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 24, 2021
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.
Observing World Tuberculosis Day

- VDH TB Program Mission: control, prevent and eventually eliminate tuberculosis in Vermont.

Reminder – weekly event schedule:

- VCHIP/CHAMP/VDH calls: M/W/F; Gov. Media Briefings Tues/Fri; VMS call with VDH Comm. Levine Thursday
- Situation, VDH, federal Updates; Tuesday Media Briefing
- Practice Issues: Perinatal Women’s plan to receive COVID vaccine & vaccinate their children – Leigh-Anne Cioffredi, MD

Q & A/Discussion

[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we’re providing today may change quickly]
What: Adaptations and Innovations: Providing Care for Opioid-Exposed Newborns and Their Families in a Pandemic

- Agenda topics include: Updates on Care; Healing for Healers; Building Resilience to Navigate Through Stressful Times; UVM Center on Rural Addiction; Providers’ Experience; Supporting Families – Adapting Home Health Services in Lamoille County

When: April 13, 2021, 8:00 a.m. – 12 noon

How: register at https://qualtrics.uvm.edu/jfe/form/SV_cTK9jFgdHNkXwVM

More: VCHIP’s ICON project partners with the Vermont Department of Health and the University of Vermont Children’s Hospital to improve health outcomes for opioid-exposed newborns.

To learn more about our project, visit: https://www.med.uvm.edu/vchip/icon
Perinatal Women’s plan to receive COVID vaccine & vaccinate their children

Leigh-Anne Cioffredi, MD
Perinatal Women’s plan to receive the COVID vaccine and vaccinate their children

Leigh-Anne Cioffredi, MD/MPH
Background

As of December 2020, 40% of adults indicated they would probably or definitely not get the COVID vaccine\(^1\).

Perinatal women represent a particularly important population to assess as the guidance.

Understanding perinatal women’s perceptions and intentions around the COVID vaccine is a critical step to shaping public health initiatives aimed at increased vaccination rates in pregnant and breastfeeding women and children.

Methods

• Between January 2021 and February 2021 we surveyed 106 peripartum women

• 3 Sections
  • Measures of vaccine knowledge and perceptions about *general* recommended vaccines
  • Parent attitudes about childhood vaccinations (PACV)
  • Intention to receive the COVID vaccine and plans to have their children vaccinated
Overall Vaccine Confidence is High

• Women report low vaccine hesitancy reported on the PACV
  • Mean score 10 (SD 13)
  • Only 3 women are above the cutoff to be considered “vaccine hesitant”

• The single confidence question from the 5C construct demonstrates similarly high levels of comfort with vaccines
Vaccination plans

- 16% of participants had already received at least one COVID vaccine
  - 41% of whom were currently pregnant

- 25% of those expressing intent to get the vaccine ASAP wouldn’t “definitely” get vaccinated tomorrow if offered

Which of the following applies to your plans about the COVID vaccine?

- I have already received the COVID vaccine
- I plan on getting the COVID vaccine as soon as it is available to me
- I plan on getting the COVID vaccine when I’m no longer pregnant
- I plan on getting the COVID vaccine when I’m no longer breastfeeding
- I plan on getting the COVID vaccine, but not yet
- I do not plan on getting the COVID vaccine
Breast feeding and pregnancy change intentions

“If offered the COVID vaccine tomorrow, what would you do?”

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant</td>
<td>4.3 (0.77)</td>
<td>0.0034</td>
</tr>
<tr>
<td>Not Pregnant</td>
<td>7.2 (0.56)</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding status*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>5.7 (1.02)</td>
<td>0.0220</td>
</tr>
<tr>
<td>Not breastfeeding</td>
<td>8.0 (0.63)</td>
<td></td>
</tr>
</tbody>
</table>

* Among non-pregnant women
Vaccination plans for kids

There are higher rates of intention to forgo vaccination in children than perinatal women.

Which of the following applies to your plans about the COVID vaccine for your child(ren)?

- 44% I plan on getting the COVID vaccine as soon as it is available to them.
- 36% I plan on getting the COVID vaccine for my child(ren), but after other children have.
- 19% I do not plan on getting the COVID vaccine for my child(ren).
# Correlates of intention to vaccinate

## Women’s intentions to be vaccinated

<table>
<thead>
<tr>
<th>Variable</th>
<th>β</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>0.10</td>
<td>0.038</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30,000</td>
<td>-1.46</td>
<td>0.374</td>
</tr>
<tr>
<td>30-60,000</td>
<td>-2.44</td>
<td>0.045</td>
</tr>
<tr>
<td>*</td>
<td></td>
<td>Ref</td>
</tr>
<tr>
<td>60-100,000</td>
<td>0.81</td>
<td>0.466</td>
</tr>
<tr>
<td>100-140,000</td>
<td>4.45</td>
<td>0.002</td>
</tr>
<tr>
<td>&gt;140,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 4 year degree</td>
<td>-4.91</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>4 year degree</td>
<td>-0.43</td>
<td>0.650</td>
</tr>
<tr>
<td>&gt; 4 year degree</td>
<td></td>
<td>Ref</td>
</tr>
<tr>
<td>Worry about getting COVID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>1.66</td>
<td>0.247</td>
</tr>
<tr>
<td>Often</td>
<td>0.17</td>
<td>0.873</td>
</tr>
<tr>
<td>*</td>
<td></td>
<td>Ref</td>
</tr>
<tr>
<td>Sometimes</td>
<td>-3.86</td>
<td>0.002</td>
</tr>
<tr>
<td>Rarely</td>
<td>-5.79</td>
<td>0.056</td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Women’s intention to vaccinate children

<table>
<thead>
<tr>
<th>Variable</th>
<th>β</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>0.08</td>
<td>0.061</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30,000</td>
<td>-0.50</td>
<td>0.746</td>
</tr>
<tr>
<td>30-60,000</td>
<td>-2.02</td>
<td>0.072</td>
</tr>
<tr>
<td>*</td>
<td></td>
<td>Ref</td>
</tr>
<tr>
<td>60-100,000</td>
<td>0.72</td>
<td>0.473</td>
</tr>
<tr>
<td>100-140,000</td>
<td>1.34</td>
<td>0.232</td>
</tr>
<tr>
<td>&gt;140,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 4 year degree</td>
<td>-3.78</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>4 year degree</td>
<td>-0.69</td>
<td>0.399</td>
</tr>
<tr>
<td>&gt; 4 year degree</td>
<td></td>
<td>Ref</td>
</tr>
<tr>
<td>Worry about kids getting COVID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>1.82</td>
<td>0.127</td>
</tr>
<tr>
<td>Often</td>
<td>0.76</td>
<td>0.428</td>
</tr>
<tr>
<td>*</td>
<td></td>
<td>Ref</td>
</tr>
<tr>
<td>Sometimes</td>
<td>-0.48</td>
<td>0.678</td>
</tr>
<tr>
<td>Rarely</td>
<td>-3.14</td>
<td>0.074</td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Linear regression for individual variables after accounting for pregnancy.
## Predictors of COVID-19 vaccine hesitancy

<table>
<thead>
<tr>
<th>Women’s intentions to be vaccinated</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PACV score</td>
<td>-0.18</td>
<td>&lt;0.001</td>
<td>0.30</td>
</tr>
<tr>
<td>5C confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confident of safety</td>
<td>*</td>
<td>Ref</td>
<td>0.37</td>
</tr>
<tr>
<td>Unsure</td>
<td>-4.99</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>Not confident of safety</td>
<td>-6.9</td>
<td>&lt;0.001</td>
<td></td>
</tr>
</tbody>
</table>

Linear regression for individual variables after accounting for pregnancy

<table>
<thead>
<tr>
<th>Women’s intention to vaccinate children</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PACV score</td>
<td>-0.16</td>
<td>&lt;0.001</td>
<td>0.27</td>
</tr>
<tr>
<td>5C confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confident of safety</td>
<td>*</td>
<td>Ref</td>
<td>0.24</td>
</tr>
<tr>
<td>Unsure</td>
<td>-4.23</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>Not confident of safety</td>
<td>-5.61</td>
<td>&lt;0.001</td>
<td></td>
</tr>
</tbody>
</table>
Conclusions

- Perinatal women are more hesitant to vaccinate their children than themselves
- In this minimally vaccine hesitant sample, there is still a significant amount of concern and hesitancy related to the COVID vaccine
- Safety concerns are a significant predictor of perinatal women’s intention to be vaccinated and to vaccinate their children.
- Public health strategies should continue to focus on efforts to increase perceptions of safety of the COVID vaccine
Situation update

- **U.S. 29.9 million+ cases; 543,479 deaths**
  - Past week: average 54,670 cases/day (decrease of 7% from average 2 weeks earlier)
  - 2.7 million+ deaths worldwide; 124.3 million+ cases

- **VDH Weekly Data Summary (3/19/21)**
  - No Spotlight Topic

---

### VT New Cases, Probables, Deaths

- **New Cases**: 89
  - 18,028 Total
- **Currently Hospitalized**: 23
- **Hospitalized In ICU**: 5
- **Hospitalized Under Investigation**: 0
- **Percent Positive 7-day Avg.**: 1.6%
- **People Tested**: 349,261
  - **Total Tests**: 1,263,878
  - **Recovered**: 15,124
    - 83.5% of Cases
  - **Deaths**: 222
    - 1.2% of Cases

Last Updated: 3/24/2021, 10:57:28 AM

---

Situation update

Vermont COVID-19 Cases by Age Group

Vermont COVID-19 Cases by Sex
- Female 49.2%
- Male 50.3%
- Unknown 0.5%

Vermont COVID-19 Cases by Ethnicity if Known
- Hispanic 2.8%
- Not Hispanic 97.2%

Vermont COVID-19 Cases by Race if Known
- White 88.1%
- Black or African American 4%
- Asian 4.8%
- Other Race 2.9%
- American Indian or Alaska Native 0.2%

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

March 24, 2021
COVID-19 Cases in Vermont K-12 Learning Communities While Infectious

- Table updated **Tuesday & Friday** w/data through previous Sunday & Wednesday.

---

**Cases in Vermont K-12 Learning Communities While Infectious**

<table>
<thead>
<tr>
<th>Learning Community</th>
<th>Cases Reported in the Past 7 Days</th>
<th>Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL FOR ALL SCHOOLS</td>
<td>85</td>
<td>846</td>
</tr>
</tbody>
</table>

---

**Cases in Vermont K-12 Learning Communities While Infectious**

<table>
<thead>
<tr>
<th>Learning Community</th>
<th>Cases Reported in the Past 7 Days</th>
<th>Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL FOR ALL SCHOOLS</td>
<td>57</td>
<td>786</td>
</tr>
</tbody>
</table>

---

**VT College & University dashboards:**

- **UVM update:** 69 new cases off campus; 21 on campus; 2 staff (incl. B.1.1.7 variant found in 4/5 random UVM samples)
- Currently no changes to safety protocols or enforcement.

---

March 24, 2021
VPA Activities Standards Committee met 3/22/21 to determine fate of D-1 boys hockey final game between BFA St. Albans & Essex

Voted unanimously to keep on schedule (today, 8 pm, Leddy Park) as long as Essex returns negative PCR results by 4 p.m.

Other hockey:
- Boys: Stowe, Woodstock, Rice, South Burlington
- Girls: North Country/Lyndon

Girls basketball: CVU, Peoples
Boys basketball: Leland and Gray, Stowe
All sports: Missisquoi
Week of March 14; updated 3/24/21

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.
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.
GETTING THE COVID-19 VACCINE

MAKE AN APPOINTMENT

Blue button above is for appointments at state-run clinics, Costco and Walmart. You can also get an appointment at Kinney Drugs, CVS or Walgreens. See information on appointments, or set up an account now.

WHO IS ELIGIBLE

People 65 years and older
Make an appointment anywhere. No passcode is needed.

People 16 years or older with high-risk health conditions
Make an appointment anywhere EXCEPT Walgreens. No passcode is needed. See high-risk health conditions.

› School staff and child care workers
› People who work in the public safety system
› Health care personnel
› English language learners and people in immigrant/refugee communities
› Black, Indigenous and people of color (BIPOC)

March 24, 2021
## Vermont Vaccine Eligibility

### WHEN CAN VERMONTERS SIGN UP FOR A COVID-19 VACCINE?

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Registration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term care residents and staff, health care, first responders</td>
<td>Open now</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>Open now</td>
</tr>
<tr>
<td>Ages 16+ with certain high-risk health conditions</td>
<td>Open now</td>
</tr>
<tr>
<td>K-12 teachers and staff, child care, public safety</td>
<td>Open now</td>
</tr>
<tr>
<td>Ages 60+</td>
<td>March 25</td>
</tr>
<tr>
<td>Ages 50+</td>
<td>March 29</td>
</tr>
<tr>
<td>Ages 40+</td>
<td>April 5</td>
</tr>
<tr>
<td>Ages 30+</td>
<td>April 12</td>
</tr>
<tr>
<td>Ages 16+</td>
<td>April 19</td>
</tr>
</tbody>
</table>

Most Vermonters should expect the entire process, from registration to when the vaccine is most effective, to take about two months.

Goal to have Vermonters fully vaccinated by July 2021
VDH COVID-19 Vaccine Registration & Sites (cont’d.)

- Appointments from 3/24/21 – 6/29/21
  - **207,978 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.
Vaccine News: Astra-Zeneca – Oxford Vaccine

  - 79% efficacy at preventing symptomatic COVID-19 infections overall; 100% efficacy against severe/critical disease & hosp.; 80% efficacy in ≥ 65 y.o.
- No serious safety issues
  - Favorable reactogenicity & overall safety profile (no blood clots/abnl. bldg.)
- Anticipate application to FDA for EUA in the coming weeks
- NIAID statement (3/23/21) Data & Safety Monitoring Board (DSMB) notified NIAID, BARDA, and A-Z re: concern that A-Z may have included outdated info. in initial data from clinical trial; may have provided incomplete view of efficacy data.
- Controversy re: A-Z distribution in European Union (vs. Britain)
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

Total Doses Administered per 100,000
- No Data
- 0 - 30,000
- 30,001 - 50,000
- 50,001 - 60,000
- 60,001 - 70,000
- 70,001 - 80,000
- 80,001 +


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

March 24, 2021
From the CDC: U.S. COVID-19 Cases Caused by Variants

<table>
<thead>
<tr>
<th>Variant</th>
<th>Reported Cases in US</th>
<th>Number of Jurisdictions Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.1.7</td>
<td>7501</td>
<td>51</td>
</tr>
<tr>
<td>B.1.351</td>
<td>219</td>
<td>27</td>
</tr>
<tr>
<td>P.1</td>
<td>61</td>
<td>18</td>
</tr>
</tbody>
</table>

Cases of Variants of Concern in the United States:

- Number of Cases: 0 to 0, 1 to 150, 151 to 300, 301 to 450, 451 to 600, 751+

Counties with High COVID-19 Incidence and Relatively Large Racial and Ethnic Minority Populations — United States, April 1–December 22, 2020

**Early Release / March 24, 2021 / 70**
https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7013e1-H.pdf

What is added by this report: During April 1–14, 11.4% of counties reported high COVID-19 incidence, including 28.7% and 27.9% of counties with large Asian and Black populations, respectively. During August 5–18, this percentage was 64.7%, including 92.4% and 74.5% of counties with large Black and Hispanic populations, respectively. By December 9–22, 99.1% of counties reported high incidence.

Implications for PH practice: As the COVID-19 pandemic evolves, public health efforts can be tailored to the needs of communities of color that may be experiencing high COVID-19 impact and integrated with longer-term plans to improve health equity.
Tuesday Media Briefing (3/23/21)

AHS Secretary Mike Smith (Gov. on White House call)

- Vaccine timeline – “accelerated schedule begins 3/25, 8 am”
  - Average 5500 doses administered/day; range 3700-7900/day.
  - 1/3 VTers have rec’d at least one dose; poss. by week’s end 1/5 fully vaccinated.
  - Older age bands: 86% of 75+, 86% of 70-74, 66% 65-69 yo.
  - Goal: ALL Vermonters fully vaccinated by 7/1/21

- VT National Guard continues to assist w/vaccine effort: expect activation 4/15/21.

- Educators & childcare professionals: 23K rec’d. 1st dose or made appts.

Modeling – Commissioner Pieciak:

- 850 new cases this wk. (↑ 61 over last wk.); 14d. Av. last 5 wks. 100-120/day.
  - Cases among most vulnerable remain low w/downward trend.
- Vax impact in LTCF: cont. v. low cases in res. (6 past 3 wks.). Curr 4 LTCF outbreaks but consid smaller than those in Dec./Jan.
- Median age of cases falling to 29 yo – 1st time below 30 since Sept.
- VT case forecast stable/expect decrease in April (more vaccine, nicer weather)
  - Hosps. – total down 62% since peak early Feb & down 16% over past 7d.
- Weekly deaths cont. to decrease: VT 2nd lowest per cap d. rate in U.S.
- U.S.: NE & Midwest cases stalled/increased vs. S & W downward trajectory
- Region: 8K more cases in NE this wk. vs. last; regional heat map rel. stable.
Tuesday Media Briefing (cont’d.)

VDH Commissioner Levine

- NE region seeing increased cases
- “All feeling same sense of relief – winter coming to an end. Sunshine feels esp. energizing – but probably not looking to me for weather report.”
- Here’s the forecast I do want to give you – natl. PH experts note reversal of favorable case decline. “Not gloom & doom but can’t declare victory. Get outside; get exercise; plant gardens.”
- Welcome review of additional vaccines w/potential for global impact.
- Vaccines not all the same – but all proven to be safe/effective. Best vaccine you can get is what you can get right now; OK to ask questions, but take when avail.
- Referenced highest case #s now in younger; link to chronic sxs / PACS. “This is the largest mass disabling event in some time.”
Tuesday Media Briefing (cont’d.)

Governor Phil Scott (update from White House/NGA call)

- Fauci update: Europe seeing rising cases; US better w/vaccine; believes A-Z vaccine safe/effective & will receive FDA EUA. RE: vaccine for children: expect all HS students will be eligible by back-to-school this fall; younger children next year.

- Vaccine supply updates: one-time increases all types next week

- 60+ age band opens Thursday – I will sign up myself as all should do. 16+ April 19.

- Next few weeks will outline plan w/timelines/details “to work toward normalcy.”

- Virus not going away but seeing positive impact of vaccine on deaths, hosps. Vermont has fewest # of deaths in entire country.
Q: Plans to reach younger age groups? A – Levine: variety of messaging campaigns – social and & trad. media; understand hesitancy & what makes them feel vaccine not in their best interest? PACS is a rising concern, & medical community knows v. little about it. Emphasize access – barriers may be as simple as schedule, time, etc. May bring vaccine to HS, college students; poss. drive-thru.

Q: Will feds require proof of vax for cross-border travel? A – Scott: asked that question of White House last week & did not get answer. “I imagine U.S. & Canada will have some provision for vaccination passport.”

Q: Do we have documented cases in VT of fully vaccinated persons becoming infected? A – Levine: 25 cases of fully vaccinated individuals who then had pos. COVID test (170K vaccinated). None were hospitalized or died.

Q: What bargain was struck between Essex & VDH re: testing pre-hockey playoff? A – Levine: not a VDH decision

Q: Some states consider children <10 same quarantine status as parents – VT plans? A: Expect new guidance soon – that is under discussion.
VCHIP ICON Statewide Teleconference

- **What:** Adaptations and Innovations: Providing Care for Opioid-Exposed Newborns and Their Families in a Pandemic
  - Agenda topics include: Updates on Care; Healing for Healers; Building Resilience to Navigate Through Stressful Times; UVM Center on Rural Addiction; Providers’ Experience; Supporting Families – Adapting Home Health Services in Lamoille County
- **When:** April 13, 2021, 8:00 a.m. – 12 noon
- **How:** register at [https://qualtrics.uvm.edu/jfe/form/SV_cTK9jFgdHNkXwVM](https://qualtrics.uvm.edu/jfe/form/SV_cTK9jFgdHNkXwVM)
- **More:** VCHIP’s ICON project partners with the Vermont Department of Health and the University of Vermont Children’s Hospital to improve health outcomes for opioid-exposed newborns.
- To learn more about our project, visit: [https://www.med.uvm.edu/vchip/icon](https://www.med.uvm.edu/vchip/icon)
Happening Now

- Big Change Roundup: bigchangeroundup.org
  - Largest fundraiser for the UVMCH; funds raised support patients and families
- Please help promote personally & through your practices / orgs.
- **NOT TOO LATE TO DONATE!!!**
- **3/26/2021**: Big Change Roundup Final Total Announcement (counted off air/off-site)
Opportunity to Benefit Camp Ta-Kum-Ta

- **Who:** Mount Mansfield Maple Products, Generosity Brings Joy, & Jen Ellis (crafter, who made Bernie Sanders’ Inauguration Day Mittens)
- **What:** commemorative bottle of pure Vermont maple syrup to benefit Camp Ta-Kum-Ta.
  - Limited-edition bottle featuring custom label inspired by Bernie’s mittens to celebrate the movement spurred by Jen Ellis’ creation of Generosity Brings Joy – bringing awareness/funding for VT non-profits (100% profits to Generosity Brings Joy)
- **How:** visit [https://vermontpuremaple.com/](https://vermontpuremaple.com/)
  - Thank you, Chelsea Cordner!
Summer 2021 programs and operational details

Hello! Vermont Afterschool is excited to be partnering with key state partners to expand summer program opportunities for children and youth. While there are many benefits to enrichment opportunities year round, we know that there are academic, social, and emotional needs of our children coming out of the COVID-19 pandemic which make this summer and the coming year especially crucial. To support getting as many kids in to summer programs and enrichment activities as possible, we are hoping to collect the information you have available on your program’s 2021 summer plans. With your permission, we will use the information you provide to help populate a searchable resource page for families, which the Governor’s Office and other state and local partners will be promoting. Additionally, this information will help us identify the best ways to support the field in creating supportive and safe summer spaces.

After you submit your form, you will receive an email with your responses and a link to go back and edit responses if any plans should change.

Should you have questions about this effort, please contact info@vermontafterschool.org

March 24, 2021
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!

- 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"
Save the Date: Friday, June 4, 2021

Join us virtually for the 14th 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

Course Director
David C. Rettew, M.D.
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
  - 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
- Next CHAMP call – Friday, March 26, 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 25, 2021 – 12:30-1:00 p.m. – Zoom platform & call information:
    - Join Zoom Meeting:
      https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdJ2ZG4yQT09
      - Meeting ID: 867 2625 3105 / Password: 540684
      - One tap mobile - +1 646 876 9923,,86726253105#,,,,,0#,,540684#