

VCHIP CHAMP VDH COVID-19

September 16, 2020 | 12:15-12:45pm Call Questions and Answers*

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Pediatric COVID-19 Data

The national AAP Children and COVID-19 State Data Report released on September 10, 2020 is linked here: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>. The MMWR: SARS-CoV-2–Associated Deaths among Persons Aged <21 Years — United States, February 12–July 31, 2020 released today is linked here: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e4.htm>. VDH monitors Vermont-specific pediatric data bi-weekly. We are investigating whether it could be packaged in a way that could be useful to this group. What is breaking news is the presence of a school-specific COVID-19 case dashboard on the VDH website. Some of us pediatricians have privacy concerns and are wondering if advocacy is needed. While not naming these individuals, they could be identified in communities due to low numbers in the population. The Vermont Department of Financial Regulation now posts a public testing dashboard and information for Vermont colleges and universities on its website: <https://dfr.vermont.gov/about-us/covid-19/school-reopening>.

AAP Updates

AAP Bylaws Amendment Referendum voting opened on September 16, 2020 and will close at 5 pm Central Time on September 29, 2020. The referendum explicitly codifies anti-discrimination language in the AAP Bylaws in the wake of publishing the Truth, Reconciliation, and Transformation Policy statement in July. The history of racism and discrimination in the AAP over admitting black members is striking and sad. You can cast your vote today at www.aap.org/vote. Eligible voters can access the voting site from reminder email links, AAP.org home page, or MyAccount. The AAP has also put out a ton of materials about voter registration and the COVID-19 Town Hall Series, which we mentioned on Wednesday. Just out today is a revision of the Interim Return to Sports Guidance from the AAP. It's probably going to follow the usual AAP model of stating some general principles, and we will need to see how those apply in Vermont.

Rest assured national AAP is promoting heavily to support the medical home and minimize pharmacy administration of vaccines to children. If you joined us on Wednesday you heard Chris Finley's wonderful presentation on how Vermont is promoting influenza vaccination, and she sent me information on collaboration to increase flu vaccine coverage rates. VDH will provide needles and/or syringes for vaccination, if practices are not able to acquire them...

Practice Issues: Friday Potpourri (including school scenarios)

Breena Holmes, MD, VCHIP, VDH: I remember stories about temperatures reading high after sitting in hot cars this summer. Parents may have tested around 102 degrees from being in a hot car and then tested normally a few minutes later. The team at VDH reviewed this, and Ilisa Stalberg is going to come out with a policy recommendation. We need to look at what the FDA says and then bring it back to the School Task Force. There is a new issue around no touch thermometers not functioning properly in cold weather (below

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60 degrees). We've heard tons of stories this week about people wrapping thermometers in blankets and sweatshirts or keeping them in a warmer. This is an objective data point that matters in terms of getting temperature right.

Benjamin Lee, UVMCH & Larner COM Dept. of Pediatrics: This is important feedback. Dr. Raszka and I both are in complete agreement that fever is not all that specific or sensitive, but it is one of the only objective markers that makes kids potentially at higher risk for having COVID-19. The setups at schools may not work due to the ambient temperature issues. My kids' schools are doing temperature checks outdoors in the car before kids go into the buildings. Are there any schools that are doing temperature checks upon children entering the building? We need to reconvene and re-discuss based on what the experience has been. I am concerned that doing temperature screens at home means that most kids wouldn't get a temperature check in the morning. A lot of families don't have a thermometer or a working thermometer. We would need to supply families with thermometers, potentially. Many families won't take the extra minute to do the temperature checks. On the other hand, if it isn't working, then we need to figure out another way.

Wendy Davis, MD, VCHIP: We have been reviewing articles from Rhode Island. Their playbook for addressing cases in schools and their parent handout for school reopening are terrific. We are looking at those materials and seeing if they might be a good model to adapt for what we are working on in Vermont. What is the process by which we will officially move to Step III in the Strong and Healthy School Guidance?

Breana Holmes, MD, VCHIP, VDH: We've always been in Step III from the data/epidemiological perspective. The guidance was written to allow schools to start in Step II in order to practice how to do that model in the event of outbreaks. There will be a meeting with myself, Commissioner Levine, and Ilisa to determine if data still indicates safe to go to Step III. The schools may still not fully re-open for in-person, in spite of ability to do so under Step III.

The other hot topic of the week is the nitty gritty of the algorithm and what to do when there's discordance between school nurses and the medical homes, runny nose versus congestion. The overarching statement is that I want to remind everyone that you have a school liaison in every district. They can really serve as a neutral mediator between the medical home and school nurses.

Benjamin Lee, UVMCH & Larner COM Dept. of Pediatrics: I'm curious to know if cases have come up that will lead to an ambiguous situation. We can never anticipate how things are going to go until they're live. If there is any ambiguity, should things just be left to PCP discretion, which I think is the most reasonable approach, because this involves such close communications between school nurses and PCPs? The issue is how much we can reasonably ask the school nurses to do when they come upon a situation like this. These were some of the things coming up during the first week using this algorithm. I worry a little bit about asking the school nurses to try to be enforcers or the ones that pushback in any way against PCP offices because that puts them in an awkward position, unless it's an egregious error. Not all providers and practices are attuned to the communications that go on during these calls. We need to think through practical approaches to resolving issues like these.

Breana Holmes, MD, VCHIP, VDH: We definitely have medical colleagues who are saying it's fine for kids to come back to school, when it's not fine according to the algorithm. Conversely, we have colleagues who are refusing to test kids, when the algorithm says clearly "new cough – test." It's up to us to get a little bit broader distribution of the algorithm. School liaisons have the capacity to do so. There is space for pediatricians to support family medicine colleagues in this area by bringing the algorithm forth to family

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medicine. I agree with Dr. Lee that we should keep going. Each day brings these nuances. We are already seeing tons of kids with symptoms.

Questions/Discussion:

Q: We are wondering what our current testing capacity is? I know we have discussed here a few times that we are likely moving towards limited supply; any updates on that?

A: Breena Holmes, MD, VCHIP, VDH: Supplies are excellent but the workforce does not have unlimited human capacity. That's why these other platforms are so important for sending to Boston and to Mayo. But, we are in great shape for the supplies but the humans are pretty maxed out in those two labs in VT.

Q: Curious how pharmacists are putting vaccinations into the database?

A: Wendy Davis, MD, VCHIP: They are required to do so into the immunization registry. I don't know the data for VT specifically. We do hear from national AAP, that despite that being a requirement of this federal emergency authorization that other states that have more liberal pharmacy immunization laws related to kids, they were not always fully compliant with entering the data.

Q: My son's no-touch temperature is consistently between 88 and 95 degrees at screening. At least it's not a fever?

A: Sarah Weidhaas, MD, Springfield Health Center: We had kids sent home for temperature of 92 degrees and asked for a note to return. I will be reaching out to the school for some education.

A: Alicia Veit, MD, Timber Lane Pediatrics: I use an ear thermometer (Kinsa). It's also reading consistently 96-97. I'm not sure how good it is.

A: Alex Bannach, MD, North Country Pediatrics: I have reliably read "lo" at entry. I guess I would read at 99 if I had a fever. I am not a great "believer" in the no touch. It's likely not the thermometer, but non-medical staff with inaccurate method.

A: Liz Hamilton, RN, Christ the King School: Even if the thermometer is warm, the kid's heads are cold from standing outside in 45-50 degree weather.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Dr. Lee and I are in complete agreement on this issue to include the discussion about temperature monitoring at home.

A: Jessica Denton, Community Health Team Social Worker, Timber Lane Pediatrics: We had been trying to get families thermometers but there seemed to be a shortage of them back in March / April.

A: Breena Holmes, MD, VCHIP, VDH: That was true, but the supplies seem much improved. I guess it's a scale.

Q: Any good data around accuracy of no touch thermometers? I had a child this week with an elevated temperature only with no touch and seemed to be due to wearing a hat, hoody and the caregiver keeping car hot.

A: Alicia Veit, MD, Timber Lane Pediatrics: We had lots of patients with temperatures reading 102 in July after sitting in the car. Not able to repeat with other thermometers. The 102 was with no-touch. An oral temperature after breakfast (cold OJ) is not particularly reliable either.

Q: What about when school sends a child home with fever but parent cannot reproduce this and the child is afebrile in office?

Q: Our local hospital is starting to install "thermal scanners" to replace thermometer checks. Any thoughts/data on those?

A: Wendy Davis, MD, VCHIP: I don't have specific knowledge of that, so if anyone else does, please type in.

Q: A concern was raised about the discordance between school and recreational sports and the anticipation of change in inter-scholastic competition, especially regarding field spectators.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There is a concerted effort to align school and recreational sports. The issue now is that the two are not aligned yet for winter sports. October 15 is the target. We want to get it out as soon as possible. A big issue is that several schools have already scheduled the games in anticipation that schools would be in step 3 in two weeks

Q: If a student answers that they do not have any other symptoms, what is the likelihood they will have an isolated fever? Could schools ask a few questions at the door, pull down their mask to show no snot dripping, and then have temperature checked inside in the classroom?

Q: Is there a list somewhere of school liaisons/schools/e-mails/phone numbers?

A: http://contentmanager.med.uvm.edu/docs/liaison_contact_list_-_schools_and_lea_-_june_2020/vchip-documents/liaison_contact_list_-_schools_and_lea_-_june_2020.pdf?sfvrsn=726e06fa_2

Q: I have not found ambiguity in boxes, but I did recommend numbering them so it was easier to tell where we were.

A: Joe Nasca, MD, Northwestern Medical Center, Pediatrics: A cough associated with runny nose, i.e., clearing your throat, is tricky.

A: Alex Bannach, MD, North Country Pediatrics: I have so far found the algorithm easy to follow. Sometimes I have to look at it with my nurses if they are not sure, but I have not found any ambiguity.

A: Ashley Miller, MD, South Royalton Health Center: The SRNs have been reaching out to me, or the health department RN, who has had to up it to the MD in our area for some of the PCP not testing questions.

A: Kat (Kathleen) Goodell, VDH: We recently had a provider that was unaware of the algorithm. The School Liaison reached out to them and they were very happy to receive it.

A: Michelle Shepard, MD, UVMCH Pediatric Primary Care & VCHIP: A cough alone has been hard. It seems like many tests I'm ordering are clearly fitting into the algorithm. How much cough needs a test is hard. I don't feel good about testing kids that coughed once or twice.

Q: We've seen a lot of cough that has resolved by the time the family has called. It lasted about 24 hours. The way I read the algorithm is they'd still need a test if they've had a cough, correct?

Q: As a nurse at a school in person learning 5 days a week, I can tell you that we have all of the normal student illnesses that happen at the beginning of the school year, multiple kids with colds, fevers, etc. Certainly not less sickness even with all of the mitigation strategies. Has there been any discussion about this?

A: Liz Hamilton, RN, Christ the King School: Yes, I am glad immune systems are being challenged but wondering how effective all of the mitigation is.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There does seem to be really good news about influenza though. The decrease in influenza in the southern hemisphere is simply stunning.

A: Alicia Veit, MD, Timber Lane Pediatrics: The national news about influenza is really good, but many families are using it as a reason not to vaccinate their kid.

Q: Is there any way there could be a way to get on the agenda of the UVM MC family practice faculty meeting? At least then the UVM MC family doctors would have heard about it.

A: Wendy Davis, MD, VCHIP: You have a better line to that than we do. We could certainly make the information available.