

VCHIP CHAMP VDH COVID-19

September 22, 2021 | 12:15-12:45pm Call Questions and Answers*

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Testing in Schools

The Vermont Department of Health is working diligently to get testing where it needs to be in Vermont schools. Originally, the plan was to do weekly testing of unvaccinated students to identify asymptomatic cases. This was not carried out, as it became clear that the burden on school nurses would be too great. In some schools, nurses oversee contact tracing, student surveillance, testing, parent calls, line list monitoring, in addition to their typical duties. Additional administrative assistance is needed, and discussion is in the works regarding how to provide this. The VDH has also sent out a survey to schools to assess what kind of support is needed to receive direct feedback from schools.

Massachusetts is currently administering rapid antigen tests to students who have had close contact with a COVID-19 positive person when they arrive in the building. If the test is negative, they can stay in school, with the expectation that they will continue quarantining outside of school. This system could possibly be implemented into Vermont schools as well, but more discussion is needed at this time.

There will be no contact tracing in schools with over 80% vaccination rates. The goal is for high schools to achieve these levels so that the focus can be placed on contact tracing in elementary schools.

Questions/Discussion

Q: Is there any thought of having asymptomatic testing/surveillance testing done by school nurses? We are nowhere near being able to do all the asymptomatic testing needed here in Springfield. Right now, state testing is booking out in October! Also, is there a difference in the medium used for VDH asymptomatic testing and what we have in the office for symptomatic testing?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Sarah, yes. Most schools in VT have signed up to be part of surveillance testing. However, this is cumbersome. More to come on rapid antigen "test to stay" program in schools that is being explored by the state.

A: Breena Holmes, MD, VCHIP: Sarah, do you mean the school surveillance testing? We are trying to protect school nurses from having to be involved if already swamped with contact tracing assistance and regular roles.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Sarah: Personally, I hope we move away from surveillance in schools, as I am not sure what we will do with that information.

A: Breena Holmes, MD, VCHIP: School Surveillance testing is rolling out across the state with lots of concern from school nurses about their capacity.

A: Sarah Weidhaas, MD, Springfield Health Center: I am sorry, not surveillance. I meant testing for students who have been exposed and need a test to come back.

A: Breena Holmes, MD, VCHIP: Oh, sorry for confusion. Will address shortly on a slide.

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

A: Sarah Weidhaas, MD, Springfield Health Center: Thanks!

A: Shannon Hogan, DO, UVM Medical Center, Pediatric Primary Care (Burlington): Bill, I agree. I am afraid the surveillance system will burden our testing capacity and delay results for others.

A: Breena Holmes, MD, VCHIP: There are separate pathways for school surveillance testing.

Re: in-school testing

C: Joe Nasca, MD, Northwestern Medical Center, Pediatrics: Our community test site in Franklin County has a 2 to 4 day turnaround time. Our local system is overwhelmed.

C: Alex Bannach, MD, North Country Pediatrics: Our CIC is also booked until next week, but we send patients anyway and somehow they manage. Crazy numbers up here right now, 4 schools currently closed.

C: Jeri Wohlberg, FNP, Hardwick Area Health Center: Surveillance testing happened this week in OSSU (NEK).

C: Ellen Gnaedinger, APRN: Most of students from Thetford Academy go to Upper Valley Ambulance and that is taking 48-72 hours.

C: Carolyn Lorenz-Greenberg, MD, MPH, Central Vermont Medical Center, Pediatric Primary Care: Washington Central district has been testing for 2 weeks.

C: Soph Hall, MEd, BSN, RN, NCSN, VSSNA: Asymptomatic surveillance testing in schools---WCAX announced today the surveillance testing will be done by "certified school nurse".

C: Leah Flore, FNP, Shelburne Pediatrics: Mt Abe schools are not filling out help forms and having school nurses do it.

C: Ellen Gnaedinger, APRN, South Royalton Health Center: As the Thetford Academy school nurse, I am doing all the organizing, picking up the kits in WRJ, doing the surveillance testing Tuesday at Thetford Academy.

C: Stephania Fregeau: Northwestern Medical Center (St. Albans) now has 150 slots for CIC and we are opening on Tuesdays moving forward. We will have a drive thru. Turnaround time per patients is now 1 day. Thank you.

C: Joe Nasca, MD, Northwestern Medical Center, Pediatrics: That's news to me. As of earlier this week patients going to walk in clinic to get quicker test results. Parents very frustrated with 7 days out for a runny nose.

C: Karen Nelson, RN, Vermont Department of Health: In my area, most School Nurses have to do everything, all contact tracing, all line lists, all parent calls, all line list monitoring, plus all testing.

Q: Is that 80% of the whole population? In the school or just of those eligible?

A: Breena Holmes, MD, VCHIP (verbally): Only of the school.

A: Shannon Hogan, DO, UVM Medical Center, Pediatric Primary Care (Burlington): Good to know, Breena!

Q: Once we hit 80%, if we had a case, are we having to monitor results and testing for those who are close contacts for testing 3-5 days after exposure?

A: Breena Holmes, MD, VCHIP (verbally): Advice will go out to the students who were in close contact with a person who had COVID. They do not have to quarantine but they have to monitor their symptoms and we recommend testing day 3-5.

Q: When people are talking about "turn-around" time, is that (a) the time until people can be scheduled for a test or (b) the time until the test is resulted?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: TAT means time from collection to results known.

Q: If this question is already out there, my apologies: When can families proceed directly to the testing sites instead of waiting for the COVID schedulers to call them? This is likely a UVM MC testing workflow issue but is a major issue with families who need testing. We want to order and then direct families to go immediately to the testing site. This is for symptomatic testing.

A: Breena Holmes, MD, VCHIP (verbally): We encourage families and citizens to get their own test. They do not have to be called. They can just go and get tested. If you are identified as someone who was a close contact, go get a test. You will not be tested out of quarantine until day 7, and that is for unvaccinated people.

Q: To clarify, 80% = students + school staff?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Ellen: I think it is everyone in the building, so students, and staff.

A: Ellen Gnaedinger, APRN, South Royalton Health Center: We definitely need more PCR testing capacity in eastern Orange county. Thanks.

Q: Again, to clarify, unvaccinated close contacts do not need to quarantine/test if the school is 80% vaccinated or schools will recommend that but will it do specific contact tracing?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Carolyn, I think some of the details around what will be communicated to families and what the recommendations will be is still being worked out by the state. My understanding is that the intent is to decrease contact-tracing burden on school nurses.

A: Wendy Davis, MD, VCHIP: No contact tracing for schools with 80% vax rates for school community only. Still doing it for external contacts.

A: Shannon Hogan, DO, UVM Medical Center, Pediatric Primary Care (Burlington): Kind of terrifying as we will have more COVID spreading, but will ease the system.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Shannon: I think it comes down to a number needed to quarantine to prevent one infection. In that population, the number will be high.

A: Shannon Hogan, DO, UVM Medical Center, Pediatric Primary Care (Burlington): Bill, that makes sense. I just worry about all the breakthrough infections that we are seeing in healthcare settings.

A: Carolyn Lorenz-Greenberg, MD, MPH, Central Vermont Medical Center, Pediatric Primary Care: And families with kids at both elementary and high school.

Q: Just a clarification on high risk, is it the same high-risk categories that were used for prioritizing vaccine?

A: Wendy Davis, MD, VCHIP: Jennifer: I do not believe high-risk categories have been totally spelled out. We can clarify with Meredith.

A: Monica Ogelby, Vermont Department of Health: That is correct, Wendy.

Q: Do you have a link for the locations of the VDH 10 COVID Resource Centers, please?

Q: If pharmacies are able to give immunizations to children age 3 and older, does this mean they will be giving flu shots to those 3 and older as well?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Alicia, yes pharmacies are giving flu shots to those 3 and up.

Q: Why no Moderna? This is driving me crazy! lol

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Sarah: I still have no idea why Moderna has yet to get EUA for children. We all thought it would be in use by now.

Q: When Pfizer is approved for the littles, do we know if we can just draw the smaller dose out of our current vials, or are we going to have to wait for 5-11yr old vials?

A: Merideth Plumpton, RN, Vermont Department of Health (verbally): We have seen that it might be a completely different configuration. We'll have to wait and see what they approve and what we are given.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Ashley: I really doubt that they will distribute just the same vaccine vials (which would be good for 21 doses). The risk of waste seems high.

A: Ashley Miller, MD, South Royalton Health Center: Thanks, Bill, it would be nice if we could draw out of what we have so we could start right away and not have to wait for it to be distributed. Currently we are wasting quite a bit because we are often just giving one shot, to get shots in arms.

Re: sensory friendly vaccination

C: Jamie Rainville, Vermont Family Network: Please help to inform this work by taking a 3 min survey! Thank you <https://s.surveypplanet.com/qy9lmvzk>

C: Jamie Rainville, Vermont Family Network: Please email me with specific questions: jamie.rainville@vtfn.org