

## VCHIP CHAMP VDH COVID-19

February 3, 2021 | 12:15-12:45pm Call Questions and Answers\*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM  
Breena Holmes, MD, FAAP, Physician Advisor, Maternal & Child Health, Vermont Department of Health (VDH), VCHIP Senior Faculty

### COVID-19 and Schools

*Breena Holmes, MD, VCHIP, VDH:* Dr. Levine always says “a couple of days does not a trend made.” There have been maybe 50 cases since Friday in schools and childcare, which will definitely constitute an uptick if it continues. We are watching that closely and wondering what you’re seeing and experiencing.

### Mental health of Children/Youth/Families

*Breena Holmes, MD, VCHIP, VDH:* We recognize this is a large topic and we’re always trying to figure out if there’s a table that’s already set where we’d like to see more pediatric involvement. The answer in this arena is “yes,” a DMH group is working address social-emotional health of the pediatric population. They met in the spring and over the summer to prepare for school reopening. To date, there has not been any specific pediatric representation on that group, and we are looking to remedy that in the weeks ahead as we continue to think about more kids returning to in-person learning. There is also energy at the Governor's office level as they think about the compelling case for bringing more students back to in-person learning as the weather improves in April, May, and June. Obviously epidemiology and science has to lead that discussion, but they are also looking at data and really need youth voices to help us make the case. That is pretty obvious but it’s always helpful to show how much our young people have suffered through this year.

### Questions/Discussion

**Q: I have been told that people at VDH have said that people from out of the state can drive to VT and visit with another household if they previously quarantined for 2 weeks. Is this true? That is stay with another household and not have to wear masks or distance...**

*A: Breena Holmes, MD, VCHIP, VDH:* No, to my knowledge, while you can quarantine out of state and drive to VT, you can **NOT** gather, which would include visiting with other households.

*A: Elizabeth Wirth, School Nurse, U-32 School:* <https://apps.health.vermont.gov/COVID/faq/#4761> - Last updated on Feb 2 says, “Visitors to Vermont cannot gather with Vermonters or with people from another household. This includes sharing lodging with another household. Travelers may not stay with a Vermont host or stay in a Vermont lodging establishment or short-term rental with another household. Even if they have completed quarantine, or intend to quarantine with another household, they may not gather with another household in Vermont.”

*A: Nathaniel Waite, RN, VDH:* The State of Vermont has suspended all social gatherings between multiple households. While in Vermont, you may not participate in social gatherings, this includes sharing an accommodation with another household outside of your own. Travelers may not stay with a Vermont host or stay in a Vermont lodging establishment or short-term rental with another household. Even if you have completed a quarantine, or intend to quarantine with another household, you may not gather with another household in Vermont. (Individuals who live alone may gather with members of their immediate family residing in a different household). ACCD cross state travel page, <https://accd.vermont.gov/covid-19/restart/cross-state-travel>.

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

**Q: Do you know if the safe and healthy start guidance will be looking at updating this spring so we will have any changes for August ahead of time? Just thinking about next school year already!**

*A: Breena Holmes, MD, VCHIP, VDH: We're thinking about next year, too! We're meeting tomorrow with the Secretary of Education to talk about reconvening the task force and what needs to be updated probably even before the fall because there are several things that we've been collecting on a list that are just not quite right in the guidance which was last updated in October, even things about wiping down surfaces and with what frequency. We've changed our thinking on that a bit, and the CDC has continued to produce guidance about schools. We did a crosswalk this weekend, of all of what the CDC says and everything the Health Department and AOE says and we're going to try to reconcile and align, so stay tuned.*

**Q: It's concerning that a lot of out of stators are coming to ski in Vermont, particular in light of the outbreaks in Bennington county.**

*A: Elizabeth Hunt, MD, Timber Lane Pediatrics: The VPR ski patrol piece was like a dagger in the heart for educators.*

*A: Wendy Davis, MD, VCHIP: We do know that's one of the factors being considered, although as I hear Health Department folks talk about that, it does sound like it's somewhat multifactorial. Still sometimes related to other small gathering and another community transmission.*

*A: Breena Holmes, MD, VCHIP, VDH: I don't know what to tell you about that, except that we've talked about this on this call with Tim Lahey and ethics and just accepting the imperfection of the roll out. Ski patrol does provide emergency medical services face to face with people, just like other EMS workers so don't feel the same sort of dagger in the heart that you're describing. But I also acknowledge that all of us are hearing stories of people who have received the vaccine that causes a brief pause.*

**Q: Please plead with the task force to vaccinate teachers sooner rather than later. It will help keep schools open from an ID perspective and also reinforce our support for the hard work teachers are doing! They have been worried for a long time and while things are going well, we want to keep schools open for learning and mental health for families and kids.**

*A: Wendy Davis, MD, VCHIP: That's exactly the topic we're going to continue to touch on through today's call. There has been great advocacy for teachers. The state has been quite steadfast in their adherence to age band gratification at this point.*

*A: Breena Holmes, MD, VCHIP, VDH: I just feel like each state's decision making on this is a little bit about how they talk about it and a little bit about how they roll. Vermont is just not over promising, but wants to vaccinate teachers. It is saying no because we're doing age strata. Many of you have heard me talk about my two public school teacher sons in Massachusetts. They were told over Christmas they were definitely getting vaccinated and everyone thought Massachusetts was amazing, so great to include teachers in 1B and there's no vaccine in sight and there's no plan to vaccinate them. So to me, it's a little bit about expectation management, because Bill's right, the advocacy has been frequent and passionate and we're all there. We want it. But I think our state's just methodically acknowledging volume and supply at the same time, moving swiftly through age bands. Well, depends on how you define swift. I just want everyone to feel that kind of balance I guess.*

*C: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There has been a tremendous amount of advocacy for educators for children of all ages.*

*C: Becca (Rebecca) McCray, MSN, RN, VT State School Nurses' Association: It would be great to plan for school workers vaccinations. It would be good to plan that the second dose is during April breaks, in case people have side effects and we would not need to provide lots of subs.*

**Q: In regards to teachers, my understanding is there are 4 phases....the teachers are in phase 2 but after the older adults/health risk folks?**

*A: Wendy Davis, MD, VCHIP: The Implementation Advisory Committee is really beyond the age strata and in and defining some conditions. And actually, here's a good place to say we are also talking with folks about whether those chronic conditions need adjustment for the pediatric population, but that's really as far as we've gone.*

*A: Breena Holmes, MD, VCHIP, VDH: Many of us are on the implementation group and there has been no specific conversation that line up with what you put in the chat. So really it is age strata, age strata, age strata, and when we get to sit down to 65, we're going to layer in chronic conditions which are still on the table a bit. The primary focus has been to just follow the CDC's guidance on chronic conditions associated with increased risk of COVID or increase morbidity mortality. The group is meeting this week, but Wendy and I have been asked to look a little bit more specifically at some of the pediatric Risk, especially around developmental disability and Bill and Ben will we need to help us with what they know, so curious where that came from.*

**Q: Do you, at VDH, think the uptick in school cases is a reflection of holiday travel/gathering? Isn't it in that time frame still?**

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Only speaking for myself here, but I think the higher numbers we are seeing across the board is simply our new baseline, we are far enough out from the holidays that I don't think we are seeing an uptick that will wane further unless we institute more strict restrictions.*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I agree that this is the new baseline.*

*A: Becca (Rebecca) McCray, MSN, RN, VT State School Nurses' Association: In Burlington, we have seen some alleviation of in-school cases now. We are out of the 2 week holiday period as well.*

*A: Breena Holmes, MD, VCHIP, VDH: I guess I'm wondering what holiday because if we're seeing this uptick, which again I can't say for sure is an uptick, then two weeks prior to that, could be Martin Luther weekend. No acknowledgement of that.*

**Q: Parents are motivated to have kids seen and tested so that they can return to school.**

*A: Susan Sykas DNP, Appleseed Pediatrics: I also see more testing of children for their pre op procedures too.*

*A: Alex Bannach, MD, North Country Pediatrics: I would like to acknowledge how amazing our access to testing and the quick turnaround time for results is, both compared to national as well as international standards!*

*A: Breena Holmes, MD, VCHIP, VDH: I just want folks to spend time with the weekly spotlight, because it's so well done. I want to make sure people know the weekly Spotlight is a long compilation of lots of different data and then it's the last four slides that show the highlight for that week, whether it be the childcare experience, the school experience, or this last one was about the space between the onset of symptoms and the test. Just spend some time with it, because what it's calling out is there is no way to know why people delay a test when they develop symptoms that could be associated with COVID. The hypothesis here is that maybe folks are just denying symptoms or are just ignoring or that they don't have health access. There's always that there's no health insurance or no provider. So at the end of the spotlight they call out, the sooner you find out you're positive, the better for protection of yourself and the community. Health care providers should be helping you find tests and that if you don't have a healthcare provider, there's a way to get connected through the VT-2-1-1 system for access. But I mostly, as Dr. Davis noted, wanted to just acknowledge that pediatric patients are getting tested sooner when they develop symptoms than adults and that makes me happy because we spent a long time on this call talking about*

*access to testing. I have heard a few anecdotes, not probably anyone on this call, but we continue to hear from our communities that health care providers sometimes send home, back from their office, without COVID testing with respiratory symptoms and then use the alternative diagnosis from the algorithm as an upper respiratory infection and send them back to school. And that's very problematic from a school nurse perspective, obviously, and I wouldn't say in a time of increased prevalence like we've been experiencing the last few weeks and months that an upper respiratory infection is a good alternative diagnosis in the absence of a negative PCR test. So whatever you can do to continue to test symptomatic patients is helpful.*

**C: Jill Rinehart, MD, UVMCH Pediatric Primary Care: So good to hear children who cannot be immunized but who have compromising conditions', their care givers are being considered. Specifically Down Syndrome is called out as a specific risk (not necessarily with cardiac hx). It would be difficult to exclude other genetic conditions with IDD given the low population numbers. Also in general the number of children in this group is relatively small (compared to the >65 age), so seems like we could be lenient with these caregivers.**

**Q: If we can help advocate for our older teens and young adults with increased risk factors that would be appreciated. We are receiving calls about timing for this population. From a bigger community impact, many of these patients are staying home with a caregiver to minimize risk which has reduced the work force. Thanks for everything you are all doing! Yes MUCH easier access to regular testing has been wonderful and FAST result turnaround times.**

*A: Breena Holmes, MD, VCHIP, VDH: Yes, thanks for that. I hear you. And we, too, are trying to get at least people over 16 with chronic conditions in the very next strata rather than continue to use age when we head into the chronic condition list. I think we'll have to talk about this as a group with Drs. Lee and Raszka in that the list of chronic conditions associated with more morbidity mortality with COVID that is not exactly as it was at the beginning of the pandemic. There's obviously a lot of data and research about where the risk lies, so I'd like to keep current together on that so we don't make assumptions from the early days of what patients we were most concerned about.*

**Q: Is there any more information regarding students needing a medical clearance to return to physical activity. Also, any more information regarding if a person has had COVID and is re-exposed they do not need to quarantine?**

*A: Breena Holmes, MD, VCHIP, VDH: They do have a different pathway back to physical activity and sports that Bill can speak too, but they need to be seen and cleared by primary care. I'm going to put in the chat that we shared this on Friday the information about a person's at COVID and re-exposed, they do not need to quarantine, that is correct. But if you travel and you've had COVID, you **do** have to quarantine. There's a policy as there are two different pathways.*

*A: Kristen Connolly, MD, Timber Lane Pediatrics: I am working with cardiology team on return to play templates and will be in touch with VCHIP crew soon!*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I have not heard any updates in the past two weeks on return to play. I do not think there has been a change in the approach to people recently infected over the past two weeks.*

*A: Becca (Rebecca) McCray, MSN, RN, VT State School Nurses' Association: VPA winter language about return to play: "Return to Play After Illness consistent with the most current guidance available from the American Academy of Pediatrics, all children and adolescents (thru age 22) diagnosed with COVID-19 infection, regardless of symptom severity, may not return to play until asymptomatic for at least 14 days and cleared by their primary care physician. Adult athletes or others (e.g., referees) who exercise vigorously*



*during an athletic event diagnosed with COVID-19 infection should not return to play or vigorous exercise until asymptomatic for two weeks and cleared by their physician.”*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Correct. No updates. That has been the guideline for some time.*

*A: Kristen Connolly, MD, Timber Lane Pediatrics: UVM pediatric cardiology is meeting Wednesday and are meeting with BCH who is using a different RTP guide. I made an algorithm, office form, and return to play school form and hope to edit and distribute so we don't all have to reinvent the wheel on this individually.*

*A: Breana Holmes, MD, VCHIP, VDH: “EXPOSURE: If someone was diagnosed with COVID-19 in the last 90 days and is then identified as a close contact based on a new exposure but has no symptoms, they are not required to quarantine as per CDC. They must meet this criteria: (1) You had a positive COVID-19 test result (from a PCR or antigen test) and have met the criteria to end your isolation, and (2) the new exposure is within the first 3 months after symptoms from your initial infection started, or within the first 3 months of your first positive test if you didn't have symptoms during your initial infection, and (3) you have not had any COVID-19 symptoms since the new exposure. TRAVEL: However, if someone travels out of state and returns to Vermont, they are required to quarantine based on our travel guidance even if they have tested positive in the last 90 days. These guidelines are current now but subject to change.”*

*A: Becca (Rebecca) McCray, MSN, RN, VT State School Nurses' Association: Could you provide a copy to school nurses as well? That would be so helpful. [rmccray@vssna.org](mailto:rmccray@vssna.org)*

*A: Kristen Connolly, MD, Timber Lane Pediatrics (Milton): Yes, hoping for the school RTP form to be distributed to schools when ready! More to come this week...*

*A: Breana Holmes, MD, VCHIP, VDH: We will use Dr. Connolly's templates, after clearance through cardiology/ID and then we will distribute to our networks for sure.*

*A: Leah Flore, FNP, Shelburne Pediatrics: My understanding is they do not all need cardiac clearance for sports.*

*A: Breana Holmes, MD, VCHIP, VDH: That is correct, but they **all** need primary care clearance.*

*A: Leah Flore, FNP, Shelburne Pediatrics: Only health provider clearance. We discussed this at a Thursday meeting with the Health Commissioner.*

**Q: In regards to sports clearance, how does one consider loss of taste, since that can linger for months and make it difficult to a sports clearance after symptoms resolve?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: There are several neurologic symptoms that can persist for some time. I think we will have to use our best judgement with loss of taste or smell.*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Loss of taste/smell is known to persist for some time in some individuals so CDC generally has not included persistence of loss of taste/smell in requirements for release from isolation.*

**Q: A lot of our athletes will still have sports clearance forms on file from the past year (or two, as is allowed in our schools), preceding any potential COVID-19 infection. Is the guidance regarding medical clearance after COVID-19 relayed to the schools/coaches/trainers?**

*A: Elizabeth Wirth, School Nurse, U-32 School: WCSU is using a separate form that all athletes will have to complete before they participate in sports that asks about positive COVID-19 history with all the information about the requirements for returning to play after COVID-19. Trying to catch possible cases that would not have been picked up by old sports clearance forms. And cases schools may not know about if they occurred in the summer and or were not infectious while at school.*

*A: Becca (Rebecca) McCray, MSN, RN, VT State School Nurses' Association: I agree. Schools sometimes do not know which students have been positive and would need this form completed. Definitely need to think about systems for alerting schools to this need.*