VCHIP CHAMP VDH COVID-19

May 22, 2020 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD, FAAP, Director of Maternal & Child Health, Vermont Department of Health (VDH)

We have special guests, Patricia and Tian Berry, on the line with us today. Patricia was a longtime leader at VDH and the founder of our partnership between public health and healthcare professionals in Vermont, in particular, the area of Maternal & Child Health. That was also one of the foundation for the establishment of VCHIP.

VDH Updates

A new HAN was released on May 21, 2020 regarding pharmacists ordering and administration of testing for COVID-19 in Vermont. This HAN talks about pharmacy-based testing specific to who can be tested. This testing is for asymptomatic individuals only. Sample collection may only occur in a separately designated area such as the drive-up window or parking lot (i.e. outside of the pharmacy). The reporting requirements and the procedures related to the Clinical Laboratory Improvement Act (CLIA), certificates of wavier, etc. are all well delineated. The HAN also states who can collect specimens and the use of PPE.

The HAN regarding clarification of quarantine guidance is on hold. The Governor is really pondering this and struggling with the complex needs to conserve our almost virus-free state. Additionally, the Governor is not comfortable producing the HAN due to the heat map of Southern NH and MA. The HAN will not be available during the Memorial Day weekend.

Governor's Media Briefing – Friday, May 22, 2020

Governor Scott is pleased with Vermont's low rates of positive tests but is looking more at the regional data and implications for reopening. The Agency of Commerce and Community Development (ACCD) guidelines for outdoor seating at bars and restaurants is effective today. It was also announced that on May 29, barbers and salons may open but with limits and safety measures in place. Churches may open starting tomorrow at 25% capacity. The Governor also expects to announce a timeframe for businesses such as gyms in a briefing a week from today. Based on the fact that the Governor does not feel Vermont is ready for large, unstructured events for 100s-1,000s of attendees, he is canceling all traditional fairs and festivals for this season. That does not prohibit fairgrounds to be used for other activities if they can meet other guidelines from VDH and ACCD.

Commissioner Levine talked about healthcare restart related to the following 3 areas:

1. Hospitals, health systems, office-based medical (MD) practices – previously, allowed visits that had no potential impact on hospital resource use, but today, inpatient surgeries/procedures were added as long as mitigation measures are in place (i.e. screen patients/staff/visitors; PCR testing plans; adequate PPE supplies; test all patients undergoing procedures; hospitals must be able to quickly prompt inpatient capacity)
2. Expansion of services by providers licensed by OPR: care without physical contact (i.e. LADCs, psychologists; allied MH, SWs, others). Additional guidance was also provided to acupuncture, chiropractic, opticians, optometrists, osteopathic, naturopathic, PAs, and other nursing personnel.
3. Dental – distinctions are being made on when to begin procedures with less risks of aerosolization.

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

There is some nice work from our pediatric colleagues around testing exemptions and for those at risk of complications from testing. As soon as we have the final documents, we will share them. The distinctions, the different variations and the way it will all be rolled out are really important.

The Vermont DFR Commissioner Pieciak is also pleased with the positive trend. Vermont's doubling rate is now >46 weeks and we are the second lowest in the U.S. (right behind Hawaii). Our mobility data looks good. In early March, we were among the most mobile in northern New England and we quickly became the least mobile based on the restrictions. That trend remains quite stable. The DFR continues to monitor the 4 key metrics - syndromic surveillance, rate of viral growth, percent of new positive tests, and hospital and ICU bed availability – all of which are well below the metrics set by the state.

There were also some interesting data presented today. Based on new cases and total cases in Vermont's neighboring states, the regional monitoring was done by regional cases based on driving time from Montpelier. For example, if you drove a one hour radius from the state house in Montpelier, you could encounter 300 active cases, etc. This is why we continue to hear the caution from the administration on loosening our restrictions and watching this data to help inform the decision making.

Practice Issues – Let's Talk Testing!
Breena Holmes, MD, FAAP, VDH

This active group has proven to be invaluable in making sure we continue to get this right. It is very clear that we would like anterior nares testing but we have quickly hit the supply chain issues. In doing so, we recognize the public health lab had 7,700 swabs (for the front of the nose) for the entire state. I noticed there are groups raising their hands to be the priority for the distribution of those swabs and that made me feel anxious. In VT, we like to do things collaboratively and the idea that one group who knew to ask first would be prioritized over another did not feel right. I asked to pull together an anterior nares workgroup that includes Dr. Raszka, Dr. Keith Robinson and Dr. Davis, along with Patsy Kelso, and the folks from both public health and UVM labs. We listened to all the different types of people who were asking for the anterior nares swab and were able to draft a list of prioritization: children under the age of 16, patients with health conditions that put them at increased risk of bleeding, patients with nasal abnormalities, persons being tested repetitively (i.e. LTC facilities), and persons with other health conditions for whom anterior nares testing is deemed optimal (i.e. people in memory care, people in the pediatric population who may not adequately be explained how the swab test would be done). This list would be the way we would distribute the swabs.

UVM has secure a supply chain for the throat swab that can also be used for the front of the nose. That is due to arrive in 2-3 weeks. As they arrive, we will have a process for distribution to these populations. Dr. Davis and Dr. Raszka have stepped up to create a draft of the HAN and I have requested to fast track this. This still acknowledges, without full PPE, specimens will have to be collected by patients themselves. We are wondering what age a child could self-collect or a parent could collect in the presence of a health care professional. In addition, what are the specifics and terminology for the health conditions for which, this testing is deemed optimal?

Questions/Discussion
Q: What age can a child self-collect or have a parent collect in the presence of a health care professional? Besides asking for age, could you also ask about the specifics about what sort of health conditions seem optimal?
A: Charlotte Safran, Patient & Family-Centered Care, UVM Children's Hospital: I could ask the Patient/Family Advisors their recommendation re: age of child to swab.
A: Jill Rinehart, MD, UVMMC: Consider age and developmental stage and intellectual disability/ASD, etc.

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A: Monica Fiorenza, MD, Timber Lane Pediatrics (South): Children and adults with significant developmental disabilities or mental health issues.
A: Alex Bannach, MD, North Country Pediatrics: Nice work. Hard to put a firm age limit, as developmental status of child as well as ability of family to support/supervise play into it. I have some 6-year-old whom I could see it do, but in general I would say probably 10 or older with physician being able to make decisions individually.

C: Please reach out to Judy Shaw by email if you need contact information for Patricia Berry (Caring Bridge site).

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