

VCHIP CHAMP VDH COVID-19

July 29, 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)

Implementing the AAP's Equity Agenda

Policy Statement: The Impact of Racism on Child and Adolescent Health:

<https://pediatrics.aappublications.org/content/144/2/e20191765>

Policy Statement: Truth, Reconciliation and Transformation: Continuing on the Path to Equity:

<https://pediatrics.aappublications.org/content/early/2020/07/27/peds.2020-019794>

AAP News Article (President Sally Goza): <https://www.aappublications.org/news/2020/07/29/letter072920>

Practice Issues: Vermont K-12 School Reopening

Breena Holmes, MD, VDH: We are using science to make these decisions about safety and re-opening full in-person schooling for the littlest kids. We intended in the guidance for physical distancing to be loose enough that schools could adjust based on the building realities. The schools took it literally, so we may need to loosen the guidance. The new CDC guidance does not recommend health screening. Vermont will not remove it; however, it will now involve attestation by the parents at home and temperature taking at the bus or the door of the school. We think we're rolling now with anterior-nares supplies, so, if that's not true, let us know.

Wendy Davis, MD, VCHIP: We are expecting the final recommendations for return to school sports in the fall. We are working on an algorithm for how to return kids safely to schools after symptoms. We have also been discussing how to test, who to test, and when.

Questions/ Discussion

Q: Thoughts on recent AAP-VT press release and media coverage?

A: Elizabeth Hunt, MD, Timber Lane Pediatrics: I say better to start strong with good weather and a nice baseline and back off if needed. Most of my patients and my own kids have no full in-person "choice."

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I think the amount of hesitation on the part of many in the education community would have made a full start a really hard sell even if logically it makes actually make more sense.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: It may seem redundant to our pediatrician crowd, but it seems really critical to put this message out over and over again (that young kids don't transmit, etc.)

A: Alex Bannach, MD, North Country Pediatrics: It was surprising to me how little of the medical information that is so intrinsic to us because of our calls actually made it to the educational system, so all the recent briefings/publications are great!

Q: So, some of the colleges are requiring negative COVID tests prior to returning to campus. One is saying 5 days prior. How do we go about ordering/scheduling these, since the popups may be full or not fit the timeline?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I think that local colleges have contracted with local commercial vendors to accomplish this.

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

A: Debra Hartswick, MD, Timber Lane Pediatrics: That may be true, but not for out-of-state colleges and we've had calls for 3 days prior, which is challenging.

A: Lori Racha, MD, UVMCH Pediatric Primary Care: I have had college students who are going to colleges out-of-state and apparently, they are not doing their own tests.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: That is my experience, too.

A: Breena Holmes, MD, VDH: College students who are trying to go out of state to return to college need to be tested before they go, asymptomatic clearance type of testing. Those are your patients, so please figure out a way to get them that testing. I would like the hospitals to set up tents to do this testing, rather than leaning on the health department for this purpose. With right advocacy, hospitals are willing to do asymptomatic testing. All insurance companies are covering physician ordered tests, but not sure about those for asymptomatic individuals. VDH is not supporting any testing for return to work. That's not the pathway.

A: Ashley Miller, MD Royalton Health Center: Happy to do it here (we have a handful of tests). I wasn't sure if hospitals locally were okay with ordering asymptomatic testing?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: We really worry about capacity for testing students going out-of-state for college. I do not think there is a really good answer to that. It remains a hot topic. Anterior nares testing in the office would help address testing for students going out-of-state for college as the HCW will not need to wear an N95 mask, etc. if the test is done by the patient.

A: Breena Holmes, MD, VDH: I agree. I would like all of the hospitals to stand up some tents again and get people tested through the health system.

A: Lori Racha, MD, UVMCH Pediatric Primary Care: Yes, it would make it much easier for these college screenings in asymptomatic students. It would be much better and simpler to do anterior nares tests.

Q: I've advised parents who need testing to go to their medical homes to have them ordered and the adult folks are telling them to go to pop-ups rather than ordering it which is different from what VDH is saying. Regarding adult medical homes for our parents who need testing, are they following VDH guidelines? Testing on site? All to pop-ups? My experience is adults are sending to pop-ups.

A: Alex Bannach, MD, North Country Pediatrics: I had a call today from an adult patient whose employer requested testing following travel to a low risk ME area. We referred them to the VDH website.

Q: I went to a pop-up late last week with an appointment and found that many people were showing up without appointments and were being tested (at Champlain School). Thoughts?

A: Breena Holmes, MD, VDH: How quickly did you get your results?

A: Monica Fiorenza, MD, Timber Lane Pediatrics: I and some family members had anterior nares testing at the Kinney's in Newport on 7/20. It was easy to sign up for and very efficient to obtain the samples. I received results in 28 hours from VDH. Kinney's staff called directly to report results

A: Debra Hartswick, MD, Timber Lane Pediatrics: We were told 18 and over only for Walgreens.

A: Alex Bannach, MD, North Country Pediatrics: Unfortunately, Kinney's is no longer available, so we no longer have a pop-up site.

Q: Do all the practices have enough anterior nares supply kits for testing?

A: Leah: Our office is NOT doing testing at the office.

A: Leah Costello, MD, Timber Lane Pediatrics: Timber Lane Pediatrics is also NOT doing testing.

A: Alex Bannach, MD, North Country Pediatrics: We have none in the office; still sending all to North Country Hospital. My understanding is they are still in limited supply.

A: Becky Collman, MD, Collman Pediatrics: I'm not doing testing in my office.

A: Michelle Shepard, MD, UVMCH Pediatric Primary Care & VCHIP: We test at UPeds using no formal test kits, just rapid strep swab in RSV media.

A: Debra Hartswick, MD, Timber Lane Pediatrics: We are not testing in our office either; ordering through UVMMC.

A: Colleen Moran, MD, Northwestern Pediatrics: Appleseed is having COVID-19 testing completed at Copley to minimize PPE use. We are also reaching out about coordinating for RSV/Flu once that season starts.

A: Marin Katz, DNP, St. Johnsbury Pediatrics: We have had enough anterior nares supply kits at our office.

A: Stan Weinberger, MD, UVMCH Pediatric Primary Care: At UPeds, we are doing some select testing of symptomatic patients who need exams. We are not testing asymptomatic patients in clinic. We would not have enough supplies, not to mention the PPE involved. We are sending asymptomatic tests to the testing sites (realizing that capacity is an issue).

A: Ashley Miller, MD Royalton Health Center: We have 10 in office. We were planning on ordering more on Friday.

Q: Gowns are an issue. Would you recommend we wear gowns?

A: Breena Holmes, MD, VDH: We are not recommending gowns for anterior nares testing as the patient should be collecting his/her own sample or the parent.

A: Elizabeth Hunt, MD, Timber Lane Pediatrics: SUPPLIES, PPE and WORKFLOW = CONCERNS.

A: Colleen Moran, MD, Northwestern Pediatrics: Supplies, staff, PPE, workflow and cleaning exam rooms = barriers. Since we're chatting about supplies, CHSLV is still struggling to get N95 masks in various sizes (not the universal fit).

Q: I talked to UVM yesterday and found out that their testing supply is currently very limited, any update on that?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: We ran out of the Panther platform test kits; just bad news (that is the one with 3 hour run time).

Q: As a hospital-owned practice, would we get supplies from you or our hospital for the office?

A: Breena Holmes, MD, VDH: UVM affiliated practices are asked to get supplies from them. The public health lab is willing to supply test supplies to non-UVM practices.

Q: Patients 18 years and over should be getting NP, correct? I thought we were prioritizing anterior nares for patients under 16?

A: Breena Holmes, MD, VDH: That is a good point. Let me check with my team to see if are only doing the priority population noted in the HAN from a few weeks ago.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: We prioritized for the young in a time of scarcity. If we have plenty of supply, use them for the college kids!

A: Michelle Shepard, MD, UVMCH Pediatric Primary Care & VCHIP: So, we would need to specifically have new guidance that could do asymptomatic college age students can do anterior nares instead of NP.

Q: How long are you keeping people exam rooms closed after a COVID swab before cleaning and having the next patient?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: One hour at UVMMC.

A: Leah Costello, MD, Timber Lane Pediatrics: Do you have HEPA filters in the room at UVM?

A: Alex Bannach, MD, North Country Pediatrics: Are those negative pressure rooms or not? We do not have a negative pressure room.

A: Stan Weinberger, MD, UVMCH Pediatric Primary Care: No, we have no negative pressure or HEPA filters in our primary care practice.

A: Michelle Shepard, MD, UVMCH Pediatric Primary Care & VCHIP: Regular exam rooms at Upeds with no HEPA filters.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: A lot of testing takes place in the emergency department, which has a special room, I believe. However, when testing takes place in other settings, it is not in a special room.

Q: To save on PPE, the anterior nares is okay, right?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Yes.

Q: With the new governor mandate for masks for kids over 2, does that change guidelines for childcare/school for pre-K kids?

A: Breena Holmes, MD, VDH verbal: It does not. The Governor's mandate executive order is acknowledging and recognizing previous guidance that states there are developmental considerations for the wearing of masks in younger children. It is still recommended in summer camps, but it is required in school, including pre-K, with the caveat of developmental appropriateness.

Q: At some point, shouldn't these private employers who are requiring "return to work" tests be paying/arranging for these tests?

A: Breena Holmes, MD, VDH: Employers are making their own decisions and that return to work testing clearance is not supported by the health department. The health department is not supporting any testing for return to work as that's not a pathway.

C: If the following codes are used, there should not be an issue. Z03.818, Z20.828, and Z11.59 per our billing department (Springfield Health Center).

C: Just hearing all of these testing concerns from our providers, we need to be *CRYSTAL CLEAR* (caps intended) with schools about symptom-based criteria for return to school.