

VCHIP CHAMP VDH COVID-19

May 18, 2020 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM

Breana Holmes, MD, FAAP, Director of Maternal & Child Health, Vermont Department of Health (VDH)

Childcare and Afterschool Summer Programs Updates

Wendy Davis, MD, VCHIP: A clarification was provided in the updated childcare guidance that a child who has a negative COVID-19 test can return to childcare after they are fever-free for 72 hours.

Breana Holmes, MD, VDH: No, I just want to update you all from the Friday call because Ashley and you're all doing such great thinking and I appreciate you reading all the guidance. We have intentionally made the guidance a link, not a PDF, due to changes and updates needed on an ongoing basis. The thing we're trying to thread here is how your brain reacts when you read it. If you're negative and have symptom resolution, you can go back to child care, but if people want that stated more explicitly, we can do that. I need you to feed your comments and interpretations back to me. Dr. Ashley Miller mentioned that we had kind of an old way of talking about if a test was pending for a staff member or child, their close contacts should quarantine, but all of that has changed in the context of asymptomatic testing, so we're fixing that.

On Friday's press conference with the Governor, it was announced that the state has extended the childcare funding through June, even if childcare centers choose not to open. We are ready to re-open childcare centers because of what the epidemiological data is telling us, not for economic reasons. I am happy to share the presentation decks of the webinars I do with childcare providers and the webinars are also recorded.

Wendy Davis, MD, VCHIP: The American Camp Association (ACA) has now published their draft version of guidance for camps in order to implement the CDC guidance. The ACA hired an environmental health consulting firm to help them write this draft. They are waiting for review and comments. It's quite comprehensive. It's the most comprehensive document we have seen to date on camp guidance.

Breana Holmes, MD, VDH: The overnight camp guidance is coming out from the Agency of Commerce and Community Development, and VDH is in conversation with them. This guidance will contain a separate set of considerations from other summer camp and childcare programs. There are informal conversations/interpretations/arrangements being discussed around the 14-day quarantine requirement in Vermont for those entering the state that are not reflective of the actual health policy, specifically around out-of-state folks quarantining in their states and then coming up to Vermont for summer camps or June 1 apartment changeovers. The out-of-state folks cannot do that and are expected to quarantine for their first 14 days in Vermont.

Governor's Media Briefing – Friday, May 15, 2020 and Monday, May 18, 2020

Wendy Davis, MD, VDH

The Governor has extended the State of Emergency to June 15. If case rates remain low, we can expect outdoor dining and close-contact businesses (salons and other indoor businesses) to open by June 1. We can also expect the state's limit on gatherings to be expanded from 10 to 25. The lodging guidance, effective May 22, for inns, short-term rentals, campgrounds, marinas, and other lodging operations remains at 25% capacity and limits gatherings to 10 people. A guest log must be maintained in the event contact

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tracing is needed. These facilities can accept overnight reservations from individuals who have met the 14-day quarantine requirements, and these guests must complete a questionnaire affirming that they have met the quarantine requirements. At today's media briefing, although the numbers of cases in Vermont are minimal, Governor Scott continued to express concern about the regional data. There are 400 new cases in NH, 6,678 in MA, and 14,500 in NY. The Vermont team will be conducting detailed regional modeling this week (expected by Friday, May 22). If case rates in Vermont remain low, then Governor Scott will proceed with the steps for re-opening as discussed on May 15 and May 18. We can also expect to hear an announcement on Wednesday, May 20, on a major economic package. Secretary Moore gave an update on the State Parks opening and some of the new requirements, which are available on the State Parks website (<https://vtstateparks.com>). Some of these requirements include maintaining physical distancing, wearing cloth facial coverings, reducing touchpoints, and bringing sanitizing products and other supplies. Commissioner Levine provided a surveillance update. Last week, there was one additional death in Vermont. As of last evening, there were 700 tests with no new cases over the weekend. The percent of positive cases in Vermont is generally less than 5% and sometimes between 1 and 3%. In the EDs and urgent cares in Vermont, no cases of influenza are being reported, so a COVID-19 test should now be considered for anyone symptomatic. The Commissioner also distinguished between isolation (having COVID-19, sick with symptoms, or tested positive without symptoms) versus quarantine (having no symptoms, but was in close contact with a person who is COVID-19 positive or someone coming into Vermont from out-of-state or returning from out-of-state). The Commissioner also reviewed what happens when individuals let their guard down. In Clinton County, NY, cases almost doubled in one day over the weekend due to "parties" in Plattsburgh. We must continue handwashing, respiratory etiquette, social (physical distancing), and wearing facial coverings.

Practice Issues – Testing Updates (Continued Discussion)

Breana Holmes, MD, VDH

The testing plan requirements/recommendations has not come out yet. It's currently stalled, which is reflective that your input is being taken seriously. When it is released, it may look different based on feedback from a lot of people. I can't promise that testing plans won't be a part of our future as healthcare workers, but there's currently no guidance for the plan, so stay tuned. The Serology Work Group that Dr. Benjamin Lee and I are on has been asked to pivot and speak scientifically to asymptomatic testing as a strategy. We'll have an opportunity to bring those smart infectious disease physicians to advise the Commissioner and the Governor about asymptomatic testing. We are exploring new testing site options. There is new federal funding to encourage more testing, including to FQHCs to set themselves up to offer testing. VDH is meeting with FQHCs and others to figure out what kind of testing, what do you need, where are test kits coming from, etc. It's supposed to be a consortium between the UVM lab and the VDH lab.

Pharmacies have stepped up and said they could be places for testing. Due to the push for asymptomatic testing, those meetings are being welcomed. Shayla Livingston is the policy person who will be at the table in these big meetings to figure out what it would mean to test Vermonters in these pharmacies. A testing arrangement with Wal-mart is also being floated. I am sharing these ideas with you to get more and more people tested. These pop-up test sites for all Vermonters are full – 360 slots per site offered 3 to 4 times per week, and all are full. We are trying to figure out if we should keep standing these up. The med tech branch of operations (logistics, getting test kits, etc.) doesn't think it's the best idea to keep standing up these pop-up testing sites.

The anterior nares piece has been complicated by the fact that the UVM lab does not have the supplies for that and have opted not to push through the supply chain for this testing option. VDH lab has 7,700 swabs for front of nose. They want to preserve some for the potential of outbreak testing in long-term care facilities. I am trying to encourage distribution to the pediatric and adult primary care practices. Testing is

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important, iterative, and messy. The concern is that the supplies would run out, but I think you all can roll with that uncertainty. The Abbott machines are not going out to Vermont hospitals. There is growing concern about their accuracy. We are likely done with this particular point of care test.

Stephanie Winters, Vermont Medical Society: This came out on Friday: Testing of Providers: Adopt a written plan for the periodic PCR testing of health care providers and staff. The plan shall include 1) Who is to be tested; 2) The laboratory to which specimens will be sent 3) Frequency; and 4) Plan for return to work for those who test positive for COVID-19.2.

<https://www.healthvermont.gov/sites/default/files/documents/pdf/Phase-One-Openings-Outpatient-Procedures.pdf>. *It's not much different, but a little more guidance.*

Questions/Discussion

Q: The total tests number hasn't been updated over the weekend. Have they stopped doing this or is this a glitch on the website? It's been stuck on 22,276 the last two days. And I thought I had recorded the number was 23,205 the day before that.

A: Rachael Comeau, VCHIP: VDH website says "Due to a technical issue, the data for May 18 has been delayed. Please check back."

Q: It would be really great if the CDC (or others) could come up with an incidence/attack rate for MIS-C to characterize what the actual risk is.

A: Wendy Davis, MD, VCHIP: I agree.

Q: CDC COCA Call information?

A: Stephanie Winters, Vermont Medical Society: Please click the link below to join the webinar: <https://www.zoomgov.com/j/1602255337> Or iPhone one-tap: US: +16692545252, 1602255337# or +16468287666, 1602255337#Or Telephone:+1 669 254 5252 or +1 646 828 7666 Webinar ID: 160 225 5337

Q: Lots of rumblings on local moms' Facebook groups that daycare's are opening on June 1 because funding runs out that day. We might need some public outreach about that not being the reason for a June 1 opening.

A: Breena Holmes, MD, VDH: Friday at the press conference, they said that they extended funding through June, even if a childcare doesn't open. We are ready because of what the data is telling us.

A: Jill Rinehart, MD, UVMCC: From SBSB on Friday: 'Childcare/School's Out Childcare for Essential Workers ends May 29th when the state funding ends. We will cease childcare for two weeks and re-open camp programs June 15 with numerous changes "implemented given the current circumstance."

Q: It would be great to have the link to the CDC talk/slides (if available) for those who can't listen live.

A: Wendy Davis, MD, VCHIP: Yes, we'll make sure we provide that link.

Q: Why the 14-day quarantine? The last HAN said quarantine was 12 days.

A: Breena Holmes, MD, VDH: The last HAN did go out clearly stating 12 days as 97% of people develop symptoms by day 12. The Governor wanted to focus on other people coming from other states to be

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tested on day 7, results on day 9 and released out of quarantine on day 12 if negative, but he wanted to go back to day 14 and I'm unsure why. Now it is 14 days.

A: Kristen Connolly, MD, Timber Lane Pediatrics (Milton): To clarify, we need to follow 14 days?

A: Breena Holmes, MD, VDH: Yes, 14 days. An updated HAN should be out shortly.

A: Stephanie Winters, Vermont Medical Society: Newest HAN just released - Overview of Pediatric Cases of Novel Coronavirus 2019 (COVID-19) in Vermont.

Q: Recent new cases in NH?

A: Halle Sobel, MD, UVM MC: 400 new cases in NH.

A: Kristen Connolly, MD, Timber Lane Pediatrics (Milton): We've had 4 recent cases here in VT connected to the NH outbreak.

Q: Many states and many people are wondering if they can quarantine in their own state and then come to Vermont to begin their fun life.

A: Breena Holmes, MD, VDH: The answer is no.

Q: Are you being asked to give immunizations to children from other states visiting VT for extended periods of time?

A: Sarah, VDH: I work in one of the District Offices for the Vermont Department of Health and we have received calls requesting to vaccinate children that are from out of state and in Vermont during this time period.

A: Wendy Davis, MD, VCHIP: How are you responding to those?

A: Leah Costello, MD, Timber Lane Pediatrics: I am seeing out of state patients to do well care and vaccines. All families have been here for a while (at least 2 weeks but most much longer) and are coming in for 2 or 4 month visits with vaccines. We ask for vaccine records. Families are really appreciative.

A: Sarah, VDH: We link the families to local medical providers so that the child can also have their scheduled WCC.

A: Jill Rinehart, MD, UVMCC: I'm also seeing patients from out of state who are "stuck" here one way or another, for well child care and immunizations.

Q: Will pharmacies be a new testing site?

A: Kristen Connolly, MD, Timber Lane Pediatrics (Milton): Many pharmacists are interfacing with high risk patients to distribute medications. It seems like a bad idea!!

A: Alex Bannach, MD, North Country Pediatrics: I agree. It's also difficult to imagine what PPE precautions would look like in a public pharmacy environment.

Q: Anterior nares testing piece and UVM lab not having supplies for this. Why are they not trying to get these?

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I am not sure why UVMCC is not pursuing nasal testing. I did not get that impression during our last meeting on testing. I will check with the lab and others. UVMCC lab reports they are working on nasal swabs. We are hoping to make some available sometime this week. There's not a huge supply yet, but we're working on getting more. I will discuss on the COVID meeting at 5 and confirm with the lab etc.

Q: Your voice in these calls is really making a difference. The supply chain for nares swabs is a little uncertain long term. The lab folks weren't sure if you wanted them distributed if there was potential that they wouldn't be available next week. Would you still want them for the current week?

A: Alex Bannach, MD, North Country Pediatrics: I agree, some is better than none.

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A: Kristen Connolly, MD, Timber Lane Pediatrics (Milton): A lot of parents are hesitant to test their children given they are worried about discomfort with the test procedure.

A: Kate Goodwin, RN, CPNP, Lakeside Pediatrics: Yes, exactly what Dr.s Bannach and Connolly said. I have had quite a few kids I have wanted to test whose parents have declined for fear of the invasive nature of NP testing.

A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): I agree that nares testing is more appealing for parents and it's good to have some available.

A: Kathleen Geagan, MD, Mt. Ascutney Hospital and Health Center: I agree, some is better than none, more options are better.

A: Ann Wittpenn, MD, Pediatric Primary Care, UVM MC (Williston): Everything for everyone keeps changing. I agree, families are hesitant to have children tested due to worries about the entire testing experience.

A: Breena Holmes, MD, VDH: Excellent. If FQHCs start testing more and more, they will need nares testing.

Q: What are the stats so far from pop-up testing? Is there any early "prevalence" data yet?

A: Wendy Davis, MD, VCHIP: The big picture is that lots of tests are being done and there are very few to no positives.

A: Breena Holmes, MD, VDH: You can infer it. There were 360 tests on Saturday and there were no positives at the pop-up sites. These are to be all asymptomatic people.

Q: Can VDH/UVM/individual hospitals reserve nasal swabs for certain patient groups, i.e. elderly in nursing homes, young pediatric patients (<10 years old?), etc.?

A: Breena Holmes, MD, VDH: I'm not sure.

Q: Do pop-up sites need a doctor's order?

A: Breena Holmes, MD, VDH: No. We are asking at the pop-up sites who the primary care is so you get the results.