

## VCHIP CHAMP VDH COVID-19

September 28, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **VDH Updates - Testing**

Today, there is a meeting with VMS, FQHC, and Health First leadership to reset on promotion and implementation of the VDH Testing Plan, informed by the experience of the Timber Lane pilot. The goal is for symptomatic patients to be tested by or through their medical home/PCP, but we need your assistance to build consensus around how to achieve this goal in time for the approaching cold/flu season. We need a HAN again, a one-pager, and for the Commissioner to message this. If you are not testing, you are probably sending to a facility in a local hospital. We want to know how that's going. It's been a confusing time in terms of supplies. We now have the supplies (sufficient testing kits), and you may order as many as you want from VDH for your patients. VDH is purchasing the Cepheid testing platform to all VT hospitals, which provides results within an hour. Turnaround times have improved. Results for most tests submitted to UVMHC or reference lab are returning results within 48 hours. The logistical hurdles are real, so contact Breana Holmes or Shayla Livingston for technical assistance to ensure access to testing for your patients. We are available for questions regarding protocols. There are primary care practices doing practice-based testing in Vermont today, so we will connect you with them to share successful strategies to test their patients.

### **VDH Updates - Schools**

In the news today, a member of the St. Johnsbury School community has tested positive for COVID-19. The individual has not been identified as a student or staff member. The entire school has switched to remote learning for today. The Crockett Brook middle school situation has resolved with no additional cases linked to the original cases. The VDH school case data dashboard is Live. The new parent handout, COVID-19 Information for Families Return to School Following Illness, is in "clearance" at VDH. The adult "algorithm" is still in process. The Strong and Healthy Schools Task Force is reconvening this week. We are in a constant push and pull of getting the science out and setting guardrails, but also working with schools to get kids back safely without getting literal. The level of questions from schools is still showing there's a lot of fear, rather than "do the best you can" kinds of common sense. From a public health perspective, we feel like our guidance is pretty clear and go forth and do the best you can.

### **Practice Issues: VDH Updates – Flu, WIC, Testing, Schools, & More!**

*Chris Finley, VDH Immunization Program Manager:* I want to make sure we always have the chance to connect and answer your questions, since you are the folks providing the vaccines and we've been looking at making changes to the program. We so far know 28 practices representing 72 office sites have signed the addendum to expand the vaccine in previously underserved populations, so we're excited about that. Signing the addendum is a very brief process, but is required any time you're taking the vaccine out of the office, and we're continuing to get questions about that. Beginning September 30, practices can order their own flu vaccine with no problem if they've reconciled their inventory within the last 7 days. As soon as we have systems in place where you don't have to reconcile first, we will allow for additional inventory for

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

offsite clinics. For those practices running into allocation problems with syringes and needles, where you've gone through your usual vendor and you can't access them, you can send a request to VDH. The customer-facing website where you can order what you need should be up in 2 weeks.

We are working on some immunization registry issues. We are looking to gain approval for school nurses to enter immunization data when flu shots are given at school-based clinics. We have been working on making some other pieces of that easier. CDC has allocated us 11 different products. We are trying to get PCP practices the products that you are used to using. Over 85 percent of the products are single dose, prefilled syringes or vials, licensed for age 6 months and older. For the NDC, CPT, and CVX codes for all influenza products supplied by the State see the Vaccine Availability July 2020 document. Live attenuated influenza vaccine (LAIV) FluMist-Quad is available for patients age 2-49 years of age and may be ordered in October when practices place their own orders in VIMS, however supply is limited and accounts for only 5% of the State's total supply. We just got an opportunity that we need to review later today. We want to order more to make sure we don't run low at all and encourage everyone to do all the clinics they want to do. There is an amazing amount of work going on in PCP practices around flu, and we want to make sure we are supporting you. For questions, please reach out via email at [AHS.VDHimmunizationprogram@vermont.gov](mailto:AHS.VDHimmunizationprogram@vermont.gov).

### Questions/Discussion

**Q: Regards to the new return to school parent handout from a school nurse: "I do like it... but it is missing a big piece. If the child has more than one symptom or has symptoms and does not go to the doctor, there should be guidance on that sheet regarding when they can return. The VCHIP document says that they need to be out for a while..." My response was urge them to contact their health care provider and if they won't, they need to follow the algorithm of a known or presumed positive even though no testing was done. Thoughts?**

*A: Liz Hamilton, RN, Christ the King School: Yes, I was just going to say that it's missing that if a student doesn't get an alternative diagnosis or a COVID-19 test, then they need to be out for 10 days from the start of symptoms. I think that should be added. I think the layout is better for non-medical professional than the larger algorithm.*

*A: Breena Holmes, MD, VCHIP, VDH: I hear what you guys are noting, that there's a middle ground of a student that doesn't access the medical home or go through the medical decision making as we're intending between school nurses and medical homes. If there's a family with a child with more than one symptom, and doesn't access that shared decision making, You'd like it a little more clear on the document that that means you are out the full 10 days as if you had COVID-19. We tried to take the algorithm and turn it into something digestible by parents and childcare providers. I hear you that the kids in the middle bucket will need to be out for longer if don't consult the medical home.*

*A: Leah Flore, FNP, Shelburne Pediatrics: You can change the communication handout form as needed. The hope is the nurse faxes it to your office. The office then speaks to the family, triages them, makes a plan and then the health care office faxes it back to the school nurse so this completes the school communication.*

**Q: Any update on a release date for the adult COVID-19 algorithm? I'm getting a lot of questions from school nurses about that.**

*A: Wendy Davis, MD, VCHIP: This is in process. There's a group working on that and a version got disseminated and we'll keep you posted. It's good to know there's interest.*

**Q: Why are entire schools closing after one positive case in the community?**

A: Breena Holmes, MD, VCHIP, VDH: *The interplay when there's a case or suspected case in a school, which always happens on weekends, goes like this. The school administration and the health depart EPI and outbreak prevention and duty officer and school and childcare folks get on the horn, talk it through, and VDH says we are going to contact trace and await additional information before making a recommendation about your classroom or school closures. The school administrators then describe their decision on what they plan to do regarding classroom or school closure, and it is their choice, not a VDH decision. It's really about how it gets picked up by the media.*

**Q: Is there a central, real-time resource for school closure information (sort of like the weather related school closure sites)?**

A: Wendy Davis, MD, VCHIP: *The schools are using their automated phone and email systems to contact their school community. And the health department is using their new dashboard but that is only updated weekly and I don't believe it has the school response. We will continue to be on the lookout for these and provide them as updates on these calls.*

A: Breena Holmes, MD, VCHIP, VDH: *I know that the school write big explanatory letters. I'm not sure how they get it out though.*

**Q: The algorithm states if no test and no alternative diagnosis (which is what would happen if they haven't contacted their medical home), then they are out for 10 days. I agree that's pretty clear. Where are people getting tripped up?**

A: Breena Holmes, MD, VCHIP, VDH: *There is a parent handout now which isn't coming out as clear on that pathway, I think.*

A: Liz Hamilton: *Yes, the algorithm is very clear but the parent handout is lacking some of the information.*

A: Kat (Kathleen) Goodell, VDH: *I think this is the form tripping people up*

<https://www.healthvermont.gov/sites/default/files/documents/pdf/When-can-they-go-back-to-school.pdf>.

A: Breena Holmes, MD, VCHIP, VDH: *That's an **old** one. I'm so sorry that's coming up. We will be taking that one down. I apologize because I know that's really confusing.*

**Q: What is the recommendation when the algorithm recommends a COVID test but the parent refuses? Does that mean the child needs to be out for 10 days?**

A: Breena Holmes, MD, VCHIP, VDH: *Yes, definitely.*

**Q: Can the parent handout be more picture based? There are too many words (and assuming parents can read English).**

A: Breena Holmes, MD, VCHIP, VDH: *The vetting process it has gone through is already extensive. We stole it from Rhode Island and the communication folks were very generous to let us use their template to make ours. It's very hard to get it out to parents graphically.*

*The CDC has a one-pager and is pretty helpful but not as helpful as our deeper parent document.*

A: Nathaniel Waite, RN, VDH & Sharonlee Trefry, RN, VDH: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/COVID19-symptoms-tablegraphic-v1.pdf>