

VCHIP CHAMP VDH COVID-19

March 17, 2021 | 12:15-12:45pm Call Questions and Answers*

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

Breena Holmes, MD, VCHIP, VDH: This is pretty stable week-to-week, between about 50 and 65 cases. We are starting to look at the data around age. There are more cases in high school than elementary school, so we are looking into the reasons why that may be. Everyone knows what to do now when schools have cases. That's going smoothly, and most schools are staying open. For teachers getting vaccinated on the same day, schools might find not enough workforce after teachers receive their second dose. It will be up and down a little for our in-person education as we get everyone in school settings vaccinated.

When athletes have COVID-19, there is a quarantine for people around them. The outbreaks themselves mean it takes several weeks before they can play again. According to Return to Play guidelines, first you have to get well, then make an appointment with medical home, and then have graduated 7-day return to play. Each school district makes their own decisions around if they have enough people to play and do they want to play under those circumstances. We're almost through the winter sports season and it's not ending well for some teams in terms of cases.

Summer Opportunities – Vermont Afterschool

Breena Holmes, MD, VCHIP, VDH: First, we have to make sure there are enough opportunities for young people this summer, children and youth. Programs also need guidance for how they can safely operate, including staffing, space, and number of slots. We then need messaging to parents around what the opportunities are and that they are safe. We are trying to get all those pieces lined up in a way that makes the most sense. Some programs don't have enough people enrolled. Others aren't planning to run. The ones that are planning to run won't have guidelines until April. What do your families and communities need to know to feel good about this? There is a group of young people who often don't engage in camp, between camp age and job age. That group needs socialization and time outside together this summer. It is not a summer to just hang out at home. If you have ideas about that, I want to hear them.

Cardiac Screening and Return-to-Play – AOE Communication

Breena Holmes, MD, VCHIP, VDH: The guidance is expert opinion. This is clinical decision-making, not school health. The best way forward is for local health teams to form to talk about how you want this to roll out. How are you going to share the medical clearance form, which is intended for all students who have had COVID? How do you want to handle the graduated return-to-play for those student athletes over the age of 12? If the concept is team-based care, you can form a team and develop your own policies at the local level. We can't standardize this for communities. Nurses are noting that students are only in school for 2 out of 7 days in hybrid models, so school nurses are not able to monitor the students for that entire time. Students may have to self-monitor or have a parent monitor them. I'd rather stick with feedback on how to operationalize this, rather than entertaining conversations pushing back against the recommendations themselves.

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

Questions/Discussion

Q: Would love to get Drs. Lee and Raszka's take on the Astra-Zeneca vaccine and sinus venous thromboses. So disappointed that Germany has done such a poor job of immunizing their population so far.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: My personal take on this is that this is mass hysteria more than anything else. There is certainly a responsibility of the health agencies to do their due diligence when someone in the field reports in concerning outcomes that is sent up the chain as something that needs investigation. On the other hand I am personally not aware of any evidence that any of these outcomes that are being reported happening at an increased rate above what is expected for the general population. This is all based on chronology. If you vaccinate however many millions of people, then just by sheer chance you are going to have a number of outcomes, especially in populations of more advanced age that coincidentally happen shortly following vaccination. The challenges I think with Astra-Zeneca vaccine with the initial rollout according to the results was fraught with issues initially. Public confidence in the vaccine is much lower than with other vaccines. I think that's more messaging and marketing issue rather than anything inherently wrong or more dangerous about the vaccine itself but once that sentiment is out there, you can imagine it's easier for a different threshold for when to respond to potential concerns. I could be proved incorrect based on what we know now I am not aware of any evidence about what's happening on any rates of thromboses or anything like that are beyond what would be expected for the general population. I wonder if this vaccine is going to continue to take a lot of shots and have its knees knocked out underneath it because of these cumulative questions about it. It's worth remembering that to date it is the vaccine most widely used in the world. There are selected Countries that have decided to stop using the Astra-Zeneca vaccine and are not operating on compelling data or evidence that there is truly a problem.

A: Alex Bannach, MD, North Country

Pediatrics: <https://www.nytimes.com/2021/03/15/world/europe/astra-zeneca-vaccine-europe.html>.

Good article summarizing the current situation in Europe.

Q: Any chance for a VDOH grant to promote outdoor activities, similar to the VDOH flu grant?

A: Breena Holmes, MD, VCHIP, VDH: There is actually a large amount of money promised in this space and waiting for details. Money will go through VT Afterschool and Rec/Parks organization, not VDH.

Q: Has there been discussion about VT restarting the county map for approved travel? I know you can still look up COVID rates across the country, but wondering if there will be guidance around "safe" travel as we head into spring and summer. I know technically we are all "red."

A: Breena Holmes, MD, VCHIP, VDH: I don't hear anything from leadership that they are going back to that direction. If anything, they're going to keep opening. They're not tracking states that way anymore because cases are dropping. I suspect they are going to start relaxing travel shortly. They alluded to an announcement about that on Friday.

C: Breena Holmes, MD, VCHIP, VDH: From VT Afterschool – WOW! There is so much to celebrate in this moment. Breathe it in. Afterschool, summer, and youth-serving organizations are getting recognized for their valuable role in supporting the needs of children, youth, and young people in a number of ways:

- **American Rescue Plan – \$30.35 billion for afterschool and summer learning programs nationwide with over \$50 million for Vermont dedicated to learning recovery (including afterschool and summer) over the next two years.**

- **CRRSA Grant Program – federal funding allocated to licensed afterschool and child care programs to offset costs associated with providing care to Vermont’s children during COVID with applications due March 31, 2021.**

Q: Could you confirm, are individuals considered fully immunized two weeks after receiving the Johnson & Johnson vaccine? I've had some teachers ask this week.

A: Breena Holmes, MD, VCHIP, VDH: Yes. It’s what the CDC says. However, someone heard Dr. Levine say 4 weeks. We have asked for further clarification.

C: I agree that physicians need to lead but we need assistance from coaches, trainers, etc. for the actual activity otherwise we will always have to rely on the patient/parent.

A: Michelle Perron, MD, Timber Lane Pediatrics: Challenging to work in teams when medical home has patients attending many different school systems. I agree with Judy that we need help.

A: Breena Holmes, MD, VCHIP, VDH: Staff in VDH District Offices are available to help, but it’s imperfect, as they are being pulled to vaccination clinics and to contact-tracing response.

A: Stan Weinberger, MD, Pediatric Primary Care, UVM Medical Center (Burlington): Another quick comment, the specificity of HR monitoring to insure <80% max activity is intimidating to many for monitoring (vs. perceived effort).

A: Breena Holmes, MD, VCHIP, VDH: Great point.