

VCHIP CHAMP VDH COVID-19

August 24, 2020 | 12:15-12:45pm Call Questions and Answers*

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AAP Updates – Immunization News

Wendy Davis, MD, VCHIP: DHHS announced the authorization of licensed pharmacists to order and administer all vaccines to children & adolescents ages 3 to 18 years old. In response, the AAP and AMA released statements in opposition to the announcement: <https://services.aap.org/en/news-room/news-releases/aap/2020/american-academy-of-pediatrics-opposes-hhs-action-on-childhood-vaccines-calls-it-incredibly-misguided/> & <https://www.ama-assn.org/press-center/ama-statements/ama-opposes-expanding-pharmacists-ability-provide-child-vaccines>.

Stephanie Winters, VMS: We are trying to maintain Vermont's ability to make rules for itself, aside from the fact that we don't want to fracture care. We want to keep patients coming to their medical home, especially at a time when people have been removed from their medical home and trying to get them back. We are wondering if this is even a legal move. Some of the people I have spoken to are questioning that as well, and they feel states make best decisions for themselves. When our pharmacists wanted to order and administer immunizations, their Board of Pharmacy objected.

Practice Issues: Mapping the Back-to-School Journey for Children & Youth with Special Healthcare Needs

Jill Rinehart, MD FAAP – UVM Children's Hospital & Monica Ogelby, APRN CPNP, VDH CSHN Clinical Svcs. Dir.

Jill Rinehart, MD, UVMCH: Monica and I have been on a task force specific to CYSHCN and getting them back to school. There is more than one "correct" way to get children back to school safely and there are a lot of challenges for this population. The population of youth with disabilities is fraught with inequities itself, and these inequities are being exacerbated in back-to-school planning, since they were definitely an afterthought during this process. There are a lot of disparities that we're trying to address. The most common thing we're hearing is schools telling families with students on IEPs that they have to choose their education plan option, which is clearly against the idea of an individualized learning plan. Families are not doing well, and regression is real. When you have a single caregiver, they are absolutely fried after having gotten through the summer hoping for back-to-school, only to find out that back-to-school is only two days per week. Another challenge is with services, PT/OT/Speech/ABA, which are not effective remotely for many students. There are very few students who can't attend students in any way. Parents will make decisions based on children's vulnerability. Children with ASD are not necessarily at higher risk, but for poorly controlled epilepsy, those parents do need to make appropriate decisions. In terms of masks and exemptions, many medical homes have been asked to write exemptions from masks, but that's not really required. I think fear is ruling decision making processes more so than facts.

There is an opportunity now for schools to have IEP meetings with families. Telemedicine and tele-education can work better than in-person in some rare situations. For example, it's easier to get the team together on Zoom for care conferences, which are an opportunity for strong relationships with school nurses. There is a helpful infographic illustrating how to talk through supporting students from medical, transportation, communication, social-emotional-behavioral, developmental, physical, and academic contexts.

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

Monica Ogelby, APRN CPNP, VDH: We are hearing from a lot of schools from a place of fear, worry, and wanting to do what's right. They want to exclude students under certain circumstances. We are recommending meeting with the medical home in these situations and then meeting with the family, if appropriate. We want to emphasize the value of every student being engaged with school. Some of the suggestions involve paraeducators going into the home, if it can't be done in the school building. Face shields and alternate PPE options are being proposed when there are concerns about mask-wearing/cloth facial coverings. It's an accommodation with support behind it. Our biggest message is to re-visit the plan after a certain number of weeks and try to think about each of these children truly as individuals. The plan determined on September 8 doesn't have to be the same plan for the whole year. For example, if a family chooses remote initially, they could shift to the in-person option later. We also wanted to share links to resources, included the Vermont Family Network (<https://www.vermontfamilynetwork.org/>) town halls and VT Legal Aid Disability Rights Project (<https://www.vtlegalaid.org/disability-law-project>).

Breana Holmes, MD, VDH: We've been through a lot of rumored cases in childcare and summer camps and some real cases. We need you to acknowledge to families that it's a scary time, but that if contact tracers haven't contacted them, then they need to trust the process. There was a case over the weekend that is a very tight situation, meaning very few close contacts. The infected person also wasn't at the location during the infection period. If you're not a close contact, that's just the worried well. They don't have exposure, but if people can't manage it and need to get a test, then you can help them figure out how to get a test, but they won't be considered a high priority. I do have ongoing webinars with childcare providers, and we continue to encourage them to call VDH when they aren't sure and have questions. We also need help developing an algorithm for adults returning to school and work. If any of you are willing to help, we will support you, but because it's not pediatric medicine, we need adult clinical expertise as input.

Questions/Discussion

Q: Is VDH still giving home pulse oximeters to COVID positive patients? Does that include children?

A: Breana Holmes, MD, VDH: Yes, this was supposed to include children, but will confirm. Jennifer Read confirmed that pulse ox program is ongoing and includes children.

Q: With contact tracing for a positive case in a daycare or school, what is the typical time frame of people being notified that they are a close contact and need to quarantine and test? Does that timing include weekends? Also, do you think daycares will notify families that their children have been determined to not be close contacts?

A: Breana Holmes, MD, VDH: Monica Ogelby can be specific to your question, but close contacts are alerted within 24-48 hours of positive case and YES weekends included.

A: Monica Ogelby, APRN CPNP, VDH: 90% of contacts are called within 24 hours, if the case is in VT. Sometimes there's a little lag if the case is from out of state because we're dependent on the other state to notify us.

Q: With the draft COVID-19 algorithm, for page 2, no known COVID-19 exposure, I think it would be helpful for guidance of no fever, but multiple symptoms (e.g., runny nose and cough, or sore throat and runny nose), not just one symptom. In my reading of the algorithm, the multiple symptom pathway includes fever.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I think there are two pathways. One for those with a single symptom and one with multiple symptoms. In all the edits, we missed that. We will update it!

Q: I can foresee parents requesting testing because they were exposed at daycare (or school) but not a lot of specific information. Is there a place we as providers can call to get specific information so we aren't doing unnecessary testing?

A: Breena Holmes, MD, VDH: I am pondering this. It might be too hard to share all of the scenarios of positive cases which involve children. It really is true that if a family isn't called, their child is not a close contact. If they want testing anyway, we consider that "worried well" and don't have capacity to test them all

A: Monica Ogelby, APRN CPNP, VDH: If a child in a school or daycare is identified as a contact to a case, part of contact tracing will involve testing guidance. Otherwise, there wouldn't be indications for others (including parents/caregiver) to get tested.

A: Ashley Miller, MD, South Royalton Health Center: If families haven't heard and they are "sure" they are a close contact, and I can't talk them out of it based on the scenario they present, I've been encouraging them to call the state.

A: Ann Wittpenn, MD, UVMCH Pediatric Primary Care: It might be helpful to reinforce the information and process of contact tracing to the day cares themselves.

A: Breena Holmes, MD, VDH: We have great communication with childcare about contact tracing, including a strong section in the guidance. Childcare directors do get out ahead of the process in our experience, often reacting out of fear and then they call and then we are able to remind them of the process. You can all reinforce with childcare providers that they should call our school/childcare branch hot line (802-863-7240) to talk through.

Q: Has anyone else received FMLA request from families who have decided to keep children home this year due to perceived medical risk?

Q: So now we have an algorithm, I'm wondering where we're at with a checklist for PCPs to fill out that can get faxed to schools for high risk kids after meeting with PCPs for their return to school guidelines? This will be for high risk kids who see their PCP. Would there be something for medium risk kids who don't need a visit but perhaps something parents can fill out, i.e., "I spoke to my PCP and they said I needed a 7-day quarantine, but no test is necessary" or something?

A: Wendy Davis, MD, VCHIP: We have a DRAFT checklist but wanted to finalize the algorithm to be sure it's aligned, hopefully soon! It needs some additional review WITH school nurses before we're done.

Q: The school nurse liaison for one of the supervisory unions in my area, reviewed the back to school slide presentation and felt it was helpful. She then asked about process for staff. When I suggested self-monitoring and home temperature before school, she said the union would require the district buying everyone a thermometer. Are we able to have some official verbiage of either home monitoring or self-check-in/temperature when they arrive at school like every other business has been doing for months? I think school nurses would have enough to do without screening staff also, but there is pushback as well.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I'm not sure why the union would require that. The guidance allows temperature checks at school. The school nurses do not have to do the screening. They will not be screening the students. Thanks again for the feedback on the multiple symptoms. We lost track of that during the edits. Great work and eagle eyes. We are crystal clear with students. Not quite as crystal clear for staff and teachers (for fever checks).

A: Breena Holmes, MD, VDH: The guidance is super clear that the temperature check is at the building. For one, symptom screening is definitely at home now. Interestingly fever is a symptom. That's one of the symptoms we're asking people to screen for. Then, there's also entering the building screen. Our intent was that all adults and students would get a temperature screen upon entry into the building. We haven't said

it has a be a school nurse who takes the temperatures. There are tons of other school staff who have been recruited to line up at multiple entries and multiple doors and get a bunch of adults and students screened for temperature.

A: Valerie Riss, MD, UVM MC: Parent volunteers perhaps could be brought in for temperature checks in the morning? It's pretty easy.

A: Charlotte Safran, UVMCH: Burlington School District is asking families if families have access to thermometers and are comfortable taking students' temperature at home. So, the guidance coming from schools feels confusing:)

A: Ashley Miller, MD, South Royalton Health Center: In our district, staff is being trained to help with the screening, so it's not all the nurses.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: There is supposed to be a temperature check upon school entry, so families should not be asked to do temperature checks for the kids at home as the only method of temperature screening.

Q: Can staff do their own screening?

A: Susan Sykas DNP, Appleseed Pediatrics: At our office, we take our own temperature upon entering the building, write it down daily on a clip board and perform self-monitoring in the building.

Q: We are going to be doing influenza clinic in Springfield school. Does anyone have a parent handout on school vaccine clinics that have been well received?

A: Wendy Davis, MD, VCHIP: That is wonderful news. The AAP and CDC put together a lot of resources around flu vaccine. We'll comb through the information to see if there is anything specific to your question. And Breena, maybe we can ask the immunization program at VDH to jump on that pronto.

A: Sharonlee Trefry, RN, VDH: We can check with Chris Finely on the IZ clinics and messaging. It was my understanding that messaging was in the works for after school openings, wanting to avoid info overload.

Q: Any thoughts on the Massachusetts mandate on Influenza vaccine and any thoughts if this will happen in Vermont?

A: Ashley Miller, MD, South Royalton Health Center: The caveat in Massachusetts is they are exempt if home schooling. I worry it will push more to home school.