

VCHIP VDH COVID-19 Q&A Chat January 24, 2022

ANTIGEN TESTING

Q: A head medical honcho at SVMC has told school nurses locally that the antigen tests are 37% chance of false positive, picking up regular coronaviruses. It was my understanding from these meetings this past month that a positive antigen means positive and does not need a PCR confirmation. So, I need clarity. Part 2 of this question, if PCR's have potential of staying positive for 90 days, why is PCR's at day 5 part of the return options after a 5 day isolation when testing positive?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Part 1: at this time of widespread COVID transmission, a positive rapid Ag should be considered positive. Part 2 - to shorten isolation after testing positive the recommendation is antigen testing, not PCR>.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: A recent study of 731 people found that the Abbott BinaxNOW rapid tests performed about as well with omicron as they did with other variants when people were symptomatic and had high viral loads.

AT HOME TESTS AND KIDS UNDER 2

Q: I have some local daycares telling parents of kids under 2 to do at home tests. My understanding is that they are not meant for kids under 2 and we are recommending these kiddos get PCR. Is that correct?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Correct. We will review this today but unfortunately, there is very limited testing options for those under 2.

QUIDEL RAPID TEST

Q: Bill and Ben, what about the Quidel Quickview rapid test?

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: I do not know much about Quidel- here is what was reported in the WSJ: Quidel Corp. , maker of the QuickVue test, said it has conducted tests using live Omicron virus from South African samples that confirmed the test can detect the variant.

A: Thanks, Bill! I ask because the Quickview test is what has been sent out for free from VT and given out from schools. From my own experience, I feel that the rapid Quidel picks up positives quickly.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: There is not as much data yet but I would be surprised if the performance of the Quidel was significantly different than Abbot. But, will have to wait for data to be sure.

PARENT HANDOUT ABOUT VACCINES

Q: Handout is now available. The printed resource will get sent in the coming weeks:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Vaccine-for-Children-Parent-Handout.pdf>

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FLUORIDE

C: No one has been getting the kits they have requested for fluoride testing.

C: I have requested the fluoride test kits twice over the last year and still have not received it. I figured it was due to the demands COVID has had on the health department.

Note: Wendy Davis, MD, VCHIP emailed Robin Miller, dental director at VDH to let her know.

HOSTING VACCINE CLINIC

C: We just hosted a vaccine clinic through the State and we lost many families due to their inability to pre-register through the State.

C: Merideth Plumpton, RN, Vermont Department of Health: Yes, the scheduling system is a known barrier. If families have problems, we have a very robust call center to help.

<5 YEAR OLD VACCINE

Q: Will the <5 yr. old vaccine be for 2+ or younger?

A: Merideth Plumpton, RN, Vermont Department of Health: We have heard 6 months through 4 years for the trials they are conducting now.

ACQUIRING VACCINES

C: Remember that the 5-11 announcement implied that practices had the 5-11 vaccine on day one, when we were not to receive it for another 7-10days. NO ONE was happy when parents called us after then VDH announcement!

C: Yes- for kids who got vaccines at pharmacies, not updated on VDH portal and families could not sign up online for school-based clinics. Families had to call, and may not have been able to get through.

TESTING NEWBORNS BORN TO COVID PARENTS

C: An update from AAP on testing newborns born to COVID + birthing parents - now recommending COVID testing before discharge (ideally morning of so results are back before discharge). No need to do 24+48 hours testing. Do test at any time if newborns have symptoms. Just FYI.

C: Is that brand new? I just looked up guidelines this weekend and did not find that.

C: It's in an AAP: management of infants born to mothers with suspected or confirmed COVID 19 FAQ, Dec 1, 2021.

RETURN TO SCHOOL ALGORITHM

Q: Question about returning to school algorithm--I'm not clear if we should be doing "test at home" for close contacts or they are to quarantine for 5 days and then return to test at home with 5 consecutive days of test?

C: Close contact is listed in the upper left corner of the flow chart.



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A: Becca (Rebecca) Bell, MD, UVM Medical Center: Close contacts test at home and can come to school if asymptomatic and negative.

A: Thank you Dr. Bell-- Close contact, negative test and no symptoms, attend school daily?

A: Becca (Rebecca) Bell, MD, UVM Medical Center: Yes!

Q: Just to confirm - is it OK for families to do TEST-AT-HOME for unvaccinated asymptomatic kids and send to school if NEG even if that close contact is a household contact with whom they are not isolating/masking?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Yes, but the recommendation is that they need to continue to test for an additional 5 days after the household contact clears isolation.

RETURN TO PLAY ALGORITHM

Q: So, just to be clear, on return to play, assuming neg antigens and symptoms improved, they can return/be cleared as early as day 5 now? The way that slide looks to me on return to play, it doesn't say that they can't be cleared until day 10, just to know if we are using that language.

C: Lots of discrepancy here between messages from schools with return to play and what our office is recommending. Lots of parents are very upset when we tell them we are following AAP guidelines of 10 days. At that point, we are having some people refuse to schedule a visit for it and as the schools are not monitoring this we can only provide counseling over the phone as to what to watch for.

A: Becca (Rebecca) Bell, MD, UVM Medical Center: On RTP - I am refreshing the AAP interim guidance webpage q15 mins. I'm sorry that it hasn't been sooner. I know it is causing a ton of unnecessary stress at a time when there is enough to stress about!

A: Breena Holmes, MD, VCHIP (verbally and on slides): VPA guidance (described in question above) implied that clearance could occur at day 5 but AAP national guidance still says day 10.

DELIVERY OF RAPID TESTS TO SCHOOLS

Q: Does anyone have any idea when more rapid tests will be delivered to schools? We heard "next week" last week but nothing more.

C: The schools are providing these tests for anyone who wants them if and while school supplies last. Unfortunately, supplies are gone.

C: I know. Of some families that pool tests, IE use one swab on both kids at home. Sounds gross, but the kids don't mind...

C: From AOE FAQ: Q12: What should we do if our school runs low or doesn't have testing supplies?

If a school does not have enough test kits on hand to distribute to students who are presumptive contacts (school exposure), students should continue to come to school. Those who have been identified as close contacts (community exposure) or who are experiencing continuous exposure at home should follow the Health Department's quarantine guidance. Any student who has COVID-19 symptoms should stay home from school. However, schools should not prevent students from attending school based on whether or not they have tested, and it is not the school's responsibility to enforce compliance with Health Department guidance.



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C: Cannot thank our school nurses enough! The school nurses have been and still are remarkable throughout the pandemic!

HOUSEHOLD EXPOSURE AND TESTING

C: I have seen symptom positive patients who, out of abundance of caution, are testing 3-4 days in a row, and are popping positive on day 3 or 4 but not on days 1 and 2.

Q: How would anyone have enough tests to test for 10 days + 5 more? Do they stay home if no tests are available?

C: WOW! So, that could be a need for 15 tests. First, there are not that many available and second many families cannot afford this...

C: I think the problem with the way that information about "ongoing household exposure" is worded is that it says, "while their household contact is in isolation" and in most cases the household contact is not isolating from other household members. Also, families do not have access to enough tests.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Re comment directly above: Agree it's confusing, but it really just refers to the time period (i.e. first 5 days when the infected person shouldn't be leaving the house).

C: Families think I'm crazy when I tell them the COVID positive person should stay in their rooms.

C: But I understand we are not policing any of this. If families do not test or do not have tests, we still allow students in school if they are asymptomatic.

C: Breena Holmes, MD, VCHIP: Re comment directly above: That is correct. Schools do not need to check any of this- too much.