

VCHIP CHAMP VDH COVID-19

November 6, 2020 | 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, Vermont Department of Health (VDH), VCHIP Senior Faculty

VDH Update: Flu Surveillance

Dr. Wendy Davis: We are beginning to follow the weekly flu surveillance report. It's readily accessible on the Health Department website. The data is available through October 31st, and we have no activity in terms of our geographic spread and no positive flu PCR results have been reported, but we will continue to follow this as we move into this season.



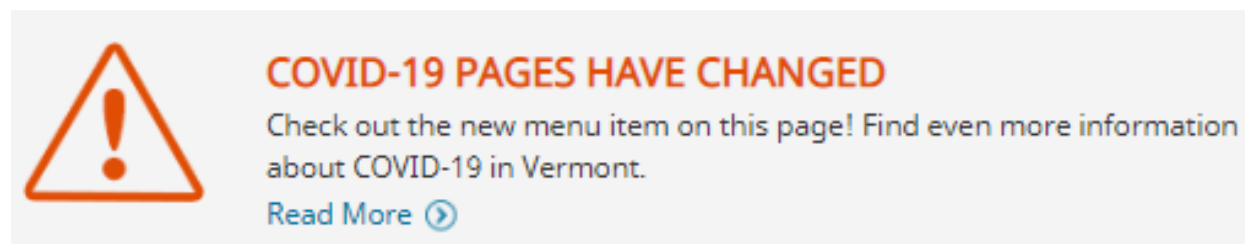
Timeframe: 10/25/2020 – 10/31/2020

- Geographic spread remains as no activity; no positive flu PCR results or outbreaks were reported.
- So far, the Department of Health has distributed over 103,000 doses of flu vaccine to health care providers enrolled in the Vaccines for Children (VFC) and Vaccines for Adults (VFA) programs compared to approximately 70,000 doses in previous years.
- The COVID-19 pandemic may influence influenza surveillance through changes to health seeking behaviors, influenza testing capacity, implemented hygiene and physical distancing measures, and staffing/routines in sentinel sites. Current influenza surveillance data should be interpreted with consideration of these factors. Follow these links for up-to-date [Vermont](#) and [national](#) COVID-19 data.



VDH Update: Website Changes

Dr. Wendy Davis: I do want to call your attention to the Health Department as always working hard to continuously update their website.



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

New “menu”: Current Activity; Protect Yourself and Others; Testing; Symptoms and Sickness; Travel and Quarantine; Healthcare Professionals; Vaccine; Your Community; FAQs; Resources

- <https://www.healthvermont.gov/covid-19>

They've rearranged some things. I really encourage you to find a way to have a routine to look at the website daily. There's just so much great information. Some of the changes include the fact that they rearranged one of the foremost pages with a different menu of the topics that I'm showing on this slide. They're topics that you've probably seen before, but they're now organized in a way that you can easily find each of these segments. In particular for our purposes, there are now program-level pages for the following topics:

- Families with Children
- Pre-K-12 Schools
- Child Care Programs
- Colleges and Universities

That is helpful because in particular they separated out childcare so that you can see where there are overlaps and differences for the guidance around those populations and also the supporting guidance for parents, etc.

Dr. Breena Holmes: It's just better organized because before it was just clumped together. I think you'll be really happy with it. You'll find great resources for your patients in that area.

UVMHC Cyberattack Update

Dr. Wendy Davis: We're also going to, at least for the time being, have a regular feature thanks to Dr. First, Professor and Chair, Department of Pediatrics, Larner College of Medicine, and Chief of Pediatrics, UVM Children's Hospital. This regular feature will mostly include updates from the UVM Children's Hospital, the UVM Medical Center, and the UVM Health Network with respect to the cyberattack for which they continue to work on mitigation and repair. These are just some high-level highlights:

- Can now obtain appointment schedules (started mid-day on Thursday, November 5)
- Still encouraging patients to arrive with a summary record and a list of medications
- Adult chemotherapy and radiation therapy services have improved.
- Labs are getting back to providers via fax. Still order only if acute need. Please do not order routine labs right now. Please put fax number and phone number on lab slip.
- No clear definitive timeline for coming more rapidly back online; will occur in piece-by-piece manner for now.

We will keep you posted when they have some additional detail to share.

VDH Updates: School Cases

Dr. Wendy Davis: We will continue to show you the full dashboard, but I think it is updated on Tuesday, it hasn't changed since we showed it to you on Wednesday. Eleven (11) cases have been reported in the

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

preceding seven (7) days, and there have been 39 school-based cases total. We also include a link to the Vermont College and University dashboards so that you can see their cases.

Vermont School Based COVID-19 Transmission (dashboard)

- <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
- Table now updated Tuesday w/data through previous Sunday; removed "Recovered" category)
- As posted 11/3/20: 39 total cases; 11 cases reported in past 7 days.

School cases

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	11	39

VT College & University dashboards:

- <https://dfr.vermont.gov/about-us/covid-19/school-reopening>
- St. Michael's College outbreak: 65 total cases as of 11/2/20

AAP Updates

Dr. Wendy Davis: I did want to share some information that came out of the American Academy of Pediatrics (AAP) this week. They continue to assemble pediatric COVID-19 data from the publicly reported sites, and, in some instances, from connections to children's hospitals. Their latest report was publicized as showing the highest one-week increase in child COVID-19 cases since the start of the pandemic on November 2, 2020. "This is a stark reminder of the impact this pandemic is having on everyone – including our children and adolescents." ~ AAP President Sally Goza, MD, FAAP. There was an article in the AAP news about that.

Additionally, the AAP noted the change in the cumulative number of US COVID-19 cases for children and the total (for all ages). As of October 29, 2020, there have been 853,635 cumulative child COVID-19 cases in the United States. There has been an increase of over 61,000 cases in the past week and an increase of nearly 200,000 cases in October.

I did want to note that we had some discussion on our AAP Executive Board meeting the other day about the fact that while this is important data, the way it comes out, and particularly in the national media, it can have an adverse effect, we think, on local consideration of how we're doing and what this might mean for continuing to hold in-person school. We have provided direct feedback to the Academy, really asking them to think about framing this better with that emphasis on the fact that it is local or state data that really should be driving these decisions.

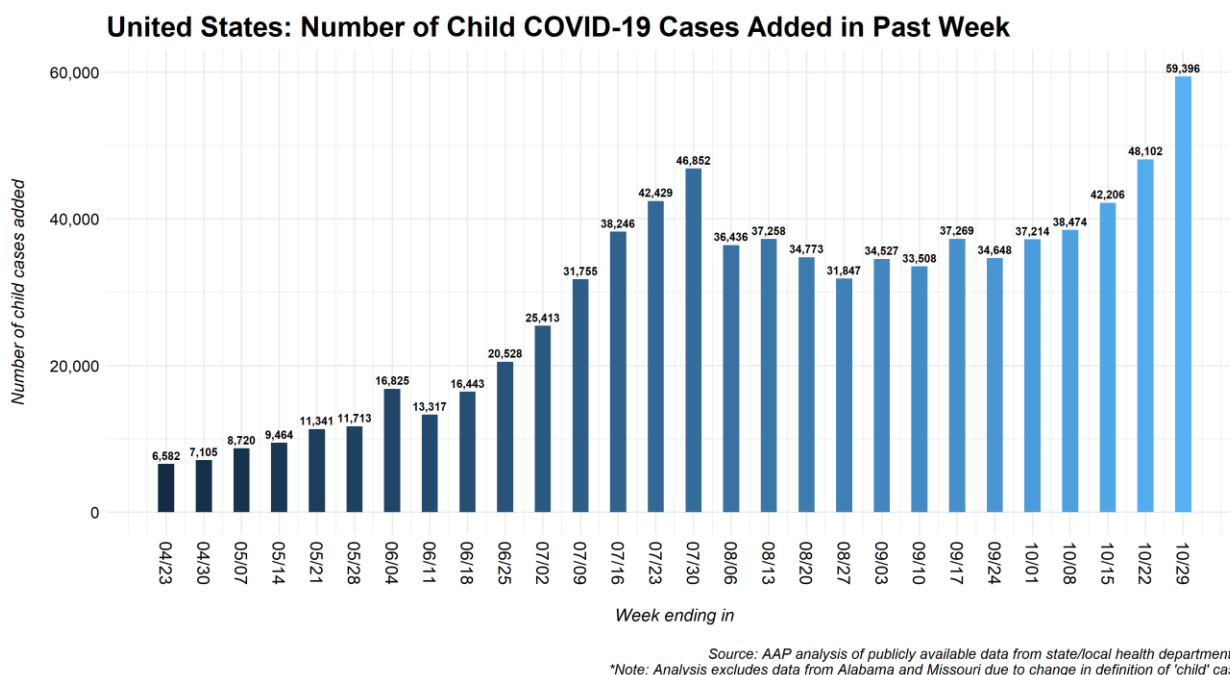
*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

Dr. Breena Holmes: This also comes from you, this whole pathway of what you're hearing or school nurses are hearing, that feeds up, and then we're able to give this type of feedback. I get that we need to call out the impact of COVID-19 on children, but it has led to a lot of media attention that somehow this means it's less safe to be in school, and that's just not true in Vermont. So that's my issue.

Dr. Wendy Davis: If you have specific questions that you think are more relevant or you might benefit from hearing about the national theme, then the AAP-VT is seeking feedback, which can be sent to their COVID-19@aap.org mailbox. This inbox is open to all. Please send them your questions. They are very quick about responding, and they have a great team of experts all over the place that that they engage to respond to your questions. The request is for **context** when new statistics are published.

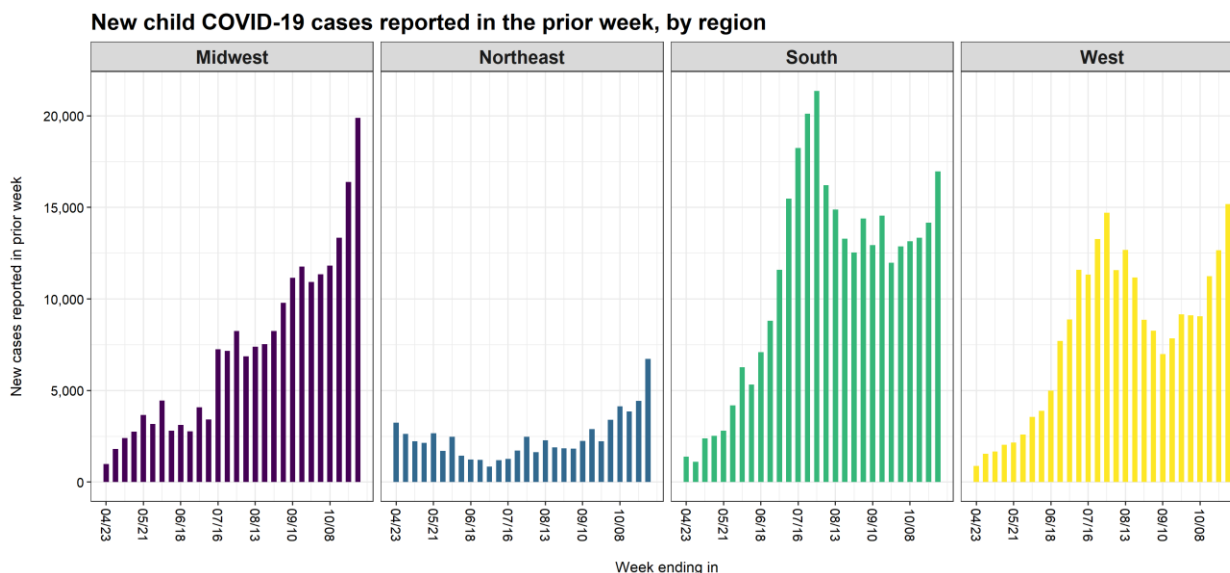
I'm just showing you the ways that the Academy shows their data. You can see this rise and fall and rise again since April, in terms of the pediatric data, the child cases actually.

10/29/20



They then break then it out by region, and so it's sort of dramatic to look at it this way, in relevant to bring it to VDH and the local concern about differences across the different regions of the country, so quite interesting to look at this data.

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



For the AAP COVID-19 Town Hall Series, there is an [Updated Town Hall Web Page](#) where you can access past session recordings and register for future sessions. The recorded sessions are enhanced to include questions discussed with a time stamp. The topic for last night's session (Thursday, November 5, 2020, at 7 pm Central Time) was *Supporting the Emotional and Behavioral Health of Children, Adolescents, and Families during the COVID-19 Pandemic*. There were, I think, four or five folks who spoke, including in Carol Weitzman, MD, a developmental pediatrician who was at Yale and is now at Boston Children's.

In Vermont, we hope to hear specifically about the emotional health of our adolescent population from Erica Gibson, MD. She is currently slated to talk about that next Friday, barring unforeseen barriers.

Travel Guidance to UVM Faculty & Staff (11/2/20)

Dr. Wendy Davis: In terms of guidance on our travel, earlier this week, we received this noticed at UVM to faculty and staff. I share this information with you, since we're always looking for language that you might use with the families and patients that you're seeing and with your own staff, and certainly with our school communities. We've been advised very directly to not travel outside of Vermont for business or personal reasons.

Advised to "not travel outside of Vermont for business or personal reasons."

- On the daily health screening required of faculty/staff not exclusively working remotely or taking approved time off, the travel restriction is the primary reason faculty and staff are not cleared to be on campus.

If you do travel outside of Vermont, whether for personal or work reasons:

- **Must** abide by all Vermont quarantine requirements upon return.
- Referred to VT ACCD & VDH websites for travel & quarantine information.

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

Governor's Media Briefing – Rebecca Bell, MD and Agency of Education Secretary Dan French

Dr. Wendy Davis: Dr. Rebecca Bell, AAP Vermont chapter President, was the first speaker on deck today at the Governor's Media Briefing. This was her first appearance since July, and she summarized what's been happening in schools. It's been two months since schools reopened in Vermont. Dr. Bell noted that our patients are telling us that the in-person days provide much needed structure and routine and that parents are certainly relieved and grateful. She had talked to an educational colleague who commented that the teachers are really showing up for the kids and in so doing in many instances sacrificing their own routine.

Sabina Brochu is one of the student representatives to the state organization and had conducted a survey of high school students, over 1,000 students in eight high schools around the state, about their feelings about school life in this context. One of the things that she said was most striking to her is how protected they feel at school. Only 3% responded to a question about that by saying they felt either not at all or not well-protected. Dr. Bell reminded us that schools are not a main driver of transmission in our Vermont disease burden and said that pediatricians want to implore Vermonters to adhere to health guidelines. She really focused on the need for consistent in-person learning with minimal interruption and talked about the different trajectory for broken development of children being measured in months, not years, and referred to the loss of milestones that we saw some of our children experience who have special health needs and developmental conditions.

Dr. Bell really emphasized looking at our decision making through an equity lens, calling out the fact that the Health Department does that and that we all need to do that. We give you this thinking that this may be language you want to use with your patients, family, colleagues, and educational colleagues. She gave the example of how holiday travel and gatherings require resources that aren't available to all families in Vermont, but then the adverse impacts that come from those certainly affect everyone. She also talked about the importance of the flu vaccine and ended by saying we broke voting records this week. Let's continue this engagement through flu vaccination. Dr. Bell always has a very thoughtful lens on these things.

Agency of Education Secretary Dan French then spoke on how schools continue to operate safely in Vermont. As of November 1, there have been 11 cases in schools in the last seven days and 39 cases total since September. He did reference the fact that some of the schools on the border with New Hampshire are struggling, but said there was good cooperation across state lines. He said that he has been asked repeatedly whether there will be a change in school schedules in response to the potential impact of holiday travel, but he said he is not doing that at this time and remains committed to providing in-person instruction. He didn't provide a lot of detail. There is now a holiday travel toolkit for schools that he said is applicable to all Vermonters

(<https://www.healthvermont.gov/sites/default/files/documents/docx/COVID19-Schools-Holiday-Travel-Toolkit.docx>) and echoed. He echoed everybody's strong advice to not travel at all this Thanksgiving and to watch the ACCD Travel Map. People are now discussing having a "COVID talk" about whether or not a trip or family gathering is worth the risk and coming to a common understanding of the ground rules together. He also recommended getting a flu shot.

Dr. Breana Holmes: I think there will be more information next week, but the Secretary is not recommending any kind of remote learning post-Thanksgiving. There are some other ideas on the table. Some school

districts have gotten out ahead of that and are making their own decision about remote learning after Thanksgiving. That is their prerogative, but it's not an Agency of Education policy.

Practice Issues: Friday Potpourri (clinical issues, more about schools)

Q: What are your thoughts on students humming with masks in a 6th grade middle school play 3 students spaced on stage with masks fully singing?

Dr. Breena Holmes: One of you emailed to ask us about singing. Ben, Bill, and I had a meeting yesterday with the music teachers of Vermont, including Secretary French and Ilisa. Its ongoing and important that we talk about music as an activity. The specific question was around students humming with masks on and that in 6th grade in a middle school play there were three students on a stage fully singing with masks on. We're very clear no indoor singing, mask or no mask. There is a clause in the guidance that addresses it.

Dr. Bill Raszka: We are not supportive of full-on singing indoors at this time, unless you're doing it privately in a room that's well ventilated, but onstage, full-on singing is not supported. Humming, which is presumably done with the mouth closed and fully masked, probably is okay, but not the singing.

Q: I've heard of a school "whisper singing"?

Dr. Bill Raszka: Whisper singing is singing. It's still fomation and aerolization. I can buy humming because the mouth is closed, but not singing.

Dr. Breena Holmes: Ben was talking about there's something very specific about what happens in the respiratory tract when you sing, there's a fair amoun of vibration of the vocal chords expulsion of sound will remain high risk for the duration.

Dr. Bill Raszka: We do know that singing theoretically can make droplets, but the big issues is that there is the potential to make aerosol as well. Anything making aerosol we worry about in an indoor setting.

Dr. Ben Lee (via chat): Breena, that's right. There just seems to be something about vibrating the vocal cords when you sing versus talk or even breathing heavy really promotes droplets and aerosols.

CHAMP Learning Session (10/13/20) Materials Now Posted!

Dr. Wendy Davis: Thank you to Avery Rasmussen and Angela Zinno!

Learning session website with recordings and slide decks:

http://www.med.uvm.edu/vchip/champ/champ_2020_learning_session

Link directly to Dr. Berwick's keynote recording: <https://uvm->

vchip.adobeconnect.com/champ2020learningsessionmoral determinantsofhealth/event/registration.html

Link directly to Dr. Berwick's keynote slide deck (NOTE – this will be removed from the website 30 days from the date posted): http://contentmanager.med.uvm.edu/docs/keynote_berwick/vchip-documents/keynote_berwick.pdf?sfvrsn=5b9b1922_2

Questions/Discussion

Q: Wondering if our esteemed infectious disease folks have any information about the COVID hopping to mink issue in Europe?

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

A: William Raszka, MD, UVM Children's Hospital & UVM LCOM Department of Pediatrics: Denmark is culling the entire population in the country. The fear is the mutated mink coronavirus could infect humans.

Q: Are we worried that the spike protein has changed and our vaccines won't work?

A: Benjamin Lee, MD, UVM Children's Hospital & UVM LCOM Department of Pediatrics: I have not had a chance to read in detail, but small mammals are often used as animal models for respiratory viruses. The best animal model for studying influenza transmission is in ferrets, for example, so it is plausible that there may be something there, but in full disclosure I haven't read into the details yet (<https://www.nytimes.com/2020/11/04/health/covid-mink-mutation.html?searchResultPosition=1>). I don't think so, but to clarify my comment, that would be the rationale, but no one is worried right now about the status of our current vaccine pipeline.

A: Breena Holmes, MD, VCHIP, VDH (verbally): Not worried about that yet.

Q: But we haven't shown the mink virus in humans yet, correct?

A: Benjamin Lee, MD, UVM Children's Hospital & UVM LCOM Department of Pediatrics: There have been a small number of human cases.

A: William Raszka, MD, UVM Children's Hospital & UVM LCOM Department of Pediatrics: I think 12 people in Scandinavia have been identified with the mink virus variant.

Q: Hopeful this information will help Milton to support having 3rd and 4th graders return to 4 in-person learning days. Today in an IEP meeting, the school said they were waiting to hear the Governor address that will be informing the decision.

A: Breena Holmes, MD, VCHIP, VDH (verbally): There was nothing in the press briefing that would preclude in-person for your 3rd and 4th graders, and so many schools have been in-person for 4 days a week. It's going well.

Re: Holiday Travel Toolkit

C: Nathaniel Waite, RN, VDH: NEW: Holiday Travel Toolkit for Schools. This toolkit contains social media posts plus images, sample newsletter drop-in information, and printable fact sheets for schools to share with staff and parents.

<https://www.healthvermont.gov/sites/default/files/documents/docx/COVID19-Schools-Holiday-Travel-Toolkit.docx>

Q: What is the current group size limit for social (private) gatherings?

A: Melissa Kaufold, RN, UVM Health Network Home Health & Hospice; Family and Children's Program: Dr. Levine stated groups of 10 or less.

Q: Is the group size legally binding? I have a family with a 75-person wedding this weekend. Admittedly, they are taking a lot of good precautions, but still...

A: Breena Holmes, MD, VCHIP, VDH (verbally): I'm not really the right person to answer the legal question. It's not a punitive process that goes on with these venues. It's an educational process. After the events, the team comes in and talks about how it should have been done differently. We did have an interesting scenario back in June. There was an interesting situation regarding a graduation that was pushing the limits, and it got escalated up to the Governor's office because it kept going and going and needed to stop.

A: William Raszka, MD, UVM Children's Hospital & UVM LCOM Department of Pediatrics: That's too big. In different parts of New England, venues have been fined after outbreaks.

A: *Nathaniel Waite, RN, VDH*: There is a mass gathering FAQ item: <https://apps.health.vermont.gov/COVID/faq/>. It may depend on the venue.

Q: How many were at the Boyden winery wedding? They did everything "right."

A: *Breena Holmes, MD, VCHIP, VDH (verbally)*: I'm not sure. The outdoor gathering limit was 150 at the time.

A: *William Raszka, MD, UVM Children's Hospital & UVM LCOM Department of Pediatrics*: There have been several reports of outbreaks, even if things were done "right."

A: *Rachael Comeau, VCHIP*: Papers said 77 at winery wedding.

A: *Ann Wittpenn, MD*: Boyden said 75, Health Department said 77. The challenge was they ended up needing to go inside due to lightening, but they also followed guidelines. The Boyden owner pointed out good consideration of wedding weekends being about much more than the actual venue event.

A: *Breena Holmes, MD, VCHIP, VDH (verbally)*: That's true in the ice sports situation as well. It really was not the venue, but the behavior.

A: *Benjamin Lee, MD, UVM Children's Hospital & UVM LCOM Department of Pediatrics*: The best we can shoot for is to minimize risk, not eliminate it.

Q: For non-Vermonters who want to ski in VT, I assume they will still need to quarantine, correct (this made the Wall Street Journal, but they were not clear on the quarantine)?

A: *Breena Holmes, MD, VCHIP, VDH (verbally)*: Yes, they definitely have to quarantine. They can do the test out at day 7. This has led to more conversations about testing opportunities.

A: *Nathaniel Waite, RN, VDH*: <https://accd.vermont.gov/content/vermont-ski-resort-covid-19-winter-operations-guidance>

A: *Breena Holmes, MD, VCHIP, VDH (verbally)*: It's definitely very important and interesting, given the impact of skiing on Vermont's economy versus the risk of an outbreak. You can't be an out-of-state employee on ski mountains. They are really encouraging employing Vermonters for ski resorts.

Q: Regarding that last point, sometimes the school reports symptoms (i.e., cough) that just doesn't seem born out at home and office (i.e., the kid has a couple coughs at school but then no more). There may be some confusion.

A: *Breena Holmes, MD, VCHIP, VDH (verbally)*: I completely agree. This is where we've avoided any clearance letter or you needing to write a note. That's what ended up being decided to tell the nurse. It wasn't a third or second hand piece that may or may not feel accurate.

A: *Stan Weinberger, MD, Pediatric Primary Care, UVM Medical Center (Burlington)*: Great clarification. Let them know what symptoms you found and didn't find.

A: *Breena Holmes, MD, VCHIP, VDH (verbally)*: Communication, communication, communication. School nurses feel very validated when you loop them in on the symptom dispositions.

A: *Sharonlee Trefry, RN, VDH*: Stan, such a great point. For example, when the student coughed in PE or outside and was reported by the teacher. Always good to support school nurse's critical thinking.

A: *Kat (Kathleen) Goodell, VDH*: We had a student come to school on a bus with a new cough whose parents had no transportation to pick them up. They ended up getting the bus company, who is outsourced, to take the student home and then closed that bus down for 24 hours.