VCHIP CHAMP VDH COVID-19

July 17, 2020 | 12:15-12:45pm Call Questions and Answers*

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AAP Updates

- AAP School Reopening (state by state) Comparison Chart (last updated 7/16/20): https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/StateSchoolReopeningGuidance.pdf
- New Multi-system Inflammatory Syndrome in Children (MIS-C) Interim Guidance (including UTD references)

Practice Issues: School Re-opening; COVID Clinical Conundrums – Breena Holmes, MD, VDH

Wendy Davis, MD, VCHIP: We will try to assemble over the weekend some of the most interesting and perplexing clinical scenarios. If you look at the guidance, many of them can be answered, but we want to walk you through the scenarios and applying the guidance.

Breena Holmes, MD, VDH: Thank you for stepping forward and partnering with school nurses and administrators. Many more of you are needed. There is an AAP grant that supports academic detailing from pediatricians, so there are some compensation opportunities for your time spent on this community work. We say in many meetings that pediatricians in Vermont are supportive of opening schools. We want to make sure that is accurate. For those of who you have concerns, it's important that we have conversations about where the fear is and what your concerns are. I think one of the hardest parts will be what falls to the primary care offices. You are taking many calls trying to figure out who can be in what setting, childcare and camps.

We need your thoughts on the communication. We need one-pagers that address questions like what parents and caregivers can expect for schools. So much of what's happening is about expectation management and I think you are all at this nexus of regular life with the background of COVID-19. We've never really fully followed infectious disease guidelines for the exclusion of kids returning to childcare or school. We've allowed mildly ill kids in the past to be out and about, mostly because of our poor social policies to support paid leave for families. Also, the AAP has great new guidance on managing infectious disease in childcare. We will try to get our hands on that. I'd also like to discover who the actors are among you, and who wants to be on camera, since we want you all to be in public service announcements and videos about return to schools.

Questions/Discussion:

Q: Are these kids still in families with positive adults?
A: Breena Holmes, MD, VDH: Yes, most are close household contacts including the Winooski outbreak. A few are from contact with adult caregivers, camp counselors or childcare.

Q: Could we end up with the same issue with Walmart and commercial pharmacies when they start testing?
A: Breena Holmes, MD, VDH: No, because they are using PCR.

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

Q: I'm hearing a lot of worry from working parents about how they will support the hybrid model. Grand Isle just released their plan on an ABCAB model (remote learning on C and the opposite day - depending on which A or B group the student is assigned).
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I agree, hybrid models will be challenging for all involved.
A: Breena Holmes, MD, VDH (verbal): The hybrid-mode guidance, which is very short, just came out from AOE Wednesday. I'm curious if this is just middle and high school. I hope so. We are doing a lot of promotion that elementary schools should be in-person. Decisions about hybrid should be made for middle and high school where kids move around a lot and are less able to stay in a pod and have less ability to physically distance and they move from classroom to classroom. It's going to be difficult to manage peoples home lives.

Q: I'll preface this by saying, I fully support reopening, BUT, Burlington School District town hall recently said that symptomatic children would be referred to PMD for evaluation and testing in that office, and then if positive, that the DOH would talk to the school about who would need to get tested based on seating charts of where kids were in their classroom. I worry about parents' expectation that PMD offices will have this testing capacity; I worry that a positive case in a classroom would just automatically put all the kids in that "pod" on a pathway of isolation and testing, with huge #s of kids out of school while awaiting results. Again, seems like this may set up a mismatch of parent expectations and what practices can do.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: This would be done with close support from VDH. They have been clear that this would be done with close tracing to prevent the need for large blocks of children to be pulled out of school pre-emptively. There are a lot of questions to be sure, but still far preferable than the idea of just shutting down the entire school for any number of days while performing the investigation, which many places are doing.
A: Breena Holmes, MD, VDH: We have not made decisions about what to do with a positive test in testing. The pathway back to a medical home has not been decided. If there is a positive case at a school, then VDH will do a pop-up site to test as we'll consider it an outbreak. The pod doesn't all go home and quarantine. They do much more specific interviewing on a positive case.
A: Elizabeth Hunt, MD, Timber Lane Pediatrics: You are right about the communication about testing. It needs to say contact your medical home, not "they can test your child". There is not the supply chain for tests and PPE to have broad testing in the primary care realm yet.
A: Sharonlee Trefry, RN, VDH: Thank you for the information about Burlington Schools. We are making a link just today with Dr. Riss and the School Nurse COVID Coordinator soon. I hope to send this message to introduce the two today. Dr. Riss and I spoke this morning. The Mt. Mansfield Superintendent has a great understanding now of true close contacts and the majority of individuals in a school program can continue to attend. He is very appreciative of VDH support.

Q: The CDC and other websites keep saying 6 feet OR face masks. If we have them all wear face masks, do we have to be 6 feet away?
A: Breena Holmes, MD, VDH: We're saying six feet AND cloth covering. The goal is 6ft but If kids can't be exactly 6-feet apart, then it's okay if they are wearing cloth facial covering. We don't want to update the distancing guidance because that's controversial.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: 6 feet is the goal but isn't a deal-breaker. AAP endorses as close as 3 feet, with masks.
A: Breena Holmes, MD, VDH: The AAP came out with a very solid document, but there's dissension in the ranks about that 3-foot thing. Schools wanted to figure out their own measuring.

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Q: In an update I received yesterday, there was a note that the 6 feet distance in schools was reduced to 3 feet? Was that misinformation?
A: Breena Holmes, MD, VDH: We've never said 3 ft in VT. We don't state the number. Look at the FAQ on AOE's website. It goes along with the guidance that is below it. It's called Safe and Healthy Schools. You'll see how we answered the 6-foot thing. There is this funny thing about where you are with your infection level in society. Vermont is in Phase III. Schools wanted to start at Phase II. Phase III allows for some flexibility around 6 feet.

Q: I wish all districts would announce right around the same time. The trickling in of plans for fall is not great. I am on a large district committee as a consultant and have not been approached for a meeting as yet.
A: Breena Holmes, MD, VDH: Each district is handling this much differently. So goes schools. It's local control.

Q: WRVSU just said hybrid is an option for all. It sounds like they are doing in-person or virtual but not alternating though. Literally just reading now.
A: Breena Holmes, MD, VDH: Okay, keep us posted.

Q: Issues this week at work have been everyone calling about runny noses and needing/wanting COVID testing. The lab has been backed up for testing and patients were complaining this week of this. As we all know, runny noses are so many other things other than COVID. I don't think we can be testing everyone for this.
A: Breena Holmes, MD, VDH: I agree. I don't think we can test everyone, but we also can't let everyone with a runny nose wander around with other kids.

Q: How does the testing capacity look at the state level as we face increasing demand from more cases and exposures?
A: Breena Holmes, MD, VDH: The public health testing capacity is good for what you're describing for when there's a case. What we're trying to get are hospitals and primary care to do the testing of folks who come in who want a test or folks who have some symptoms and want to test and we're not filing pop up sites with those folks.

Q: We have heard something about an updated testing plan. Are you aware of the elements of that and what to expect?
A: Breena Holmes, MD, VDH: The Health Department is trying to preserve its work force for an outbreak. We're trying to get hospitals and primary care to do the get out of quarantine folks, the symptomatic folks, and even the close contacts. But as you can see with Winooski and what's happened in Manchester, we've done a pop-up and tested 400+ people in a day because it's the right thing to do. The test strategy plan is to get clarity around who's doing what, in a perfect world. I want more anterior nares testing to be more in your hands. Kids are still the top of the priority for that. A little more clarity will be out earlier in the week.

Q: So, who do we test, fever and runny nose?
A: Breena Holmes, MD, VDH: I think this is clinical judgement. We have to get back to the basic question of what symptoms are associated with COVID that would make us want to know who are the people exposed

to a COVID positive case. And in the pediatrics setting, will a test of a kid with symptoms help us understand whether he or she can move about. We're not requiring a test to return to care or employment.

Q: So, how long do we keep the kids with rhinorrhea out of school if they are not COVID tested?

Q: Does VDH have a specific web page or handout to guide PCPs about timing of testing for asymptomatic family members and symptomatic family members with a positive case in their home, and quarantine and return to work and childcare specifics?
A: Breena Holmes, MD, VDH: There is a clear grid on the health department website.
A: Nathaniel Waite, RN, VDH: https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid-19.

Q: I'm in respiratory clinic on Wednesday's and Friday's and I've tested 6 kids in the last week, with fever and runny nose, because day care/camp won't let them return without a negative test.
A: Breena Holmes, MD, VDH: This sounds like it is associated with positive cases at a camp if they're requiring testing.
A: Kathleen Geagan, MD, Mt. Ascutney Hospital and Health Center: Many day camps and cares are saying fever is a symptom of COVID, you have to get tested before you can come back.
A: Rachel Destito, APRN, Essex Pediatrics: We're getting lots of kids coming in with runny nose type symptoms from daycare and the schools want tests before the child can return. It seems like they want us to test for everything, which isn't feasible.
A: Elizabeth Hunt, MD, Timber Lane Pediatrics: The 7-day thing is tough because if there was no specific communication from VDH to stay home for 7+ days to get the test and wait for the result. So, if we over test, we have lots of folks home, not working due to this caution.