

## VCHIP CHAMP VDH COVID-19

April 9, 2021 | 12:15-12:45pm Call Questions and Answers\*

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### **A Strong and Healthy Year – (Updated) Guidance for Vermont Schools, Spring 2021**

*Breena Holmes, MD, VCHIP, VDH:* There were 140 school nurses and some of our school liaisons online who work on bridging between medical homes and schools. There is a summary of change section at the beginning of the document. We updated with the evolving understanding of what just happened over the last 7 months and our experience of responding to cases in schools. There is no longer anything in the school guidance on travel. The health equity statement is beautifully stated and is an important reminder that the experience of Vermont students has not been equitable. The health screenings are now done solely at home. The travel question has been removed. The only questions on the screen are whether you have been exposed to someone with COVID-19 or if you have symptoms of COVID-19. There is no onus on schools to check if a child has had a test after travel. The epidemiologic data for SARS-CoV-2 is low risk of transmission on surfaces. We are back to basic school cleaning principles (soap and water, no disinfectant).

Physical distancing and use of cohorts reduces distancing to 3 feet minimum for students and 6 feet for adults. All students can mix classes, but attendance tracking is key in the event of a case among students. For kids grades 7 through 12, they must be 6 feet apart while eating. No visitors are allowed, but we are allowing volunteers who are protected against the virus either through vaccine or natural infection. Outdoor or virtual field trips are preferred. Students can attend organized visits to the school they will be attending next year (exception to indoor field trip).

### **Questions/Discussion**

**Q: Hopefully the new grant program for non-profits to focus on affordability and accessibility will include \$\$ for all schools to have the necessary ventilation so that further isolation not as necessary.**

*A: Breena Holmes, MD, VCHIP, VDH:* They are supposed to. If you hear of any schools who didn't get the federal HVAC funding, please let me know.

*A: Becca Bell, MD, UVMCH PICU:* Great resources here from VT Afterschool with a great search function for summer programs and summer jobs for youth <https://www.vermontafterschool.org/summermatters/>

**Q: At what point can pediatricians expect to be able to administer COVID vaccine to their patients? (Those 16 and up).**

*A: Merideth Plumpton, RN, VDH:* We are thinking late summer 2021. A provider update went out today with more information. The update goes to the primary and secondary immunization contact in each office. We are hopeful they share it internally. <https://mailchi.mp/6f746d155965/covid-19-update-for-health-care-professionals-0409>

*A: Heather Link, MD, UVMCH Pediatric Primary Care:* That's good news!

**Q: Is the thought that PCP offices will be receiving Pfizer and Moderna vaccines at that time?**

A: Merideth Plumpton, RN, VDH: Depends on the allocation and what is approved for those age groups at that time.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Recall that only Pfizer is approved for >16 and it is unknown when J&J will be approved for anyone <18. I guess I raise this point to caution that even if PCP offices can start vaccinating patients this summer, I wonder how efficient this will be to roll out to pediatric offices to vaccinate just 16-18 year olds.

A: Becky Collman, MD, Collman Pediatrics: I'd clarify that as 16+, as I suspect most of us have a fair number of patients >18.

A: Heather Link, MD, UVMCH Pediatric Primary Care: Many interested families wishing to receive COVID vaccine and being able to give in-office; it saves several steps where families can get off track.

A: Merideth Plumpton, RN, VDH: I agree. We hope that offices can accommodate all eligible family members that want a COVID vaccine. Much like FLU vaccine last fall.

A: Denise Aronzon, MD, Timber Lane Pediatrics (North): COVID has been hard on independent pediatric practices financially. It would be helpful for us to be able to vaccinate our own patients for COVID.

A: Breena Holmes, MD, VCHIP, VDH: Great point.

**Q: What was the rationale behind eliminating the travel question? What did I miss? Is it only due to the increased vaccination numbers?**

A: Breena Holmes, MD, VCHIP, VDH: It was a very informed statewide approach to turning of the spigot and recognizing that we're heading forward and moving away from the pandemic. The Governor talks about several factors. People still need to be cautioned not to travel, but if you do, we're eliminating that layer of quarantine. We got used to thinking Vermont was special and green and virus-free. It might be safer to go rather than to stay in some of our communities. A travel map is no longer appropriate. Mass of Vermonters getting vaccinated every day and getting closer to a place where virus less of an issue.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: With regards to travel and vaccination, the issue isn't what the rate of vaccination is HERE, it's what the rates are wherever folks will be visiting/vacationing.

A: Monica Fiorenza: Yesterday Dr. Levine said that currently travel accounts for <5% of COVID cases in VT. I am hoping for more messaging to families around masking, social distancing and if gathering doing it outside. My concern is over April breaks kids and families will be gathering with others during April break, whether that is in VT or another state.

A: Breena Holmes, MD, VCHIP, VDH: Yes, Dr. Bell talked about this beautifully. Just because you can travel, you shouldn't. Do you really want your kid to get COVID? There's a school toolkit communication coming out within the next few days.

A: Shari Levine, VDH: Yes! Coming very soon.

**Q: Can schools make their own decisions about requiring a COVID-19 test result to be back before returning to school if have travelled?**

A: Breena Holmes, MD, VCHIP, VDH: Schools have some autonomy on things like whether to do a temperature check, but it's probably not all right for schools to decide to quarantine kids due to laws and rights for free and equitable education. It is unlikely schools can set up their own public health response related to requirement for quarantine or a test. While the test is required 3 days after travel, it's strange because there's no enforcement for that.

A: Leah Flore, FNP, Shelburne Pediatrics: Travel has been an issue in the schools. Unfortunately we have had parents NOT be honest about travel to begin with.

*A: Breena Holmes, MD, VCHIP, VDH: School nurses experiences were that families were fibbing about travel anyway and that kids and parents didn't want to acknowledge symptoms if they wanted to play sports.*

*A: Alex Bannach, MD, North Country Pediatrics: And without the travel question, schools wouldn't even know to ask kids if they have been tested yet.*

*A: Breena Holmes, MD, VCHIP, VDH: Great point. Young people reveal aspects of their lives to teachers and school nurses. There may be some knowledge that folks traveled, but we're not going the next step to making sure kids test.*

**Q: Are there further thoughts about holding school-based COVID-19 vaccination clinics this fall?**

*A: Heather Link, MD, UVMCH Pediatric Primary Care: I am all for school based COVID vaccination! We had a great experience doing flu for Winooski and some of the Burlington schools this past fall with the VDOH grant. And by fall, I actually mean, the dark of winter. But, we got it done!*

*A: Merideth Plumpton, RN, VDH: The Immunization Program fully supports school based clinics. As Breena stated it is not our final decision.*

*A: Breena Holmes, MD, VCHIP, VDH: Organizational leadership for vaccines in Vermont is Mike Smith and Jenney Samuelson, and we've all asked that schools be sites for vaccine clinic sites. I have not received a response.*

**Q: What will we do if we see great spikes in the incidence of illness? Now in the younger folks.**

*A: Breena Holmes, MD, VCHIP, VDH: If this removal of quarantine after travel results in increased cases in schools, then we are going to note that quickly to Dr. Levine and Patsy Kelso. I'm hopeful it's a dialogue and that we can look at that together, especially after spring break.*

**Q: Will we be changing our VCHIP COVID-19 triage algorithm?**

*A: Breena Holmes, MD, VCHIP, VDH: Yes, the pediatric algorithm will be amended in the next few days to remove the word travel.*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Personally, I would be happy to have kids continue to mask and do a symptoms questionnaire like this EVERY winter.*

*A: Heather Link, MD, UVMCH Pediatric Primary Care: Me too! I think a lot of us would like that!*

*A: Alex Bannach, MD, North Country Pediatrics: I agree,*

**Q: Overall, at a state level, do we have any sense of whether all the screening questions about illness in the school protocol have actually identified many cases?**

*A: Breena Holmes, MD, VCHIP, VDH: I have no idea. I'm not sure we tracked that.*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Great question that I'm not sure how to answer. To me, the question always has been not how many COVID-19 cases have been identified, but how many sick kids (for any reason) were identified to stay out of school.*