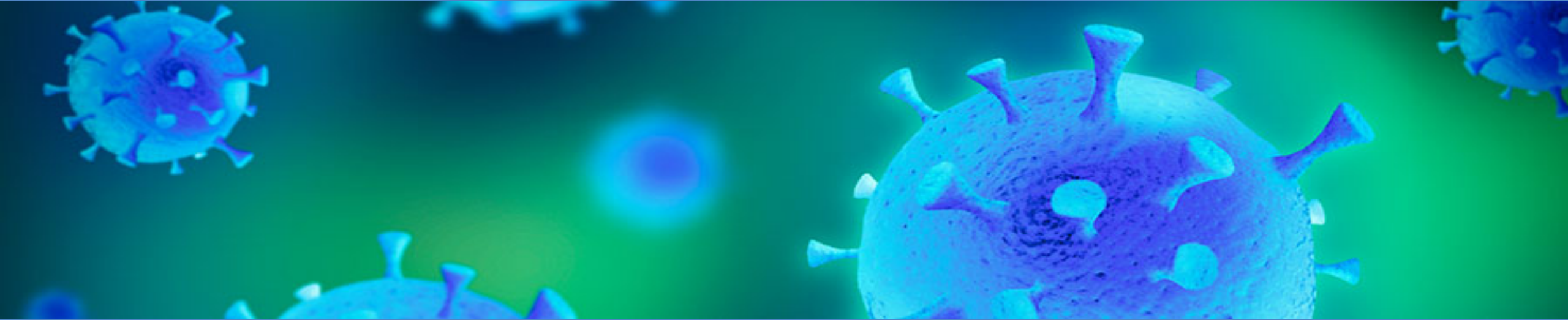


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*December 16, 2020*



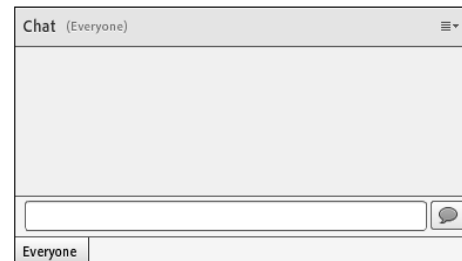
# Technology Notes

**1) All participants will be muted upon joining the call.**

**If you dialed in or out, unmute by pressing #6 to ask a question (and press \*6 to mute).**

Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

**2) To ask or respond to a question using the *Chat* box, type your question and click the  icon or press Enter to send.**



# Overview

- ❑ Day of Reconciliation (South Africa)
- ❑ COVID-19 vaccine arrives in VT – 1<sup>st</sup> dose given!
- ❑ *Reminder: weekly event schedule*
  - ❑ **VCHIP/CHAMP/VDH calls: Mon/Wed/Fridays; Gov. Media Briefings Tues/Fri; VMS call with Comm. Levine Thursday**
  - ❑ **NEXT week (for 2 wks ONLY): Mon/Wed only (12/21, 23, 28, 30)**
- ❑ Situation, VDH, CDC, vaccine updates
- ❑ Practice Issues: COVID-19 Vaccine
- ❑ Q & A, Discussion



[thesouthafrican.com](https://thesouthafrican.com)



[vpr.org](https://vpr.org)

*[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we're providing today may change quickly]*

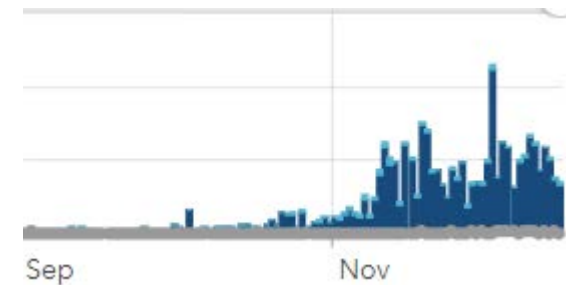
# Reminder: Data Dashboard Change (effective 12/2/20)

- Vermont COVID-19 cases now includes ***probable cases*** reported to VDH since September 6, 2020.
- Definition:
  - ▣ Person tested positive on **antigen test** and has symptoms of COVID-19 or epidemiologic evidence, **OR**
  - ▣ Person has symptoms of COVID-19 and is epidemiologically linked to a confirmed case of COVID-19.

# Situation update

New Cases
<b>73</b>
6,009 Total
Currently Hospitalized
<b>30</b>
Hospitalized In ICU
<b>6</b>
Hospitalized Under Investigation
<b>3</b>
Percent Positive 7-day Avg.
<b>2.1%</b>
People Tested
<b>246,029</b>
Total Tests
<b>628,360</b>
Recovered
<b>3,776</b>
62.8% of Cases
Deaths
<b>105</b>
1.7% of Cases
Travelers Monitored
<b>210</b>
Contacts Monitored
<b>189</b>
People Completed Monitoring
<b>11,391</b>
Last Updated: 12/16/2020, 10:44:19 AM

DEPARTMENT OF HEALTH



VT New Cases, Probables, Deaths

- U.S. 16.7 million+ cases; **303,963 deaths**
  - <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> (updated 12/16/20)
  - 12/15/20: **201,649 new cases; 2,957 d.; 112,816 hosp.**
  - Past week: average 206,557 cases/day (increase of 28% from average 2 weeks ago)
  - **1.6 million+ deaths worldwide** (73.5 million+ cases)
- **VDH Weekly Data Summary(12/11/20)**
  - **Weekly Spotlight Topic: High Risk Populations**
  - VTers  $\geq 60$  yo or w/pre-existing health conditions are at highest risk for serious COVID-19 outcomes.
- Find previous summaries at:
  - <https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

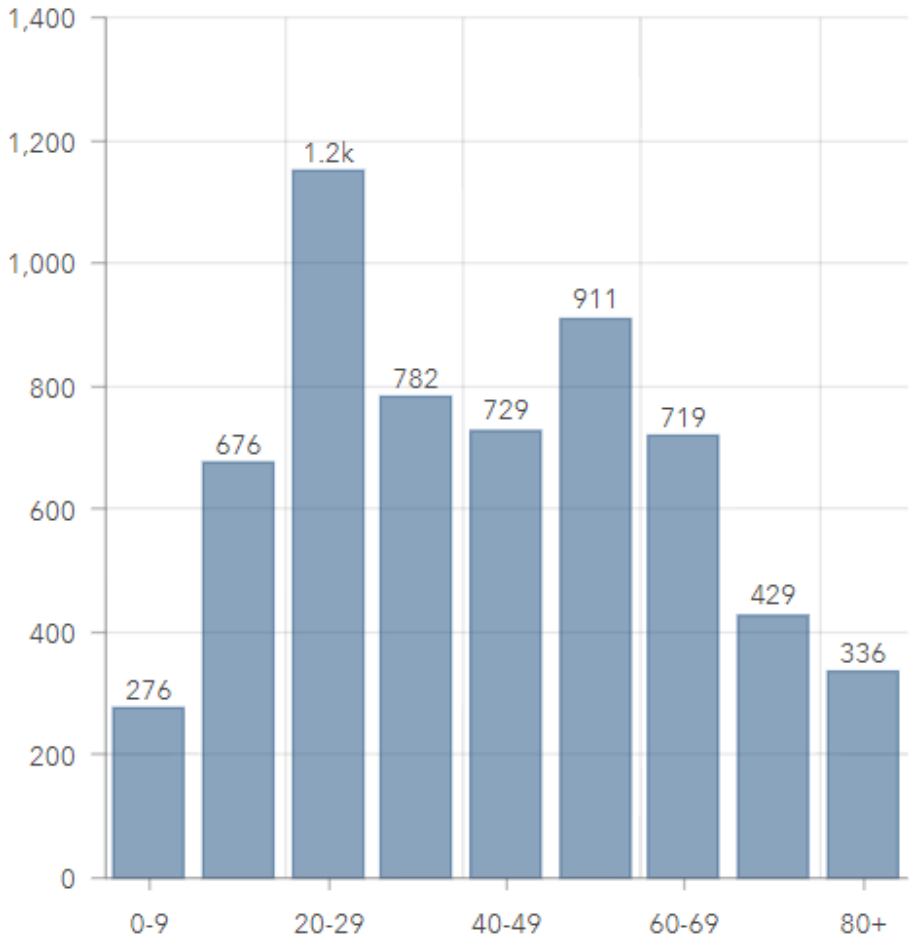
<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

December 16, 2020

5

# Situation update

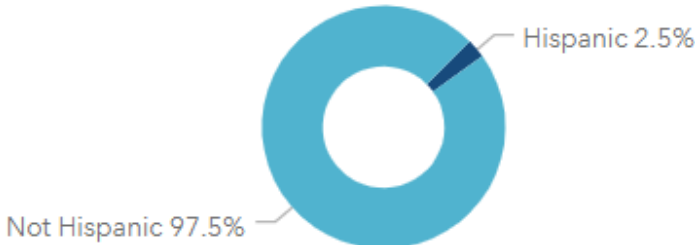
Vermont COVID-19 Cases by Age Group



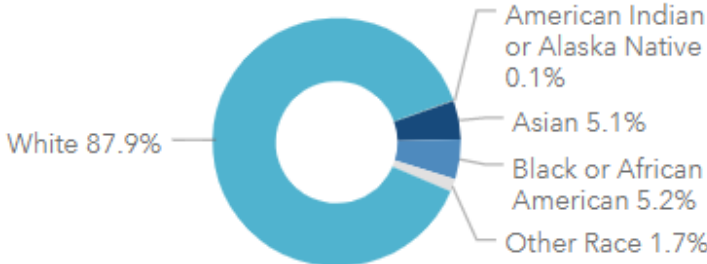
Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



Case Demographics

# COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

## □ 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** w/data through previous Sunday. As posted 12/15/20: **195** total cases; 34 cases reported in preceding 7 days (up from 20 reported previous week).

December 13, 2020

### 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.		
<b>TOTAL FOR ALL SCHOOLS</b>	<b>34</b>	<b>195</b>

## □ VT College & University dashboards:

- ▣ Now on break from on-campus learning: <https://dfr.vermont.gov/about-us/covid-19/school-reopening>

December 6, 2020

### 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.		
<b>TOTAL FOR ALL SCHOOLS</b>	<b>20</b>	<b>158</b>

# VDH Update: Testing

- Capacity appears to be meeting needs of Vermonterers; open to feedback if providers having trouble with access (please email [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu) & [breena.holmes@vermont.gov](mailto:breena.holmes@vermont.gov))
- Test result turn-around is **2-3 days** & smoother this week. Please advise if pts. experiencing longer delays; occasional “glitches.”
- Following up on use of dual rapid tests for influenza & COVID-19 (concerns re: false positive flu in setting of low community transmission) – please stay tuned!

# VDH Updates: Testing

## Testing capacity:

- ~227 sites (222 on-demand CIC) posted today through 1/17/21
  - ▣ Same-day testing slots now posted all day.
- **NOTE:** VDH posted testing sites are intended for **asymptomatic** pts.; prefer symptomatic pts. to seek connection to PCP/medical home provider. However: **all sites are prepared to take people who arrive and are experiencing symptoms.**
- Majority = **on-demand CIC sites**, including:
  - ▣ Bennington, Berlin, Brattleboro Mem. Hosp, Burlington, Fairlee, Hardwick, Island Pond, Middlebury, Morrisville, N. Country Hosp, Northfield, Springfield, RPMC, St. J, Stratton, Waitsfield, Waterbury, Williamstown, Williston, Winooski
  - ▣ Days of the week/hours vary by site

# VDH Update: Schools and COVID-19 Stigma

- VDH School & Childcare Branch hearing more re: bullying of students who have COVID-19 & entire pod must move to remote learning (affected students blame their classmate with positive result)
- Language for school leaders to share with their communities:
  - ▣ *Together we must support those who become infected with this virus. These “COVID cases” are our friends, family, and neighbors, and we need to treat them with understanding and empathy.*
  - ▣ *Many individuals who are sick with COVID-19 suffer from uncomfortable symptoms and emotional stress, and you can assist them by not partaking in negative chatter or speculation. If appropriate, we recommend that you reach out to community members affected by quarantine & offer help. With creative action from us all, we will get through the period of anxiety and disruption. Thank you for your investment in the health and wellbeing of our school community.*

# VDH Update: Quarantine

- ❑ The Governor's executive orders **do not exempt** people who had COVID-19, had a positive antibody test or got the COVID-19 vaccine.
- ❑ This means that **you must quarantine** when you travel or return to Vermont; you are also **not allowed to gather** with people you don't live with.
- ❑ It is not yet known if people who recover from COVID-19 can get infected again. There are no confirmed reports to date of a person being reinfected with COVID-19 within three months of initial infection.
- ❑ It is also not yet known if people who get a COVID-19 vaccine can still infect others with the virus.
- ❑ Currently, we recommend that everyone continue to follow the prevention steps to keep from getting or spreading COVID-19.

# CDC in the News

- NYT: (12/16/20) *‘Like a Hand Grasping’: Trump Appointees Describe the Crushing of the C.D.C.*
  - ▣ <https://www.nytimes.com/2020/12/16/us/politics/cdc-trump.html> (12/16/20)
  - ▣ Kyle McGowan (former CDC Chief of Staff) & Amanda Campbell (Deputy):  
*“Washington’s dismissal of science, the White House’s slow suffocation of the agency’s voice, the meddling in its messages and the siphoning of its budget.”*
  - ▣ Last week: MMWR editor-in-chief (Charlotte Kent) told House Democrats investigating political interference in the agency’s work that she was ordered to destroy an email showing Trump appointees attempting to meddle with their publication.

# CDC Updates: MMWR

- MMWR Early Release (12/13/20) The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine — United States, December 2020
  - On December 12, 2020, after an explicit, evidence-based review of all available data, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation for use of the Pfizer-BioNTech COVID-19 vaccine in persons aged  $\geq 16$  years for the prevention of COVID-19.
- MMWR Early Release (12/15/20): Factors Associated with Positive SARS-CoV-2 Test Results in Outpatient Health Facilities and EDs Among Children & Adolescents Aged  $<18$  Years — Mississippi, September–November 2020
  - Among children/adolescents aged  $<18$  years in MS, close contact w/persons with COVID-19 & gatherings w/persons outside household & lack of consistent mask use in school associated with SARS-CoV-2 infection, whereas attending school or child care was **not associated** with receiving positive SARS-CoV-2 test results.

# VDH Update: COVID-19 Vaccine

- 12/15/20: VT received 2<sup>nd</sup> shipment of the Pfizer/BioNTech vaccine
- VDH allocated weekly shipments of 5,850 doses of Pfizer/BioNTech vaccine through December; expect equal number of 2<sup>nd</sup> dose in coming weeks
- VDH has placed a pre-order for the Moderna vaccine (pending FDA approval); VT could potentially see 11,400 doses next week and 5,000 doses at the end of the month (TOTAL of all vaccines = almost 34,000 doses)
- VDH & SEOC in process of distributing vaccine to hospitals statewide (in coordination w/hospitals' clinic schedule & 120-hr window to use vaccine).

# VDH Update: COVID-19 Vaccine

- While supply limited, vaccines to priority groups: high-risk health care workers and residents of long-term care facilities – will be notified directly about when and where they can get vaccinated
- Anticipate finalizing the next priority group in the coming weeks following recommendations by ACIP & VT Vaccine Implementation Advisory Group
- Next groups likely to involve some combination of people over 65, people under 65 with chronic or immune compromising conditions, and frontline workers (per VDH)
- VDH Commissioner Levine: “For most Vermonters, it will likely be several months before the vaccine is widely available. But when it is available to you, you will know, through our own communications and through our partners — the health care providers, pharmacies, and others who will provide the vaccine across the state.”

# Tuesday Media Briefing (12/15/20)



## Governor Phil Scott

- Grim milestones: 100 VT and >300K US deaths: reminder as to why we must continue our work to keep each other safe.
- First COVID vaccines arrived in VT yesterday (12/14/20).
- Rec'd. 1<sup>st</sup> 1950 doses; expect more 12/15. 1<sup>st</sup> phase to priority populations: hi-risk HCWs & LTCFs. (Levine, Leffler)
- "Marks beginning of end, not the end."
- Extending VT state of emergency to **January 15, 2021.**
- Canada – U.S. border for non-essential travel: closure extended until **January 21, 2021.**

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Levine

- 220+ non-outbreak situations, 180 non-health care; 45 HC health care.
- Vaccine reactogenicity
- Vaccine distribution:
  - 1950 doses delivered 12/14; 975 to UVM MC & 975 to state vaccine depot.
  - 1950 doses directly to pharmacies later this week for residents/staff LTCFs to begin 12/21/20
- VT one of earliest states to be operationalize vaccine administration through the federal/pharmacy partnership. (CVS, Walgreen's, Kinney's)
- Assure BIPOC population have equitable access to vaccine.
- Up to 75% by latest Kaiser poll state they will be vaccinated.

# Tuesday Media Briefing (cont'd.)



## Modeling – Commissioner Pieciak:

- This week: great sadness: 300K Americans who have lost lives to virus. Additional 50K in just last 23d. – highest rate to date.
- Deadliest week (deaths) in VT – 15 more & total = 100
- Post-Thanksgiving monitoring 7d. growth sl >8%; % positivity declined. Not all states as lucky
- VT #s: 771 cases this week – largest single week total. But active case count showing signs of plateauing – beware that risk of exposure greater now than at any point in pandemic.

# Tuesday Media Briefing (cont'd.)



## Modeling – Commissioner Pieciak:

- Forecast: cases will rise X next few wks. before starting to decline.
- Region: 16<sup>th</sup> straight week cases increased: last week (50%), this week just 6% - encouraging, & some states saw decrease in cases. But still very hi level case volume in **region** – >150K = most weekly to date.
- **Heat map**: our cases have increased – but more significant increases close to home & Midwest & Atlantic regions.
- Restart metrics: growth rate/stabilized/decr over past few wks.; positivity rate leveled out; hosp. capacity – have enough resources to treat current & projected to be able to cover in wks. ahead if cases rise.

# Media Briefing Q & A

- To Governor Scott: when will you be vaccinated? And will it be public to raise public trust?
- Governor's response: I'm more than willing. I struggle because I don't want to take one dose away from someone in a priority group.

# Practice Issues

## *COVID-19 Vaccine Update – VT IZ Program Update*

*Christine Finley, APRN MPH – VDH Immunization Program Mgr.*

*Merideth Plumptre, RN – Nurse Program Coordinator*



# FDA/CDC Vaccine Updates: Background Information

- CDC COCA Call: What Every Clinician Should Know About COVID-19 Vaccine Safety (12/14/20)
  - ▣ [https://emergency.cdc.gov/coca/calls/2020/callinfo\\_121420.asp](https://emergency.cdc.gov/coca/calls/2020/callinfo_121420.asp)
  - ▣ Tom Shimabukuro, MD, MPH, MBA, CDC Vaccine Safety Team Lead; David Kuhar, MD, Healthcare Infection Control Team
- 3 main takeaways:
  - ▣ 3 main takeaways: the U.S. vaccine safety system is strong and robust; new safety systems are being added for COVID-19 vaccines; you can play an important role in helping CDC monitor the safety of COVID-19 vaccines
- CDC Clinical Partner Call: What Clinicians Need to Know About the Pfizer-BioNTech COVID-19 Vaccine (12/13/20) – **SEE slides 23-43.**

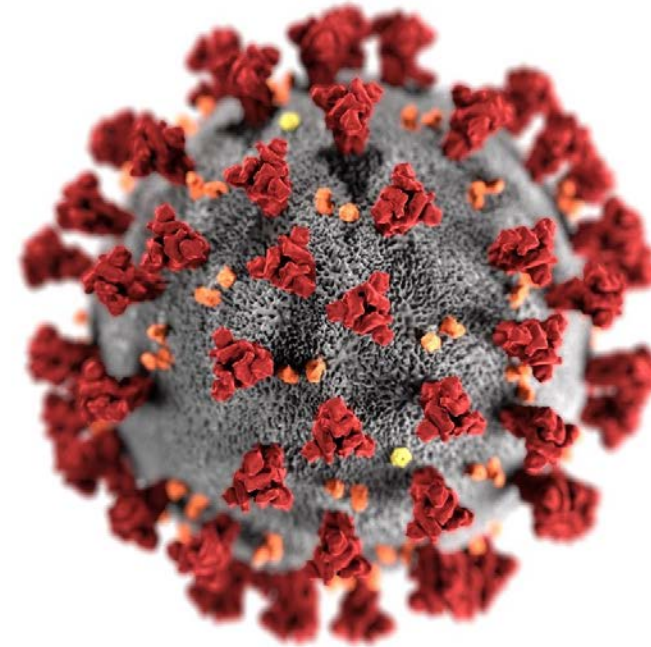
Please note: SLIDES 23 – 43 are from CDC presentation below



## What Clinicians Need to Know About the Pfizer-BioNTech COVID-19 Vaccine

Amanda Cohn, MD  
Sarah Mbaeyi, MD,  
MPH

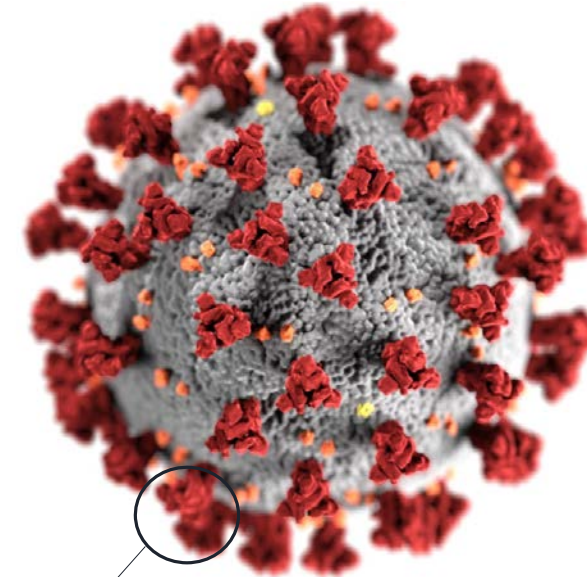
December 13, 2020



# Pfizer-BioNTech COVID-19 vaccine



- Lipid nanoparticle-formulated mRNA vaccine encoding the spike protein
  - Spike protein: facilitates entry of virus into cells
- Vaccination induces antibodies that can block entry of SARS-CoV-2 into cells, thereby preventing infection
- FDA issued an Emergency Use Authorization on December 13, 2020 for use in persons aged  $\geq 16$  years



Spike protein

# ACIP recommendations for use of COVID-19 vaccines

- On December 12, 2020, ACIP recommended use of the Pfizer-BioNTech COVID-19 vaccine in persons 16 years of age and older under the FDA's Emergency Use Authorization
- ACIP recommends that when a COVID-19 vaccine is authorized by FDA and recommended by ACIP, that 1) health care personnel and 2) residents of long-term care facilities be offered vaccination in the initial phase of the COVID-19 vaccination program

# COVID-19 Vaccine Administration



- 2-dose series administered intramuscularly 3 weeks apart
- Administration of 2<sup>nd</sup> dose within 4-day grace period (e.g., day 17-21) considered valid
- If >21 days since 1<sup>st</sup> dose, 2<sup>nd</sup> dose should be administered at earliest opportunity (but no doses need to be repeated)
- Both doses are necessary for protection; efficacy of a single dose has not been systematically evaluated

# Coadministration with Other Vaccines



- **Pfizer-BioNTech COVID-19 vaccine should be administered alone with a minimum interval of 14 days before or after administration with any other vaccines**
  - Due to lack of data on safety and efficacy of the vaccine administered simultaneously with other vaccines
- **If Pfizer-BioNTech COVID-19 vaccine is inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine**

# Persons with a history of SARS-CoV-2 infection

- **Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection**
  - Data from phase 2/3 clinical trials suggest vaccination safe and likely efficacious in these persons
- **Viral or serologic testing for acute or prior infection, respectively, is not recommended for the purpose of vaccine decision-making**

# Persons with known current SARS-CoV-2 infection

- Vaccination should be deferred until recovery from acute illness (if person had symptoms) *and* criteria have been met to discontinue isolation
- No minimal interval between infection and vaccination
- However, current evidence suggests reinfection uncommon in the 90 days after initial infection, and thus persons with documented acute infection in the preceding 90 days may defer vaccination until the end of this period, if desired



# Persons who previously received passive Ab therapy for COVID-19

- **Currently no data on safety or efficacy of COVID-19 vaccination in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment**
- **Vaccination should be deferred for at least 90 days to avoid interference of the treatment with vaccine-induced immune responses**
  - **Based on estimated half-life of therapies and evidence suggesting reinfection is uncommon within 90 days of initial infection**

# Persons with a known SARS-CoV-2 exposure

- Community or outpatient setting:
  - Defer vaccination until [quarantine period](#) has ended to avoid exposing healthcare personnel (HCP) or other persons during vaccination visit
- Residents of congregate healthcare settings (e.g., long-term care facilities):
  - May be vaccinated, as likely would not result in additional exposures. HCP are already in close contact with residents and should employ appropriate [infection prevention and control procedures](#)
- Residents of other congregate settings (e.g., correctional facilities, homeless shelters)
  - May be vaccinated, in order to avoid delays and missed opportunities for vaccination
  - Where feasible, precautions should be taken to limit mixing of these individuals with other residents or non-essential staff

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

# Persons with underlying medical conditions

- Vaccine may be administered to persons with underlying medical conditions who have no contraindications to vaccination
- Phase 2/3 clinical trials demonstrate similar safety and efficacy profiles in persons with underlying medical conditions, including those that place them at increased risk for severe COVID-19, compared to persons without comorbidities



<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

# Immunocompromised Persons

- Persons with HIV infection, other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19
- Data not currently available to establish safety and efficacy of vaccine in these groups
- These individuals may still receive COVID-19 vaccine unless otherwise contraindicated
- Individuals should be counseled about:
  - Unknown vaccine safety and efficacy profiles in immunocompromised persons
  - Potential for reduced immune responses
  - Need to continue to follow all current guidance to protect themselves against COVID-19



# Pregnant Women

- There are no data on the safety of COVID-19 vaccines in pregnant women
  - Animal developmental and reproductive toxicity (DART) studies are ongoing
  - Studies in humans are ongoing and more planned
- mRNA vaccines and pregnancy
  - Not live vaccines
  - They are degraded quickly by normal cellular processes and don't enter the nucleus of the cell
- COVID-19 and pregnancy
  - Increased risk of severe illness (ICU admission, mechanical ventilation and death)
  - Might be an increased risk of adverse pregnancy outcomes, such as preterm birth
- If a woman is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine and is pregnant, she may choose to be vaccinated. A discussion with her healthcare provider can help her make an informed decision.



# Pregnant Women (cont'd.)

- **Considerations for vaccination:**
  - level of COVID-19 community transmission (risk of acquisition)
  - her personal risk of contracting COVID-19 (by occupation or other activities)
  - the risks of COVID-19 to her and potential risks to the fetus
  - the efficacy of the vaccine
  - the known side effects of the vaccine
  - the lack of data about the vaccine during pregnancy
- Pregnant women who experience fever following vaccination should be counseled to take acetaminophen as fever has been associated with adverse pregnancy outcomes
- Routine testing for pregnancy prior to receipt of a COVID-19 vaccine is **not recommended.**



# Breastfeeding/Lactating Women

- There are no data on the safety of COVID-19 vaccines in lactating women or the effects of mRNA vaccines on the breastfed infant or milk production/excretion
- mRNA vaccines are not considered live virus vaccines and are not thought to be a risk to the breastfeeding infant
- If a lactating woman is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine, she may choose to be vaccinated



# Vaccine Reactogenicity

- Before vaccination, providers should counsel vaccine recipients about expected local and systemic post-vaccination symptoms
- Unless a person develops a contraindication to vaccination, they should be encouraged to complete the series even if they develop post-vaccination symptoms in order to optimize protection against COVID-19
- Antipyretic or analgesic medications may be taken for treatment of post-vaccination symptoms
  - Routine prophylaxis for the purposes of preventing symptoms is not recommended at this time, due to lack of information on impact of use on vaccine-induced antibody responses



# Vaccine Efficacy



- Two doses required to achieve high efficacy
  - Efficacy after 2<sup>nd</sup> dose: 95.0% (95% CI: 90.3%, 97.6%)
- Patients should be counseled on importance of completing the 2-dose series in order to optimize protection

# Public health recommendations for vaccinated persons

- Protection from vaccine is not immediate; vaccine is a 2-dose series and will take 1 to 2 weeks following the second dose to be considered fully vaccinated
- No vaccine is 100% effective
- Given the currently limited information on how well the vaccine works in the general population; how much it may reduce disease, severity, or transmission; and how long protection lasts, vaccinated persons should continue to follow all [current guidance](#) to protect themselves and others, including:
  - Wearing a mask
  - Staying at least 6 feet away from others
  - Avoiding crowds
  - Washing hands often
  - Following [CDC travel guidance](#)
  - Following quarantine guidance after an exposure to someone with COVID-19
  - Following any applicable workplace or school guidance



<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

# Vaccine Contraindications and Precautions

- **Package insert:**

- Severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech COVID- 19 vaccine is a contraindication to vaccination
- Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of the vaccine

- **Because of reports of anaphylactic reactions in persons vaccinated outside of clinical trials, the additional following guidance is proposed:**

- A severe allergic reaction to any vaccine or injectable therapy (intramuscular, intravenous, or subcutaneous) is a precaution to vaccination at this time
- Vaccine providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:
  - Persons with a history of anaphylaxis: 30 minutes
  - All other persons: 15 mins

# Algorithm for the triage of persons presenting for Pfizer-COVID-19 vaccine

	PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION
CONDITIONS	<p><b>CONDITIONS</b></p> <ul style="list-style-type: none"> <li>•Immunocompromising conditions</li> <li>•Pregnancy</li> <li>•Lactation</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>•Additional counseling*</li> <li>•15-minute observation period</li> </ul>	<p><b>CONDITIONS</b></p> <ul style="list-style-type: none"> <li>•Moderate/severe acute illness</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>•Risk assessment</li> <li>•Potential deferral of vaccination</li> <li>•15-minute observation period if vaccinated</li> </ul>	<p><b>CONDITIONS</b></p> <ul style="list-style-type: none"> <li>•None</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>•N/A</li> </ul>
ALLERGIES	<p><b>ALLERGIES</b></p> <ul style="list-style-type: none"> <li>•History of food, pet, insect, venom, environmental, latex, etc., allergies</li> <li>•History of allergy to oral medications (including the oral equivalent of an injectable medication)</li> <li>•Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis)</li> <li>•Family history of anaphylaxis</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>•15-minute observation period</li> </ul>	<p><b>ALLERGIES</b></p> <ul style="list-style-type: none"> <li>•History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNTech vaccine)</li> <li>•History of severe allergic reaction (e.g., anaphylaxis) to an injectable medication</li> </ul> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>•Risk assessment</li> <li>•Potential deferral of vaccination</li> <li>•30-minute observation period if vaccinated</li> </ul>	<p><b>ALLERGIES</b></p> <ul style="list-style-type: none"> <li>•History of severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech vaccine</li> </ul> <p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>•Do not vaccinate</li> </ul>

# Vaccine and SARS-CoV-2 tests

- **Viral tests:** Prior receipt of the Pfizer-BioNTech COVID-19 vaccine will not affect the results of SARS-CoV-2 nucleic acid amplification or antigen tests
- **Antibody tests:**
  - Currently available antibody tests for SARS-CoV-2 assess IgM and/or IgG to spike or nucleocapsid proteins
  - Pfizer-BioNTech COVID-19 vaccine contains mRNA that encodes the spike protein; thus, a positive test for spike protein IgM/IgG could indicate either prior infection or vaccination
  - To evaluate for evidence of prior infection in an individual with a history of Pfizer-BioNTech COVID-19 vaccination, a test specifically evaluating IgM/IgG to the nucleocapsid protein should be used



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# COVID-19 Vaccine Communication Resources

- Engaging in Effective COVID-19 Vaccine Conversations
  - <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.htm>
- Toolkit for Medical Centers, Clinics, and Clinicians
  - <https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html>
- More toolkits coming soon
  - Long-term care facilities
  - Health departments
  - Community-based organizations
  - Employers of essential workers



## COVID-19 Vaccine Basics: What Healthcare Personnel Need to Know

Presentation developed by:  
CDC COVID-19 Response  
Vaccine Task Force  
December 2020



# AAP Updates: Vaccine Town Hall Dec. 17, 8 pm

- Dec. 3: Drs. Amanda Cohn & James Campbell re: COVID-19 vaccine
- Many questions – SEE FAQ: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-vaccine-frequently-asked-questions/>
- Dec. 17: continued discussion re: vaccines, Q & A with experts
- Registration:  
[https://zoom.us/webinar/register/WN\\_XtODypF7SbOVdJjyJgJm5A](https://zoom.us/webinar/register/WN_XtODypF7SbOVdJjyJgJm5A)
- Panelists:
  - James Campbell, MD MS FAAP, Member AAP Committee on Infectious Diseases, University of Maryland Hospital for Children
  - Lisa Costello, MD MPH FAAP, Assistant Professor General Pediatrics, West Virginia University, President, West Virginia Chapter AAP

# Coming Attraction: VMS Vaccine Panel



- COVID-19 Vaccine: Safety, Distribution & Considerations for Patients
- Presentations followed by Q&A with a panel of Vermont's experts:
  - *Developing and approving COVID vaccines quickly and safely & what side effects and monitoring needs to expect between Pfizer and Moderna vaccines with Dr. Beth Kirkpatrick*
  - *The ethics of vaccine prioritization and distribution planning with Dr. Tim Lahey*
  - *Talking to patients about getting vaccinated and specifically considerations in pregnant and lactating women with Dr. William Raszka*
- **Tuesday, Dec. 22, 2020 – 12:00 PM Eastern; register at:**  
[https://us02web.zoom.us/webinar/register/WN\\_7VyHgGqiRkuDdbtCbxl8cQ](https://us02web.zoom.us/webinar/register/WN_7VyHgGqiRkuDdbtCbxl8cQ)

# Questions/Discussion

- ❑ Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- ❑ **For additional questions, please e-mail:** [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)
  - ❑ What do you need – how can we be helpful (specific guidance)?
- ❑ **VCHIP CHAMP VDH COVID-19 website:**  
[https://www.med.uvm.edu/vchip/projects/vchip\\_champ\\_vdh\\_covid-19\\_updates](https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates)
- ❑ Next CHAMP call: **Friday, December 18, 12:15-12:45** (current schedule: M-W-F):
- ❑ **Weeks of 12/21 and 12/28 ONLY: calls will be Monday and Wednesday ONLY**
- ❑ Please tune in to VMS call with VDH Commissioner Levine:  
**Thursday, December 17, 12:30-1:00 p.m. – Zoom platform & call information:**
- ❑ **Join Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
  - ❑ Meeting ID: 867 2625 3105 / Password: 540684
- ❑ One tap mobile - +1 646 876 9923,,86726253105#,,,0#,,540684#