VCHIP CHAMP VDH COVID-19

December 2, 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

Testing Updates

Dr. William Raszka: The issue with asymptomatic healthcare testing has to do with some equity across the system. Right now, those people associated with the UVM Larner College of Medicine can go to the Davis Center and get testing relatively easily, but that's not available for everybody else. It's after work here, or others may have to take time off to get a test at different places. There is an interest and sort of doing something similar to what the teachers are doing, just periodically testing all the people in the healthcare system. That has not been finalized yet. I know that the leaders in what we call the "bio" branch and others are continuing to discuss how to do that and to think about our current capacity. I think that is going to come up sooner, not like it's necessarily going to happen this week, but there's a lot of active discussion about that.

The question about not allowing children in daycare really came from one of our faculty meetings. One of our faculty member said that her child was not allowed into daycare, and somehow the daycare was notified that she had gone to the Davis Center for her UVM Larner College of Madison recommended asymptomatic testing as a faculty member. That put a lot of pressure on her because she literally couldn't drop the child off until she had a negative test result.

Dr. Breena Holmes: I want to make sure if you guys hear things like that, that's just categorically wrong. It doesn't follow our advice. I urge anyone to call 863-7240 *5, which will get you straight to the school and childcare branch at VDH. The child care provider can then speak directly to the Health Department about that protocol, but there's no reason to be excluded in it. It's helpful if our medical colleagues know there's a pathway for that advice.

Dr. William Raszka: During the faculy meeting, I said "that advice was wrong," and she said, "nonetheless, my child couldn't go." I will post that number to our faculty members to call in situations like that one.

Dr. Wendy Davis: I think it's a good idea to get it out to our widest distribution list that Dr. First has for our pediatric colleagues, including all of you. Feel free to disseminate. Is there a channel to get that information out through the DCF childcare folks to the childcare community.

Dr. Breena Holmes: Absolutely.

Dr. Wendy Davis: The City of Burlington is setting up a local testing site on Pine Street, similar to the CIC on-demand sites. There should be wide availability in terms of days and hours. I'm grateful to Dr. Hillary Anderson for this information. It does offer another avenue for folks in the Chittenden County region. I don't think you have to be a city resident to take advantage, but I'll check on that.

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

UVM CH/MC/HN Update

Dr. Wendy Davis: Referrals to our UVM Children's Hospital specialists should now be business as usual. Electronic referral and fax should be working. Please let them know if you have any issues with that. There may be scattered or sporadic issues with a particular clinic, but all subspecialists are booking. There may be a delay if you are sending someone who needs a particular, specialized radiology study. In some instances, there are remaining issues with pathology and labs, so you may be advised to schedule in a timeframe in the future when hopefully those issues will be solved. Let Dr. First (lewis.first@med.uvm.edu) know if you are having any issues.

More from CDC: Updated Quarantine Duration Options

Dr. Wendy Davis: There are updated recommendations from the CDC regarding the duration of quarantine. We are not yet sure whether VDH will follow these new CDC recommendatons. We will follow up on that.

Dr. Breena Holmes: We heard about this a few days ago, and we're waiting. This will be very interesting on many levels. What was the energy behind this at the CDC. We were going along doing just fine and trying to help people get back to life sooner.

Dr. William Raszka: What I hear from Michael Osterholm, who is a huge infectious disease expert in Minneapolis and runs the CDC site there, this is an attempt to use data to get people to comply better with the quarantine. Most people, if they're going to become infectious, they become infectious within 5 to 7 days after exposure. Slightly less than 10% of people will still be infectious after 10 days. Only about 2% will be infectious after 14 days. They are using some data to shorten the 14-day quarantine period recommendation. There's also a push to minimize the impact on families and businesses from this 14-day quarantine. There is a lot of capacity lost in the workplace. It's a two-pronged attack and the rationale for doing this.

Follow Up: COVID-19 and "Immunity"

Dr. Wendy Davis: We had a very lively discussion on Monday about what we do and do not know about immunity following COVID-19 infection and how they may impact one's need to be re-tested with a subsequent exposure after having had illness with or without symptoms. We are grateful to Drs. Ben Lee and William Raszka for helping us sort through the currently available information.

Dr. William Raszka: These questions bundled so many different issues together. In April, one of our recommendations to finish isolation after being infected with COVID-19 was two negative PCR tests. We learned fairly quickly that people were positive by PCR for weeks and weeks and weeks. The South Korean data showed that if we follow those people with the persistently positive PCR tests for weeks and weeks after onset of symptoms, they don't actually ever infect anyone. That's the rationale that we use for saying once 10 days have elapsed after onset of symptoms in most people, then they are released from isolation. They are allowed to do their normal activities.

This idea about immunity following infection has been a topic of peak interest to everyone for a really long time. How long and how solid is that immunity? What we don't see are people really becoming re-infected within three (3) months. That's why the CDC says, if you're asymptomatic after exposure, you should be fine. It's a little quirky that they said if you're symptomatic and have no other alternative explanation, you could be tested for COVID-19 again. There's a nuance there that any other explanation has been ruled out, and

then you would test for COVID. Those of you who wrestle with immunization recommendations, trying to figure out one month, two month, three month, how many days is that, what I proposed is that the simplest thing to contemplate is that the three month clock begins on the day of the first positive test result. That way, everyone knows exactly when that begins.

Deep in the infectious disease weeds, if you test someone previously infected with COVID within the past three months because of signs and symptoms and they have a positive PCR, I'm extremely dubious that that represents a new infection and that they're now infectious. I want to talk to the group about whether we could use cycle time values because those people usually have really high cycle times, and they are finding very little genetic information to say they're not infectious. It was take a bit of discussion over a variety of stakeholders to get into that.

How long immunity lasts? The CDC is quite clear that over 90 days, we cannot make any inferences about immunity. This came up on a call for me this past week. Someone had been infectious previously, but they had been infected in March. I had to tell that person, "I'm sorry. Even though you've been donating plasma, we can't make any conclusions of immunity. If you have exposure, you're going to have to quarantine."

Dr. Wendy Davis: This makes me wonder, what started as the Serology Work Group and then the Testing Group, is that still in play? Would this be something for that group to consider?

Dr. William Raszka: There's a Scientific Advisory Committee. I'm not sure when our next scheduled meeting is, but I will certainly bring this up. I'll email that suggestion to a variety of people.

Reported Cases to Include Probable Cases

Dr. Wendy Davis: Starting today, reported daily cases do include probable cases. These are folks who have symptoms and a positive antigen testg. Previously those were not counted among the confirmed cases. Those with symptoms or epidemiological evidence and a positive antigen test or symptoms and an epidemiological link to a confirmed case will now also count as probable cases. Probable cases will get all the same actions from VDH as if they were were confirmed cases. Commissioner Levine anticipated this would add about 120 cases right now. The feeling is that in the long run, given how many tests we've done and how many cases we've had, that this is actually a relatively small addition. It brings us into alignment with what some other states are beginning to do.

Dr. Breena Holmes: This is what a lot of states have been doing for a long time. It's also a reflection on the fact that we're going ot be using the antigen test, the Binex test, now in our LTC facilities. With the prevalence going up a little bit and a higher prevalence environment like nursing homes, long-term care, it's thought that we will want to be counting these results. We're still encouraging that if you're a symptomatic or asymptomatic close contact with someone with COVID to go ahead and get the PCR test, but in certain circumstances where that's not occurring and a patient has symptoms and they have an epidemiologic link to someone with COVID, we're counting that as well. It's really a data piece. Today is the day it makes the most impact because if you're tracking the daily amount, it jumped up by 100 and something, as Wendy noted.

Practice Issues: School and Child Care Updates (and Follow Up)

Update: Care of Children & Social Gatherings

Dr. Breena Holmes: We heard from hundreds of people that caregivers for children, such as grandparents, aunts, uncles, etc, joined the table at Thanksgiving, and then on Monday morning those kids were excluded from school because they had gathered in multi-household fashion. The administration stood behind those decisions. We pushed on it enough the last few days that it's going back to the ReStart Team, which meets tomorrow. It includes agency leadership, Commissioner Pieciak, Mike Schirling from Public Safety, Patsy, Dr. Levine, so, stay tuned. We're just trying to get clarity on this. Wendy was the one who put it best: "As often we are during COVID, we're at a nexus of common sense versus what we would call a slippery slope." Slipper slope meaning that if you start to say, "well, Grandma's already there all week, she can stay for dinner," then how is it interpreted? What is Grandma doing during the weekends? Is she hanging out with two other households, etc.? We're a little bit on the fence with this one.

We are looking ahead at how we manage with the upcoming holidays and the longer school break. A lot of folks are bringing in reinforcements to care for their children, and those folks are often not in their households. I just wanted to keep talking about it. I, as a State employee, can't condone any of that gathering activity without it following along exactly with the quarantine rules, especially grandparents coming in from out of state. You are not currently allowed to take those folks beyond the care of your children during the essential supervision times.

Re: not seeing grandmother socially even if supervising all week (unknown what she is doing on the weekends, etc.)
C: Stephanie Winters, Vermont Medical Society: And Grandma may not come in contact with the entire family on the regular.
C: Marshall "Buzz" Land, MD, Pediatric Medicine: I agree with Breena because "common sense" is so individually defined.

Questions/Discussion

Re: Pediatric AIDS Update in VT
C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: No updates in VT. The good news is that we have not had a perinatal transmission in many, many years.

Q: Question about case count - when probable cases are confirmed with PCR (presuming they are?), will that count as an additional case?
A: Breena Holmes, MD, VCHIP, VDH (verbal): No, definitely not. Implicit in this is that we may see a drop-off in the confirming all antigen positives with PCR in LTC. I will double check on that, but I think it's a volume situation at this point. I'm not sure we're backing up every single LTC antigen positive.

Re: CIC testing sites
C: Alex Bannach, MD, North Country Pediatrics: It seems that CIC site dates disappear from the website the day of, which can make it tricky if we are looking to see if patients can do walk-ins that day.
C: Breena Holmes, MD, VCHIP, VDH: Oh, wow, Alex. I will look into that.
C: Alex Bannach, MD, North Country Pediatrics: Thanks
C: Wendy Davis, MD, VCHIP (verbal): This isn't a good fix, but we will continue to provide the lists that we have as part of the email. It doesn't necessarily have the times, but it may be a clue, and it doesn't show the availability. As we've said on this call, generally it seems that walk-ins are being accommodated.

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Re: UVM CH/Medical Center update

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: All subspecialists are booking.

C: Lewis First, MD, UVM Medical Center: If I can help with referral issues or any other concerns as we come back from the cyberattack, just let me know (lewis.first@med.uvm.edu).

Q: In our childcare, we just received an updated handbook that with exclusion of asymptomatic siblings, if 1 child is being tested, all family members are excluded. I don't agree here unless there was a known exposure to a positive individual, but it's similar to the daycare choosing to exclude for pink eye, even though guidance from the state suggests they should not be excluded. How much of this individual policy choices are allowed under DCF?

A: Breena Holmes, MD, VCHIP, VDH: Childcare has some autonomy on these policies, but we also like to alert our childcare technical assistance team to gently reach out and discuss. Are you willing to share your center/home info with the childcare regulation TA person?

A: Sharonlee Trefry, RN, VDH: We discourage that kind of guidance when they call our team.

A: Breena Holmes, MD, VCHIP, VDH (verbal): DCF has childcare regulators who are really lovely, non-punitive folks who do technical assistance to all childcare who are off of our guidance. What you are describing is off of our guidance. Ultimately, DCF will call the VDH school and childcare branch to talk this through if it's a policy that is clearly not guided by public health.

*A: Breena Holmes, MD, VCHIP, VDH: Pathway for advice, call the department of health school and childcare branch at **863-7240 *5.***

Re: vaccines

C: Sharonlee Trefry, RN, VDH: It will be important to highlight the importance of including school nurses in the priority list of health care workers, understanding that vaccines are limited.

C: Stephanie Winters, Vermont Medical Society: I sit on the COVID Vaccine advisory committee, and we will be meeting again Friday to discuss. We have heard 10,000-20,000 initial doses to VT at this point.

Re: Alex Bannach on VPR

C: Becca (Rebecca) Bell, MD, UVM Medical Center: Here is Alex Bannach, MD, on VPR, talking about COVID-19 in the NEK: https://www.vpr.org/post/precipice-after-quiet-spring-nek-starts-seeing-covid-and-its-impacts#stream/0

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