

VCHIP CHAMP VDH COVID-19

March 29, 2021 | 12:15-12:45pm Call Questions and Answers*

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COVID-19 in VT Children and Youth

Breena Holmes, MD, VCHIP, VDH: Cases in children are on the rise in Vermont. We don't know exactly why, but we've heard from many school nurses and superintendents that there is a growing number of young people gathering. I'd like to also think about this through the lens of parenting. You, pediatricians in the community, please message to parents that we don't feed into adolescents' desire to gather. We know everyone's tired, but we're almost there.

We're doing better at vaccinating educators. At first, there was a code, and they could go anywhere. It's a smoother process now. We are looking into May for educators to be fully vaccinated. We want more in-person schooling for kids, but it's happening at the same time when there is a rise in cases. In terms of vaccinating college students, the Governor is waiting for vaccine supply and then will decide on the policies. I haven't heard from you on return to play. We are wondering how it's going, as spring sports begin in early April.

Questions/Discussion

C: Nathaniel Waite, RN, VDH: We don't yet know if out-of-state college students will be able to get vaccinated in Vermont. Conversations are ongoing, and we will share information as soon as we have it. From this FAQ, When can I get my vaccine? Who will be eligible next?

<https://apps.health.vermont.gov/COVID/faq/#vaccine-eligibility>.

Q: We have a patient in our practice who was COVID positive in February, traveled to see family in FL, has to quarantine when he gets home due to travel, but is not advised to get a test in a week due to recent positive, so school won't let him back until the full two weeks is complete. Is this correct?

A: Nathaniel Waite, RN, VDH: Testing could be problematic.

A: Breena Holmes, MD, VCHIP, VDH: Ilisa took a similar scenario up the policy chain. People who have had COVID still have to quarantine when they travel. Confirming, the VT policy is individuals who have COVID still have to quarantine when they travel. For a student, that would mean fourteen days as there is no testing out. My question is why they traveled. This is problematic as we have not aligned this policy with other states. This is the Governor's pretty significant ongoing concern about travel.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: In theory, if the student has confirmed COVID in February, I am not sure why they have to remain in quarantine for 14 days. Agree, that testing would be problematic.

Q: Can you clarify current VT guidance about outdoor gatherings of unvaccinated people from >2 households?

A: Nathaniel Waite, RN, VDH: <https://apps.health.vermont.gov/COVID/faq/#4761>

A: Breena Holmes, MD, VCHIP, VDH Unvaccinated cannot gather. They can gather with one vaccinated household and then another the following day. The VDH FAQ is very specific in answering the gathering questions even better than I can verbally.

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

Q: Yes, specifically outdoors/masked/distanced, but more than the one unvaccinated and fully vaccinated?

A: Breena Holmes, MD, VCHIP, VDH: No, you can't do that yet. With the cases still high, it's a little unknown what the Governor's turn of the spigot will be each Friday.

A: Nathaniel Waite, RN, VDH: <https://apps.health.vermont.gov/COVID/faq/#4638>

Q: Is the Johnson and Johnson now 2 weeks after considered fully vaccinated? It used to be 28 days, but at the press conferences, all I hear is 2 weeks after.

A: Breena Holmes, MD, VCHIP, VDH: 100%, 2 weeks. That was an early misfire corrected multiple times. 14 days post J&J is considered fully vaccinated.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: For all vaccines, it is 14 days after final dose.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Maximum protection is seen 4 weeks later, but for public health purposes 2 weeks is considered sufficient to qualify as fully vaccinated.

Q: I have a patient with behavior issues who is struggling with keeping the mask up over the nose. Lots of behavior interventions but being sent to principal's office. Mom asked me about a face shield. She is ok with continuing with the mask but I told her I would ask if a face shield is even allowed. No medical issues, just behavior.

A: Breena Holmes, MD, VCHIP, VDH: We were very clear in our guidance that face shields are not ideal. I could imagine you, the school nurse, and the family could work together to determine if a mask exemption is in place for a face shield, but the teacher will want to think through the risk/benefit analysis in the classroom of the face shield without a mask.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: For students, face shields have generally been discouraged.

A: Leah Costello, MD, Timber Lane Pediatrics: That is what I thought. I just wanted to confirm! I spoke with the COVID coordinator about this but it was the first time it had come up so we couldn't remember.

A: Leah Flore, FNP, Shelburne Pediatrics: Often 2 masks will keep it over the kid's nose.

Q: We had a school decline to monitor the gradual return to play for a student. They turfed it back to PCP office, but since there is not really a way for us to monitor the patient for symptoms, it seems up to the family to monitor the player?

A: Kristen Connolly, MD, Timber Lane Pediatrics: Medical clearance to begin RTP is signed by medical office. Completion of guidelines happens with families/sports monitoring depending on situation. The signature was just so schools could keep track but parents can probably confirm completion (practically speaking).

A: Breena Holmes, MD, VCHIP, VDH: If they turfed it back to you, it would be helpful to have a conversation because what their point is that, especially with the older kids, they're only in two days a week so they can't do a 7 day return so there has to be some parental and student ownership as well and a little bit of knowledge on the part of the medical home. At the same time the school has some role. I see the gray here. So I'm curious in teams whether or not you have a nurse you can check in with recognizing that ultimately I agree with Kristin, that is does land back on parents and students because of the hybrid nature of education and the fact that medical homes are not going to be in the daily role either.

A: Kristen Connolly, MD, Timber Lane Pediatrics: That page was just so school could a knowledge completion. It probably needs family signature and school acknowledgement.

A: Monica Fiorenza, MD, Timber Lane Pediatrics: Coaches and athletic trainers for high school athletes who are in season for their sports will be seeing student athletes 5+ days a week for practices, so they should be able to be involved in the gradual return to play.

Q: It would be ideal if the vaccines could be at the health provider's office then we could vaccinate the 12+. If we actually had COVID money for School Nurse clinics this may be helpful.

A: Wendy Davis, MD, VCHIP: I think the Commissioner now is asked that question almost every week during the Vermont Medical Society call and what he said this past Thursday is, without being specific about timing, that it seems likely that there will come a point that there will be some transitioning from really large mass vaccination clinics to other sites and noticing that FQHC's are already identified as being in that mix. I don't think we have a firm timeline. I also just want to reiterate the American Academy of Pediatrics is doing a lot of advocacy at the federal level to have policy recommendations flow from above in terms of including those who care for children and youth to be able to administer vaccines at the office, although noting some limitations depending on the type of vaccine in terms of storage and handling. We have asked the immunization program folks to come on a call and are waiting for them to confirm a date for that but we hope to hear from Chris Finley soon or some of her colleagues about this topic and also in the realm of routine vaccine.

A: Megan Spaulding, School Nurse, Union Elementary School: I had amazing feedback and heard all positives from CVMC Pediatrics drive through flu vaccine. So, if something like that could be repeated, parents really felt safe and loved it.

A: Ellen Gnaedinger, APRN, South Royalton Health Center: South Royalton Health Center School Clinic did 560 flu shots out in the schools last fall. If we can help doing COVID shots in the schools from Sharon/Strafford up to Williamstown/Rochester, we are glad to help.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: These are all good thoughts. Although important to keep in mind that shots for 12+ may not be authorized before 2022, depending on the pace/results of the pediatric trials. If Pfizer/Moderna get approvals first, may still be a challenge to implement in offices/school clinics due to storage requirements.

Q: Thinking ahead to the fall, do we think we might be able at that point to administer COVID and flu vaccines simultaneously (whereas currently we are not supposed to have other vaccines 2 weeks either way)?

Q: Isn't Pfizer allowed to be stored in regular freezer now?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Yes, regular freezer up to 2 weeks and refrigerator up to 5 days. It's still a lot more challenging than J&J.