working and what is not working.

### **Practice Issues – Vermont Guidance for Reopening Childcare**

*Breana Holmes, MD, VDH*

There are two new updated health advisory summaries that just came out today regarding patients testing positive and the deaths to date. We'll send these out tonight. Childcare, summer day camps and other summer guidance has been finalized and is going live. It will be on the website so rapidly changing information can be more easily updated. The biggest thing that changed is that, in June, group sizes will be up to 25. This will hopefully align with societal groups of 25. All of the same hygiene still needs to be in place, including facial cloth coverings. The biggest bucket is the supplies. They are not sure if they can get enough cleaning supplies to feel safe. Also, what types of kids can be in care based on their illness symptoms, Kids who have asthma, diabetes, chronic diseases. That list is tricky. You will be helping families decide the risk versus benefit of attending care. Also a ton of questions about the Pediatric Inflammatory Syndrome. It's a tough thing to navigate. There are worries that people are missing the messaging here. This is about opportunities for kids and their social/emotional development and the importance of social connection and developmental activities for our children needs be placed in the equation with the concern about the virus. It's a luxury of a certain class or socioeconomic status to be able to think about not opening child care.

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

There's a group of people meeting every week and they are determined to open overnight camps. The biggest concern is out-of-staters. A floating idea is for them to quarantine for 7 days and then be tested. All the same physical distancing would be in place. Certain camps have platform tents that have 4 people to a tent and they are 6 feet apart.

The serology work group met this morning. The group includes adult infectious disease, the lab at UVM MC, the lab at public health lab and the states epidemiology group. The only role for serology testing will be if we have a suspected Pediatric Inflammatory Syndrome concern. It states they are in the case definition and remember that the PCR is appearing negative in those kids and the serology will start to create the association with the virus. There is a serology test at Mayo that they feel good about and that we can use in Pediatric Inflammatory Syndrome.

### Questions/Discussion

**Q: "There is some indication that the administration wants testing of health care staff at all practices, regardless of whether they perform procedures, but this has not been stated formally." This statement came out from VMS today. Any clarity yet? Do we have to isolate for 48 hours after the test is done? What do we do if we are asymptomatic and positive? I can't close my practice.**

*A: Breena Holmes, MD, VDH: Asymptomatic people who are tested do NOT isolate while waiting. I clarified that this week. That is a change from what we told you last week about the parent of a kid being tested. Those parents do not need to isolate.*

**Q: Do we have guidance if we are asymptomatic and positive?**

*A: Breena Holmes, MD, VDH: Yes, isolate for 10 days.*

**Q: Are the pop ups for all Vermonters NP or anterior nares swabs?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: At this instant, they are NP swabs.*

**Q: What is the purpose of asymptomatic HCWs going to a pop-up site to get tested? Surveillance? If people do this, shouldn't it be done regularly and not just once?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Remember, there is a national agenda and a hospital policy. The pop up testing sites is part of a national agenda to test as many people as possible. The NP is a snapshot in time and only gives information over a very narrow timeframe.*

**Q: It seems like putting more people at risk to send them to a popup or any site where they have to get close together. It already feels risky getting temperature checked coming into the hospital.**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: At the hospital, visitors and employees have to be six feet apart during the screening.*

**Q: If a parent offered to do the test, can it still be considered non aerosolizing?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The test for COVID-19 is a non-aerosol generating test, regardless of NP or nares. It needs to be witnessed.*

*Q: If we are in an exam room, aren't we exposed then and need to be wearing full PPE?*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: If the healthcare worker witnesses, then the healthcare worker can use the usual precautions. If you are six feet away, then you can wear a surgical mask and gloves, as you will handle the specimen.*

*Comment: Sounds like parking lot anterior nares by the parent is a good option.*

*Comment: I can't get six feet away in any of my exam rooms. I guess we will watch through the car window. It would be great to show a parent doing it on a child or someone doing a self-swab. The parents will feel better if they can watch.*

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**Q: How do we get the nares tests, and is the instructional video done?**

*A: Breena Holmes, MD, VDH: I keep asking my lab how they are getting these test kits out to primary care, and they said they just call and order them. UVM appears to be supplying to their network. I will work on this today. My question is, in general, how do you normally get testing kits? Is there an order form for that? I'll get clarity on that today. We stopped the video because they were going to put Becca Bell in full PPE to do the anterior nares swab, and we didn't think it would be a helpful video because we aren't recommending that you wear full PPE in the office because we are taking this other path of self-specimen collection. But, long-term care facilities want a video on full PPE for anterior nares swab testing for their residents. So, I'll keep you posted on that.*

*A: Ashley Miller, MD, South Royalton Health Center: For POS, we order them from a medical supplier. For something like gc/chlam, we call Gifford's lab, and they send us swabs.*

*A: Judy K. Orton, MD, Green Mountain Pediatrics: Pertussis kits are ordered through our hospital lab. I've never ordered from VDH.*

**Q: We are getting more and more calls for return to work and daycare and requesting guidelines for people with low grade fever or other mild symptoms. What is recommended, aside from the usual 24 hours fever free off of antipyretics and feeling better?**

*A: Nate Waite, VDH: We are saying 72 hours fever free for return to childcare.*

*Q: It feels like there needs to be more consistent messaging from family practice, pediatrics, and childcare about when they may return to childcare. Do symptoms (cough, rhinorrhea, etc.) need to be better for return to childcare?*

*Q: I have also been referring to the VDH web site, as recommendations are changing so quickly. What about teens working (grocery store, landscaping, etc.)?*

**Q: Is there a way for a patient with sore throat and fever to be tested for both strep and COVID-19 at the same time? And, currently, in the world of COVID-19, do you need PPE to do strep throat testing?**

*C: We have been wearing N-95, shields, and gowns for strep throat and flu testing.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: If it's only a sore throat, then we have not recommended PPE. For a throat culture, we recommend a surgical mask.*

*Q: How about if sore throat and fever?*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Only if it's just sore throat.*

*C: The times I have gotten strep throat in the past, I can pinpoint the exact patient I didn't dodge and forgot to mask.*

*C: It seems that you may not really know if it's "just a sore throat" until you have the patient in the room. Perhaps we are being overly cautious, but all of our "respiratory illness" visits of any sort (on the schedule with cough, fever, ST, rhinitis -- any or all of these symptoms) get placed in our special respiratory clinic where the provider is wearing full PPE.*

**Q: Is there a point of care antigen test in the works that may someday be available for in-office testing?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Yes, there is an antigen test that has been approved. The sensitivity is not great.*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: A new antigen test has just been approved under EUA by the FDA.*

*Q: Is the antigen test saliva or nares swab or NP swab?*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: It is NP or nares. Saliva testing hopefully will be coming soon and may be very helpful as well.*

*Q: ClearChoiceMD in NH and ME are doing antibody testing. Do we know anything about that test? SN/SP?*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: There are many*

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*different antibody tests out there, so we would need to know exactly which one they are using.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The governor's serology task force met again this AM. We are only using serology to help meet the diagnosis of the pediatric inflammatory syndrome.*

*Q: They are quoting 99.4% specific. Could that be true? <https://www.wmur.com/article/clear-choice-md-conducting-covid-19-antibody-testing-in-nh-vt-me/32438954>.*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That could be true, some of the recently reported assays do have specificities that high, but, remember, the predictive value of even a very specific test is dependant on the background prevalence of disease.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: A few serologic tests report >99% specificity. Any test with a specificity lower than that is unlikely to be of benefit in low prevalence areas.*

*A: Ashley Miller, MD, South Royalton Health Center: If the specificity is that high, does it mean it is not picking up other coronavirus antibodies?*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: For example, if you do the math, a 99% specific test with a 1% prevalence yields a positive predictive value of only 50%. It's no better than a coin flip as to whether the positive result is a true positive or not.*

*Q: That suggests that those antibody test will not be helpful in determining protection in VT?*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Critically, antibody testing cannot at this time be correlated with protection.*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That is why it can be a challenge in interpreting individual results, although there may still be a role from a public health/epidemiological perspective. Right now, the only clinical role for serology that we are recommending, in terms of individual patient care, is in work-up/diagnosis of children with potential PMIS.*

**Q: Any information about stool testing in kids? I have heard anecdotally from pediatricians in higher prevalence areas that it detected cases when NP did not, and it's obviously not aerosolizing.**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I have no idea if stool specimens are infectious and what a positive PCR in the stool means.*

**Q: Do we know any more about kids transmitting it? That is the question I am getting. What about Grandma if they do care for the child for a few days a week and the child goes to daycare the other days?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Children are not the key transmitters. To date, there is little data suggesting that kids are key drivers or drivers at all.*

**Q: Given that daycares are opening, are the EEE programs opening?**

*C: Essential daycares have been open from the beginning.*

*C: Taking these baby steps to reopen makes sense.*

*C: I've been very concerned about the social/emotional/developmental needs of children. Having the opportunity for them to return to care is important. I was on a call with BSD early education today, and it sounds like their summer will still be remote/distance learning.*

*C: I saw a mom who works in EEE today for Colchester, and they have no plans to open.*

*Q: If daycares can be open, how come camps cannot?*

*C: I agree daycare seems more of an infection risk than summer camp.*

*C: Day camps can be open.*

*Q: Have they thought about allowing residential camps for VT residents only?*

*A: Breena Holmes, MD, VDH: That has come up as something to consider/think about.*

**Q: If I were a non-medical citizen, no risk category, not first responder, not doing child care, no symptoms, why do I want to be tested? Am I missing something here?**

**Q: Does the 25 person limit take into account the size of rooms?**