

## VCHIP CHAMP VDH COVID-19

June 8, 2020 | 12:15-12:45pm Call Questions and Answers\*

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

### **Testing Updates**

*Breana Holmes, MD, VDH:* I want to make sure people know the 7 positives out of 356 tests is only for the public health lab, so it does not include tests from the UVMHC lab. Due to the Winooski situation, the health department has quickly needed to change to daily testing in Burlington and Winooski, which has strained plans for other testing pop-up sites. I wanted to pause this morning to determine what we know about the current FQHC testing situation. I wanted to hear it from the community perspective both from those of you who work at FQHCs and those who are in a community who know your colleagues and what is going on. Our intention a few weeks ago was the increase testing at FQHCs for both symptomatic and asymptomatic individuals. I need the primary care group to chime in here by typing in the chat or emailing me directly. I'm also curious about what is going on with all of you in general with regards to if you've been doing anterior nares testing and if you've been able to get the test kits. I feel like there was a big push to do 1000 tests per day, which the health department was ready to do, but now we have an outbreak that requires our full attention. I'm also interested to learn about testing at community hospitals. I heard Porter is only testing for a few hours and it's not very robust.

I think all of us know that the long-term testing strategy needs to include lots of supplies and the ability to test people in the front of the nose. Before we let it be a free for all, we pulled a group together a few weeks ago to decide on priority populations to be first in line to receive the front of the nose swabs, given that the supply chain is a little rickety. We put forth a health alert about a week ago that describes children under the age of 16, pre-procedural folks with either anatomic or hematologic reasons that the back of the nose is sensitive and folks in long-term care facilities, along with folks with developmental disabilities or memory care situations that make it difficult to explain the procedure ahead of time. We then put forth a link with instructions on how to get those tests to your office, given that many of you are seeing patients in multiple of these categories. I just didn't want to lose the thread. I'm hearing this morning that the supply chain is improving, but that's hard to quantify, especially with the current focus shifted to the outbreak.

*Wendy Davis, MD, VCHIP:* The supply chain briefly described in the HAN is a major issue here and is playing into how we're creating guidance related to returning to school and summer activities. We're hearing from our national AAP colleagues as other states are developing return to school guidance, including whether or not to use testing as a strategy in the guidance.

### **Resources: Talking about Race**

*Wendy Davis, MD, VCHIP:* We will continue to follow the impact of racism on child and adolescent health and beginning to support families with racial socialization resources. There were a number of things that came out over the weekend. There is an upcoming event from PBS on talking to children authentically about race and racism.

### **Practice Issues – Monday Potpourri**

*Wendy Davis, MD, VCHIP:* Reach out to let us know if you would like to present during the practice issues section of this call or have ideas or questions you would like addressed.

I also want to provide some clarification regarding surveys that you may have received from us earlier last week. We are trying to collect information partly in response to some of that earlier payment advocacy that we did with your support. We made a promise that we would collect information to share with those payers

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and also to inform your advocacy work moving forward. The goal is to identify the impact of the pandemic on your practice with particular attention focused on your service delivery. We want to hear what practice issues are happening for you. Those of you in CHAMP know we often try to capture balancing measures as well, so in addition to the great work you're doing to improve care and delivery systems, we also want to capture any adverse impacts, including those related to personnel and workflow. We want to know how you are resuming care and the impact of that on your practice. If you are not in the CHAMP network and you would like to participate, please email me directly or reach out to the VCHIP CHAMP team at [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu).

*Breana Holmes, MD, VDH:* I wanted to update you all on our timeline with school and summer activity re-opening guidance. We had a daily process last week to get the draft guidance to a bigger education group. There will be a final iteration of guidance on Friday. I'm trying to get permission to share the draft. We're meeting with the core group tomorrow morning. The PPE and quarantine stuff changes every few days, but I want this out soon, so you can start working on it at the community level to identify where you need more clarification.

### Questions/Discussion

**C: As new trainees arrive to UVM MC, there will be testing after 7 days of quarantine after arriving in VT.**

**Q: If we are not doing testing at our office, can we send them to get the nares testing somewhere?**

*A: Breana Holmes, MD, VDH:* Pop-up sites don't have that yet. They are all NP. They are mostly occurring in hospitals and also in the long-term care facilities. I feel the primary care practices' access to this testing is the weakest pathway with the most opportunity for QI.

*A: At NVRH, the hospital is still doing testing Monday, Tuesday, Wednesday, and Fridays and our clinic sends kids there. No nares testing yet, but that's hopefully supposed to be coming this week.*

**Q: Is UVM MC lab providing supplies to community practices for anterior nares sampling as they do with other lab supplies?**

*A: Breana Holmes, MD, VDH:* No, it's the public health lab that is providing those resources. If you could test the link from the HAN sent out last week to see if you're able to order test kits using that form, that would be very helpful.

*A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics:* Even at the end of last week, getting anterior nose testing at UVM MC was quite challenging. We had difficulty getting the correct swabs.

*A: Stephanie Winters, Vermont Medical Society:* I have heard that the nares swabs are difficult to get.

**Q: We are struggling with pop-ups in that we do not usually get the results of testing of our patients. Some are calling us to tell us of positive results, but it would be helpful to have HIPAA permission given at the time of testing for MD notification.**

*A: Breana Holmes, MD, VDH:* This is an important correlated topic. We had a meeting about that this morning. There are a few things going wrong here. Patients themselves are receiving the positive test results. The original best practice was for the results to go to the practice, but that was changed in response to concern that the practices would be overburdened by these calls. This process may need to be reverted back to that original version if that is indicated by practices. Also, negative results are taking days to get to patients. We now have project management people coming in to try and improve the turnaround time on letting people know when they test negative.

**Q: Is there a difference in sensitivity/specificity between the anterior nares testing and NP testing?**

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*A: Breena Holmes, MD, VDH: I thought it was the same.*

*A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: We always have difficulty determining true sensitivity/specificity of these tests, but we think they are similar.*

**Q: Is there any data available on asymptomatic positive cases in VT?**

*A: Breena Holmes, MD, VDH: That's of great interest to us. The serology work group put together a thoughtful recommendation to the commissioner about asymptomatic testing pointing out extremely low positivity rate with that testing strategy. However, with the Winooski outbreak, there are more than a handful of asymptomatic people testing positive. The data in that group is different than the statewide or even national data. Because we're testing people that are in the same household as a confirmed positive, they have a higher pre-test probability. We'll be able to share an epidemiologic story with this group soon and the epidemiology team expects us to see more positive cases for at least the next 10 days, with lots to learn over the next few days. Obviously, with all the work we're doing to open Vermont, it becomes important for experts like you to be involved to answer questions. The media picks up on the fact that asymptomatic kids are testing positive but does not discuss the nuances of these asymptomatic cases being linked to the outbreak in Winooski.*

*A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Random testing of asymptomatic adults is different than testing asymptomatic contacts of known COVID-positive individuals. We do support testing asymptomatic contacts of known infected individuals.*

**Q: Has the recent rise in cases been linked mostly to the Winooski outbreak?**

*A: Wendy, MD, VCHIP: It's fair to say the recent rise in cases have been linked to the Winooski outbreak.*

*A: Breena Holmes, MD, VDH: Each day, literally, it's one or two other cases and every other number is from Winooski.*

**Q: Can you also send out, again, the social supports available to those in quarantine?**

*A: Breena Holmes, MD, VDH: Yes.*

*A: Andrea Green, MD, UVM Medical Center Pediatric Primary Care (Burlington): Colorado Chapter of AAP has nice resources on getting patients to come back to the office for vaccines and need care that can be adapted for anyone's office. [www.newamericansinvermont.com](http://www.newamericansinvermont.com) and the VDH have great multilingual COVID resources if that's helpful in your practice.*

*A: Melissa Kaufold, RN, UVM Health Network Home Health & Hospice; Family and Children's Program: There are also two VERY long term (decades) community supports re: New Americans. Refugee Health Committee and RISPNet (Refugee and Immigrant Service Provider Network - both VERY active with community supports.*

**Q: On June 15 the policy is that people can quarantine out of state and then immediately return? Is that correct? Do they have to be 14 days there or can it be 7 there and then 7 here?**

*A: Breena Holmes, MD, VDH: I'm putting in the link to the ACCD paragraph for you to interpret here: <https://accd.vermont.gov/covid-19/restart/cross-state-travel>. It says you can quarantine out of state and drive straight here. It says 14 days or 7 days plus a test. It does not say 7 and 7, but, if you don't stop, I don't see why that wouldn't be okay, but that is my interpretation.*