

VCHIP CHAMP VDH COVID-19

September 30, 2020 | 12:15-12:45pm Call Questions and Answers*

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VDH Updates

The Strong and Healthy Schools Task Force is reconvening this week. The parent handout titled “COVID-19 Information for Families: Return to School Following Illness” has been updated in response to your feedback and is now more fully aligned with our clinician algorithm. The document is under final review at VDH and now includes guidance for when a student has more than one symptom or has symptoms and does not go to the doctor.

Calling VT General Pediatricians!

Building Bright Futures (BBF) is a Vermont nonprofit working to improve the well-being of young children and families in Vermont by monitoring Vermont’s early care, health, and education systems to inform policy. BBF is seeking a general pediatrician for appointment to Vermont’s Early Childhood State Advisory Council (SAC), which serves as primary advisor to the Governor and legislature on the status of children and families (prenatal through age 8). The SAC meets 8-12 times per year and sets annual policy priorities and makes formal recommendations. Including pediatric health leadership is critical to ensuring the SAC addresses diverse topics related to child health and well-being. To apply, contact BBF Executive Director, Dr. Morgan Crossman, at mcrossman@buildingbrightfutures.org.

AAP Updates

The AAP bylaws referendum results passed with 97.5% approval and a turnout of 11.5% eligible voters. Effective immediately, the AAP Bylaws are amended with the following statement: “The AAP does not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity, disability, or national origin.”

Practice Issues: Return to Play After COVID-19 Infection in Pediatric Patients, Nancy Drucker, MD, and Jonathan Flyer, MD

Jonathan Flyer, MD, UVMCH Pediatric Cardiology: We received some questions related to an article on returning to play after coronavirus infection published in Cardiology Magazine on July 26, 2020 (linked here: <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>). How are general pediatricians going to encounter this question from patients and families? Why is this important when addressing return to play after COVID-19 in our pediatric population? COVID-19 can cause mild myocarditis. There have been lots of reports in adults and those who might be predisposed, so we take it seriously in children. The significance is that it’s a cause of sudden cardiac death during exercise in young athletes. Everyone on this call is well equipped to identify mild or severe cases. The grey area includes moderate symptoms, the age of the child, and the intensity of the sport. As always, we have no long-term data, but will share it as it becomes available.

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

Children with COVID-19 may be less symptomatic or have milder cases. There is a lot of variation in youth sports and levels of high school competition. The pediatric population is less reliant on standard adult cardiac testing (EKG/ECHO/Stress Test/Troponin).

In the moderate category, we break it down by age groups, over and under 12 years of age. Kids under 12 can be cleared for participation if they wait two weeks after symptoms resolve. For children over 12 years of age, the recommendation is to have an ECG prior to participation. You are getting into more competitive regional and national athletics in middle and high school. If there are findings of myocarditis, there should be an indication on the ECG.

The severe column is patients hospitalized for COVID-19, including MIS-C. If the patient is sick enough to be in the hospital, then they will probably have cardiac testing. The recommendation is exercise restriction for 3 to 6 months with re-testing prior to return to play. Depending on the patient and situation, it may also be reasonable to follow the recent adult recommendations for return-to-play (+echo/troponin).

Three really important questions:

1. How recent was the infection?
2. How serious was the infection?
3. What is the age of the patient and the physical activity/sport being considered?

Questions/Discussion

Q: Can you tell us if we've had any children in Vermont with cardiac symptoms related to COVID-19? Thinking that no children have been admitted for COVID-19.

A: Jonathan Flyer, MD, UVMCH Pediatric Cardiology: To the best of my knowledge, the answer is "No." We had a couple of consults, but we didn't land on a diagnosis of myocarditis.

Q: Does history of underlying medical conditions change the trajectory of the paths in the algorithm?

A: Jonathan Flyer, MD, Jonathan Flyer, MD, UVMCH Pediatric Cardiology: That's a great question. That wasn't noted. Children come with all sorts of different preexisting medical conditions than adults. I think it goes back to this question which is if you're worried about myocarditis in your patient, then we should have a conversation. I'd need to know more about what this specific condition was.

A: Nancy Drucker, MD, Jonathan Flyer, MD, UVMCH Pediatric Cardiology: It's interesting when you look at the underlying conditions. The biggest ones that stand out are lung disease and asthma being at about 55% and cardiovascular is only about 5%. We've had very few of our patients having issues.

Q: For the <12 year old group, do we follow the >12 year old path if they are doing very competitive sports?

A: Jonathan Flyer, MD, Jonathan Flyer, MD, UVMCH Pediatric Cardiology: I'd be open to that conversation. That's a perception of what is competition and it's based on the family and the child. If a family felt that this needed to be discussed with our team, we're open to that and that's built into the algorithm.

A: Nancy Drucker, MD, Jonathan Flyer, MD, UVMCH Pediatric Cardiology: If you have a 10-year-old who's really competitive in sports, then you could apply the over 12 algorithm to that child.

Q: Early on, so many kids were not being tested and may have had COVID-19. If students have had many months off but will be starting a competitive sport, should they be given an ECG?

A: Nancy Drucker, MD, Jonathan Flyer, MD, UVMCH Pediatric Cardiology: If no COVID-19 testing, that's a hard one to comment on because you'd have to go back and decide if it was a viral illness that they had three months ago and now you're wondering if it's COVID. I think I would only go to EKG if I felt that they had significant disease that might have had myocardial injury, but I think that's a pretty low risk.

Q: So the holdup is participation in Vaccines for Children?

C: Contact ines.burazerovic@vermont.gov for influenza immunization sign up questions.