

VCHIP CHAMP VDH COVID-19

May 12, 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, VDH (VDH), VCHIP Senior Faculty

National School Nurse Day, Kaitlyn Kodzis, MSN, BSN, RN, State School Nurse Consultant, VDH

Kaitlyn Kodzis, MSN, BSN, RN, VDH: I am Vermont's State School Nurse Consultant. I want to wish any school nurses on the call a happy National School Nurse Day! National School Nurse Day is celebrated on the Wednesday within National Nurse's week. On this day school nurses are celebrated and recognized for the contributions that they make to the health and learning of the nation's children. This year the National Association of School Nurses made the theme of school nurse day Championing the Whole Student to recognize the important role that school nurses play in bridging health and education to improve each child's cognitive, physical, social and emotional development, regardless of whether they are physically present in school or not. School nurses are the bridge between healthcare and education and serve as a critical resource for students, parents, schools, and communities. School Nurses holistically assess student health through a public health lens and address the social determinants of health. School nurses ensure that students are healthy and ready to learn by:

- Managing complex chronic health conditions
- Identifying and addressing physical and mental health issues and referring students to appropriate services
- Promoting health equity within their school communities
- Identifying and preventing the spread of communicable diseases
- Enrolling children in health insurance and connecting them to the medical home
- Providing systems-level leadership and advocacy within the school and community as a trusted healthcare professional.
- Developing policies and protocols that are evidenced-based and student centered

The presence of a school nurse advances the well-being, academic success and lifelong achievement and health of students. Due to the increasing numbers of children with special health care needs in schools, the school nurse is an essential member of the interdisciplinary team and a resource in the care of these children. Creating and maintaining relationships with a school nurse ensures **continuity** and coordination of care. The school nurse can assess a student's retention of education, provide additional disease and treatment education and ensure adherence to treatment plans. School nurses have existing relationships with the student and their family and can determine if there are changes in the home or social surroundings of the child. You as a provider may see the child for a few days a year, but a school nurse has the opportunity to interact with the child for 175 days.

School nurses practice within the tenets of the Framework for the 21st Century School Nursing Practice, developed by the National Association of School Nursing as seen in the image on the slide. This framework includes the principles of Leadership, Standards of Practice, Quality Improvement, Care Coordination, and Community/Public Health. It is aligned with the Whole School, Whole Community,

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

Whole Child model that calls for a collaborative approach to learning and health. School nurses use skills within these principles daily to help students be healthy, safe, and ready to learn.

Throughout the pandemic school nurses have navigated the uncertainties that have come with these times and have shown their determination, perseverance, creativity, and leadership skills in keeping Covid-19 out of schools and Vermont's students healthy. The passion and grit displayed is truly awe-inspiring. The school nurse has been an essential member of the pandemic response and will continue to be essential in recovery planning. School nurses over the past 14 months, in addition to their normal roles and responsibilities, have:

- Worked with school administrators to inform on health considerations within the school
- Helped in the creation of policies, procedures, and protocols related to covid-19 in school communities
- Tracked school data and trends and participated in contact tracing and screening
- Educated students, staff, families and the communities on covid-19
- Provided resources and references for students and families most in need
- Identified gaps in services, and used ingenuity to assist in the filling of those gaps
- Provided culturally competent information and education to students and families to reduce stigma surrounding covid-19 infection, mask wearing, vaccinations
- Supported the creation of a safer school environment that integrates mitigation strategies to keep covid out of schools
- Provided logistical support for testing and vaccination programs occurring in schools

Moving forward, we need to continue to support our school nurses and honor the work they have done in the past year, and the work they continue to do. It is essential that every student has access to a school nurse all day, every day. The silver lining of covid is that it has created new or strengthened existing relationships between school nurses and providers and the healthcare community. And it has shown how important school nurses are in the care and wellbeing of children, how they are wonderful advocates for student, school and community health and how they are essential leaders in school and health communities. The next few years will be filled with recovery efforts for students. The crucial relationships made and strengthened over the last 14 months must be built upon. Please, utilize school nurses as the health experts within their school communities, collaborate with them, leverage their role in care plan development and care coordination, and advocate for the school nurse to be at the table. School nurses are so valuable in keeping our children healthy and ready to learn in order to reach their pinnacle of health and potential.

Questions/Discussion

Q: Do we know if deaths are in younger people or still elderly?

A: Breena Holmes, MD, VCHIP, VDH: The weekly data summary reviews the deaths each week.

Q: We may have addressed this, and I will refer to Dr. Bell's information, but is anyone hearing major push back from a host of, well, otherwise super well-educated folks, who are refusing or delaying COVID vaccine for their 12–15-year-old? We have got lots of talking points, but does anyone have a good one or two liner to use when you are out on Saturday am on the lacrosse field with your kid and someone asks you about the vaccine and says they are concerned about safety, long term effects, etc.?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Your personal story is the most impactful, "I feel really comfortable with the process and am reassured by the data so much so that I have my own child signed up!" If you can only say one thing, I would focus on that. You can also include all your health care provider colleagues are also looking forward to vaccinating their children.

A: Denise Aronzon, MD, Timber Lane Pediatrics (North): I tell them that the vaccine is far lower risk than the disease. An esteemed pediatric ED doc told me that with his work in a big city ED during the height of COVID last year, he never worried about the babies sick with COVID, he worried about the teenagers.

A: Shannon Hogan, DO, UVMCH Pediatric Primary Care: I have been hearing lots of educated people say the same for their kids and not getting them vaccinated due to unfounded concerns. I feel like a broken record as I talk about vaccinating with everyone, I see...at my kid's soccer games, the gym, the mall, etc... I often mention that we get vaccinated to protect others and use the Rubella vaccine as an example.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: This is such a challenging topic. For me, the issue comes down to this. For healthy individuals, there ARE no significant risks or long-term effects unique to these vaccines. However, there are MANY potential risks and long-term side effects from COVID-19, even if children are less at risk for severe illness per se. I am much more worried about the risks to my kids from COVID-19 than I am the risks of the vaccine.

A: Kristan Outwater, MD, Brattleboro Primary Care, Pediatrics: I am hearing more from families about the concern about infertility, especially in boys and during the state press conference, I was struck by the speakers effectively blowing off the concern but not answering the question about whether we had research or need it about this concern that parents have. If this is a "conspiracy theory" we should say so, not duck the question.

A: One of my patients (whose family does NOT traditionally vaccinate their children) is excited to get the vaccine and hopes that most people in her school get vaccinated so they can all eat together in the cafeteria again.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I think this is another topic where concerns have been conflated/misplaced. There are some data that show adverse effects of COVID-19 on sperm count and health (although I do not believe anything that demonstrates effect on fertility). Pfizer has already done a study showing this does not happen with vaccine. So, by refusing to get vaccinated out of concern for a specific outcome, people are putting themselves MORE at risk for the outcome they are afraid of!

A: Shannon Hogan, DO, UVMCH Pediatric Primary Care: I had a nurse that I worked with when I was in Seattle post on Facebook that she would not vaccinate kids as they "don't get sick and we shouldn't risk giving a new vaccine that could hurt our kids." I was floored and responded with science, facts, and links to research articles, but she still questioned the facts.

A: Leah Costello, MD, Timber Lane Pediatrics, South: I listened to an unfortunate On Point NPR news show yesterday where a Tufts pediatric infectious disease doctor seemed to say that we need more time before

recommending this vaccine for this age. I heard snippets as I was running errands but kept hearing him speak.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That is unfortunate. I had not heard that.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I agree that also might be a helpful approach. Get vaccinated so you can have a normal sports season this fall/winter, have summer camp, etc. etc.

A: Sarah Twichell, MD, UVM Medical Center: Also, very helpful VPR piece on 1A this morning on this topic with a lot of good talking points. (I did not get to listen to all of it, but the part I heard was great).

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Yes, that was Sean O'Leary from AAP ID on 1A this a.m.

A: Shannon Hogan, DO, UVMCH Pediatric Primary Care: On a side note, I loved how Governor Scott immediately responded when asked how many 12–15-year-olds are in Vermont. He said 27,000 in that age band.

A: Breena Holmes, MD, VCHIP, VDH: The Virginia poster (being rebranded for VT) says Freedom! And no quarantining if close contact.

C: Breena Holmes, MD, VCHIP, VDH: I have an epidemiology answer on why a few counties do not show the 16/17-year data on the dashboard. It is secondary suppression of the data. When only one other age group is at 95 percent, it is possible for someone to figure out the small number of people not vaccinated, thus, another age group must be suppressed to avoid that. (verbal) When you have a county with an age group that has reached greater than 95% vaccination, you must suppress a second age column, just briefly, until a second age column gets to 95%. A savvy person could count and figure out how many people are unvaccinated, and the numbers become too small to protect people's privacy. We are down to two counties who must suppress an age group. We are going to track specifically the 12-15 age group, but it may be suppressed until the 16-18 age group reaches 95%.

Q: Is there a way to see data regarding adverse effects in trials in 12-15yo? I have families asking about that and it seems like real data would be useful to counteract theories. I could only find info on Pfizer's website.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: To my knowledge the actual data have not been released yet.

Q: Are there any ongoing or upcoming COVID-19 vaccine trials for children <12 years of age at UVM?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: No pediatric trials at UVM, unfortunately.

Q: I have seen some folks troubled by the CDC's newer practice of no longer counting breakthrough cases in the case rates unless they result in hospitalization or death. It seems to be contributing to vaccine hesitancy due to lack of transparency. I would love to hear any input anyone has on this.

A: Breena Holmes, MD, VCHIP, VDH: VDH did a data spot light last Friday on COVID breakthrough cases after vaccination, available at:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Weekly-Data-Summary-5-7-2021.pdf>.

Q: Any thoughts regarding patients who are non-responders to other vaccines (like Hepatitis B or Rubella)?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: We do not have any specific guidance for that because some individuals, idiosyncratic, so non-response to one vaccine but not the other, so I do not think we will have any information to guide how that would apply to the COVID vaccine.

Q: Do we know where the home-based tests are available, and how accurate they are? I ask because I am (hopefully) taking my boy scouts to Montana the end of July, and if someone gets a cough or other COVID symptoms while we are out in Yellowstone or Glacier, it would be much easier to have one of those available to say yes or no quickly. I thought there are rapid tests available.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: Unfortunately, I am not sure where/how to order, but if it uses nucleic acid amplification (look for the term "PCR" or "loop-mediated amplification reaction (LAMP)," those are relatively accurate. Some of them need to be sent in and just use at-home collection with the actual testing done elsewhere, but some I believe are now available that are completely point-of-care. To be clear, this class of test is different from antigen tests.

A: Wendy Davis, MD, VCHIP: We have some great former Vermonter colleagues in MT. Email me and I can put you in touch.

Q: Any idea when we will be able to register kids for their vaccines? The site (vermont.force.com) is still not "open" for this age group. At least it is not letting me sign up my 13 yr. old.

Q: I heard observation time after vaccine for 12–15-year-olds may be 30 minutes instead of 15. Is this correct?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I had not heard that but does not mean that would not be a possibility.