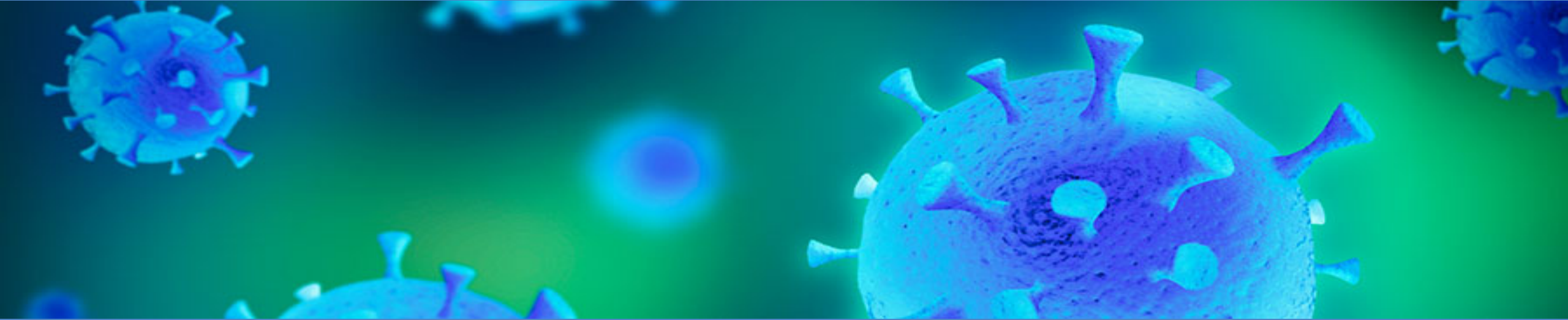


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*March 10, 2021*



# Technology Notes

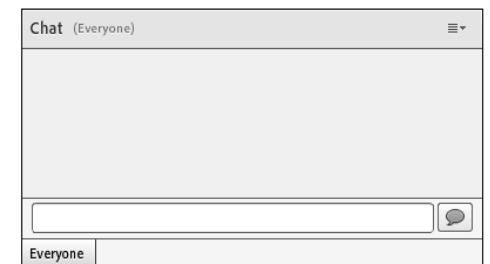
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press \*6 to mute).  
**If you are having audio difficulties and are using your computer speakers, you may wish to dial in:**

**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

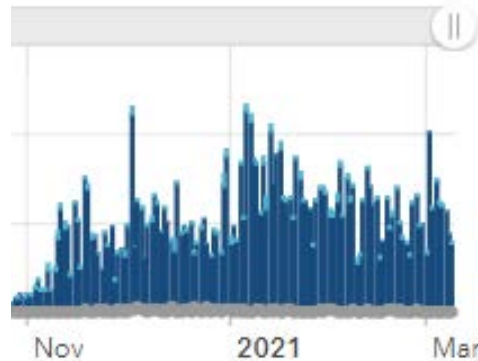


- March 10, 1876: Alexander Graham Bell reportedly spoke to assistant Thomas A. Watson:
  - 1<sup>st</sup> recognizable sentence transmitted by phone: *“Mr. Watson – Come here – I want to see you.”*
- Reminder – weekly event schedule:
  - **VCHIP/CHAMP/VDH calls: M/W/F**; Gov. Media Briefings Tues/Fri; VMS call with VDH Commissioner Levine Thursday
- Situation, VDH, federal, AAP Updates
- Practice Issues: **THINKMD** – *mobile app for non-physician pediatric assessment*
- 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>80</b>
16,371 Total	
Currently Hospitalized	<b>32</b>
Hospitalized In ICU	<b>3</b>
Hospitalized Under Investigation	<b>0</b>
Percent Positive 7-day Avg.	<b>1.7%</b>
People Tested	<b>338,244</b>
Total Tests	<b>1,142,260</b>
Recovered	<b>13,692</b>
83.6% of Cases	
Deaths	<b>211</b>
1.3% of Cases	
Last Updated: 3/10/2021, 10:47:11 AM	



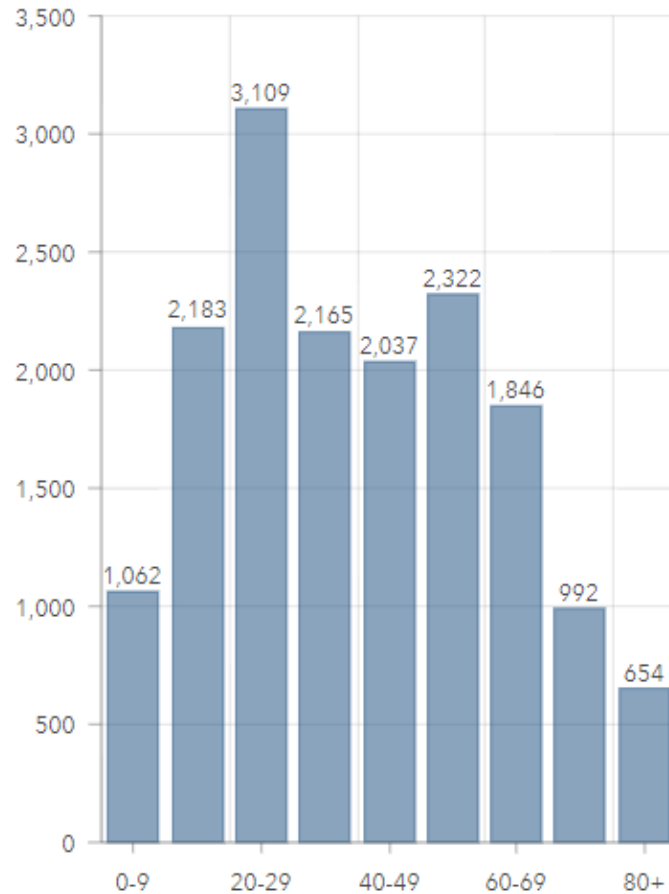
VT New Cases, Probables, Deaths

- U.S. **29.1 million+** cases; **527,352 deaths**
  - <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> (updated 3/10/21)
  - 3/9/21: **56,507 new cases; 1,885 d.; 42,262 hosp.**
  - Past week: average 58,877 cases/day (decrease of 13% from average 2 weeks earlier)
  - **2.6 million+ deaths worldwide; 117.7 million+ cases)**
- **COVID Tracking Project** – ceased data coll. 3/7/21
- **VDH Weekly Data Summary(3/5/21)**
  - **Weekly Spotlight Topic – One Year of COVID-19 in Vermont** – focus on other public health issues that are important to the COVID-19 Data Team.
  - 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>

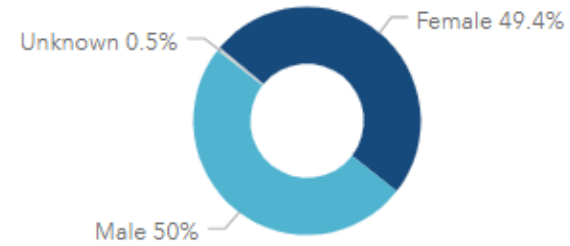
# Situation update

Vermont COVID-19 Cases by Age Group

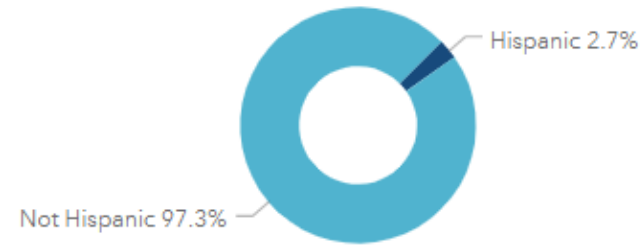


Case Demographics

Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



# 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.

March 7, 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>43</b>	<b>701</b>

March 3, 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>20</b>	<b>669</b>

## VT College & University dashboards:

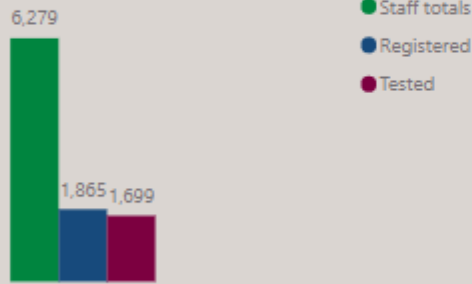
- UVM update: effective March 1, all students to be tested 2X/week** (3d. In between; reeval 3/13)
- Violations of Green and Gold Promise, except for 1<sup>st</sup> missed test, to be reviewed for suspension in accordance with UVM policy (on-campus res. students will have 48 hours from a final conduct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

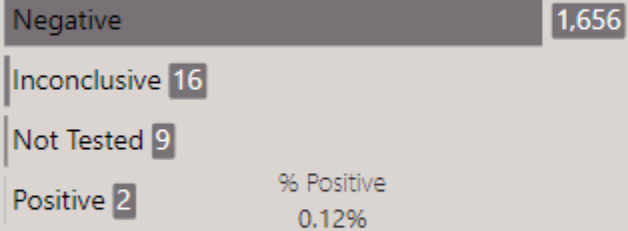


### Summary



Week	Staff totals	Registered	Tested
Jan 31	6,279	1,865	1,699

### Test Results

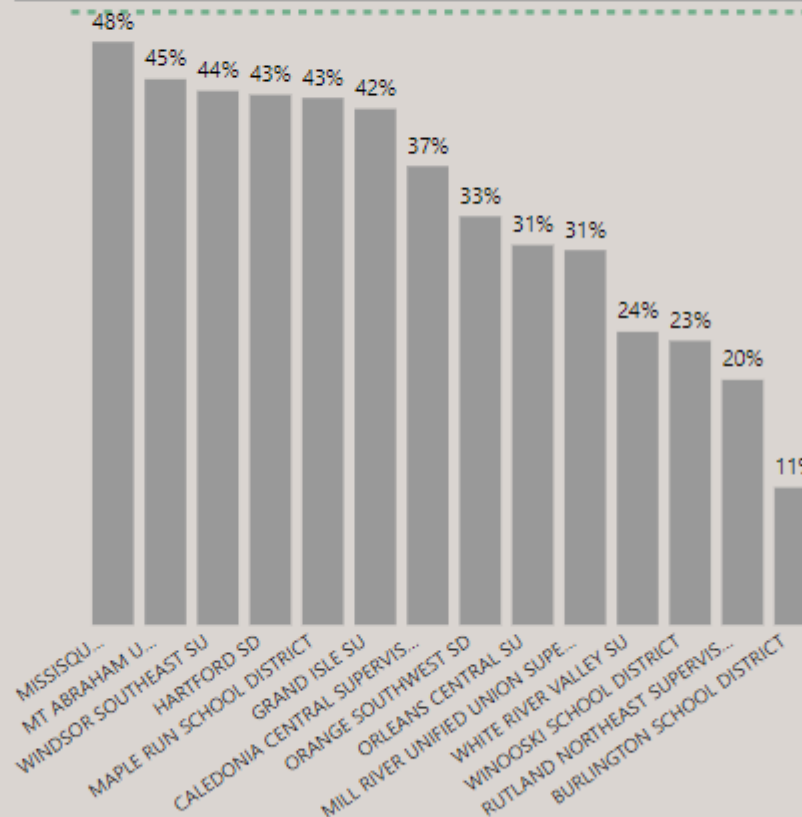


Week	Inconclusive	Negative	Not Tested	Positive	Total
Jan 31	16	1,656	9	2	1,683

% Positive  
0.12%

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

- Daily updates Tuesday thru Saturday
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>

**NOTE (2/17/21):** to align w/CDC reporting, # of doses rec'd. for VA & VNG were removed from # doses rec'd.; accounted for ~8,300 doses.

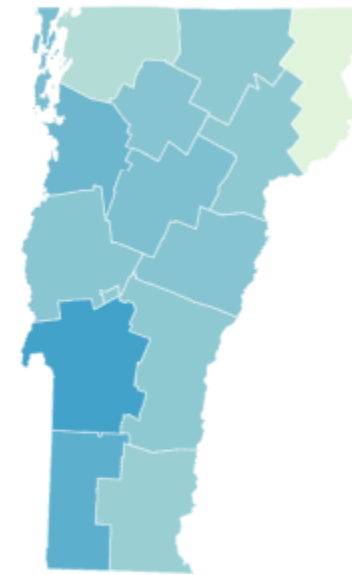
## Vermont Vaccination Data

### Vaccination by County

The percent of the county population that has received at least one dose of the vaccine

+ Show Race Detail

County	Overall progress
Addison	22.9%
Bennington	25.9%
Caledonia	22.5%
Chittenden	24.8%
Essex	17.1%
Franklin	20.1%
Grand Isle	23.9%
Lamoille	23.1%
Orange	23.1%
Orleans	22.5%
Rutland	27.5%
Washington	23.6%
Windham	21.8%
Windsor	22.5%
Vermont	23.7%



17.1% 27.5%

Summary

By Age, Sex, Race, Ethnicity

Doses Received

263.6K

Doses Administered

200.9K

Overall progress (age 16+)  
People who have received at least one dose of the vaccine

23.7%

Completed  
People who have completed vaccination

12.6%

Total People Started

59.8K

Total People Completed

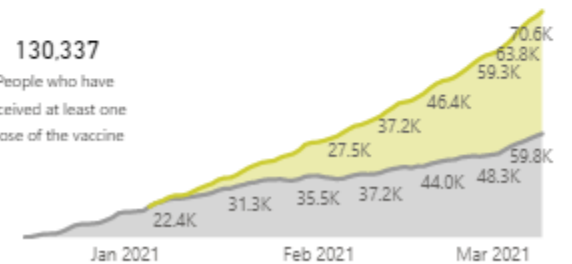
70.6K

Total People Vaccinated

● Started ● Completed

130,337

People who have received at least one dose of the vaccine



Updated 3/10/2021 8:18:17 AM



# VDH COVID-19 Vaccine Dashboard

- Daily updates Tuesday thru Saturday
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>

**NOTE (2/17/21):** to align w/CDC reporting, # of doses rec'd. for VA & VNG were removed from # doses rec'd.; accounted for ~8,300 doses.

## Vermont Vaccination Data

Select County

All

Clear filters

### By Age - Statewide

The percent of the statewide population of each age group that has received at least one dose of the vaccine

Age	%
16 - 17	1.1%
18 - 34	10.2%
35 - 49	14.1%
50 - 59	13.3%
60 - 64	13.3%
65 - 69	31.5%
70 - 74	66.7%
75+	82.7%
<b>Vermont</b>	<b>23.7%</b>

### By Sex - Statewide

The percent of the statewide population of each sex that has received at least one dose of the vaccine

Sex	%
Female	28.0%
Male	19.2%
<b>Vermont</b>	<b>23.7%</b>

Sex information is missing for 0% of people vaccinated.

Summary

By Age, Sex, Race, Ethnicity

### By Race - Statewide

The percent of the statewide population of each race that has received at least one dose of the vaccine

Race	%
Asian	13.3%
Black or African American	10.0%
Native American, Indigenous, or First Nation	4.2%
Pacific Islander	2.5%
Two or more races	12.1%
White	22.4%
<b>Vermont</b>	<b>21.9%</b>

Race information is missing for 8% of people vaccinated.

### By Race/Ethnicity and Age

The percent of the statewide population of each race/ethnicity that has received at least one dose of the vaccine

Race	16 - 64	65+	Total
BIPOC	8.0%	45.2%	12.1%
Non-Hispanic White	10.0%	55.5%	21.3%
<b>Vermont</b>	<b>9.9%</b>	<b>55.2%</b>	<b>20.7%</b>

Race/ethnicity information is missing for 13% of people vaccinated.

BIPOC refers to Black, Indigenous, and people of color.

Updated 3/10/2021 8:18:17 AM

# VDH COVID-19 Vaccine Registration & Sites

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

## GETTING THE COVID-19 VACCINE



HEALTH DEPARTMENT APPOINTMENTS

KINNEY DRUGS APPOINTMENTS

WALGREENS APPOINTMENTS

People 55 years or older with high-risk conditions can make appointments now. See the list of conditions.

People 65 years and older can still make appointments. People who work in the education and public safety system are also eligible for vaccination. [Get more information about getting appointments here.](#)

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

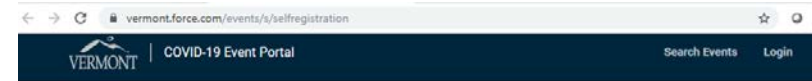
To make an appointment online with the Health Department:

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 you are eligible to get the vaccine.

Can't make an appointment online or need help with an online appointment? Contact our call center at **855-722-7878**.



March 10, 2021



Welcome to the COVID-19 Event Portal. Through this portal you can register for a COVID-19 vaccination clinic or COVID-19 testing event sponsored by the Vermont Department of Health. You will also be able to log in and view your test results once they are available.

### To register:

1. Create an account.
2. Check your email to verify your account and get your Patient ID (check your spam folder if you don't see the email).
3. Log In with your Patient ID.
4. Register for a testing or vaccination event.

### Create an Account

\* First Name

\* Last Name

\* Phone Number

\* Email Address



[Photo](#) [Login](#) [Create New Account](#) [Store Locator](#) [Refills](#)

[Home](#) [Pharmacy +](#) [Savings +](#) [Shop +](#) [About Us +](#) [Contact Us +](#) [Careers](#)

## COVID-19

Currently, the State of Vermont is offering COVID-19 vaccines to individuals age 75+ BY ON... schedule an ap...

Schedule your COVID-19 vaccination today.



Limited supplies of COVID-19 vaccines are now available in some states at select stores to individuals 16 years of age and older (16 years of age and older for Pfizer; 18 years of age and older for Moderna) who meet state-specific eligibility criteria.

[See if you're eligible in your state >](#)

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

- Appointments from 3/10/21 – 5/22/21
  - ▣ **210,072 total appointments clinics** (health care, VDH (Local/District Health Office POD, and some pharmacies – e.g., Costco, Walmart)
- **Online (preferred) for most 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.

# Special Vaccine Considerations for **Pediatric** Patients

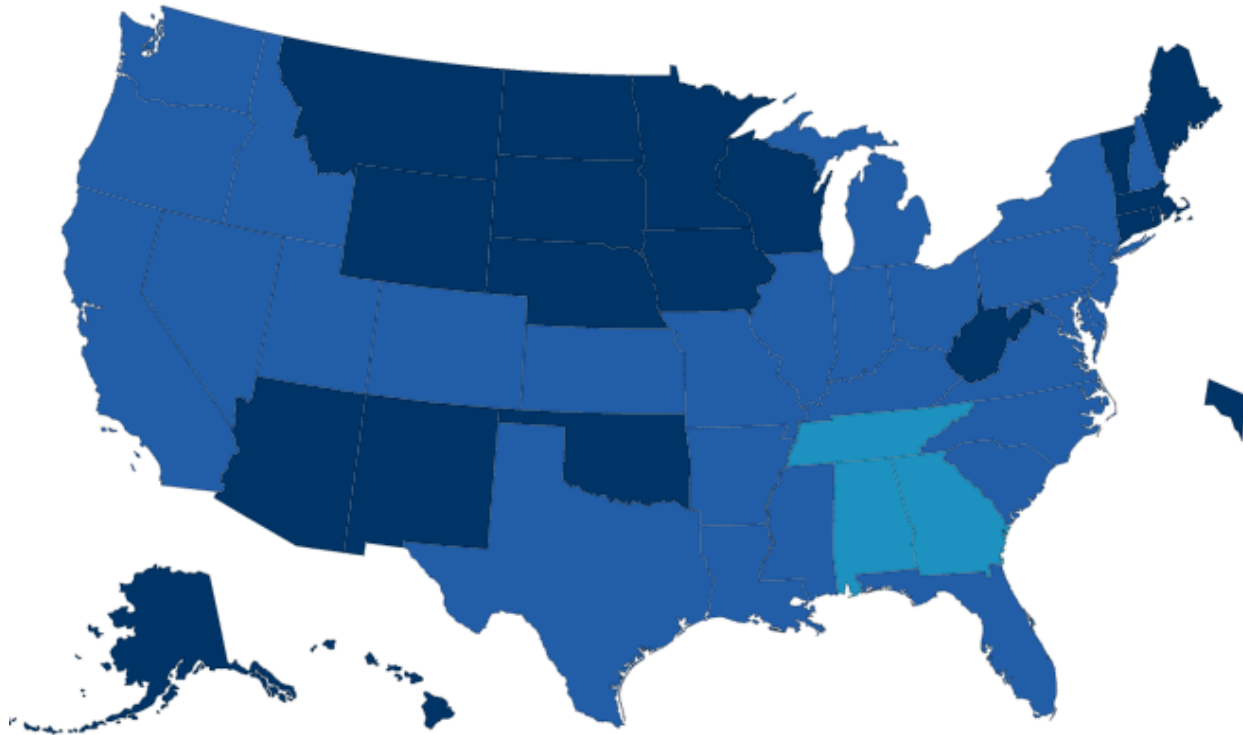
- (Vaccine) **Phase 5b: 16-17 yo may register on-line/thru call center (Pfizer)**
- AOE and Child Development Division of DCF have separate vaccination codes for 16 & 17 y.o. who work in educational (child care) settings, since they have limited vaccine options.
  - ▣ CDD sent theirs out to programs yesterday (3/9/21 afternoon)
  - ▣ AOE is asking schools to contact them directly to get the code
- Information may be relayed in response to inquiries – vaccine support emails:
  - ▣ [AOE.Vaccine@vermont.gov](mailto:AOE.Vaccine@vermont.gov)
  - ▣ [AHS.DCFCDDInfo@vermont.gov](mailto:AHS.DCFCDDInfo@vermont.gov)
- Advocacy for parents/caregivers of CYSHCN: ltr. to Gov. Scott & Comm. Levine
  - ▣ UVM CH and VT Family Network
  - ▣ <https://www.nejm.org/doi/pdf/10.1056/NEJMpv2101339?articleTools=true>

# VDH Updated Vaccine Toolkit

- Updated to reflect **Phase 5a** (TODAY) & **Phase 5b** (March 15)
  - ▣ Helpful info re: what's needed to register, factsheet, videos, FAQ. NEW video specifically to help people w/high-risk health conditions.
  - ▣ Updated alert materials in **Digital Vaccine Toolkit for Partners; intended for general public, *not* for newly eligible educational and public safety systems that have different vaccination processes.**
- **Updated:** Eligibility-specific, “alert” messaging (now 55+, soon 16+ hi-risk)
  - ▣ Social media posts; blog/newsletter; email; letter
- General, “evergreen” messaging: posts re: preparing for vax eligibility, safety and efficacy of vaccines, and importance of getting vaccinated.
  - ▣ Social media posts; blog/newsletter; posters (8.5”x11” and 11”x17”); vaccine fact sheet: “Things You Should Know About COVID-19 Vaccines.” (available in multiple languages).

# 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

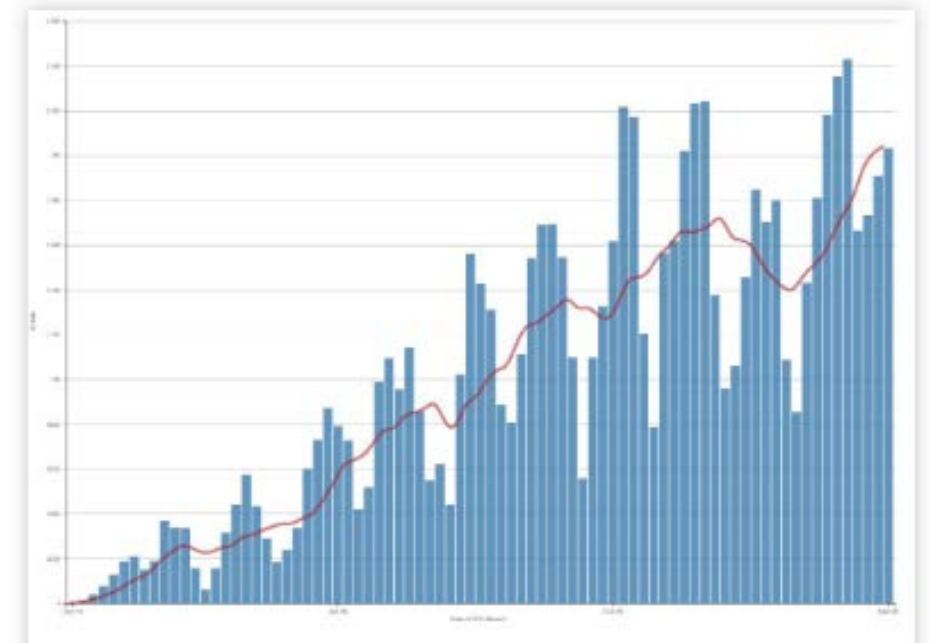


Total Doses Administered per 100,000

○ No Data   ● 0   ● 1 - 15,000   ● 15,001 - 20,000   ● 20,001 - 25,000   ● 25,001 - 35,000   ● 35,001+

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

— 7-Day moving average



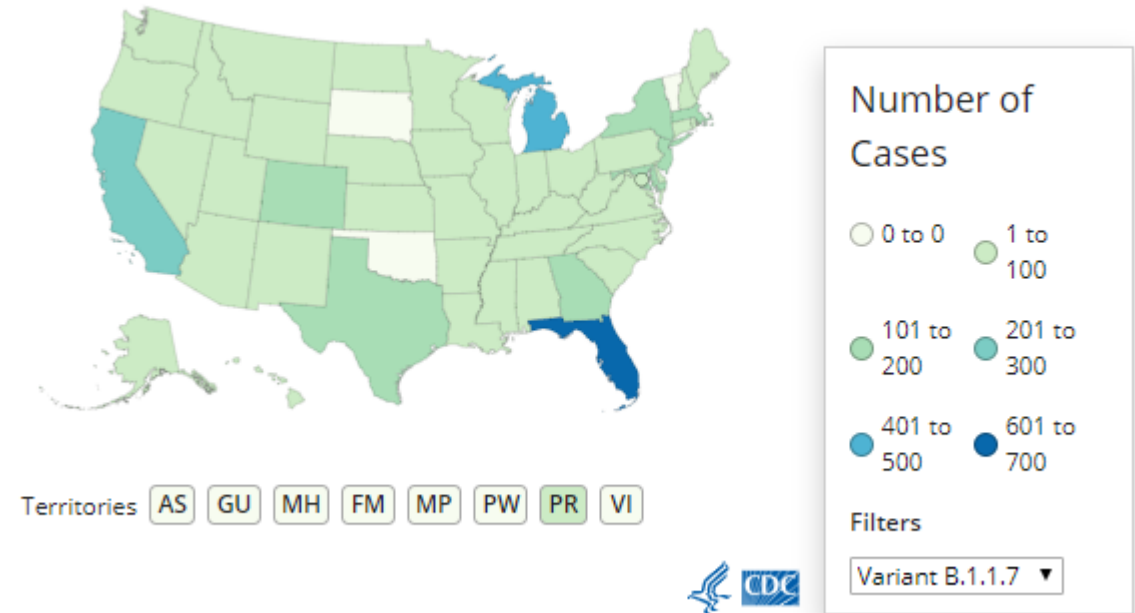
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

<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	3283	49
B.1.351	91	21
P.1	15	9

Emerging Variant Cases in the United States\*+



# From the AAP

## ***Coming Soon:***

- ❑ **Updated interim guidance** on COVID-19 Testing; PPE; Face Masks (previously cloth face coverings); Telehealth; Family presence; COVID-19 Vaccine; Clarification in Return to Sports

## ***Happening Now:***

- ❑ **American Rescue Plan Act of 2021**
- ❑ Impact on child poverty
- ❑ Funding to address school facility improvements for in-person learning during COVID-19; vaccine hesitancy
- ❑ AAP advocacy led to the Senate adding an additional \$80 million for HRSA's Pediatric Mental Health Care Access Program



# Tuesday Media Briefing (3/9/21)



## Governor Phil Scott

- ❑ Monday began **Phase 5a**: 55+ w/certain high-risk conditions
  - ❑ Day 1: <10K reg. (total pop. ~75K); had planned to open 5b 3/15/21
- ❑ **NOW opening Phase 5b Thursday, 3/11/21** (16+ w/high-risk cond.)
- ❑ Parallel track: licensed child care providers, teachers/school staff, law enforcement, DOC
- ❑ Pleased w/high acceptance rate (over 80% 75+ at least one dose)
- ❑ Referenced CDC changes for vaccinated persons (gatherings)
  - ❑ Anticipate more VT changes Friday, 3/12/21
- ❑ *“We’re in the final quarter of this v. tough game – lets’ all do our part.”*

# Tuesday Media Briefing (cont'd.)



## Modeling – Commissioner Pieciak

- ❑ This week in VT 901 new cases: >200 more than last week.
- ❑ Newport prison outbreak contributed, but cases incr. even if not included.
- ❑ Progress: cases falling more rapidly among vulnerable age group: 70+
  - ▣ LTCF cases also remarkably low –only 5 in last 3 weeks, only 2 active outbreaks.
  - ▣ Impact of significant vaccine uptake
- ❑ *“Probably the most optimistic I’ve been since start due to vaccine impact.”*
- ❑ Pulse survey by US Census Bureau: among those Vermonters not yet vaccinated, almost 70% will take it (highest in US).
- ❑ Getting vax = key to getting out of pandemic.
- ❑ Northeast region and national cases starting to decline after recent “stall.”

# Tuesday Media Briefing (cont'd.)



## AHS Secretary Mike Smith

- ❑ As of 9 a.m. Tuesday, 8600 teachers/school staff registered.
- ❑ Given supply & large # appts. available, accelerating Phase 5b to Thursday, 3/11, beginning at 8:15 a.m.: can make appointments on state web site or call . Open to 16+ w/certain high-risk conditions.
- ❑ Licensed child care: teachers/school clinics available to them; may also use Walgreen's. Have been given instructions re: how to register (make appointments thru state site or Walgreens)
- ❑ Working to insure vax sites established in each district over next few wks. – will begin to ramp up pretty fast.

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Levine

- ❑ New school hockey situation: unsure re: origin (play, car-pool, etc.)
- ❑ Monday, 3/8: “officially” discovered B.1.1.7 in VT. Don’t need to change what we do to stop the spread – but this variant easier to transmit.
- ❑ Another area of good news: (only) 458 non-viable wasted doses = 0.2.% of all doses (CDC std. <5%). Comparable to or < other routinely vaccines.
- ❑ BIPOC VTers more likely to get COVID than white non-Hisp.; overrepresented (6% of pop. but 18% cases. Higher hosp rates & rates of most chronic diseases; higher exposure (public transportation, jobs)
- ❑ Cases more likely to be part of outbreak (54% vs. 22% white); more likely to reside in multi-generation households.

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Levine

- Working to restore trust in public health historically eroded.
- Significant disparities in vaccine coverage; working on prioritization pathways – but plans to date haven't always helped this population
- Vaccine admin. to date: 20% white, only 3.8% indigenous, 9% Black, 11 multi-racial.
- Can and must do better to lessen barriers & make vaccine equitably accessible.
- Special clinics for eligible AND household members (address lang. barriers). Beginning next week will extend to other BIPOC communities where eligible VTer who meets criteria may bring other HH members (statewide).

# Q & A

- **Q:** any idea re: refusals by teachers/school staff? Too early to know. Governor Scott: we're not forcing teachers – and some using pharmacies.
- **Q:** Any idea when next age band of 60+ will open? Governor Scott: expect in next couple of weeks.
- **Q:** some districts say can't return to IP due to 6 ft distance requirement. Governor Scott: that response is not universal.
- **Q:** safe to go back to full IP if 6 ft spacing req. can't be met? Gov.: elementary schools have had 3 ft & many back to IP from start. Dr. Levine: VDH using science – studies pending that will help answer. CDC put out preliminary guidance – may be changes coming. Need to be patient. Percentage of elementary schools w/more IP is quite high in VT.
- **Q:** is 3 ft safe for older students? Dr. Levine: “hedging b/c we're awaiting data.”

# Practice Issues

## *THINKMD*

*Drs. Jack Long, Barry Finette, Delight Wing*



The logo features the word "THINKMD" in a bold, white, sans-serif font. The letter "I" is stylized with a dot above and below it. A small "TM" trademark symbol is positioned to the upper right of the "D". The text is centered within a black rounded rectangle. This rectangle is surrounded by several thin, light blue concentric arcs that create a ripple effect.

THINKMD™

The logo is contained within a white rectangular box with thin horizontal lines above and below the text. The word "THE" is centered at the top in a small, grey, sans-serif font. Below it, "University of Vermont" is written in a green, serif font, with "of" in a smaller, italicized font. At the bottom, "MEDICAL CENTER" is written in a grey, all-caps, sans-serif font.

THE  
University of Vermont  
MEDICAL CENTER



# MEDSINC

- Mobile app for use by frontline health workers in LMICs
- WHO IMCI guidelines
- Simple questionnaire about signs and symptoms
- Novel ways of assessing vital signs
- Incorporated links to training materials
- Results in a medical assessment/diagnosis and a care plan



# MEDSINC

- Used in South Asia, South America and Africa
- Highly correlated with assessments by pediatricians
- Improved training and adherence to guidelines



# UVM/MC/THINKMD

- Grant to explore its applicability to the Vermont population
- Children 0 to 5 years of age
- Use of the app by parent/caregiver when interacting with PCP office
- Modified questionnaire
- This version of the app allows the caregiver to see only the questionnaire



# UVM/MC/THINKMD

## Newborn assessments:

- Risk of Respiratory distress
- Risk of Dehydration
- Risk of Febrile Illness
- Possible feeding problems

## Child assessments:

- Risk of Respiratory distress
- Risk of Dehydration
- Risk of Febrile Illness
- Risk of COVID-19
- Possible feeding problems
- Risk of ear infection

# Process

- Recruitment through primary care offices
- Parent/caregiver downloads app.
- Caregivers complete questionnaire when they have a concern for which they would make PCP contact
- Results are uploaded to a portal
- Caregiver is then prompted to call the PCP office
- They do not see the assessment



# Process

- PCP alerted to the call and opens the portal to view the results
- PCP reviews the responses to questions and the assessment, e.g. “dehydration-moderate”
- PCP contacts the patient and makes disposition as per usual practice
- PCP answers 2 questions about agreement with platform’s assessment and the usefulness of information provided
- Follow-up survey at the end of the study to evaluate acceptability and usefulness

# Contact

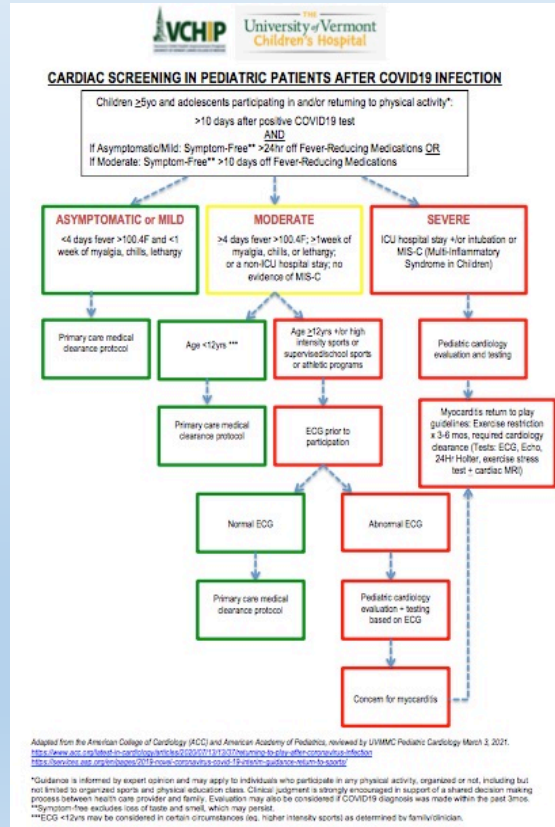
- [jacklong126@gmail.com](mailto:jacklong126@gmail.com)
- [Delight.wing@med.uvm.edu](mailto:Delight.wing@med.uvm.edu)
- [bfinette@thinkmd.org](mailto:bfinette@thinkmd.org)

Thank you

The logo for THINKMD. The word "THINKMD" is written in a bold, black, sans-serif font. The letter "I" is replaced by a vertical bar with a dot above it, resembling a medical symbol. A small "TM" trademark symbol is located at the end of the word. The logo is set against a white rectangular background.

# Updated Documents

## Algorithm:



## Medical Clearance:

**VCHIP University of Vermont Children's Hospital**

**MEDICAL CLEARANCE FOR 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\*:**

- $>10$  days have passed since tested positive for COVID-19
- Symptom-free (excluding loss of taste/smell)  $>24$ hr off fever-reducing medications (for COVID-19 with asymptomatic/mild symptoms) **OR** Symptom-free excluding loss of taste/smell  $>10$  days off fever-reducing medications (for COVID-19 with moderate symptoms)
- Has had a normal ECG (required if  $\geq 12$  years of age and history of moderate symptoms with COVID-19 illness)
- No history of ICU hospitalization, intubation, or MIS-C
- 14-element AHA cardiac screening\*\* reviewed (further cardiac work up required if any boided screening questions positive)

**Yes No**

- Chest pain/tightness/pressure related to exertion
- Unexplained syncope or near-syncope (not including vasovagal cause)
- Excessive exertional, unexplained shortness of breath/fatigue or new onset 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  $<50$ ys due to heart disease
- Disability due to heart disease in a close relative  $<50$ yo
- Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions
- History of heart murmur (excluding innocent/resolved murmurs)
- Physical stigmata of Marfan Syndrome
- Abnormal brachial artery blood pressure in sitting position on exam

\*14-Element AHA Screening Checklist adapted from Maron BJ, et al. Journal of the American College of Cardiology, 2014. Reviewed by UVMHC Pediatric Cardiology March 3, 2021.

**Clearance Determination:**

- Student/athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression (return to activity as tolerated if  $<12$ yo;  $\geq 7$ -day graduated return protocol if  $\geq 12$ yo +/or high intensity or supervised/school sports or athletic programs).
- 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: \_\_\_\_\_

## Return-to-Play:

**VCHIP University of Vermont Children's Hospital**

**GRADUATED RETURN-TO-PLAY AFTER COVID-19 INFECTION\***  
 Indications: Age  $\geq 12$ yo +/or High Intensity or Supervised/School Sports or Athletic Programs

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

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

Once medically cleared, students/athletes should complete the suggested return-to-play progression without 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:  $220 - \text{Your Age} = \text{Predicted Max Heart Rate (beats/min)}$

**MINIMUM 7-DAY PROGRESSION:**

**STAGE 1 : Day 1 and Day 2 (2 Days Minimum) - 15min/day or less**  
 Light activity (walking, jogging, stationary bike), NO resistance training.  
 Intensity  $\leq 70\%$  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  $< 80\%$  maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

**STAGE 3 : Day 4 (1 Day Minimum) - 45min/day or less**  
 More complex training at intensity  $< 80\%$  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  $< 80\%$  maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

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

DATE	ACTIVITY	SYMPTOMS

\*Return-To-Play protocol adapted from Elliott N, et al. infographic. British Journal of Sports Medicine, 2020.  
 Reviewed by UVMHC Pediatric Cardiology March 3, 2021.

Date Cleared for Full Participation by School/Sports Personnel: \_\_\_\_\_  
 Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_



# Implementing Cardiac Screening/Return-to-Play

## Questions and helpful language:

- This protocol is the responsibility of the medical home...the HCP will perform/oversee graduated return-to-play screening w/family. Team-based care between school nurses & medical homes is encouraged; SNs should advocate for families of students post-Covid-19 to talk w/medical home before returning to activity.
- Clinical judgment is encouraged in support of a shared decision-making process between the health care provider and the family.
- Protocol is intended for children currently (or in future) dx'd w/COVID-19. Eval ***may be considered*** if diagnosed within the past 3 months.
- Return-to-play protocol for athletics/PE recommended for  $\geq 12$  yo w/moderate-severe sx's;  $< 12$  yo can return to activity as tolerated after medical clearance (a 7-day graduated return-to-play protocol may be warranted if participating in a high-intensity sport)

# 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)

# Save the Date: Friday, June 4, 2021



**Course Director**  
**David C. Rettew, M.D.**

Join us virtually for the 14<sup>th</sup> Annual Child Psychiatry in Primary Care Conference, featuring faculty from UVM and the community.

Topics this year include:

- Assessing Risks After School Violence Threats
- Mental Health Care Needs in Primary Care
- Child Psychiatry in the Emergency Department
- Integrated Care Forum
- Praising and Overpraising
- Post COVID Mental Health
- Anxiety Disorders
- Motivational Interviewing Techniques
- Social Media Use and Mental Health

# Save the Date: Health Equity Interactive Session

- Program of Northern Vermont Area Health Education Center (AHEC)
- Stacie L. Walton, MD, MPH, clinical/academic pediatrician; medical consultant for HCPs/institutions for >25 years; recently retired from Kaiser Permanente (Diversity Champion)
- Details in tonight's email

*(Thank you, Melissa Kaufold)*

===== SAVE THE DATE =====



**QUALITY CARE IS EQUITABLE CARE**

**The case for culturally and linguistically responsive health care**

**THURSDAY, APRIL 8, 2021 ♦ 1:00 to 3:15 PM**

**SESSION THREE- Reducing Implicit Bias in Health Care: Moving Toward Equal Treatment**

# Save the Date!

- What? **Child maltreatment conference**
- Who? **James Metz, MD MPH** & other expert speakers
- When? **April 29**, 8 am – 12:15 pm via live stream
- How? **Register at:**

<http://campaign.r20.constantcontact.com/render?ca=3cdb8290-cfe5-4dbb-b73b-29ecabed13f0&preview=true&m=1130384660698&id=preview>



**Recognizing and Responding to Child Maltreatment  
Promoting Child Abuse Awareness in VT Conference**

**Thursday, April 29, 2021  
8:00am -12:15pm  
LIVE STREAM**

This conference will help the professional to recognize sentinel injuries, sexual abuse and neglect. Participants will learn about the mental health implications of trauma and abuse and will learn strategies for effective reporting.



**James Metz, MD, MPH - Course Director**

Assistant Professor, Pediatrics  
Division Chief, Child Abuse Medicine  
UVM Larner College of Medicine

*"Recognizing Sentinel Injuries" and  
"Child Neglect"*

# 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, March 12, 2021 – 12:15 – 12:45 pm (Dr. Ben Lee)***
- Generally back to **Monday/Wednesday/Friday** schedule
- Please tune in to VMS call with VDH Commissioner Levine:  
***Thursday, March 11, 2021 – 12:30-1:00 p.m. – Zoom platform & call information:***
- **Join Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdJl2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
- One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#