

VCHIP CHAMP VDH COVID-19

June 15, 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)

Practice Issues - COVID-19 Safe & Healthy School Guidance

Breana Holmes, MD, VDH: On Friday, I gave you a little preview of the upcoming COVID-19 Safe & Healthy School Guidance. There are already changes to the guidance since that discussion. Per the request of some Agency of Education folks in the large advisory group, we revisited the distinction between recommended and required facial coverings for elementary school kids with the clinical task force. We asked the task force if they felt required facial coverings for elementary school kids would be more effective than recommended coverings from an infectious disease prevention standpoint, without considering the social emotional or developmental appropriateness of the facial coverings. After agreeing that required facial coverings would be more effective from a purely infectious disease perspective, we handed that decision off to the Commissioner of Health and Secretary of Education, with the inclusion of exceptions as deemed appropriate (developmental, medical, behavioral). The Agency of Education is now finalizing the document. You'll hopefully see this coming out tomorrow or Wednesday. These decisions have major implications for us regarding how we want to go back and address the changes in vernacular with childcare and summer camps guidance. We may be able to leave it as a strong recommendation, but we're meeting this afternoon with the Department for Children and Families Child Development Division leadership to continue to revise childcare and summer guidance to reflect current best practice. Childcare providers advocated for facial coverings to be recommended and teachers, principals and superintendents, along with special educators, school nurses and school psychologists all wanted facial coverings to be required. We've talked a lot on this group about connecting with school nurses in real-time to get going this summer on some team-based care planning in place to open schools. I was reminded that you should all be reaching out to your school liaisons at your local health offices. I notice the St. Johnsbury contact is blank, but you should be able to reach out to the Newport health office for that connection.

Wendy Davis, MD, VCHIP: We have had several conversations about the importance of catching up our pediatric and adolescent populations on immunizations that they may have missed due to lapses in their well child care and previewing the coming fall with the hopefully innovative strategy to improve our influenza coverage rates. We're also following the news about COVID-19 vaccine development.

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Planning for the future is great. I will gently say that the Moderna vaccine (which is the farthest along) did not enroll anyone under age 18 in the phase two trials and I don't think they have included children in the phase three trial, which is to begin shortly.

Wendy Davis, MD, VCHIP: As a positive update, it's reported that 95% of students in Vermont K-12 schools receive their vaccines. Schools are required to report their vaccination rates by January. According to VDH data, 77% of schools, which represents 89% of Vermont students, meet the 95% immunization rate needed for community immunity against measles. 95 schools had an MMR (Measles, Mumps, Rubella) vaccination rate of less than the 95% immunization rate.

Chris Finley, APRN, MPH, VDH Immunization Program Manager: Looking at kindergarten immunization rates, 92.2% are up-to-date and met all requirements. More importantly, we saw the religious exemptions go from

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

4.4% the year prior to 3.5%, so it dropped almost a whole percentage point. The provisional admittance also dropped almost a whole percentage point from 5.1% to 4.2%. At a time when there is so much acrimony, by working together to make a difference on immunization rates, we can have a significant impact. We are working full-time right now on making more community-wide flu clinics available to children and adults. People are very interested in more community-wide clinics and determining if community locations or schools would serve as a more effective venue. We are trying to look at ways to provide access to a flu vaccine, knowing it is a threat to the system, so that we can better plan when a COVID-19 vaccine becomes available and be able to spread a wider net. We are coming out with condensed guidance on how to run an immunization clinic in schools and in the community and a checklist to do so. School nurses aren't enrolled in the program to be responsible for storage and handling of the vaccine, not that a school nurse can't give the vaccine. We also have individuals' part of the Medical Reserve Corps that can administer vaccines. We will need as many individuals as possible who can administer the COVID-19 vaccine when it becomes available.

Questions/Discussion:

C: Breena Holmes, MD, VDH: For all questions about your patients or parents and Medicaid, contact Betty Morse (betty.morse@vermont.gov). She is the expert.

Q: Have we had any child test positive in the essential daycare system?

A: Breena Holmes, MD, VDH: No children have tested positive in association with childcare.

Q: Are we going to make it so there does not have to be a health care provider other than the nurse to give the vaccines? In the past there had to be a NP/MD on site for the school nurse to give the vaccines. Any thought on eliminating this for the fall?

A: Kristen Connolly, MD, Timber Lane Pediatrics: I would think if VT is entertaining pharmacists giving vaccines, then nurses should be able to give without NP/MD present.

A: Sharonlee Trefry, RN, VDH: There is a new School Liaison nurse named Renee Fuller, PHN.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: School administration of vaccine will only serve to strengthen an already necessary connection with medical homes (not the same with pharmacy).

A: Ashley Miller, MD, South Royalton Health Center: I wonder how many SRN's would be comfortable giving vaccines without us.

A: Chris Finley, Immunization Program Director, VDH: The problem is not that the school nurse can't administer it, but that school nurses aren't enrolled in the program. Someone who is enrolled needs to be responsible for the vaccine and for the storage. But how we can expand administration is what we need to maximize, to increase the number of people who can administer the vaccine.

Q: Will the state give pediatric-serving practices the flu vaccine for adult caregivers?

A: Alex Bannach, MD, North Country Pediatrics: Most of us already are very experienced running flu clinics in our practices. It should be relatively easy to copy those models for COVID vaccine clinics. I would encourage all of you (if you can,) to offer flu vaccine to caregivers as well. We did that for the first time last fall and it was a huge success! Uptake was enormous and a lot of parents /grandparents commented that they "always wanted to get it, but just didn't make it to the doctors" and then of course the fun ones where the kid said, "You should get one too, mom and dad".

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: It was a great success at Lakeside Pediatrics to have parent flu vaccine, especially to new parents.

A: Kristen Connolly, MD, Timber Lane Pediatrics: Parents ask us all the time if we could give them theirs.

Q: Who provided the actual vaccine? Did you have to buy it, and did you register the parent as part of your practice and bill their insurance?

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: We purchase a multi-dose vial and bill parents or their insurance, the way pharmacies do.

A: Lisa Gannon, MA, Primary Care Health Partners: Vaccinating parents is a wonderful idea but depends on vaccine storage limitations. Notifying their individual PCP's of the vaccination would be an additional administrative burden, but maybe that isn't required?