

VCHIP CHAMP VDH COVID-19

August 10, 2020 | 12:15-12:45pm Call Questions and Answers*

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AAP Updates – Pediatric COVID-19 Data and Reports

Wendy Davis, MD, VCHIP: A data report released on August 9, 2020 in the *New York Times* indicates at least 97,000 children in the U.S. tested positive for the coronavirus in the last two weeks of July

(<https://www.nytimes.com/2020/08/09/world/coronavirus-covid-19.html?action=click&module=Top%20Stories&pgtype=Homepage#link-657c019e>).

Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: This is not necessarily surprising. It is important to keep in mind that children can get infected, even if they get infected at lower rates. The infection rate in the community at large and the adult population is going to impact infections in kids. That's a result of community transmission being absolutely out of control in many sections of the country. The challenge is putting it into context and knowing what the denominators are. If you do the math, children are still just a fraction of the cases and underrepresented given the demographic and the percentage of the population made up by children.

Wendy Davis, MD, VCHIP: I suspect this data will impact the conversations nationally around school re-opening. In Alabama the age limit was 24, while in Florida the age limit was 14. There is a lot of variability in how this data is collected.

William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The data is not entirely surprising. We have seen a huge number of cases in adults. We still do not know the denominator. Also, some states recorded children as 0-24 years.

Breana Holmes, MD, VDH: The Winooski outbreak is indicative of this story. When you have COVID-19 in your household, then kids get COVID, too. Still no kids hospitalized from COVID in Vermont to date.

Practice Issues: Monday Potpourri (discussion of DRAFT COVID-19 in Pediatric Patients: Triage, Evaluation, Testing, and Return to School Document)

Wendy Davis, MD, VCHIP: We will discuss a few notes about the document, which is currently still in draft form. Determination of pre-test probability includes consideration of local rates of COVID-19 infection from state/regional data, patient's signs and symptoms, likelihood of alternative diagnoses, and history of exposure to SARS-CoV-2 (<https://www.bmj.com/content/369/bmj.m1808>). In addition, if an individual has been in close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19 or traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large number of cases of COVID-19 (<https://accd.vermont.gov/covid-19/restart/cross-state-travel>). Children who are evaluated by a medical professional and found to have a clear alternate diagnosis or explanation for symptoms may return to school 24 hours after resolution of symptoms even if SARS-CoV-2 testing is not performed (e.g. confirmed diagnosis of strep throat with appropriate Rx). Healthy students and staff with the following symptoms/conditions are not excluded from in-person school activities: allergy symptoms (w/o T): coughing and clear runny nose may stay if they have medically diagnosed allergies and follow medical treatment plans or well-controlled asthma. This inclusion does not require a medical clearance note from a healthcare provider when allergy and/or asthma condition

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

was known to the school nurse/administration prior to COVID-19. A new diagnosis of asthma does require written confirmation from the student's healthcare provider.

There is a lot of work going on creating Vermont school reopening documents, which are in development. In the next couple of weeks, a lot of additional Vermont-specific guidance will be coming out to help you with your discussions with communities about school reopening. The KN95 use and care information is from the Agency of Education, which decided (with Dr. Raszka's support) to allow these masks to be distributed to teachers. They are not actually necessary but will hopefully make teachers feel more protected.

William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: It's not an official VDH document, but public relations, risk management, and quality assurance people at UVMCH got involved in the process. The information walks through different kinds of masks and where they can be used in the school setting. The KN95 is really confusing. The State happened to have a really robust supply of those masks. We are not saying that teachers need those types of masks, but given the supply available, it's perfectly fine to use them. They will be thicker and a little bit harder to breathe though.

Breena Holmes, MD, VDH: There are lots of discussion going on about pods and not mixing pods. The reality of education and the way we have talked about pods has shifted a bit. The reason to keep pods small is that transmission is lower. In the event of a case, then contact tracing is easier with smaller pods. As long as students are staying home when sick, washing hands and wearing masks and staying 6 feet apart, the risk to teachers is low even if moving between pods.

Questions/Discussion

Q: Dr. Lee, send us the information about the volunteer opportunity for your pediatric antibody research study. Do you need patients for the study or finger stick volunteers?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I need people who can perform finger sticks to assist with blood collection. blee7@uvm.edu

A: Stephanie Winters, Vermont Medical Society: How many people do you need? I can add a blurb to AAPVT Chapter newsletter, if you want!

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I'll take as many as I can get. Also, I should specify we would likely be doing this in or around Burlington.

Q: Is it known how sick any of those children are?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Children were 0%-0.8% of all COVID-19 deaths, and 20 states reported zero child deaths.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: The data indicate that children are at far lower risk for being hospitalized, but when hospitalized had similar rates of ICU admission as adults.

Q: What about teachers teaching multiple cohorts on a day by day basis?

A: Breena Holmes, MD, VDH: Mixing pods for teachers is a reality of certain age groups they are teaching, and this will occur. With all the mitigation, stay home when sick, hand hygiene, masks, this should be okay.

Q: I get many requests for kids with asthma, for a letter to exempt them from wearing a mask at school. What is your suggestion?

A: Alex Bannach, MD, North Country Pediatrics: Yes, having tough conversations with parents who are calling for exemptions, diagnoses varying from asthma to ADHD to anxiety. Mostly focusing on education and support and asking them to work with their kids now at home to get them comfortable, and making it

very clear that pediatricians support the mask mandate and that mask exemptions will be few and far between.

A: Michelle Shepard, MD, UVMCH Pediatric Primary Care & VCHIP: Love this resource to share <https://www.keyc.com/2020/07/24/pediatrician-recommends-day-plan-prepare-children-proper-mask-use/>, 30- day practice to help kids wear masks.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Our pulmonologists say that children with asthma should be able to wear a mask. If they cannot, then their asthma needs to be addressed.

A: Shannon Hogan, DO, UVMCH Pediatric Primary Care: I have moderate-persistent asthma, and so does my son, and we both have worn masks running in the heat to test this theory. My 8 year-old says, the mask protects me.

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Here's a nice handout for families of kids with asthma who are worried about masks.

<https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/Mask-Eng.pdf>

Q: Unfortunately, I was away last week, so sorry if this was mentioned. In reference to Dr. Raszka/Lee's point a couple of weeks ago that schools shouldn't use the excuse of closing schools for deep cleaning on Wednesdays, as it implies that our schools aren't clean. I just received communication from Tuttle Middle in SB and it had Wednesdays listed as deep cleaning. If I remember correctly, Dr. Lee is talking to David Young. Is there any way for the schools to stop using this message?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I have brought up this point to SB.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Schools do not need to dedicate a day to deep cleaning. I was on a school board call (CV) and the person in charge of cleaning debunked that saying that the schools would be cleaned each day.

A: Elizabeth Hunt, MD, Timber Lane Pediatrics: Honestly, the Wednesday thing is a catch-up day. They keep changing the "plan" for Wednesdays. On the Williston town Hall last week, the principal said it was for limited instruction, special ed. teacher meetings, but did not mention deep cleaning.

A: Jessica Stadtmauer, ND, Vermont Naturopathic Clinic: Tuttle in SB just released updated verbiage to parents stating that Wednesdays would now be dedicated to kids on IEPs/504s and teacher enrichment and planning.

A: Shannon Hogan, DO, UVMCH Pediatric Primary Care: Good to know, but the communication has not been sent to parents yet. Of note, an email was sent yesterday and still said deep cleaning.

A: Jessica Stadtmauer, ND, Vermont Naturopathic Clinic: I think I saw it in the survey that went out to parents re enrollment options.

Q: Is there any reference we can refer parents to who are concerned about oxygen levels and masking? Any specific study etc.?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: How we think about facial cloth coverings and masks are quite different. With facial cloth covering, everything is measured in terms of air going out. With masks, we measure air coming in. So, I do not know of any oxygen data with facial cloth coverings.

A: Sharonlee Trefry, RN, VDH: O2 levels is a frequent question that we get on the Warm Line. Some like hearing that our surgeons and construction workers who wear masks all day function at a very high level and have plenty of O2.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: My wife (who is a surgeon) likes to point out that she continued to work until 9 months pregnant with our last child. So, if she can wear a mask all day, every day, while 9 months pregnant, it should be doable for pretty much anybody.