

VCHIP CHAMP VDH COVID-19

May 24, 2021 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM

Breana Holmes, MD, FAAP, Physician Advisor, Maternal & Child Health, Vermont Department of Health (VDH), VCHIP Senior Faculty

Questions/Discussion

Q: Just out of curiosity, do we have total numbers of pediatric admissions in VT for COVID-19?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I do not know the total number.

A: Becca (Rebecca) Bell, MD, UVM Medical Center: No PICU admissions for COVID-19. A bunch of rhinovirus though.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: That's so interesting. Any RSV that you've seen here?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: No RSV, just rhinovirus. Everyone has rhinovirus.

A: Breana Holmes, MD, VCHIP, VDH: Updated Friday May 21- Among Vermont's children with COVID-19, there are currently no reported cases of multi-system inflammatory syndrome or deaths, and 10 hospitalizations.

Q: Is it still 10 days since a positive case for return to childcare?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: That is an interesting conundrum, I think that yes probably 10 days from first test would still be the recommendation, as there was a clear exposure in this case, otherwise one could wonder if the initial test were a false positive...deep down seems unlikely the child is infectious either way, but I think we would go with the positive test following known exposure.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I really discourage retesting positive PCR results.

A: Nathaniel Waite, RN, VDH: With the positive test, it would be important for our contact tracing team to make the call regarding return to childcare. With complicated situations like that, our contact tracers coordinate with our contact tracing team leads to determine what to do. Referring to CT sounds great.

Q: Wondering is there any discussion about kids having masks off at recess at school? This would be a nice break and helpful with our recent heat and humidity.

Q: Vaccine in 12-15 yr. old with parents who do not want to get and kids who want it. I asked before if anyone had any thoughts. I wish it were like HPV where we could give it. Also, some families do not want to give it to their kids since they have family members in India who are much older and cannot get vaccinated-kind of not given out of moral ethically grounds from a global perspective.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: If vaccine hesitancy is due to moral grounds (e.g., inequities around the world), we should not be able to vaccinate anybody in the US.

A: Shannon Hogan, DO, UVMCH Pediatric Primary Care: I agree. I said that it is our duty to vaccinate and that would help protect others. I am just running into other parents that are refusing, but kids in private want to get vaccinated.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: That is also interesting, not sure we will get traction for a vaccine still under EUA to be able to give over a parent's objection. While I agree that

lack of global access to vaccine is a moral failure on the part of the industrialized world, I do not think withholding vaccines from those with access to them is the solution.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Interesting story in the NYT regarding why some groups are not vaccinated. It seems it is dependent on "socioeconomic class". Many people simply cannot get time off.

Q: Is he talking 2wks after their last vaccine, or just that the vaccine was given, for opening the state?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I think it is simply vaccination.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I think he means just that it was given as it is based on having just gotten the first dose. Personally, I would have preferred waiting at least 10 days from the first dose of that last person to break through the 80% barrier, since that is the earliest that we see clear evidence of efficacy.

Q: For those with patients from NY, sounds like only now recommending masks in kids over 2yo in childcare settings and a lot of parents are up in arms about it. Any insight about this change so late in the game?

Q: Will guidance for masks in schools and childcare change with the lifting of restrictions when we meet the 80% target?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: This is a hot topic.

Q: Have there been any vaccine clinics at our hotels with homeless?

A: Sarah: Yes, VDH staff have gone out to hotels to vaccinate.

Q: Any thought on studying next winter whether the improved ventilation in schools helps to decrease next year's flu season numbers? We had so few this year, with masks, limited exposure, and the ventilation. Would be interesting information.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: I suspect masking was more important than ventilation systems.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: There have been some very early discussions about potential opportunities to look at mitigation measures and how they would impact flu... For what it is worth, the single biggest factor for the low flu numbers this year was the low flu numbers in the southern hemisphere last summer.

A: Nathaniel Waite, RN, VDH: Interesting. I wonder if improved ventilation also improves outcomes for kids with asthma...seat time, less missed school, etc.

A: Susan Sykas DNP, Appleseed Pediatrics: Right, we learned the benefits of public health strategies. Very interesting.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Correct, around the country.

A: Becca (Rebecca) Bell, MD, UVM Medical Center: I agree that masking > ventilation. Thinking about the reduced respiratory illness among childcare students where ventilation was not changed but folks were masked.

A: Alicia Veit, MD, Timber Lane Pediatrics: I think in addition to masking and ventilation, the fact that children were not allowed to attend school while sick may have had an impact.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: I agree. There was a study from science last month looking at school mitigation measures that concluded, somewhat surprisingly, that the mitigation that seemed to have the single greatest individual impact on covid-19 illness was daily symptom

screening! (Study linked here:

<https://science.sciencemag.org/content/early/2021/04/28/science.abh2939>). To clarify, the outcome was covid-19 in families of children attending in-person learning.

Q: Along the same lines, how are schools going to be handling COVID cases in the next school year? Still prompting school closures or not?

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: So many topics to discuss this summer. Some schools have dropped contact tracing and school closures. We will have to see what the plan will be.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: This will be such an interesting discussion. I think the challenge is that we will have to shift paradigms from pandemic to endemic virus mode.

Remember, eventually we will likely be managing this like influenza, and we do not close schools for flu except in rare circumstances. How and over what period we collectively make that transition is going to be a very bumpy ride.

Q: Do we know teens get myocarditis after vaccine? Is this a normal vaccine side effect for other vaccines?

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: It has been reported very, very rarely after a few other vaccines I believe. So not "normal" but has been seen before.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Myocarditis following influenza vaccination has been described. Trying to tease out vaccine complication from normal background rate (thousands each year) is challenging.

A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: <https://pubmed.ncbi.nlm.nih.gov/30236504/>. Interestingly, I believe (although would have to confirm) that the strongest signals regarding myocarditis and vaccination were previously seen decades ago with smallpox vaccine.

A: Susan Sykas DNP, Appleseed Pediatrics: Another reason to stay home when ill!

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The link to smallpox is not too old as we gave a lot of military the vaccine. Here is the link: <https://pubmed.ncbi.nlm.nih.gov/12824210/>