

## VCHIP CHAMP VDH COVID-19

August 28, 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)

### **Camp and School News**

From WBUR: A superintendent in Texas speaking about their reopening, which was a very well-thought out reopening program: <https://www.wbur.org/hereandnow/2020/08/27/leader-isd-school-in-person-online>. The MMWR early Release from August 26 include information on how the summer camp in Maine was able to prevent a COVID-19 outbreak. Another news article details the success story of a camp in Sudbury, MA.

*Breana Holmes, MD, VDH:* AOE-VDH guidance: Wonderful document on social-emotional-mental-health supports during COVID-19 (<https://education.vermont.gov/sites/aoe/files/documents/edu-dmh-guidance-strong-healthy-start-social-emotional-mental-health-supports-during-covid19.pdf>). It's strengths-based and really important for your reading. It's what we've been talking about since March with regards to the broader context of this pandemic.

*Breana Holmes, MD, VDH:* There are ongoing conversations about the effectiveness of masks versus gaiters. There is one study that looks at single-ply gaiter compared to lots of other two-layered masks. The conclusion was that single-ply is not effective at stopping the virus. A non-scientific approach came out with two-ply gaiters as a solution. This is really a fabric conversation around two-layer versus two-ply. The Commissioner is pondering this.

*Breana Holmes, MD, VDH:* There have been cases in childcare, as you know, since March. It's always adults that test positive from a variety of community settings. Almost no kids in childcare centers test positive. There have been very few cases in that context. We'd like the Vermont story to reflect this experience with the mitigation strategies and very low transmission of COVID-19 from adults to children in these settings.

### **AAP – Updates – Immunization News**

There is a grant aimed at increasing influenza vaccine coverage rates from the VDH Immunization Program to the AAP-VT Chapter. It will be a \$500,000 grant program. Sometime in late October will be the due date. Stephanie Winters will be reviewing applications on October 31, 2020. We will put some additional details on the slide for tonight, and Stephanie will be joining us on Monday to discuss the program further.

There is also an opportunity to participate in a VT Medical Society leadership development opportunity by joining the 2020/2021 VMSERF Physician Executive Leadership Institute. A handful of slots remain in the 2<sup>nd</sup> cohort. You can apply now through September 18, 2020 deadline.

### **Practice Issues: Return to School & Other Favorite Topics**

*Wendy Davis, MD, VCHIP:* The algorithm in its version 1 final form was sent out on August 26<sup>th</sup>. We will send it out with a slightly different name this evening, because we want to acknowledge your participation in creating this document on these calls. We hope the algorithm is helpful for determining what to do and how to proceed when a patient from school was potentially exposed to a positive COVID-19 case at school or engaged in high-risk travel. It also includes the pathway for what to do if symptoms are identified at school.

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

School Nurse – Family – Medical Home Communication Tool: We hope this document will be shared so that if a student is identified at school, there's a pathway there.

*Breena Holmes, MD, VDH:* Drs. Bell and Miller are confirming a flu vaccine mandate would shift energy, and we should really start with making access to flu vaccine easy. Dr. Liz Richards is noting that many parents are requesting flu vaccine that never did before. During H1N1, we had parents who had never vaccinated their children before come forward. In terms of the algorithm, you could use it for child care settings with families, but there's no school nurse in a childcare setting, so you shouldn't be talking it through with a childcare provider. This tool was not developed for adult medicine and pediatrics is different. It's a very specialized document. We do need something like this for adults, including teachers and school staff. To reiterate what Dr. Davis said, this tool is just a template example. I know your teams are facing a lot of administrative burden, as well as school nurses who may see sick kids wandering back in without a disposition and reaching out to you to see if you saw this kid. It's paramount that someone in your office is willing to talk to school nurses – fax, email, phone – to figure out which kids need to be seen and which kids are okay to return to school. I know many schools don't have school nurses, but school districts are trying to create better coverage. What we really promote in the context of COVID-19 is a school nurse leader in each district who will understand school nurse coverage for the district.

### **Questions/Discussion**

**Q: How about data from UVM, St. Michaels and Champlain College in Chittenden County?**

*A: Breena Holmes, MD, VDH:* I think they all have dashboards but will confirm.

*A: Avery Rasmussen, VCHIP:* UVM has a dashboard available at <https://www.uvm.edu/returntocampus>.

**Q: Should we now use this for children in daycare or continue current procedures for kids in daycare or just Pre-K and up?**

*A: Breena Holmes, MD, VDH:* I am happy for pediatricians to try using this with childcare aged children. I just don't know how to connect with childcare providers in the absence of school nurses. We're certainly not suggesting you use an algorithm to talk through with a childcare provider whether or not a child should be in the care. This is really just a clinical tool for you for the kids who are not in with a school nurse.

**Q: Remember, many schools have no school nurse as well or are only once a week.**

*A: Breena Holmes, MD, VDH:* I promise you that school districts are trying to create better coverage. We promote during COVID there is a school nurse leader for a district who will have a much deeper understanding of the coverage of your schools.

*A: Sharonlee Trefry, RN, VDH:* School administration and school nurses would be a great team to strengthen the paperwork tracking system.

**Q: I am concerned that this will be confused as "clearance" for return or required prior to return. It's true, the term "paper" is triggering.**

*A: Wendy Davis, MD, VCHIP:* That is not the intent. We just kept hearing over and over that you were being asked for that. The intent was literally to make this a communication tool and not a clearance document and to the point where we even said presumptive diagnosis, really trying not to have people feel too committed on the basis of one phone call or one for one visit. We'll take that and try to clarify that.

**Q: Also, what about parents/staff and the algorithm? Anything we can get for adults would be helpful, as well as how we talk to staff about why it's different.**

*A: Breena Holmes, MD, VDH: We are bumping along trying to get adult colleagues to help make an algorithm for adults. Our algorithm does not translate to adult medicine.*

**Q: Will parents/schools interpret this as saying that all children with any symptoms will need to be seen in-person by their PCP? That might become overwhelming.**

*A: Breena Holmes, MD, VDH: I sure hope not because there is a pathway for just 1 symptom in the algorithm that is a watchful waiting and resolution to return. There need to be a little more clarity around when the symptoms started. This is a key focal point of the algorithm for the disposition to match the symptom of onset.*

*A: Wendy Davis, MD, VCHIP: The point of saying date-of-contact was that it could be a phone call. We could perhaps clarify that even more.*

**Q: Can we this information to all ERs and urgent care to let them know to refer back to their medical home and school nurse to talk about return to school?**

*A: Breena Holmes, MD, VDH: I don't see any reason not to.*

*A: Wendy Davis, MD, VCHIP: I think it's a great idea. I think we do have some pathways to do that.*

*A: David Nelson, MD, UVM Medical Center Pediatrics ED: Please let me know what you would like me to convey to the UVM Medical Center ED group. I can send out an email today. Something like: "If your child was seen for any suspicion of COVID-19 (whether tested or not) should follow up with your PCP before returning to school or daycare"*

**Q: Could a box go on the school health forms that gives permission to speak to the medical home regarding COVID-19 concerns?**

*A: Breena Holmes, MD, VDH: I don't want it to be specific to COVID-19. I want school nurses to feel a part of the team of the medical home. It's important for the health of children in general that they talk. We hope it will be a system improvement.*

**Q: I am on a school RN call currently and they are asking about families that have not signed a release for communication between school and PCP. Is the PCP required to tell the school a COVID-19 test is pending or suggested?**

*A: Breena Holmes, MD, VDH: No, pending COVID-19 tests are not disclosed. There is really clear public health law about this. When a patient has a pending test, it's no one's business. If the patient comes back positive for COVID, the contact tracer calls and says we need to tell everyone who was in close contact with you. Every patient to date has said okay. If they said no you can't tell anyone, then PH law steps in and the Commissioner has the authority to reveal PHI to the school because there will be close contacts to that case. If a patient has a pending test, that's nobody's business. If the patient tests positive, the contact tracer asks the patient if they will participate in contact tracing. If the patient says "no," then Public Health law kicks in, and VDH can notify the school of the positive case. This year, it will be the school nurse's job to collect all of the permission forms from the parents to share information between the school and the medical home. We are hoping for 100%.*

**Q: Does VDH have an opinion on the use of the ID NOW Abbott point of care testing instrument in terms of relying on that test for kids being able to return to school? It is a molecular test but not a strictly PCR methodology.**

*A: Breena Holmes, MD, VDH: Oh yes, we do. We are not recommending Abbott point-of-care (POC) tests. In April, the Serology Work Group included adult and pediatric infectious disease, laboratory scientists, and*

*epidemiologists. The group was rebranded to Scientific Advisory Group. They looked at Abbott POC tests, the plasma treatment, genomic testing and more. If you are getting pressure, bring forth the information, and the Scientific Advisory Group will create a more scientific recommendation.*

**Q: We have a situation where a college student's pre-arrival testing was positive. The school is requiring a negative test to come to campus. We are trying to explain we don't recommend retesting but parents are requesting we order another test to rule out a false positive.**

*A: Breena Holmes, MD, VDH: There was press at a VT hospital this week that there was a false positive at a long-term care facility. The question came to the commissioner by e-mail and he said this is an extremely rare event and I don't want to put a lot of energy to it. In 6 months, I've maybe heard of this happening twice. If parents want a 2<sup>nd</sup> test, they are on their own and the child has COVID-`9 and they need to act accordingly.*

**C: Alex Bannach, MD, North Country Pediatrics: What do you think about changing the wording in the algorithm to "Families: Please use this form to communicate with the student's medical home to make plan for return to school"? In general, I really do like the idea, one more way to make approaches uniform between offices/providers/specialties as it refers to the algorithm.**

**C: Sarah Davidson, MD, North Country Pediatrics: One suggestion would be to change the wording to "COVID 19 symptoms present." And be done. As opposed to saying "COVID 19 symptoms present or reason patient was sent to primary care provider." because that implies that every child with symptoms will be sent to PCP when instructions are already at the top, as in the wording on top of the list of check boxes to clarify.**