



VCHIP CHAMP VDH COVID-19

March 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

Questions/Discussion

Q: I just want to double check, if a person gets Johnson and Johnson, they have to wait 28 days before they can travel or gather without having to quarantine? Or is it 14 days like the other vaccines?

A: Wendy Davis, MD, VCHIP: The commissioner addressed that in the briefing yesterday and he said that they looked at the difference between 2 weeks and 4 weeks with the Johnson & Johnson and the response was absolutely better at 4 weeks. So, that's what he was encouraging. The full effect is at 4 weeks.

Q: We have staff that would like to be vaccinated, but being told by UVMMC that they are vaccinating 70+ and they will have to go on a waitlist. Is this really the process with more vaccine availability and now opening up next week to teachers etc.?

A: Breena Holmes, MD, VCHIP, VDH: My understanding is that the hospital systems move back to 1a as they see fit with some regularity, and each community is handling it a little bit differently.

Q: Do you know if the new distribution of vaccine includes residential staff? (Baird Center, Brattleboro Retreat and Foster parents)

A: Breena Holmes, MD, VCHIP, VDH: I do not. I think there are patients over 16 in those settings who may qualify based on our developmental disability and chronic condition list. If staff on 1a list, they would be vaccinated, but not other staff, parents, or foster parents at this point.

C: I have several families who want to stay remote – even next year. They are hoping this will remain an option.

C: I agree: Families with children <16 and those with concerning conditions are often opting for full inhome especially without parents being able to be vaccinated.

A: Breena Holmes, MD, VCHIP, VDH: That will be forthcoming.

A: Wendy Davis, MD, VCHIP: The Secretary of Education said they'd be reaching out to not only the school communities but also families to gauge any changes in their perspective. So, stay tuned on that one.

C: I've heard of school nurses who still can't get vaccine. CVMC has a waitlist for 1a.

A: Breena Holmes, MD, VCHIP, VDH: There needs to be some advocacy here at the hospital CEO level. People who didn't get vaccines in 1a the first time should be prioritized now.

Q: CVMC told me that 1a people would have to go on a waitlist at CVMC – or they could schedule at Walgreen's – not sure what that process would be.

A: Michelle Perron, MD, Timber Lane Pediatrics: Walgreens will not see healthcare staff for vaccines.

Q: How do we advocate for unvaccinated folks in the 1a category?

A: Breena Holmes, MD, VCHIP, VDH: Hospital CEOs may not be aware of the volume of the 1a group left to be vaccinated.

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





Q: With Johnson & Johnson availability and easier storage is there a plan for more distribution sites, such as PCP offices? We are happy to help to get it out!

A: Breena Holmes, MD, VCHIP, VDH: Not yet. Vermont feels like they've done a good job with the way they distribute and having local workers give the vaccine and the National Guard.

Q: For new American families/in large households, where do we direct them for immunization? How do they sign up?

A: Breena Holmes, MD, VCHIP, VDH: New American vaccine information – Eligible folks (so currently, in the age bands) can contact Namgay or Jacob at AALV 802-985-3106 to get registered for a Thursday (ONE Community Center on Allen St, 4-7PM) or Saturday (Winooski schools, 1-4 PM) clinic!

Q: Will independent schools be included with the plan for whatever school district they are in?

A: Wendy Davis, MD, VCHIP: Not sure re: details of that – definitely included but haven't heard exactly how.

A: Breena Holmes, MD, VCHIP, VDH: Yes, to independent schools. Ilisa (MCH director) just met with AOE and here are the bullets:

- More information is coming—planning is still underway.
- School personnel will receive information specific to them directly from their school/district leadership.
- Superintendents and COVID Coordinators will get a call directly from AOE in the next 24 hours.
- This does include independent schools.
- A Q&A document is forthcoming in the next couple of days.

Q: Are personnel from after school programs included? Or alternative outdoor education programs for the hybrid day?

A: Breena Holmes, MD, VCHIP, VDH: We are trying to include personnel who care for children rather than just childcare but the systematic approach to that field is not as easy.

Q: I heard "fake science" from a family concerned that placenta and Covid-19 spike protein have some similar proteins and therefore could cause infertility. So much disinformation, but is there anything specific to say to this?

A: Michelle Dorwart, MD, Community Health Centers of Burlington: There is a blog called "skeptical raptor" which has a really helpful discussion of the Syncytin protein myth.

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: That has been thoroughly debunked. The protein in question is called Syncytin-1 and there is no evidence that there is any type of cross-reactivity between SARS-CoV-2 spike and Syncytin-1.

Q: If pregnant women decide to be vaccinated, how are you counseling them on the timing of getting the COVID vaccine? 1st trimester, 2nd trimester or 3rd trimester?

A: Kelley McLean, MD, Associate Profession, Maternal Fetal Medicine, UVM: We don't have strong data on safety in each trimester. I think given what we know about maternal fever and risk of open neural tube defects in the first trimester... and given the high rate of miscarriage anyway in the first trimester, and not wanting women to feel like they precipitated a pregnancy loss when they didn't – they would've anyway. I guess given a choice, I would recommend vaccinating outside of the first trimester. We make a lot of recommendations for things outside of the first trimester even though it would probably be safe. (For

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





instance, some surgical procedures.) Not because they're going to be a problem in the first trimester but because the miscarriage rate is so high that you want to get out of that window before you do anything that could be inappropriately associated. That's my opinion, post-12 weeks.

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