VCHIP CHAMP VDH COVID-19

August 25, 2021 2021 | 12:15-12:45pm Call Questions and Answers*

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Questions/Discussion

Q: What protocol should be used for a fully vaccinated student or staff member, who has recovered from Covid-19 in the past 90 days, but is now exhibiting new symptoms of Covid-19? And, would it be a similar protocol for an unvaccinated individual who has recovered from Covid-19 in the past 90 days but now is exhibiting new symptoms of Covid-19?

A: Breena Holmes, MD, VCHIP: Clayton- I do not know if Bill/Ben are on but when to test someone who has already had COVID is a clinical decision that should be made with health care professionals.
A: Breena Holmes, MD, VCHIP: In general, vaccinated people with symptoms need COVID tests but your question had the important qualifier that the person already had COVID....
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: If all other potential causes of illness have been ruled out, if there are new symptoms consistent with COVID-19 then re-testing should be considered. There is a chance any positive result could be due to the prior illness, but if negative, the result would be reassuring and if not testing is done; I would manage as COVID-19 anyway.

Q: What is the recommendation for negative PCR in first 24 hours, with worsening symptoms, any recommendations to retest at day 4 or 5?

A: Breena Holmes, MD, VCHIP (verbally): Bill, Ben, and I have talked about this with Becca and Wendy and a negative PCR on the 1st day is good enough. But, clinically, if you see something worsening, and as a clinical person wonder, you are welcome to get another test. A symptomatic person testing on day 1 with a negative PCR should be enough and is a low probability that person has COVID.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I am not sure I understand your question fully.
A: Ashley Miller, MD, South Royalton Health Center: Would you ever retest a negative PCR that was done in the first 24 hours, if they are worsening their URI symptoms? I guess, how likely is an early PCR to be a false negative?
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: If they are already symptomatic then I would feel comfortable trusting the test. Most people have a peak in viral load right before onset of symptoms.
A: Ashley Miller, MD, South Royalton Health Center: Is fever of 101 enough symptoms?
A: Breena Holmes, MD, VCHIP (verbally): I would say fever is enough as a symptom of a viral load.

Q: COVID vaccine question: A foreign exchange student from Europe who is under 18 received 1 Moderna vaccine in her home country about 10 days ago. She is now in VT with a host family for the academic year. What are the recommendations for additional vaccines? Would it be recommended for her to get 2 doses of Pfizer? If so, how long would it be recommended to wait to get the first Pfizer dose after the 1 Moderna dose she got?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Great question. I will have to consult CDC guidance on this one, hang on. I would think that at least one dose of Pfizer would be

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indicated, I am not sure if both are necessary however, let me look into this, unless someone from VDH already knows?
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The guidance is a bit of a gray area. From the CDC: "In exceptional situations in which the mRNA vaccine product given for the first dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. In situations where the same mRNA vaccine product is temporarily unavailable, it is preferable to delay the second dose (up to 6 weeks) to receive the same product than to receive a mixed series using a different product. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time. Such persons are considered fully vaccinated against COVID-19 ≥2 weeks after receipt of the second dose of an mRNA vaccine."
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: So I would feel comfortable with the patient getting a dose of Pfizer at least 28 days after her Moderna dose without need for a third. However, for people vaccinated outside the US, the guidance states: People who have not received all the recommended doses of a COVID-19 vaccine listed for emergency use by WHO may be offered a complete, FDA-authorized COVID-19 vaccine series. So it depends on whether we consider a dose of Moderna for a teenager sufficient since it is technically not FDA authorized for this age group although it is for emergency use by WHO. From a medical/scientific standpoint, I would feel VERY comfortable saying one dose of Pfizer would be sufficient here. FYI, the CDC guidance is here: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

Q: I serve as a medical advisor for an independent school. For independent schools is there any benefit in requiring parents and children to obtain a test within 5 days of school? Any benefit in recommending weekly testing for the first month. This has been proposed and my initial response is that this is not necessary; however, I would be interested in your input. Thank you!
A: Breena Holmes, MD, VCHIP (verbally): We are not doing any pre-arrival testing anymore as a general policy but independent groups are making their own decisions. I will certainly learn a lot more in the next few weeks on the public school surveillance testing. I do think it is a reasonable surveillance approach. It is one of our mitigation strategies to do some routine testing at the beginning of our school year.

Q: Has there been a decision to put the data back in about being infectious while in school?
A: Breena Holmes, MD, VCHIP (verbally): I have not heard and it is a great idea. I will bring that up the chain that we have to go back to understanding our school building situation.

Q: Is surveillance testing available only to public schools, or is it available to independent schools as well?
A: Breena Holmes, MD, VCHIP (verbally): It is available to all on a voluntary basis. We treat independent schools in VT as part of our system. All of the correspondence from the AOE about voluntary sign up for school/student surveillance testing has been shared with the independent schools.
A: Christa Zehle, MD, UVM Medical Center: It is available to both public and independent schools.

Q: Are there options for independent schools to have surveillance testing for students through a VDH program, similar to what some public schools will be doing?
A: Breena Holmes, MD, VCHIP (verbally): Yes and if you are hearing otherwise, we can check the channels. Even as recently as yesterday AOE put out yet another field memo with information about how to sign up for school surveillance testing.

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A: Nathaniel Waite, RN, Vermont Department of Health: Here is the testing information at AOE: https://education.vermont.gov/news/covid-19-guidance-vermont-schools/school-staff-covid19-surveillance-testing/school-staff-resources. AOE memos for COVID response are here: https://education.vermont.gov/covid19. This is where CDD childcare COVID page is. https://dcf.vermont.gov/cdd/covid-19 CDD blog has a recent memo to childcare.

Q: Does anyone know if folks who got the J&J will be allowed to get Pfizer or Moderna boosters instead? J&J knocked me out pretty good and I do wonder if the one mRNA shot would affect me less than the full J&J.
A: Breena Holmes, MD, VCHIP (verbally): I have not seen that cross over recommendation. They have not addressed using and mRNA boosters for people who received the J&J to date.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: As far as I am aware the only recommendation for boosters only applies to those who got mRNA vaccines, there has not been any guidance yet on J&J.

Q: For the algorithm, the return to school when vaccinated and have a negative test, it says symptoms need to be resolved. All of the other pathways say symptoms improved. Why is that different? (The very left side of the chart).
A: Breena Holmes, MD, VCHIP (verbally): We are seeking this type of feedback. We actually took the word improved out of several places. We felt that it was easier to do a clear line on resolution because improvement has some subjectivity that made last year complicated. If you have examples that you can take me through of a clinical example of someone who had symptoms, was vaccinated, got tested, and is improving, please share. What we are trying to do is to avoid sick people in school, not from COVID, but just in general. This word has been debated over the last 24 hours between our great nurse colleagues at the health department and our clinical team of Bill, Ben, Becca, and Wendy.
A: Wendy Davis, MD, VCHIP: FYI: the updated (latest version) of the algorithm is now posted at VCHIP COVID web site.
A: Elizabeth Hunt, MD, Timber Lane Pediatrics: For childcare, we are using 24 hours with no symptoms.
A: Becca (Rebecca) Bell, MD, UVM Medical Center: She is right here, we should change improved to resolved on the left side of the chart. It should be consistent.
A: Leah Costello, MD, Timber Lane Pediatrics, South: Complete resolution is really hard. Kids could be out for a very long time and some very frustrated parents.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I agree. Before we had made qualifiers for some symptoms (e.g. loss of taste/smell did not need to be resolved). So certainly we will want to review based on this all this helpful feedback. The main impetus for changing to resolution was actually prompted by the symptom duration <24 hours path--because by definition to fall into this bucket symptoms must be completely resolved.
A: Leah Costello, MD, Timber Lane Pediatrics, South: Ben, I agree, if <24 hours of symptoms then must be resolved. We all know that COVID is disproportionately affecting our most vulnerable kids and families. I worry that complete resolution will lead to more kids missing special ED services, meal services, safety provided to them at school. It will put more pressure on parents who rely on their hourly job for income or could lose their job if they have to stay home all the time with their kids. I liked markedly improved from last year. But obviously need testing. More testing is important and is very easy to do right now.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Breena, I thought a decision was made recently that home OCR/NAAT based tests would be accepted as results, but the state would not be supporting/promoting use or access of them--we should double check on this.

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Q: How should schools be handling students with documented medical conditions that are on the list of COVID symptoms? For example, a child who gets regular headaches. Should these students be sent home or exceptions?
A: Breena Holmes, MD, VCHIP (verbally): That is the crux of this being a clinical decision making tool between the school nurses and medical homes. We are not speaking to that in this document. School nurses know chronic diagnoses of their students. And if there is a chronic diagnosis with a symptom consistent with COVID, that doesn't use this algorithm. That is decision making between parent, student, school nurse, and medical home.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: In general, we have stated that for this pathway to apply, it must be new symptoms not consistent with known underlying conditions.

Q: How do you handle the asymptomatic vaccinated teen who continues to have continued exposure (rather than 3-5 days s/p last exposure) to a positive COVID case in their home (usually a sibling)?
A: Breena Holmes, MD, VCHIP (verbally): That is back on the first page that they have ongoing exposure. Yes, we are saying they are fine. Once they have tested negative, even if the exposure is ongoing, they did not get COVID from that person.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Good question. Hopefully, the sick household contact would be able to isolate away from the vaccinated child. If not, we may need to consider additional testing, but if asymptomatic and masking, it would still be reasonable for them to attend school during that time.

Q: Any change in back to sport algorithm and recommendations?
A: Breena Holmes, MD, VCHIP (verbally): There is not. We did put little asterisk's with a link to drive the clinical decision making that if there is a positive test, those students, if they're athletes, need to consult their medical home.

Q: Can you explain rationale for inclusion of the 24 time cut off? If we get call <24 hours, do we give guidance to patients and families to stay home/mask and see if symptoms persist >24 hours (then they flow through left side of algorithm and get tested). In same vein, so they get sent home from school under 24 hours and have parent guidelines to follow?
A: Breena Holmes, MD, VCHIP (verbally): An observation that mild short-lived symptoms is not COVID and we wanted to give people some space to not rush every symptom to test, but also trying to drive up more testing for the after 24 hours. I think yes, with the guidance it is why we added those caveats, that you can clinically have someone go get a test right now. You can also tell the families to wait it out and get the test the next day. If they get sent home that first day and if they are still ill the next day, they need to get a test. We are hopping a subset of families will do this without their medical homes and that school nurses can advise in the morning to set up their own test.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: As the algorithm states, there are certain conditions for which I wouldn't wait--cough, loss of taste/smell being the most relevant here.

Q: Are home tests being used and accepted or do they need to be the PCR tests?
A: Breena Holmes, MD, VCHIP (verbally): This entire algorithm is dedicated to PCR tests only, not antigen or at home tests.
A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: They need to be PCR/NAAT tests. However, some home tests now in fact use PCR/NAAT, so it would depend on the nature of the home test. They just cannot be antigen tests.

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