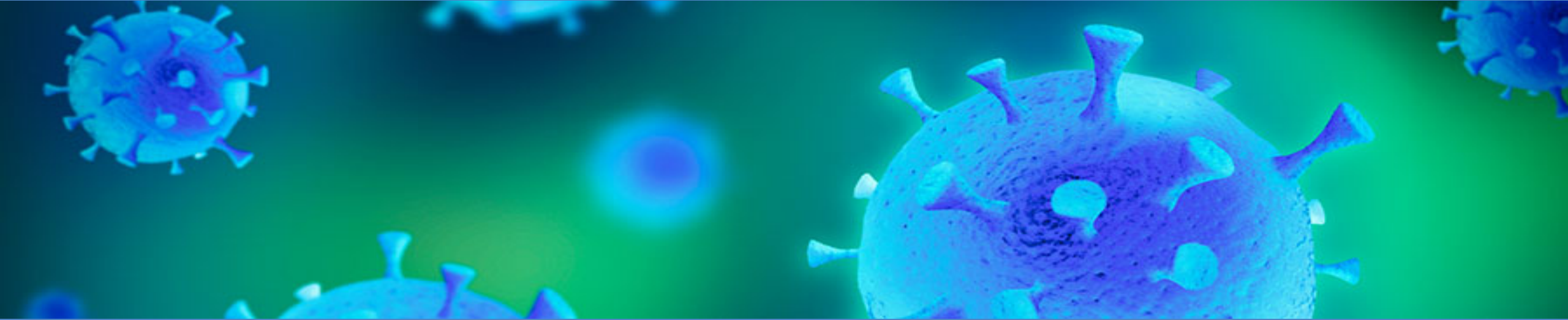


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*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 31, 2021*



# Technology Notes

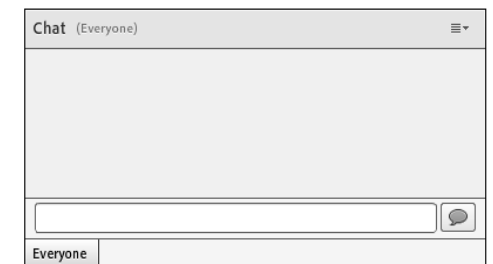
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press \*6 to mute).  
**If you are having audio difficulties and are using your computer speakers, you may wish to dial in:**

**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 ***National Farm Workers Day***
  - ▣ National Farmworker Awareness Week
- 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, CDC updates; Tues. media briefing
- Practice Issues: ***VDH Immunization Program Update***
- Q & A/Discussion



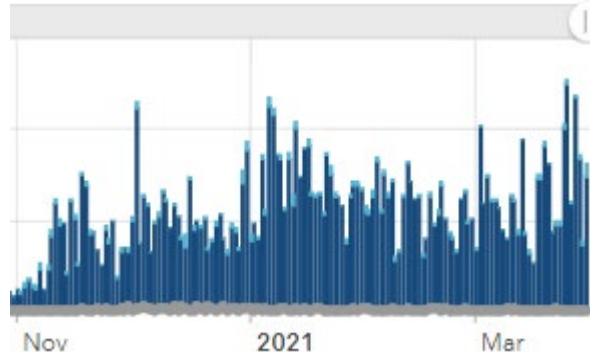
<https://www.wcax.com/2021/03/08/will-vermonts-migrant-farmworkers-be-eligible-for-covid-shots/>



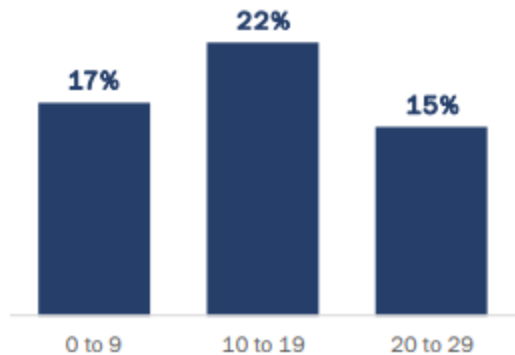
*[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we’re providing today may change quickly]*

# Situation update

|                                      |                  |
|--------------------------------------|------------------|
| New Cases                            | <b>162</b>       |
| 19,275 Total                         |                  |
| Currently Hospitalized               | <b>31</b>        |
| Hospitalized In ICU                  | <b>2</b>         |
| Hospitalized Under Investigation     | <b>1</b>         |
| Percent Positive 7-day Avg.          | <b>2%</b>        |
| People Tested                        | <b>355,390</b>   |
| Total Tests                          | <b>1,332,173</b> |
| Recovered                            | <b>15,866</b>    |
| 82.3% of Cases                       |                  |
| Deaths                               | <b>227</b>       |
| 1.2% of Cases                        |                  |
| Last Updated: 3/31/2021, 10:48:23 AM |                  |



VT New Cases, Probables, Deaths



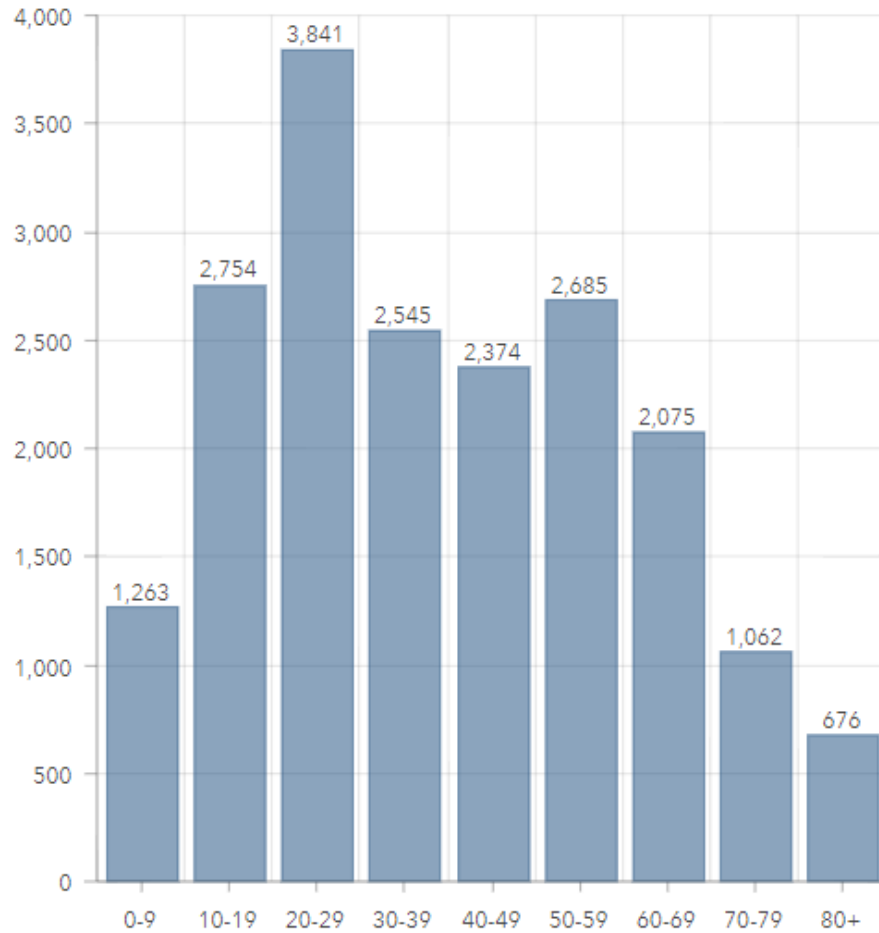
- U.S. **30.4 million+** cases; **555,500 deaths**
  - <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> (updated 3/31/21)
  - 3/30/21: **62,045 new cases; 948 d.; 40,317 hosp.**
  - Past week: average 66,064 cases/day (increase of 20% from average 2 weeks earlier)
  - **2.8 million+ deaths worldwide; 128.2 million+ cases)**
- **VDH Weekly Data Summary(3/26/21)**
  - **Spotlight Topic: Close Contacts in Vermont (60,559)**
  - Household members most likely to be ID'd as close contact & the type most likely to become a case; F = M
  - Younger people more likely than older to be ID'd contact
  - 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>

March 31, 2021

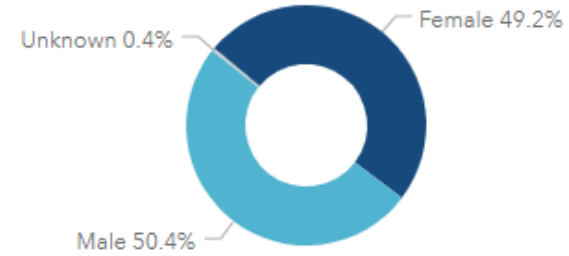
# Situation update

Vermont COVID-19 Cases by Age Group

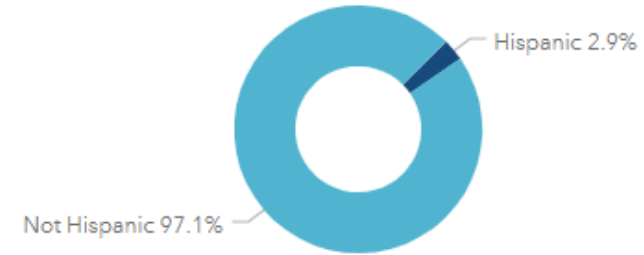


Case Demographics

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 28, 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>111</b>                        | <b>959</b>  |

March 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>96</b>                         | <b>881</b>  |

## VT College & University dashboards:

- UVM update:** 55 new cases off campus; 25 on campus; 0 staff
  - Currently no changes to safety protocols or enforcement.

# COVID-19 in VT Children and Youth

- Monitoring cases in school-aged children & youth
- Considering optimal messaging to parents & communities: e.g., ***“it’s not time to relax!”***
- Monitoring vaccine uptake by educators, child care providers (and availability of district-based clinics).
  - ▣ Implications for return to in-person education next month?
- Vaccination of college-aged youth?
  - ▣ Maine just announced they will vaccinate all college students.
- How to address potential to vaccinate 12+ this fall?
- How’s it going with return to play?

# School-Age COVID-19 Cases and Youth Sports

- **Spring Sports Guidance** updated 3/23/21
  - <https://education.vermont.gov/sites/aoe/files/documents/edu-spring-sports-programs-for-the-2020-2021-school-year.pdf>
  - May initiate coach-led practice sessions (skills & drills) & inter-squad scrimmages no earlier than **April 5, 2021**
  - If travel OOS, must follow ACCD & VDH quarantine recs.
  - Two-ply facial coverings required: players, coaches, officials, staff, & spectators at all time, including during active play (exception for distance running, but must maintain 6 ft. distance)
  - **Team-based social gatherings strongly discouraged**
  - May initiate interscholastic games, meets & competitions no earlier than **April 17, 2021** – only between VT-based teams & interstate teams where the school fully adheres to VT AOE guidance.



# School-Age COVID-19 Cases and Youth Sports

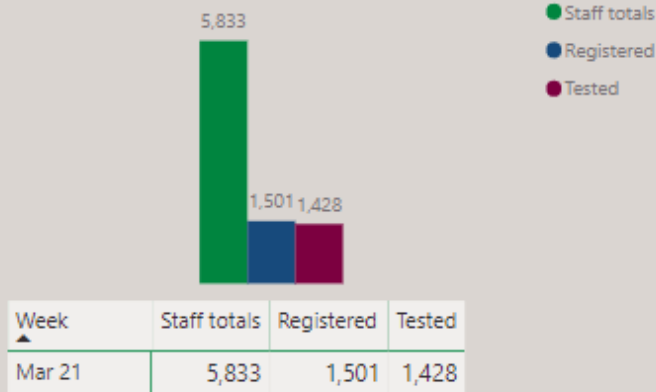
- **Spring Sports Guidance** updated 3/23/21 (cont'd.)
  - ▣ Parental transport encouraged to minimize # needing bus transport
  - ▣ If travel OOS, must follow ACCD & VDH quarantine guidelines.
  - ▣ Limit # of spectators as much as possible; ensure social distancing between households. Total # may not exceed current event size limit of 150.
  - ▣ Return to play after illness: “ages 12-22...may not return to play until aympto. & evaluated/cleared by PCP...need to undergo the RTP protocol **overseen/monitored by pt., their family & their health care provider**, w/input from the school nurse and/or athletic dept. Under 12 may return after medical clearance. Adult athletes/refs, etc., who ex. vigorously should not RTP/vigorous exercise until asymptomatic X 2 wks. & cleared by physician.

# AOE School Staff Testing Dashboard

## School Staff Testing: Weekly Summary

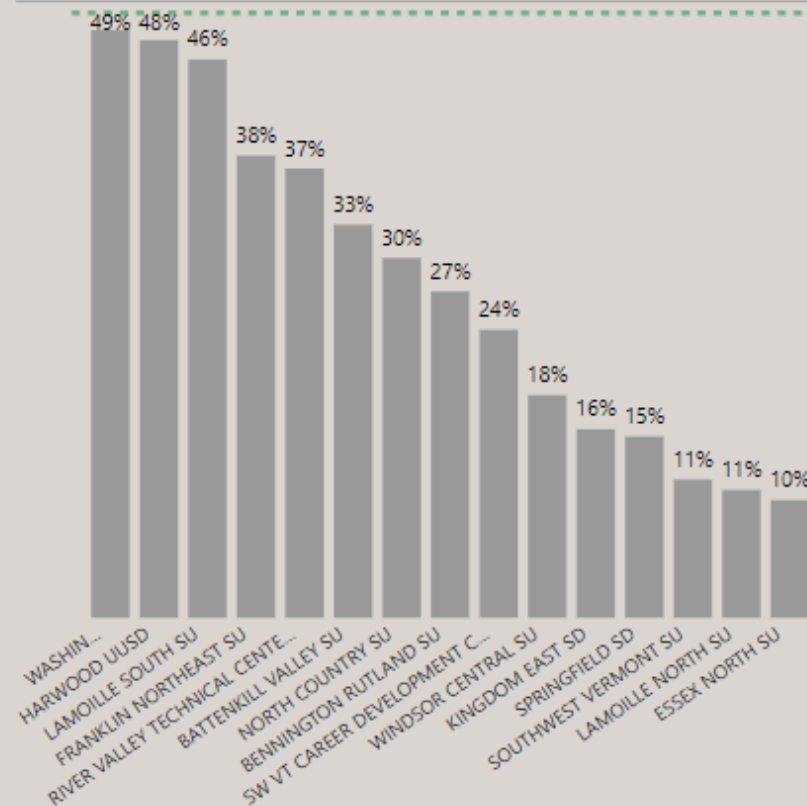


### Summary



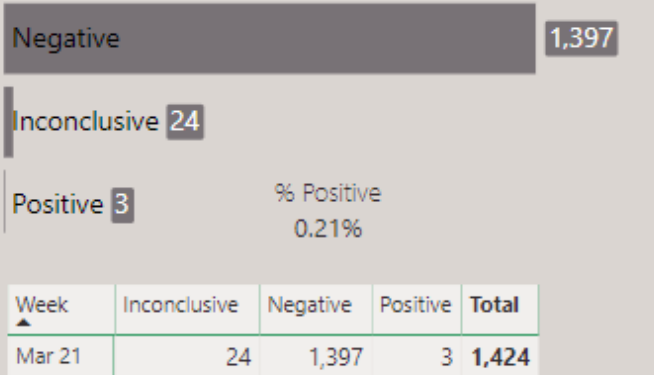
Select Testing Week:

### % Registered by SD/SU



| SD/SU                                | % Registered |
|--------------------------------------|--------------|
| WASHINGTON CENTRAL SUPERVISORY UNION | 49%          |
| HARWOOD UUSD                         | 48%          |
| LAMOILLE SOUTH SU                    | 46%          |
| FRANKLIN NORTHEAST SU                | 38%          |
| RIVER VALLEY TECHNICAL CENTER SD     | 37%          |
| BATTENKILL VALLEY SU                 | 33%          |
| NORTH COUNTRY SU                     | 30%          |
| BENNINGTON RUTLAND SU                | 27%          |
| SW VT CAREER DEVELOPMENT CTR SD      | 24%          |
| WINDSOR CENTRAL SU                   | 18%          |
| KINGDOM EAST SD                      | 16%          |
| SPRINGFIELD SD                       | 15%          |
| SOUTHWEST VERMONT SU                 | 11%          |
| LAMOILLE NORTH SU                    | 11%          |
| ESSEX NORTH SU                       | 10%          |
| <b>Total</b>                         | <b>25%</b>   |

### Test Results



Data source: Vermont Testing/Vaccine Registration System. Updated 3/31/2021 7:15:50 AM

Week of March 21; updated 3/31/21

<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>

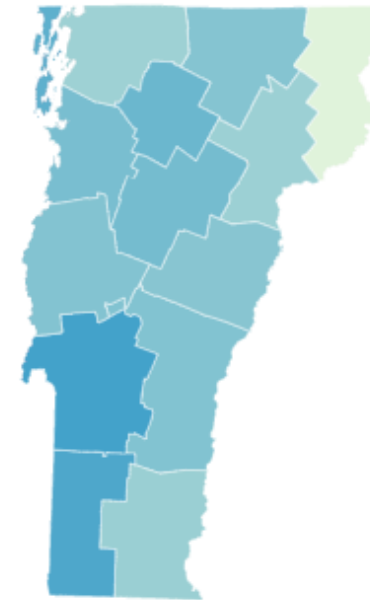
**NOTE (2/17/21):** to align w/CDC reporting, # of doses rec'd. for VA & VNG were removed from # doses rec'd.; accounted for ~8,300 doses.

## Vaccination by County

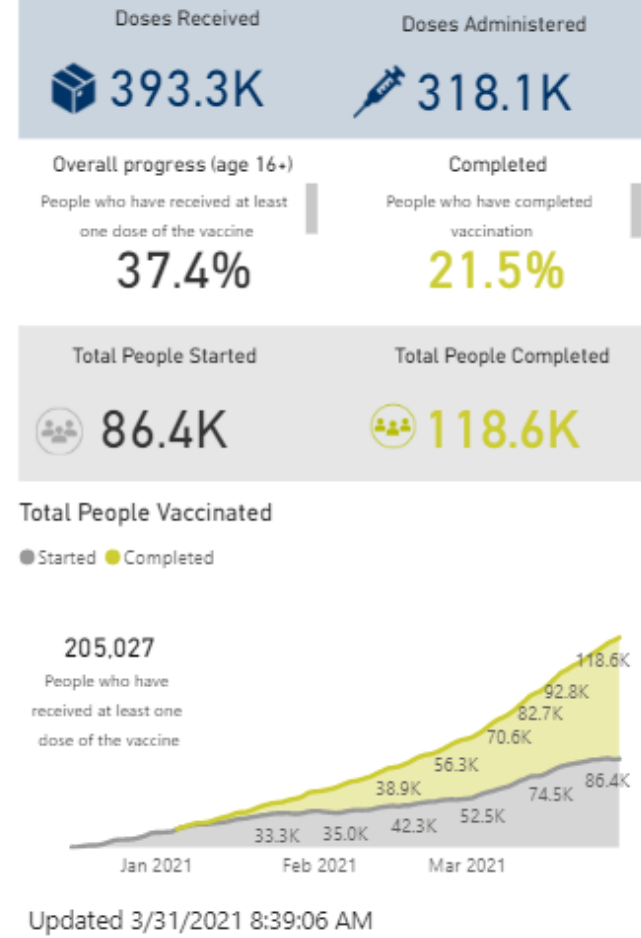
The percent of the county population that has received at least one dose of the vaccine

+ Show Race Detail

| County     | Overall progress |
|------------|------------------|
| Addison    | 36.5%            |
| Bennington | 42.1%            |
| Caledonia  | 33.9%            |
| Chittenden | 37.6%            |
| Essex      | 26.8%            |
| Franklin   | 33.6%            |
| Grand Isle | 40.4%            |
| Lamoille   | 39.0%            |
| Orange     | 36.0%            |
| Orleans    | 36.3%            |
| Rutland    | 43.2%            |
| Washington | 37.9%            |
| Windham    | 34.1%            |
| Windsor    | 36.6%            |
| Vermont    | 37.4%            |



26.8% 43.2%



# 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 - 29        | 13.0%        |
| 30 - 39        | 23.8%        |
| 40 - 49        | 25.2%        |
| 50 - 59        | 27.6%        |
| 60 - 64        | 34.2%        |
| 65 - 69        | 76.0%        |
| 70 - 74        | 89.0%        |
| 75+            | 86.9%        |
| <b>Vermont</b> | <b>37.4%</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         | 36.4%        |
| Male           | 26.2%        |
| <b>Vermont</b> | <b>31.4%</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  | 18.1%        |
| Black or African American                    | 13.7%        |
| Native American, Indigenous, or First Nation | 6.8%         |
| Pacific Islander                             | 3.6%         |
| Two or more races                            | 14.2%        |
| White  | 30.4%        |
| <b>Vermont</b>                               | <b>29.5%</b> |

Race information is missing for 6% 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              | 16.1%        | 65.7%        | 21.4%        |
| Non-Hispanic White | 20.3%        | 76.4%        | 34.2%        |
| <b>Vermont</b>     | <b>19.9%</b> | <b>76.1%</b> | <b>33.3%</b> |

Race/ethnicity information is missing for 11% of people vaccinated.

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

Updated 3/31/2021 8:39:06 AM

# VDH COVID-19 Vaccine Registration & Sites

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

## MAKE AN APPOINTMENT

Blue button above is for appointments at state-run clinics, Costco, Hannaford and Walmart. You can also get an appointment at [Kinney Drugs](#), [CVS](#) or [Walgreens](#).

See information on appointments, or set up an account now.

## ELIGIBILITY

- > People 50 years and older
- > People 16 years or older with high-risk health conditions
- > School staff and child care workers
- > People who work in the public safety system
- > Health care personnel and residents of long-term care facilities
- > English language learners and people in immigrant/refugee communities
- > Black, Indigenous and people of color (BIPOC)

## MAKE AN APPOINTMENT

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



Home Pharmacy + Savings + Shop + About Us + Conta

## COVID-19 Vaccination Scheduling at Kinney Drugs in Ver

Currently, the State of Vermont all

- Vermont residents age 65+



Search

Pharmacy MinuteClinic® HealthHUB Shop ExtraCare® Contact Lenses Photo

Home > Pharmacy > COVID-19 Vaccine

## Now offering the FREE\* COVID-19 vaccine in select stores

We're administering the vaccine by appointment only based on local eligibility guidelines.

No cost with insurance or through federal program for the uninsured.



your  
on today.



...cines are now available in some states at select stores to individuals 16 years of age and or Pfizer; 18 years of age and older for Moderna) who meet state-specific eligibility

# Vermont Vaccine Eligibility (*updated 3/29/21*)

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



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

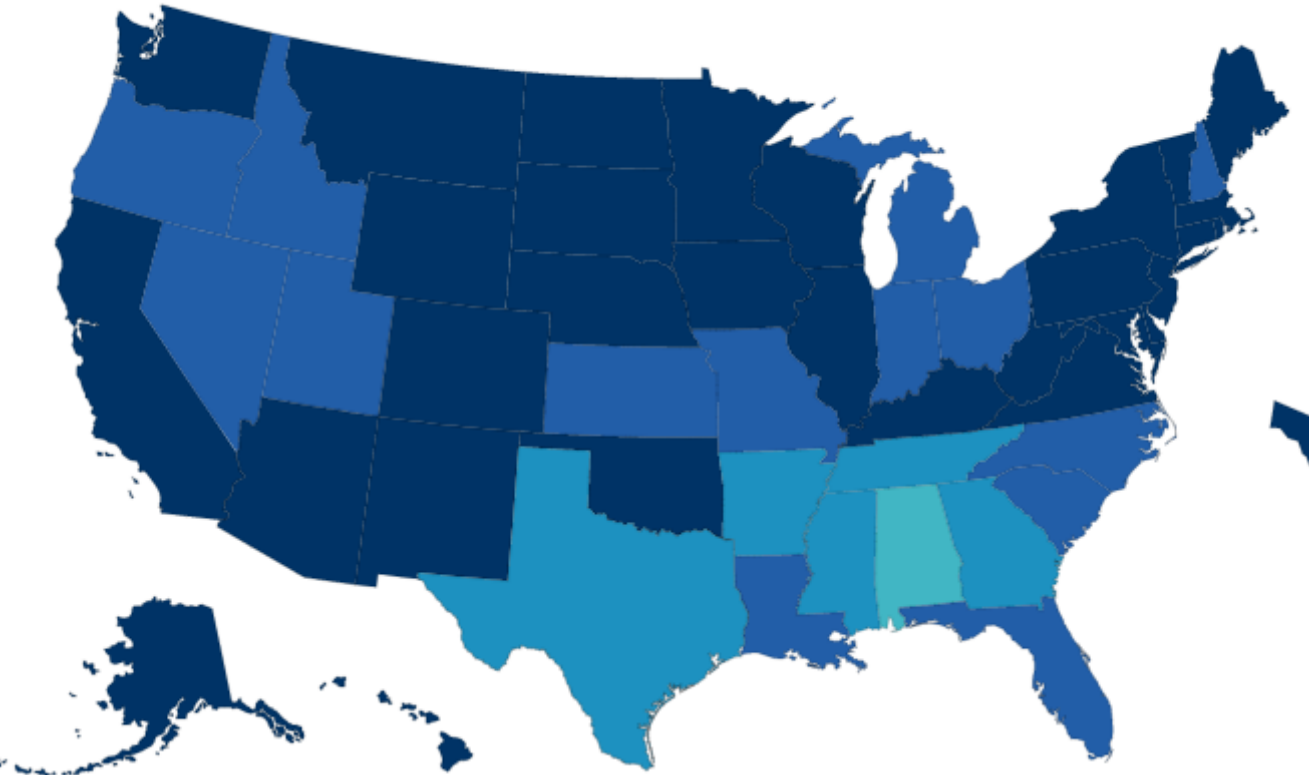
**Goal to have Vermonters fully vaccinated by July 2021**

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

- Appointments from **3/31/21 – 5/26/21**
  - ▣ **325,876 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.

# 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

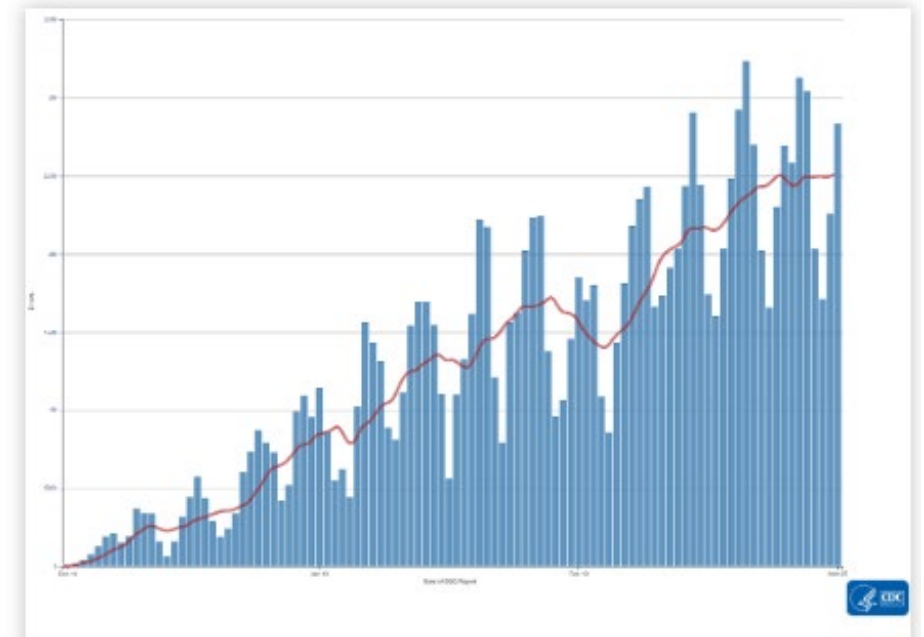


Total Doses Administered per 100,000

○ No Data ○ 0 ○ 1 - 30,000 ○ 30,001 - 35,000 ○ 35,001 - 40,000 ○ 40,001 - 45,000 ○ 45,001+

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>

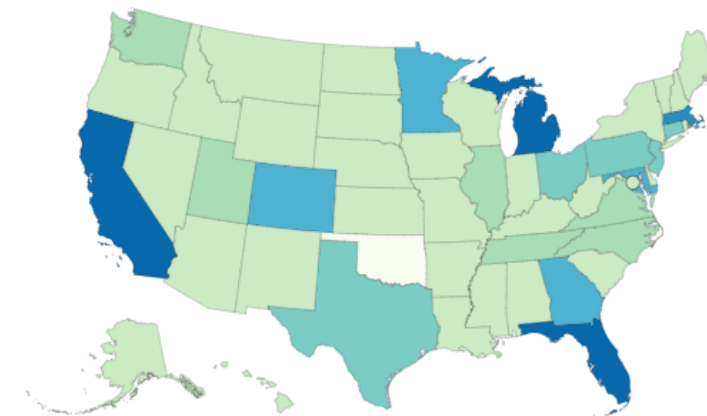
March 31, 2021



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

| Variant | Reported Cases in US | Number of Jurisdictions Reporting |
|---------|----------------------|-----------------------------------|
| B.1.1.7 | 11,569               | 51                                |
| B.1.351 | 312                  | 31                                |
| P.1     | 172                  | 22                                |

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
- 601 to 750
- 751+

Filters

Territories  AS  GU  MH  FM  MP  PW  PR  VI



Variant B.1.1.7 ▼

# *This Just In:* from the CDC/MMWR

## □ **Provisional Mortality Data — United States, 2020**

□ *Early Release* / March 31, 2021 / 70;

<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7014e1-H.pdf>

- What is **already known**? The COVID-19 pandemic caused approximately 375,000 deaths in the United States during 2020.
- What is **added by this report**? Age-adjusted death rate incr. by 15.9% in 2020. Overall death rates highest among non-Hispanic Black persons & non-Hispanic American Indian/Alaska Native pop. COVID-19 was 3<sup>rd</sup> leading COD, & COVID-19 death rate was highest among Hispanics.
- What are the **implications for public health practice**?
- Provisional death est. provide early indication of shifts in mortality trends. Timely/actionable data can guide PH policies/interventions for populations experiencing higher #s of deaths directly/indirectly assoc. w/pandemic.

# COVID-19 and U.S. 2020 Mortality Data

In 2020, COVID-19 was the third leading cause of death in the U.S.\*

## PROVISIONAL 2020 DEATHS



\* Provisional National Vital Statistics System (NVSS) death certificate data on underlying causes of death among U.S. residents in the United States during January-December 2020

CDC.GOV

[bit.ly/MMWR33121](https://bit.ly/MMWR33121)

MMWR

# *This Just In:* from the CDC/MMWR

- ❑ **Death Certificate–Based ICD-10 Diagnosis Codes for COVID-19 Mortality Surveillance — United States, January–December 2020**
  - ❑ *Early Release* / March 31, 2021 / 70;  
<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7014e2-H.pdf>
- ❑ What is **already known**? During 2020, approximately 375,000 U.S. deaths were attributed to COVID-19.
- ❑ What is **added by this report**? Among 378,048 death certificates from 2020 listing COVID-19, 5.5% listed COVID-19 w/o codes for any other conditions. Among 357,133 d. cert.  $\geq$  1 other condition, 97% had co-occurring diagnosis of a plausible chain-of-event condition (e.g., pneumonia or respiratory failure), or a significant contributing condition (e.g., hypertension or diabetes), or both.
- ❑ What are the **implications for public health practice**? Supports accuracy of COVID-19 mort. surv. in U.S. using official d. cert. High-quality documentation of death certificate diagnoses is essential for an authoritative public record.

# Vaccine News [Note: this slide added after today's call]

- ❑ Pfizer-BioNTech vaccine reported by the companies to be extremely effective in young adolescents, perhaps even more so than in adults.
- ❑ Recent clinical trial: no symptomatic infections found in children 12 to 15 yo; “children produced strong antibody responses and experienced no serious side effects.”
- ❑ Some estimate vaccinations could begin before the start of the next academic year for middle school and high school students, and for elementary school children not long after.
- ❑ Companies’ statement that did not include detailed data from the trial, which has not yet been peer-reviewed nor published in a scientific journal.
- ❑ <https://www.nytimes.com/2021/03/31/health/pfizer-biontech-vaccine-adolescents.html>

# Requesting Your Feedback: Clinical Issue

- (Anecdotal) reports of decreased PCP in-person visits for acute resp. sx's (asthma, recurrent croup, infants with noisy breathing/airway malacia) & increased (? inappropriate?) referrals to VT Emergency Departments and/or pediatric specialty care
  - ▣ Noting calls from families “unable to be seen by pediatricians” due to COVID concerns.
  - ▣ Seeing lots of rhinovirus
- We have not quantified this observation with data
  - ▣ Anecdotally, 0-2 pts./shift in UVM MC ED; some recent admissions for bronchiolitis or viral pneumonia (3 pos. for rhinovirus (on extended resp. panel) and 1 pos. for rhino & metapneumo virus).
- **POLL**: what is your current practice for this scenario? What, if any, are barriers to in-person office visits?

! EXPANDED RESPIRATORY PCR (DOES NOT INCLUDE RSV)

STATUS  
Final result

Parafly Type 1 Rslt (PF1RES)

Parafly Type 2 Rslt (PF2RES)

Parafly Type 3 Rslt (PF3RES)

Parafly Type 4 Rslt

Rhinovirus RNA Rslt (RVRES)

Metapneumovirus RNA Rslt (HMOVRES)

Adenovirus DNA Rslt

# *In case you missed it...* **Pediatric Grand Rounds (3/31/21)**

- **The Other Epidemic: Next Steps to Address Youth Vaping and Nicotine Dependence** – *Lauren Faricy, MD, Asst. Professor, Department of Pediatrics*
- Outline:
  - ▣ Data
  - ▣ Strategies
  - ▣ Resources
  - ▣ VCHIP Toolkit
  - ▣ Assistance available from VCHIP for office implementation:
- Request a link to view the recording:
  - ▣ [Penelope.Marchessault@med.uvm.edu](mailto:Penelope.Marchessault@med.uvm.edu)

# VCHIP Youth Vaping Resources

## Vermont Child Health Improvement Program

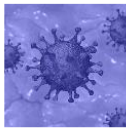
### Adolescent Health / Youth Health Improvement Initiative (YHII)

The Youth Health Improvement Initiative (YHII) began in 2001 through partnership between Vermont Maternal and Child Health (MCH), the Vermont Child Health Improvement Program (VCHIP), Vermont Medicaid and private insurers. Since 2001, the project has influenced over 70 pediatric and family medicine practices across the state of Vermont.

Currently, our efforts are targeted at understanding why adolescents do not access annual well visits with Vermont providers who are well trained to deliver excellent, comprehensive services.

### Resources

#### [Youth Specific COVID-19 Resources](#)

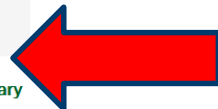


Council on School Health Newsletter (COSH): Letters from Youth Features Two VT RAYS Members  
(posted with permission)

Julia Shannon-Grillo: 18 in the time of COVID

#### NEW!

Clearing The Air: A toolkit to address youth vaping for Primary Care Practices



#### Additional Resources

#### [Transgender Youth Program](#)

Now located at Pediatric Primary Care at 1 South Prospect Street in Burlington, Vermont.  
Click here to find out more.

#### [Behavioral Health Questionnaires](#)

Comprehensive screening forms for Primary Care Offices

#### [Confidentiality](#)

Adolescent & Young Adult Health Care in Vermont - A Guide to Understanding Consent & Confidentiality Laws by Abigail English, JD (pdf)

Provider toolkit can be found on VCHIP's Adolescent Health website:

[http://med.uvm.edu/vchip/projects/adolescent\\_health\\_youth\\_health\\_improvement\\_initiative\\_yhii\\_vt\\_rays](http://med.uvm.edu/vchip/projects/adolescent_health_youth_health_improvement_initiative_yhii_vt_rays)

For QI coaching and support implementing strategies or tools to address youth vaping and quitting in your practice, please contact

[Alyssa.Consigli@med.uvm.edu](mailto:Alyssa.Consigli@med.uvm.edu)



# Practice Issues

## *VDH Immunization Program Update*

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



# COVID-19 vaccine clinics are offered through various programs

## State enrolled sites

- Hospitals
- FQHC's\*
- National Guard
- Kinney's^ pharmacy and off-site clinics
- VDH- OLH (gap filling)

\* FQHC's may be enrolled through the state or HRSA program

^ appointment registration outside state system

## Federal Retail Pharmacy Program

- Walgreen's^
- Walmart
- CVS^
- COSTCO
- Hannaford
- Additional sites coming on

## Federal HRSA Program

- NOTCH
- Additional sites coming on

**Federal Pharmacy LTC program** – different than the LTCF program

# Recent changes to COVID-19 eligibility

New addition:

## ✓ **Parents and primary caregivers of children with high-risk health conditions**

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Make an appointment anywhere EXCEPT Walgreens. No passcode is needed.

Parents and primary caregivers of children with high-risk health conditions who are too young to get vaccinated are eligible to be vaccinated. This will help ensure these parents and caregivers remain healthy enough to care for their child, and that they not risk bringing the virus into the home.

# Recent changes to COVID-19 eligibility

## HOUSEHOLD MEMBERS OF BIPOC VERMONTERS

**Starting April 1,** If you or anyone in your household identifies as Black, Indigenous, or a person of color (BIPOC), including anyone with Abenaki or other First Nations heritage, all household members who are 16 years or older can also sign up to get a vaccine. People can sign up online, by calling the Health Department, signing up through a participating pharmacy or making an appointment at a BIPOC household focused clinic using the forms or phone numbers below.



RT @vtdigger: @GovPhilScott @VermontAHS .@healthvermont Commissioner Mark Levine says parents or caregivers of high-risk children who are t...  
[Read More](#)



HOME / COVID-19 / HEALTH CARE PROFESSIONALS /

## VACCINE INFORMATION FOR HEALTH CARE PROFESSIONALS

The Health Department is working closely with the Centers for Disease Control and Prevention (CDC) and other partners to distribute vaccines as they become available. You can find the most current information and guidance on these pages.

**COVID-19 VACCINE PROGRAM UPDATE**

**MAKE AN APPOINTMENT**

### GETTING YOUR VACCINE? TELL THE WORLD!

Vaccines are a critical tool to ending the COVID-19 pandemic. Tell Vermonters what getting your shot means to you and share your selfie using the hashtag **#OurShotVT**.

<https://www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals>

# COVID-19 Vaccine

## Administration Errors and Deviations



A vaccine administration error is any preventable event that may cause or lead to inappropriate use of vaccine or patient harm. This table provides resources for preventing and reporting COVID-19 vaccine administration errors, as well as actions to take after an error has occurred. For completeness, it includes additional scenarios that deviate from CDC recommendations for vaccine intervals but are not considered administration errors.

### For all vaccine administration errors:

- Inform the recipient of the vaccine administration error.
- Consult with the [state immunization program](#) and/or [immunization information system \(IIS\)](#) to determine how the dose should be entered into the IIS, both as an administered dose and to account for inventory.
- Providers are required to report all COVID-19 vaccine administration errors—even those not associated with an adverse event—to [VAERS](#).
- Determine how the error occurred and implement strategies to prevent it from happening again.

### Interim recommendations for COVID-19 vaccine administration errors and deviations

| Vaccines   | Type                 | Administration error/deviation   | Interim recommendation  |
|--|----------------------|--|---|
| All currently authorized vaccines (Pfizer-BioNTech, Moderna, and Janssen COVID-19 vaccines) Inactive ingredients | Site/route           | • Incorrect site (i.e., site other than the deltoid muscle [preferred site] or anterolateral thigh [alternate site])   | • Do <b>not</b> repeat dose.* Inform the recipient of the potential for local and systemic adverse events.  |
|  |                      | • Incorrect route (e.g., subcutaneous)   | • Do <b>not</b> repeat dose.* Inform the recipient of the potential for local and systemic adverse events.  |
|  | Age                  | • Unauthorized age group   | <ul style="list-style-type: none"> <li>• If received dose at age less than 16 years, do <b>not</b> give any additional dose at this time.**</li> <li>• If age 16 to 17 years and a vaccine other than Pfizer-BioNTech was inadvertently administered:                             <ul style="list-style-type: none"> <li>○ If Moderna vaccine administered as the first dose, may administer Moderna vaccine as the second dose (as off-label use, because Moderna vaccine is not authorized in this age group).</li> <li>○ If Janssen vaccine administered, do <b>not</b> repeat dose with Pfizer-BioNTech vaccine.</li> </ul> </li> </ul> |
|  | Dosage               | • Higher-than-authorized dose volume administered  | • Do <b>not</b> repeat dose.*†  |
|  |                      | • Lower-than-authorized dose volume administered (e.g., leaked out, equipment failure, recipient pulled away)  | <ul style="list-style-type: none"> <li>• If more than half of the dose was administered, do <b>not</b> repeat dose.*</li> <li>• If less than half of the dose was administered or the proportion of the dose cannot be estimated, administer the authorized dose immediately (no minimum interval) in the opposite arm.‡</li> </ul>   |
|  | Storage and handling | • Dose administered after improper storage and handling (e.g., temperature excursion, more than allowed time after first vial puncture)  | • Contact the manufacturer for guidance. If the manufacturer provides information supporting that the dose should be repeated, the repeated dose may be given immediately (no minimum interval) in the opposite arm.  |
| • Dose administered past the expiration/beyond-use date  |                      | • Contact the manufacturer for guidance. If the manufacturer provides information supporting that the dose should be repeated, the repeated dose may be given immediately (no minimum interval) in the opposite arm. |   |

Source:

<https://www.cdc.gov/vaccines/covid-19/downloads/covid19-vaccine-errors-deviations.pdf>

# Tuesday Media Briefing (3/30/21)



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

- ❑ **3/29/21** opened to 50+; >21K made appointments
- ❑ 3/30/21: 202,303 vax; 116K+ both doses. Had anticipated reaching 200K by end March – *“we are right on that schedule.”*
- ❑ Hospital visitation policy changing: 3/30/21 revised GLs for fully vax. Must “present evidence” (e.g., vax card). Hospitals have discretion to use more stringent standards. Must cont. to apply all safety protocols: e.g., masks. Also updated HCP guidance for inpt/outpt procedures. Screen pts. for vax status; pts. be prepared to show evidence of vaccine.
- ❑ Federal pharmacy program: cont. to add more partners – CVS Essex/Rutland/Williston. April 5: 12 Hannaford locations around VT.

# Tuesday Media Briefing (cont'd.)



## Modeling – Commissioner Pieciak:

- B.1.1.7 and the race between variants and vaccine.
- Last wk concerning trends, esp. MI w/highest/capita, incl. B117 & slow vax.
- This wk. indic clearer: “*variants pulling ahead*”; cases incr. >30 states
- Some trends in VT: crossed 19K (single highest day); w/in 2 cases of highest weekly total (Jan 5). But fortunate to have made so much vaccine progress, especially w/most vulnerable.
- This week similar to Jan. 5 total, but then 21% cases in 60+) vs. this wk. 9% cases in 60+. Also significant decrease in cases in 80+
- Trend toward younger cases seen thruout 2021. Now  $\leq 10$  & 60+ disproportionately lower this yr. Now 10-19 & 20-29 (latter 13.4% of pop.) are 20% of cases. “Dramatic rise in 20 yos in March (53% to date); better vax progress w/older population.



# Tuesday Media Briefing (cont'd.)



## Modeling – Commissioner Pieciak:

- ❑ Current case rates: est. 78 lives saved by vaccine available in VT.
- ❑ Vermont 1<sup>st</sup> in U.S. with **83.6%** of 65+ partially or fully vaccinated
- ❑ 14d. case rate: stable X 5 wks.; now cases have started to climb. But in 70+ cases down 81%. vs. down 11% in <70.
- ❑ 6 active LTCF outbreaks in VT, but smaller than previous (av. >38 cases vs. 5).
- ❑ Case counts elevated in more northern counties & Rutland.
- ❑ Hosps. rel stable: rate incr. 6% past 7d. but down 59% from peak early Feb. & **weekly fatality rate trending down.**
- ❑ Forecast less predictable due to incr cases: CDC ensemble forecast (30 sources) ~stable thru April. Wyman forecast antic. rise until decr. end April & into May. *“Range of outcomes all possible but w/in our control.”*

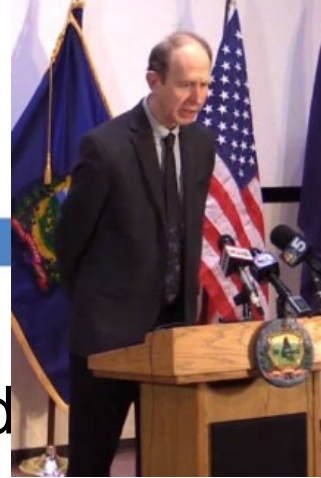
# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Levine

- **3/31/21**: opening vaccine to **parents of children w/serious health conditions** too young for vaccine. We must ensure parents healthy enough to care for children. Register online or through Call Center.
- BIPOC population: working to increase vaccine access: this pop. at highest risk of d. & goal is to prevent critical illness leading to hosp.
  - ▣ Data shows almost 2X risk for hosp. among BIPOC pop.
  - ▣ Pace of vaccine continues to lag significantly: 20.2% rec'd. at least one dose, vs. 33.4% non-Hisp whites (despite strategies like vax to family members in multigen. HH & engaging community partners in clinics.
  - ▣ **4/1/21**: all BIPOC 16+ and family can register for state-run, pharmacy, or community clinics; will attest as member of BIPOC pop. at registration.

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Levine

- ❑ Shared the story of a man in 70s who lives in very rural VT. Developed severe cough, SOB, fatigue
- ❑ Through VDH program had rec'd. (free) pulse ox. Physician volunteer contacted him per protocol w/in 24 hrs. of receipt; pt. reported values of 83% a.m. & 89% mid-day – pt. unaware he was hypoxic.
- ❑ Volunteer physician strongly advised him to go to closest ED to be evaluated – hospitalized next day.
- ❑ More than 2 wks. later, pt. called the volunteer physician after 2-week hospitalization – calling to say volunteer “saved his life.”
- ❑ NOTE: pts. are offered pulse oximeter when positive test – but **only 25% accept offer.**

# Tuesday Media Briefing (cont'd.)



## Governor Phil Scott (post-White House call)

- To get 5-6K more doses this wk vs. last for SOV & pharm.
- Small bump Pfizer & Moderna; significant incr. in J & J supply
- Federal pharmacy program will get near double allocation.
  - ▣ We expressed concern re: lack of coordination between that program and the states. Watching for stockpiling/not using their allocation.
  - ▣ Supply overall flat next wk. J & J will fluctuate up & down over next couple wks. *“Don’t have a good handle on their supply chain.”*
- VT is first in US for 65+ vaccine; cases down significantly in this pop.
- ***Mud season and Vermont roads!***

# (Select) Q & A

- **Q:** Do increased case #s change your anticipated Blueprint for the next several weeks? Gov. Scott: no.
- **Q:** seems like more schools going remote – more transmission in schools. Gov: not sure it's more transmission in schools. Comm. Levine: “more schools impacted by cases.” Secy. French may have insight re: impact on school staffing needs. Secy. French: considering impact of recent CDC guidance, etc.
- **Q:** can individuals switch vaccine sites to more convenient for dose #2? Smith: hard to keep track, so better to return to same site.

# COVID-19 vaccine response in pregnant & lactating women: a cohort study

- American Journal of Obstetrics & Gynecology, 3/25/21 (Pre-proof)  
[https://www.ajog.org/article/S0002-9378\(21\)00187-3/fulltext](https://www.ajog.org/article/S0002-9378(21)00187-3/fulltext)
  - **Objectives:** evaluate immunogenicity & reactogenicity of COVID-19 mRNA vaccination in pregnant & lactating women compared to: (1) non-pregnant controls and (2) natural COVID-19 infection in pregnancy.
  - **Study Design:** prospective cohort study of 131 reproductive-age vaccine recipients (84 pregnant, 31 lactating, and 16 non-pregnant) at two academic medical centers (Harvard: Brigham & Women's, Mass. Genl.).
  - Titers of SARS-CoV-2 Spike and RBD IgG, IgA and IgM quantified in participant sera (N=131) and breastmilk (N=31) at baseline, second vaccine dose, 2-6 weeks post second vaccine, and at delivery by Luminex. Umb. cord sera (N=10) titers assessed at delivery. Titers compared to those of pregnant women 4-12 weeks from natural infection (N=37) by ELISA. A pseudovirus neutralization assay was used to quantify neutralizing antibody titers for the subset of women who delivered during the study period. Post-vaccination symptoms were assessed via questionnaire.

# COVID-19 vaccine response in pregnant & lactating women: a cohort study (cont'd.)

- **Results:** Vaccine-induced antibody titers were equivalent in pregnant and lactating compared to non-pregnant women. **All titers were significantly higher than those induced by SARS-CoV-2 infection during pregnancy** ( $p < 0.0001$ ). Vaccine-generated antibodies were present in all umbilical cord blood and breastmilk samples. Neutralizing antibody titers were lower in umbilical cord compared to maternal sera, although this finding did not achieve statistical significance. The second vaccine (boost) dose increased SARS-CoV-2-specific IgG, but not IgA, in maternal blood and breastmilk. No differences were noted in reactogenicity across the groups.
- **Conclusions:** COVID-19 mRNA vaccines generated robust humoral immunity in pregnant and lactating women, with immunogenicity and reactogenicity similar to that observed in non-pregnant women. Vaccine-induced immune responses were significantly greater than the response to natural infection. Immune transfer to neonates occurred via placenta and breastmilk.

# 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>



# Opportunity to Benefit Lund *(thank you, Molly Rideout)*

- ❑ Bernie's Mittens raffle is now live!
- ❑ Win a pair hand-knitted & donated by Jen Ellis
  - ❑ Grand Prize: Bernie's mittens
  - ❑ 2<sup>nd</sup> Prize: Darn Tough Socks
  - ❑ 3<sup>rd</sup> Prize: Vermont maple syrup
- ❑ <https://go.eventgroovefundraising.com/lundmittens>
- ❑ Available until April 4, 2021 at 11:59 pm
- ❑ Drawing April 5 at 8:00 am



# 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/>

*Thank you, Chelsea Corder!*



# In Case You Missed It: Federal COVID-19 Response

- CNN special report: ***COVID WAR: The Pandemic Doctors Speak Out***
  - ▣ Hosted by Sanjay Gupta, MD (recorded in January, 2021)
  - ▣ Drs. Deborah Birx, Anthony Fauci, Brett Giroir, Stephen Hahn, Robert Kadlec & Robert Redfield.
  - ▣ <https://www.cnn.com/health/live-news/covid-pandemic-doctors-cnn-special/index.html>
- Many states opening vaccine registration to **all eligible adults 3/29/21**:
  - ▣ KS, LA, ND, OH, OK, TX

# Summer Opportunities: Survey in Progress



## 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](mailto:info@vermontafterschool.org)

# 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"*

# 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

# 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, April 2, 2021 – 12:15 – 12:45 pm**
- Generally back to **Monday/Wednesday/Friday** schedule
- Please tune in to VMS call with VDH Commissioner Levine:  
**Thursday, April 1, 2021 – 12:30-1:00 p.m. – Zoom platform & call information:**
- **Join Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdJlJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
- One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#