

VCHIP CHAMP VDH COVID-19

March 26, 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

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

Breena Holmes, MD, VCHIP, VDH: We were concerned when we were at 60 cases. It is so important to have situational awareness of this work that Wendy does to remind us of data each time. The data reflects what we're already experiencing. The past two weeks have been the most cases in schools by far. It's important to note that there's a pretty significant connection to the winter sports wrap-up over the last three weeks and the number of cases that ensue in some of those settings. Winter sports ends this weekend so I would really like to see that number come down next week. The weekly data summaries are terrific. 90% of cases in Vermont are interviewed in the first 24 hours. No state is keeping pace like that when you look at all the cases there are and how many humans that takes. We continue to be very committed to contact tracing and I think the weekly data summary is really important to review.

School-Age COVID-19 Cases and Youth Sports

Breena Holmes, MD, VCHIP, VDH: I'm happy to have folks reach out if they have questions. We've had large buckets of very upset humans in the last few days. If you're experiencing anything in your pediatric offices with families or you want to reach out to me, I'm happy to fill in some of the gaps. We determine who needs to quarantine on a case-by-case basis and it's not always aligned with the shared goal to get kids onto the court or the ice. It's been a rough few days for a lot of families and student athletes.

AAP Updates

Wendy Davis, MD, VCHIP: In the AAP daily briefing this morning, they indicated the first folks under 12 years of age have received the vaccine in the Pfizer trial. What they are reporting is that those results are expected in the second half of the year and the company hopes to vaccinate younger children early next year. The AAP continues to robustly follow the pediatric data. This is in collaboration with the Children's Hospital Association. They obtain this data through publicly reported sources and publish it week by week. For many weeks, new pediatric cases in the Northeast was consistently lower than other regions. But if you look carefully this week, cases have been a bit higher, particularly compared to western/midwestern regions, which has been reflected in national news reports. It's interesting to see that being nationally shown in pediatric data as well.

COVID-19 Interim Guidance Updates

Breena Holmes, MD, VCHIP, VDH: We're going to work hard to be able to talk more about this next week. The governor is fully focused on the importance of summer for our children and youth. We've got wonderful people thinking about it. It's full steam ahead, but there are so many guardrails still in the executive order that it's a complex time to be advising camps on how it's going to look this summer. We're asking for a little bit of a timeline so the governor can prognosticate with us about group size and how the summer's going to roll as it relates to these really important activities both day camps and overnight camps. What Dr. Davis is noting is other New England states have actually come out and said they're going to have tons of fully

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

enrolled overnight camps or partially enrolled. They're giving a little bit more of a preview than Vermont's leadership is. I'm going to try to see if we can get a little bit of a dialogue going next week. Next week is April, so I'm super hopeful. If you get questions from families, I think you really can say that we're going to have a lot of opportunities this summer and they're going to be safe because we're going to set them up well and it's going to be definitely better than last summer.

Questions/Discussion

Q: I wonder how many class days have been missed because of contact tracing. A pretty terrible cost I think.

A: Breena Holmes, MD, VCHIP, VDH: Friday answer, TONS.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I am so incredibly concerned that this is spirally out of control. We can assume that the B1.117 variant is the dominant strain.

A: Beverly Boget, Let's Grow Kids: My daughter is on the CVU basketball team. She missed two in-person days due to Covid positive of a teammate. All girls on the team quarantined and tested negative so mitigation measures in place at practice seemed to work well. They did have to pull out of the playoffs but no further spread due to winter sports for them.

Q: Suspect number is high. Younger siblings are getting it from older siblings and then young kid classrooms getting shut down.

A: Nathaniel Waite, RN, VDH: We often try to say going remote.

A: Breena Holmes, MD, VCHIP, VDH: Great point, Nate, not closed, going remote.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: While going remote is an option, it is not optimal. I would also say that many others are impacted other than just the children who are quarantined.

Q: Any update on moving parents of vulnerable children ahead in the vaccine line?

A: Breena Holmes, MD, VCHIP, VDH: Yes, there's so much incredible advocacy around this. I love our community. I get several emails a day and lots of letters to the commissioner and they're not budging. The administration is going age banding rapidly. Depending on how old the parents are of your vulnerable children in your practices, will get everyone through in April. It's just the Vermont approach and I appreciate all of the advocacy.

Q: Does anyone know when Moderna and/or Pfizer will publish data and get approval for kids under 16?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I do not know when Pfizer will release the 12-16 year old data. I think that trial is fully enrolled. Pfizer is enrolling 6 months to 12 years. Moderna has been quiet.

Q: I just saw something this morning about a variant spreading in India that combines the British and South African mutations and is apparently not very well prevented by vaccine at all.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Alex, we are always worried about the rise of new mutations or combinations of mutations that become variants with survival advantages. The key mutation initially described in S. Africa also arose probably independently in Brazil. We should expect strains to emerge that have both increased infectivity and some "resistance" to neutralization by antibodies to other strains.

A Shannon Hogan, DO, UVMCH Pediatric Primary Care: What is scary as well is that as people get vaccinated, even after 1st dose, they are being less safe.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I suspect the thinking across the country is changing. The curve has been flattened. I suspect that as long as hospitals are not overwhelmed, we will keep opening up. COVID may have almost reached "endemic" phase.

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

C: Nathaniel Waite, RN, VDH: Ski resort guidance is here: <https://accd.vermont.gov/news/update-new-work-safe-additions-be-smart-stay-safe-order#ski-resorts> page 10, letter E describes lift operation.

Q: Have we seen a decrease in regular vaccinations in VT? Comparable to flu vaccines?

A: Wendy Davis, MD, VCHIP: The last time I looked we did have some decreases but I'm making a note to get that data for Monday.

Q: It would be incredibly exciting to be able to administer COVID vaccines in the practices, not to replace community vaccine clinics but more to complement them.

A: Ashley Miller, MD, South Royalton Health Center: I agree.

A: Heather Link, MD, UVMCH Pediatric Primary Care: I agree with being ready and willing to administer COVID-19 vaccines in office. This may help people return to their pediatrician's office if they've been away (a suggestion from my colleague, Dr. Matt Saia), and allow us to check in with them again for social determinants of health.

Q: Is storage capacity an issue in practice offices?

A: Ashley Miller, MD, South Royalton Health Center: Not at my practice. There is adequate capacity at our practice so storage isn't an issue.

A: Leah Flore, FNP, Shelburne Pediatrics: Most pediatric offices have deep freezer for MMR/varicella so storing Moderna should not be an issue.

A: Breana Holmes, MD, VCHIP, VDH: I certainly think Johnson & Johnson is easiest to store but that's not currently being studied in children.

Q: To clarify, what is the best route for patients 16-18 to register for the vaccine?

A: Breana Holmes, MD, VCHIP, VDH: Either website or phone call should work. Because you are all the keepers of this age group, let me know if that's not true. As recently as Monday, I was told it was working great. The system itself can tell you where the Pfizer is so you can do it on a website. When you enter 16 years old it should only direct you to a site that has the Pfizer.

A: Barbara Kennedy, MD, Timber Lane Pediatrics: So, not pharmacies?

A: Breana Holmes, MD, VCHIP, VDH: I would not do that route because they don't have an algorithm for age to my understanding so I would stick with the website or the phone number.

C: There's a possible delay in chronic illness folks not yet signing up. I hear discussion in this group of seeking choice of vaccine as seeming more important than getting whatever vaccine they can.