

## VCHIP CHAMP VDH COVID-19

May 17, 2021 | 12:15-12:45pm Call Questions and Answers\*

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### **Practice Issues: Vermont Homebound Vaccination Program for CYSHN, Ilisa Stalberg, MSS MLSP – VDH MCH Director**

*Ilisa Stahlberg, MSS MLSP, VDH:* We figured out a process to expand homebound vaccination program for adults to children in age group now eligible for vaccines. For those of you familiar with that process, it will feel similar. It is a two-tier process. The first step is for healthcare professionals to make a request on behalf of their patients via an email address ([AHS.VDHHOCCommander@vermont.gov](mailto:AHS.VDHHOCCommander@vermont.gov)). After that first level of referrals, we will open it up to caregivers and self-advocates to make that request via a call center. (Tier 2 will come later after Tier 1 referrals.)

Vaccine administered through the home is done through a partnership with home health and VDH. Once eligibility is determined, the referral is sent to home health partner who reaches out to the person to coordinate their vaccine.

### **Questions/Discussion**

**Q: Is there information about effective COVID-19 vaccines for people who have selective IgA deficiency? If someone with selective IgA deficiency is fully vaccinated for COVID-19, is it recommended that they continue to take precautions (mask wearing, etc.), or can they follow the current recent CDC recommendations for fully vaccinated people?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Monica, I would assume those with pure IgA deficiency should do well and would consider them fully vaccinated.*

**Q: Could you put the cancelled call dates into the chat?**

*A: Avery Rasmussen, VCHIP: We are not planning to hold calls on: Friday (5/21), Friday (5/28), Monday (5/31); Friday (6/4) or Wednesday (6/9).*

**Q: This % vaccinated looks like it is not all eligible now that we are 12+?**

*A: Breena Holmes, MD, VCHIP, VDH: I do not think that we have added 12–15-year-olds of 27,000 in the denominator. They may be waiting until we can report on the 12–15-year-olds before adding them into the denominator. There will be a few days where the data is skewed.*

**Q: Vaccine next step recommendations for a young adult returning from abroad having gotten only one Astra Zeneca?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: That is an unusual situation. I would begin a new vaccination series. AZ allowed for those in the trial to get vaccinated with other vaccines (in January). There is no second dose of the AZ vaccine for that person.*

*A: Alex Bannach, MD, North Country Pediatrics: Interesting question. Germany had recommended for some time (after holding AZ for thromboses) that those patients who got first dose of AZ get second dose with mRNA vaccine but has now opened for second AZ dose.*

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

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: The official guidance is here, under the section "People vaccinated outside the United States": <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#people-vaccinated-outside-us>. If only one dose of AZ, they should get a full vaccine series using an FDA EUA-authorized vaccine.*

**Q: With kids having to go from their school district to another school district, i.e., Bethel to Hartford, to participate in a school vaccine clinic, has there been talk about worsening inequity and how to address this?**

*A: Breena Holmes, MD, VCHIP, VDH: The answer from the AOE is the school clinics are just one venue. They could not meet the geographic or transportation needs of all the citizens. The areas where there is not a school clinic nearby, there should be other choices for Pfizer. If there are not opportunity for the Bethel kids, that is important for us to know about.*

*A: Ashley Miller, MD, South Royalton Health Center: Unfortunately, that will be a barrier enough to many of our patients, and we only have one pharmacy.*

**Q: Wondering if summer camp guidance will be changing due to vaccine availability 12+?**

*A: Breena Holmes, MD, VCHIP, VDH: We are in a tricky spot. We would prefer that adults who work with children stay masked especially inside if they cannot maintain distance. That is **not** the official policy because many adults are vaccinated and have already called us and said I am taking my mask off because I am not a risk to the children I care for. We have heard from several people on all sides whether we should change our guidance. For today, remember that the childcare guidance is the same for summer, out of school time, and it says that masking is required until we get to that magic metric of Step 4 Vermont Forward.*

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The risk of transmission has not been eliminated. The risk of transmission has been significantly reduced- to an extent that we, as a society, are comfortable.*

*A: Alicia Jean Veit, MD, Timber Lane Pediatrics: I have already gotten phone calls from parents asking if an exception can be made for their 11-year-olds to get their vaccine early (prior to camp).*

*A; Susan Sykas DNP, Appleseed Pediatrics: If children still need to mask (I thought they still need to), seems good modelling for the adults to keep masking as role model! I am surprised so many want to abandon them when with a now new more vulnerable population.*

*A: Breena Holmes, MD, VCHIP, VDH: I completely agree about modelling. We have shared that concept with leadership as well.*

**Q: Could you put the Homebound Vaccination Program request email address in the chat, please?**

*A: Wendy Davis, MD, VCHIP: [AHS.VDHHOCCommander@vermont.gov](mailto:AHS.VDHHOCCommander@vermont.gov)*