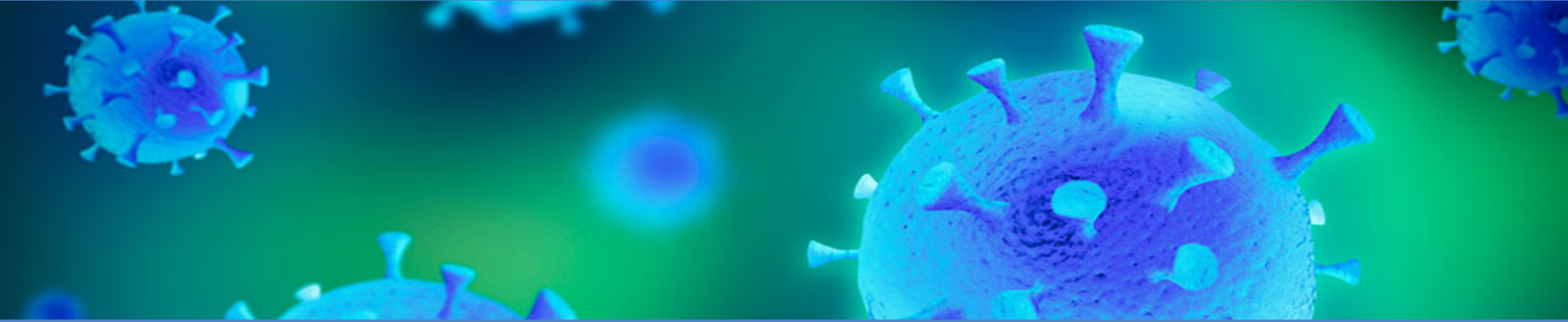


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*February 26, 2021*

# Technology Notes

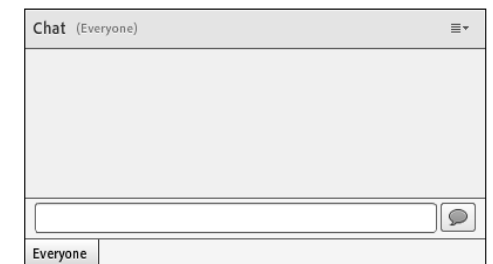
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press \*6 to mute).  
**If you are having audio difficulties and are using your computer speakers, you may wish to dial in:**

**Call in number – 1-866-814-9555**

**Participant Code – 6266787790**

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

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



# Overview

- Celebrating ***Purim***
  - ▣ ***Happy Thank a Resident Day!***
  - ▣ National/World Pistachio Day
  - ▣ Take a walk – enjoy the sunshine! (*thank you, S. Winters*)
- Reminder – weekly event schedule:
  - ▣ **VCHIP/CHAMP/VDH calls: M/W/F**; Gov. Media Briefings Tues/Fri; VMS call with VDH Commissioner Levine Thursday
- Situation, VDH, federal updates; Friday media briefing
- Practice Issues: ***Friday Potpourri***
- Q & A/Discussion

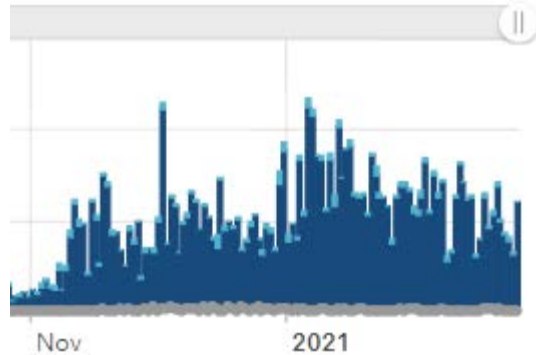


*[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we're providing today may change quickly]*

# Situation update

New Cases
<b>121</b>
14,963 Total
Currently Hospitalized
<b>24</b>
Hospitalized In ICU
<b>10</b>
Hospitalized Under Investigation
<b>1</b>
Percent Positive 7-day Avg.
<b>1.5%</b>
People Tested
<b>328,832</b>
Total Tests
<b>1,049,205</b>
Recovered
<b>12,286</b>
82.1% of Cases
Deaths
<b>204</b>
1.4% of Cases
Last Updated: 2/26/2021, 10:49:36 AM

DEPARTMENT OF HEALTH



VT New Cases, Probables, Deaths

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

February 26, 2021

□ U.S. **28.4 million+** cases; **508,107 deaths**

□ <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> (updated 2/26/21)

□ 2/25/21: **77,804 new cases; 2,465 d.; 52,669 hosp.**

□ Past week: average 69,450 cases/day (decrease of 32% from average 2 weeks earlier)

□ **2.5 million+ deaths worldwide; 113 million+ cases)**

□ **COVID Tracking Project** – cease data coll. 3/7/21

□ **VDH Weekly Data Summary(2/26/21)**

□ **Weekly Spotlight Topic – Cases among Black, Indigenous and People of Color (BIPOC)**

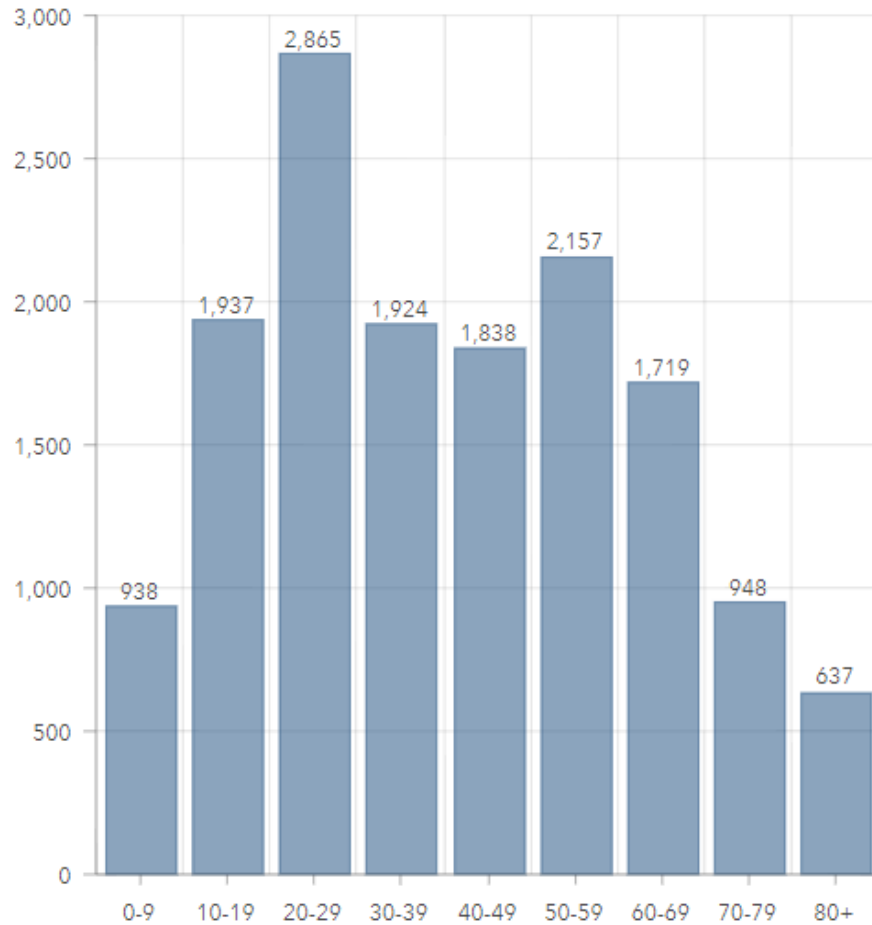
- Disproportionate # BIPOC w/COVID-19 in VT. Focus on 1,742 VT resident cases who are Asian, African American or Black, American Indian or Alaskan Native, Hispanic or race other than white.

□ Find previous summaries at:

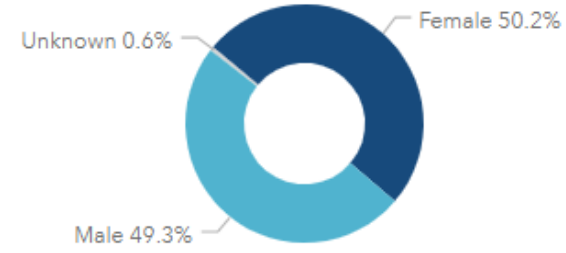
<https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

# Situation update

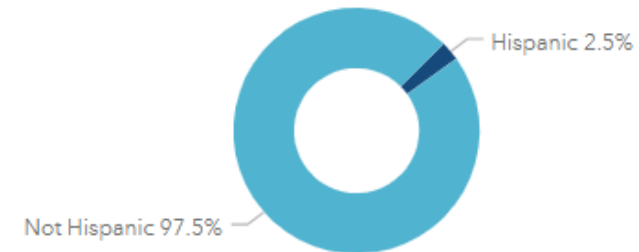
Vermont COVID-19 Cases by Age Group



Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



Case Demographics

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



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

## □ COVID-19 Cases in Vermont K-12 Learning Communities While Infectious

- ▣ <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
- ▣ Table updated **Tuesday & Friday** w/data through previous Sunday & Wednesday.

February 24, 2021

### 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>33</b>	<b>649</b>

February 21, 2021

### 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>40</b>	<b>637</b>

## □ VT College & University dashboards:

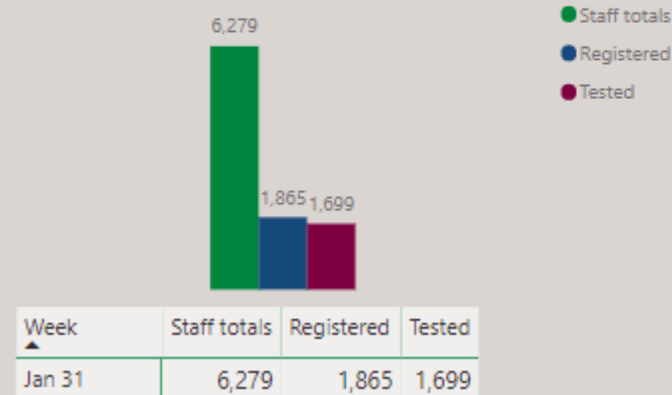
- ▣ **UVM update: effective March 1, all students to be tested 2X/week** (3d. In between; reeval 3/13)
- ▣ Violations of Green and Gold Promise, except for 1<sup>st</sup> missed test, to be reviewed for suspension in accordance with UVM policy (on-campus res. students will have 48 hours from a final conduct decision of suspension to vacate their residential hall and leave campus); thru 3/31 for now.

# AOE School Staff Testing Dashboard

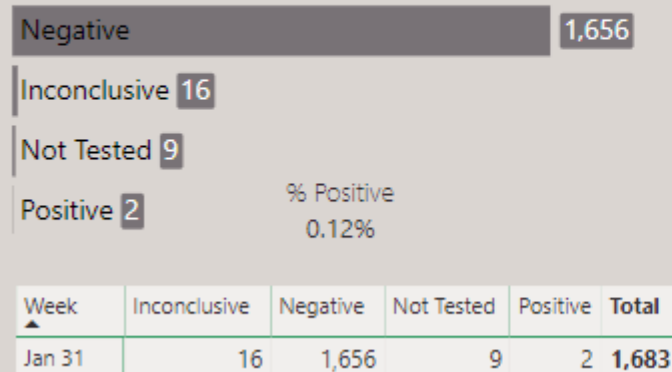
## School Staff Testing: Weekly Summary



### Summary

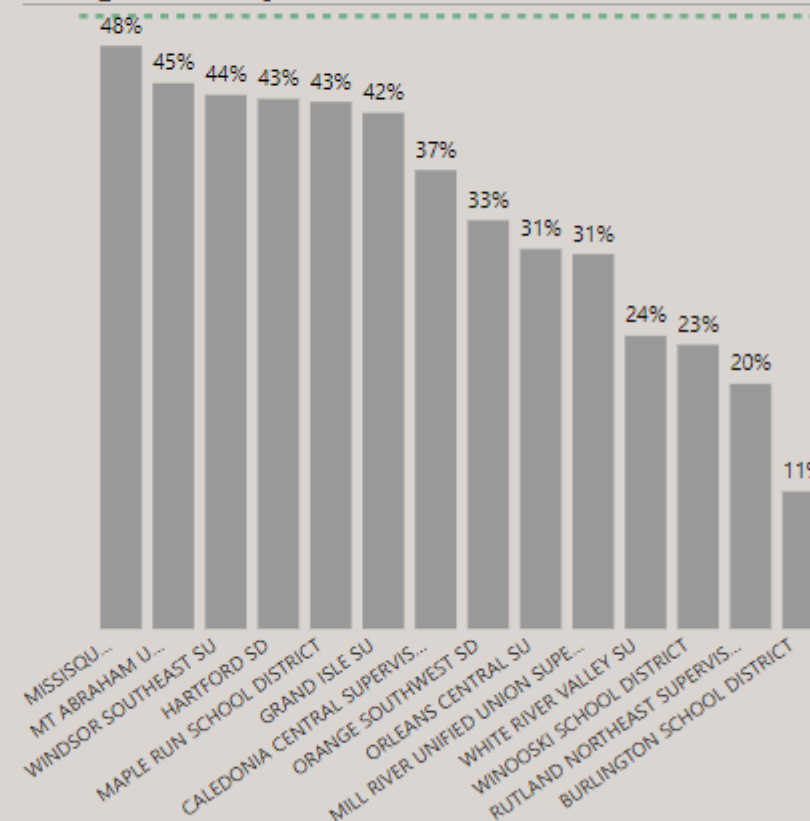


### Test Results



Select Testing Week: January 31, 2021

### % Registered by SD/SU



SD/SU	% Registered
MISSISQUOI VALLEY SCHOOL DISTRICT	48%
MT ABRAHAM UNIFIED SCHOOL DISTRICT	45%
WINDSOR SOUTHEAST SU	44%
HARTFORD SD	43%
MAPLE RUN SCHOOL DISTRICT	43%
GRAND ISLE SU	42%
CALEDONIA CENTRAL SUPERVISORY UNION	37%
ORANGE SOUTHWEST SD	33%
ORLEANS CENTRAL SU	31%
MILL RIVER UNIFIED UNION SUPERVISORY UNION	31%
WHITE RIVER VALLEY SU	24%
WINDOSKI SCHOOL DISTRICT	23%
RUTLAND NORTHEAST SUPERVISORY UNION	20%
BURLINGTON SCHOOL DISTRICT	11%
<b>Total</b>	<b>30%</b>

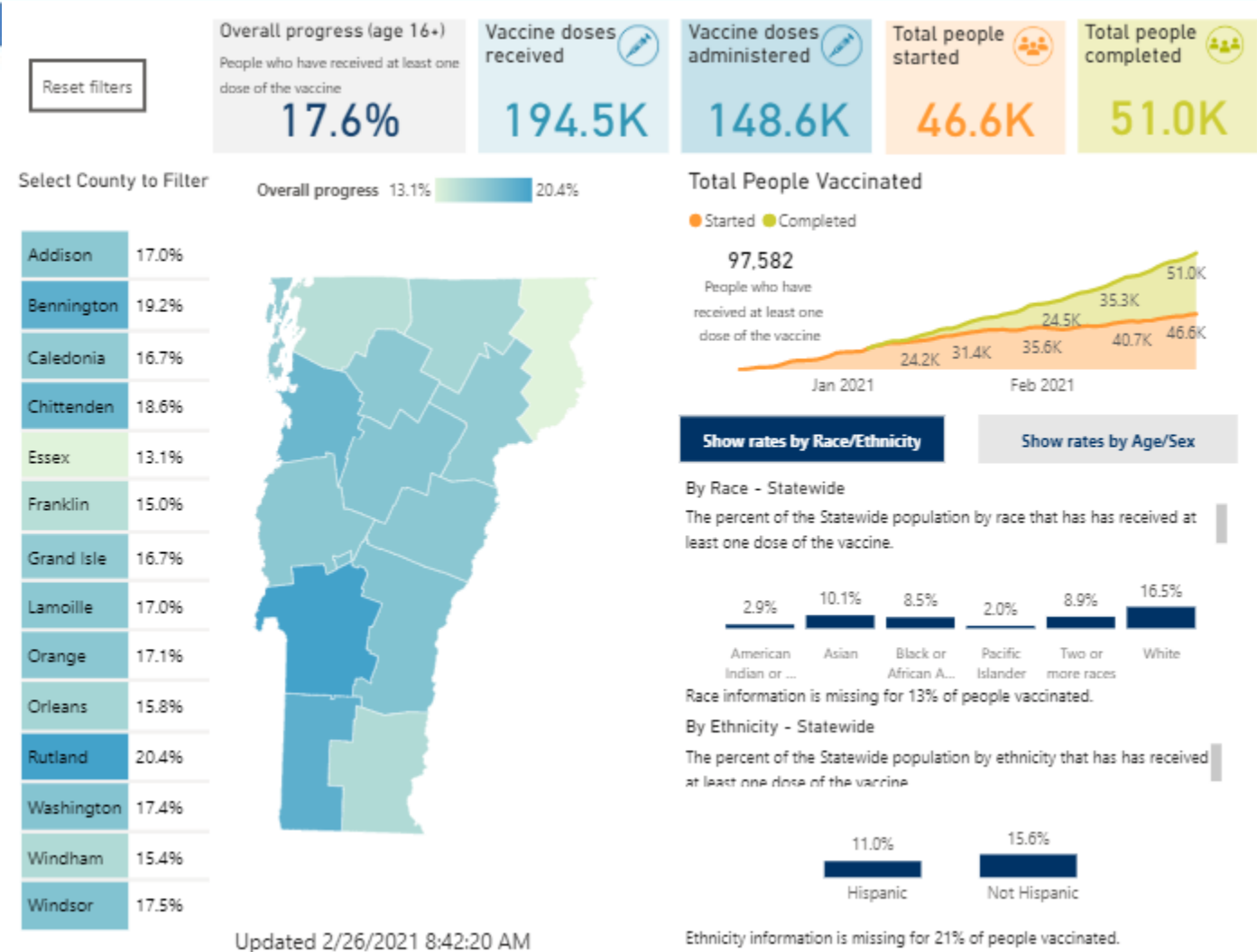
Data source: Vermont Testing/Vaccine Registration System.  
Updated 2/10/2021 8:23:10 AM

**Week of Jan. 31; updated 2/10/21**

<https://education.vermont.gov/news/covid-19-guidance-vermont-schools/school-staff-covid19-surveillance-testing/school-staff-covid-19-surveillance-testing-weekly-summary>

# VDH COVID-19 Vaccine Dashboard

- **NOTE – 2/17/21:** to align w/CDC reporting, # of doses rec'd. for VA & VNG now being removed from # doses rec'd.; accounts for about 8,300 doses.
- Daily updates Tues. thru Sat.
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>





# VDH COVID-19 Vaccine Registration & Sites

<https://www.healthvermont.gov/covid-19/vaccine/getting-covid-19-vaccine>

## GETTING THE COVID-19 VACCINE



MAKE AN APPOINTMENT WITH:

THE HEALTH DEPARTMENT

KINNEY DRUGS

WALGREENS

People age 70 years and older can make appointments now.

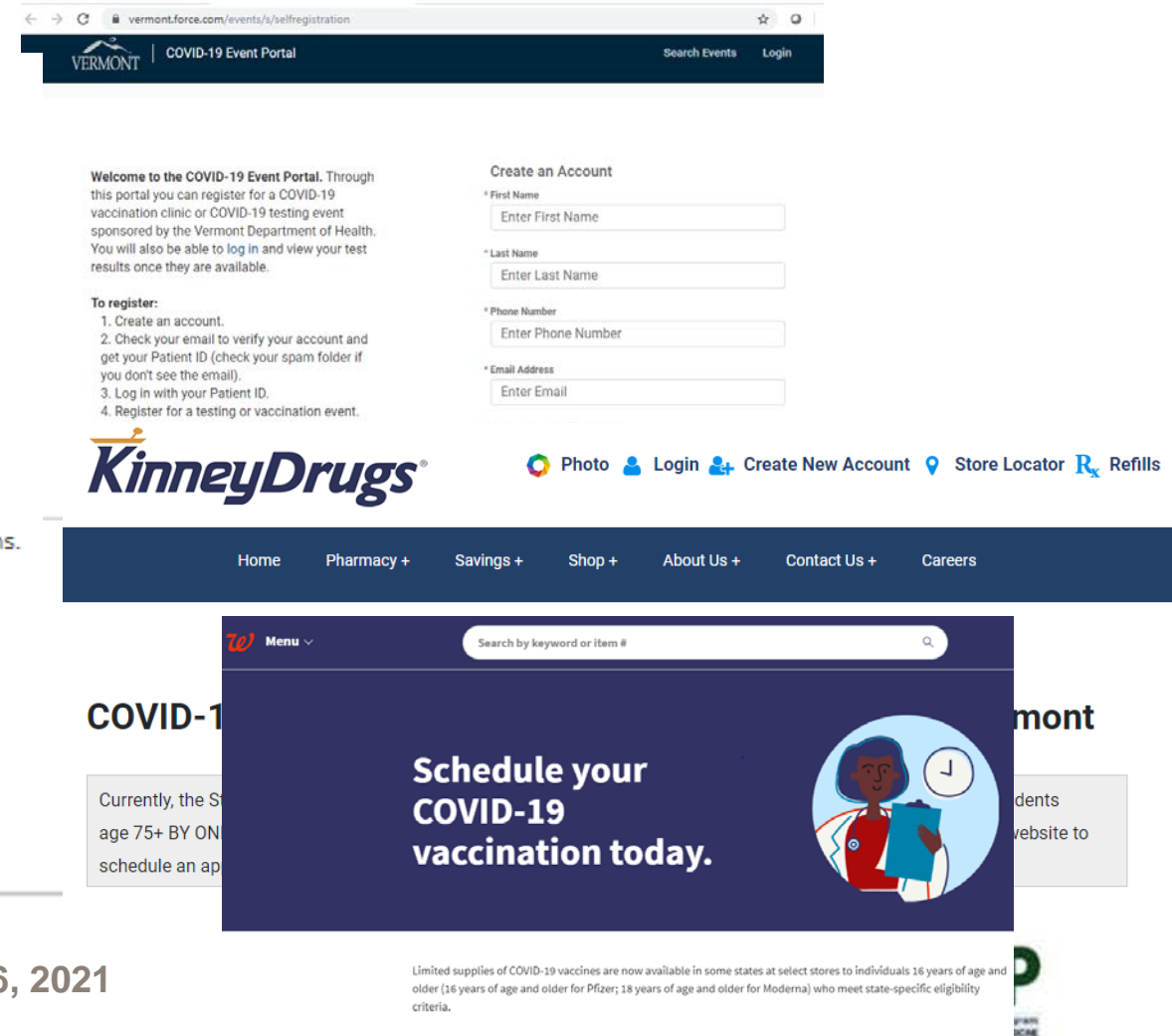
There are enough appointments for everyone who is eligible. Appointments are required. Clinics cannot accept walk-ins.

To make an appointment online with the Health Department:

1. Create an account (anyone can do this anytime!)

You may already have an account if you were tested for COVID-19 at a Health Department site.

2. Make an appointment when your age group is eligible to get the vaccine.

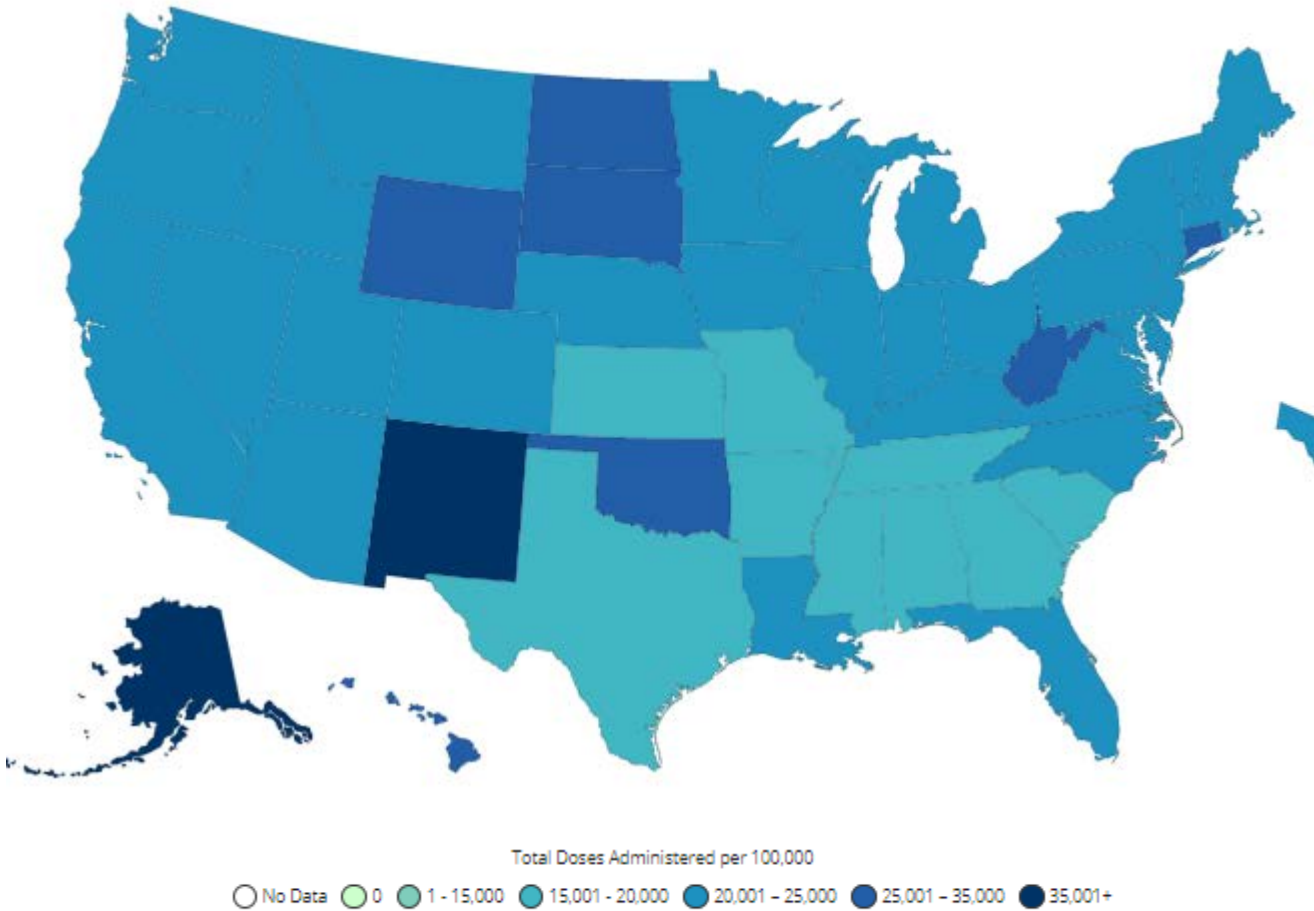
A screenshot of the Vermont COVID-19 Vaccine Registration Portal. The browser address bar shows "vermont.force.com/events/s/selfregistration". The page has a dark blue header with the Vermont logo and "COVID-19 Event Portal". Below the header, there's a "Welcome to the COVID-19 Event Portal" message. To the right, there's a "Create an Account" form with fields for First Name, Last Name, Phone Number, and Email Address. Below the form, there's a "To register:" section with a list of steps: 1. Create an account, 2. Check your email to verify your account and get your Patient ID, 3. Log in with your Patient ID, 4. Register for a testing or vaccination event. Below the registration steps, there's a "KinneyDrugs" logo and links for "Photo", "Login", "Create New Account", "Store Locator", and "Refills". At the bottom, there's a navigation bar with links for "Home", "Pharmacy +", "Savings +", "Shop +", "About Us +", "Contact Us +", and "Careers". Overlaid on the bottom right is a "COVID-19" banner with the text "Schedule your COVID-19 vaccination today." and an illustration of a healthcare worker.

# VDH COVID-19 Vaccine Registration & Sites (cont'd.)

- Appointments from 2/26/21 – 5/18/21
  - ▣ **722 clinics** (health care, VDH POD – does not include pharmacies);  
**123,018** total appointments
  - ▣ VDH Local (District) Health Office sites; health care sites
- **Online (preferred)** and **phone** appointment scheduling:
  - ▣ 1-855-722-7878
  - ▣ *If you need to speak with someone in a language other than English, call this number, and then press 1.*
- **Call Center Hours:**
  - ▣ Monday-Friday, 8:15 a.m. – 5:30 p.m.
  - ▣ Saturday and Sunday, 10:00 a.m. – 3:00 p.m.

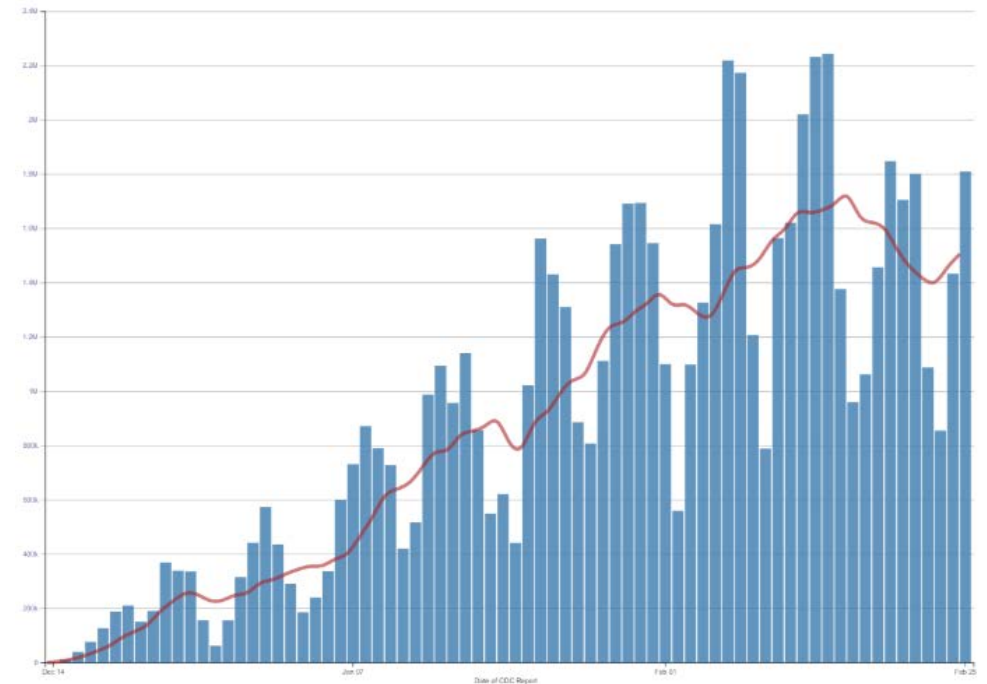
# From the CDC Vaccine Tracker

Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population



Daily Change in Number of COVID-19 Vaccinations in the United States Reported to CDC

— 7-Day moving average



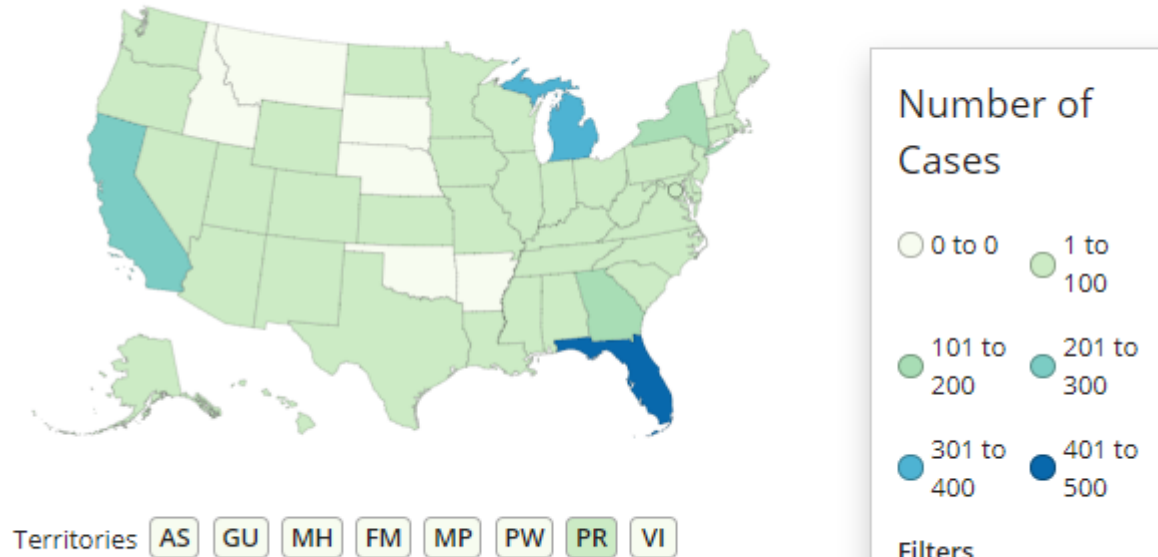
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

# From the CDC: U.S. COVID-19 Cases Caused by Variants

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	2102	45
B.1.351	49	15
P.1	6	5

Emerging Variant Cases in the United States\*\*



Filters

Variant B.1.1.7 ▼

# VDH Update: Vaccine Implementation Advisory Committee

## Meeting *today*

### □ Agenda:

- Overview; Vermonters with developmental disabilities as a high risk health condition; current landscape; equity efforts; J & J vaccine; vaccine hesitancy & outreach; public comment
- VMS/AAPVT/VAFP actively working with AHS to make this a streamlined process!



# Developmental and Intellectual Disabilities and COVID

- Background
  - Novel virus- not many studies
  - Vermont's leadership style- do not overpromise (NYState listed ALL developmental and intellectual disability)
  - CDC only includes Down Syndrome
- Gratitude- Kirsten Murphy, Executive Director, VT Developmental Disabilities Council and Lynne Cardozo, Director, VT Communication Support Project

# Developmental and Intellectual Disability and COVID Recommendation

- Chromosomal anomaly
  - Examples-Down Syndrome, Prader-Willi Syndrome, Angelman Syndrome
- Intellectual Disability (IQ less than 70)
  - Examples- Fragile X, Fetal Alcohol Syndrome, Autistic Disorder (some), Brain Injury (some)
- Disability that compromises lung function
  - Examples- Cerebral Palsy (some), Muscular Dystrophy (some), Multiple Sclerosis (some), Spina Bifida (some)

# Some evidence

- U.K. Study in patients with Down Syndrome- increased mortality with COVID
- Dozens of less common diagnoses fit into this broader categories so hard to generalize
  - Example- patients with schizophrenia have worse outcomes with COVID. Some people with schizophrenia have intellectual disability but not all
- In several studies, people with intellectual disability have worse outcomes with COVID
  - confounder is the studies are in congregate settings which is itself a risk factor
- People with intellectual disability have higher rates of other chronic conditions than the general population

# Public Health Considerations

- Some people with intellectual disability live in congregate settings
- People with intellectual disability are not able to implement public health prevention strategies due to their intellectual disability
- People with intellectual disability may be less able to recognize physical symptoms of COVID

# Friday Media Briefing (2/26/21)



## Governor Phil Scott

- ❑ 65+ starts Monday; Walgreens pharmacy signup starts now
- ❑ Education update: “how are kids are doing, and why it’s so important to get them back in school.”
  - ▣ Our kids are not OK – will talk about the “sobering details”
  - ▣ Fact that kids are struggling does not reflect lack of effort by schools
  - ▣ 30% in-person, 50% hybrid, 20% fully remote (after nearly 1 yr.)
- ❑ Some serious enough to end up in ED; kids reporting more anxiety, stress, sleeplessness, substance misuse; 12-14 hrs./day on line.
- ❑ *“Why I set goal of getting kids back to IP school April...”*



# Friday Media Briefing (cont'd.)

## Governor Phil Scott

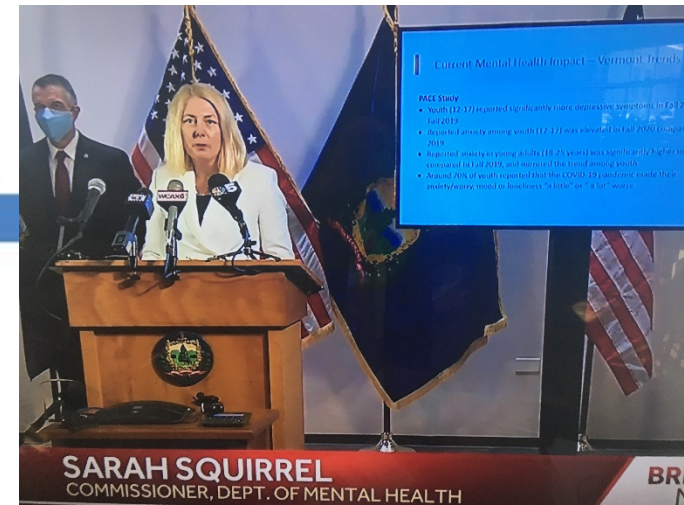
- We **can** put kids back in school & still manage COVID-19.
- Building analogies: “when you find yourself in a hole, stop digging...it’s all about a good foundation – a building, a child is compromised by weak foundation.”
- Have to start assessing educational, social, emotional impacts and work to address them ASAP, & that means IP education.
- Open to discussing what’s next after protecting those most vulnerable to serious illness & death – “we continue to have productive conversations with VT NEA.”
- Expect some additions to our vaccine strategy next week.



# Friday Media Briefing (cont'd.)

## DMH Commissioner Sarah Squirrell

- Importance of protective factors
- Rising depression rates; increased pediatric visits
- Reviewed PACE study data (see VCHIP call: 2/19/21)
- Pediatricians reporting increased demand & increased MH needs
- Peds ED, Peds PCP quotes (from VMS/AAPVT/VAFP survey)
- Importance of school-based MH services
- Two most important factors to help are communication & connection



# Friday Media Briefing (cont'd.)



- ❑ Vermont Afterschool Exec. Director Holly Morehouse
- ❑ Impact of pandemic
- ❑ Vermont Youth Project survey data
- ❑ Past month: youth sometimes/often felt difficulties piling up so much that they could not overcome them.
- ❑ >45% say COVID made MH worse (their own & those around them)
- ❑ 47% worsened school connections; 57% 11-12<sup>th</sup> grade COVID hurt their educ. experience; >50% increased loneliness; 48% incr. anxiety; 35% w/sleeping problems (65% response rate is decreased from 2018 – i.e., more difficult to engage youth voice).
- ❑ Hope for opportunity to mitigate with summer programming.

# Friday Media Briefing (cont'd.)



## AOE Secretary Dan French

- ❑ Surveillance testing not done this week (school vacation)
- ❑ Survey to educators & child care providers – vaccine strategy will evolve as supply increases – seeking interest to inform planning.
- ❑ U.S. DOE will invite SBAC waivers for testing provisions only – but must still administer.
- ❑ “Recovery Guidance” document to be published this afternoon.
  - ▣ Students at-risk pre-pandemic doing worse now.
  - ▣ Assess, plan, implement
  - ▣ Need in-person in order to respond.
- ❑ Some districts may use summer programming to address needs.



# Practice Issues

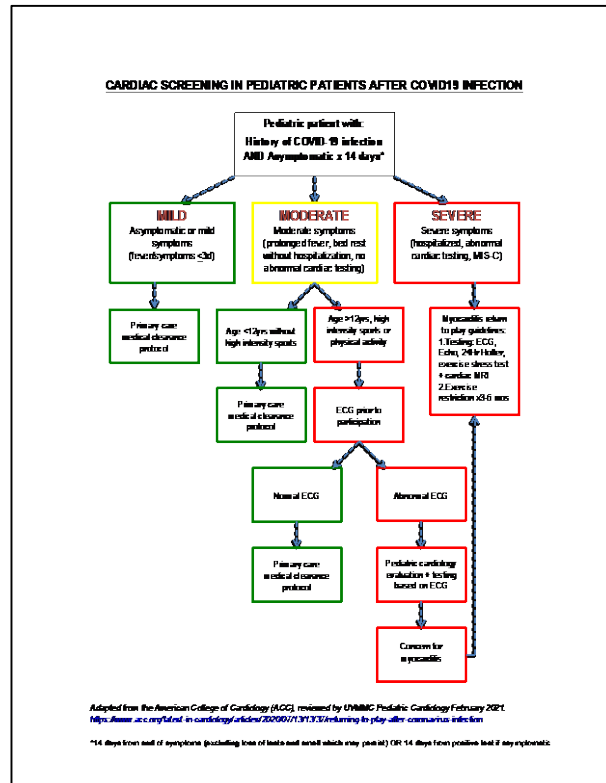
## *Friday Potpourri*





# 3 DOCUMENTS

## 1) Cardiac screening:



## 2) Medical Clearance:

**MEDICAL CLEARANCE FOR GRADUATED RETURN-TO-PLAY AFTER COVID-19 INFECTION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Positive COVID Test: \_\_\_\_\_ N/A if asymptomatic  
Date of Symptom Onset: \_\_\_\_\_ N/A if asymptomatic  
Date of Last Symptoms: \_\_\_\_\_ N/A if asymptomatic  
Date of Medical Evaluation: \_\_\_\_\_

**Criteria for Return:**

- ☐ 14 days have passed since resolution of symptoms (excluding loss of taste/smell) without use of medication used to treat symptoms of illness OR 14 days have passed since COVID-19 test positive if asymptomatic
- ☐ Has had a normal ECG (required if >12 years of age and history of moderate symptoms with COVID-19 illness)
- ☐ No history of hospitalization for COVID-19 infection
- ☐ 14-element AHA cardiac screening reviewed (further cardiac work up required if any bolded screening questions positive)

**Yes/No**

Yes No

Chest pain/tightness/pressure related to exertion  
Unexplained syncope or near-syncope (not including vasovagal cause)  
Excessive exertional, unexplained dyspnea/fatigue or palpitations with exercise  
New heart murmur on exam or persistent tachycardia  
Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)

History of elevated systemic blood pressure  
Prior restriction from participation in sports  
Prior cardiac testing ordered by a physician  
Family history of premature death <50yrs due to heart disease  
Disability due to heart disease in a close relative <50yrs  
Family history of HCM/Dissecting aorticopathy, long QT/long QT/long QT syndromes, significant arrhythmias, or gene to cardiac conditions  
History of heart murmur (excluding innocent/so-called murmurs)  
Physical stigmata of Marfan Syndrome  
Abnormal brachial artery blood pressure in sitting position on exam

**Clearance Determination:**

- ☐ Student/Athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression (7 day gradual return protocol outlined on next page).
- ☐ Student/Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity progression.

**Medical Office Information:**

Printed Clinician Name: \_\_\_\_\_ Clinician Signature: \_\_\_\_\_  
Office Phone number: \_\_\_\_\_ Office Fax number: \_\_\_\_\_  
Office Address: \_\_\_\_\_

## 3) Return-to-play:

**GRADUATED RETURN-TO-PLAY AFTER COVID-19 INFECTION (Minimum 7 Days\*)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Medical Clearance to begin post COVID-19 Return To Play: \_\_\_\_\_

On or medically cleared to begin return-to-play, students/athletes must complete the return-to-play progression below without the development of chest pain/tightness, palpitations, lightheadedness, significant exertional dyspnea, pre-syncope, or syncope. If any of these symptoms develop, the patient should be referred back to the evaluating provider who signed the medical form.

**Calculating Max Heart Rate:  $220 - \text{Your Age} = \text{Predicted Max Heart Rate (beats/min)}$**

**STAGE 1: Day 1 and Day 2 (2 Days Minimum) - 15min/day or less**  
Light activity (walking, jogging, stationary bike), NO resistance training.  
Intensity no greater than 70% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

**STAGE 2: Day 3 (1 Day Minimum) - 30min/day or less**  
Add simple movements activities (running drills) at intensity no greater than 80% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

**STAGE 3: Day 4 (1 Day Minimum) - 45min/day or less**  
More complex training at intensity no greater than 80% maximum heart rate. May add light resistance training.

DATE	ACTIVITY	SYMPTOMS

**STAGE 4: Days 5 and Day 6 (2 Days Minimum) - 60min/day or less**  
Normal training activity at intensity no greater than 80% maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

**STAGE 5: Return to full activity/participation.**

DATE	ACTIVITY	SYMPTOMS

\*Return-To-Play protocol adapted from Elliott et al. in *Academic Medicine*, 2020.

**Cleared for Full Participation by School/Sports Personnel**

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

# Distribution Plan

- Going out thru multiple channels: VPA, athletic trainers/directors, SNs, COVID coordinators (AAVT & VAFP?)
- Posted prominently on VCHIP COVID-19 web page
- VDH school liaison staff working hard in additional roles in vaccine clinics & outbreak prevention request your assistance to support your local schools, Districts!
  - ▣ Some already have – thank you! (Deanne Haag, FNESU & FWSU)

# Cardiac Screening & Return to Play After COVID-19

## ***Your inquiries/questions:***

- Request from Rehab Therapy OP services (PT and OT) (who see AYA pop.) to share the AAP/ AHA guidance and UVM MC algorithm
- 5 step graduated return is for all athletes, right – not just moderate/ severe?
  - ▣ ALL ATHLETES
- What about strenuous PE exertion & RTP?
  - ▣ SAME process. We decided we cannot separate strenuous PE exertion from other recreational activities/sports – recommend same RTP clearance. Judgment call either way – didn't seem to make sense to say you can run as hard as you want in gym class without any clearance. So for now, play is play.

# Cardiac Screening & Return to Play After COVID-19

## ***Your inquiries/questions (cont'd.):***

- ❑ Does this guidance apply to elementary school PE class participation?
- ❑ Is this guidance retroactive for students who were positive in the fall or earlier this winter?
- ❑ Is a completed medical clearance document now required for students to return to school and PE class or do we just hold kids out of PE until we get the clearance?
- ❑ Regarding public pre-K 3-5 yo: any implications for them as far as clearance for gross motor activities, vigorous free play outdoors or PT sessions?
- ❑ We are working with our VDH school liaison & consulting pediatrician; other SNs may have concerns, & we would all appreciate your help.

# Mask Exemptions

- Guidance document available
  - ▣ Only a few exemptions indicated – will resend document
- Have received inquiries, esp. re: implementation as school-based athletic competition resumes
  - ▣ Teams may forfeit games if guidance not followed.
- Please help support appropriate implementation



# Seeking Your Assistance!

- ❑ **Medicaid is seeking a Katie Beckett Medical Expert:** medical doctor to provide clinical expertise (via hourly annual contract) on Katie Beckett appeals & fair hearings (as needed basis).
  - ❑ Provide a clinical opinion on disability determinations and/or level of care assessments in Katie Beckett appeals/fair hearings; available to testify to that opinion in front of the Human Services Board on the State's behalf.
- ❑ Disability and level of care determinations for Katie Beckett are made by DDS (SSA).
  - ❑ (Initial) determinations clearly documented – when decision appealed, medical expert testimony required; DDS prohibited by federal govt. from testifying in state level appeals.
- ❑ **Qualifications:** currently licensed to practice medicine in VT; free from significant professional licensing decisions; specialize in Pediatrics and/or Disabling Pediatric Disorders; have significant professional experience

# Seeking Your Assistance (Katie Beckett medical expert)

## Scope of Work:

- Recent appeal caseloads have averaged 10 cases/year; average 3 hours of medical case review & testimony prep work per case.
  - Contactor paid on hourly basis at \$150/hour, up to a maximum of \$10,000/contract year (maximum contract amount  $\simeq$  66 hours/year).
- Successful candidate will undertake extensive medical record review in Disabled Children's Home Care (Katie Beckett) program cases & be expected to:
  - Examine material facts of the case (medical records & lay witness testimony); prepare written reports/statements; provide expert testimony before administrative Hearing Officer; testify at deposition or at administrative fair hearing; break down the scientific, technical language and terminology; work as part of a team (Dept. staff, AAGs)
- If interested, please email Ashley Berliner, Director of Medicaid Policy, at [Ashley.Berliner@vermont.gov](mailto:Ashley.Berliner@vermont.gov)

# Happening Now



- ❑ Big Change Roundup: [bigchangeroundup.org](http://bigchangeroundup.org)
  - ▣ Largest fundraiser for the UVMCH; funds raised support patients and families (e.g.) some child life services; new program startup (e.g., Transgender Program; safe sleep program on Mother Baby Unit); injury prevention initiatives; food insecurity initiative (CSC); support for inpt. families (ferry passes, gas cards, meal vouchers)
- ❑ Please help promote personally & through your practices/ orgs.
- ❑ **3/19-3/21:** Big Change Roundup Drive Thru Collections (3 loc.)
- ❑ **3/26/2021:** Big Change Roundup Final Total Announcement (counted off air/off-site)

# 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 – ***Monday, March 1, 2021 – 12:15 – 12:45 pm***
- ❑ Generally back to **Monday/Wednesday/Friday** schedule
- ❑ Please tune in to VMS call with VDH Commissioner Levine:  
***Thursday, March 4, 2021 – 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#