

## VCHIP CHAMP VDH COVID-19

May 27, 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)

### VDH Updates

There is new HAN guidance on N95 Respirator Sterilization in Your Region. This is calling our attention to implementing safe mitigation strategies so that we can preserve our N95 supply in a time where we continue to have a global shortage. The target audience for this HAN is facilities and emergency service personnel. Additionally, we need to follow the guidance about when N95s are absolutely required in the services being delivered. This guidance also references the CDC optimization strategies and the VDH occupational guidance. There are eight (8) Vermont hospitals that are providing sterilization services and in the guidance, the hospitals and points of contact (i.e. email, phone number) are provided.

With respect to testing, there are ongoing discussions about VDH and the State of Vermont's strategy related to that. The workgroup that includes Dr. Breena Holmes, Dr. Ben Lee and Dr. Bill Raszka, continues to have their discussion on the overall strategy for anterior nares testing. We will get that guidance out to you as soon as possible. The HAN for the anterior nares testing is going to state we need to prioritize certain populations and have a process for distribution of the swabs. Dr. Holmes heard today the supply of OP swabs is better and we have a supply chain for that. If we can get the right test swabs then this HAN will be relevant to you all. As we prioritize LTC facilities and people with memory care, we also have to push the pediatric component in the ongoing broad picture of testing.

At the VMS call with Commissioner Levine yesterday, he mentioned new CMS guidance for long-term care (LTC) facilities and that does dovetail very much with our focus on testing strategies. There is specific guidance related to LTC facilities for both patients and staff. He introduced the concept that VT is looking at the evidence regarding early warning signs from the possible COVID-19 associated hypoxemia that has led to symptoms like confusion and falls. The idea is that could be followed in outpatient settings by providing oximeters to newly diagnosed cases. This is under development and you may hear more.

The Commissioner also focused on what he considers to be three large issues that the health department is grappling with right now: 1) institutional plans for colleges and universities in the fall and college students returning to take over their new leases; 2) ongoing evolution of child care guidance; and 3) tourism industry. The students coming back to take over their new leases are creating a lot of energy in the Burlington area and results in the following questions: Where were those kids quarantined? What to do about testing?

Dr. Holmes also stated there is an interesting and important dialogue about childcare. There is a group of people who have been vocal, stating it is not a safe decision despite the data and epidemiology. Then there's a group of childcare providers and others reaching out about the guidance and saying there's too much.

Dr. Davis mentioned the "What Parents Can Expect: Child Care and School Age Camps/Care" has been refined in response to feedback received. We hope this is also responsive to concerns this group expressed on how to provide guidance to both families with children in care and childcare centers with whom you may have relationships with. Dr. Davis referred the group back to the conversation we had about trying to steer away from being put in the position of having to write a clearance letter and instead having this type of guidance available to share with your patients and the centers you may have a relationship with.

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

Dr. Holmes stated the parent handout is completed but we are waiting for the link to be live. Dr. Holmes has already sent and communicated with all childcare licensors and providers. There are no requirements or mentions of clearance letters. Interestingly, Dr. Holmes heard from some childcare providers that they do not fully trust the parents with this information. That was difficult for Dr. Holmes to hear. In that context, Dr. Holmes would hope that you, your care coordinators, or your front desk staff would be willing to receive a phone call from a child care provider. There will need to be permission granted to discuss it. It is not perfect but it does not imply anywhere a letter is needed.

Dr. Holmes mentioned we are proud of the work on the Home-based Service Delivery: Re-Start Guidance. We looked across the Agency of Human Services (AHS) for all the different types of service providers in mental health, aging and independent living, our nurse home visitors and early interventions, etc. and got the group together to produce this guidance in restarting. This group also decided the importance of service in a rubric with the risks associated with the return (stratified into low, medium and high categories). The link below will explain how your community partners will be determining when and whom they are going to start home visiting:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/Final%20VDH%20Guidance%20on%20Home%20Based%20Service%20Delivery%203.17.20.pdf>

### **Testing Updates: Additional Pop-up Sites**

The State of Vermont continues to develop additional capacities for pop-up site testing of asymptomatic patients. Registration is required.

### **Update: Mother-Baby Care**

We do continue to follow both the regional and national dialogue. The NNEPQIN continues to follow regional developments in mother-baby care. Noted recently, the Maine Medical Center has started testing asymptomatic mothers prior to delivery based on the 1.7% positive rate in those asymptomatic mothers (N = 156). A nice graphic was also created to walk folks through decision making around testing and then follow-up in terms of care. This reflects a combination of both the AAP and WHO guidance.

### **Governor's Media Briefing – Wednesday, May 27, 2020**

Governor Scott talked about continued monitoring of both state and regional data. He anticipates announcing on Friday restarting cleaning services and gym facilities in June. He also mentioned the State is finalizing the guidance for overnight camps and he anticipates the resumption of indoor dining in the not-too-distant future. The Governor also mentioned on Sunday, the states around us are unfortunately seeing much higher rates. NH had 240 new cases and 43 deaths, and MA had 2,000 new cases and 675 deaths yet in VT, we had 13 new cases and 0 deaths.

In the Q&A, he was asked when the 2 week quarantine rule will be lifted. He said they are working on determining the benchmarks now. They also talked a bit about childcare concerns and the AHS Secretary Mike Smith weighed in and identified Dr. Holmes as a well-known pediatrician. The Governor will announce his plans tomorrow for seeking re-election. The Governor was also asked about concerns related to increased online realty sales by out-of-state buyers. He responded he welcomes more people moving into VT but recognizes the ongoing affordability issue. Lastly, a question was asked about concerns with enforcement and compliance with the various health recommendations and orders. He responded there are places on the State's website (i.e. Department of Public Safety) where people can register complaints.

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Dr. Holmes stated that most overnight camps have chosen to close and not open this summer. There is a passionate group of individual camp directors who do want to try. You can imagine, if the overnight camps serve out-of-state people, quarantining would be one of the major barriers. The way they would come in is as follows: be tested, self-contained in a pod, never leave, never exposed. There are nice guardrails we are working with them on.

Dr. Holmes mentioned using the term uptick. There are three groups testing positive right now: 1) LTC facilities, 2) household contact of positive cases, and 3) “asymptomatic.” Remember, some of them are expected in the case contact tracing. Dr. Davis stated the Commissioner did point out the ambient temperatures in VT today and to take safety precautions. The Commissioner also addressed news reports that stated Vermont is one of “18 states in trouble” and one in “5 in highest degree of trouble”. The data dispels that notion. The rate of new cases is very small and the test positivity rate has been hovering at <1% for some time. Lastly, the syndromic surveillance is one of the things the department of health continues to follow and there are now many more opportunities for asymptomatic testing.

### **Practice Issues – Wednesday Potpourri**

Dr. Davis reminded the group about the AAP social media campaign. The Academy continues to focus on the advocacy in D.C. around financial release. There are also a lot of public awareness campaigns related to getting children back to offices for care and getting caught up on immunizations. Dr. Davis received the most recent CMS bulletin about the financial release for primary care and independent practices. They do have template letters if folks are interested in pursuing that line of advocacy.

Dr. Holmes can send a link to the Agency of Commerce and Community Development (ACCD) guidance on pools. Town pools are planning to open or have already opened. There are a lot of rules about distancing and not playing, and using this as a cooling strategy. We cannot do much about private pools. We are looking into swimming lessons, as they are hands on. Hopeful there will be some allowance. We are also thinking about youth sports.

Dr. Davis did hear from an AAP regional call last night of some interesting work in NH. They have assembled a workgroup to identify and think together about the children who have fallen off the radar that have not been seen in school or by other home-based providers. These are the kind of things we could be addressing now if that has value. We have reached back out to NH to hear a bit more about their strategy.

Dr. Holmes chimed in stating there are interesting pre-COVID studies where you ask adults in schools to name the first 10 kids who come to mind and then do an analysis. The adults are not naming just the high achievers but also the group of kids who get the support or have certain externalizing behaviors. What happened when we went virtual is that there was a subset of kids who dropped out of engagement. Dr. Holmes has a hypothesis that it is the same group and not necessarily the ones who do not need additional support. NH seems to be leading the way. Dr. Holmes has suggested to Dr. Davis this could be done locally as well. It might be hard to crack as a statewide system, based on patient confidentiality.

### **Questions/Discussion**

**C: Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19) Friday, May 29th, 2020 | 1pm - 2pm EST Webinar Link:**

**<https://partners.zoom.us/j/95161576223> This webinar will provide an overview of the MIS-C case definition, discuss the early recognition and management of this condition and discuss local case reporting with public health leaders Presenters include Cardiology, ID, Rheum from Harvard.**

**Q: Day care centers are asking for notes from PCP regarding clearance to return to child care for asthmatics.**

*A: Breena Holmes, MD, VDH: I have encouraged them to just have a conversation with parents about the medical clearance, not asking for letters. I messaged to **all** that this is a conversation with parents. Asking them, did your doctor say that their allergy or asthma is okay for care? I believe in that partnership. There's no requirement or even remote mention of clearance letters. If you are still having trouble, I hope that you or your care coordinator would be willing to receive a call from a child provider clearing the child for child care. But you would need permission to talk about it. It is not implied anywhere they you need a letter.*

*A: Michelle Shepard, MD, Pediatric Primary Care, UVM MC (Williston) & VCHIP: There have been questions from parents at many well visits in the past 2 weeks. All are very worried about daycares: either parents are worried their kids will get stressed by providers and kids wearing facial coverings, masks hindering young children's social/emotional development, or on the other end of the spectrum stressed that their kids will get sick.*

*A: Breena Holmes, MD, VDH: We start with the acknowledgement in a pre-COVID world that we are in tune with child development and their need to see our faces. But the virus has come and the most effective way to protect ourselves from the virus is with a cloth facial covering. It's plain and simple. Cloth facial coverings are essential. Kids are resilient and adaptable and if our expressions and emotions are shared through our eyes, I believe that kids are going to follow our lead. In settings where people feel that can't be accomplished, we have cleared the use of facial shields. They're not considered quite as protective as cloth facial coverings though.*

*C: Thank you, that is a worthwhile addition! It does, of course, not mean that daycare providers will allow them as parents are already worried.*

*C: I've already been asked by a parent for the test results from a COVID-19 test or her child would not be admitted to child care.*

*A: Breena Holmes, MD, VDH: There's absolutely no attachment between people's test results and clearance. Of course if positive, they are not allowed in care. But you can't require a test for entry. In the private sector, they are making some decisions about testing, but in child care where there is state regulations, we are absolutely uncoupling any type of testing with entry for both staff and child in child care.*

*C: I have been asked several times for letters. I just have said they have no increased risk.*

*A: Michelle Shepard, MD, Pediatric Primary Care, UVM MC (Williston) & VCHIP: I'm also hearing that childcare providers are closing due to restrictions, including those previously open for emergency care (speaking from personal experience). My line has been that returning to childcare is a very personal family decision and that they need to feel comfortable with their providers keeping their kids safe and that providers will be counting on parents to be honest about symptoms and possible exposures.*

**Q: Could you include the JAMA article link for face shields?**

*A: Breena Holmes, MD, VDH:*

*[https://jamanetwork.com/journals/jama/fullarticle/2765525?utm\\_source=undefined&utm\\_campaign=content-shareicons&utm\\_content=article\\_engagement&utm\\_medium=social&utm\\_term=052220#.XsiGSONPI10.e-mail](https://jamanetwork.com/journals/jama/fullarticle/2765525?utm_source=undefined&utm_campaign=content-shareicons&utm_content=article_engagement&utm_medium=social&utm_term=052220#.XsiGSONPI10.e-mail)*

**Q: Any news on Lactation Consultation home visitation?**

*A: Breena Holmes, MD, VDH: Take a look at the guidance. We are trying to let community organizations determine the low, medium and high risk of an in-home service balanced with what they're able to do remotely with telemedicine. Some folks have had great success without hands on.*

*A: Melissa Kaufold, RN, UVM Health Network Home Health & Hospice; Family and Children's Program: Yes, the language re: LC, etc. allows for individualized care. Many people are able to receive extremely helpful lactation support very well over virtual support.*

**Q: Do we have a percentage for asymptomatic positives from pop-up sites yet?**

*A: Breena Holmes, MD, VDH: There are a handful of positive tests from pop-up sites (with denominator of several thousand). A caveat is that we do NOT screen people in pop-up sites, so we're not entirely sure that those patients are truly asymptomatic.*

**Q: Are there any updates with advice for public swimming in pools?**

*A: Sharonlee Trefry, RN, VDH:: <https://accd.vermont.gov/press-releases/agency-commerce-releases-new-guidance-professional-services-yard-sales-and-swimming>*

*A: Elizabeth Robinson, NP, UVM MC: There is an article in NYT on 5/22 "Children may be at higher risk of drowning this summer" due to being more in backyard pools with multitasking/distracted caregivers. It's a good reminder for anticipatory guidance.*