VCHIP CHAMP VDH COVID-19

September 9, 2020 | 12:15-12:45pm Call Questions and Answers*

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

VDH Updates

New Resources for School Reopening

- What Parents Can Expect in Pre-K – Grade 12: https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-FAQ4Families-Schools.pdf
- How Schools can Prepare for COVID-19: https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-How-Schools-Can-Prepare-for-COVID-19.pdf
- COVID Quick Reference Guide for Schools: https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-How-Schools-Can-Prepare-for-COVID-19.pdf
- Case Actions Checklist: https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-School-Case-Actions-Checklist.pdf
- **Coming soon**: "When can I go back to school?" a one-pager algorithm companion piece for parents

Breena Holmes, MD, VDH: I want to give a shout-out to the Outbreak Prevention and Response team that put together the documents on how schools can get ready. We talk about this in terms of "WHEN there's a case" not "IF there's a case." I think that actually shifts people's readiness and preparedness. We're not going to be COVID-free, but we're going to find cases, quickly contain them, and get back to business. The "What Parents Can Expect" document, we wrote from school guidance and just pulled out the high points that would really make sense for parents to digest. The "How Schools Can Prepare" document is about getting the school ready, but also what will follow if there's a case.

The Quick Reference is an actually one-pager. It's probably my favorite document to date because it's so succinct and so well done. That's the reference meant for school administrators to say, "Okay, now you've got a case." We want everybody to take a deep breath, settle down, and wait. As you know from the childcare experience and the phone calls you've been getting to your offices, there is a little bit of a tendency to not wait and to worry. VDH has got you.

We fixed the Case Actions Checklist. Remember that was the document that said "if you have a suspected case," which is not really the language we used in Vermont. It got everybody all panicked because it was really setting forth a plan of action for kids with symptoms, like runny nose or cough, which was not our intention. They took away the suspected language. This is actually about when there is a case. That's improved.

I wish it were ready today. It will be ready for Friday. We took the algorithm and made a one-pager for parents to say when my child go back to school, and it basically says there's going to be a conversation between your school nurse and your medical home. You may be requested to get a test, you may be seen in

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the office, or you may just wait out your symptoms based on the algorithm. That should be very helpful to you all as well, hopefully by the end of this week.

The COVID-19 in Pediatric Patients (Pre-K – Grade 12) Algorithm has gone through some necessary corrections. Thank you all. We didn't have nausea/vomiting in there. There was a slash between cough and shortness of breath that really meant "or," but some people thought it meant "and." The slash has been replaced with "or." That was easy to misinterpret. We also want to add a footnote about flu and RSV and some of the references coming on testing. For that, we are working with a graphic designer this week to fix the algorithm. It's a great reminder than without your interpretation and utilization of this algorithm, we won't know what needs to be corrected. Keep giving us feedback. Keep using it in real life.

The School Nurse disposition document is also out there. A lot of folks have figured out a way to customize it for your own community. That's really our intention. I don't think this is going to be an official State or VCHIP document that's going to live that way. It was really something that we just mocked up for you to then take and communicate with your school nurses, between school nurses and medical homes. It's brought up a ton of questions, as you asked me last week about HIPAA and FERPA. Right now we are saying securely that we think if families are trying to get their kids back to school with symptoms that are not likely to be COVID-19, then they're going to sign releases. That will be a real driver of the need for consent. I do also know there are verbal consent options for the work. I would love to hear more from you on how that's working.

We are continuing to push forward with the anterior nares testing. We have a practice who's willing to work with VDH to push through all of the barriers that you identified last week. Hopefully that will be instructive and we will be able to come back to you with lessons learned well before the real upper respiratory illness season in Vermont.

The adult algorithm that you've all asked for, which is really about teachers for me, but it's also about other adults and how do we get adults back to work when they have had symptoms consistent with or in the list of COVID-19 symptoms. We have two infectious disease adult doctors, thanks to Bill and Ben. We also have a group of family medicine colleagues who are meeting with me and Wendy on Thursday to see if their existing algorithm knows how to get the adult side handled.

The Serology Task Force, which we stood up in April, with many of your esteemed infectious disease and adult colleagues on it, has been repurposed to be a Scientific Advisory Group to the VDH Commissioner. We are meeting on Friday to talk about antigen testing and so that we can have a nice solid Vermont stance. I'll give you a Spoiler Alert: antigen testing is for symptomatic people. If you use it in asymptomatic people, you will find yourself in a big muddy pond. We will get that all cleared up, thanks to the experts.

The #1 phone calls since yesterday to my team at VDH has been about mask exemptions. Thank you, Jill Rinehart. Jill has taken a prototype from another state to figure out a nice solid pediatric subspecialty – like ALL subspecialties, development, behavior, oncology, pulmonology – and put it forth to those colleagues at the Vermont Children's Hospital so that we can have a Vermont mask document that basically says there's almost no condition that you would need to, as a medical person, exempt a child from wearing a mask. I can't tell you how many of your colleagues are exempting kids from mask wearing. I don't know exactly how to get at it, but I hope this document helps. Thank you, Jill.

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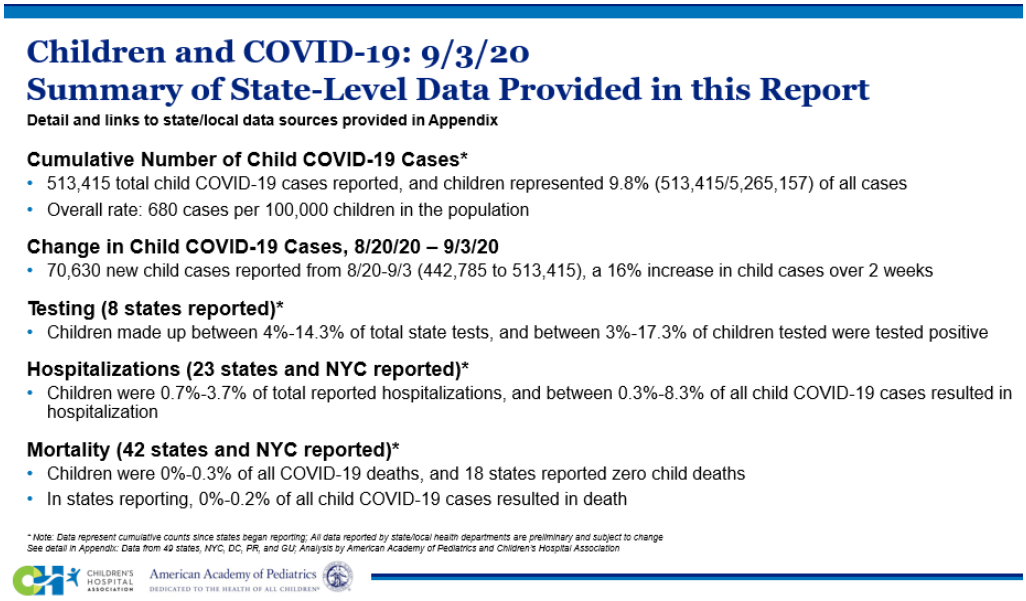
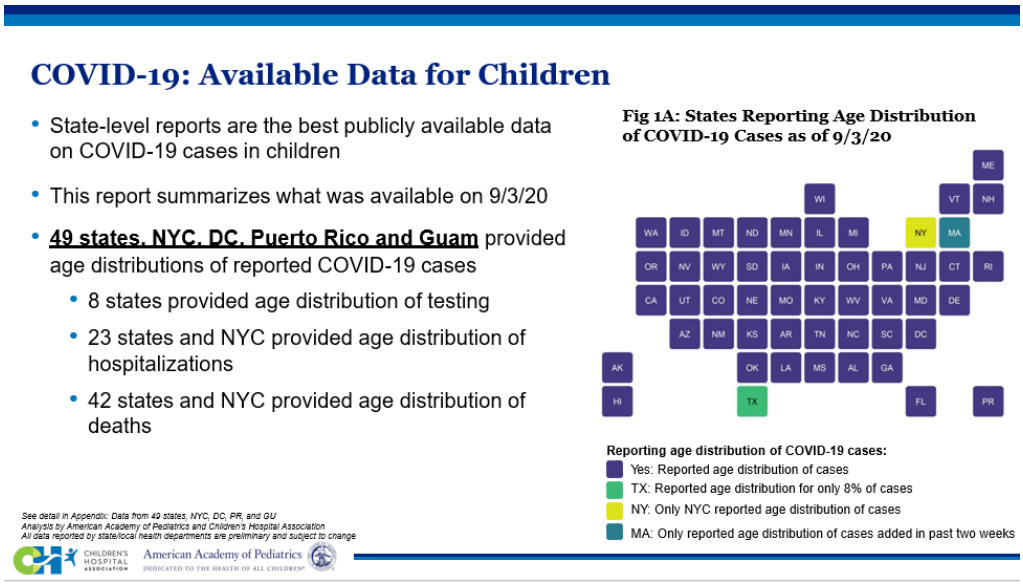
AAP Updates

AAP Child & COVID-19 State-Level Data Report (49 states, NYC, DC, PR, & GU): https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/

Wendy Davis, MD, VCHIP: You may have heard about these items in the news or received your AAP Daily Briefing. They just released the third iteration of their very comprehensive COVID-19 Pediatrics state-level data report. They are now following 49 states, including Vermont, New York City, Washington, DC, Puerto Rico, and Guam. If you're interested in data, those are very good reports. They are done in collaboration with the Children's Hospital Association.

These are slides taken from their state-level data report presentation. The headline you may have been hearing is about exceeding this 500,000 total child COVID-19 cases reported.





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Caring for CYSHCN during the COVID-19 Pandemic: https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/caring-for-children-and-youth-with-special-health-care-needs-during-the-covid-19-pandemic/

Wendy Davis, MD, VCHIP: They released, I believe last week, new interim guidance for caring for Children and Youth with Special Health Care Needs during the COVID-19 Pandemic.

AAP-VT Updates

Wendy Davis, MD, VCHIP: The AAP-VT chapter has now signed the agreement with VDH and the Immunization program. VDH is really interested in novel strategies to address some of the barriers to influenza vaccine in Vermont and trying to expand access through outreach and vaccine promotion. Practices who wish to apply may receive up to $1,000 per clinic held and up to a total of $5,000 per practice or organization. It does not only apply to pediatric practices.

Stephanie Winters (swinters@vtmd.org) must have your application by October 23, 2020. We will provide a summary of the grant and the application with this evening's email.

Vaccine News

Wendy Davis, MD, VCHIP: There has been lost of vaccine news in the public arena for the last several days. By the way, if you missed Beth Kirkpatrick's Pediatric Grand Rounds on COVID vaccine development last week, please go back and take a listen and a look. It was excellent, an amazing amount of information in a very short period of time. Between then and now, AstraZeneca has called a temporary halt to their Phase III trials due to what we understand is one participant possibly having a serious adverse reaction. Obviously, this is part of why trials are conducted. It's not unexpected. I don't know whether the patient in question was in the vaccine or placebo group. This is the candidate that you've likely been hearing about that they developed with Oxford University. It is being tested in fairly large-scale human trials in the U.K., the U.S., Brazil, and South Africa.

Just yesterday, there was an interesting commentary in the New England Journal of Medicine by some folks that you may recognize, in particular Walt Orenstein, about when will we have a vaccine. A good read there: https://www.nejm.org/doi/full/10.1056/NEJMp2025331.

VT Medical Society Leadership Development Opportunity

A handful of slots remain in the 2nd cohort for the 2020/2021 VMSERF Physician Executive Leadership Institute. Apply now. The deadline is September 18, 2020. The brochure, curriculum, and application details can be found at http://www.vtmd.org/sites/default/files/VTMS%20Foundational%20Brochure%202020-2021.pdf. Elizabeth Hunt, MD, a participant in cohort 1, said, "I have learned more about myself, as well as leadership tools and strategies, in 6 months than in over a decade of practice!"

Practice Issues: Return to School: What are YOU hearing?

Breena Holmes, MD, VDH: I want to make sure that people know this whole notion of Step 2 to Step 3 has created a lot of confusion. Vermont did not opt for some major grid like New Hampshire did where there's red, yellow, and green, and you can move from remote into hybrid or hybrid into full in-person based on all these metrics. Vermont was already in full Step 3. The data has been that way since May. We were ready to go full in-person. As you've heard me talk about on this call, the schools started on Step 2 because they

needed just to work out logistics and figure out how to get kids in the building. They almost all opted for these hybrid models. It wasn't driven by data and epidemiology and COVID. Everyone keeps calling me and saying "when are we going to Step 3?", and the answer is "yesterday." It's just awkward because it's perceived and put out in the news as a big milestone, but it's really just going to be the VDH Commissioner and the Secretary of Education saying, "Okay, you guys got your feet under you, off you go" because we've been in Step 3 all along.

I don't know much more about the testing. I'm excited about it and the online. I did work out a little bit of a glitch with Ashley last week that we should share. The public health lab needs you to check their portal. They are no longer alerting you with the results because of capacity, but you can set up an alert that your portal has new results. We can get you that information, too. That all might be null and void now that there's a different online system. As always, I'd like to hear from you on how readily you're getting results.

Breena Holmes, MD, VDH: With this particular group, you know we're available to you and that we want to answer your questions. What I state earlier about my team's observations over the last two days is that there's a little bit of a rogue set of healthcare providers making their own decisions about a kid with allergies can't go back to school because it's too similar to a URI, even though the child was cleared by Timberlane last year for seasonal stuff in the fall. Please do not exempt kids from wearing masks. That's not a space where pediatric subspecialists are supporting. The quarantine question that came up today. The misunderstanding of symptomatic people and the people around them requires a lot of strength, because it's sort of common sense to say this person's not feeling well, I should stay home, too. I'm noting that in the particular arena of education, our teachers are often parents, which is already creating a workforce problem, and the workforce is already thin in our education system because of folks who have opted not to teach in person because of health conditions. The joy in kids' faces that's been shared with us and the photographs, keep them coming. Kids wearing masks at the bus stop. I'm so heartened by the fact that we're actually starting.

Questions/Discussion

Q: Will you resend the Pre-K-Grade 12 return to school algorithm when fixed? *A: Wendy Davis, MD, VCHIP: Yes, we absolutely will send an updated version as soon as it's ready.*

Q: Where will the nausea/vomiting be? First box, second box, third box?
A: Breena Holmes, MD, VCHIP, VDH: It will be in with the GI symptomatology. If it's standalone, then when symptoms resolve, one can return to school.

Q: Any chance the algorithm can have specific guidance on who in the family should stay home if we are testing the child, i.e., does the whole family or a parent need to stay home from work while the child's test is pending? I know that is now the recommendation at UVM MC for employees who have children with a pending test.
A: Breena Holmes, MD, VCHIP, VDH: We can certainly add it in the algorithm, but it's also very clear in the quarantining sections of our guidance. We have to be careful not to make this one algorithm be the end all be all. The UVM current approach to this is not the rest of Vermont. We had a school nurse today whose son had a pending test, and she stayed home. The answer is "No, don't stay home." Last week, only 0.3% of tests came back positive. Those of you that are good at math should see that those people should not be staying home.

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Q: A teacher form I got from one of the schools states a negative covid-19 test is still requiring the student to isolate for 7 days at home, but, if I am reading the algorithm, negative test and return to school is based on improving symptoms, correct? It was not a specific kid it is the communication form.
A: Breena Holmes, MD, VCHIP, VDH: If they were tested because they were a close contact of a person with COVID, then their negative test doesn't get them back to school because they are still exposed. Though if communication, then they're not nuancing properly because you can return with a negative test if you've gotten away from the contact person with COVID.

Q: What about the parent of an asymptomatic child test pending, symptomatic or both?
A: Breena Holmes, MD, VCHIP, VDH: Either, because until there is a confirmed positive test, only the patient stays home. That parent does not quarantine. There's a lot of common sense advice, which is totally fine, but if you have any questions, please give me or give my team a call. There was a teacher who knew someone, who knew someone, who was waiting for a test, and somehow a call to a medical home was made and the medical home said you have to quarantine. Remember, very few people should stay home when you have such a low prevalence.

Q: How can we view/listen to prior pediatric grand rounds?
A: Alex Bannach, MD, North Country Pediatrics: Email Penelope.Marchessault@uvm.edu.
A: Wendy Davis, MD, VCHIP: We will also provide you with the link.

Q: I saw a lot of student health forms for the school yesterday. Many, many kids were behind on well checks and dental examines. Several with immunizations behind. So whatever we can all do to get these kids back on schedule and updated will be helpful. I know lots of folks are working hard on this.
A: Breena Holmes, MD, VCHIP, VDH: I heard that there is a confirmed rumor that the Vermont Principals said the pre-participation sports forms were waived this year.
A: Stephanie Winters, Vermont Medical Society: We definitely don't support and worry about this leading to delaying required immunizations.
A: Alex Bannach, MD, North Country Pediatrics: I think most of us would be happy to provide temporary clearance based on last year's exam and while awaiting WCC appointment. I am already upset that my high schools only request a clearance form every 2 years. That's potentially a lot of concussions/injuries/new FHx, etc.
A: Jill Rinehart, MD, UVM Medical Center Pediatric Primary Care (Williston): There is a long history of why the schools require every 2 years even though Bright Futures recommends yearly.

Q: I have already had 2 teachers miss several days of work while waiting for COVID-19 results. Do you know if teacher's tests can be processed quickly like health care providers since they have been classified as essential workers?

Q: Do physicians check the portal or patients?
A: Breena Holmes, MD, VCHIP, VDH: I was referring to a pathway for the physician to check the portal. There is a person to email to get a prompt when there is a result available. I will get that for you. Let's do portal on Friday, and maybe Dr. Miller can speak about it because she figured out how to solve that problem.

Q: If a daycare keeps requesting return-to-school letters, even after resolution of mild symptoms, do I contact the daycare? Or how do I best proceed?
A: Becky Collman, MD, Collman Pediatrics: I have no desire to spend my entire fall, winter, and spring doing return-to-daycare or school clearance letters.

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A: Wendy Davis, MD, VCHIP: Establish written guidance so that everyone can be on the same page. We heard on Day 1 that school districts are requiring that. That is really the point of trying to convene groups at the local level to have a common understanding and use our guidance and our documents to guide the behavior.
A: Breena Holmes, MD, VCHIP, VDH: That's exactly right. Ideally, it's always local conversations and deciding how you want to communicate. Daycare lacks the school nurse contact to facilitate these communications. VDH can step in if a childcare provider keeps requesting return to school clearance, which we are not providing.
A: Elizabeth Hunt, MD, Timber Lane Pediatrics: For child care providers, I feel that the medical home sometimes fills in the "school nurse" type role and they want extra re-assurance sometimes for their own health. I agree that requests for notes are prevalent but I do understand where they are coming from. Hearing from parents is not always enough.
A: Breena Holmes, MD, VCHIP, VDH: I agree; medical homes really pay a different role for childcare in the absences of school nurses. If you have particular incidences where the childcare provider doesn't feel comfortable taking the parent's word for it, then you could write a clearance letter, if needed.

Q: How many days do you think a snotty nose kid should stay home from childcare? If improving and no fever? Same as school algorithm?
A: Wendy Davis, MD, VCHIP: That does sort of raise the larger question about our application of the school algorithm to childcare.
A: Breena Holmes, MD, VCHIP, VDH: I struggle with that because the algorithm was designed for medical home communications with school nurse partners. We were leaning a little bit more towards the "stay home if you're sick" path for childcare.

C: Laurie DiStasio, RN, Mountain Valley Medical Center: I would appreciate a medical provider's perspective on using disinfectants in schools, particularly a high school where several cohorts of students share desks and chairs throughout the day and the custodian is not able to C&D classrooms until the evening.

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