

VCHIP CHAMP VDH COVID-19

March 31, 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

VDH Immunization Program Update, Christine Finley

Chris Finley, APRN, VDH: There are numerous ways vaccines are currently being allocated to the state. We find out Tuesday night what we're going to get, and then have to place the order by Thursday. We've never received a consistent allocation. This past week we received 25,750 doses, and we're seeing an increase in the J&J vaccine coming in. I know there was interest in that and people couldn't find it. Each pharmacy does things a little differently. CVS will do three weeks in a row doing dose 1 of a single vaccine and then for weeks 4, 5, and 6 only do dose 2, so there will be no dose 1 in that area. Walgreen's will only book 3 days in advance. Right now, we do have Walmart, Costco, and Hannaford in the central registration system, but not Walgreen's or CVS. There is a federal program called the HRSA program which involves federally qualified health centers. NOTCH has been part of that program and receives vaccines through that. Many primary care providers are saying "we're ready," and some are saying "no way right now." Vaccine is now being allocated to providers that service long-term care facilities. All ordering cycles are different, and there's no consistency among them. The recent changes to COVID-19 eligibility includes parents and primary caregivers of children with high-risk health conditions. They can make an appointment everywhere except Walgreens. No passcode is needed. Additionally, starting April 1, household members of BIPOC Vermonters are all eligible and can get a vaccine. The difference is it's no longer going with the age band.

Questions/Discussion

Q: Is there a mechanism for college students who are in VT to get vaccines if they are out of state residents? Is it different if they have a qualifying high risk medical condition?

A: Stephanie Winters, Vermont Medical Society: <https://vtdigger.org/liveblog/out-of-state-college-students-in-vermont-not-vaccine-eligible-scott-says/?fbclid=IwAR2JfABsMp4DZNopNINNy2OpP4okIqF86fGdbpiUbPGE2A3x0hAo2go0eNg>

A: Breena Holmes, MD, VCHIP, VDH: Not yet, the team is engaged with college leaderships across the state. The message came out a little funny in the press conference and that wasn't the intention. It was more the step by step, let's get everyone on April 19th and if the supply is adequate, there may be enough vaccine to do college campuses. The complexity with college kids if kids are heading out the second week in May and they're on a 2-dose regiment, and they get one of two doses on April 20th then leave campus, it doesn't do anyone any good. There are lots of ongoing conversations. It got a little misrepresented in the press.

Q: Any updates for projection when COVID-19 vaccine may be available for kids 12+ given Pfizer announcement of their vaccines efficacy reported today?

A: Becca Bell, MD, UVM Medical Center: I just read an article on this. Looks like Dr. Fauci is guessing that 12 and up will be eligible over the summer and be vaccinated by the start of next school year. 11 and under likely early 2022. This all presumes everything continues to go as expected.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: It all depends on when the EUA can be extended to this age group--which probably won't happen for at least a month or two. This is great news, results are out faster than I had expected.

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

Q: When will primary care offices be able to vaccinate?

A: Stephanie Winters, Vermont Medical Society: For offices vaccinating we are hearing that will start early this summer - possibly June.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: To clarify, is Pfizer and Moderna vaccine being rolled out to office settings potentially beginning in June?

A: Stephanie Winters, Vermont Medical Society: None of that is set yet, it will depend on the vaccine environment at that point.

A: Ashley Miller, MD, South Royalton Health Center: Happy to do school clinics for the 12 and up.

C: Michelle Shepard, MD, UVMCH Pediatric Primary Care, VCHIP: We would LOVE to have more PCPs involved in our statewide ICON initiative, although originally focused on opioids we are broadening to other substance use exposures during pregnancy.

Q: To be clear, our caregivers/parents of kids with any high risk condition, or just the ones on the state list, can go on and register and just click the health condition their child has today?

A: Nathaniel Waite, RN, VDH: Parents and primary caregivers of children with high-risk health conditions...Details are here: <https://www.healthvermont.gov/covid-19/vaccine/getting-covid-19-vaccine>.

Poll responses: Our practice's current approach to in-person visits for pediatric patients with acute respiratory symptoms (e.g., asthma, recurrent croup, infants with noisy breathing/airway malacia) is:

A: Stan Weinberger, MD, UVMCH Pediatric Primary Care: We would be seeing them in clinic with provider in full PPE (at end of day/evening clinic so not overlapping with non-respiratory kids). Might do initial video visit to assess respiratory distress. Would not refer to ED unless severity level warrants. That's our ideal flow.

A: Ashley Miller, MD, South Royalton Health Center: we still have a sick side of the office with air purifiers separate entrance etc., and we are all immunized, so if we think a patient needs to be seen, we bring them in during our "sick times" and wear full PPE, evaluate and test for COVID.

A: Meghan Gunn, MD, Southwestern Vermont Medical Center: We have 4 negative pressure rooms with full PPE including respirators. There is a separate entrance and they do not wait in a waiting room at all. There is an assigned provider each day for any patients with potential sick patients.

A: Alex Bannach, MD, North Country Pediatrics: Seeing a few more URIs that are non COVID. We certainly do not refer patients to the ER but would always offer clinic visit. Continue to follow our protocols with phone intake, separate entrance, designated rooms with air scrubbers, PPE etcetera.

A: Meghan Gunn, MD, Southwestern Vermont Medical Center: Our numbers in our office are greatly down overall and I am attributing that to less sick visits. Much less URIs and sickness overall here.

A: Judy K. Orton, MD, Green Mountain Pediatrics: We see all patients. Triage symptoms so some are in a "sick" room, seen next to parent's car in a chair (nice weather), seen in the parent vehicle. We don't turn anyone away. We test for COVID as indicated primarily in the parking lot. Sure would be nice to get paid by Medicaid and other insurers for the 99072 code to account for the extra time/PPE needed to see people during the pandemic.

A: Ashley Miller, MD, South Royalton Health Center: Agreed for the 99072.

A: Alex Bannach, MD, North Country Pediatrics: I agree with 99072! The visits take a lot more time due to PPE which means lower patient census...

A: Meghan Gunn, MD, Southwestern Vermont Medical Center: Yes and not only does the PPE etc. take longer but we see less patients because we don't have them overlap as much to have them avoid meeting each other in the common areas.