VCHIP CHAMP VDH COVID-19

July 10, 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)

**AAP Updates**


7/7/20: AAP President Dr. Sally Goza participated in White House Roundtable to discuss guidance (media coverages)

7/10/20: Joint statement by AAP, American Federation of Teachers, National Education Association, American Association of School Superintendents

Article: Pediatricians Say Children Should Return to School. Are They Out of Their Minds? Dr. David Hill. He is actually positive on the guidance and for schools reopening.

**Practice Issues: Update on PPE, Youth Sports and WHO Controversies**

*Drs. Bill Raszka and Ben Lee, Pediatric Infectious Diseases
Dr. Keith Robinson, Vice Chair for QI & Population Health – UVM Children’s Hospital*

**Eye Protection and PPE Guidelines and Pathways:**
Dr. Robinson reviewed the Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19). Recently, the CDC and VDH have been recommending that providers wear eye protection in the event that families and patients can’t be masked to prevent the spread of COVID. It came out from the Joint Commission as well. For anyone in a hospital-based system, very particular about all health care personnel being provided adequate eye protection – goggles, full face shield, etc., depending on your level of exposure. If you are going to be within 6 feet of someone who is unmasked, then your HCP needs to have eye protection. On the public site for UVMMC, the links to full PPE guide is posted. All of the testing algorithms we have are also out there on our public-facing web site. We are trying to be as clear as possible. We also developed a pathway to make it clear how to do the right thing. We are trying to lump together airborne contact. Anyone who gets a positive test result is airborne contact. In situations of persistently positive tests, we are still recommending full PPE. For negative test results, we are asking for universal masking of patients and their families. If they cannot be masked, then eye protection for HCPs. If someone has negative test result and clearly COVID-19 symptoms, we are allowing an HCP to flip over into unknown or pending result. We assume tests are 95-97% accurate. We aren’t thinking we’re going to see a lot of false negatives, however, with high clinical suspicion, we do encourage the more stringent PPE procedures. Special droplet and contact precautions. These guidelines and pathways will be released to other hospitals in the UVM Health Network.

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.*
Whether or not a nebulizer is an aerosol-generating procedure (AGP) is a hot topic. Dr. Robinson considers that it is an AGP and appropriate PPE should be used in that case. The recommendation is to continue to use inhalers whenever possible. At first, there was concern about running out of supply, but we do have adequate supply, especially for Albuterol, so that concern has been mitigated over the last few months.

**Youth Sports:**
Dr. Robinson has been receiving a lot of requests to write letters to exempt kids with asthma from wearing masks during sports. His answer is “No.” What is behind the question? We don’t want to create situations for special exemptions. Asthma itself does not preclude anyone from wearing a mask. We are trying to work with families to find ways to wear a mask. Please wear the mask. Keep yourself safe. Keep everyone else safe.

I’ve coached baseball and basketball for the last several years. I’m very passionate about youth sports. Are youth sports safe? I’ve been saying “they can be” if we emphasize the tenets of what we are trying to get across in our public health measures. We can modify the game a little bit and not adhere to all of the rules, such as buying the kids gaiters for mound conferences. We can also encourage physical distancing between players, such as moving batters up in the box and moving the catchers back. It changes the game a little bit, but it’s supposed to be a game. It allows for socialization, teamwork, and the other benefits of youth sports while adhering to physical distancing and masking. We need to encourage coaches to be the stewards of the game and to really keep it moving forward with those principles.


**Airborne Transmission of COVID-19:**
Dr. Lee reviewed the letter asking the WHO to recognize airborne transmission of COVID-19. The difference between large infectious droplets, small infectious droplets, and infectious droplet nuclei. Aerosols can

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travel much further than a typical 6-foot radius. It is not an absolute. It is a spectrum. It is conceivable that every respiratory virus probably can spread via aerosols under favorable conditions, but it doesn’t mean that airborne transmission is the predominant mechanism for infection. Based on the evidence presented in the letter, the WHO has acknowledged that aerosol transmission is possible, but droplet transmission is more likely. The takeaways are the following: wear a facial covering, appropriately physically distance, avoid crowded indoor environments, and, when unavoidable, take measures to improve ventilation, such as cracking the windows.

Questions/Discussion:

Q: Do you know how often or when the Department of Health will revise the out of state travel to Vermont info? I.e., which counties still require quarantine on arrival?
A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: It’s updated each week. I forget whether it is Friday or Monday these days.
A: Breena Holmes, MD, VDH: They look every week with announcements on Fridays.

Q: Current state of nebulizers as aerosol generating procedures?

Q: Is Pedi-Pulmonology even doing spirometry in the office? Even with all the PPE recommendations being followed, I would think the aerosols lingering indoors would be a risk. We are not doing these in our office currently.
A: Keith Robinson, MD, UVMCH: We are doing PFTs in the pediatric pulmonology clinic. We require a negative COVID test analogous to pre-procedure testing.

Q: Has there been any discussion of the safety of musical band programs in schools? I would assume there is aerosolization and not conducive to masks.
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: We have recommended not allowing band/music, that includes brass or woodwinds, and choir, glee club, etc.

Q: Are there good fitting breathable, not too hot masks for kids...and adults? Resources for masks?

Q: Is this similar to measles at airport gate waiting areas?
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Measles is the classic airborne virus, that is far more infectious. Aerosol transmission implies that SARS-COV-2 could potentially be transmitted the same way, but with brief contact in well-ventilated areas I would argue it is still very unlikely. Measles is a different animal, one of the most infectious pathogens known to man, can linger in the air for many, many hours.

Q: I see so many individuals (at the grocery store, post office etc.) wearing masks but with it pulled down so as the nose is uncovered. I am reminding folks constantly, and since already considered bossy, I have nothing to lose. I wonder if a campaign by the health department to address the proper way to wear it would be helpful?
A: Breena Holmes, MD, VDH: The health department is launching a big campaign next week. I will get details to this group.

Q: Curious, is anyone using UV light to sanitize their N-95 masks?

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Q: Will the Department of Health be addressing the large numbers of students arriving in our towns this summer? I’m not seeing much mask use in any settings by young adults in town here.

A: Breena Holmes, MD, VDH: We hear about it every day. The social media campaign is targeting youth as well. I do think if adults modeled it better, youth would follow.

Q: I’m very concerned about what happens once outside is no longer an option in the late fall.

A: Breena Holmes, MD, VDH: Better ventilation systems and cracked windows.

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