

VCHIP CHAMP VDH COVID-19

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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

Perinatal Women's Plan to Receive COVID Vaccine & Vaccinate Their Children

Leigh-Anne Cioffredi, MD, UVMMC: We're following a cohort of perinatal women through the COVID-19 pandemic. The cohort itself is built to evaluate the impact of both COVID-19 infection (if they get COVID-19 infections) and the mitigation strategies on mental health and well-being in this population. After the babies are born, we evaluate the impact on infant and child development. I thought it was very important to understand the opinions of this population regarding the COVID-19 vaccine in terms of their health and the health of their children.

This is an important population to assess what we as pediatricians can expect moving forward as these women are often the ones making healthcare decisions about their children. They represent a population for which the vaccine is recommended but the data is (in my opinion) still somewhat lacking on what it does to fetuses. We just don't have the data because they haven't yet been included in long-term trials.

This survey was implemented before the vaccine became available to pregnant women. The survey measured general vaccine hesitancy in two ways. The first is through "the 5C" psychological antecedents of vaccination, which are as follows: confidence, complacency, constraint, calculation, and collective responsibility. We also measured vaccine hesitancy as it relates to childhood vaccinations for women who've had children before, using the parent attitudes about childhood vaccinations scale. In pediatrics this is a very well-established scale for looking at vaccine hesitancy. It measures the "confidence" in vaccines. 16% of women surveyed had already been vaccinated. Because this survey was conducted in January, we likely have a relatively high proportion of healthcare workers or those involved in high-risk situations that made them eligible for the vaccine sooner.

One thing that came up when I gave this presentation earlier was the way we have currently articulated the lack of concern for COVID-19 in children and how that kind of set us up for this situation. I think that we need to be very thoughtful about that moving forward. We're learning more and more that rates of COVID-19 in children are similar to rates in the general population. So, we don't think children are as protected as we once did. We need to make sure we're adjusting that idea of them kind of being the "safe" unit that isn't going to be impacted as strongly.

Wendy Davis, MD, VCHIP: Dr. Cioffredi had the opportunity to present this at the COVID-19 Research Slam hosted last week by the Larner College of Medicine. I know there were a variety of presentations in many different categories about the research that's going on at UVM and in our community. It's very relevant to this group.

School-Age COVID-19 Cases and Youth Sports

Breana Holmes, MD, VCHIP, VDH: There's been some confusion from the press and others that somehow the health department got involved in providing some kind of special accommodation to the Essex hockey team and that's not accurate. The Essex team is finding their own rapid PCRs and that would not be a role the health department would play for any organization or group. We have our own testing platforms and we turn the test around as fast as we can but certainly not this fast. This group of players is eligible to get out of quarantine today and the game is tonight, which is what made this such a complex set of circumstances. Our team at the department of health school childcare branch are hearing from a lot of people feeling like some "deal" was pulled or this was in some special accommodation. So just making sure you all know that is certainly not something we would ever do. These guys were exposed to somebody with COVID last Wednesday so I hope none of them have COVID and off goes the game. We'll know later.

Questions/Discussion

Q: It would be interesting to see how these models change as more data comes out around vaccine safety in the under 16 age group. I can understand parents' resistance when there are still so many un-knowns in that population.

A: Jenn Reges, LICSW, Howard Center: I work with mostly Medicaid-insured pregnant and breastfeeding women and most I've talked with are vaccine-hesitant.

A: Alex Bannach, MD, North Country Pediatrics: This is so consistent with what I see in practice every day! There is still so much misinformation and lack of trust due to concern that "the vaccine was approved too quickly" and lack of understanding that the approval process, even though more rapid than usual, was as strict. Would be great if VDH messaging could educate on that. I spend a lot of time educating families about the safety of the COVID vaccine, hoping to increase uptake when they qualify. It was great to see Governor Scott take advantage of his upcoming vaccine to advertise the importance and safety of the vaccine.

A: Melissa Kaufold, RN, UVM Health Network Home Health & Hospice: Also helpful to approach clients as vaccine "deliberating" for those who are considering and wanting to wait/have more info as opposed to "hesitant."

A: Leigh-Anne Cioffredi, MD, UVMMC: I totally agree. Even in this highly compliant population nearly 1/2 of the women indicate they weigh the pros and cons of vaccinations. There is certainly a potential to change minds. My data (measured on PACV) confirm that pediatricians are a trusted source for information about vaccines.

Q: Do you have plans to follow-up with this cohort in any way around this specific issue to determine either what they do or even to intervene in some way with the kind of education you reference?

A: Leigh-Anne Cioffredi, MD, UVMMC: We really want to be at a baseline here to be able to measure as both women got the opportunity to become vaccinated and as we start learning more about what vaccines look like in children and when they become available in children. We absolutely plan on following up with them with questions assessing the same thing although we won't reassess their vaccine hesitancy for general vaccines. We are going to assess their desires to get themselves and their kids vaccinated probably on an every other month basis. I don't have any plans at this point. It really is an observation trial not an intervention type of trial. I don't have any intention to do any education specifically around these women unless they reach out for any information. I want to make sure I don't alienate anyone by trying to hound them with education about all of the things that they could be experiencing during this pandemic because I want them to continue answering all of the vaccine and other surveys.

Q: Where do you get a rapid PCR testing?

A: Breena Holmes, MD, VCHIP, VDH: There are many any options including Burlington airport and a few community hospitals. There are costs associated with these.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: While the health department is not involved in the hockey issue, I am bothered that some teams (in affluent areas) can get testing so quickly.

A: Breena Holmes, MD, VCHIP, VDH: The school nurses in Essex are amazing and are making sure all athletes have same access to testing.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Thanks. That is great. I wonder if this would have happened if the team was from another area, e.g., North Country.

Q: What are the current recommendations around testing/quarantining on patients who are presenting with COVID-like symptoms but had a positive COVID test >3 months ago?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: No different. Manage the same as for someone without prior infection.

A: Breena Holmes, MD, VCHIP, VDH: If patient is past the 90 days from having COVID, and close contact to someone with COVID, they need to quarantine. Is that right, Nate?

A: Nathaniel Waite, RN, VDH: I believe so.

Q: And if <3 months, then no test or quarantine needed?

A: Breena Holmes, MD, VCHIP, VDH: That is correct.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: It depends on the presentation. If they have a presentation highly suspicious for COVID, then you would still test if alternative etiologies cannot be ruled out. If they have an EXPOSURE within 90 days and are asymptomatic, then they don't need to test or quarantine. As more people get vaccinated, we can/should expect to see infrequent breakthrough infections. Real-world use is different than clinical trials data and are typically not as clean but that is okay and expected. It doesn't mean that the vaccines aren't working.

A: Nathaniel Waite, RN, VDH: Folks may have some difficulty accessing some pages on the VDH site at the moment. Please be patient. We are working on fixing things. I think we may have a few FAQ's that address some of these scenarios.

A: Megan Spaulding, School Nurse, Union Elementary School: I wish we had walk-in clinics for vaccines for June/July for those that didn't make the phone calls or didn't register online.