

# Ask the Expert Q&A:

## 6/12/20: Summer Fever; Lyme or Covid? (Schreiber & El Chebib)

**What is the sensitivity of throat versus NP PCR testing?** I do not think we have exact numbers but from previous studies that involved swabs for viral infections from NP vs throat, the yield from the NP swabs are much better when compared to those from the throat.

**How likely and when will a 2nd wave hit? Specifically, will public schools and universities open up in Aug/Sept and how likely will they have to close in the fall and winter?** Given the data from the other states that opened up earlier, a spike in cases is expected. The extent of the spike will depend on how much people will stick with the social distancing and masking. During the fall, I think we will have much testing capabilities and contact tracing and I feel that schools and universities will open. It will be important to continue social distancing and masking come this fall and winter.

**In line with the above question, can we do a group discussion involving you, some reps from the ER, some reps from the Hospitalist group so we can come up with best practices for children in CT. You don't need to read this question out loud but just an idea that may help all of us.** That is a great idea. I will leave that to the group to decide on who needs to attend and when. Thanks

## **What do you think impact of crowding during recent protests?**

In terms of crowding during any event my suggestion is first to try and avoid this if possible. If one must be at an event or rally of some sort that has many people it will be critical to wear a mask at all times and to wash hands frequently. Physical distancing is also still very important so again events that create lack of physical distancing should be avoided.

## 6/26/20: Return to Schools & Vaccines (Schreiber, Frasinelli, Kutson, Bolduc)

### **Will Pre-K be reopening in the fall also?**

If they are part of a local school district, yes.

### **Are legislators being contacted about laws regarding exemptions for coronavirus vaccine and attendance at public school?**

Legislators are being updated on all correspondence to schools as well as policy guidance.

### **How does a school handle a child who either refuses to wear a mask in class, or the family doesn't enforce mask wearing? What happens to those kids?**

**When children are back in school, and a child develops 102 degree fever during the day and cough and is sent home: How long should he be kept out of school if he has a specific diagnosis, of say strep throat, or if no specific diagnosis is made and he has respiratory symptoms.**

**Does Covid testing positive or negative change your response?**

**What do we do about close contacts in school?**

Reopening Guidelines will be released next week to address more specific concerns

### **Is the flu vaccine safe for people with a severe latex allergy ?**

Yes the flu vaccine is safe for people with a severe latex allergy

### **Unfortunately many EMR including OP still not compatible with CT whiz.**

I would encourage you to visit the CT WiZ home page or create a ticket: <https://portal.ct.gov/DPH/Immunizations/ALL-ABOUT-CT-WiZ> You can also e-mail our registry coordinator Nancy Sharova: [nancy.sharova@ct.gov](mailto:nancy.sharova@ct.gov)

### **Will flu vaccine be free for children 18 and under? and at certain locations?**

Yes the flu vaccine is available for all children including those with private insurance up through the age of 18 years of age.

### **Can the medical providers and APP's partner with our community pediatricians to help vaccinate CT Children?**

I think it will take the efforts of all providers across the state to catch children up. DPH is working with the state AAP to facilitate this.

### **Can you address the issue of the flu vaccine only having 40-50% effectiveness?**

Flu vaccine effectiveness has always been an issue but the main value of flu vaccines is in preventing severe illness and mortality. That being said a vaccine is of no use if it doesn't get administered.

## **7/17/20: Supporting Adolescents and Young Adults During the COVID-19 Pandemic** (Schreiber & MacCormac)

### **Resources:**

<https://www.adolescenthealth.org/COVID-19/COVID-19-Resources-for-Parents-andTeens.aspx>

<https://www.voicesofyouth.org/campaign/covid-19-and-youth-mental-health>

<https://www.who.int/news-room/q-a-detail/q-a-for-adolescents-and-youth-related-to-covid-19>

<https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19>

## **7/24/20: Intimate Partner Violence and COVID-19** (Schreiber & Starr-Frechette)

### **Can you comment on how school opening can possibly work to maintain the flattened curve that CT achieved?**

I think with temps on entrance, co-horting, masks, and staggered classes it might be possible to have a hybrid in class and virtual model.

### **Can you discuss the new travel policy?**

Please see the new policy which conforms to the CT mandates on the intranet.

**Do you feel that CT's numbers are accurate with the recent delays in testing results, with results taking 7-10 days to come back? Do you think it will have any effect on us containing this if the numbers start to rise and we may not know it?**

I think there may be a slight delay in seeing an up-tick but CT is watching pretty closely compared to other states and our numbers are so small we can track well.

**My husband, the real estate lawyer has a theory as to why younger children don't seem to spread covid - they are too short!! Their respiratory droplets are not reaching our faces! Do we yet know how many younger children actually have the disease ?**

We know that younger kids in infected households do not acquire the infection as easily as older kids and adults and we do not know why that said in Florida thousands of kids are infected we just do not understand this yet.

**Many of us are helping our schools develop plans. One question that came to me was.....if one child is sent home from school due to possible covid symptoms , should the sibling also be sent home and quarantined unless there is a negative covid test or positive strep etc.**

I can only give you my opinion in that I am not sure that is practical and with daily temps and masks maybe we do not have to do that.

**How is mandatory quarantine of out of state travelers enforced in CT ? Is it by honor system? If so, how effective is that?**

Well it is America and we struggle with this kind of thing. Right now we count on people to fill out the form and self quarantine. Some will and some will not which is why we need to keep our physical distancing and mask use up.

**Any suggestions for office planning for administering Flu vaccines this year? The usual method of family flu clinics seems problematic when we are trying to social distance/ keep traffic flow down in our offices?**

Any way we can screen for temp wear masks do the clinics while our community spread is very low still.

**If an employee is coming from over seas can we also test or only quarantine?**

They should quarantine and I think can be tested here and quarantine until results are back.

## **7/31/20: Impact of Covid-19 on out Inner-City Youth**

(Schreiber, Warren-Dias, Ruiz)

**What is the training and qualifications for a Certified Recovery Coach?**

<https://hhcbehavioralhealth.org/programs-services/recovery-leadership-academy>

- 80 Hour Course that prepares persons in recovery from a psychiatric or substance use disorder, or family members of people in recovery, to take an exam to become a certified Recovery Support Specialist (RSS)
- Recovery Support Specialists work in behavioral health systems across the state using their own experience with recovery to support those seeking or currently receiving treatment for mental illness or substance use

## **9/18/20: Mental Health in the Era of COVID** (Schreiber, Santos)

**What do you think of the "herd mentality" approach to the pandemic?**

The challenge with this idea is that around 60% of the population needs to be infected to achieve herd immunity. At that level of infection it is hundreds of thousands of more deaths.

**Which type of test does the Canton CVS use?**

I do not know which test they are using although I have heard it is PCR. One needs to check with CVS to determine this

**Several studies state that at day 10 the virus is no longer infective and the DPH recommendation for return to work is at day 10 if afebrile for 24 hours and improvement in symptoms!**

Yes the recommendation by DPH and CDC is 24 hrs no fever AND 10 days since symptoms first appeared assuming symptom free or "improved" day 10

**How do we know the changes are significant for depression and anxiety, not just they are please?** A year ago, the rates of depression and anxiety were around 10%, now it is up to 50% for some age groups. That is statistically significant. We are starting to see more data come out of China that is showing these trends as well and I anticipate we will start to see more US data in the next couple months.

**Is there is a phone number for access mental health?**

ACCESS Mental Health CT is a program that offers free, timely consultative services for PCPs seeking assistance in providing behavioral health care to children and adolescents under the age of 19 years, irrespective of insurance. Hartford Hospital Hub 855-561-7135; Wheeler Clinic Hub 855-631-9835; Yale Child Study Hub 844-751-8955

## 9/25/20: Obesity Prevention and Treatment in the Time of COVID

(Schreiber, Trout, Williams)

**What is the evidence for success of the interventions in place for childhood obesity? What do we know about what really works?**

For weight loss medications in children and teens there is a fantastic article with treatment recommendations (see attached): Clinical Considerations for Pediatric Obesity Pharmacotherapy, Obesity (2019) 27, 190-204. doi:10.1002/oby.22385. There are a number of excellent references for each medication within that article. Additionally, there is a JAMA article for Liraglutide in teens: [https://www.nejm.org/doi/full/10.1056/NEJMoa1916038?query=recirc\\_top\\_ribbon\\_article\\_3](https://www.nejm.org/doi/full/10.1056/NEJMoa1916038?query=recirc_top_ribbon_article_3). Finally, for Metformin: Sadeghi et al. Metformin therapy reduced obesity indices in children and adolescents: A systematic review and meta-analysis of Randomized Clinical Trials. Childhood Obesity. 2020.

Bariatric surgery in teens: excellent data is available for outcomes related to weight loss, safety and co-morbidity reduction at TeenLABS (Longitudinal Assessment of Bariatric Surgery) representing multi-center data for teens in Bariatric surgery treatment programs, on line at <https://medschool.cuanschutz.edu/surgery/research/teen-labs/home>

**Is there an equation that calculates percent of the 95th percentile?**

If your EHR does not have an Extended BMI curve available:

% above the 95th = patient's BMI divided by the BMI # if that patient were at the 95th.

For example, a child's BMI is 30, and the 95th percentile BMI would be 25 for that child's gender and age =  $1.2 \rightarrow$  120% above the 95th percentile.

## 10/9/20: The Latest on COVID 19 Immigrant Care and Legal Repercussions for the the State's Pediatric Population

(Schreiber, Sicklick, Marealle)

**Can I get tested for COVID-19 if I don't have health insurance?**

- Yes. There are several options to get a free COVID-19 test, regardless of your health insurance or immigration status: Make an appointment to get tested at a hospital or community-based health center or one of their pop-up locations. Many of these sites offer drive-up and walk-up testing options. When you make an appointment, confirm that the site provides free testing and related services for people without health insurance, regardless of immigration status. Please call 2-1-1 or visit [www.211ct.org/search](http://www.211ct.org/search) to find a testing location near you.

- Testing is available at various pharmacy based testing locations throughout the state. Go online to be pre-screened for CVS rapid testing and get an appointment.

## 10/23/20: Anti-Poverty Medicine: A New Approach to Improve Child Health (Schreiber, Marcil)

### **Are you partnering with first time homeowners programs such as housing financial authorities?**

No, but I think that would be an effective idea!

### **Do we have any morbidity and mortality data for economic recessions? How would we determine this?**

Some data have been published on the negative child mental health outcomes that were associated with the last recession. I'm less sure of whether physical health outcomes have been studied.

### **Does your financial medical model include interventions for wealth investment within communities with high rates of poverty?**

If I'm understanding this correctly, the question is whether we've looked into investing dollars into the community at large rather than individual patients. We do not specifically do this, but I think it's a great idea. The Healthcare Anchor Network uses this idea - I would check it out. Both Boston Medical Center and Nationwide Children's Hospital (among others, I'm sure) have programs that are more community-investment focused in respect to rehabilitating housing and providing supportive housing.

## 10/30/20: Pediatric Asthma and COVID-19 (Schreiber, Hollenbach, Collins)

### **NY has mandated to test for COVID and Flu at the same time in sick patients, Could you comment on this?**

There are assays such as ones from Cepheid and Roche that test for both flu and covid at the same time. Connecticut Children's will have one shortly that is PCR and highly accurate.

### **Can you please comment on spread within schools?**

Spread within schools seems to be more frequent in older age groups and teenagers. There is some controversy about the efficiency of spread in younger age schools and day care centers with data showing spread to families and some showing little spread.

### **Is the theory behind Eli Lilly's antibody therapy similar to the Regeneron product?**

Yes but most feel early or prophylaxis with monoclonal antibodies will be far more effective than treatment of established disease

### **I've heard that wearing gloves is worse than using your hands with frequent hand sanitizer; although I suppose the pollers can sanitize their gloves intermittently as well.**

Gloves worn properly and removed properly provide protection. When removed improperly they can be an issue. Washing hands before and after gloves are on is critical.

### **Has there been any new data to suggest that mask usage decreases risk of exposure to the MASK WEARER?**

Yes wearing masks reduces risk to those nearby in case you are infected. In addition, if you have a mask on and are exposed to a positive case data suggests you will have some protection from acquiring the infection. This protection is enhanced with eye wear such as goggles.

## 11/6/20: Supporting Children with Special Needs & their Families during Covid (Schreiber, Tramantano-Kelly)

Below is a list CTFSN FB groups/pages that anyone can join to stay connected at your convenience:

- CTFSN Facebook Page
- Building a Supportive Community in Connecticut
- CTFSN Deaf or Hard of Hearing Learning Community
- CTFSN Creative Housing
- CTFSN Group for Parents of Adults with Special Needs
- CTFSN Grupo de Apoyo de Necesidades Especiales en Español

- CTFSN Support Group for Northwestern Connecticut
- Special Needs Support and Self-Care for Parents – You Are Not Alone!CTFN Bookworms: Talking about Special Books with Special Families
- CTFSN and SARAH Inc. Family Support Community

### **CT Parent Advocacy Center**

<http://cpacinc.org/>

### **Special Education Guidance and Resources for COVID-19**

<https://portal.ct.gov/SDE/Special-Education/Bureau-of-Special-Education/Coronavirus>

### **Child Health Development Institute- COVID-19 Resources for Pediatrics**

<https://www.chdi.org/our-work/health/educating-practices-community-epic/educating-practices-covid-19-trainings-and-resources/>

### **CT State Department of Education-Resources for Families**

<https://portal.ct.gov/SDE/COVID19/COVID-19-Resources-for-Families-and-Educators/Resources-for-Families>

### **CTFSN Contact Information:**

[www.ctfsn.org](http://www.ctfsn.org)

**1-877-376-2329**

<https://www.facebook.com/CTFSN>

<https://twitter.com/ctfsn>

[https://www.instagram.com/ctfsn\\_info/](https://www.instagram.com/ctfsn_info/)

<https://www.youtube.com/channel/UCUXFQkIT16d0fCkRDIVWDsQ/videos>

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**11/13/20: We will pull out of the weeds and view the long-term impact of COVID on the actual practice of independent pediatrics. What does the post-COVID landscape offer for pediatricians and their patients?19** (Schreiber, Hart)

<https://forum.pediatricsupport.com/>

Chip Hart - Pediatric Solutions- Physician's Computer Company

chip @ pcc.com

800-722-7708

<http://chipsblog.pcc.com>

**What advice can you give to community pediatricians who may soon be receiving questions about results and follow up on the BinaxNOW rapid antigen tests that CT schools will be using?**

They have a 70% sensitivity but good specificity so if positive it is correct if negative could be wrong and needs a pcr to confirm.

**Since vaccines usually go through years of testing, how can we trust a vaccine that came out in just under a year?** We need to look over the data carefully. That said, these are not live virus vaccines and the RNA vaccines are fragments of genetic material that elicit anti spike protein immune responses. Severe issues are unlikely but to your point this is a risk benefit equation. Do we stop hundreds of thousands of deaths and morbidity at the risk of a very few serious side effects if any.

**I have 2 daughters coming home from college out of state for Thanksgiving and staying until end of Jan. Can they just walk into any Quest lab for an RT-PCR Covid test w/o a doctors order before heading North and again on arrival in CT?** I assume your primary care office should call in these orders.

**I spoke with HH lab earlier this week. They indicated the viral load in an NP specimen >OP specimen, but both are orders of magnitude above even the Cepheid at 5400. Do you think it supports our devices will capture the virus well, regardless of the swabbing location and our device? If true, it might help viewers understand the relative sensitivity of all of our devices are sensitive enough to be highly accurate.** Our molecular RT PCR that is lab based is highly sensitive and that makes nasal swabs realistic to use without problem

**I am a medical advisor to a school. The school is still very focused on sanitizing surfaces. They are excellent about mask wearing, hand hygiene, and distancing. Is it possible to move away from spraying surfaces and materials with disinfectants.** Honestly I think I suggest to keep doing it. The virus does adhere to and survive on smooth surfaces. Although it is not the major cause of spread it probably does have a small role.

**Would you recommend specific testing in residential communities where if the virus enters it would be from staff?** Yes testing staff and residents a good idea.

**Is there a rapid PCR test?** Yes Cepheid has one as does Abbott. They seem to be not as sensitive as lab based pcr.

**My office assistant tested positive for covid and was in the office the 2 days prior to her fever starting/ day of her test. Do I close the office? Do I inform the patients from those 2 days & prior? When should I be tested? I assume immediately and again if I become symptomatic? We have a mandatory mask and eye protection policy so that is the only thing comforting me right now...** Yes theoretically one can shed virus two days before having symptoms. If in PPE with eye protection that is a low risk exposure.

**With different types of vaccines in the pipeline, if some of the earlier released vaccines are used in a person, and a later vaccine proves to be more effective, would the receipt of the earlier vaccine prohibit receipt of the later more effective vaccine?** I do not think we will be able to mix and match the different vaccines. I do not know what the recommendations from the CDC will be on this.

**Is the Yale Saliva Direct test available in CT?** It might be but I have not used it.

**We had an employee get a rapid test which came back positive but then 2 PCR tests came back negative? We've heard that Rapid tests can false positive results but now we're hearing they can do false negative results. Why would anyone bother with a rapid test?** The rapid tests are not as good as lab based RT PCR which is the gold standard.

**11/20/20: COVID-19 Return to Sports Cardiac Evaluation** (Schreiber, Lapuk)

**Iowa is showing high rates of influenza-like-illness as well (on the CDC Fluview). Is that COVID? Or do you think it's flu? I assume (perhaps incorrectly) that the data is collected from ERs so is this a question of platforms that don't allow providers to input COVID data?** There is an enormous covid outbreak there. I don't know the data as to whether there is also influenza circulating in Iowa as well.

**How are all participants in a vaccine trial equally exposed to SARS-CoV-2, whether they received vaccine or placebo?**

That is a good question. We have not seen all the vaccine data from the companies nor has it been subjected to peer review.

**Any advice on if we need to go back to more telemedicine visits for routine visits like mental health at this point with the current level of community spread?** I anticipate that community spread will get worse before it gets better and that telemedicine will be very important.

**Please go through a clear rec on what to do specifically with the college kids coming home this week and for the next month? Masked? Isolated? Testing- more than once? Frequency? Lots of questions from families on this. Would also be great if this could be an “article” added to the CT Children’s Coronavirus website resources, so we could give families a place to go to see it after calls with us.**

I'd follow CDC guidelines and state DPH rules on coming from a hotspot, unless they are coming from one of the very few green states.

**Links:**

<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines#news>

<https://www.connecticutchildrens.org/clinical-pathways/covid-19/>

**12/11/20:Physician Wellness during the COVID-19 Pandemic** (Schreiber, Ayr-Volta)

**I noticed that the Advisory Panel excluded people who are immunosuppressed. I assume that is most likely because of lack of data on efficacy rather than safety. These individuals were excluded from the trials. Many adults may be receiving immune modifying agents. Do you have any specific concerns that these individuals should not get vaccinated?** They did include some cancer patients but I do not know what medications they were on. I think it is an efficacy issue in immunocompromised.

**Are the mink dying from the virus or is it less virulent in them?** Some mink die many get sick just like us and rapidly transmit it to each other

**Are they allergic to nuts, medicines?** Allergies they had unknown right now.

**Have any of the studies determined if there is a population that should not receive the vaccine?** No studies but right now not to pregnant women and no data in young children.

**The other factor is that human cells do not have reverse transcriptase that could increase the risk of the mRNA being incorporated into the host genome and potentially have long term effects.** Yes correct we do not have RT built in.

**Is it conceivable that our response could produce antibodies to the machinery (ribosomes or mRNA) that is producing the antigen** We'd not make antibodies to our ribosomes that make proteins all day so I do not think so.

**After the spike protein is made does it implant on cell surface and any chance of immune system attacking human cell?** What happens is the protein is processed by antigen processing cells and then presented to T cells who then stimulate B cells to make antibody so I don't really think so and it hasn't been observed so far in the 22,000 folk who got it.

**There are millions of people who are given EpiPen's and never ever use them.** Yes this will be a conundrum let us see what the FDA decides on this.

**Were dialysis patients in study? What are recommendations for them?** I do not see this listed as a co morbidity by Pfizer in their data



**How likely is it for sub-clinical transmission?** We simply do not know enough to know whether this immune response post vaccination stop carriage and transmission sooo I don't know

## 1/22/21: Respiratory Season-Before Between and Beyond COVID-19 (Schreiber,Collins)

- 1. Hartford and New Haven counties r at 61 and 65 per 100,000 population. What is Arizona's infection rate?**  
Depends on the county but some are over 100
- 2. So if we have a bad rxn to the vaccine, would that predict a bad case if exposed to the wkld type Covid virus?**  
No reactions to the vaccine do not predict any clinical issues
- 3. Does a moderate reaction (significant cytokine release) to the vaccine suggest you would have had a more severe clinical course with natural infection?** The vaccine reactions mild or moderate or worse do not predict the immune response and any clinical course. You will be protected either way.
- 4. Would anti-inflammatory agents to control vaccine sx be potentially detrimental in blunting beneficial immune response to spike protein?** Theoretically. So we suggest do not pre-treat with non steroidal before immunization. Take acetaminophen if you need some relief after immunization. That said a couple of pain reliever/fever reducers after the second dose if you have flu like symptoms is unlikely to cause a problem.
- 5. Do we think people who get COVID a second time may be getting the new strain? How can we find out if a patient has the new strain?** Great question. The UK vaccine is a chimp adenovirus so no problem there. The J and J is adenovirus 26 and I also wonder about this but have not seen any data.
- 6. Is the Brazilian mutation different from the South Africa Mutation?** Yes it is called P1 and is different than the South African one and may be linked to reinfection in Brazil but not sure yet.
- 7. Is there any advice for a healthcare provider who has received both vaccines, any change in need to quarantine with contact? How long after second dose do we think we're protected?** The companies think we will be protected for 8 months to a year after the second dose which is good. We should observe all the quarantine rules after contact since we do not know if we can still acquire a sub-clinical infection and transmit the virus even after being immunized.
- 8. Is it possible to get a positive COVID test when a person is completely asymptomatic?** Yes many people are completely asymptomatic and have COVID and transmit it. That is the reason everyone needs to wear a mask.
- 9. I have had several cases of Covid Toes in the last 6 months; COVID testing on all of them have been negative. After 30 years in practice don't remember seeing Chillblains in my patients in the past. Any thoughts on why i am seeing more of these patients with neg COVID testing?** A great question. A recent study found only 30-40% could be proved to be COVID and some associated with other viruses. So it is probably COVID causing the increase but this is still an unknown.
- 10. Please comment on reactions after the second vaccination in persons who had significant delayed hypersensitivity reactions or severe fatigue, myalgia or fever after the first vaccination.** If you had a significant hypersensitivity reaction after the first dose I would consult your doc before getting a second dose. Fatigue and myalgia are common(usually after the second dose) but should not delay immunization.
- 11. How long is the protection ?** We believe 8-12 months.
- 12. I believe you alluded to the monoclonal antibody therapy in tx of mild-moderate COVID in elderly patients—specifically Bamlanivimab, which has FDA-emergency approval for those weighing at least 40 kg, and ages 12 years or older and who are at high risk of progressive to severe COVID-19/hospitalization- have we used this therapy in the outpatient/ED setting here at CCMC, and who would we consider high risk, ex chronic lung disease/immunodeficiencies etc. I heard some EDs and adult hospitals in CT have used it for their patients.** Yes we are using the monoclonal antibody at CCMC. The emergency use authorization is very specific about who exactly we can give it to. We have an excellent care path for this on the intranet please check it out for all the info.

**How does the COVID vaccine affect COVID testing?** the vaccine has no virus in it and has no effect on molecular PCR testing.

## **1/29/21: Help Me Grow- How we can help young children in a COVID world** (Schreiber, Martini- Carvell)

- 1. Do we have any updated level of what proportion of admissions by age? i.e. babies under 2 months with fever who may be found to have COVID but clinically well.**  
We have admitted VERY few young infants with COVID
- 2. We are seeing a fair NUMBER of pediatric patients with movement disorder issues associated with SARS Covid-2 virus exposure.** This is a very interesting observation and I think we should look carefully at these kids and see if this is a COVID related outcome that has not been reported much yet is there a single neurologist seeing them?
- 3. Is blood type O protective? Have seen info both supportive and not supportive of this theory.**  
Yes the latest data show type O and especially O negative people were less likely to have severe COVID was Canadian data
- 4. Can you comment on the WHO changing the cycle thresholds on 1/21 to avoid false positives in PCR testing? How does this affect the antigen testing in terms of false positives?** I don't know much about the PCR recommended cycle changes but will look into it.
- 5. Is this also part of the disinformation? Thank you!**  
<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138fbclid=IwAR3IQV9nrb69hCqMDiufopvsBSGVzzy62ykixWplSodX9ntea199Lgfvfzg>  
No I think WHO says it accurately we have no data so pregnant women should consider immunization if high risk etc. It was the insertion WORRYSOME development etc
- 6. What does double mutant mean?** It means there are multiple areas of the spike protein different than the original circulating strain of virus.
- 7. When do expect school staff and bus drivers to be immunized in this state. I believe accomplishing this feat will allow schools to provide in person learning 5 days a week. Would you agree?** I do not know the answer to this but it would seem to me they should be immunized when teachers are immunized I agree.
- 8. I would like to ask the same question of day care and nursery school staff. When do you expect them to immunized in this state?** I don't know when CT plans to immunize these workers but I agree it would make sense to do it sooner rather than later.
- 9. Dr Salazar you indicated these wonderful weekly presentations could decrease once the pandemic becomes more under control. It seems we all could benefit from ongoing presentations on addressing the Mental Health Crisis that is spiking and will continue to do so post COVID.** The DPH website has the categories of when people get immunized we can look to see if they have been added and into which category
- 10. Can you speak more of the Brazilian strain?** This is another mutant which has alterations in the spike protein and which Brazil thinks might be responsible for a resurgence in a province.
- 11. What is the childhood death rate for influenza? I know it's much higher than the 0.01% COVID death rate which you just stated. If we can get this information out to the media we will have a higher flu vaccination rate. I'm having a lot of parents refuse a flu shot this year!**  
Death rates from flu vary by year and age group they run around 0.1% for children to much higher in bad flu years. So to your point it has a higher death rate for kids than COVID.
- 12. Who is responsible for gene sequencing surveillance to identify mutant strains and their prevalence across our country?** in the US the CDC traditionally would do this in cooperation with the state public health departments. We need an organized program that sequences virus from every state to get a handle on this.

**13. What are your thoughts about travel after vaccination? It is possible to spread Coronavirus after vaccination?** I would use the same travel rules we have now until many more people are immunized and we can reach herd immunity.

**14. If we have been able to decrease other respiratory viruses, why is not working with COVID?** COVID has a high R value and is very contagious and I think the restrictions have worked in states that were following the rules and COVID resurged because rules were relaxed and people traveled.

**15. What's your take on deaths following COVID vaccination?** I think the data show very few deaths from the vaccine. The Norway deaths were in very frail elderly individuals which suggests caution in that group.

**16. If a person has had the disease and gets re-exposed, does that person have to quarantine because they might be able to transmit the disease?** The CDC says if you are re exposed within 90 days of your case of COVID you are immune and may not quarantine if it is beyond that all the rules apply.

**17. Why can we not utilize existing vaccine manufacturers i.e. Merck to start up production of COVID vaccine since they have the infrastructure in place for vaccine production. Can't the "formula" of production be shared to increase production?** That is a very good question. These are proprietary but to your point maybe Merck and others could gear up. I hope that the Biden administration is looking into this.

## **2/5/21: Youth Suicide: Recognition, Care and Prevention.....especially during a pandemic**

(Schreiber,Rogers)

**1. Why if masks and distancing have remarkably decreased Flu, these measures have not helped with COVID, doesn't that tell us that this an airborne virus like Measles?** Great question; COVID is more contagious than the flu and has a higher reproductive R value. This means more people get infected from a single positive person than the flu which has a lower R value.

**2. How does the Moderna vaccine fare against the mutant strains? Would it make sense to get the more traditional vaccine formulation as a booster once it rolls out?** The Moderna vaccine seems pretty good against the UK strain but we are not yet sure about the South African variant.

**3. Any comments on study reported in AMA News yesterday on study reported out of UK that "almost all people previously infected with COVID-19 have high levels of antibodies for at least 6 months..."?**

Yes it seems like natural infection might protect longer than the 90 days we have been saying but we really do not know yet. Also it is probably more than just antibodies to be protected best you may need T cells etc.

**4. Why can't the science come up with a less controversial cell line or preparation (i.e. fetal stem cells)?** None of the vaccines have used fetal stems cells in any way to made. The Moderna and Pfizer vaccines are synthesized mRNA and a lip capsule. The J and J vaccine uses synthesized DNA and a adenovirus shell. Neither use stem cells. That is important to note. Some of the vaccines have used human embryonic kidney cells to be tested in after they have been made to make sure that they do not harm human cells. These cell lines were derived 25 years ago. The new Novavax vaccine soon to be available uses insect cells to make recombinant spike protein so great progress is being made.

**5. The CT DPH is offering free BinaxNow AG testing to the schools. Is this testing designed primarily for symptomatic people, and does it have the typical low sensitivity of other AG tests with about 30% false negative rate? Should a negative with this test be followed up with PCR testing like other AG tests?** Most of the point of service rapid tests are less sensitive than lab based PCR. However if positive then it is most likely a true positive test. It is when it is negative that a backup PCR can be helpful.

**6. Any thoughts about pre-medicating with Benadryl prior to the second dose of the vaccine if there was an allergic reaction with the first dose?** We have been trying not to pre treat before the vaccine to avoid any theoretical interference with immunity. I don't know the data on this idea and might defer to an allergist/immunologist.

**7. What is the false positive rate of antigen testing?** If positive these tests are probably accurate. They are more likely to have a false negative and miss an infected person.

**8. Clarification of false positive antigen testing: If no symptoms present, what is the reliability of a positive antigen test? Should they be followed up with PCR if no symptoms present?** I tend to believe the positive tests --that said I have seen some false positive test results from antigen and rarely a PCR. When in doubt especially if there is a work or exposure issue repeating the test with a lab based PCR makes sense.

**9. Can you comment about antibody levels? There still seems to be thinking that if someone has antibodies because of some level of exposure that this person is protected.** We think that a certain blood level of neutralizing antibodies is most likely correlating with protection. We do not know precisely what that level is yet.

## **2/19/21: School in this Time of COVID: Considerations and Concerns** (Schreiber, Namerow)

**1. Can you comment on anxiety in students personally effected by COVID in their family?** I would think it depends upon the actual experience of that family member with COVID and what the clinical course was. If it resulted in tragic death, then the trauma association and hence anxiety will be more for sure!

**2. Is there any information on long term neuro-cognitive deficits in children infected with COVID? Should we be following them up more closely?** Not yet and it seems like the neuro-cognitive impact presents along with the acute illness so if the child did not show any deficits initially or in the initial recovery period, then it seems they are okay but close followup for all kids post COVID seems like a wonderful approach in general.

**3. The term social distancing carries a negative connotation and promotes a socio-emotional disconnect; why haven't we shifted to using the term physical distancing to increase understanding of mitigation measure and promoting safe interpersonal interactions?** That is a terrific point and I wonder if there is some way to get that point across to public health folks. Maybe at least at Connecticut Children's, we can have John and his team really emphasize the difference in those terms as I do worry about social interactions being seen as such significant risk, that they become trauma triggers.

**4. What happens with unused, "open" vaccine at the end of each day at our excellent Connecticut Children's vaccination clinic? Can we set up a program to have a wait-list for teachers to use this excess?** We have a waitlist of health care providers waiting to be immunized. Later in March we will not be immunizing the general public anymore. We need to wait for CT DPH guidance as to who we are allowed to immunize.

**5. Is the oral antiviral being trailed in young children as they will be the last group to be vaccinated?** I don't know if the new oral anti viral is being used in children in any clinical trial. I am not sure if the adult clinical trials have started yet either.

**6. Are there special considerations for following up infants with COVID? I have now had my 3rd patient who has been 4 months old or less when they contracted COVID (along with their families). I worry because they are so young (and symptoms may be subtle, but persistent). There is much about teens with COVID, but less about infants.** I would follow these kids if they have mild disease with routine care and careful physical exam. More severely ill children may need to be followed more completely including a ECG. We just haven't followed enough kids yet to know the complete answer to this yet.

**7. I'm hearing about relatively young people (teachers!) getting the vaccine despite not being in any eligible group -"just going on VAMS and scheduling it ". How is this happening?** The state is moving to an age based expansion of immunizations. They have posted the new age groups able to be immunized.

**8. Are you seeing higher academic failure rates with remote learning?** I am not sure about the actual data but I would think so.

**9. Please expound on the Antibody-Dependent Enhancement reaction/immune enhancement in regards to mRNA vaccines. There is concern regarding adverse responses upon re-exposure to wild-type viruses of this. Specialists report this is why other mRNA vaccines have failed in the past, e.g. to the SARS vaccine. (Dead experimental ferrets etc)** It is an interesting issue and also with the RSV killed virus vaccine might have been an issue. However, we have now immunized millions with the mRNA vaccines and they have been subsequently exposed to infection without any known problem. So for now this does not seem to be an issue with these vaccines.

### 3/5/21 Return to Play Following COVID-19; Evolving Practice amid Emerging Data (Schreiber, Enos)

- 1. What is the approximate incidence of COVID 19 in children and how many of them may have myocarditis?** As far as I am aware, this is unknown, but would indeed be very helpful information with regards to screening for return to play.
- 2. How to do gradual return protocol in middle school age without athletic trainer on site at school or with community programs?** Good point. The logistics may be tricky in the real world. In any case, it is important to educate patients and families regarding a graded return to play so they can do their best to adhere.
- 3. What do you think about nonprofits that do screening ECGs without H/P? Does COVID change your thoughts on these types of orgs?** Great question. Some groups have been very successful in identifying patients with important ECG abnormalities. Of course, these programs can generate unnecessary testing for more minor findings and all ECGs should be read by those comfortable with the normal variations seen on pediatric ECGs and normal variants seen on ECGs on athletes so as not to overcall a normal finding.
- 4. Not really sports question, but is there any recommendation for ECG blood work in f/u after multi-handicapped child, trach, non-verbal child who had COVID?** If there are clinical concerns for cardiac involvement following COVID-19, then yes these studies could certainly be indicated and helpful as needed.
- 5. For return to play: is this any different for highly competitive athletes (national level runners and swimmers, for example who train many hours a day)?** The AAP guidelines do not make a particular distinction for elite athletes; however, this could be considered on a case-by-case basis based on symptoms and patient/family preferences for screening.
- 6. Is there any coronary artery abnormality seen in children with COVID 19?** Yes, patients with MIS-C can have coronary artery dilation/ectasia (similar to that seen in Kawasaki disease).

**7. List of Same day EKG providers** (*Walk-ins are welcome at both locations, however, please refer or call ahead to allow timely check-in and social distancing*):

282 Washington St., First Floor, Suite 2B Hartford, CT, 06106  
Monday-Friday, 8 am-3:45 pm

105-A Newtown Rd. Danbury, CT, 06810  
Monday-Friday, 8 am- 4 pm

310 Western Boulevard Glastonbury, CT, 06033  
Monday, Tuesday, Wednesday, and Friday by appointment only.

To refer a patient, please visit [connecticutchildrens.org/make-a-referral/refer-a-patient](https://www.connecticutchildrens.org/make-a-referral/refer-a-patient) or  
Contact OneCall Phone: 833.733.7669 Fax 833.226.2329

**Return to Sports Algorithm:** <https://www.connecticutchildrens.org/wp-content/uploads/2021/03/COVID-Return-to-Play-2.26.21.pdf>

- 8. I have been looking up to see if any specific recommendation re BF women receiving the vaccine. I have read that the same adeno platform was used in pregnant women w the Ebola vaccine and I know ACOG made the statement in Dec re no restrictions for lactating women and covid vaccines and CDC states the same but that may have been in reference to the mRNA variety specifically. Would it be OK for a BF woman to get the viral vector J&J vaccine?** Well it is a non replicating virus so no theoretical issues in pregnancy but there are no data yet in pregnant women I am aware of

**Yale Post-COVID Recovery Program information, including the phone number, can be found at this website:** <https://www.yalemedicine.org/departments/post-covid-19-recovery-program>  
Winchester Chest Clinic (where the program is located): 203-785-4198. We are moving to a new building on Devine St in North Haven at the end of this month, where our new phone number will be 203-495-2410.

**Increasing activity during ICU care, even intubated patients, was reported to decrease cognitive and motor impairments. How has the overwhelming of ICUs contributed to impairments?** During the first wave of the pandemic, ICUs were overwhelmed, but there were many other confounding factors such as those that I mentioned in my talk - PPE shortages that limited the ability of PT and OT to work with patients, isolation, etc. It is therefore difficult to separate out how much the overwhelming of ICUs contributed to impairments. I can share that at Yale, we were careful to match staffing to capacity, so I don't think that being overwhelmed was a big factor in patient outcomes.

**Have you seen the long haul syndrome develop in patients after receiving mRNA vaccination?**  
I have not seen any patients develop the long haul syndrome after mRNA vaccination.

#### 4/16/21 Extended Q&A Session- (Schreiber)

- 1. Safe for children above 16 ? Any contraindications ?** I guess allergy to injectables that contain PEG would be a contraindication
- 2. Any estimate when Pfizer vaccine will be available for 12 to 15 year olds?** I think late spring they will be in front of the FDA for approval
- 3. What about domestic travel guidelines?** Meeting with other immunized in small groups makes sense. I suggest driving rather than flying unless it is urgent. Most states seem to be abandoning requirements to quarantine but it varies state by state.
- 4. Our office is ready and willing to give the covid vaccines. why do you think that in office is not being pushed. that may eliminate some of the hesitancy?** I think it is the storage requirements for Pfizer that make it tough. Moderna will be more easy to push out into offices. I don't know what is going to happen with J and J.
- 5. Will they change the quarantine guidance for school age kids to match the 3ft distancing guidance... the quarantine for exposure is still 15 minutes cumulative within 6 feet.... hearing across the state these quarantined kids are not turning up positive from school exposure so does it make sense to keep them out for so long...?**  
I cannot answer what our schools will do. Each district only has loose guidelines from DPH and they vary in their requirements. Makes sense to me.
- 6. Do you foresee a role for community pediatricians to vaccinate their patients once vaccine gets an EUA for younger patients, say 12-15 years old?** I think this will be crucial and believe the state should assist practices in doing this.
- 7. What is the current recommendation for the vaccine if the patient has recently had COVID?**  
Wait at least 2 weeks after resolution of symptoms--however you have up to 90 days to give it after covid--I usually wait 4 weeks.

**8. Is there any benefit to getting antibody levels on a newborn who's mom had COVID during her pregnancy?** Not really you can assume there was maternal antibodies that crossed the placenta and that it is good!

**9. If we acknowledge there is a pandemic, why are we allowing for indiscriminate migration from Southern America (Brazilian variant?) into our country? Are we tracking where the unaccompanied minors and families are being sent (MI?NY?)? What about concern for other public health risks (resurgence of tuberculosis? other diseases uncommon in our country?)?** I cannot address our national travel policies. However, the risk is really not only our southern borders it is everywhere worldwide. There are many variants such as the UK strain that are in the EU as well. Australia and New Zealand shut down almost all their foreign travel. Most countries did not.

**10. Are antibody titers available and should they be recommended for certain populations (ie leukemia) where there is concern about vaccine response?** You can get them and in certain selected cases as you describe they may make sense to get. I think monoclonals will be allowed as prophylaxis shortly for these patient groups.

**11. If someone received the Moderna vaccine and a few days later developed documented Covid, should the 2nd Moderna vaccine be delayed?** Good question. In general the symptoms will be gone by the time the second dose is due and it would be given then. If there is a delay a 7 day alteration in the second dose (late) is probably fine.

#### **9/10/21 Parent Views on COVID Vaccine for Children** (Schreiber & Clark)

**1. Would you please review the Duke-UNC school mask study?**

This study was a UNC Duke joint study with 100 school districts in NC showing less covid spread with masking in the schools google the ABC study.

**2. Is there data about recurrent infections in people who had COVID infection compared to breakthrough vaccine infections?**

I am not aware of any studies showing increased other infections in Covid infection folk but will look around to see if I can find any.

**3. Are demographics (i.e. race, ethnicity) included in the analysis of responses?** Yes, race is included in vaccine clinical trials but I have not seen any immune response differences based on race. However, clearly race and ethnicity are related to severity of illness and death.

**4. What is required for a pediatric office to store Covid vaccine?** Please contact CT DPH for the requirements.

**5. Will we ask patients & families if they have or will get the vaccine?** I think we need to discuss it with our patients as our co speaker suggests.

**6. How are pediatrician offices handling the vaccine storage issue?** With the relaxed storage requirements it should be possible for offices to manage covid vaccines.

**7. At Connecticut Children's before discharge will we ask them if they have been or will getting the vaccine? Teachable moment** It is a good idea and certainly we might propose that to our various clinical services.

**8. Is there data on which vaccine is having the most breakthrough cases?** Well some feel Moderna has less breakthrough infections due to somewhat higher titers lasting longer due to the higher dose of mRNA in the Moderna vaccine compared to Pfizer. However those differences seem very small.

**9. Have they looked at the protection after having been vaccinated and then gotten a breakthrough ... or is it just too soon? In other words, if you had a breakthrough case, do you think a booster dose is needed, or is the infection your booster?** I do not know the data on breakthrough infections and what that does to one's titer of antibody. It is a good question and we await for those data.