

VCHIP CHAMP VDH COVID-19

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COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

Breena Holmes, MD, VCHIP, VDH: This represents a nice downturn in the number of cases in schools in a week. Some may say one week doesn't a trend make, but we have seen just a little bit less. Some may say "it's school vacation," which is true, sort of. Most of the cases are from when kids were still in school, and there are varying school vacation weeks throughout the state. We watch this very closely.

CDC MMWR – Guidelines for Re-opening Schools Nationally

Breena Holmes, MD, VCHIP, VDH: It's not a completely new concept, but it's important. It's really essential to work hard on masking. When community spread occurs and a teacher enters the building, there are risks to fellow teachers as well as students. I'll take the opportunity to say that it's a complex time in schools. Reopening national conversations with MMWR's on CDC guidance and it just remains important that we (Vermonters) have our own set of interpretations and guideposts. Many of you know some of the major public school systems in our country has not even been open at all since March 2020, so they're at a different stage in the re-opening process. We've been trying to get more students in person for at least the last six weeks of the school year, so I'm curious if that's coming into your consciousness.

Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I haven't had a chance to read the newest release, but I assume the script is the same. If you have good mitigation strategies, transmission in school is bound to be low. Adults tend to be the source of transmission. I'm trying to have perspective about where Vermont is in regard to everyone else. There are a lot of places in the country that if they were able to get to where we are right now, that would be success. Not that we need to be complacent, but when we place the national conversation into Vermont's context, we need to keep that in mind. When the CDC guidelines came out, they posed some challenges here, since we seem to be doing a fine job while being less conservative than the CDC's guidance.

Cardiac Screening & Return to Play After COVID-19, Kristen Connolly, MD FAAP, Timber Lane Pediatrics, and Jonathan Flyer, MD FAAP, Pediatric Cardiology, UVM Children's Hospital

Jonathan Flyer, MD, UVMCH Pediatric Cardiology: We did two earlier calls in the fall going over preliminary guidelines, and then there was a call for the general pediatric community at large to see if we could streamline our communication and get a best fit practice for our community in Vermont. We're going to give you all tools to succeed, and we are open to feedback on improving this process as we go. There are three documents: the cardiac screening adapted algorithm for pediatric patients after COVID-19 infection, the medical clearance form that the pediatric community can use in the office, and the steps for return-to-play over 7 days.

We reviewed ACC and AAP criteria, and we reviewed the adult criteria in JAMA. We also reviewed the U.S. Olympic criteria for snowboarding and skiing return to place. We are adapting the American College of

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Cardiology's criteria as the best fit for pediatric cardiology at the UVM Children's Hospital. The medical evaluation occurs 14 days from the end of symptoms, excluding loss of taste and smell which may persist OR 14 days from a positive test if asymptomatic. We are trying to stay consistent and simple and keep the screening algorithm based on severity of disease and branch at age 12 based on severity of disease (mild, moderate, severe). We will publish the Cardiac Screening Algorithm for Pediatric Patients After COVID-19 through VCHIP and the UVM Children's Hospital partnership. Dr. Flyer talked through the algorithm for mild, moderate, and severe disease and the differences for children over age 12 and under age 12.

Kristen Connolly, MD, Timber Lane Pediatrics: I'm going to walk through the medical clearance for graduated return-to-play, which is a minimum 7-day process. This experience reflects the spirit of collaboration in Vermont. Hopefully, this will help make things more consistent from a medical pediatric primary care perspective. Dr. Connolly talked through the graduated return-to-play medical clearance form.

Questions/Discussion

Q: Off topic question regarding schools: If a family has an out-of-state vaccinated visitor to their house, can a child go to school without needing quarantine or testing?

A: Breena Holmes, MD, VCHIP, VDH: Yes—kids go to school. Vaccinated visitors are not a risk—but VT is only allowing vaccinated people to join ONE household.

Q: If an out-of-state vaccinated visitor comes to help a family with a newborn, the older sibling can continue to attend daycare/school?

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

Q: What is an estimated time from the EKG being obtained to having an official read by UVM Pediatric Cardiology?

A: Nancy Drucker, MD, UVMCH Pediatric Cardiology: Thanks for asking. We read EKGs daily so should be available in a day. If you find a lag, please reach out to help care for your patients in a timely fashion.

Q: Has this information been shared with schools and coaches? In other words, are they aware of medical clearance for kids with COVID?

A: Breena Holmes, MD, VCHIP, VDH: We are distributing to health department school liaisons—school nurses and COVID coordinators. But also, would like you to share with your local teams—to promote team-based care in your schools!!

Q: Is there a mechanism/plan to introduce these documents and process to school nurses and athletic directors?

A: Breena Holmes, MD, VCHIP, VDH: Distribution is going to start with our school liaisons who are the great health department nurses in the districts who make bridges between schools and our primary care colleagues. But they're also busy and doing outbreak prevention. So, we're going to get it out to our school nurse network. Hopefully Stephanie Winters is willing to send it to AAP and AAFP. And then I've reached out to the Agency of Education because they have very strict rules about how they communicate, which is important because it's such a big system. Whether they put it to a superintendent bulletin, to a general AOE bulletin... And I've also given it to the VT Principals' Association, they work directly in athletics around athletic trainers. All of that is sort of system communication, but please just share it. And that will build

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some of the teams back that maybe you already had in the fall when we were first trying to get schools open. So, I would love for ongoing local distribution as well as anything we can do from a state perspective.

Q: I suggest principals & superintendents be made aware so they can make appropriate staff aware & get info out to parents.

A: Leah Costello, MD, Timber Lane Pediatrics, South: That would be the responsibility of the COVID-19 coordinator for the district. The COVID-19 coordinator I work with in my district works VERY closely with the superintendent!

A: Breena Holmes, MD, VCHIP, VDH: Thanks—I have asked AOE how they want to distribute from their perspective—but please share locally!

A: Will do, school nurses & COVID coordinators are exhausted. Not all COVID-19 coordinators have medical training & won't necessarily understand these recommendations. Your suggestions about conveying this info via different mechanisms is helpful.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: The school-based sports guidance specifically states that all student athletes must be cleared by PCP before return to play, so this should be familiar to the districts (at least in theory). <https://education.vermont.gov/sites/aoe/files/documents/educ-an-school-winter-sports-programs-for-2020-2021-updated-2-22.pdf>

Q: Very helpful and straight forward protocols. Can we extend this protocol to college athletes?

A: Jonathan Flyer, MD, UVMCH Pediatric Cardiology: College athletes meaning people 18 years and above, we're presuming. If you're in college I think your college should have your Return to Play protocol. That's what the sense is that I'm getting around the country. That's a higher level of competition and I think you'll probably want to go ahead and give us a call, or even the adult cardiology service. Things do tend to branch once you leave the pediatric age group and the adult way of practicing, obtaining troponins in asymptomatic patients, obtaining echocardiograms more often it's a different disease category and patient population. So, I think I would have some hesitation about clearing somebody without talking to us. Potentially even referring them to adult cardiology. We did not design this algorithm to clear freshmen, sophomores, juniors to get back to college level play. We can work with any university, if they have certain guidelines and they'd like us to do the testing and help them and help you guys, we're happy to work with anybody. But we focused more (with Dr. Connolly and VCHIP) on our high school and pediatric population.

Q: What about the 19-year-old student who is not a competitive athlete?

A: Jonathan Flyer, MD, UVMCH Pediatric Cardiology: If it's still the recreational category, I think I'd feel pretty comfortable that this is still a good pathway. There shouldn't be any major changes. If you're 16 vs 18 vs 20, Olympic high varsity level college athletics, that's a different level of competition. That's a different level of stress. So, we probably want to discuss that further. But this probably is going to work whether you're 16, 18, or 20. I don't see physiologically why there should be a difference. Or actually, anatomically.

Q: What about clearing 17 or 18 y/o for the military?

A: Nancy Drucker, MD, UVMCH Pediatric Cardiology: I am not sure about military recommendations, but suspect this too would be a group we may need to treat a bit more conservatively.