

## VCHIP CHAMP VDH COVID-19

August 19, 2020 | 12:15-12:45pm Call Questions and Answers\*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM

Breana Holmes, MD, FAAP, Director of Maternal & Child Health, Vermont Department of Health (VDH)

### Highlights from the AAP Annual Leadership Forum (ALF) - Virtual – August 16-17, 2020

#### Top 10 Resolutions

1. **Addressing Structural Racism Within Healthcare**
2. Supporting Child and Youth Mental Resilience in Schools
3. Creation of Task Force on Immunization Advocacy and Hesitancy
4. **Ask All Children, Adolescents & Their Families About Racism, Discrimination & Bias**
5. Developing a Pediatric Model for Value Based Payment
6. **Prohibit the Use of Race-Based Medicine**
7. Unmet Need of Inpatient and Outpatient Mental Health for Children
8. Advocate for Paid Parental Leave and Mother Baby-Friendly Workplaces
9. Physician Burnout Must be Prevented by Change in Healthcare Delivery Systems
10. Expanding Training on Psychiatric Conditions for General Pediatricians

#### AAP ALF: Highlighting Equity, Diversity & Inclusion

- Special Presentation: Equity, Racism and Social Justice** *Joseph Wright, MD FAAP*
- Special Resolution (Policy Statement on Truth, Reconciliation, and Transformation: Continuing on the Path to Equity): Resolved** *that the Academy develop a Bylaws referendum for a vote of the full membership to explicitly codify that the AAP does not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity, disability, and national origin.*

#### VT School Reopening Documents in Development

*Breana Holmes, MD, VDH:* It is complicated to think about kids popping into public schools and then going to childcare. We recognize this isn't the way we set it up as a society, but it's a compromise we're willing to make in Vermont because of our low prevalence data. I'm hoping superintendents will follow-through with their promise to start with a hybrid model and then transition to full in-person learning from pre-k-5<sup>th</sup> grade.

#### Practice Issues: Household Transmission Data Update

*William Raszka, MD FAAP – UVM Children's Hospital*

The results of contact tracing from 5,700 index patients with COVID-19 resulted in the analysis of reports for almost 60,000 contacts ([https://wwwnc.cdc.gov/eid/article/26/10/20-1315\\_article](https://wwwnc.cdc.gov/eid/article/26/10/20-1315_article)). This previously discussed study released in July received a phenomenal amount of press and defined the conversation around COVID-19 among children under 10. The results suggest children 0-9 years did not seem to transmit the disease very efficiently to household and non-household contacts. However, their data shows the 10-19 year age group was more efficient at transmitting to adults. Many of us have grave ongoing concerns about this paper. It was supposed to be just a contact tracing article, but they ended up discussing school reopening and misrepresenting two Chinese studies. The researchers also did not know the direction of transmission.

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

An update to the South Korean data was released on August 7, 2020 (<https://adc.bmj.com/content/early/2020/08/06/archdischild-2020-319910>). The dataset was expanded and all pediatric COVID-19 index cases and their household members reported from 20 January to 6 April 2020 in South Korea reviewed. The dataset now includes 107 pediatric COVID-19 index cases with 248 household members identified. The median age of pediatric index cases was 15 years. On average, 4.3 household contacts were followed for 10.9 days. They were specifically looking at transmission data and were able to establish that 40 out of 41 of the contacts with confirmed COVID-19 had the same exposure as the index case, for a secondary attack rate of 0.5% (95% CI 0.0% to 2.6%). In conclusion, the results suggest low transmission potential from children to household members in the setting of social distancing in South Korea with isolation procedure and extensive contact tracing. Children can contract and transmit COVID-19, but they are not the drivers of the pandemic.

### **Questions/Discussion**

**Q: The questions I'm hearing is where will the staffing come from, including the worry that the innovative dollars will pull current staff from other ongoing sites? Everything has its unintended consequences. So challenging to know how to come up with innovative plans!**

*A: Breena Holmes, MD, VDH: There is a workforce that's in this in-between space, including that "third" space that Holly Moorehouse mentioned, that is after school but it's not really after school, it's an additional space outside of traditional school plus home. The workforce has been part-time and then ramped up in April, May and June, because they needed to, and there's still some capacity within the 3<sup>rd</sup> space workforce. Holly is also an innovator in getting young people that are seeking employment, putting college kids who have decided that without in-person learning they are not returning or will have a remote experience and will have chunks of time to care for kids. I think we'll be okay with the work force. Think about what the requirements are for these humans. We'll have background checks and basic requirements. Super worried about child safety. They have to be trained in CPR and first aid. I imagine a role for all of you will be to understand the local role in your area.*

**Q: Getting requests for mask exemption for high school athletes with asthma for when they are playing sports. A parent reported hearing about deaths of children when wearing masks and exercising. Is the official recommendation from Pulmonary to continue to wear masks during exercise for teenagers with well controlled asthma?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Students with well controlled asthma can exercise with masks. Just about anyone can wear a mask. There haven't been many studies about performance with masks. Many professional/elite athletes practice with masks. There was one study that said potentially peak performance could be impacted but children with well controlled asthma would not suffer untoward consequences of wearing a mask. Our pulmonary division, nor anyone else, is recommending children with well controlled asthma should be exempt from wearing masks. There is guidance to say if a child can't wear a mask because of other developmental reasons or have a contraindication to wearing a mask, they would still be allowed to play school sports.*

*A: Becca (Rebecca) Bell, MD, UVM Medical Center: You can share that there are elite athletes with asthma who have been wearing masks for a long time while training or competing because it actually helps reduce environmental triggers. Galen Rupp is an elite long-distance runner who has been wearing masks for years. You can google image search and see him competing with a mask. Only issue about promoting him is that I think he has some other unsavory aspects to his story like possible performance enhancing substance. But unrelated to masks.*

[https://www.oregonlive.com/trackandfield/2011/06/what\\_in\\_the\\_world\\_is\\_galen\\_rup.html](https://www.oregonlive.com/trackandfield/2011/06/what_in_the_world_is_galen_rup.html)

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**Q: Also, these student athletes have been playing club sports without masks this summer and now are mandated to wear them for high school sports. Is the state considering changing the requirements for club sports and mask wearing?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There is a meeting at 4 PM today to address recreational sports. Masking continues to be an issue with student athletes in recreation sports without masking. I think that there was a real emphasis at the HS sports level to ensure that as much as possible the entire school space was really safe. It was a later decision to require masking for everybody. But the goal was to make sure that every single person in that space felt comfortable. And one of the challenges was explaining to parents why someone could be playing football without a mask with a fair amount of contact and then come to class and everyone be 6ft apart. So just trying to be consistent across all spaces in the school system.*

*A: Breena Holmes, MD, VDH: There is a disconnect between the school sport guidance and the summer/recreation sport guidance. I just want to acknowledge the difference. Dr. Raszka continues to be a good connector and he's going to a meeting with recreation.*

*A: Monica Fiorenza, MD, Timber Lane Pediatrics (South): Thank you for the additional information. A lot of the high school soccer players also play for Farpost or Nordic and will continue to, along with high school sports. The fact that there are different requirements is challenging.*

*A: Nathaniel Waite, RN, VDH: Essex Westford SD just sent out an email about childcare today by partnering with Essex Junction Parks and Recreation.*

*A: Nathaniel Waite, RN, VDH: Essex said, "Multiple spaces are being identified throughout the community to support the operations. They will be staffed by recreation staff and some school district staff who are capable of assisting students with their remote learning".*

**Q: Are there any specific recommendations for PE classes? Or direct to general school opening guidance and sports guidance?**

*A: Breena Holmes, MD, VDH: Here's the PE dilemma: PE is an education class. It doesn't fall under sports and recreation. As you know, Drs. Miller, Lee, Raszka, Davis and I are on this taskforce. It's very clear, if you follow CDC guidance, you can open schools in VT under step 3, which means you can use your cafeteria and gymnasium and how to do that with masks and distancing. There were some who wanted to start in step 2 with no gymnasium and no cafeteria as they felt they need the practice to align the school with a more restrictive set of rules and then move into step 3, but this has created confusion. This doesn't mean you can't have PE.*

*A: Libby (Elizabeth) McDonald, APRN, UVMCH Pediatric Primary Care: That's how I read that, but I have heard from PE teachers this exactly, that they are getting push back.*

**Q: I would like to know where to find the grant information for school nurses in Vermont. The school district I work in says there are NO monies to hire more school nurses or to have one in school 5 days a week. So the plan is to use non-nurses? Is there any funds/grant money for schools who have nurses who work one day a week, that they can pay them to work more days a week?**

*A: Breena Holmes, MD, VDH: We just put out the Medical Reserve Corps, which is a group of people who stepped up in March/April, who said if you need help in hospital surge, we have medical expertise. They have continued to be organized by the state emergency operation center and we have asked if we could tap into that group for regions that are understaffed in the school nursing arena. Detailed information on how to access the MRC will be included in tonight's email.*

*A: Sharonlee Trefry: Vermont's Medical Reserve Corps (MRC) are community-based groups of volunteers who supplement local emergency and public health resources with their medical and non-medical skills.*

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*Any SU/SDs or independent schools that would like to request MRC volunteers to help with health care needs and/or screening this year should reach out to the State Emergency Operations Center through the Vermont Emergency Management main call center at 1-800-347-0488. Before calling, collaborate with your school nurse and/or COVID Coordinator to identify your specific need (e.g. assistance with daily temperature screenings, consultation on the school's COVID-19 Response Plan, etc.) Be prepared to provide the following information with your MRC request: Point of contact (name, phone, email) for the request. Location and parking information. Where and how the volunteer(s) should check-in with at site and receive any training/safety instruction and a point of contact for their questions.*

*A: Ellen Gnaedinger, APRN, South Royalton Health Center, APRN: Excellent. I will recommend MRC to Open Fields School in Thetford.*

**Q: I would also love to hear guidance for kids on group exercise indoors this school year. Lots of soccer leagues, lacrosse, swimming, gymnastics, dance, etc., are trying to plan for the year and coaches and parents are wondering if this is safe.**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: We are very concerned about indoor athletic events. Anything indoors is higher risk. Specifically, the HS guidance concentrated on fall sports and will begin winter sports soon. However, recreation leagues are already planning indoor sports. It is a bit dicey getting everything aligned.*

*A: Denise Aronzon, MD, Timber Lane Pediatrics (North): Yes, but these sports league are still planning to go forward with indoor plans and the lay public doesn't seem to know this is not a good idea. How do we get this message out?*

**Q: I know this is a separate subject, but we are struggling with what to do about asymptomatic testing. We can no longer test asymptomatic patients here, so we are wondering what to do with patients that need testing before returning to school, etc.**

*A: Wendy Davis, MD, VCHIP: There is an updated overall state plan that we sent out Monday which lays out nicely for different types of institutions and where to go.*

*A: Breana Holmes, MD, VDH: Please refer to the testing document.*

**Q: I have parents asking about hockey, specifically, because lots of clubs require sign up now; any idea what the guidance will be around that sport this fall?**

**Q: I heard that basketball might be allowed with masks? NO fans.**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: At this time, we have not addressed basketball for HS sports. We have also struggled with spectators because there is guidance from another agency on the number of visitors that are allowed in a school or an indoor space at any one time.*

**Q: There was just ONE child where household transmission was demonstrated? Am I understanding this correctly? There was a huge discussion on VPR last week with educators and this study was brought up and data incorrectly used. I called in, but couldn't get onto the air.**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: One! That's because they were able to identify that the 40 others shared the same exposure.*

**Q: The schools are going to host the daycares in the gyms? It is so hard to say no visitors in the gym.**

**Q: Do you have any comments on the flu data from the Southern Hemisphere? Overall positive that rates are down significantly with masking and social distancing. On the flu note, we are looking into**

**ways to administer flu vaccines to parents (that are not patients of the practice). If there are tips/ideas let me know!**

*A: Alex Bannach, MD, North Country Pediatrics: We started that last year; I'm happy to talk later. Of course, it'll all have to look differently this year due to distancing etc.*

*A: Stephanie Winters, Vermont Medical Society: Stay tuned for grant funding to hold flu clinics! I am here, just waiting to get the grant document to come back for us to sign!*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Much less flu in the Southern Hemisphere this year. Unclear the impact on the northern hemisphere. Could be a different year this year.*

*A: Becky Collman, MD, Collman Pediatrics: We give flu immunizations to quite a few parents as well; have been for years.*

*A: Colleen Moran, MD, Northwestern Pediatrics: As a FQHC, I am hearing alternative rules/guidelines. Let me know! We are having TONS of people asking for vaccines.*

*A: Ellen Gnaedinger, APRN, South Royalton Health Center, APRN: HealthHub (with South Royalton Health Center) School Clinic would like to do school flu clinics & vaccinate staff & parents at same time. Thanks.*

*A: Judy K. Orton, MD, Green Mountain Pediatrics: We've done it for years, initially with vaccine the practice bought and now from VDH since we're a VFA practice, too.*

**Q: Denise Aronzon, MD, Timber Lane Pediatrics (North): One of the best references I've seen about advised/not advised activities during COVID was a Q and A by the Washington Post that had Fauci and other experts answer questions about whether they would go to the gym, go to a restaurant, etc. Perhaps our pediatric experts could do a well-publicized Q and A about return to school and kid activities/sports that could be published in the local papers, put up on VDH website, etc.?**

[https://www.google.com/amp/s/www.washingtonpost.com/health/how-fauci-5-other-health-specialists-deal-with-covid-19-risks-in-their-everyday-lives/2020/07/02/d4665ed6-b6fb-11ea-a510-55bf26485c93\\_story.html%3foutputType=amp](https://www.google.com/amp/s/www.washingtonpost.com/health/how-fauci-5-other-health-specialists-deal-with-covid-19-risks-in-their-everyday-lives/2020/07/02/d4665ed6-b6fb-11ea-a510-55bf26485c93_story.html%3foutputType=amp)