VCHIP CHAMP VDH COVID-19

August 3, 2020 | 12:15-12:45pm Call Questions and Answers*

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VDH Updates – Anterior Nares

Wendy Davis, MD, VCHIP: We wanted to remind you about the health advisory released on June 2, 2020 (https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-HAN-AnteriorNares-final.pdf). Pediatric practices/patients remain the priority for anterior nares swabs. Pediatricians associated with UVMMC & HN should request supplies and sample processing through UVMMC. Pediatricians associated with FQHCs should have supplies. Other practices should use VDH ordering system (https://forms.office.com/Pages/ResponsePage.aspx?id=O5O0IK26PEOcAnDtzHVZxnYHsES1qh9Hs2EGYmwc2tBURDVPSDJDS1hUTzdJMFIxVDZHQ1JHS1cxViQlQCN0PWcu). If your practice is unable to provide in-office testing, direct patients to: https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid-19.

Breena Holmes, MD, VDH: Some of you have been doing this, but I'm not hearing from a ton of you. I'm gleaning from these calls that bringing testing into your offices is a heavy lift given how busy you already are, but we'll need to figure out workflow and capacity for school reopening.

AAP (National) Updates: Federal Advocacy

Wendy Davis, MD, VCHIP: The AAP (national) put out the 4th edition of the advocacy report last week (July 29, 2020; https://downloads.aap.org/DOFA/COVID-19%20Advocacy%20Report%204.0.pdf), with a continued to focus on federal relief. AAP also released a statement on the Senate COVID-19 financial relief bill (last week) indicating the bill "falls far short of meeting the needs of children and families." AAP is urging the passage of bills that address priorities for children/families, which include robust funding all schools need to reopen safely (regardless of timeline), children's access to nutritious foods and enhanced federal funding for Medicaid. They noted that today, August 3, is the deadline to apply for funding from the CARES Act Provider Relief Fund. AAP advises all pediatricians who believe they're eligible to apply (see FAQ page). AAP is also trying to stay on top of other bills that impact child/family health, including the endorsement of the House bill to expand access to free school meals for all children during the 2020-2021 school year. Vaccines are another key area of advocacy for the AAP right now. More information can be found in the one pager on AAP's vaccine strategy and their policy white paper titled "Policies to Preserve the Vaccine Delivery System for Children."

"Management of Infants Born to Mothers with Suspected or Confirmed COVID-19," an updated FAQ released on July 22, 2020, indicates evidence to date suggests risk of newborn acquiring infection is low when precautions (against exposure to maternal respiratory secretions) are taken. The risk appears **no greater** with rooming-in using infection control measures versus with infant placed in a separate room. While pregnancy outcome data is limited, there does not appear to be risk of birth defects associated with COVID-19 infection in pregnancy, and rates of miscarriage and growth abnormalities are similar to background rates. However, there may be an increased risk of preterm birth. At this time, research studies do not indicate that pregnant patients are at increased risk of becoming infected. Per CDC data, pregnant women are more likely to be hospitalized and are at increased risk for severe disease compared with non-

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pregnant women. There does not appear to be an increased risk of death in pregnant women, compared to non-pregnant women in similar age groups. Given this higher risk, reducing the risk of exposure is extremely important. Risk reduction strategies include the following: hand hygiene, masking, social distancing, avoidance of crowds and strategies to limit exposures to family members who reside in one's household. CDC employee guidance should be followed to allow for social distancing, including remote working when possible, universal facial coverings and frequent hand hygiene.

Breena Holmes, MD, VDH: I also do webinars for childcare providers every week. There are two this week. If it would help folks, I'll pull it right out of the guidance and put it in the chat box and tonight's email. You could put a sign up in your office for your triage nurses. Pre-COVID-19, I've always loved partnerships between childcare and primary care pediatrics, because it's such an important access point. So many kids are in childcare all day and our amazing childcare providers are need you because we do not have health and safety consultant nurses. Best practice used to include having these amazing childcare nurses, but we never had the funding to expand that program. The silver lining here would be the opportunity to build partnerships. We have the course for pediatric residents to learn child development at some of our childcare centers, which is such a cool program, so let's keep that going. If you don't know your childcare providers directly in your communities, call your regional Building Bright Futures Coordinator and that person will connect you. You could even do a quick conference call at all childcare centers in your town and one of your nurse managers could describe the guidance and reasons the notes are not necessary.

Practice Issues: Safety & Health Guidance for Reopening Schools, Fall 2020

Wendy Davis, MD, VCHIP: A Strong and Healthy Start: Safety & Health Guidance for Reopening Schools, Fall 2020 is under review and updated (Vermont-specific) school guidance will likely be released Thursday.

Breena Holmes, MD, VDH: The revised guidance will likely be released Thursday. It is well described by many of the stakeholders on the task force that we are going to recommend that children in pre-K through grade 5 can be 3 ft apart. The preview there is important because we have so much feedback from so many of you as awesome partners to our school districts indicating that particular representation was a big part of the planning around little kids, which wasn't based on science. So, thanks to Drs. Lee and Raszka, we got the science right. They'll provide more details on Wednesday's call.

Wendy Davis, MD, VCHIP: At your request, we've been working on an algorithm for return to school after illness, specifically looking at symptom-based return pathways, when to test and medical clearance. Please continue to help disseminate/explain guidelines and inform implementation in your communities.

Breena Holmes, MD, VDH: We've also previewed this algorithm we're working on with you. We're hearing that schools have gotten out ahead of this and have already made some decisions about their own return to school pathways, so I want to caution us on a few things as a group. First, we do not support test-based return strategies for work or school in Vermont and there's lots of reasons why. IF you do have COVID-19, your test remains positive for quite a while after you are no longer contagious. There are pathways in which a negative test for a suspected case could be a reason to return, but that's not the same as the test-based strategy. The second piece I'm noticing is the nuances of the CDC's symptom-based pathway for returning to work or school. Some school plans are misinterpreting it to be that even if COVID-19 is not suspected, a student needs to stay home for 10 days because that would be the guidance if they tested positive for COVID-19. So, you could see the layer of complexity we're working on. I am grateful for my primary care

colleagues Barb Kennedy, MD (Timber Lane Pediatrics) and Alicia Veit, MD (Timber Lane Pediatrics) because the guidance needs a real life interpretation. I will tell you that school nurses needed this as soon as possible, so we're moving quickly, and we hope to show you something this week.

Questions/Discussion:

Q: Can we use the anterior nares swabs for college students yet?
A: Wendy Davis, MD, VCHIP: Myy understanding is that those who see pediatric patients can use them for their patients.
A: Breena Holmes, MD, VDH: Yes, that's correct. I know most of you see your college age kids up to their twenties and are part of your pediatric population.

Q: Can you help with some specifics on how long a room needs to be closed after testing.
A: William Raszka, MD, U UVMCH & Larner COM Dept. of Pediatrics: We close the CSC rooms for one hour after testing.
A: Leah Costello, MD, Timber Lane Pediatrics, South: I think that feels like a real limitation to small private practices.

Q: I just wanted to throw out there that college kids can get a "negative COVID test result" on line, black market kind of thing. Anyone else heard this from patients going out of state?
C: Ann Wittpenn, MD, UVMCH Pediatric Primary Care: This may be the reason some colleges are setting up their very own systems, even for out of state students.

Q: If we are anticipating more frequent testing in primary care offices with schools re-opening, have any practices explored a tent/parking lot testing?
A: Breena Holmes, MD, VDH: In the beginning, some folks were doing that.

Q:: I am curious where UVM tests are coming from to do weekly tests on all students for first 4 weeks, plus one prior to going to first class? That is a lot of tests and not anterior nares?
A: Breena Holmes, MD, VDH: It's not cutting into the state supply.
A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I think UVM has a contract with Broad Institute.

Q: Can you comment on messaging from the State to daycares and summer camps regarding management of symptomatic attendees? I'm still getting multiple calls per week from parents stating that these programs are requiring a doctor's note before returning.
A: Breena Holmes, MD, VDH: Thank you for keeping me involved with this. I cannot tell you the number of opportunities I have had to fix this. The guidance states separately and clearly now that there will be no medical clearance for illness for children in child care. I don't know how this is continuing to be a situation. If it would help, I can pull it right out of the guidance and maybe you can put a sign up for your triage nurses.

- *Children and staff must be excluded from care or your program and family childcare providers should remain closed until they are no longer considered contagious. The family should consult with the child's healthcare provider. Based on their clinical judgment, the child's healthcare provider will be able to help the family determine what medical course to take (e.g. whether or not they think COVID-19 testing may be necessary). A medical note is not required for anyone to return to care in cases in which COVID-19 is suspected.*

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- *Children and staff with a fever greater than 100.4°F, no specific diagnosis, and COVID-19 is not suspected by the healthcare provider must remain at home until they have had no fever for a minimum of 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).*
- *A family childcare provider who has a fever greater than 100.4°F, no specific diagnosis, and COVID-19 is not suspected by the healthcare provider should remain closed until they have had no fever*

Q: The following may well only impact Chittenden County, but, "The U.S. Refugee Admissions Program has resumed arrivals for all refugees effective July 30 with additional COVID health measures in place as required by the Centers for Disease Control and Prevention. While few or no flights are operating from many USRAP overseas processing locations, we expect arrivals from Asia to steadily increase in coming weeks and then from other regions as flights resume."
A: Breena Holmes, MD, VDH: This is really good to know and super important.

Q: Studies showing young children have a higher NP viral load? Another moment for pivoting? Or what do you think? (Study link: https://www.forbes.com/sites/williamhaseltine/2020/07/31/new-evidence-suggests-young-children-spread-covid-19-more-efficiently-than-adults/?fbclid=IwAR3MYLA_G9WoOPoOVS5L4W74JFfvEWS_irlFtZRX7jYomAsThK4TYtnpHRU#25ea214b19fd--su2)
A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The data has been coming fast and furious over the past 72 hours. That particular study is odd in that the PCR values are crazy, crazy high and they are concluding that young children have orders of magnitude higher titers. Dr. Lee and his team are looking into it. We hope to have more information Wednesday. The GA camp data confirms that a test 12 days before attending camp without any need to quarantine before attending the camp is a recipe for disaster.
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: It is true that there have been a lot of articles coming out recently that suggest children are transmitting more efficiently than first believed. The challenge is that the typical time course for generating scientific consensus is now completely gone. Everyone is treating the latest article as the final answer. Also, encouraging singing and not requiring masks when large numbers of children are brought together is also a bad idea.

Q: Are other practices seeing more patients/parents with positive travel history in the last 2 weeks to high risk areas? If so, how are you handling it? Addendum, with regards to patients who either have a scheduled WCC appointment or need acute visit.
A: Leah Costello, MD, Timber Lane Pediatrics, South: We rescheduled to video visit. It just happened this morning with a 9mo. old patient I saw.
A: Judy K. Orton, MD, Green Mountain Pediatrics: If they have a travel history to non-green areas, their well visit becomes virtual with us, until quarantine period, without symptoms, is completed. If they are acute, it may start virtual but I see them in the parking lot if direct a visit is needed.
A: Alex Bannach, MD, North Country Pediatrics: For well visit, we either reschedule or offer telehealth. For acute, we see in full PPE in sick room. Surprising how many people are not aware of the risk of their travel destination.
A: Breena Holmes, MD, VDH: The Health Department analyzes the visits to the travel pages. People are accessing the information but don't want to abide by it. Balancing their need to go on vacations when we're telling them they can't unless they want to quarantine when they return.

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Q: Related to the travel map, what time on Fridays is it updated?
A: Breena Holmes, MD, VDH: The updates are at 11 o'clock, just as they're going live with the press conference.
A: Sharonlee Trefry, RN, VDH: I can say that the child care providers are right on top of the travel limitations and call daily for updates. They love having the map.
A: Nathaniel Waite, RN, VDH: We often give tours of the travel info pages to childcare providers so they can share with families.
A: Sally Kerschner, RN, MSN, VDH: Yes, child care providers act as a "stop" to family's re-enter and not quarantine because they don't allow the child into child care.

Q: I'm curious about guidance for teachers who may need to return to work, particularly teachers who may have underlying conditions?
A: Breena Holmes, MD, VDH verbal: So Dr. Levine gets a lot of questions about this from his adult medical colleagues. I brought this to Dr. Ben Lee and then we talked about it at our serology work group last week with Tim Lahey, an adult infectious doctor. The ask is that we create a little more of a community of practice with adult doctors, just to get some of the basics out about COVID and health care of adults. I think teachers need standardized approaches, at least in their medical home, about their own risk.
A: Elizabeth Hunt, MD, Timber Lane Pediatrics: We have the CVSD school board meeting tomorrow night. Planning to support their efforts to give parents a choice. Also, will use what we know here in VT that supports children being in schools as much as possible.
A: Jenn Reges, LICSW, Howard Center: Almost all the social work patients I've talked with recently have brought up their anxiety about school reopening. I provide information as best I can, but it seems much more education/public outreach seems needed to quell the anxiety and increase understanding.
A: Elizabeth Hunt, MD, Timber Lane Pediatrics: My teacher contacts have had very, very little education from their districts and so we are hoping that educating teachers and administrators helps.
A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: It's a real struggle for sure with educators. The cleaning rooms one day a week is taken as a known fact when no evidence to close for cleaning.
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I think doing increased outreach to school districts directly will be important, both for teachers and parents. I would suggest that everyone who has the bandwidth reach out to your district superintendents to be a resource! This might mean additional town hall-style conferences for teachers and/or parents, etc. to get into more district-level stuff rather than keeping discussion at the state level, which by necessity, is a bit more expansive and less specific.

Q: It's Important for us to use numbers here comparing hotspots case rates and positivity rates. VT is very unusual and very unique.
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Amen. I keep trying to remind folks, Vermont is the safest state in the country to be in right now! And plus, I think for other parents, hearing from pediatrician parents is important!
A: Sally Kerschner, RN, MSN, VDH: We tell child care providers about the low rates in VT. Frequently this helps them to calm down.

Q: Let's all promote the role of daily cleaning; a one day a week cleaning is a bit of a myth but in reality the crucial time for school personnel to do planning and to regroup mid-week may be a valuable trauma informed reason for having a non-student day, however horrendous for family child care providing!
A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: I agree, call it what it is, planning is important.

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