

VCHIP CHAMP VDH COVID-19

November 13, 2020 | 12:15-12:45pm Call Questions and Answers*

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VDH Updates: COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

Dr. Wendy Davis: This dashboard hasn't changed since we last showed it to you on Wednesday because it gets updated on Tuesdays.

COVID-19 Cases in Vermont K-12 Learning Communities While Infectious (dashboard)

- <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
- Table updated Tuesday with data through the previous Sunday
- As posted on 11/10/20: 54 total cases; 15 cases reported in preceding 7 days (up from 39 total & 11 past 7 days)

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	15	54

VT College & University dashboards:

- <https://dfr.vermont.gov/about-us/covid-19/school-reopening>
- St. Michael's College outbreak (part of ice sports): 76 cases as of media briefing on 11/10/20

VDH Update: Testing Recommendations

Dr. Wendy Davis: The Vermont Medical Society posted yesterday some of the new recommendations for testing that are emerging and clarifications in some cases. These recommendations are in alignment, but not perhaps exactly in sync, with the new state contract with CIC to establish testing sites seven days a week around the state. Those tests will go to the Broad Institute of MIT. The details of that are all being finalized and then stood up. In that context, this is really an attempt to broaden and encourage additional testing both for symptomatic individuals, but also really trying to further identify where virus is in communities by doing some different types of surveillance and asymptomatic testing. The Commissioner of Health is always very clear to say that this is not about being punitive, such as if someone went to a gathering where inadvertently they were in a situation that may not have been entirely safe.

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- **Near and Close Contacts for households**, worksites, and events where there is a case, asking all individuals to be tested immediately in addition to at 7 days. (Previously, contacts were not advised to get tested immediately.)
- **Index Case:** Individuals who were in contact (not close contacts) of a case within the 14-day period prior to them being a case.
- **Gatherings:** Anyone who plans to participate in a gathering, or anyone who has attended a social or mass gathering.
- **Travel:** Anyone traveling out of state (not just testing if you want to get out of quarantine), anyone who has a visitor from out of state in their home, or college students returning to Vermont.
- **Social Activity:** If socially active, seek a test weekly.

VDH Update: Opening for State School Nurse Consultant

Dr. Wendy Davis: We are very sad to announce that Sharonlee Trefry will be retiring at the end of the calendar year from her long-held position as a state school nurse consultant at VDH. I'm happy for Sharonlee, and certainly I'm sad for all of us because she has been an invaluable contact and contributor to supporting the state, the school community, and our connections in the practice communities with that group. Her job has been posted, and it is a very exciting and wide-ranging job supporting the school nursing community, being a liaison to other organizations focused on school health, and developing and promoting the quality standards of the school health service program. We are asking everyone to share with all of our partners in the school nursing community and try to keep promoting this open position.

Announcing with mixed feelings . . .

- Position currently held by Sharonlee Trefry, MSN RN NCSN (MCH/VDH) (who is retiring)
- **Nurse Program Coordinator I: State School Nurse Consultant**
- Link to the job posting: <https://careers.vermont.gov/job/Burlington-Nurse-Program-Coordinator-I-Limited-Service-State-School-Nurse-Consultant-VT-05401/691168800/>
- Support Vermont's School Nursing community of practice; provide nursing leadership to ensure effective school health services within the state; act as liaison to Vermont's School Nurse (SN) community; develop/promote quality standards for school health services programs.

In other Vermont news...

Dr. Wendy Davis: There have been some specific requests for event-related testing for those attending Halloween gatherings in Marshfield and Milton, VT, and for leagues bowling at the Spare Time Lanes in Colchester, VT, on November 4th and 5th.

Middlebury College announced some policy updates yesterday. They are now instituting a mandatory campus quarantine as of 6:00 PM this evening (Friday, November 13), so students will not be permitted to leave campus. The campus services will be maintained, but that student body will be leaving for their holiday break a week from today, so these are increased restrictions for that community starting this evening. The Fanny Allen operating rooms are again closing in response to air quality difficulties there and in particular due to staff-related symptoms and illness. There are ongoing updates about the restoration of services in the wake of the cyber attack on the UVM Medical Center. Services are slowly piece-by-piece being restored and opening up, but that will continue for several days.

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Governor's Media Briefing: Major Changes in Response to Increased COVID Cases in VT

Dr. Wendy Davis: Due to the continued rise in cases both in Vermont and across the country, Governor Scott indicated that we are in a new phase of the pandemic with the days of very low prevalence and risk in Vermont over for now. Many cases continue to be traced to social gatherings and travel. Since October 1, 71% of cases have been associated with an outbreak from a private party or social gathering. As a result, the Governor, as of today, Friday, November 13, is prohibiting multi-household gatherings both in indoor and outdoor and in public and private spaces. As of tomorrow, Saturday, November 14, bars and social clubs will be closed to in-person service. Restaurants are able to remain open, but will be mandated to close at 10 pm and will be able to offer to-go service after 10 pm.

Restaurants, museums, gyms, and other customer-facing establishments will be required to keep a daily log of all who enter. Vermonters *must* now comply with requests by VDH contact tracers and provide honest, accurate information. That's been an issue in some of these outbreaks. Returning collect students *must* comply with quarantine guidance, and they are strongly encouraged to be tested at Day 7.

The Governor is reinstating mandated telework statewide for those who are able to do so. Essential workers can continue working in-person. **Recreational sports leagues outside of VPA-sanctioned sports are paused.**

Simultaneously, contact tracing and testing protocols are being expanded. The goal and priority of these more restrictive statewide mitigation measures is to keep kids in school, protect our hospitals, and keep workers working.

Practice Issues: Supporting the Mental Health of Young Adults During the Pandemic, Erica Gibson, MD, Adolescent Medicine, UVMCH, Logan Hegg, PsyD, UVMCH Pediatric Primary Care, Kate Cappleman-Sinz, LICSW, UVMCH Pediatric Primary Care

Dr. Erica Gibson: A lot of news today is coming out which will continue to affect the adolescents and young adults we're caring for. Many people requested a conversation about this topic that coincided with numerous resources actually coming out from the AAP recently regarding this topic.

- Building Resilience in Children and Teens, Giving Kids Roots and Wings. 4th Edition. Dr. Ken Ginsburg. FREE BONUS CHAPTER AVAILABLE FOR DOWNLOAD.
- Town Hall on Emotional Behavioral Health, Thurs Nov 5; Recording available - 5 pediatricians with different backgrounds including adolescent medicine physician.
- Interim Guidance on Supporting the Emotional and Behavioral Health Needs of Children, Adolescents and Families During the Covid-19 Pandemic

Wendy and I both attended the Town Hall on Emotional Behavioral Health last week, and I am going to provide some of the tips they discussed in that presentation. The AAP also released some interim guidance on supporting emotional and behavioral health needs of children, and I did pull from some of those resources for this talk. However, Kate, Logan, and I also are incorporating some of the things that we do in our own practices. I know so many of you there on this call are very skilled in this realm yourselves.

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I am focusing a little bit on the work of Doctor Ken Ginsberg, who's basically a younger male version of Paula Duncan. He continues to build on strengths work and resilience. He's written several books and released a free bonus chapter that's been very helpful during this pandemic in terms of resources to support young people.

Most of you know www.healthychildren.org as a resource where many of the patient-facing and parent-facing information lives that's put out by the AAP. I encourage folks to take a peek, and then maybe print and hand some of these out to folks. They might be helpful to them.

- How to Help Children Build Resilience in Uncertain Times
- A Remedy in Turbulent Times: Helping Families Build “Relational Health”
- Teens & Covid-19: Challenges and Opportunities During the Outbreak
- Mental Health for Teens: Watch for Danger Signs
- Mental Health During Covid-19: Signs Your Child May Need More Support
- Working and Learning from Home During the Covid-19 Outbreak.
- Parenting in a Pandemic: Tips to Keep the Calm at Home
- Importance of Self-Care: Why Parents Need Time Out to Recharge.

I want to also acknowledge two other resources that were sent to me by Dr. Logan Hegg:

- COVID-19 YOUTH Clinical Pathway: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/inpatient/pdfs/covid-19_youth_suicide_risk_screening_pathway_160183.pdf
- Ask Suicide-Screening Questions (ASQ) Tool: <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/asq-screening-tool.shtml>

The first is a very specific COVID-19 youth clinical pathway addressing mood and risks issued by the National Institute of Mental Health Resources, and he recommends using their Ask Suicide-Screening Questions, or ASQ, tool at this time more frequently. If people aren't using it currently, and I know many folks have their own ways of doing these screening questions, but these are just some additional resources.

I love this quote from Dr. Ken Ginsberg, who attributes it to a very old and well-known originally Persian adage: “This too shall pass, and you'll get through this with me by your side.” I think this really speaks to our work in general as medical providers and especially at this time. It includes supporting each other, and this is what we're trying to do all the time for everyone.

Things to Remember for Yourself

Dr. Erica Gibson: I know we have been very good about coming back to this point in this community, on this call, and in our Pediatrics Department; it's really important to acknowledge that everyone is having a hard time right now, including ourselves, and we don't have all the answers or all the treatments. That's ironic, right? Because so many folks go into this work because we want to help fix things and really make people better. There are times when we just can't manage to do that, but just being there and listening is really, really important and remains really powerful.

You can provide reassurance to the families and young people you know in a way that nobody else can, even if you can't fix it. I encourage folks to think about sharing your own vulnerabilities and challenges and the

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ways you're coping during this challenging time. This can be very powerful if done appropriately, of course, and if you're comfortable doing this. I myself just this week shared with a couple of patients some of the things that I've been doing to cope lately, most of which fall within the very healthy realm. I did admit to one young patient that, in addition to just listening to loud music in my car when I'm driving home from work, occasionally, when I pull up to a stoplight, I'll scream really loudly, briefly, just to get it out, and we all laughed a little bit about that. That doesn't hurt me in any way, except maybe my vocal cords just a tad, and I don't do it that often, but I have needed that extra outlet in the recent past, and I am not too ashamed to admit that. Everyone also needs to really think about getting creative about your own self care at this time, even if it's something that you've always always worked on.

Summary of *Things to Remember for Yourselves*:

- Acknowledge that almost everyone is having a hard time right now, including ourselves.
- We don't have all the answers and all the treatments, even though that is part of what might have drawn us to medicine - to help fix things, make people better.
- Just being there and listening is really important and powerful.
- You can provide reassurance.
- Sharing your own vulnerabilities, challenges, and coping can be powerful if done appropriately (and you are comfortable with this).
- Get creative about your own self care.

Navigating Conversations with Your Adolescent and Young Adult Patients

Dr. Erica Gibson: It's important to go into every visit these days assuming and acknowledging that everyone's been touched by the pandemic and associated stressors. We still are doing a lot of acute visits. I know there's COVID visits and there's chaos in a variety of realms. We still have short visit expectations sometimes, but, if you can, just make a little extra time, make the visit a little extra longer to do some additional check-in on how people are doing mood-wise and safety-wise. That is important, and ask in an honest and curious way how people are managing and coping. Acknowledging how uncomfortable everyone is right now is really important, and that feeling uncomfortable is different than feeling really unsafe. As you talk to young people, it is important to differentiate between the two in your questions and assessments.

Realize also that some folks think they're not distressed enough at this time to merit attention. They know that others are much worse off than they are. They might not feel like they have the right to complain or to be upset, and I think that goes for medical providers and our primary care friends also. We might feel like we don't have the right to be distressed because we are not necessarily on the frontline of the COVID epidemic. We're not in the ERs or in the ICUs, but everyone is suffering from some sort of little micro traumas at this point, even if they aren't suffering from some of the macro trauma that's going on at this point. Consider screening more frequently, although I think in Vermont we've done a really good job in discussing the importance of screening as often as we can using PHQ-9 or again the ASQ that Dr. Hegg recommends folks take a peek at. When you're talking to young people, ask them about their average day and the organization and structure that they do or do not have. This is a key thing that's making folks feel really uncomfortable and a little bit lost, so here are some of the things you can focus on. Are they spending time outside? Are they exercising? Are they spending time with peers, although the capacity for that just became less as we have more restrictions coming on board?

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Summary of *Navigating Conversations with Your Adolescent and Young Adult Patients*:

- Go into every visit assuming/acknowledging everyone has been touched by the pandemic and associated stressors.
- Ask in an honest and curious way how people are managing/coping/etc.
- Acknowledge that people feel “uncomfortable” right now; which is different than feeling unsafe. Try to differentiate between the two in your questions and assessment.
- Realize that some folks think they are not distressed enough to merit attention; that others are worse off than they are.
- Consider screening more frequently. I.e.: PHQ9 or ASQ.
- Ask them about an average day, organization/structure?
- Focus on (a) time outside, (b) exercise, (c) time with peers.

Depression and Anxiety

Dr. Erica Gibson: We're all familiar with this and taking care of young people that struggle with this. A really good point was made in the AAP Town Hall by one of the physicians that depression and anxiety are emotions. They are not necessarily diagnoses, and having emotions is good. Talking about them can be helpful, and being honest with them can be very healing. There are more people now that are open to admitting depression and anxiety. They may not have been as comfortable with that before, and the key for us is to identify whether they are experiencing distress or impairment in functioning with this depression or anxiety that they might be feeling. It's a really good opportunity to acknowledge and validate that it's okay to feel this way. When the thoughts, the feelings, and behaviors start to dominate their distress or their functioning becomes really problematic, that's when we might need to look at some additional interventions and supports. Some people may have never really wanted, needed, or been able to open up in this way before, but now they really really do need to.

As you're speaking with them, it's important to help them understand a little bit about how anxiety and depression is actually making them feel and how it's affecting their behavior. What is happening in their bodies? What's happening with their behaviors, in their relationships, and in their substance use? Overall, how is it affecting their health and well being? In a variety of formats in the last few weeks, people have heard me speak to the incredible rise in the number of young people with restrictive eating disorders and compulsive exercise that are coming out of just anxiety and depression, no body dysmorphia. It's control, control, control. Check in with them, like, “are you eating regularly?” Exercise is normally a very healthy way to cope, but ask “how far are you running?” If they're telling you they're running 10 miles a day, six days a week, and they're actually only eating one meal a day, then that is likely becoming very problematic for them.

Someone else brought up a really good point on that Town Hall about being careful about just recommending that folks sort of breathe it away or get on the Calm app because that can come off as sort of tone deaf in terms of acknowledging the significant distress, looks, or feeling.

Summary of *Depression and Anxiety*:

- Depression and anxiety are emotions, not diagnoses.
- “Having emotions is good. Talking about them can be helpful. Being honest with them is healing.”

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- More people may be open to admitting depression and anxiety in this current environment than they have been before, but keep in mind that the key is DISTRESS or IMPAIRMENT in functioning.
- Good opportunity to acknowledge and validate that it is okay to feel this way, and it is okay to talk about it, but when the thoughts/feelings/behaviors dominate their distress or functioning it is more problematic.
- Some may have never wanted, needed, or been able to open up in this way before.
- Help them to understand how anxiety and depression is making them feel:
 - In their body?
 - In their behaviors?
 - In their relationships?
 - In their substance use?
 - How is this affecting their health and well being?
- Be careful about just recommending folks “breathe it away,” as this can come off as tone deaf.

Deciding on Next Steps

Dr. Erica Gibson: As you would do in any situation where you're evaluating significant decreases in mood and coping, you're going to find out the level of distress, the level of impairment, and whether folks feel safe or not. Check in on healthy coping mechanisms and clarifying if there are any unhealthy coping mechanisms going on.

Building Resilience

Dr. Erica Gibson: This is an opportunity to build on resilience, like we always like to do when we have that opportunity. I like to check in with folks, especially in the follow-up visit where we're talking about a lot of things going wrong to start with, and asking what is going well before we move on to the topic of what is really difficult, acknowledging the strengths. What is going well? What the things they have found to help them to help themselves and to help others? Reviewing self compassion with young people a bit, reminding them not to be too hard on themselves. This is something we need to also remember for ourselves and also reviewing how physical health strengthens emotional health. Any small thing they can do in terms of moving their bodies, getting outside, getting fresh air, and doing exercise again in a safe way will likely help them feel emotionally a little bit better.

Talking about staying present is also important. A lot of young people are worried “I’m never going to be able to do this thing I had planned for this year or the next couple of years and helping them to understand that they will be able to move on to do these things in the future, we hope, but right now they need to focus on maybe building some new routines and finding some new attractions and adjusting immediate expectations, even if they need to adjust their longer term expectations for their life. Adolescents are more concrete thinkers and are just moving into that more abstract thinking as they're heading into their 20s. They just might need a little more help with that. Recommending that folks do what they can now and adapt as best as they can is important.

Talking to folks about how they can find joy, give service, or maintain purpose can really help to ease disappointment. A lot of these recommendations are coming from Dr. Ginsberg's work, so also checking in about where folks can find safe “sanctuary” or peace right now, whether that place is a spot in their homes, a spot in their yard, or a spot by a lake or in the mountains. Is it COVID safe? Finding an activity that helps

them to feel like they are in a better place. Healthy relationships can strengthen you. This is challenging at this time when people need to be more physically apart, when folks are worried about people being online too much, but there are a lot of new opportunities available for connection. It's a matter of sorting those out and what would work best for you as an individual.

Summary of *Building Resilience*

- Ask what is going well in addition to what is difficult
- Acknowledge strengths
- Review self compassion, don't be too hard on yourself
- Review how physical health strengthens emotional health
- Talk about staying present. Build new routines, find new distractions.
- Do what you can now. Adapt.
- Find joy, give service and maintain purpose. This can ease disappointment.
- Ask where they can find safe "sanctuary", peace; a place? an activity?
- Healthy relationships strengthen you. Find new ways for Covid-safe connections

Now I'm going to hand it over to Kate Cappleman-Sinz because she is, of course, doing a lot more of this work day to day, both with her direct support of patients and in her care coordination work, which is so vital. She's also going to address the situation of three specific young adults she's been working with in the recent past.

Kate Cappleman-Sinz, LICSW:

I focused on more of the practical stuff and giving our patients from really specific things that they can do right now. Some of this is pretty common sense, but what I find is that they really do need to talk through it and kind of identify the things that do make them feel good even for a few minutes. Making just little changes like taking short short walk. A lot of young folks right now are either in their dorm room or their bedroom or spending a lot of time on screens, so just taking a really short, quick break of some sort, a safe social break, which now is looking like probably FaceTime. An App that I really recommend is Marco Polo, where you can record little videos of yourself with groups of friends, and when you have a moment to watch them, you can. You can go back and look at them.

Another little thing is to take a warm shower. Watch a funny show. Listen to music. Whatever strategies would work for an individual, it's always good to talk them through what those would be. Make a plan with them and definitely acknowledge that this is not a cure for their depression and anxiety, but that is just a just a brief break from it, hopefully. One of the biggest keys with this age group is follow up and outreach. For youth, I feel like no news is not necessarily good news, but my general sense is that they often don't reach out when they're struggling and that they are often really grateful when we reach out to them. If it's possible for your office, if you have a care coordinator in your office, social worker, an RN, or someone in that role, it might be you as the provider in the smaller offices, but just kind of coming up with some sort of method to follow up with them, even if it's a postcard in the mail. A phone call or text is usually more effective.

When it comes to the impairment piece and the functioning piece, if they're really, really struggling, we want to encourage them to get support, whether mental health counseling through their college, like

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college student services or something that's in the community, and academic support, when applicable.

People are experiencing a level of this grief lately that maybe they haven't before, and it is impairing their ability to access academics. They may not feel like this is something they've needed in the past or that they deserved support, but it is there, so they should really reach out and get support to do that. As providers, we can provide diagnosis or whatever information necessary for them to access those accommodations. Adolescent specific resources exist. I'm obviously most familiar with Chittenden County, but, for example, CenterPoint is seeing clients in person right now, and they have a policy around getting to people within 48 hours for an intake, so they really are seeing people soon. Spectrum Youth Counseling is seeing some people in person, but they're kind of doing that on a case-by-case basis. They're also very much adolescent-specific and wonderful services at both of those agencies.

Remember that impact is key. I have these case examples below. These are very different, kids from different demographics and different backgrounds, and they're all very significantly impacted by the pandemic. Remembering it's really about impact and that somebody that has a lot of things going for them may still be clinically in a place that that we need to be concerned.

Case example #1: One example is the college student who's out of state. These are all people that I've been supporting, and I changed some details for confidentiality. I've been engaging in therapy via Zoom with this young person weekly and up to twice weekly, and then working with them very specifically to connect to resources at their college, like the counseling services, their student health center, and their advisor. I helped them look into their insurance to see who might be covered locally in the state where they're in college so that they could get a long term therapist there. I really do more short-term stuff. It's become a little more long-term than I typically do. I also helped connect this individual with disability services so they can have some accommodations. The same student will be returning to Vermont pretty soon, so I've been working with them to identify resources here for when they get home so that we can really work on the treatment aspects of the depression and anxiety they are experiencing. I've also been supporting them to make short-term goals and develop strategies to address their daily symptoms and just kind of prioritize the concerns with them. For example, "let's identify two things for you to work on today, and then when you accomplish those two things, then let's identify another two things."

Case example #2: Another youth is a person who's working and living here in Vermont. We've had weekly contact or as needed to identify needs, specific, identified needs. I've been supporting this person to collaborate with local providers and supportive mental health needs and again, the priority was prioritizing concerns and identifying "what is the most pressing thing that you can address in your control? Let's do that today, and then we will talk again in a few days or next week, so we can identify the next priority."

Case example #3: A third case example is a youth that needed to quarantine regarding COVID, but had no place to go to quarantine. I've been supporting that person through ongoing cell phone contact and text contact throughout the past few days to talk through steps to identify and address those needs and going one step at a time. Next step, we need to make this call, or we need to go to this agency. I've been advocating with local agencies to facilitate the transportation needs and the shelter needs, and then doing an ongoing assessment of their mental health to weigh the risk of different referrals. Someone that doesn't have the shelter that they need right now may have a lot of other pretty significant issues, like stress and mental health stuff going on. I need to help figure out what environment is going to be the safest for them

and keeping an eye on that. There's not a one-size-fits-all, and especially I would say for young adults when they may not know how to navigate that.

Questions/Discussion

Q: I'm asking for a clarification on behalf of a wellness teacher. He wanted to make sure that he can use the winter sports guidelines for his gym classes. I thought that sounded appropriate, but wanted to check in with the group.

A: Breena Holmes, MD, VCHIP, VDH: There is some complexity here. Physical Education (and wellness) teachers follow the Strong and Healthy Start guidance, which is different from the winter sport guidance.

A: Leah Flore, FNP, Shelburne Pediatrics: Okay, let me pass that on. Some of it looks similar, but I will let him know. Thanks.

A: Breena Holmes, MD, VCHIP, VDH: The Strong and Healthy guidance says, "Students should be physically distanced; contact should be limited," which really doesn't allow for basketball. PE teachers are upset about this, which is an understandable long story of why winter sports guidance is in its own lane.

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: Under current guidance, winter high school sports may not begin before November 30.

Q: Any restrictions on private club sports?

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: Rec sports has been a huge driver of the virus. Now that rec sports have been suspended, I suspect we will over the next few weeks look carefully at schools sports. However, no change in school sports at this time (and we are between seasons).

A: Benjamin Lee, MD, UVM Children's Hospital & LCOM Department of Pediatrics: The big challenge has been trying to align rec sports and school sports, so I think this needs to be revisited to make sure they are in sync.

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: My interpretation is that private clubs fall under the broad rubric of recreation sports.

Q: Can you clarify if the prohibition of multi-household gatherings includes masked walks or "play dates" with one other child masked and outside? To me, it is pretty clear, no gathering outside of immediate family, but wondering how that fits with kids in school.

A: Breena Holmes, MD, VCHIP, VDH: No gatherings, including playdates. Our ability to keep schools open relies on no contact outside of school.

A: Benjamin Lee, MD, UVM Children's Hospital & LCOM Department of Pediatrics: Outdoor activities with masks on is generally okay, but I was unable to listen to the exact wording of the press conference, so not sure if this guidance now is asking us to be more strict (will need to review). School should be seen as an essential activity, in contrast with purely social gatherings.

A: Stephanie Winters, Vermont Medical Society: Ben, thank you! I do think the guidance was much more strict, and I took it as NO gatherings outside immediate family, and Breena is confirming.

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: That is what I heard, too.

Stephanie Winters, Vermont Medical Society: Thanks, Bill! Governor just confirmed in a question at the press conference. No walks with neighbor, no interacting socially with anyone.

Q: Case question: 6yo patient with sore throat/runny nose cough on Monday, tested Tuesday, COVID negative, worsening cough/breathing, ER last night, nebs/dex helped. Do we retest for COVID since test was done on Day Two of illness or do we trust the negative? Thanks.

A: Benjamin Lee, MD, UVM Children's Hospital & LCOM Department of Pediatrics: Unless the child was a confirmed contact of a positive case, I think you can trust the negative test (presuming it was PCR).

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: Not a perfect answer to the clinical question. Generally, if no contact with a positive COVID patient, then we have accepted a negative result.

Q: Just test ASAP and not repeat the test at 7 days?

A: Benjamin Lee, MD, UVM Children's Hospital & LCOM Department of Pediatrics: The test would need to be repeated again at 7 days if negative initially.

Q: Can kids still participate in afterschool programs?

A: Breena Holmes, MD, VCHIP, VDH (verbal): Afterschool programs are a go. They are often the care of children, and they are a safe place for kids who need supervision and care. If it's extracurricular, it's also not yet on the banned list currently because it's part of the school experience.

Q: With all this increased testing requests, are we anywhere closer to being able to send COVID tests back to UVM from outside labs? The turnaround to Mayo is still 5-7 days (my clinical case was tested at DHMC because had an MRN number there).

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: I do not have a good update on lab testing at UVMMC. It is all about the communication of the results.

A: Wendy Davis, MD, VCHIP: UVMMC (as of last night) still unable to receive electronic lab orders; remember important information on paper lab reqs; positive COVID results from UVMMC lab being called OT ordering provider; negative results faxed to ordering provider.

A: Benjamin Lee, MD, UVM Children's Hospital & LCOM Department of Pediatrics: I also have not heard any updates on lab testing at UVMMC beyond what Bill and Wendy have provided.

Q: Does the message about avoiding gathering need to be messaged to the hunting community? I have lots of families planning on hunting together this weekend.

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: The governor specifically mentioned hunting very early I think.

A: Halle Sobel, MD, UVM Medical Center: The press briefings have addressed deer camp.

Q: Re: football: A family just got this recommendation to test 12 days after the possible exposure. Does it make sense to test so long after the game? The patient is well.

A: Breena Holmes, MD, VCHIP, VDH: No, that doesn't make sense to me. Asymptomatic people with possible exposure get testing at Day 7 or later. If symptomatic, they should get a test right away.

Re: sharing vulnerability

C: Melissa Kaufold, RN, UVM Health Network Home Health & Hospice; Family and Children's Program: Re: the importance of sharing vulnerability. If you haven't watched this TED talk in the past, it's worth watching. Lessons from the Mental Hospital | Glennon Doyle Melton. This TED talk addresses the importance of sharing vulnerability also as a method or preventing/intervening early with MH concerns.

<https://www.youtube.com/watch?v=NHHPNMIK-fY>

Q: So school testing is going to be starting on Monday 11/16/20 for staff. Where will they be sending their tests if UVM is down?

A: Breena Holmes, MD, VCHIP, VDH: Tests for teachers go to Broad Institute. First region for teacher testing is Monday: Champlain Valley School District, Colchester School District, Essex Westford School District, Grand Isle Supervisory Union, Milton School District, South Burlington School District.

Q: Any thoughts about schools going back to phase 2? My school RNs are asking for it.

A: Breena Holmes, MD, VCHIP, VDH: Yes, we are discussing.

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: Schools are still doing OK. The problem is the community. Minimizing community spread will be essential.

A: Ashley Miller, MD, South Royalton Health Center: Bill, apparently there is a lot of laxity that they are seeing, and they are hoping that phase 2 would make everyone take it more seriously again.

Q: How likely are schools to go back to phase 2?

A: Breena Holmes, MD, VCHIP, VDH: Not likely to go to step II for now.

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: The governor said that one of the highest priorities is to keep kids in school.

A: Breena Holmes, MD, VCHIP, VDH: There are 5 metrics we track for that decision. Indicators based on symptoms: (1) upward trajectory of influenza-like illnesses (ILI syndrome) reported within a 14-day period; AND, (2) upward trajectory of COVID-like syndromic cases (i.e., COVID-like illness or CLI syndrome) reported within a 14-day period. Indicators based on cases: (3) upward trajectory of documented COVID-19 cases within a 14-day period; OR (4) upward trajectory of positive tests as a percent of total tests within a 14-day period (concurrent with a flat or increasing volume of tests). Indicators for hospital readiness: (5) Capacity to treat all patients without utilization of crisis care standards; AND (6) Robust testing program in place for at-risk healthcare workers, including antibody testing.

Q: Can quarantined travelers with a negative test still come to Vermont?

A: Breena Holmes, MD, VCHIP, VDH: If traveler quarantines for 7 days and gets a negative test and then drives straight to VT without stopping, that is allowable.

A: Nathaniel Waite, RN, VDH: Travel and quarantine info here <https://accd.vermont.gov/covid-19/restart/cross-state-travel>.

Q: I just want to clarify, new guidelines mean teens also can't meet a friend to go for a run, a walk, or coffee?

A: Breena Holmes, MD, VCHIP, VDH: No socializing at all for now.

A: Ann Wittpenn, MD: thanks Breena, just needed to "hear it" for this will be hard, as we know.

A: Breena Holmes, MD, VCHIP, VDH: So hard.

Q: An out-of-state essential worker who cannot quarantine prior to travel here, the COVID hotline told me 10 days ago a negative test prior to travel was sufficient. Has this changed?

A: Breena Holmes, MD, VCHIP, VDH: Essential workers are exempt from any quarantining.

A: Nathaniel Waite, RN, VDH: I think it's more about essential travel now and not essential worker.

Residents of other states must adhere to the quarantine guidelines: Travelers arriving to Vermont in a personal vehicle must complete either a 14-day quarantine or a 7-day quarantine followed by a negative test in their home state and enter Vermont without further quarantine restrictions. Travelers arriving to Vermont who have not completed a pre-arrival quarantine must complete either a 14-day quarantine or a 7-day quarantine followed by a negative test in a Vermont lodging establishment or with friends and family. (Travelers must stay in their quarantine location for the duration of quarantine other than to travel to and from a test site). Read more about quarantining at the Vermont Department of Health website.

Maybe take a look at the essential travel description on this page <https://accd.vermont.gov/covid-19/restart/cross-state-travel>. People traveling for essential purposes, including work, do not need to quarantine. See the definition.

A: Kristen Bird, MD, Timber Lane Pediatrics: So if it is nonessential travel following essential working, they can't come without quarantining here or there?

Q: What day are we on now for upward trajectory?

A: Breena Holmes, MD, VCHIP, VDH: Not sure. I will analyze over the weekend.

Re: youth mental health and resources

C: Leah Flore, FNP, Shelburne Pediatrics: Unfortunately, mental health counseling in the community is hard to find and most are not taking any new patients.

C: Alex Bannach, MD, North Country Pediatrics: However, no access to MH services in rural area at all. No one is taking new clients.

C: Erica Gibson, MD, She/Her, UVM Medical Center Pediatric Primary Care (Burlington) & VCHIP:

- A great new Graphic Guide to Mental Health! In collaboration with the Center for Cartoon Studies here in VT: <https://www.cartoonstudies.org/cartooningprojects/mentalhealth/>
- ASQ Toolkit: <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml>
- COVID Youth Clinical Pathway: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/inpatient/pdfs/covid-19_youth_suicide_risk_screening_pathway_160183.pdf
- Good article in Education Week: <https://www.edweek.org/ew/articles/2020/11/03/schools-need-to-be-bolder-about-reopening.html>

Q: I thought single symptom on return to school guidelines was based on low disease rate. Are there thoughts of removing that box on the flowsheet?

A: Breena Holmes, MD, VCHIP, VDH: Also on the list to analyze in the weeks ahead but, for now, still standing by the algorithm. Thoughts on that Bill/Ben?

A: Benjamin Lee, MD, UVM Children's Hospital & LCOM Department of Pediatrics: Good question, but for now, I wouldn't want to make any changes.

A: Josh Kantrowitz, MD, Northeastern Vermont Regional Hospital: Ok. Thanks.

A: Benjamin Lee, MD, UVM Children's Hospital & LCOM Department of Pediatrics: As we've noted, so far the school kids themselves have been doing well and are not the primary concern. It's what's happening with adults outside the school setting.

A: Josh Kantrowitz, MD, Northeastern Vermont Regional Hospital: Ben, I hear you. I feel in our community that may not be true for teens getting together outside of school.

A: Benjamin Lee, MD, UVM Children's Hospital & LCOM Department of Pediatrics: Thanks, Josh, that is important for us to hear. I've been concerned for quite some time about the teenagers, but so far it appears that hasn't been a problem as far as school outbreaks (although it sounds like sports teams may now be getting affected).

A: William Raszka, MD, UVM Medical Center Children's Hospital & LCOM Department of Pediatrics: We will continue to monitor the prevalence rate and decide whether we need to make changes in the pathway.