

VCHIP CHAMP VDH COVID-19

May 29, 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)

VDH/Other Updates

The Health Guidance for Childcare and Summer Programs was revised and updated on May 28, 2020. It is a very comprehensive document. Just announced today, the Agency of Commerce and Community Development (ACCD) has released guidance for overnight summer camps. The guidance also references limited residential summer college programming and both are to go into effect on June 7. In particular, the guidance allows for a different quarantine method and relaxes some of the pod requirements.

Updated Health Guidance for Childcare and Summer Programs

Dr. Breana Holmes reviewed the history of the first guidance that went out on at the beginning of April for emergency childcare, which was updated on May 13 based on the Governor's announcement that we were re-opening childcare on June 1. We are in constant contact with childcare providers and parents for clarifying guidance. This list is what was updated yesterday. CDC said no field trips. We defined field trips a little differently in our guidance and said as long as the place you are going and the transportation meets the health guidance, you arrive at the place that is also abiding by the health guidance (i.e. walking or taking a van across town to an open town pool).

We worked with AOE to make sure there was more connection to the federal nutrition guidance for the summer programs for food. We also got specific about cleaning and how to space kids out to the best of your ability in the bus or van situation. We have a fair amount of childcare workers in Southern and Eastern VT who live in other states. It turns out if you go back and forth in a day for work, you do not have to quarantine but you do have to self-assess and be very respectful of hand hygiene and cloth facial covering. A lot of the resources we found for cloth facial coverings has been added to the guidance. We did add face shields as a secondary approach to covering of the face, though cloth coverings are preferred. Face shields do require a specific type of cleaning and need to fit properly. We are not sure what the supply chains are for face shields. Immediately after distribution last evening, the list started again of clarity that needs to be added. We have committed to updating it about every 10 days. Let me know what doesn't make sense and what needs more clarity.

Governor's Media Briefing – Friday, May 29, 2020

Governor urged everyone to “remain united in our fight against the virus.” ACCD will release guidance for:

- June 1 - gyms, indoor fitness, massage, nail salons, spas, routine home maintenance/cleaning
- June 7 - welcome out-of-state campers for overnight camp. Campers may: quarantine at camp, at home before arrival (but no stops along the way); quarantine for 7 days at camp, get tested (or same in home state); handoffs will look different (if camps do to pursue this option, it offers an opportunity for evaluation of transmission in this type of setting)
- Increase safe social gatherings from 10 – 25 (outdoors); no change in 25% capacity for retail/lodging establishments
- No additional guidance regarding when out-of-state visitors may come in without quarantine

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

Dr. Holmes stated when we set forth for the June 1 childcare re-opening, it allowed for 25 teachers and kids in a pod. Dr. Holmes is grateful that we are not asking childcare to enter into groups that are of a different size than the rest of us. We are not asking childcare to accept additional risk through larger group sizes than the general population.

Commissioner Pieciak, Department of Financial Regulation (DFR), who is responsible for the modeling, noted the following trends over the past week:

- VT case counts remain low at 24/7 days (in setting of reopening)
- Gradual uptick in Vermonters' mobility – now higher than NH
- Testing = pronounced upward trend # but % positive remains steady
- 41% of all confirmed U.S. cases are within a 5 hour drive time of Vermont (speaks to proximity to Boston and NYC)
- Metrics
 - Syndromic surveillance shows overall decline
 - Viral growth less than .5%
 - % new positive tests – remains below 1%, well below 5% guardrail
 - Hospital/ICU beds – small increase in admissions to ICU for non-COVID cases

Commissioner Levine (VDH) anticipates that VT will be at CDC's Phase 3 criteria for reopening next week. Phase 3 is CDC's most advanced phase. This means in VT, dentistry will be able to fully reopen including conducting aerosol-generating procedures. The Commissioner is also interested in data about viral transmission, specifically related to cloth facial coverings. The focus in the past was protection against larger respiratory droplets, but now we're looking more to the impact on protection against aerosols, which can linger in the air for a longer period of time. There is a growing consensus that facial coverings may provide important protection against aerosol, especially in indoor environments.

The Commissioner also discussed growing consensus related to the level of herd immunity required to be protective. The number of greater than 60% was mentioned and when we looked at sites with the highest infection rates, we are nowhere near that (NYC at 20%, Boston at 10%, VT could be well below 5%). He talked about the role of children and the emerging data in terms of the role of school closures. The Commissioner cautioned this is early data. He cited a study noting adult to child transmission (80% greater than child to adult) in family transmission. In a French study, one infected student did not appear to infect classmates. It appears schools do not seem to be a primary site of transmission. It's more prevalent through family transmission. The Commissioner did reference a small cluster of cases in Winooski, VT. He did note it's a community-based cluster and not a single-facility.

Dr. Holmes wondered if we should pull those studies about children and have an academic conversation with this group next week. It would help to discuss childcare and summer camp re-opening among this group. There are a number of articles that found transmission mostly occurs in family clusters, from adult to child and rarely the other way around. Drs. Lee and Bill Raszka wrote a recent commentary in *Pediatrics* that goes over some of these data (<https://pediatrics.aappublications.org/content/early/2020/05/22/peds.2020-004879>).

Dr. Holmes stated childcare providers are quite concerned and resisting the facial cloth covering requirement. We really need to double down on it. The CDC uses terms like "reasonable" and "feasible." These words are hard to define and interpret. We need to stay with the messaging that adults need to be

cautious of transmitting to children. It's unusual messaging because we are used to kids causing transmission, but that's not the case with this virus. Dr. Lee responded that transmission of community epidemics was previously driven in classrooms, but all of the evidence so far shows this virus is different and does not transmit in that way.

Practice Issues – Pharmacists and COVID-19 Vaccine

Stephanie Winters, VMS, AAP-VT, VAAP, and many more!

Last legislative session, the Pharmacists Association came forward with an extensive bill asking to be able to prescribe anything. The Vermont Medical Society (VMS) worked hard on that to request a study on what would be more feasible. Language came forward that was palatable to most people. It included the ability to prescribe with a collaborative practice agreement, tobacco cessation products, self-administered hormonal contraceptives, emergency prescribing of albuterol, etc. All of this will be meeting a state protocol summoned by the Commissioner of Health. It also specifically states that it's prohibitive to prescribe regulated drugs, biologic products, or initiate antibiotic therapy. There is language allowing for administration of influenza vaccine for ages 12 years and older. There were a lot of discussions about ages, the perception that it was difficult to get kids in for influenza vaccines, and VDH was pushing for kids of some age to be able to get vaccinated. We also looked at prescribing authority from other states (there are some with no age limits).

There is concern but we agreed that this was reasonable to move forward with at this point given that there are strict protocols and we are part of those discussions. The legislature wants to pass an amendment next Tuesday. We are going to have a call with OPR and VDH this afternoon, as the legislature is moving quickly on this. The amendment they want to put in place would be to add language for them to be able to administer a COVID-19 vaccine. We aren't sure what that will look like yet and questions remain about age restrictions and other limitations. The age of 12 was selected due to the developmental milestones and the ability for adolescents better understand what is happening in their health care and be able to handle getting the vaccines in the pharmacy. The 12-year-old piece has already been in there but we can assess the protocols being written around that.

Stephanie wanted to get feedback from this group specifically on the COVID piece. Please send to Stephanie or email VCHIP CHAMP email inbox with your thoughts.

Questions/Discussion

Q: Did we drop quarantine to 7 days or just for campers?

A: Breena Holmes, MD, VDH: Quarantine currently is 14 days here or 7 days here with a test. With the asymptomatic testing, if someone is waiting for a test result, they don't have to quarantine anymore. As a PILOT, what we are allowing with overnight camp is the 14-day quarantine can be done in the home state.

A: Ashley Miller, MD, South Royalton Health Center: If tested on day 7, they still quarantine until results come back?

A: Breena Holmes, MD, VDH: Yes. The quarantine guidance will likely change over time.

Q: What do you think about what the WHO has said about masks?

A: Leah Flore, FNP, Shelburne Pediatrics: Dr. Levine spoke about this at the 11:00am briefing. The WHO had said that there is no need to wear masks unless the adult is sick, ill, or has a cough. I thought they also referred to children not having to wear them, so I would like to know more information about that. This is off the WHO website: If you are healthy, you only need to wear a mask if you are taking care of a person

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with COVID-19. Wear a mask if you are coughing or sneezing. Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water. If you wear a mask, then you must know how to use it and dispose of it properly.

A: Jessica Denton, Community Health Team Social Worker, Timber Lane Pediatrics: This WHO Guidance creates a bit of confusion as to what is the true best practice for families.

A: Wendy Davis, MD, VCHIP: Understood. We'll put our heads together and process, as this is catching us all a bit off guard.

A: Breena Holmes, MD, VDH: We need Drs. Lee and Raszka to weigh in on that WHO statement. Super different than all of the recommendations in public health here. We should try to get the full statement out to the public.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I am looking over the WHO statement. I think the sound bite is a bit misleading. The full document is much more ambivalent about the use of masks in the community. They state that they do not believe there is evidence to prevent spread, but that they may catch infectious droplets in people who are asymptomatic or pre-symptomatic. Guidelines should be clear about communicating the rationale for masks (protecting the wearer vs protecting others) in areas where masks are recommended in the community. There is a clear indication for people to wear a medical mask when caring for someone with COVID. [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak).

Q: I suspect that when there is a vaccine, it will be in limited supplies. It seems health care providers will be in the best place to determine who is at highest risk, and not have pharmacists administering COVID-19 vaccine would make sense.

A: Ashley Miller, MD, South Royalton Health Center: I guess my concern is that at 12, often the kids have missed their 11-year-old shots, and the flu vaccine is the time I catch that. I agree on the COVID piece. There also might need to be discussion about the approval processes and safety.

A: Kathleen Geagan, MD, Mt. Ascutney Hospital and Health Center: I also have concerns about a brand new vaccine and being able to capture adverse reaction, efficacy, etc. for our patients if they're being done at random pharmacies.

Q: I wonder how many pediatric families would bring their tweens + to a pharmacy for vaccine, especially if it were new/unproven. That can affect how much flu vaccine we pre-book (if that's what they are getting).

A: Ashley Miller, MD, South Royalton Health Center: That is a huge thought. Thanks.

A: Ann Wittpenn, MD, Pediatric Primary Care, UVM MC (Williston): I worry that despite promises of good intentions, will finances/big pharmacy purchasing power come into this for distribution?

A: Wendy Davis, MD, VCHIP: That's an interesting dimension as well. The tie in there is the tremendous financial strain that practices are suddenly under and they can't have that margin eroded anymore than has already happened.

A: Judy K. Orton, MD, Green Mountain Pediatrics: My concern echoes those of others of eroding people getting caught up with other vaccines, not knowing how much flu to pre-order, and big pharmacies getting in the way with COVID. I also had many, many families that wanted to get their school-age children H1N1 vaccine in my office but was unable to given the initial limitations of us procuring that vaccine. I can foresee the same issue with COVID as supplies would likely be limited. We already had a drive-in clinic to do catch-up, which went very well. We're planning to do it on a larger scale with flu and potentially COVID, if available in the fall.