

VCHIP CHAMP VDH COVID-19

April 16, 2021 | 12:15-12:45pm Call Questions and Answers\*

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**Questions/Discussion:**

**C: New Health Department Vaccine FAQ for Vermonters aged 16-17. Particularly addresses need for parental/guardian consent and whether those individuals need to accompany them to their vaccine appointments. The vaccine availability for 16 and over begins on Monday (4/19).**

*C: Nate Waite, RN, VDH: Who will be eligible next? People 16, 17 or 18 years old will be able to make appointments starting at 10:00 on Saturday, April 17. People 19 years and older will be able to make appointments starting at 6:00 a.m. on April 19. On April 30, Vermont expects to open vaccine registration to college students who are residents of another state and do not intend to stay in Vermont for the summer, as well as people who live part of the year in Vermont. This will be based on the vaccine supply we receive from the federal government. You can set up an account now, so you will be ready to make an appointment when your turn comes.*

**C: Keith Robinson, MD, UVMCH: Monoclonal antibody therapy is primarily used for outpatient scenarios to prevent admission but is not part of routine therapy. Please reach out if you have any questions, again this is not part of routine therapy and only for use in a select few cases.**

*C: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: We should be restrictive. No children have been hospitalized at UVM because of COVID. Please be careful asking for monoclonals for asthma.*

**Q: Is there a causal relationship between the J&J vaccine and the clotting.**

*A: Mary Cushman, MD, UVMMC & Larner COM: In my opinion based on the experience in Europe with the AstraZeneca adenovirus vaccine and now seeing a similar clinical entity with the J&J adenovirus vaccine, I feel that there is a causal relationship. Not a relationship with general venous thrombosis, but specifically Cerebral Venous Sinus Thrombosis with Thrombocytopenia.*

**Q: What about patients with Factor V Leiden and these vaccines causing PE/DVTs?**

*A: Mary Cushman, UVMMC & Larner COM: We do not know any of this thrombophilia relates to this syndrome because this is an autoimmune phenomenon, it is not your run-of-the-mill thrombosis. There's no evidence from other vaccine experiences that vaccines contribute to risk of "normal" venous thrombosis like DVT or PE. The pause will allow us to be educated about this. If you see a patient come in with abnormal thrombosis in the right timeframe after vaccination, pay attention to their platelet count and involve a hematologist.*

**Q: So, if this is an immune reaction or you noted disease/syndrome does that mean that there could be lasting disease or effects for those 6 woman (or others who are affected)?**

*A: Mary Cushman, UVMMC & Larner COM: There is a lot of interest in autoimmune aspects of COVID itself in relation to long COVID. Unfortunately, we just do not know right now.*

**Q: In the FB live event you mentioned that COVID itself is a 20% risk of blood clots. That is a very important talking point as well!**

*A: Mary Cushman, UVMCH & Larner COM: Preventing severe covid is the most important to reducing thrombosis. The risk associated with the vaccine is going to be far less than the risk of becoming sick, dying, or even developing thrombosis because of COVID.*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: As we move forward, it seems clear that there is a signal here. The work that needs to be done is dialing down to identify if there are certain populations who are more at-risk to side-effects. This pause is the safety system in action, but the longer this goes on, we need to vaccinate the rest of the world.*

**Q: It was stressed on the COCA call that the decision on J&J was made in the context of our country having enough mRNA vaccine to vaccinate everyone. If J&J ends up getting restricted to certain populations, it is in the context of having enough mRNA. Makes things challenging to get a hold of this globally.**

*A: Mary Cushman, UVMCH & Larner COM: I am very concerned about the low- and middle-income countries and getting the vaccine into the arms of people. Having a one-dose vaccine is very important. While I'm not privy to all of the FDA's information - if we don't give the vaccine to our own people, what does it say to then give it to these low- and middle-income countries?*

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I completely agree, we need to lead by example!*

*A: Susan Sykas DNP, Appleseed Pediatrics: Right, if it is not safe for us, it should not be safe for others!*

*A: Andrea Green, MD, UVMCH Pediatric Primary Care: I agree. It suggests a lower standard.*

*A: Molly Rideout, MD, UVMCH Pediatric Primary Care: Agree!*

*A: Becca (Rebecca) Bell, MD, UVMCH PICU: The messaging from CDC yesterday seemed to be "the benefits outweigh the risk if this was our only vaccine but since we have other vaccines, we may restrict it here" really challenging PR*

**Q: Procedural question for vaccination in general: Who can I direct a family to that is having hard time signing up for vaccine because they do not have a "patient ID" and cannot bypass this field?**

*C: Wendy Davis, MD, VCHIP: Have them call the call center.*

*C: Breana Holmes, MD, VCHIP, VDH: Email me directly if you continue to have trouble.*

*C: Nate Waite, RN, VDH: BY PHONE Can't make an appointment online or need help? Contact our call center at 855-722-7878. To speak with someone in a language other than English, call this number, and then press 1. Call Center Hours Monday - Friday, 8:15 a.m. – 5:30 p.m. Saturday and Sunday, 10:00 a.m. – 3:00 p.m. Monday, April 19 call center opens at 8:15 a.m. (Online registration for people 19-29 years opens at 6:00 a.m.)*

**C: Heads up that PICU colleagues in the southern U.S. are seeing significant RSV recently. So good reason to stay in masks, etc. RSV and other resp viruses will really make end of school year and summer programming challenging.**