

## VCHIP CHAMP VDH COVID-19

September 21, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### Call Schedule for This Week

In lieu of the VCHIP-VDH COVID-19 Call on Wednesday, September 23, 2020, we hope you will attend one of the following:

- Northern New England Pediatric Residency Advocacy Conference: 12-1:30 pm – Race and Equity Projects - overview of diversity, equity, and inclusion topics by VT representatives (Jill Rinehart, Becca Bell, LE Faricy, Charlotte Safran)
- Anne Johnston Memorial Lectureship: *Collaboration & Inclusion in Substance Use Disorder Care: Supporting the Mother-Child Dyad* (Dr. Hendree Jones). 12-1:00 pm via Zoom (see reg. link in tonight's email)
- Pediatric Grand Rounds, Wednesday, Sept. 23 (8-9:00 am): *Life Support: Equity as a Social Determinant of Health* – Xusana Davis, Vermont Executive Director of Racial Equity

### CDC News Update

Wendy Davis, MD, VCHIP: After Friday's call, the New York Times released an update titled "After Criticism, CDC Reverses Guidelines About Testing People Who Were Exposed," which clarified the August 24<sup>th</sup> revisions to testing categories (linked here: <https://www.nytimes.com/2020/09/18/health/coronavirus-testing-cdc.html>). On September 18<sup>th</sup>, the guidance clarified that if you do not have COVID-19 symptoms and have not been in close contact with someone known to have SARS-CoV-2 infection (meaning being within 6 feet of an infected person for at least 15 minutes), you do not need a test unless recommended or required by your healthcare provider or public health official.

Following widespread adoption of community mitigation measures, the percentage of U.S. respiratory specimens submitted for influenza testing that tested positive decreased from >20% to 2.3% and has remained at historically low interseasonal levels (0.2% versus 1–2%). Data from Southern Hemisphere countries also indicate little influenza activity. The CDC further notes, interventions aimed against SARS-CoV-2 transmission, plus influenza vaccination, could substantially reduce influenza incidence and impact in the 2020–21 Northern Hemisphere season. Some mitigation measures might have a role in reducing transmission in future influenza seasons.

We mentioned this on Friday, but we're working towards trying to provide a little bit more specific pediatric COVID-19 data for you. VDH is looking at this and I think trying to figure out how to best format it and share it, but the school-specific COVID-19 dashboard is up and running. You can also see the college and university testing dashboards and information at a link we've provided.

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

## VDH Updates

*Breana Holmes, MD, VCHIP & VDH:* We still stand by our Vermont testing plan on the VDH web site. It is a comprehensive document on testing strategy. We do really like symptomatic people to be connected with medical homes. We are so grateful to the Scientific Advisory group on antigen testing. We need to get it right. We appreciate Timber Lane Pediatrics piloting the anterior nares testing.

There's been so many great dialogues on this call between our school nurses, college or school liaisons to try to continue to get this right about kids' illness symptoms. In schools, it's fascinating to me how quickly kids with runny noses started to become so common. I think we were hoping we would be having these respiratory symptom conversations in October and here we are in September. I want to keep reminding you that if there's disconnects or a need for more communication between school nurses and healthcare professionals, please reach out to your school liaison.

The draft algorithm for adults is floating around. It's much more of a binary on this draft, which we should be able to share soon. It doesn't have that middle box that we were able to put together in Pediatrics. The companion document to the algorithm is not ready because we are adapting a well-developed version out of Rhode Island. I'll be meeting with the MCH Director, Commissioner of Health and Agency of Education later this week to discuss the transition into step III. I anticipate we will be recommending step III with the opportunity for schools to do that on a reasonable timeline. My team and I are also going to try to get some policy recommendations about temperature screening developed as well.

## Clinical (Weekend) Scenarios

*Breana Holmes, MD, VCHIP & VDH:* How a childcare provider defines improvement, may be different from how a provider defines improvement, which may be different from how a parent defines improvement. We are hoping today that you all could help us air out the definition of that term. The absolute dry nose has a little wiggle. We were very strict in May, because of the time.

*William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics:* We struggled mightily with defining with improvement. Initially, we used the word marked improvement but that has gone in and out of the pathway based on feedback from many. Personally, I think there should be some improvement in the nasal discharge given the symptom complex seen in children. Fever and runny nose put you in a different category. The runny nose category is the only one we are addressing. Color is not important.

## Questions/Discussion

**Q: Could the "decreased" flu have anything to do with decreased ability to test for influenza in mildly symptomatic individuals?**

*A: Wendy Davis, MD, VCHIP:* At least in the U.S., the # of samples remained very high during the week of March 22.

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics:* I do not think so. The Australians increased testing to make sure.

**C: I really appreciate having the anterior nares kits in the office. Quite a few parents who would otherwise have refused (np) testing are willing to do this instead. It is, however, not always non-aerosolizing in the toddlers.**

**Q: Of note, even my ear thermometers were not working well in my parking lot exams this weekend.**

*A: Alex Bannach, MD, North Country Pediatrics: I agree, lots of concerns from school nurses re inaccurate temps with this weather.*

*A: Michelle Shepard, MD, UVMCH Pediatric Primary Care & VCHIP: Here is a great message from BFA Fairfax nurses in letter to parents Friday, "A note from our nurses regarding drop-off: We have noticed that our infrared non-contact thermometers are sensitive to the ambient air. When dropping students off, please have your car's temperature as close to room temperature as possible. You can do so by opening your windows and/or lowering the heat upon arrival to the school. "*

**Q: Is there a link to the AAP town hall that could be shared?**

*A: Wendy Davis, MD, VCHIP: We can certainly share the link. The AAP has made their information and activities about COVID-19 open to all, even non-members, but we will make sure the link is in tonight's email. I'm just not sure how widely accessible this is.*

**Q: We had an email from a school nurse who wanted to use an albuterol nebulizer at school; we explained why we're not doing that. Do school nurses need to be reminded not to use albuterol nebulizers in school this year?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Perhaps the nurses can use MDI, if available.*

*A: Sharonlee Trefry, RN, VDH: About no nebulizers in schools, without extensive planning and perhaps a recommendation, that a parent come to school. We have addressed that a few times. We will remind them again, thanks. It's always good to call 911 if a student is in respiratory distress; goes without saying.*

*A: Leah Flore, FNP, Shelburne Pediatrics: This is something the providers will be letting school nurses know when you provide a NEW asthma action plan. The school nurses can use MDIs. The only time this is a problem is in the elementary schools when parents have not sent them in. The school nurses have protocols for this. Part of these protocols are when you provide the school nurse with the New Asthma action Plan, which is required every year.*

*A: Ann Wittpenn, MD, UVMCH Pediatric Primary Care: I am hopeful students are allowed to have their own MDI at school for prn use, as in the past and guided by the Asthma action plan.*

**Q: For school clinics: Is this a separate allotment of vaccine or do we take vaccines from the clinic?**

*A: Merideth Plumpton, VDH: You can order additional vaccines for your school clinics. I can take the e-mails about needles and syringes, [Merideth.Plumpton@vermont.gov](mailto:Merideth.Plumpton@vermont.gov).*

**Q: Can the school clinic also include the teachers?**

*A: Merideth Plumpton, VDH: Yes.*

*A: Ellen Gnaedinger, APRN, South Royalton Health Center: South Royalton Health Center school flu clinics include school staff <65 and we are including parents.*

*A: Merideth Plumpton, VDH: If your office is enrolled in the childhood and adult vaccine programs, you can order and administer both. I think almost all pediatric practices are enrolled in both because they see patients over 18.*

**Q: What about vasomotor rhinitis due to cold outside?**

*A: Alicia Veit, MD, Timber Lane Pediatrics: I do not think that should be a reason for exclusion.*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: That is normal physiology and should not be an exclusion.*

*A: Michelle Shepard, MD, UVMCH Pediatric Primary Care & VCHIP: If it was runny only after being outside, no way would I exclude. Also, if they have spicy food for lunch.*

*A: Ann Wittpenn, MD, UVMCH Pediatric Primary Care: There is going to be a lot of cold, runny noses as we are all being advised outside is best! So, accept the morning screen for URI symptoms and move forward with context.*

*A: Ellen Gnaedinger, APRN, South Royalton Health Center: We have been saying the runny nose must be clear & needs to be improving/almost resolved; unless it is rhinorrhea from seasonal/environmental allergies. We were trying to clarify what is allergy vs. URI.*

*A: Breena Holmes, MD, VCHIP, VDH: I really think you need seasonal allergy confirmation. I almost would say you need testing or pharmacologic confirmation where a child takes an antihistamine and his/her symptoms resolve.*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Or other signs suggesting allergies, such as sneezing or itch.*

*A: Nathaniel Waite, RN, VDH: We're also hoping to not spread illness to other kids/staff, even if not COVID-19, as they would then need to go home and possibly be recommended for COVID-19 testing depending on symptoms, as well. Many childcare providers have been really surprised about how much less illness they have at this time compared to previous years.*