

VCHIP CHAMP VDH COVID-19

May 14, 2020 | 12:15-12:45pm Call Questions and Answers*

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Testing Update

Breana Holmes, MD, VDH

As of this week, anyone without symptoms can get tested, especially healthcare workers, first responders, and child care providers serving essential workers. The word is getting out and this is what the Governor wants. We are hoping this is a two-week strategy and that on Saturday, May 23, we will show all the asymptomatic testing has yielded almost no positive tests. This is our hypothesis that we can pivot to a different testing strategy. Please stay tuned. Also, the Abbot POC ID NOW machines are expected to be delivered to all Vermont hospitals by Monday, May 18 with specific instructions about the requirements for reporting the results. UVMHC declined to take a machine. Regarding the cost of test kits, I wanted to let you know that VDH does not charge. UVMHC does not charge for collection kits but the lab does bill insurance for COVID testing and if insurance does not pay or a patient does not have insurance, the patient will not receive a bill. As we heard before, there should not be any cost to the patient for this testing. I thought it was interesting that the cost of running the test at UVMHC is about \$45.

After the Commissioner's call on Tuesday, it was noted that there is a requirement to submit your practice staff testing plan to the Testing Task Force convened by the state partners, but VDH will not be providing specific guidance around them. We wondered if a small group should get together, especially those not directly connected to a larger institution that might be developing their own guidance. Is anyone interested in helping develop standardized guidance? There will be more guidance coming from the larger healthcare systems. VDH has been asked to play some role in developing this template, which is difficult to produce as it would imply some sort of scientific method to figure out how to test asymptomatic healthcare workers in a thoughtful way. The recommendation may be testing health care workers once a month. The Commissioner was asking for a plan from every practice. Health care workers have to have an approved plan on how they are going to be tested. Does this work in practice? We are hoping you will help us think through this during tomorrow's call.

Questions/Discussion

Q: I just got a call from a family that I need to write a letter for him to be able to attend daycare, since he has asthma. Is this the case? He is not sick, just being asked because he has asthma.

A: Wendy Davis, MD, VCHIP : This has been addressed on prior calls. It is a hot topic for discussion. Generally, we've been trying to steer away from it.

A: Breana Holmes, MD, VDH: In general, any sick kids should not go to childcare during this COVID time. However, if you believe that the child is well, controlled, and has low risk for care, that would allow the child to attend. Kids have seasonal allergies, too. We can't let kids with runny noses into childcare, unless a pediatrician confirms that the kid has known allergic rhinitis. Second bucket is kids with asthma. It is clearly on every list of vulnerabilities for COVID-19. Asthma is tricky because some kids have well-controlled asthma. If a pediatrician believes it is safe for the child with well-controlled asthma to go to childcare, then this needs to be communicated to the childcare providers. We want to try to reduce the burden of letter writing, but you do need to make these calls for childcare providers during the time of COVID-19. We don't want a childcare provider to have to know the difference between mild and moderate asthma. They don't want to be the ones to make that distinction. There is a role for pediatric healthcare here to say "this is okay." It shouldn't have to be a letter; you just need to communicate with childcare providers. It can be a

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

phone call. Childcare providers themselves are being told if they have asthma then they shouldn't work in childcare.

A: Michelle Perron, MD, Timber Lane Pediatrics: Dr. Lahiri has said that they are more concerned about moderate or severe persistent asthma. I am not saying that they should. I'm just not sure what kind of letter to write. He coughs intermittently and also has allergies.

A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): Wait, we can't say that the kid isn't at risk if he gets COVID and has asthma, but he should still go to day care?

A: Breena Holmes, MD, VDH : It's not straightforward with COVID-19. Pediatricians needs to make the call if minimal risk. There's nothing we are going to do between now and the vaccine that is without risk. Daycare providers cannot allow a kid with a cough to come to care without a pediatrician's backing.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The asthma saga is driven by adults.

C: The daycare letters are so hard because they often seem to be asked for to absolve daycare rather than support family need for childcare.

A: Breena Holmes, MD, VDH : I really need all of you to partner with us on this. There's another pandemic, which is kids' isolation and social/emotional health, their mental health. The virus is just one factor. Trying to get kids back into schools and childcare is important for social/emotional development. It's difficult to balance the needs of these kids. There is a very vocal, but small, subset of childcare providers who are planning to protest at the Governor's media briefing tomorrow who believe it is driven by economic factors. It's not true. It's driven by data and the needs of kids who need education and care.

Q: Another thing I have heard is families of young children are being asked to provide masks for daycare. I thought they didn't need to be masked? (pts are 2.5 and 4)

A: Breena Holmes, MD, VDH: We say give facial coverings a try over age 2-3. Please read the guidance really closely as there is a section on cloth facial coverings for children. Do the best you can. Give it a try with kids. Assess the developmental appropriateness of it. Acknowledge that kids know something is up and they see adults wearing the facial covering. They have their 3-4 year-olds wearing them. They are making it fun and painting them.

C: I find they'll wear them, but they touch them all the time.

Q: What is the current recommendation for family members of a positive patient? Are they being allowed to work, or are they quarantining as well?

A: Breena Holmes, MD, VDH : If their kid is being tested and parents are asymptomatic, then parents don't have to quarantine. Parents can work while waiting for test results for the child.

Q: But if the kid tests positive, what do the parents do? I just have 2 kids right now with high fevers and GI symptoms, whose parents don't want to test.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The parents refusing testing on their children raises an interesting dilemma. One could imagine that there is a disincentive to test because if they test positive, they will be excluded from child care and other settings based on time since symptoms and of course, employers (or NH) may restrict employment of the parents. Ouch

C: An added challenge is that NH is abiding by the policy that the whole family quarantines pending a child's test (even if parents are asymptomatic).

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Yikes. In theory, if the adults are asymptomatic, they should be able to work (and of course, wear a mask).

Q: I heard from a family that their child care provider has a clear mask that they are planning to use so small children can see their facial expressions and when they are talking. Do you have any knowledge of options for clear masks?

A: Breena Holmes, MD, VDH : In national dialogue, the eyes are more important than the mouth. These masks are expensive. I think it's fun if people want to keep trying this. We are in this for the long hall, wearing facial coverings, and I don't want to presume that kids can't do it. That is wrong developmentally because they do look at modeling from adults.

A: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: I can find a contact, my son's school is planning to use them.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: There are a few masks available for clear masks. One has a clear area around the mouth, but it looks a bit scary. There is also a complete clear shield. I will send the link in a second. The FDA "allows" it without comment.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Beth Forbes will be using these (I have no relationship with the product): <https://www.theclearmask.com/>

A: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: Another group is making clear facial coverings, St. Albans Face Mask Group, Pam Cross.

Q: If we, as HCP, have been tested on a serology study and tested negative, do you also want us to get NP testing done also?

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I am not sure which serology study and the goals of the study.

Comments (combined): Copley Hospital did a study. Everyone at CHSLV were tested.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: If negative on serology, then you should assume you are susceptible and still should be tested by NP as indicated.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I do not think Copley planned to do NP as part of the study.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: For that matter, until we are sure that a positive serologic test could indicate immunity, I don't think we can say that people who are seropositive shouldn't get tested if a clinical situation would otherwise suggest it.

C: Only the rare positive was told to get NP testing.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I am not very familiar with the Copley study. If they were looking for IgM, they may have wanted to make sure the positive wasn't actively infected.

Q: Is the plan still for all HCW testing if the asymptomatic testing shows little positive results?

A: Stephanie Winters, Vermont Medical Society: I have heard some hospitals have been sending in plans and getting a message back that they will review when they have a larger group to review and will then provide feedback.

A: Breena Holmes, MD, VDH : I did uncover that the Health Department has been asked to play some role in a template in this arena. Which is a difficult template to produce because it would imply scientific ways to test asymptomatic HCW, which doesn't really exist. The calculus is the public facing reassurance that we are monitoring the situation. And yes, HCW will stay on the list for routine testing.

A: Paul Parker, MD, Richmond Pediatrics: It should be weekly. (If it's going to be recommended.)

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: It is a super complicated issue.

Q: Just to be clear, this isn't a mandate yet, correct?

A: Wendy Davis, MD, VCHIP : The Commissioner was asking for a plan from every practice.

A: Breena Holmes, MD, VDH : Yes, a plan for how HCW will be testing themselves. It needs to be an approved plan.

A: Stephanie Winters, Vermont Medical Society: Yes, plan, but again, interesting guidance from AHS about providing feedback.

A: Alicia Veit, Timber Lane Pediatrics: I think if the goal is to convince parents that it is "Safe" to come back to community practices, that it should be consistent across practices. Otherwise, it's very confusing to families.

A: Elizabeth Hunt, MD, Timber Lane Pediatrics: This was not clearly laid out, so having one frequency, one type of test, one manager/practice for testing is important.

A: Paul Parker, MD, Richmond Pediatrics: No parents have asked me if I've been tested.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I think there is a range, and what different health systems are doing may be driven by internal policies, not necessarily at the state level.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Even defining HCW is problematic, doctors, nurses, schedulers, social workers, anyone in the office at all? It is all over the place.

A: Alicia Veit, Timber Lane Pediatrics: I can just see, practice "X" is testing weekly but practice "Y" is testing monthly, is going to cause problems. I'm also wondering who pays for that test? The practice? The person's insurance?

A: Wendy Davis, MD, VCHIP : The HD does not charge. But will the UVM MC be charging for their kits? No charge for the collection kits but they will bill for COVID testing and if the insurance company doesn't pay, the patient will not receive a bill.

A: Stephanie Winters, Vermont Medical Society: It think it would be great, and most people I talk to are desperate for guidance! Yes, practice guidelines.

C: There is zero incentive for me personally to have asymptomatic testing done on me as a HCW. I'm masked, working safely, and if positive, then what? People can be positive for weeks and weeks.

C: Same.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: You are correct. We have struggled with employees at UVM MC who continue to have the virus detected for a long time.

A: Barbara Kennedy, MD, Timber Lane Pediatrics: If we are to test our HCW in outpatient practices, it makes more sense to have test kits sent to all practices.

C: I think testing our HCWs to tell public we are "safe" gives false safety though, since it's just one moment in time. We are telling them just because they test negative they should still follow all the safety things.

C: I agree. I don't really want to get tested. I feel fine, I don't want to know (wearing masking and lots of cleaning in the office!).

Q: Do we know what is being done for HCW in other states, say Washington state?

A: Breena Holmes, MD, VDH : No, I knew a while back but I'll check in on that.

Q: What are the implications for a positive result?

C: Great question! If we tell parents that they can work (masked) even if their child tests positive, it wouldn't be inconsistent to tell HCW's that they can work masked even if positive (as long as asymptomatic).

Q: Could we touch on mental health and how our system (especially HCRS) is envisioning the future? We are really struggling getting kids and families the MH support they need.