

VCHIP CHAMP VDH COVID-19

July 13, 2020 | 12:15-12:45pm Call Questions and Answers*

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AAP Updates - AAP News: Series Highlighting the AAP's 90th Anniversary (2020)

Jan: Many societal factors converged as founders organized the AAP

<https://www.aappublications.org/news/2020/01/08/dyk010820>

Feb: AAP organizational efforts, growth of pediatrics flourished in 1930s

<https://www.aappublications.org/news/2020/02/06/dyk020620>

March: Amid war in 1940s AAP extended influence, undertook major child health study

<https://www.aappublications.org/news/2020/03/09/dyk030920>

April: AAP jumpstarts injury prevention efforts in 1950s, with nationwide impact

<https://www.aappublications.org/news/2020/04/24/dyk050120>

May: Tumultuous decade of 1960s ushers in Head Start, medical achievements

<https://www.aappublications.org/news/2020/05/01/dyk050120>

June: In the 1970s, AAP reaffirms mission, doubles membership, opens D.C. office

<https://www.aappublications.org/news/2020/06/01/dyk060120>

After extensive scrutiny, the Academy accepted the first two black members, Roland B. Scott, M.D., FAAP, and Alonzo deGrate Smith, M.D., FAAP, who had been rejected previously (<http://bit.ly/2RRHGvh>). They went on to lead prestigious careers. Dr. Smith was professor of pediatrics at Howard University College of Medicine, a researcher and child health activist. Dr. Scott was a well-known researcher of sickle cell disease and longtime chair of pediatrics at Howard.

At a 1942 executive board meeting, Lee Forrest Hill, M.D., FAAP, presented a resolution — unanimously passed at a Region III meeting — that the AAP be open to all who are eligible for membership regardless of race, color or creed.

School Re-entry: AAP

- 6/25/20: AAP releases **COVID-19 Planning Considerations – Guidance for School Re-entry (6/25/20)**
- 7/7/20: AAP President Dr. Sally Goza participates in White House Roundtable to discuss guidance (media coverage): <https://www.npr.org/sections/coronavirus-live-updates/2020/07/08/888853601/school-reopenings-should-keep-public-health-in-mind-pediatric-group-says>
- Today 7/10/20: joint statement by **AAP, American Federation of Teachers, Natl. Education Assoc., American Association of School Superintendents:**

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- “Science should drive decision-making . . . Public health agencies must make recommendations based on evidence, not politics.”
- “Children get much more than academics at school: S-E skills, healthy meals and exercise, MH support & other services . . . critical role in addressing racial/social inequity.”
- Each community must consider local spread & ability to implement safety protocols. More funding needed!
- Article: “Pediatricians Say Children Should Return to School. Are They Out of Their Minds?” (David Hill, MD FAAP)

Wendy Davis, MD, VCHIP: Over the weekend, this intense media cycle continued. It's fair to say, and these are not my words, but a number of folks referred to various media reflecting some “politicization” of the guidance, in particular from the President of the United States and Secretary DeVos. The AAP is nonpartisan but we really try to be unabashedly pro-child. I learned that phrase from Benard Dreyer, our AAP President a few years ago. One of the things this was tied to was school funding at the local level. This news cycle made us worry that, in addition to the public at-large, our parents, students, teachers, and staff may be hearing what appear to be conflicting messages. Certainly, there are multiple sources of guidance from various sectors, including the CDC and the AAP. We want to emphasize that both of these organizations, and in particular the AAP, are continually revisiting and revising their guidance as appropriate. The Department of Health guidance here in Vermont is primarily focused on the safety of students and teachers.

Practice Issues: School Re-entry

Breana Holmes, MD, VDH

Please continue to come along with us in our deep need to have schools and reopening schools be on the call every single time. I’m so proud of Vermont. Our guidance was really agnostic to some of the national experiences. We had a strong task force with good pediatric representation that really focused on kids and the safety of students and teachers as well. I also have asked so many of you call after call to be a resource in your community too for superintendents. I'm hearing tons of examples of this occurring. With that being said, I need more. This is lonely leadership for school superintendents. It’s going to be very difficult. Having a pediatric or family medicine health professional at the table with the school nurses and the school administration is already helping in many of our communities. You don’t need to be an expert. You just need to be pro-kid. I've got your back, and I've got all the materials. I'm happy to be your wind. I just need you to be willing and available because it's going to come fast, and it needs to happen.

If you are hearing discomfort and lots of anxiety, let me know. We can think about the messaging opportunities. Is it more data that needs to get out? Is it more understanding of how the virus spreads? Do we need Drs. Lee and Raszka to hit the road and just really talk about research? Do we have to just get started and then see where we find ourselves? People don’t really understand contact tracing. Understanding who the close contacts are is the key case-by-case experience that VDH is excellent at. Schools are not going to have to close when there’s a positive case. Schools will very methodically be supported by VDH to figure out where a person has been and who they’ve come in close contact with.

Thank you to the pediatric medical community. Please continue to partner with schools to support parents/students/teachers/staff. VDH is monitoring the data and local community spread may influence what happens in a supervisory union/school. VDH is positioned and ready to test and contact trace as needed for any positive cases. What are YOU hearing?

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Wendy Davis, MD, VCHIP: For last week's weekly VDH data summary, contact tracing was the spotlight issue on Friday. We will include that presentation in tonight's email, including some links to CDC guidance and definitions, if you're looking for that. Speaking of the media cycle, Dr. Bill Raszka was part of the media cycle over the weekend commenting publicly on the national networks along with some other pediatricians and AAP members about the current school re-entry guidance. We really do want to know what you all are hearing. Where can we address knowledge gaps and anxiety? I received some emails over the weekend from colleagues in Vermont from elementary and secondary education and our own teachers expressing appropriate concerns, but most of all needing guidance, support, and knowledge. Please let us know if you can connect with the local school. If you want to do this work but you don't know where to connect, we can help you with that.

Practice Issues: Testing

Wendy Davis, MD, VCHIP: The VDH Comprehensive Testing Plan, dated June 30, 2020, was released after our call on Friday. We attached it on Friday evening in case folks wanted to take a look at it over the weekend. It is the first comprehensive document that explains the VDH approach to testing. It covers the goals of testing, who should get tested, where folks can get tested, and a lot about the laboratory processing.

We just learned there is an evolving situation in southern Vermont. The Manchester Medical Center, which is an urgent care center in Manchester Center, VT, began offering antigen testing over the weekend. They were using a rapid antigen test. From what we understand, it had a relatively high proportion of reactive tests, including some positive tests among children and youth. It's a somewhat complicated situation. The reason we wanted to talk about this is because it was posted on Facebook by someone from the Manchester Medical Center. VDH is absolutely addressing this situation.

Breana Holmes, MD, VDH: Those of you providing medical care in the Bennington or Rutland area just reach out to me directly if you have questions. We don't have all the information. I am wed to accuracy, and social media is muddying the water. I am struck by how much we, as health professionals, need to keep reminding ourselves to slow down and trust the process. The contact tracing in Vermont is extraordinary. We have 50 to 60 staff who are doing this work, and they are so good at it. We have to wait and not let rumors and social media get ahead of the accurate information, so we know what we're doing. I am most interested in the fact that the tests were antigen tests. The antigen tests are new for us in public health. We are currently not recommending that. We use PCR. That doesn't mean it's not accurate. There are many people that are fond of antigen testing. We will learn more today about whether there will be some validation of that with PCR. We're going to continue to report, though this is a different testing platform. I am interested in the decision of Manchester Medical to post the results on social media when there were five cases. They named the number, and said four out of five were under the age of 55, and two were children. I don't support this type of information sharing on COVID-19 or otherwise on social media. Stay tuned. I'd like to try to tell you all what we know as it's evolving. We just need more people attending to the facts in this and all other situations with COVID-19. We were trying to use the sample from this weekend to re-test using PCR, but I was just told that's not going to be possible. To confirm with a PCR, we would need to re-test the folks, and I'm not sure that's going to happen. I really want that because I think it would be its own mini instructive set of data.

I'll send you all what the Public Health Association says about antigen testing. The most fascinating part for me is these testing platforms and the decisions. I'm waiting to hear what the lab's going to do about this. At the same time, our epidemiology team is continuing as though these positive antigens are COVID-19 cases.

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We wouldn't want to find ourselves a few days from now looking back and saying they were accurate, so we're moving forward.

Questions/Discussion

Q: I met with school nurses where I live. Big issues were raised about what to do with kids at bus stops that have fevers but no parent. Also the school bond shot down twice and part was renovations to nurses' area and ventilation system. What to do if there aren't windows to open and old ventilation?

A: Breena Holmes, MD, VDH: Thank you so much for meeting with school nurses. That's the most heartening piece. The decision involves schools wanting local control around health screenings. Kids can be screened at home. They can be screened at the bus. They can be screened when they get to school. We wondered if we should put more parameters around that about kids without parents screened at the bus stops, and the superintendents were very clear they will figure those logistics out. If a kid screens positive and does not have a parent with them, then they probably isolate the kid in the front of the bus and get the kid where he needs to go. There is a lot of national conversation about this, too. Could we just screen everyone in their homes? That's been a very hot topic. I'm struck by how much schools and the districts want to figure it out on their own. The cool thing about education is that there's a lot of local control. The environmental health pieces of re-opening schools are paramount. I know you're following the literature, as Ben and Bill are helping us to do, about aerosolization of COVID-19, but also the importance of ventilation. I am very surprised to hear that you were having trouble with your school bond. There was state funding appropriated for environmental health in schools. We can try to make some connections between you all in that work because it's not enough money, but it's \$5.8 million dollars. It is entirely intended to ensure better ventilation in schools this fall.

Q: I am meeting tomorrow with the school nurses. We are trying to work through return to school after illness protocols-does VDH have any literature/current guidance or should we use similar advice as return to work for adults?

A: Wendy David, MD, VCHIP: That is a very hot topic right now. We are working on that both nationally and in Vermont.

A: Breena Holmes, MD, VDH: Dr. Ashley Miller has been sending me every clinical scenario she can imagine that's going to be difficult. Dr. Davis and I have discussed this morning, and we think sooner than later, after we get with Drs. Lee and Raszka, we want that to be the topic of this call. I think probably multiple calls. There are national algorithms for thinking about this, but it involves a lot of work on the part of the medical home. We need you to think this through with us. Read the guidance. Tell us what is not clear or what needs more attention. I have been promoting team-based care, which is you, the medical home, plus school nurses and parents. The team needs to think about an illness, decide whether or not it's COVID-like, what needs a test, what really has nothing to do with COVID-19, and when a kid can return to school. That is coming out a little loose for some people. They feel it's too case-by-case, and nationally they're trying to do these really strict protocols so that you've got to get a doctor's note. I just wanted to get that out early. In the time of COVID-19, we are definitely sensitive about the workload of our primary care providers. So far, we haven't really wanted that medical clearance piece, but this is COVID-19, and we may want to revisit it. The sooner we can all get together and make some decisions for Vermont, the better.

Q: I think simplifying the explanation of contact tracing for parents will be a big help. From parents I've spoken to they don't understand that piece.

A: Breena Holmes, MD, VDH: Can you look at what is in the VDH messaging and tell me if helpful/clear?

Q: I am also working on a visual for parents to screen at home that is color coded (Red symptoms-do not go, Yellow-speak with nurse about whether or not you should go, no sx-Green light to go)-does VDH already have something like this?

A: Breena Holmes, MD, VDH: That sounds like something that might exist in the world already. I can try to find out if there is a CDC poster about self-assessment. I know we sure wish moving forward that we could do some self-assessment to see if it's okay for people return to work or students to return to school on some sort of app where you just respond to prompts. As of today, there is no resource other than just ask the questions and take the temperature. If you are developing something, I'd love to see it. The district office has some resources like this, so they're always good to reach out to.

A: Wendy David, MD, VCHIP: I'm wondering if Shari Levine is somebody who can maybe help investigate whether there's something already, and if not, could provide the support for bringing that over the finish line? Like some of the things that folks came up with for the child care setting, we would love to share it, if that's a finished product, and then disseminate it so that people don't have to reinvent it group by group.

A: Breena Holmes, MD, VDH: I will reach out to Shari and find out if that's something she can find for us. I'm sure she can, if it exists. If it doesn't, yeah, I agree, Vermont is often coming up with some pretty great stuff. I do love the idea of creating it if it doesn't exist.

Q: Not sure why they went to antigen testing. Was that made independent of the VDH? In theory, antigen tests tend to lack sensitivity but have reasonable specificity. I do not know if the Sophia 2 platform has much data published.

A: Breena Holmes, MD, VDH: The decision was made independently of VDH. I will say that Manchester Medical reached out to us Friday to say they were going to do it. That was helpful. They're in contact now with the VDH lab because the weekend experience.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Really unfortunate that the results were published on social media. The company reports in their FDA application that the Ag assay is 100% specific, which was based on approximately 250 samples. We have always struggled with the s/s of antigen tests-whether flu or others.

Q: Is anterior nares through age 12?