

## VCHIP CHAMP VDH COVID-19

August 31, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **In the News-Legionella**

Many of you noted *The New York Times* was describing a case of Legionnaires' disease from schools. It is really important to remember water supplies in schools have been turned off or not running since March. VDH put out a great resource for schools with the Agency of Education (AOE) about flushing water pipes. Link here: <https://education.vermont.gov/documents/water-flushing-guide-for-school-building-owners-and-facilities-managers-before-reopening-for-the-2020-21-school-year>. There are four factors that influence how well Legionella bacteria can reproduce and create biofilms in potable water systems that could lead to Legionnaire's disease: water temperatures between 77 and 108°F (25-42°C), water stagnation, presence of organic matter and absence of disinfectant (for example, chlorine). When water is stagnant, it can lead to low or undetectable levels of disinfectant. This increases the risk for growth and spread of Legionella and other pathogens. Additionally, hot water temperatures can decrease, or cold water temperatures can increase, bringing the water into the Legionella growth range. To minimize the risk of Legionnaires' disease and other waterborne diseases after periods, use the ANSI/ASHRAE Standard 188-2018 to develop a water management program. You can also find guidance from CDC's Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings: A Practical Guide to Implementing Industry Standards. When buildings are closed or are vacant for extended periods of time, the stagnation of potable water within plumbing can lead to poor water quality. This can lead to health issues unrelated to COVID-19. To protect public health, it is important for you to address stagnant water in the school building's plumbing before water consumption and usage resumes when schools reopen.

### **Facial Cloth Coverings**

Dr. Raszka made the following attempt to define facial cloth coverings, which type to wear, how they work, and their effectiveness: Facial cloth coverings are pieces of cloth that cover the nose and mouth of the wearer with loops over the ear. They help keep the wearer from spreading respiratory secretions when talking, sneezing, or coughing, and therefore provide some protection for the people around them. Depending on the material and number of layers, they may provide some protection for the wearer but that is not their prime function. Which type of facial cloth covering to wear is dependent on a number of factors. Data to suggest which type of facial cloth covering best prevents spread of respiratory droplets is sparse and based on adults or research conditions that may not mimic real life pediatric experiences. Young children should not use facial cloth coverings that tie.

Generally, we recommend coverings made of at least two layers. Materials with tighter weaves are more likely to be effective at preventing spread of respiratory secretions than materials with loose weaves. Based on very small experiments, in adults, single layer gaiters trap the least number of respiratory droplets. Two layer gaiters trap more than single layer gaiters. Gaiters doubled on themselves are likely to approach the efficacy of two layers of cotton T-shirt material. Facial cloth coverings should be changed if wet or soiled and washed each day.

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

## Health Department Updates

We are turning your feedback about barriers to anterior nares testing into an FAQ. There are three HANs to know about in process. We are going to pull back on recommendations to test prior to hospital discharge. There's a new HAN coming out about neurological impacts of this disease. There's another one about different types of testing. The previously drafted HAN about types of SARS-CoV-2 tests is awaiting final approval.

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

You all should have the algorithm and hopefully you've received an invitation from your School Liaison to meet with your school nurses to support the implementation of the algorithm. We've developed a draft of the School Nurse-Health Care Professional communication tool based on your feedback. This document is intended for use as a communication tool among family members, school nurses and medical homes serving children and youth. We encourage local teams to agree on the optimal communication using this tool. That's the most important sentence on this document. We want the form to be used to communicate with families and medical homes if symptoms onset at school or return-to-school. Let us know if it does not work for you. We think this document should be right on top of the algorithm.

## Questions/Discussion

**Q: I ordered anterior nares on Wednesday and still no results back. I'm following up on Tuesday. I ordered 4 and had results back in two days. Not sure what the difference is.**

*A: Breena Holmes, MD, VDH: Nor am I. If you sent a test Wednesday and today's Monday, that's too long.*

**Q: Have you heard anything about "false positives" at UVM? I don't know details, but heard from an intern my husband works with that his roommate tested positive. But then said it was among other false positives.**

*A: Breena Holmes, MD, VDH: To the best of my knowledge, this has not been fully wrapped up, but I will tell you that the tests in question were saliva and those students had had prior negative PCRs but with time in-between.*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There is a meeting, I think sometime this week, to address saliva and the test characteristics of the saliva test. I couldn't tell you what the false positive rate is. It should be uncommon but, as we learned with the antigen test, doing these types of tests in asymptomatic people always may result in some results that we don't expect.*

**Q: Thank you for the volunteer nurse information a few weeks ago for schools who need help, but I wanted to let you know the schools are letting NO volunteers into the schools, so this will not help.**

*A: Breena Holmes, MD, VDH: We definitely have to follow up on that because we don't consider a medical reserve corps person, as long as they were health screened and stayed home when they were sick, as a volunteer. They would become part of the daily work force of a school. So that word volunteer may be overly interpreted in our guidance. I'm happy to follow up directly.*

**Q: Schools cannot use emails for patient/student information for confidentiality. They can use faxes.**

*A: Breena Holmes, MD, VDH: So, secure email is a great idea, but it sounds like it won't work. Sorry to hear that.*

**Q: Was the date of symptoms start added (to the School Nurse-Health Care Professional communication tool)? I may have missed it on the last slide.**

*A: Breena Holmes, MD, VDH: It was added, but I didn't see it either. We'll make sure it didn't get dropped off on that version.*

**Q: It looks as if it will be important for providers to document all of a patient's symptoms and the presumptive diagnosis on their incomplete notes, so that this form could be completed even in that provider's absence?**

*A: Breena Holmes, MD, VDH: This is interesting. The symptom list on the form was intended to be the subjective from the patient. That the patient had these symptoms which they brought forth with the school nurse and the phone call to the medical home to decide what pathway they are you going to be on. A single symptom, as you know from the algorithm, is the easy path, which is wait it out. If it's a combo of a few symptoms, that group needs the medical home. Certainly if it's the high concern symptoms, a fever and cough, off you go to the medical home for the test.*

**Q: Any updates about recreational or club sports guidelines around wearing masks during practice or games to align with the requirements for wearing masks for school sports?**

*A: Breena Holmes, MD, VDH: I just don't think there's going to be alignment, because the fall sports associated with public school's decision is driven by the governor and its administration and club and recreation are following their own guidelines. It's all masks all the time for fall sports.*

*A: Leah Flore, FNP, Shelburne Pediatrics: CVSD school districts announced that sports folks have to wear masks on the field for practice.*

*A: Elizabeth Hunt, MD, Timber Lane Pediatrics: It seems that there are many nuances. WSC is requiring masks for practice but they did not do that this summer. Nordic and Far Post has not to my knowledge required.*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There's been an intense interest in trying to ensure that recreational sports and high school sports are following the same guidelines. Julie Moore is spearheading that effort. The recreational sports teams are following the guidelines that were laid out during the summer. They are still operating under those procedures. The high school sports are not due to take place or go into effect until the first day of school, which is now September 8<sup>th</sup>. So recreational leagues can continue to use their current masking or non-masking policies but in theory, very shortly, they are all going to be following the same guidelines which is driven by the governor who wants to make sure that everyone follows the same type of guidelines.*

**Q: I got a call from an athletic director saying kids with asthma are not required to wear a mask while playing and they wanted a note from me. They would need to wear it while not on the field. Is this true?**

*A: Jeanne Kellner, MD, Shelburne Pediatrics: I'm still getting requests for notes for asthma and sports. The coach says they need a note.*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Children with well controlled asthma and mild to moderate asthma are allowed to wear a mask. We recommend they wear a mask. And if a child with mild to moderate or well controlled asthma cannot wear a mask, they should see their primary care physician or their pulmonologist to figure out why their asthma isn't better controlled.*

*A: Kat (Kathleen) Goodell, VDH: Resource for asthmatics and masks.*

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

**Q: I would suggest an email to parents with only an initial for the patient. The email will get used, so I would suggest VDH give guidance about use of an email in the most confidential way possible. The priority is getting messages to parents and minimizing COVID transmission risk.**

*A: Breena Holmes, MD, VDH: That's interesting. I'll talk with Sharonlee about that. We are looking for simple ways to communicate but we have to be careful about confidentiality.*

*A: Leah Flore, FNP, Shelburne Pediatrics: Yes, you are correct. If email is used, only initials can be used due to FERPA.*

*A: Nathaniel Waite, RN, VDH: Schools should have their own policy for sending things confidentially.*