VCHIP CHAMP VDH COVID-19

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COVID-19 Cases in VT K-12

Breena Holmes, MD, VCHIP, VDH: My sense of this increase is that there's some overlap between these cases that are counted as infectious in schools and some of our sports. Dr. Levine mentioned this. We did hear from our school liaisons that the Pfizer vaccines are not distributed equally throughout the state. There are only three health department district offices throughout the state who have this brand of the vaccine for kids between 16 and 18. I need to hear from all of you about geographic difficulties with access to the Pfizer vaccine within this age range.

New Study on 3 feet vs. 6 feet distancing in Schools

Benjamin Lee, UVMCH & LCOM: I haven't had a chance to read the paper in detail. In my mind, this is the single greatest barrier to getting kids back to in-person learning, the distancing requirements. Unless there's something in the guts of the paper that I'm missing, to me, this looks compelling that there's no difference between 3 feet and 6 feet. What I want to look into in a little bit more detail is what the actual grade and age breakdowns are to see if there's any variability there. On the surface, this is terrific news. If the data holds up, then we should absolutely use it to inform mitigation strategies here to help kids get back in school.

Cardiac Screening and Return-to-Play

Breena Holmes, MD, VCHIP, VDH: This week, cardiac return-to-play created the most discussion. Kristin Connelly and Jonathan Flyer worked on this to the best of the evidence we know so far and then we will update it as more is known. Currently, it is the AAP and our pediatric cardiologists' recommendation that all children who've had COVID-19 be seen by their medical home and be cleared. Children over the age of 12 that are returning to strenuous activity need a 7-day graduated return to play. For patients and families, there is an opportunity for decision-making. I'm very interested in all things COVID-19 because it's a novel virus, and we have to go with what we learn every day.

Summer Programming

Becca Bell, UVMCH: Some of the programs are not sure what their capacity can be because as they're trying to make plans, some of the guidelines are still a little up in the air. Families are hesitant or reluctant to sign kids up for summer programming if they're not sure how consistent it will be or whether or not it's safe. Summer programming will be very beneficial to young people.

We've been seeing some reasonable pushback about the language we're using around schooling this year and not focusing too much on learning loss. But at the same time we know there are young people who've become disengaged with learning to the point where coming back is going to be really challenging. Some are going to be frustrated about being behind their peers. It's going to be really important to give them an opportunity to be with other young people, doing fun things, being social. Summer programming is really

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important for parents and families who are working. We need to make sure we have opportunity for everyone.

Child healthcare providers are a trusted resource for our patients and their families. When they ask about whether or not they should have their child in summer programming, I think we can all feel comfortable reassuring them that this is a safe activity. We're in a much different, better place than we were last summer. For starters, all eligible adults involved in summer programming will be vaccinated by this summer, which is huge. We didn't have that last summer and that helps with actual transmission as well as with disruption. Testing is widely available (unlike last summer) and we know way more about the virus now than we did before. We also have a full year under our belt with school and childcare and very minimal transmission.

I think we can talk to our families in clinic visits and ask, "what are your plans for the summer?" If they're thinking about signing kids up we can encourage them to go ahead. Practices that have a social media presence can put some of this messaging out. If folks are wanting a flyer geared towards kids and their families we can try to make one up with Vermont Afterschool that could be sent out or posted to your social media.

Be prepared to hear from me or some Vermont Afterschool programming folks around potential local advocacy in the near future. Every town and city has different issues related to some barriers around this. One such barrier might be whether or not summer programs can use school space. We may be asked to speak to our local superintendents, local schoolboards, and staff about this. (Although Breena is doing a ton of that right now.) There may be opportunities for local efficacy that we may reach out to you individually around. But for now, what we can do is just thinking about summer and encouraging people to take up these opportunities here for summer programming.

Seratology Study in Children in Vermont

Benjamin Lee, MD, UVMCH & LCOM: Last summer, there were still lots of questions about SARS-CoV-2 and kids regarding susceptibility, transmissibility, the true infection, and prevalence. Part of that was because schools were closed and kids were not out in the community so all the data that we had was based on household clusters. The big question last summer was, "how will that data extrapolate to school settings?" It was in that context that I wanted to do this study.

At the time of the survey, it was before kids had one back to school so we really had no idea how all of the mitigation was going to work, how consistent the strategies would be from place to place, etc. I decided to keep it simple and just focus on one district. Unfortunately that ended up introducing more challenges because there was a lot of hesitancy.

The final participation rate was a little under 18% among students. We had estimated that we would be able to get somewhere in the neighborhood of 30-40%.

As we expected, the pre-K through grade 5 age group had the lowest prevalence rates by far (1.8%). But in grades 6-12, that does jump a bit. One of the things that I would caution is that when we get into those numbers, at those sample sizes, the precision is very low. If you look at the confidence interval, specifically for grades 6-12, they are unquestionably the broadest of the group. So to me, the exact number is less important than the overall pattern that we're seeing. The pattern is what we had expected: the youngest

kids would have low prevalence and the rates would increase in the older kids.We didn't expect to see zero prevalence rates, out of proportion with what we would expect for the community.

Wendy Davis, MD, VCHIP: I think considering the context and all the challenges, it's amazing that you were able to get the data that you did get. And please come back to this group and let us know if we can help you with any of that follow-up. I also love the partnership with the Health Department, which of course is critical, but also that you were able to bring back in Ben Grebber one of our wonderful 4th year students now who had participated with us in the spring when their curriculum changed.

Questions/Discussion

Q: General question: If our office is 2 weeks post 2nd vaccine, do we still need to do temp checks daily?
A: Breena Holmes, MD, VCHIP, VDH: No talk of changing temp/daily health screenings in healthcare to date.

Q: Is the expectation that all ASYMPTOTIC athletes must be rescreened for sports participation, and MUST go through return to play protocol?
A: Wendy Davis, MD, VCHIP: We do make the great work from Kristen Connolly and Jonathan Flyer available in different sectors, most recently through the AOE and the school leadership, super intendents, are seeking clarification. The language used is being shared with them identifying that the protocols are the responsibility of the medical home but with decision making of the child the youth and their family and inserting clinical judgment in the conversation.
A: Breena Holmes, MD, VCHIP, VDH: The pediatric cardiologists and Kristen Connolly worked on this to the best of what we currently know about what know about COVID and the risk to children and we plan to keep revisiting and revising as we learn more and currently it is the AAP and our pediatric cardiologists recommendation that all children who have had COVID be seen by their medical home and be cleared and if the group are above 12 years of age returning to strenuous activity they need a 7 day graduated return to play. Would like to amend this as the weeks go on and we learn more. There's an opportunity here for decision making. It's a novel virus and we learn every week and we have to go with the information that is in front of us every day.
A: Elizabeth Wirth, School Nurse, U-32 School: Thank YOU, I needed this. I'm getting questions about if this is a state mandate. Our Athletic Director wants to have everyone go through the 7-day return to play protocol. Lots of pushback from hockey parents.
A: Breena Holmes, MD, VCHIP, VDH: It's not a state mandate. It's a recommendation for clinical decision making. It's allowable that the school would take the recommendation from our esteemed colleagues and decide to implement a standard approach across all athletes.
A: Joe Nasca, MD, Northwestern Medical Center, Pediatrics: LOTS of confusion and anxiety among the hockey families.
A: Breena Holmes, MD, VCHIP, VDH: I hear you. We get the calls, too. Of course there is confusion and anxiety, new virus, learning every day and trying to keep recommendations based on what we know today.
A: Joe Nasca, MD, Northwestern Medical Center, Pediatrics: The athletes got the message they would drop dead on the ice.
A: Breena Holmes, MD, VCHIP, VDH: That's unfortunately because it's extremely rare.

Q: Are playdates okay one on one or small groups?
A: Breena Holmes, MD, VCHIP, VDH: We are going to have to analyze the language in what is allowed but one family with one other family at a time. The policies are announced at the media briefings. There's no language ahead of time. The best we know is that one family can gather with another family and then another day another family. But not two.

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Q: What about families looking at travel with vaccinated parents but obviously kids not vaccinated?
A: Breena Holmes, MD, VCHIP, VDH: As a reminder, if the parents are vaccinated, kids aren't vaccinated, so when you travel you don't get excluded from quarantine.

Q: Where are we at with vaccines for caregivers/family members of medically complex patients (i.e., those who qualify for 5B?)?
A: Breena Holmes, MD, VCHIP, VDH: We had a really solid week of advocacy in that arena with Jill Rinehart, Keith Robinson, Joe Hagan, Charlotte Safran, and others writing letters, including the Vermont Family Network.

Q: Did you collect data for the participants of who had a COVID-19 PCR +, or acute illnesses in the last year that may have been COVID-19?
A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Interestingly, there was no seropositive person who self-reported a prior history of COVID-19 or household contact with COVID. If we look at total PCR+ counts by the first date of our blood collection, we get a cumulative incidence of about 0.5% vs. about 5% based on our serosurvey which is about a 10 fold underestimate. It tracks almost exactly with what other groups have found in other settings. With the recent Mississippi study, when they tested residual lab specimens just relying on confirmed PCR positive cases in children was underestimating true prevalence by a little over 12%.

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