

VCHIP CHAMP VDH COVID-19

March 1, 2021 | 12:15-12:45pm Call Questions and Answers*

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

VT Agency of Education (AOE) Update

Breena Holmes, MD, VCHIP, VDH: Phased recovery plans are required. The first phase asks schools to form teams and identify a recovery coordinator. I see a great role for child health professionals on these teams. If you're willing and able, your voices are important to the ongoing conversation about the well-being of our students. This is all moving quickly, as the plans need to be wrapped up at the district levels by June.

Returning to Return to Play

Breena Holmes, MD, VCHIP, VDH: Some of the answers regarding the algorithm that appeared definitive on Friday are actually still under discussion. We want you to keep telling us what pieces make sense and where you want us to seek further clarity. The updated AAP Interim Guidance on Return to Sports and Physical Activity after COVID-19 diagnosis has been released.

Mask Exemptions

Wendy Davis, MD, VCHIP: We addressed mask exemptions in the context of return to sports and athletic competitions for kids in schools. There are very few reasons for exemptions. The best practice and best thinking here in Vermont about how to address special conditions are in the document we sent out written by Drs. Jill Rinehart and L.E. Faricy.

Breena Holmes, MD, VCHIP, VDH: If folks have granted or provided mask exemptions for patients, I would love to hear from you, as I want to know how that plays out in real life.

Questions/Discussion

Q: I'd like to point out that while ski patrol is eligible for vaccines currently, lifeguards are not and they cannot perform rescues with masks on.

A: Breena Holmes, MD, VCHIP, VDH: The advocacy about this – we've talked about this a fair amount – the 1A group is defined as first responders and all that needs to happen for lifeguards is for them to make the case that they do first responder work. I've heard this from several people about lifeguards and I have no idea why people don't understand or see that as a first responder. What I've shared with others is locally, that's the kind of dot connecting that needs to be done with the hospital system. They are administering the 1A.

Q: Will the Johnson & Johnson vaccine be a better alternative for people who have so far not accepted COVID vaccine due to allergies and concern RE: anaphylaxis?

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: Potentially although the list of people with true contraindications to mRNA vaccines is very short.

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: There are many issues: toxicity, efficacy, and clinical variant data. Hard to predict.

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

A: Alex Bannach, MD, North Country Pediatrics: Unfortunately, quite a few perceived contraindications...

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: Perception is a challenge but CDC criteria are quite specific.

A: Wendy Davis, MD, VCHIP: I will say about that in general, I think there are a number of facets to that question of acceptance of the vaccine. Also, as I mentioned earlier the question about different percent efficacy being reported in the media but then the advantages balanced against the advantages of the single dose and ease for people who may have difficulty accessing that vaccine distribution site. So, a lot to process there.

Q: Do patients need letters to sign up for a vaccine appointment via the VDH site? Last we heard was that we did not have to have letters for them. Is that changing?

A: Stephanie Winters, Vermont Medical Society: No letters have been discussed.

A: Wendy Davis, MD, VCHIP: No decisions about that have been made yet. There are groups and organizations in discussion with the agency about whether, and if so how, clinician involvement in attestation will be required. Many different approaches to this have been under discussion but self-attestation is likely to be a large piece of it. And I do know that organizations like our VT Medical Society, the chapters of AAP and AAFP are among the groups that have been discussing this. And really advocating for minimal, if any, administrative burden on practices. So, I would say, stay tuned and certainly not to be issuing letters at this time.

C: Nathaniel Waite, RN, VDH: <https://www.healthvermont.gov/covid-19/vaccine/about-covid-19-vaccines-vermont#conditions> – The high-risk health conditions included in Phase 5 are: Current cancer, chronic kidney disease; COPD, including emphysema and chronic bronchitis; heart disease, including heart attack, heart failure, congestive heart failure, coronary artery disease (angina, acute and chronic ischemic heart disease), cardiomyopathies, and pulmonary hypertension. Does NOT include high blood pressure. Immunocompromised (weakened immune system), due to solid organ transplant, blood, or bone marrow transplant, immune deficiencies, or other causes; or HIV with a low CD4 cell count or not on HIV treatment; prolonged use of corticosteroids or other immune suppressing drugs. Severe obesity (BMI of 40 or above), Pregnancy, Type 1 and Type 2 diabetes. Disabilities including chromosomal disorders, such as Down syndrome; intellectual disabilities (IQ of 70 or below); disabilities that compromise lung function (neurologic and muscular conditions such as muscular dystrophy, spina bifida, and multiple sclerosis).

A: Breana Holmes, MD, VCHIP, VDH: We realize we need more clarity on that list – recent example – patients with cystic fibrosis ARE on the chronic conditions list but included under disability with lung function.

A: Stephanie Winters, Vermont Medical Society: CF also under genetic condition.

A: Breana Holmes, MD, VCHIP, VDH: I'm very interested in this section of communication because as Dr. Davis notes, all the details aren't perfectly worked out. This morning it was noted by Dr. Tom Lahiri and others that patients with CF were not called out specifically on the list but we intend to include them. There's going to be a fair amount of interpretation here because we had CF patients included under a disorder that compromises lung function but there are some states who are just naming CF. And what the group wants to avoid is starting to just do long laundry lists of diagnoses because the minute you do that, you're going to miss something. So, we were trying in this group to let people make their decisions about whether they fit in these categories.

Q: Do we have more data to present on the cardiac screen to help answer questions parents have about why we are doing it? Actual risk of myocardial injury seen in children? All data I can find is based on adult cases.

A: Wendy Davis, MD, VCHIP: There's really a lot at this point – as with a lot of things in this discussion – that we don't have a lot of great data on at this point.

Q: What about vaccinated parents asking about travel with their unvaccinated children?

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: In theory, the children need to follow current guidelines meaning if unvaccinated, they will need to quarantine upon their return to VT.

A: Breena Holmes, MD, VCHIP, VDH: Unvaccinated children can't travel without quarantine. The intention was not to sort of create some sort of bubble around unvaccinated kids. But we've been asked that a ton and it's important that we slow down and realize only the vaccinated person is free of the need to quarantine.

A: Nathaniel Waite, RN, VDH: <https://apps.health.vermont.gov/COVID/faq/#4829> – I am fully vaccinated. Do I need to quarantine if I travel to or return to VT? From this FAQ: Anyone who is not vaccinated and travels with you will need to quarantine (including children) and follow the cross-state travel guidance when they travel to or return to VT. For example, if you are a fully vaccinated parent or caregiver and are traveling with children, your children will need to quarantine when they travel to or return to VT.

C: Once we're through the 65 age group, just open it up to all. Likely the people who are pro-vaccine are most interested. This would decrease barriers. This might allow more to agree to vaccine if given an earlier opportunity. If forced to wait, they might be less likely when the time comes. My experience with influenza, families that are fence sitters are more likely to vaccinate if they are in the office for something else AND you can offer vaccine right then and there they'll agree. I worry that once there is plenty of vaccine people will be less inclined to be vaccinated against COVID.

A: Kate Cappleman Sinz, Community Health Team Social Worker, UVM Pediatric Primary Care: But first, educators, grocery workers, salon staff, etc.!

A: Breena Holmes, MD, VCHIP, VDH: That is interesting. It's certainly my understanding that we're going quickly through 65 on to Vermonters with chronic conditions and then pretty soon onto teachers and essential workers. But there's nothing public about that, I'm just inferring.

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: I think it will be a free for all. By free for all, I mean that there will be tremendous advocacy for separate groups and trying to adjudicate the relative benefits for each group will be very challenging.

Q: I just received an email from a teacher asking that the Johnson & Johnson vaccine not to be given to teachers because it's less effective than current vaccines available. Obviously, the Johnson & Johnson vaccine has great efficacy against serious disease and death, but how should I answer this question when it comes up? I want people to get any vaccine!

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: That is very unfortunate – obviously much work to be done on the messaging.

A: Rebecca Bell, MD, UVMCH: Here are some helpful talking points: Johnson & Johnson is 100% effective at preventing hospitalization and death. People will be fully immune sooner.

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: It is the ONLY vaccine that has demonstrated efficacy against B.1.351.

A: James Metz, MD, UVMCH: Watch Dr. Fauci's interview on Meet the Press where he answers this same question very effectively.

A: Wendy Davis, MD, VCHIP: I'd like to point out that you will be really protected against all the outcomes we are talking about for all the vaccines much sooner than you would if you have to wait longer for a second dose. If it's difficult for you to get even one dose, this will alleviate your barriers with that. We did in seeing that this updated vaccine toolkit was coming out, forwarded the concern on exactly this issue back to the communication folks at the health department. You never know if they will incorporate those into their thinking but we did send exactly this feedback to the folks at VDH responsible for this communication because you helped us anticipate that these could be issues.

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: I think one could argue that the Johnson & Johnson vaccine could be BETTER. For instance, South Africa has switched to the Johnson & Johnson vaccine.

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: The comparisons are false dichotomies – one can't directly compare the efficacy numbers.

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: The bad rap in Germany and other European countries was largely due to concerns about lack of data for Astra Zeneca vaccine in the elderly – but this concern wouldn't apply to working-age adults (e.g., teachers).

A: Rebecca Bell, MD, UVMCH: It's also impossible to compare efficacy between vaccine brands as they were tested at different times during the pandemic.

A: Chloe Learey, Winston Prouty Center for Child and Family Development: Johnson & Johnson video from Dartmouth <https://www.youtube.com/watch?v=WVqd0IIZZFk>

Q: Does VT have a plan to have all of the vaccines available at the sites and each person gets what they get, or will different sites have just 1 type of vaccine? Will people have choice?

A: Kathleen Geagan, MD, Mt. Ascutney Hospital & Health Center: You go to the site and you get what they have that day.

A: Ellen Gnaedinger, APRN, South Royalton Health Center: At the VDH clinics people are immediately signed up for their second dose and that has been working very well.

Q: Why is the percent positive over the last 7 days on the daily dashboard 1.4% but the weekly report is still 2%?

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: You have to look carefully at what dates are included in each calculation as they are not always aligned.