

VCHIP CHAMP VDH COVID-19

March 5, 2021 | 12:15-12:45pm Call Questions and Answers*

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VDH COVID-19 Vaccine Registration & Sites

Breena Holmes, MD, VCHIP, VDH: Here are the current talking points from VDH regarding vaccinations for childcare providers and educators:

- Beginning next week, Vermont educators and school staff will start being vaccinated in clinics in school districts and in the community. We are starting small, working directly with individual districts that have the right capacity and numbers to help us maximize the doses we can deliver in the first week of the program. These clinics will take place in Orange, Orleans, Rutland, Washington and Windsor counties.
- In following weeks, our program will ramp up significantly, with additional school-based clinics in Addison, Chittenden and Windsor Counties, as well as larger mass vaccination clinics open to all educators, school staff, and childcare staff.
- School and childcare staff will receive information on how and when they will be vaccinated, and instructions on how to register, directly from their employers. School staff may also be taking advantage of programs in local Pharmacies, such as wall greens.
- If you choose to make a pharmacy appointment please do not also make an appointment at a state clinic. It is important that you only register to be vaccinated through one program, to make sure appointments are available for others, and that no doses are wasted.
- Effective today, people who are vaccinated can gather with other vaccinated individuals at their homes. This can also include one other household that is not vaccinated.

Questions/Discussion

Q: How do we help our local schools get signed up for clinics?

A: Breena Holmes, MD, VCHIP, VDH: All superintendents are in charge of this roll-out so communication with them is good. Not sure much to do on your end at this point.

Q: If we had vaccine, we could do it at our schools like we do for flu, but I haven't heard anything after the survey our office filled out saying we could take vax as soon as 3/3.

A: Breena Holmes, MD, VCHIP, VDH: It's not going to be like that. There's going to be small, medium, and large clinics staffed by National Guard, Health Department staff, and maybe school nurses. It's all going to be organized by geography and volume. From my perch, it's going quite well so we don't have to follow our old H1N1 approaches or some of the ways we've handled flu separately.

Q: I am hearing about teachers signing up directly through Walgreens and wondering if we should encourage teachers and early educators to wait until clinics are set up.

A: Breena Holmes, MD, VCHIP, VDH: That's a good philosophic question. I would wait because there's going to be these mass vaccination opportunities that I have a feeling are going to be a little bit more easily accessible. This morning I've heard from childcare providers who are trying to go in to Kinney's and

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

Walgreens and the attestation is a little bit not as clear and people are wondering if they need some ID card to prove that they work in this field, and that's not our intention at all. We'll have more information on Monday.

C: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: There is a mechanism for the children 16-18 to get the Pfizer vaccine. They will need to register through phone calls.

A: Shari Levine, VDH: Call 855-722-7878 for kids 16-18.

A: Breena Holmes, MD, VCHIP, VDH: If you have patients 16/17, they need to call for vaccine appointments. They can't do it through the website because the website doesn't have a way to determine if a site has a Moderna or a Pfizer vaccine. That will begin the week of March 15 and it requires calling the phone number.

Q: According to Governor Scott, any number of people who have all been vaccinated may gather (i.e., 8 people from different households), such a gathering may include up to ONE non-vaccinated household.

A: Breena Holmes, MD, VCHIP, VDH: That's what I heard as well.

A: Shari Levine, VDH: We will learn more later today or Monday and keep you updated!

Q: I thought Mike Smith said teachers/childcare had to sign up in a particular way.

A: Breena Holmes, MD, VCHIP, VDH: I'm just sticking with what I'm learning through my agency of education and child development division channels which is that all things will be revealed in time and it will be very clear to everyone.

Q: Is having had COVID-19 protective against the variants as the vaccines can be?

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: The data suggest not for P.1 and B.1.351.

Q: How long out are they from their original infection? >3 months later?

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: In other words, vaccination may still be necessary in people with prior COVID due to risk of re-infection if these variants are widespread.

C: I listened to this yesterday. As Dr. Raszka is saying, there's a really concerning situation in Brazil:

<https://www.npr.org/2021/03/04/973791954/sao-paulo-prepares-for-lockdown-after-record-covid-19-deaths-in-brazil>

Q: Is the current 3-month reprieve from quarantining, post-vaccination, going to be extended? I'm hearing people question why get vaccinated if only gives 3mo "clearance" from quarantine.

A: Benjamin Lee, MD, UVMCH & LCOM Dept. of Pediatrics: Most likely >3 months for most reinfections.

Q: Can you talk a little about efficacy v. effectiveness?

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: Efficacy can be defined as the performance of an intervention under ideal and controlled circumstances, whereas effectiveness refers to its performance under "real-world" conditions.

Q: Is there any information about rate of "long haulers" in vaccinated COVID-19 positive patients (post vaccine) vs unvaccinated?

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: No; here is an interesting tidbit about vaccinating long haulers. The term proposed for long haulers is PASC: Post-Acute Sequelae of SARS-CoV-2

infection. https://www.medpagetoday.com/special-reports/exclusives/91476?xid=nl_covidupdate_2021-03-05&eun=q1019770d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=DailyUpdate_030521&utm_term=NL_Gen_Int_Daily_News_Update_active.

A: Lisa Gannon, MA, Primary Care Health Partners: PASC = more clinically accurate but “long hauler” = widely recognized slang.

Q: I suspect there will be questions from people offered Johnson & Johnson who say “I don’t want to even get mild disease because I worry about PASC or MIS-C after a mild case.” Do we suspect that will be decreased in vaccinated folks? Do you have a way of talking about vaccine-induced T cell immunity and how that will be helpful and protective even if someone has a swab positive or mild symptoms? Immunology is not my strong point and I’d like to know how to talk about this in a simple way that accurately reflects what we know and don’t know about vaccine-induced immunity. Especially Johnson & Johnson vaccine.

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: We just do not have any data on PASC post vaccination. To date, I have not heard any reports of that. We did not scan for infection in several of the trials. We of course do not have any data on MIS-C post vaccination as so few people 16-18 have been immunized. We can get together to discuss more.

Alex Bannach, MD, North Country Pediatrics: Q: Were those studies done before the mutations/variants were widespread?

A: William Raszka, MD, UVMCH & LCOM Dept. of Pediatrics: The Pfizer and Moderna vaccination trials were performed before the variants emerged.