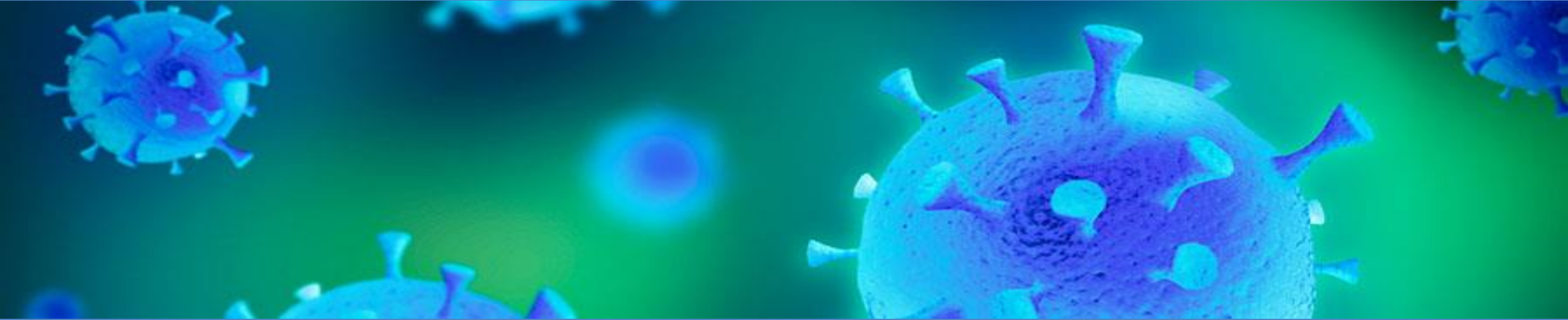


VCHIP / CHAMP / VDH COVID-19 UPDATES



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 5, 2021



Technology Notes

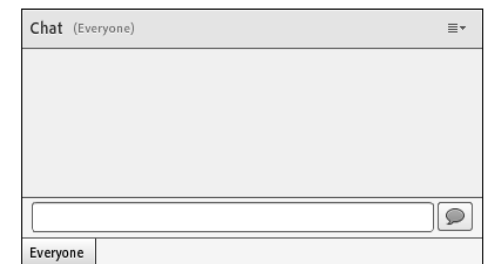
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

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

- Marking the one-year anniversary of the announcement of VT first presumptive case of COVID-19 (3/7/20)
<https://www.healthvermont.gov/media/newsroom/vermont-announces-first-presumptive-case-new-coronavirus-covid-19-march-7-2020>
 - ▣ Adult patient hospitalized at SVMC; “at the more serious end of the spectrum of illness”
- Reminder – weekly event schedule:
 - ▣ **VCHIP/CHAMP/VDH calls: M/W/F**; Gov. Media Briefings Tues/Fri; VMS call with VDH Commissioner Levine Thursday
- Situation, VDH, federal updates; Friday media briefing
- Practice Issues: **COVID-19 Variants & Vaccines** (Drs. Raszka, Lee)
- Q & A/Discussion



<https://www.vpr.org/post/health-officials-announce-first-coronavirus-case-vermont#stream/0>

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

Thought for Today

I CANNOT CONTROL
(So, I can LET GO of these things.)

I CAN CONTROL
(So, I will focus on these things.)

IF OTHERS FOLLOW THE RULES OF SOCIAL DISTANCING

THE AMOUNT OF TOILET PAPER AT THE STORE

THE ACTIONS OF OTHERS

MY POSITIVE ATTITUDE

TURNING OFF THE NEWS

FINDING FUN THINGS TO DO AT HOME

HOW LONG THIS WILL LAST

PREDICTING WHAT WILL HAPPEN

MY OWN SOCIAL DISTANCING

LIMITING MY SOCIAL MEDIA

MY KINDNESS & GRACE

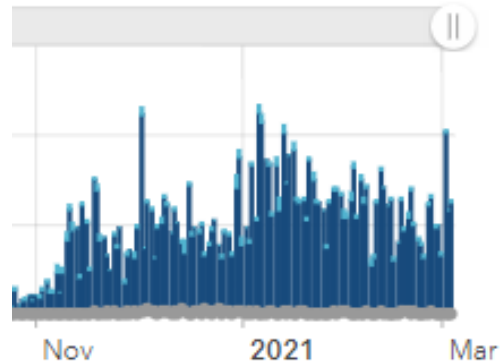
OTHER PEOPLE'S MOTIVES

HOW OTHERS REACT

Clipart: Carrie Stephens Art
TheCounselingTeacher.com

Situation update

New Cases 126 15,819 Total
Currently Hospitalized 26
Hospitalized In ICU 4
Hospitalized Under Investigation 0
Percent Positive 7-day Avg. 1.6%
People Tested 334,096
Total Tests 1,107,296
Recovered 13,145 83.1% of Cases
Deaths 207 1.3% of Cases
Last Updated: 3/5/2021, 11:16:33 AM



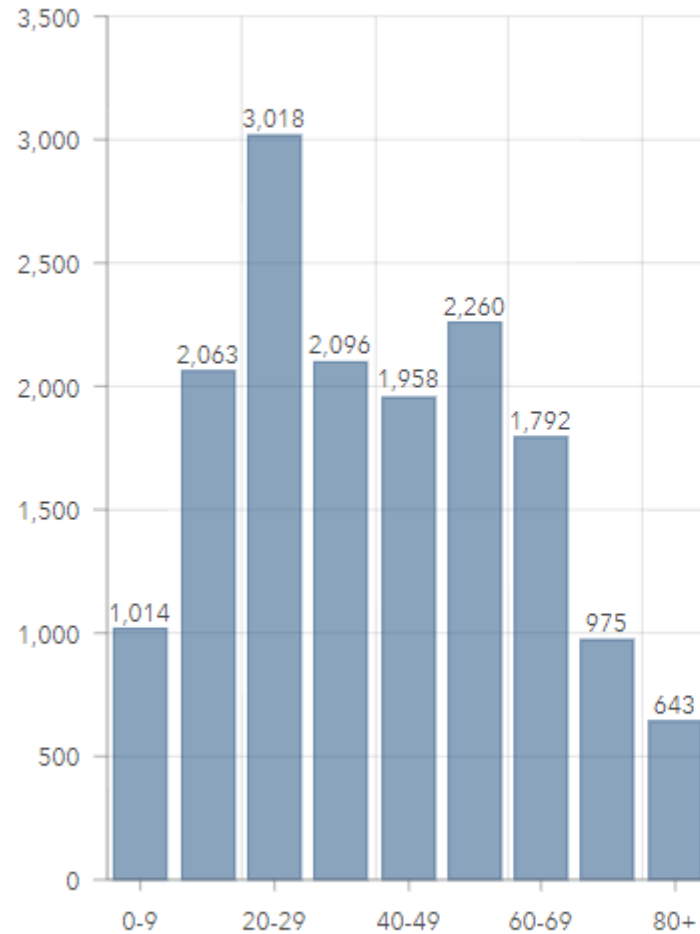
VT New Cases, Probables, Deaths

- U.S. **28.8 million+** cases; **520,028 deaths**
 - <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> (updated 3/5/21)
 - 3/4/21: **62,924 new cases; 1,949 d.; 44,172 hosp.**
 - Past week: average 65,468 cases/day (decrease of 14% from average 2 weeks earlier)
 - **2.5 million+ deaths worldwide; 115.6 million+ cases)**
- **COVID Tracking Project** – cease 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>

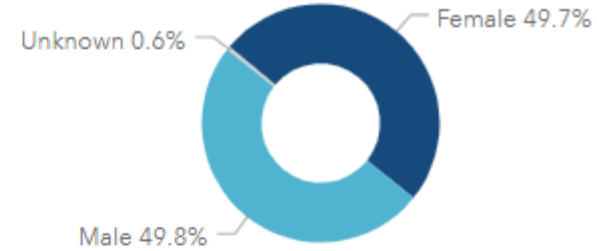
<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

Situation update

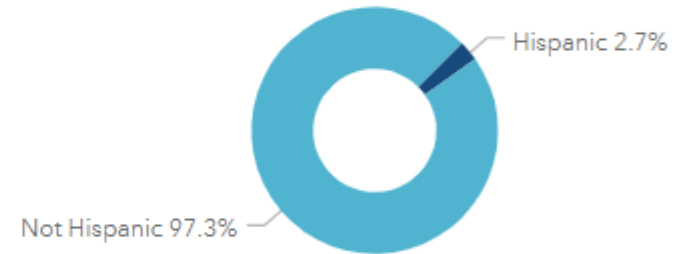
Vermont COVID-19 Cases by Age Group



Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



Case Demographics

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

March 5, 2021

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 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.		
TOTAL FOR ALL SCHOOLS	20	669

February 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.		
TOTAL FOR ALL SCHOOLS	20	657

VT College & University dashboards:

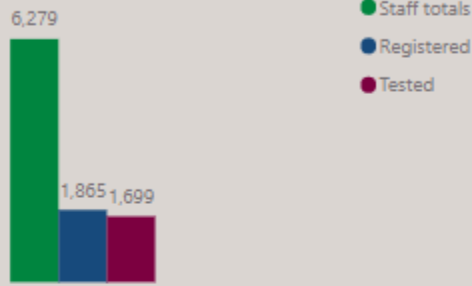
- ▣ **UVM update: effective March 1, all students to be tested 2X/week** (3d. In between; reeval 3/13)
- ▣ Violations of Green and Gold Promise, except for 1st missed test, to be reviewed for suspension in accordance with UVM policy (on-campus res. students will have 48 hours from a final conduct decision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



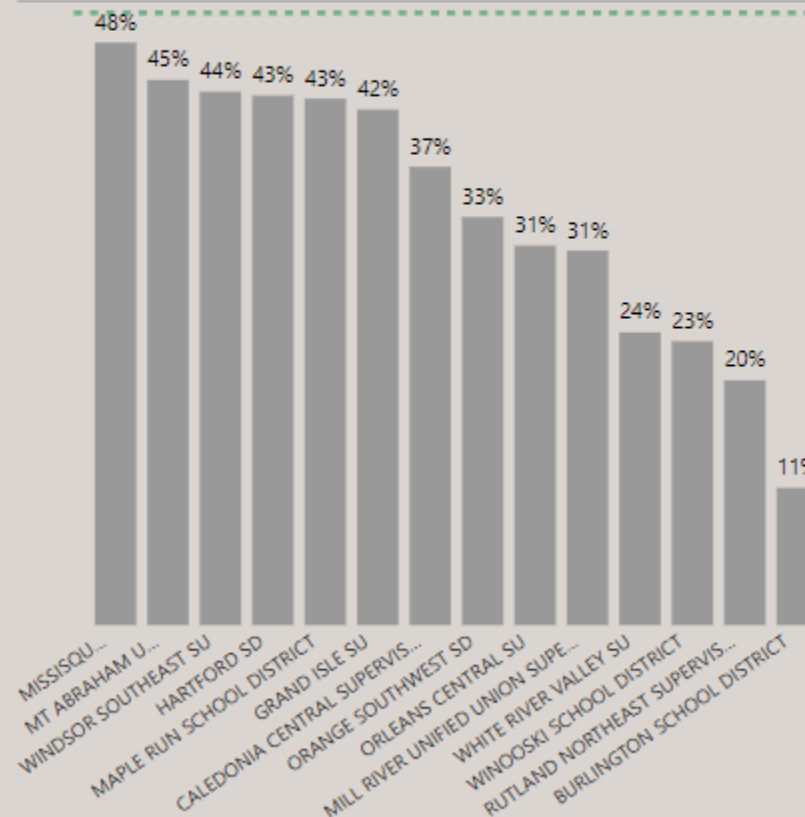
Summary



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

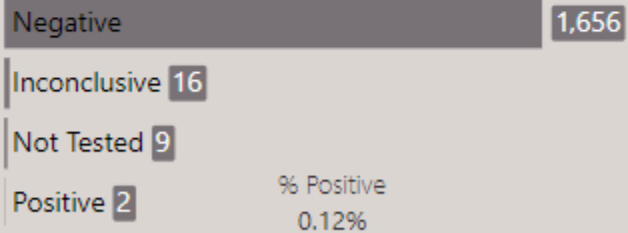
Select Testing Week: January 31, 2021

% 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%
Total	30%

Test Results



% Positive
0.12%

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

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

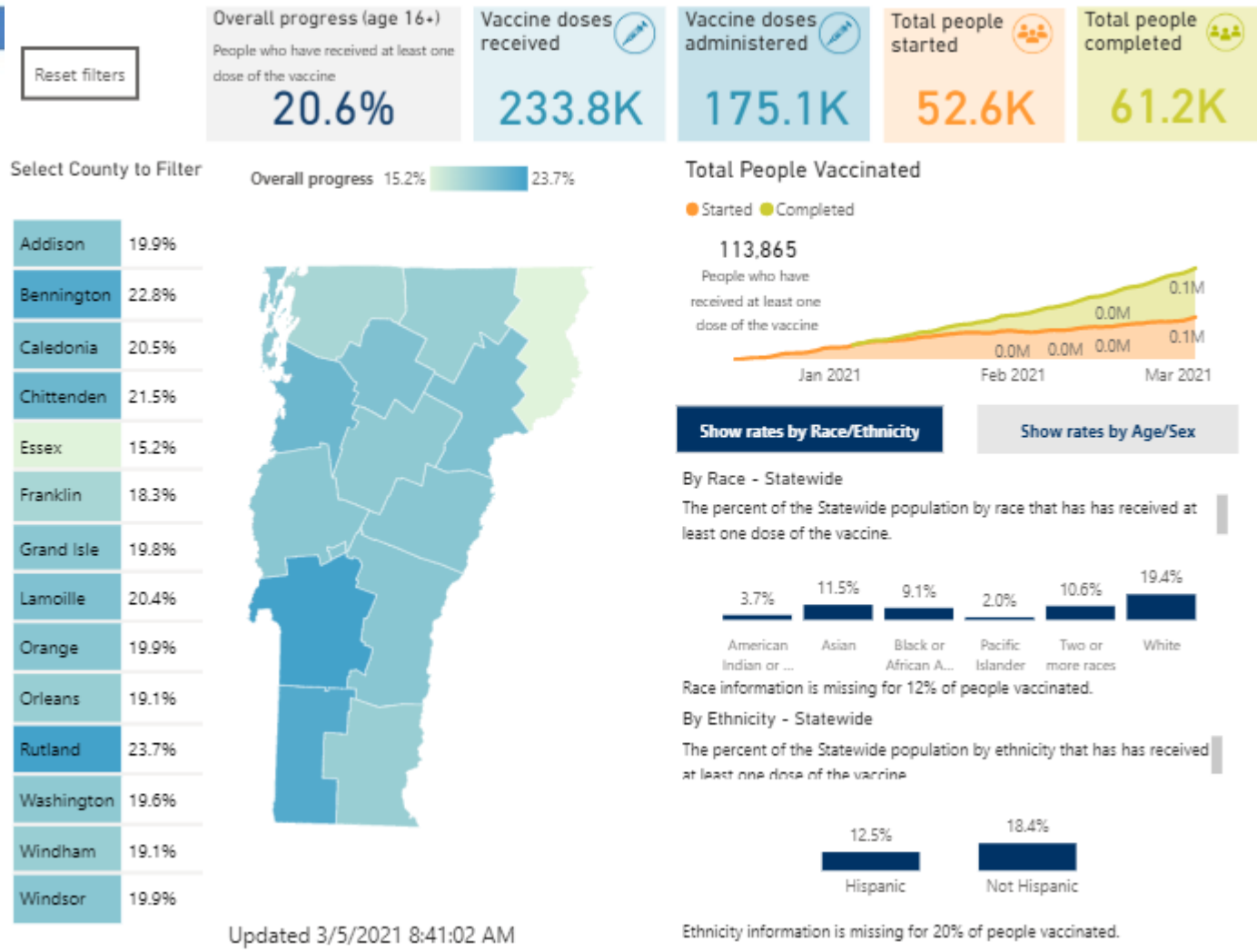
Week of Jan. 31; updated 2/10/21

<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.



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 age 65 years and older can make appointments now.

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

To make an appointment online with the Health Department:

1. Create an account [🔗](#) (anyone can do this anytime!)

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

2. Make an appointment [🔗](#) when your age group is eligible to get the vaccine.

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

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

Enter First Name

* Last Name

Enter Last Name

* Phone Number

Enter Phone Number

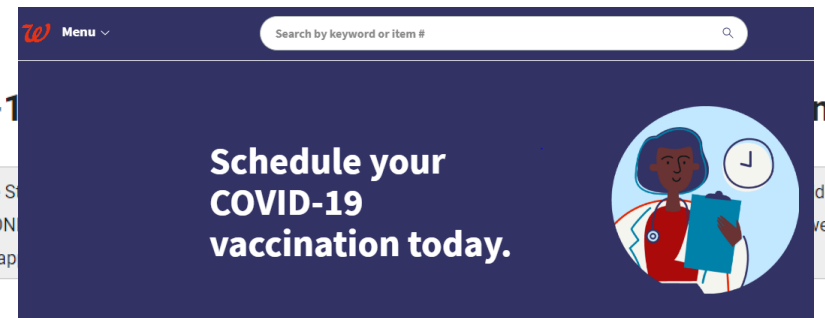
* Email Address

Enter Email



[📷 Photo](#) [👤 Login](#) [👤 Create New Account](#) [📍 Store Locator](#) [📄 Refills](#)

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



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

- Appointments from 3/5/21 – 5/22/21
 - ▣ **200,371 total appointments clinics** (health care, VDH (Local/District Health Office POD, and some pharmacies)
- **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.

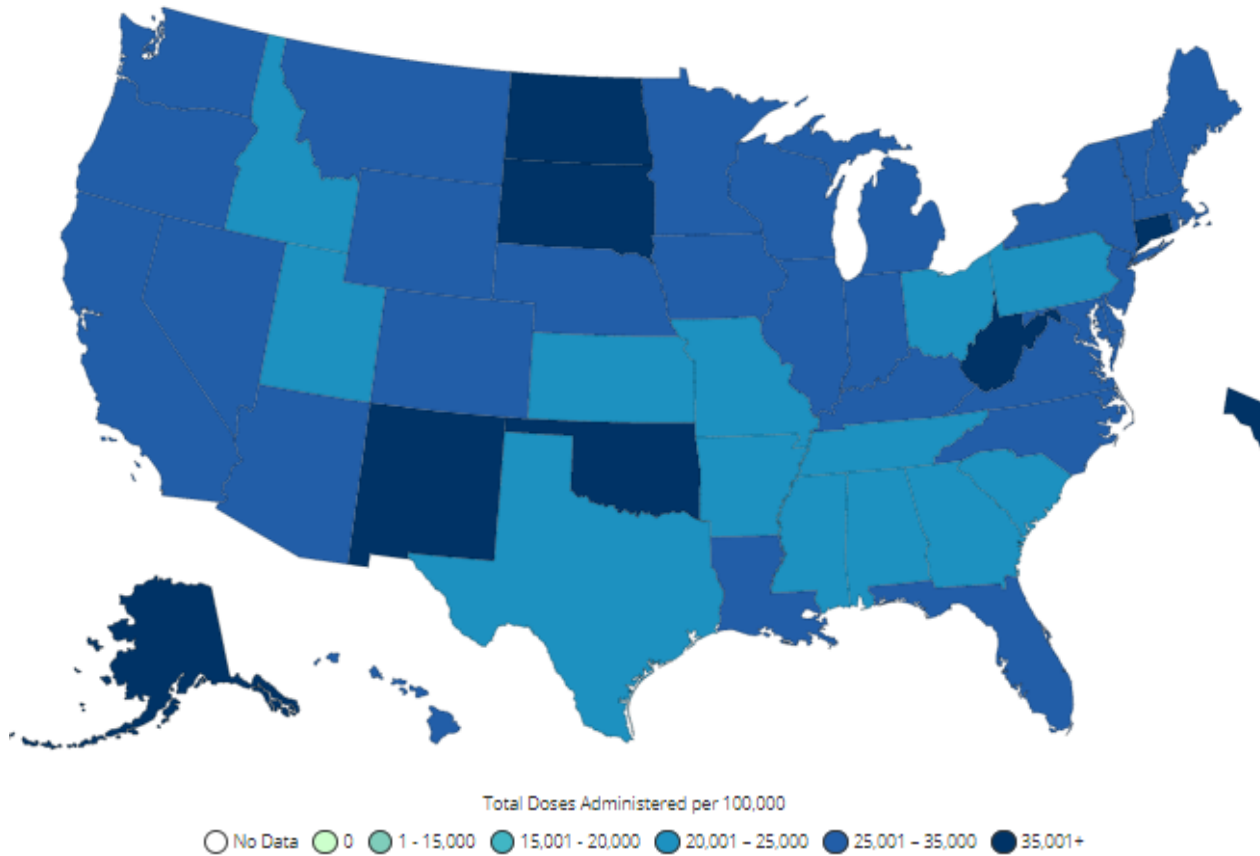
VDH Updated Vaccine Toolkit

- **Updated:** Eligibility-specific, “alert” messaging (currently 65+)
 - ▣ Social media posts; blog/newsletter; email; letter
- General, “evergreen” messaging about vaccines – includes new posts about preparing for vaccine eligibility, safety and efficacy of vaccines, and importance of getting vaccinated.
 - ▣ Social media posts
 - ▣ Blog/Newsletter
 - ▣ Posters (8.5”x11” and 11”x17”). Files for full-bleed posters for commercial printing are available upon request (available in multiple languages).
 - ▣ Vaccine fact sheet: “Things You Should Know About COVID-19 Vaccines.” (available in multiple languages).



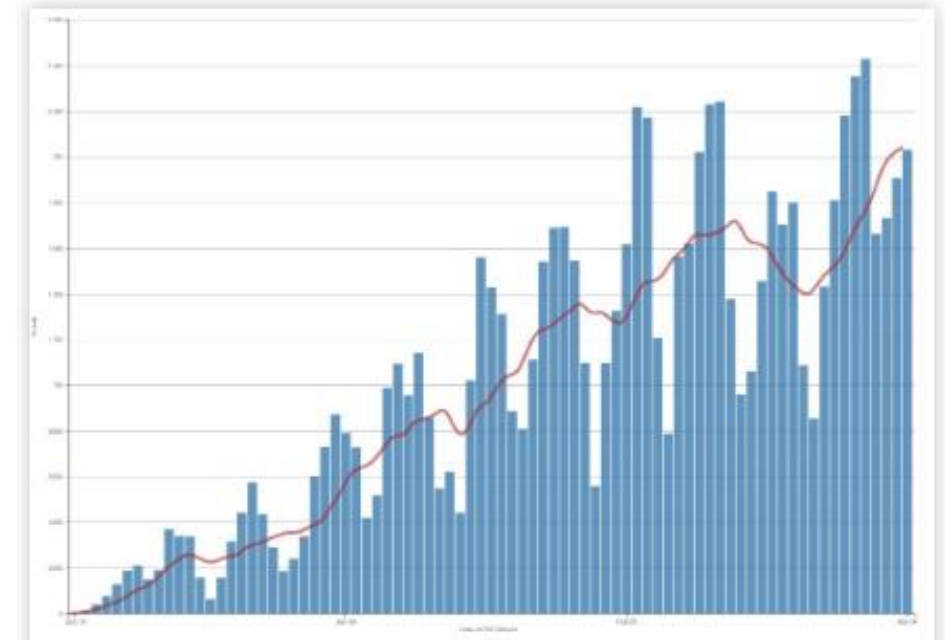
From the CDC Vaccine Tracker

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



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

— 7-Day moving average



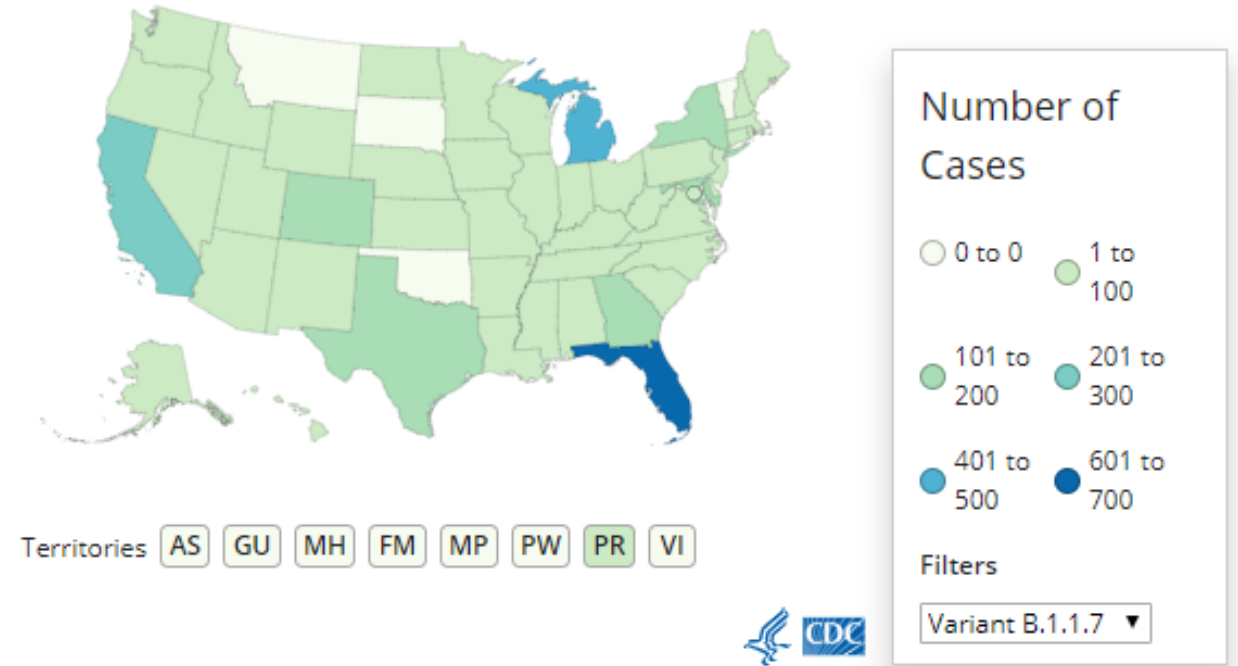
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

<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	2672	48
B.1.351	68	17
P.1	13	7

Emerging Variant Cases in the United States**





From the CDC: MMWR Early Releases

- Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — U.S., March 1–Dec. 31, 2020 (March 5, 2021)
 - Mask mandate assoc. w/decrease in daily COVID-19 case & death growth rates w/in 20 d. of implementation. Allowing on-premises rest. dining assoc. w/increase in daily COVID-19 case growth rates 41–100 d. after impl. & increase in daily death growth rates 61–100 days after implementation.
 - <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7010e3-H.pdf>
- Estimated SARS-CoV-2 Seroprevalence Among Persons Aged <18 Years — Mississippi, May–September 2020 (March 5, 2021)
 - Serologic testing of residual blood specimens collected May-Sept. 2020, suggested ~16.3% of young persons in MS might have been infected with SARS-CoV-2 by mid-September 2020 (but few reported).
 - <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7009a4-H.pdf>

Friday Media Briefing (3/5/21)

Governor Phil Scott

- Marking one year since 1st case – recalling being at Norwich hockey game – optimism re: future (e.g., vaccine development).
- 20% Vermonters over 16 rec'd. one dose; Phase 5 includes ~75K
- Other positive signs: lifting some restrictions.
- Effective today: fully vaccinated can gather with other vaccinated individuals in their homes
 - For example, if 8 fully vaccinated individuals wanted to get together at someone's house for dinner, they are now able to do so. This can also include one other household that is not vaccinated.
 - Planning to have further announcements next week.
- Senator Leahy here to provide update on relief package.



Friday Media Briefing (cont'd.)

Senator Patrick Leahy – COVID-19 Relief:

- ❑ Additional funds: 27m. for VT vaccination effort
- ❑ Homeowner assistance fund: 50m.
- ❑ Broadband: 100m. (impact on remote education)
- ❑ Will preside over debate as President Pro Tempore
- ❑ Gave up his seat yesterday to VP Harris to break the 50-50 Senate tie on motion to proceed with debate on President Biden's \$1.9 trillion COVID-19 relief bill.



Friday Media Briefing (cont'd.)



AOE Secretary Dan French

- Surveillance testing not done this week (post-school vacation)
 - ▣ Will resume testing next week
- Planning this week focused on standing up vaccination program
- Vaccine surveys: Of 15,241 (K-12) responses, 92% interested.
Child care: 2,229 responses, 81% interested in being vaccinated
- Working w/districts/child care to obtain head counts/schedule clinics.
- Positive recovery example of Windsor in partnership w/Billings Farm (activity barn): IP 4d./wk. for Woodstock Elementary.
- Congratulate Burlington School District on return to IP high school students (refurbished Macy's department store, downtown BTV)

Friday Media Briefing (cont'd.)



AHS Secretary Mike Smith

- Vaccination progress: 113,865 total rec'd. some vaccine.
- 65+: 23,486 have made appointments as of this a.m.
- Call center for homebound now active:
 - ▣ **NEW PHONE # 1-833-722-0860**
- VNG has appointments at Doubletree tomorrow/Sunday
- Walmart started today; Costco will begin today.
- Must register through SOV web site – don't call stores directly.
- Kinney: large event at Spaulding HS Sunday
- Walgreens continuing to offer through federal pharmacy program.

Friday Media Briefing (cont'd.)



AHS Secretary Mike Smith

- Phase 5 will begin for high-risk health conditions (~75K)
 - ▣ Phase 5a 55+: make appt. beginning 3/8/21
 - ▣ Phase 5b 16+: begin Monday, 3/15/21
- 3/8/21: teachers/school staff (initial at Harwood, Springfield, Barre, N. Country, Rutland City, Mill River, all Benn. Co. District Schools.). Then ≥ 28 additional clinics in next few weeks.
- 3/15/21: regulated child care 3/15/21 at clinics in District
 - ▣ Will get instructions directly from employers
- Starting next week, J & J allocation less – so will use extra doses Pfizer to augment supply (by EMS, VDH, etc. on-site at vax clinics)
- 3/8/21: EMS, additional law enforcement, state DOC staff.

Friday Media Briefing (cont'd.)



VDH Commissioner Levine

- *“One of the fastest years I’ve experienced.”*
- One year ago this week our PH Laboratory started testing: 124,674 tests in partnership w/VNG = $>3 \frac{1}{2} \times$ entire testing volume for 1 year.
- Assembled/ 209K testing kits.
- Uptick in cases in Stowe area – additional testing at Stowe HS.
- Watching Franklin Co. closely – additional testing in coord. w/MV Rescue.
- In response to findings in wastewater of new variant, abundant testing in BTV area (though B.1.1.7 not yet in VT tests – but awaiting confirmation).
- TX, MS, etc. ending mask requirements & other restrictions (restaurants) – Drs. Fauci & Walensky agree with me that this is not a good idea.

Media Briefing Q & A (3/5/21)

- **Q:** outbreak in Northern State Correctional Facility. Governor Scott: reiterated vaccine strategy. Expanding vaccinations to DOC officers next week – “will protect offenders residing there.”
 - ▣ Once we get through education system in order to help students, my hope is to go back to age banding.
- **Q:** “Wasted doses” at CVMC – VT Digger report

COVID-19 Variants and Vaccines

*Drs. William Raszka & Benjamin Lee, Pediatric Infectious Disease,
UVM Children's Hospital*



THE
University of Vermont
Children's Hospital



COVID Variants: 3/4/2021

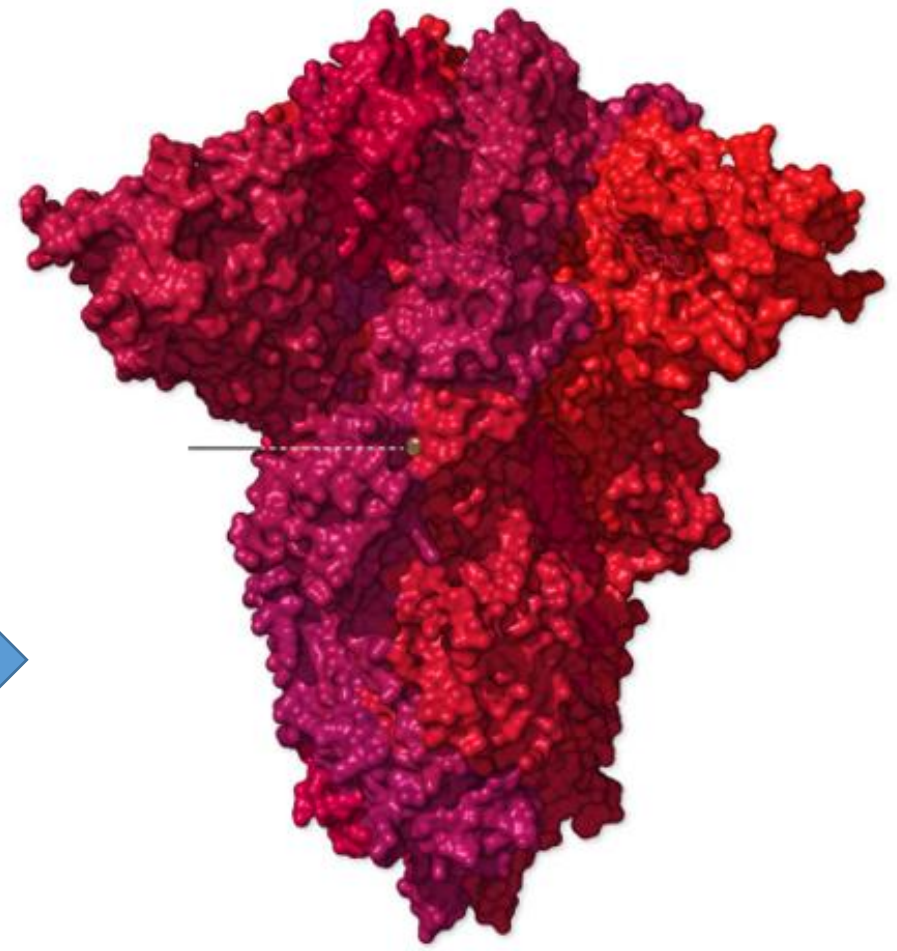
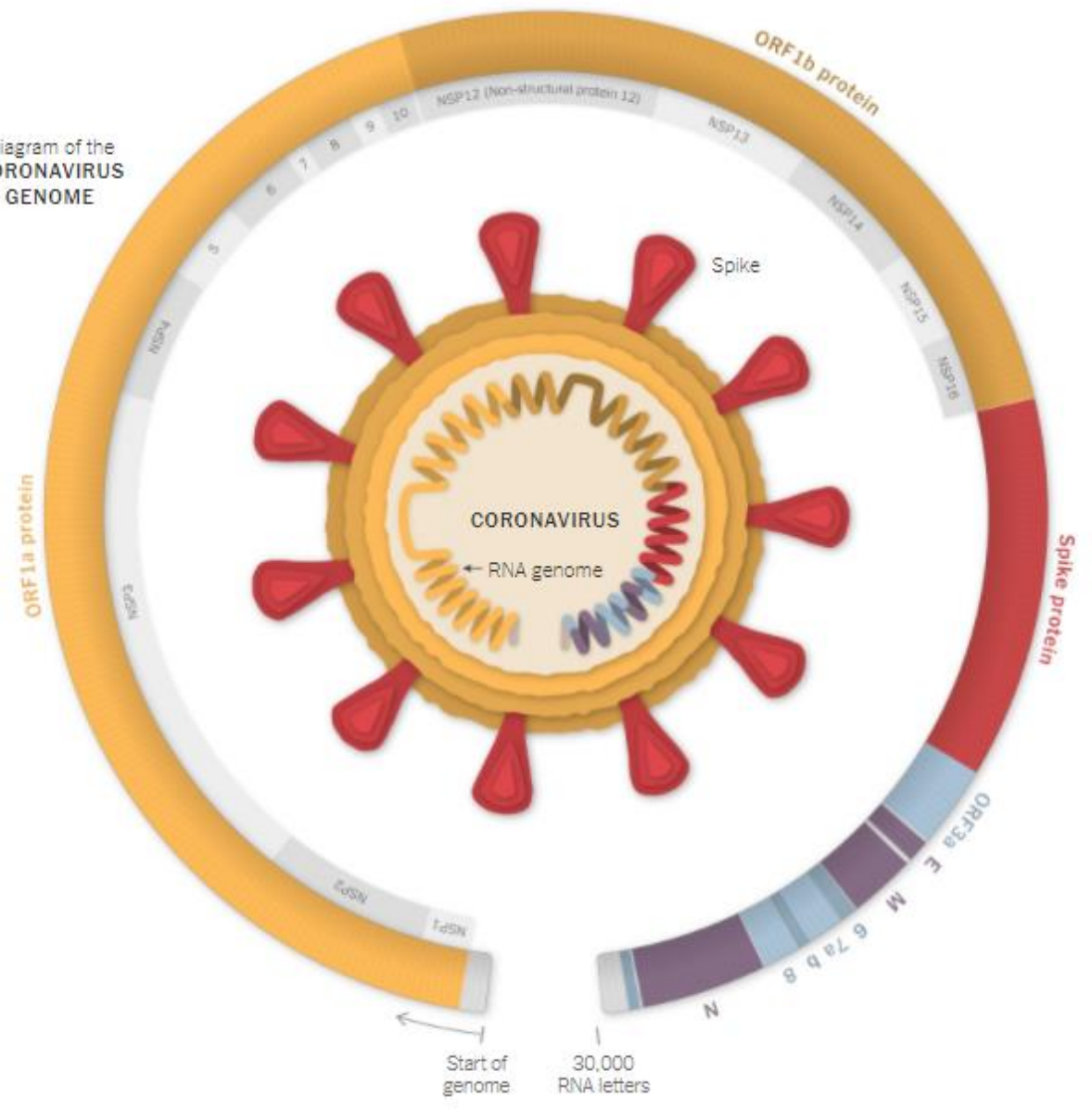
William Raszka

Ben Lee

Definitions

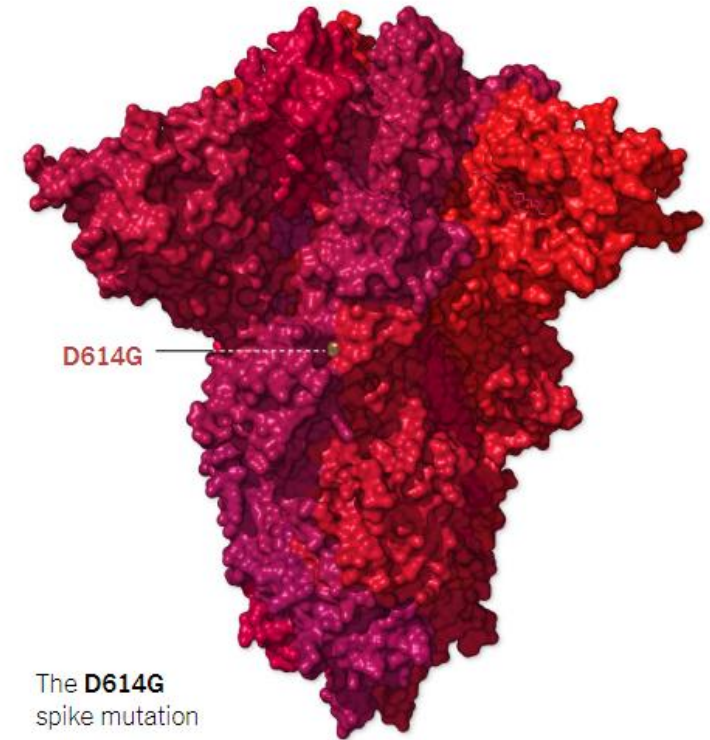
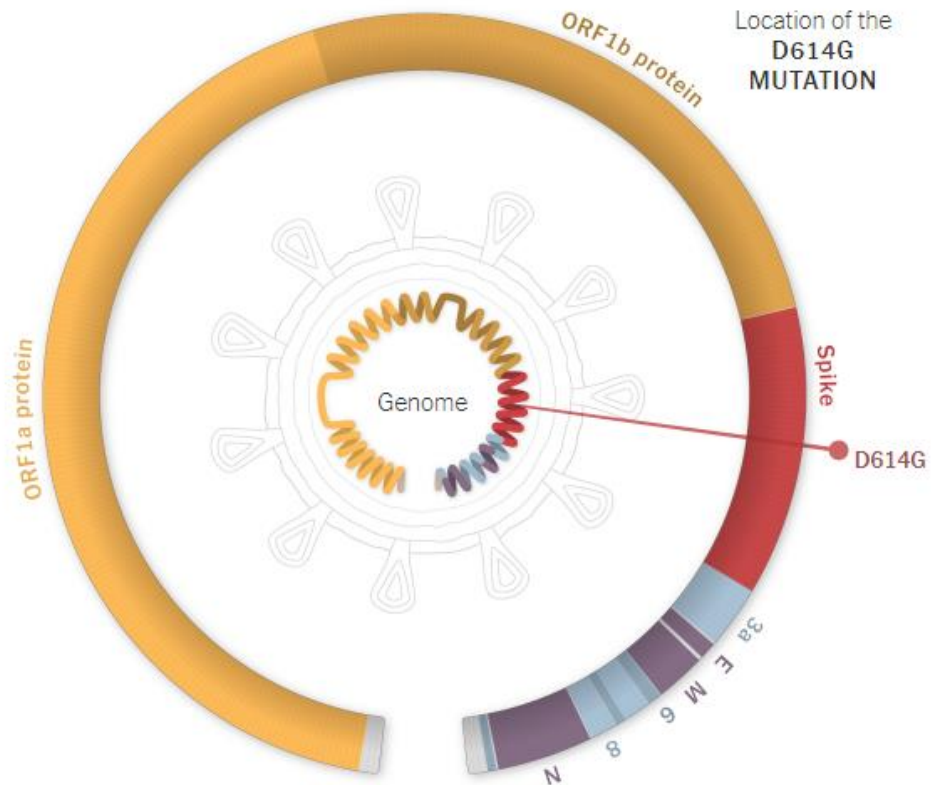
- Mutation:
 - A permanent alteration in the genetic sequence
 - Mutations can be tracked (N501Y)
- Variant:
 - A group of coronaviruses that share the same inherited set of distinctive mutations
- Lineage:
 - A branch of viral family tree (B.1.1.7)
- Strain:
 - A lineage that has evolved differences in how the virus functions (SARS-CoV-2)

Diagram of the CORONAVIRUS GENOME



Three spike proteins to form one spike therefore mutations appear three times

The dominant strain in the US for the past year is a variant!

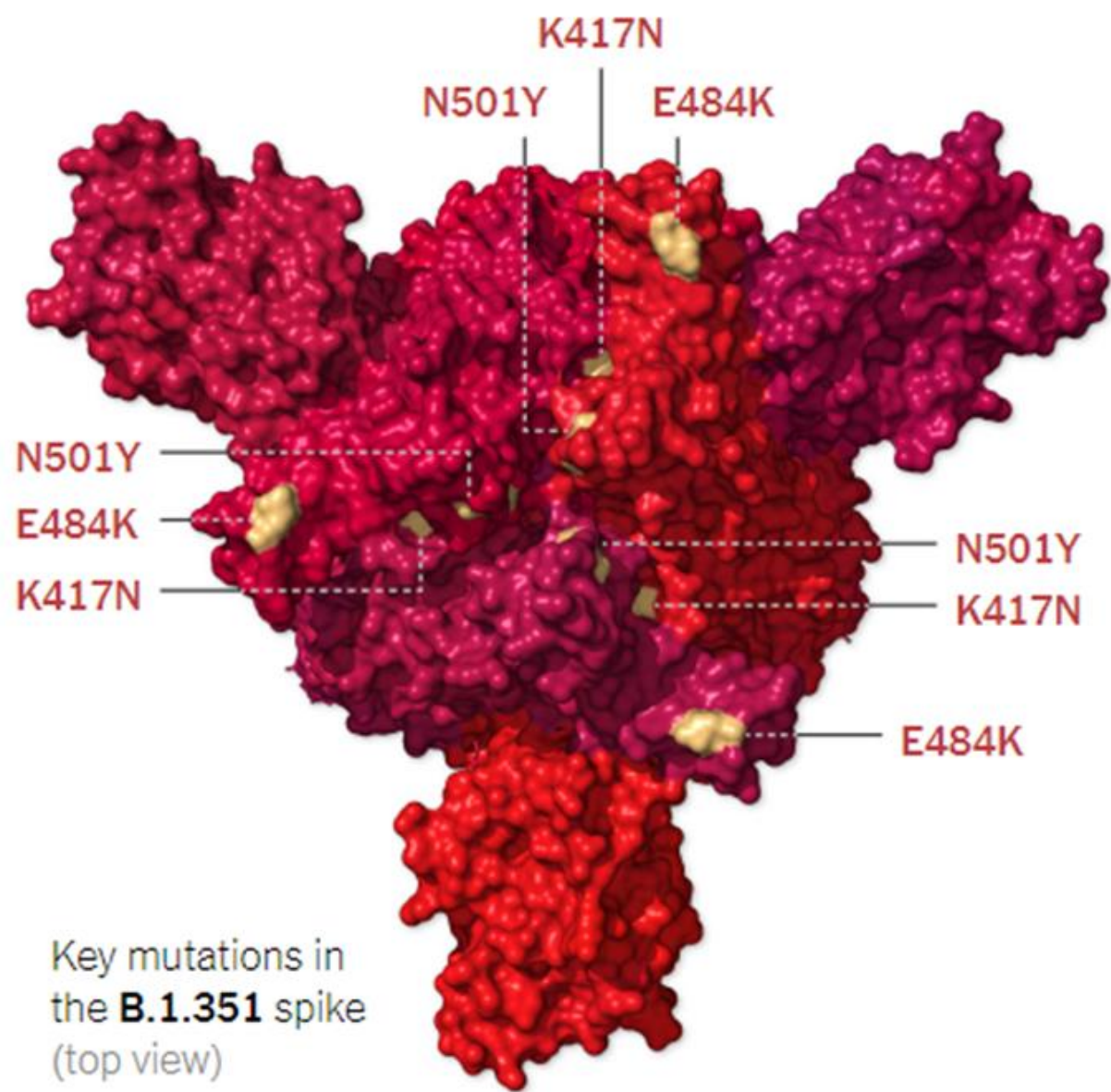


Variants:

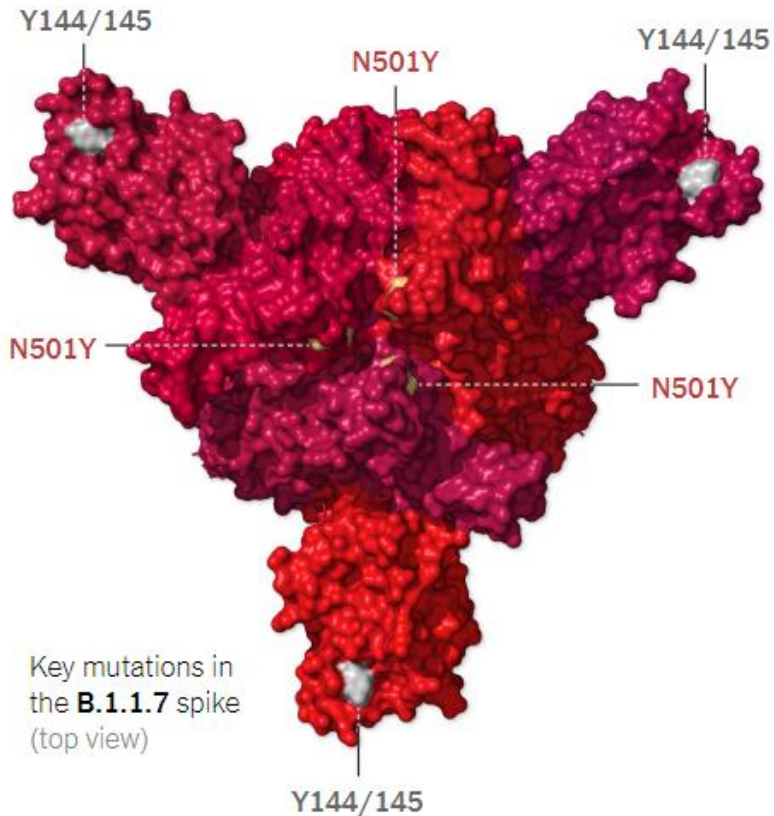
- Lots of mutations
- Variants of concern:
 - More infectious
 - More severe disease
 - Escape immune detection or control
 - (Resistant to antiviral therapy)

Mutations to the spike protein

- N501Y:
 - Helps the virus latch on more tightly to human cells
- K417N
 - Helps the virus bind more tightly to human cells
- E484K
 - May help the virus evade some kinds of antibodies



The B.1.1.7 Lineage (variant)



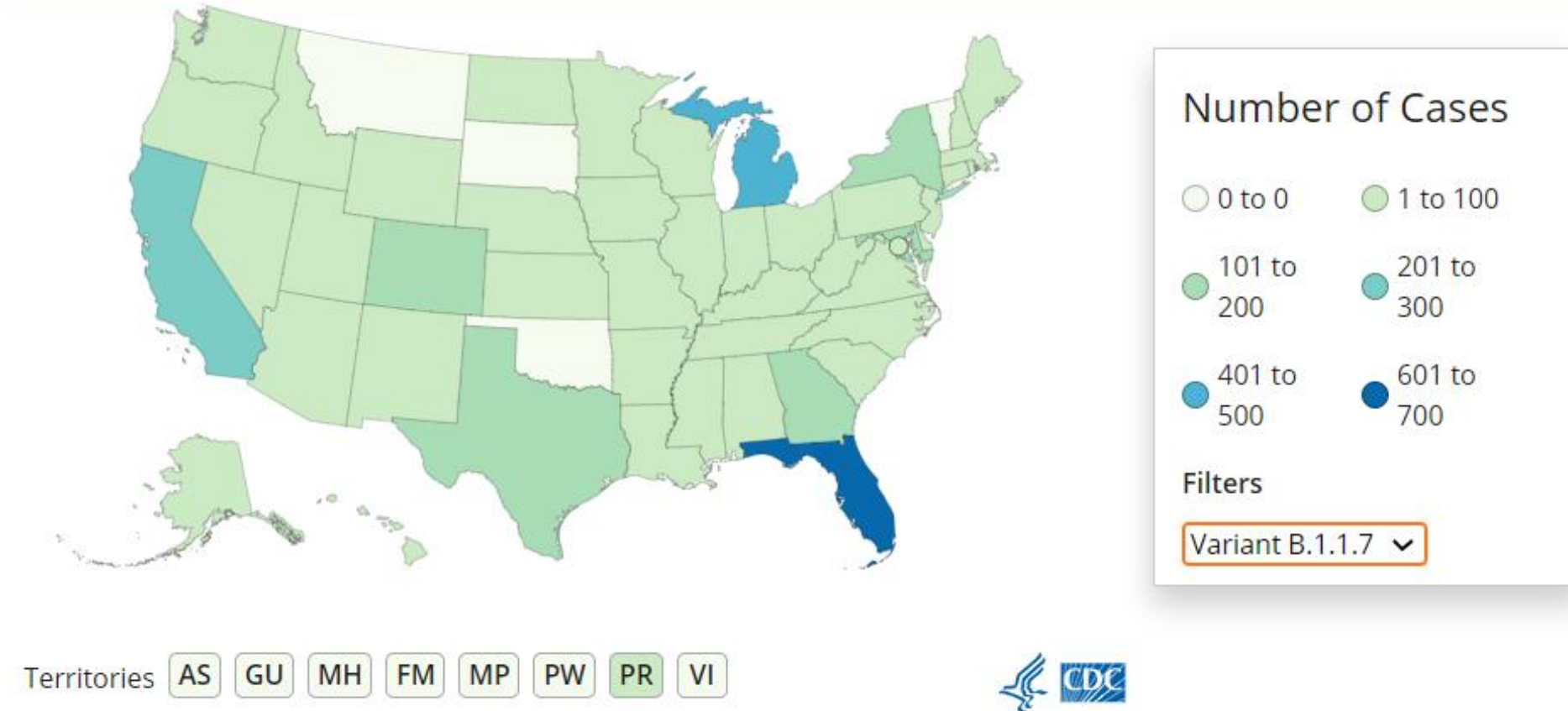
Variant of Concern 202012/01.
Variant 20I/501Y.V1
B.1.1.7.

35% more infectious
Possibly more lethal
Doubling every 10 days in the US

Current vaccines seem to work well

N501Y: bind tightly to human cells
P681H which may help infected cells create new spike proteins more efficiently

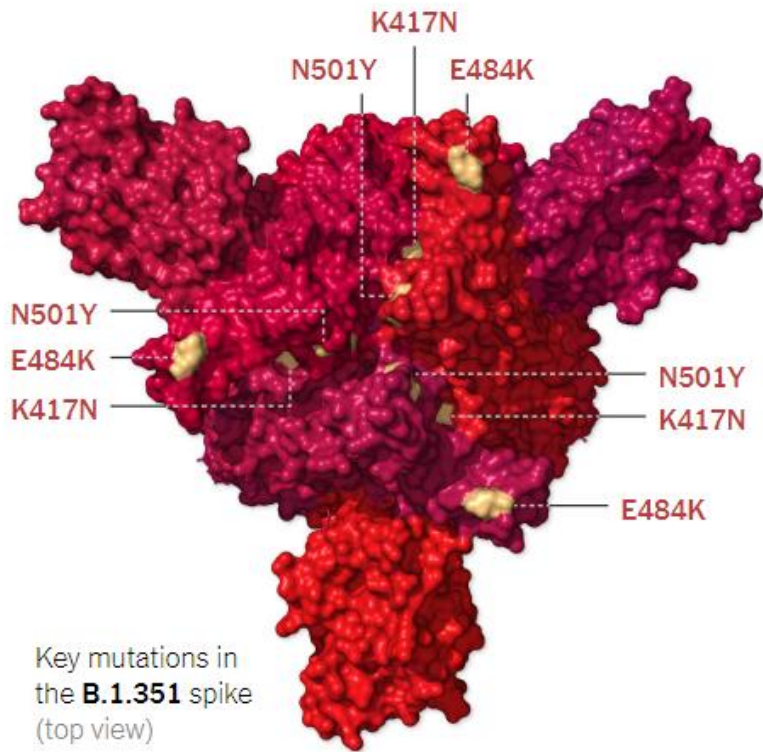
The B.1.1.7 Lineage (variant)



<https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html>

Dominant strain by March?

The B.1.351 Lineage

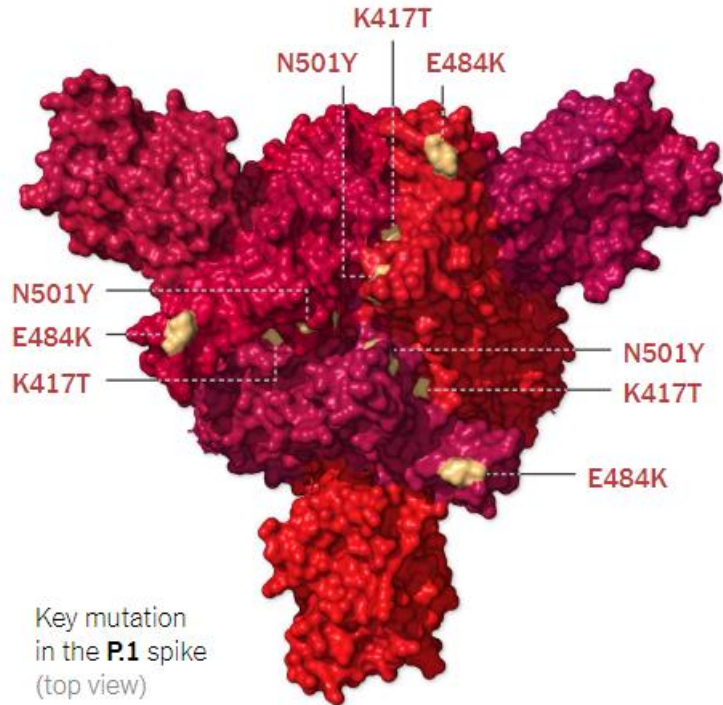


N501Y
K417N
E484K- evade immune response

Vaccines seem to offer less protection against B.1.351
J and J clinical data somewhat reassuring
AZ not reassuring

Concern that may be able to infect people previously infected with other variants

The P.1 Lineage

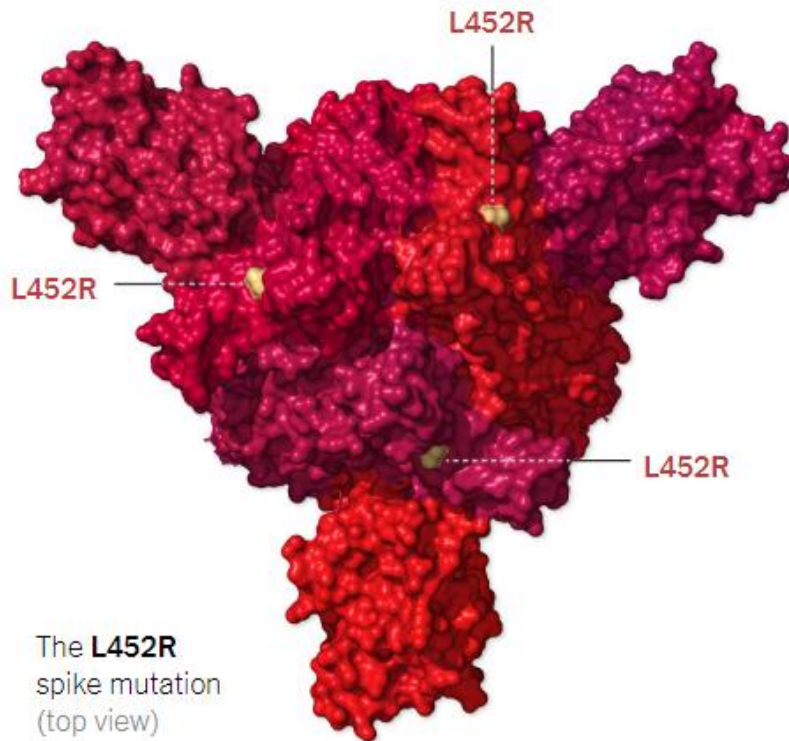


Dominant strain in Manaus
Seemingly massive re-infection rate

Escape from neutralizing antibodies generated in response to polyclonal stimulation against previously circulating variants and even vaccination

N501Y
K417N
E484K- evade immune response

The CAL.20C Variant

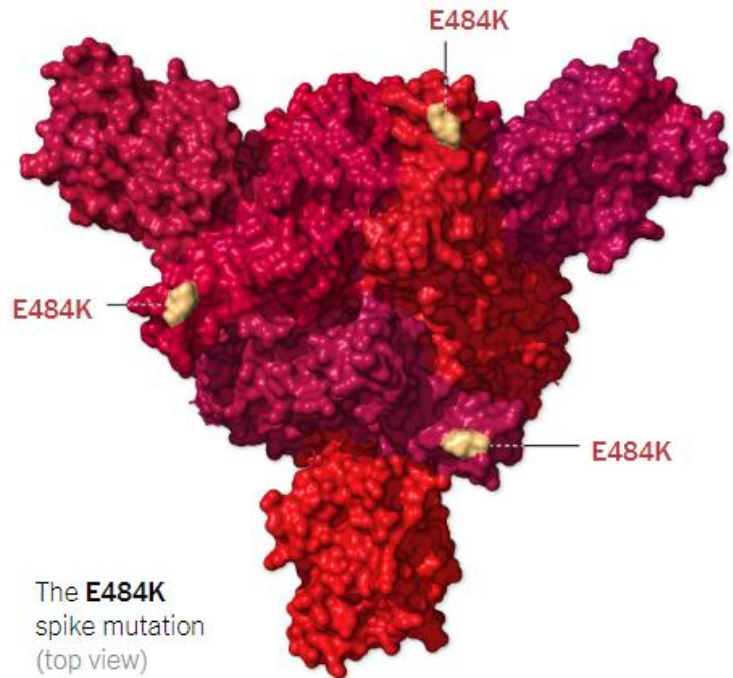


The L452R Spike Mutation

Widespread in California particularly LA
45% of current California samples

More contagious but not as much as B.1.1.7

The B.1.526 Lineage



Two flavors:

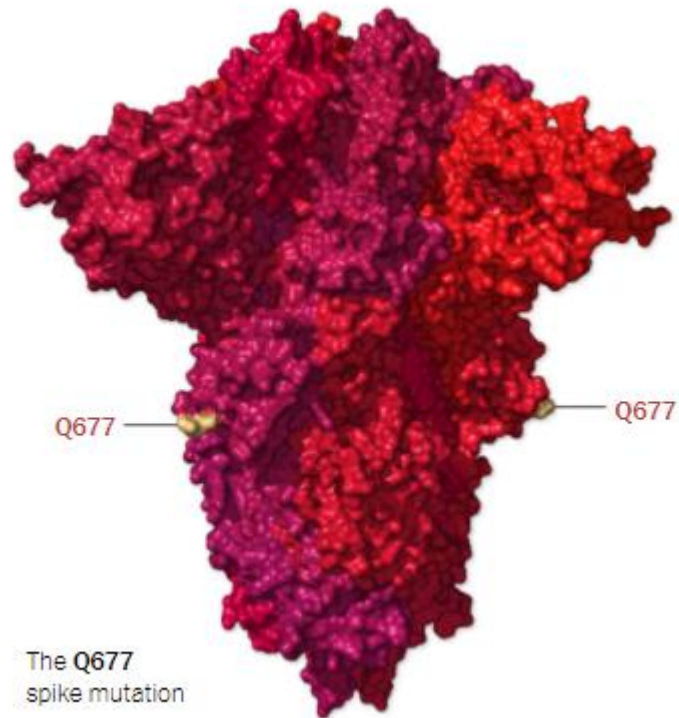
E484 mutation

S477N (bind to cells)

Spreading rapidly in New York City
27% NYC samples

another with a mutation called S477N

The Q677 Spike Mutation



Scattered across the United States

Might help the coronavirus more easily enter and infect human cells.

COVID-19 vaccine update

Benjamin Lee

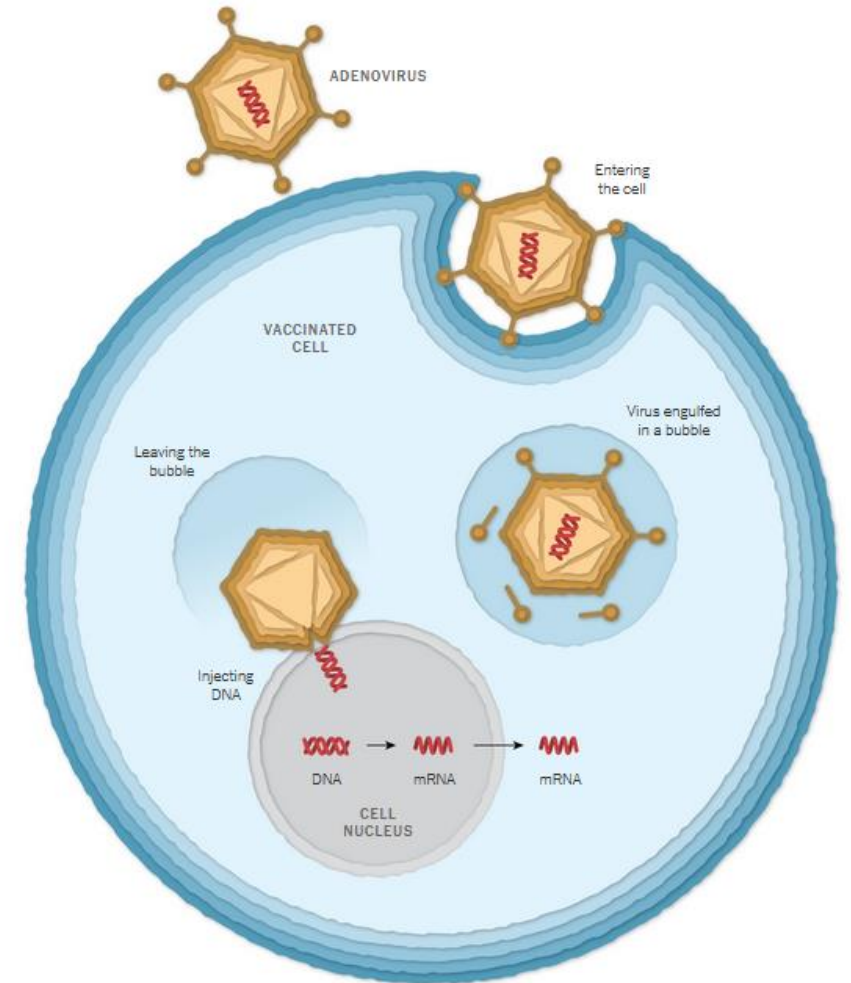
March 5, 2021

Johnson & Johnson vaccine: Ad26.COV2.S

- Overall efficacy 66.3% (95% CI, 59.9-71.8) against symptomatic, lab-confirmed COVID-19
 - 72% in US
 - 66% in Latin America
 - 52% in South Africa
- Efficacy against severe disease
 - 73-82% in all regions tested
 - 100% against hospitalization at ≥ 28 days post-vaccination
 - 100% against COVID-19 death at ≥ 28 days

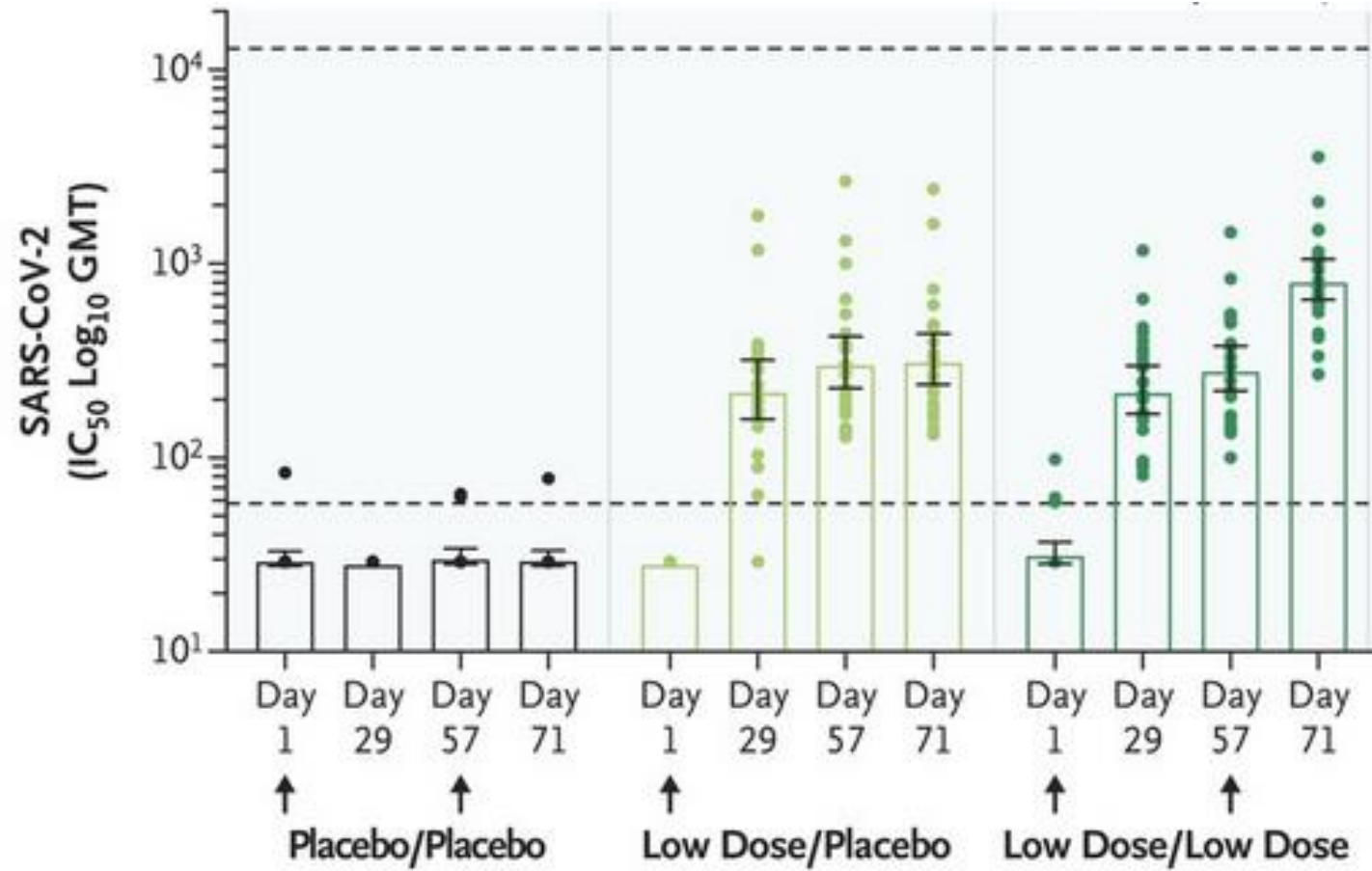
Johnson & Johnson vaccine: Ad26.COV2.S

- EUA granted 2/27/21
- Adenovirus vector (Ad26), non-replicating
 - Inactivated vaccine
- Stable for 3 months in refrigerator
- Single dose!



Rationale for one vs two doses

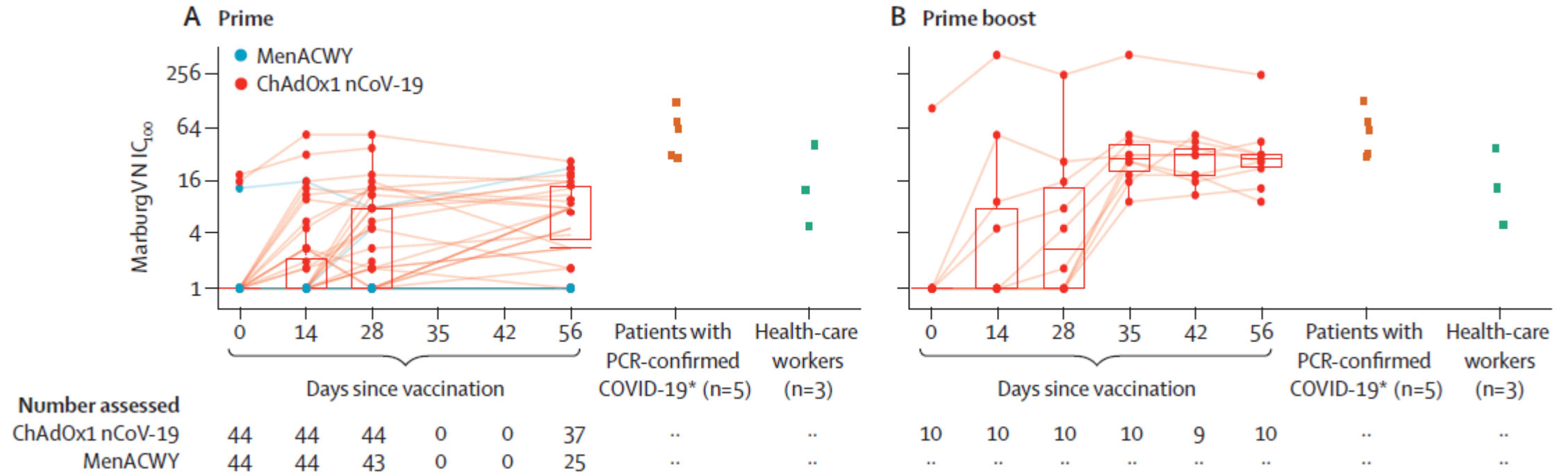
J&J



No. at Risk	25	25	24	22	25	24	24	24	25	25	25	24
GMT	<58	<58	<58	<58	<58	224	310	321	<58	224	288	827
Percent Response		0	0	0		99	100	100		88	96	100

Rationale for one vs two doses

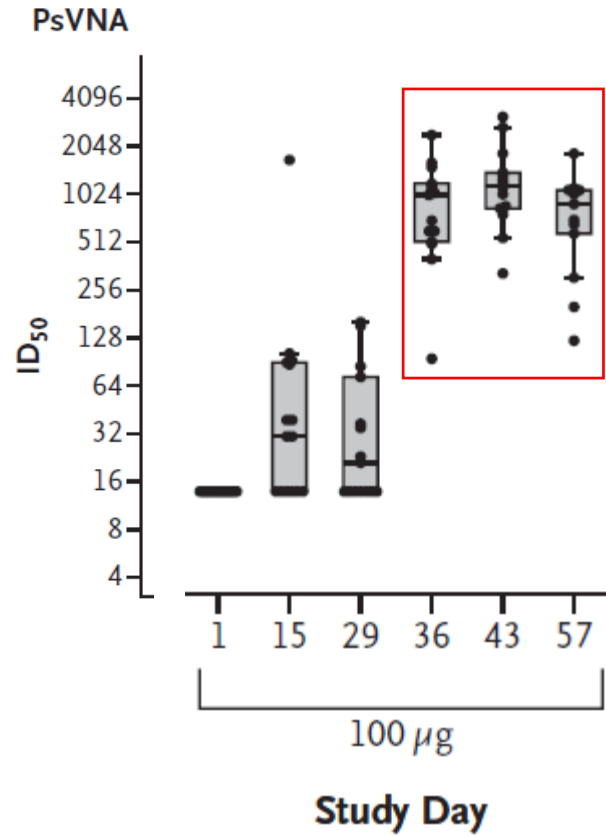
AZ/Oxford



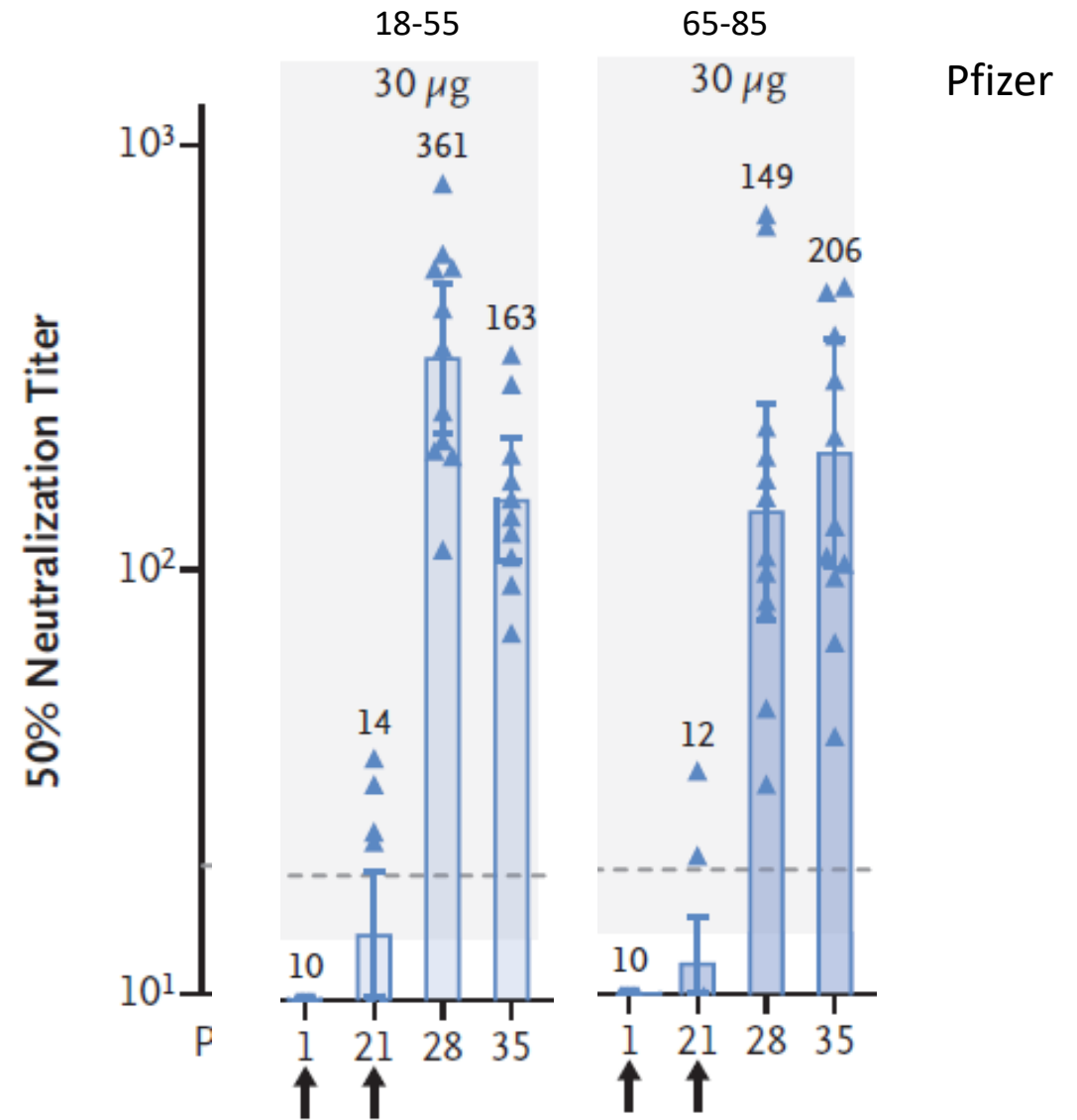
DOI: [https://doi.org/10.1016/S0140-6736\(20\)31604-4](https://doi.org/10.1016/S0140-6736(20)31604-4)

Rationale for one vs two doses

Moderna



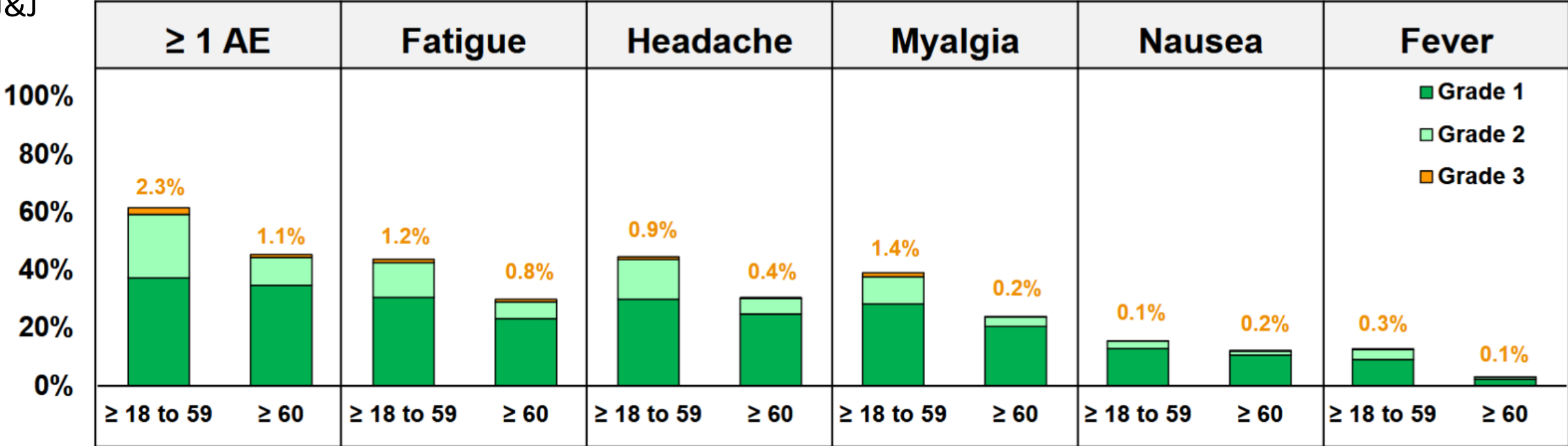
DOI: 10.1056/NEJMoa2022483



DOI: 10.1056/NEJMoa2027906

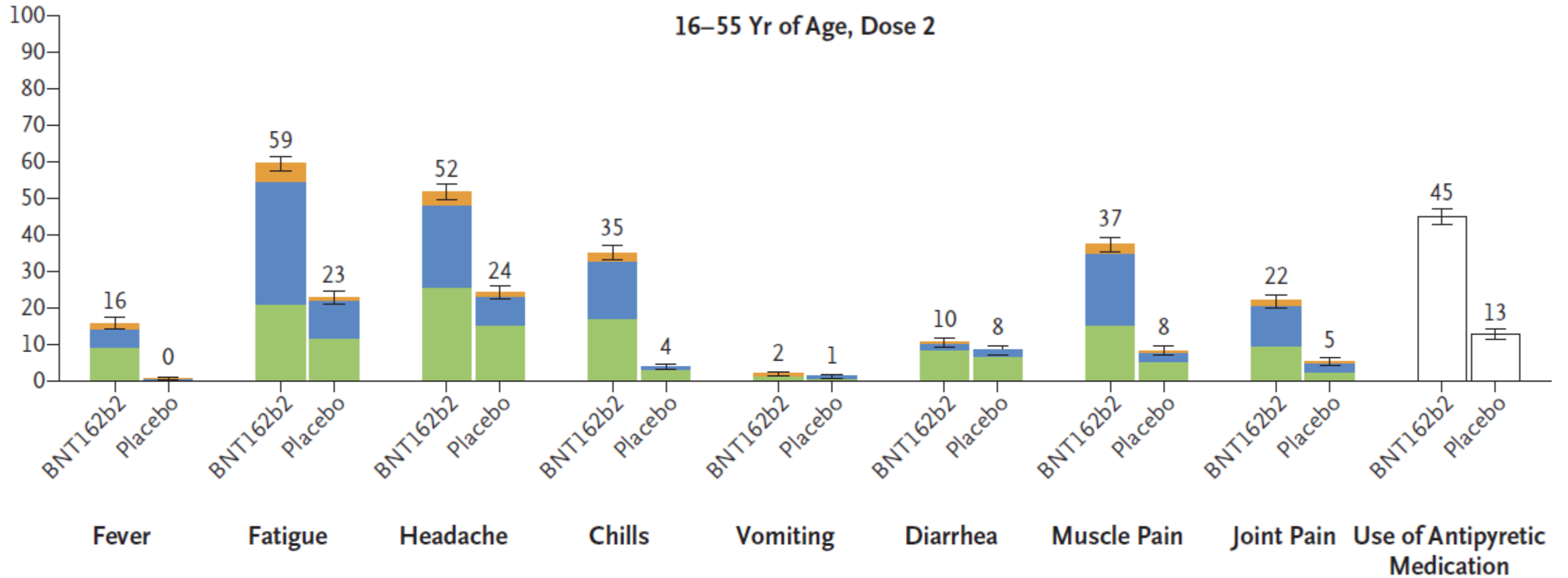
Reactogenicity

J&J



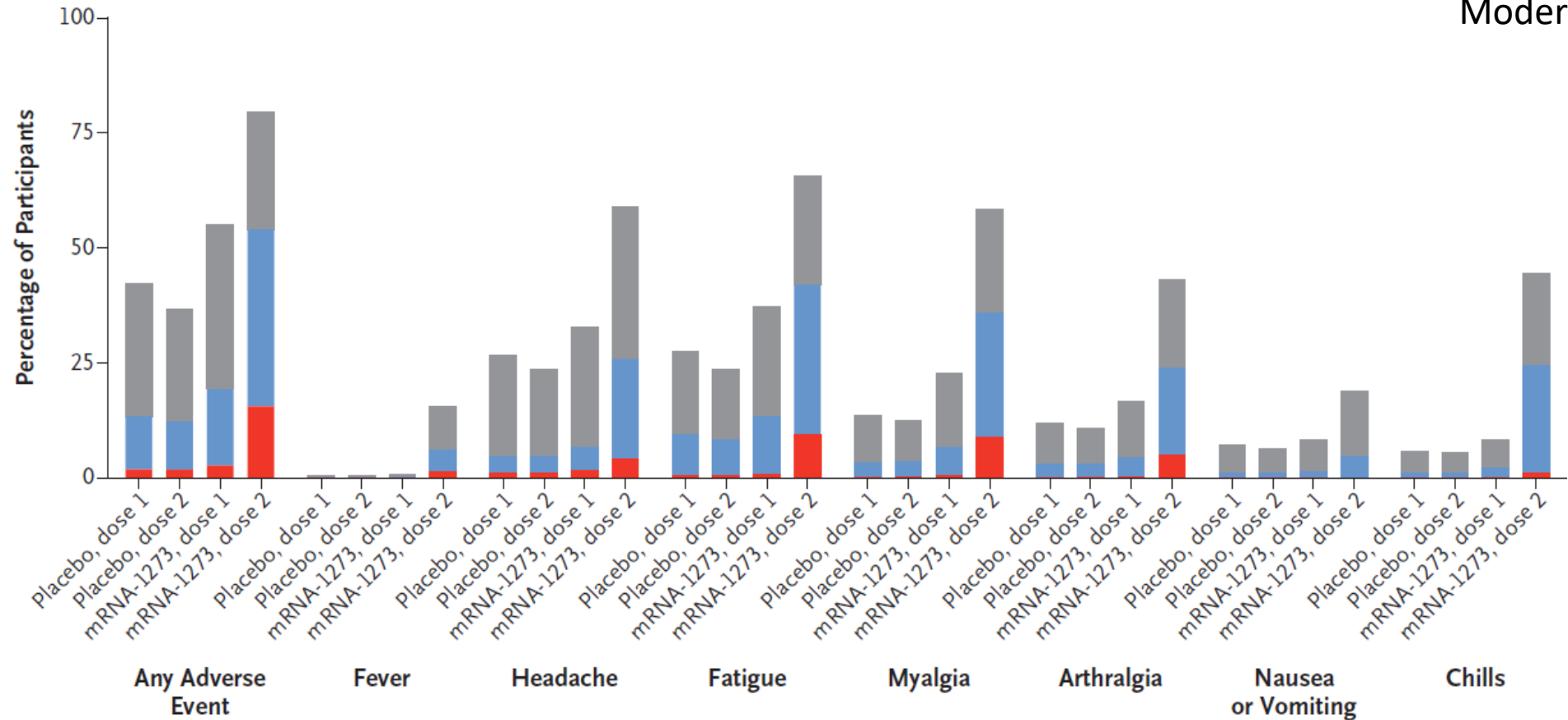
Reactogenicity

Pfizer



Reactogenicity

B Systemic Events



Vaccine landscape: asymptomatic infection

Manufacturer	Detection method	Population	Outcome	Ref
J&J (Janssen)	N-protein seroconversion, days 29-71	Asymptomatic, PCR-negative participants	10/1346 = 0.7% vaccines 37/1304 = 2.8% placebo 74% (95% CI 48-87) efficacy against seroconversion	https://emergency.cdc.gov/coca/ppt/2021/030221_slide.pdf
Pfizer/BioNTech	PCR	Vaccinated UK health care workers (one dose) over Jan 18-31, 2021 undergoing work-related screening	26/3252 = 0.8% unvaccinated 13/3535 = 0.37% <12 days post-vax 4/1989 = 0.2% >12 days post-vax 75% reduction in asymptomatic infections at least 12 days after dose 1	DOI: 10.22541/au.161420511.12987747/v1
Moderna	PCR at time of dose 2	Phase III trial participants	14/14134 = 0.1% vaccinees 38/14073 = 0.3% placebo 67% reduction in asymptomatic infections 28 days after dose 1	https://www.fda.gov/media/144453/download

Vaccine landscape: real-world and 1-dose effectiveness

- UK, age ≥ 70 yrs
 - Pfizer
 - 1 dose effectiveness: 60-70% against symptomatic disease
 - 2 dose effectiveness: 85-90%
 - Oxford/AZ
 - 1 dose effectiveness 60-75% against symptomatic disease
- Israel, Pfizer (N ~600,000!)
 - Effectiveness 7 days after second dose:
 - 94% against symptomatic disease
 - 87% hospitalization
 - 92% severe disease
 - Predominant strain B.1.1.7

Conclusions



- Current vaccines far beyond wildest expectations
- **HOWEVER:**
 - Benefits of safe and effective vaccines may not be sustainable if only the world's privileged can access them while transmission (and ongoing evolution of new variants) continues unabated elsewhere

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"*

In Case You Missed It/Coming Soon

CDC COCA Calls

- Tuesday, March 9, 2021; 2 – 3 PM ET – What Every Clinician Should Know about COVID-19 Vaccine Safety and Effectiveness and How to Address Patient Questions and Concerns
- Tuesday, March 2, 2021; 2:00 PM – 3:00 PM ET - What Clinicians Need to Know about J & J Janssen COVID-19 Vaccine
 - <https://emergency.cdc.gov/coca/calls/index.asp>

VCHIP-VDH COVID-19 call presentation Wednesday, 3/3/21:

- **Update: Pregnant and Lactating Women**
 - Kelley McLean, MD, Associate Professor, Maternal Fetal Medicine, UVM

VT AOE Update

- Recovery Guidance document now available at:
<https://education.vermont.gov/sites/aoe/files/documents/education-guidance-education-recovery-no1.pdf>
- AOE Deputy Secretary Heather Bouchey will join our call Monday, March 15, 2021
- Please reach out to your local school/district administrators, school nurses, COVID coordinators and VDH school liaisons to offer assistance.

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

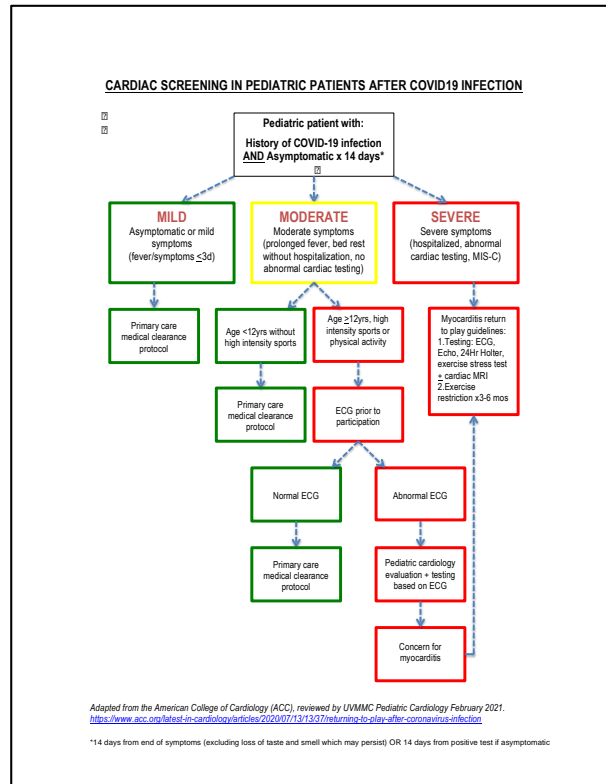
THURSDAY, APRIL 8, 2021 ♦ 1:00 to 3:15 PM

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

3 DOCUMENTS: Cardiac screening/Return to Play

Join us 3/8/21 for updated documents/discussion

1) Cardiac screening:



2) Medical Clearance:

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

Name: _____ DOB: _____

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

Criteria for Return:

- 14 days have passed since resolution of symptoms (excluding loss of taste/smell) without use of medication used to treat symptoms of illness **OR** 14 days have passed since COVID19 test positive if asymptomatic
- Has had a normal ECG (required if ≥ 12 years of age and history of moderate symptoms with COVID19 illness)
- No history of hospitalization for COVID19 infection
- 14-element AHA cardiac screening reviewed (further cardiac work up required if any bolded screening questions positive)

Yes No

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

History of elevated systemic blood pressure
 Prior restriction from participation in sports
 Prior cardiac testing ordered by a physician
 Family history of premature death <50yrs due to heart disease
 Disability due to heart disease in a close relative <50yrs
 Family history of HCM/Dilated cardiomyopathy, long QT/long 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

Clearance Determination:

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

Medical Office Information:
 Printed Clinician Name: _____ Clinician Signature: _____
 Office Phone number: _____ Office Fax number: _____
 Office Address: _____

*14-Element AHA Screening Checklist adapted from Maron BJ, et al. Journal of the American College of Cardiology, 2014.

3) Return-to-play:

GRADUATED RETURN-TO-PLAY AFTER COVID-19 INFECTION (MINIMUM 7 DAYS)*

Name: _____ DOB: _____

Date of Medical Clearance to begin post-COVID19 Return-To-Play: _____

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

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

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

DATE	ACTIVITY	SYMPTOMS

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

DATE	ACTIVITY	SYMPTOMS

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

DATE	ACTIVITY	SYMPTOMS

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

DATE	ACTIVITY	SYMPTOMS

STAGE 5 : Return to full activity/participation.

DATE	ACTIVITY	SYMPTOMS

*Return-To-Play protocol adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.

Cleared for Full Participation by School/Sports Personnel:
 Printed name: _____ Signature: _____

Questions/feedback under consideration

Schools

- ❑ Categorizing what activities are appropriate at different stages in the protocol (PE, recess, intramural sports, school sports)
- ❑ Who is monitoring the child during the 7-day protocol? (School nurses, Athletic Trainers, PE teachers)
- ❑ What is school role w/protocol for monitoring and documenting return-to-play?
 - ❑ When should this protocol be enforced in schools and for what activities?
- ❑ What if students had COVID-19 in the past and have already returned-to-play/sports/physical activity?
- ❑ School needs rationale to explain/enforce this protocol to families/coaches/staff

Questions/feedback under consideration (cont'd.)

Childcare and out-of-school time

- Categorizing what activities are appropriate at different stages in the protocol – general/outdoor play, active field trips (hiking, rowing, snowshoeing, skiing), going for walk, open gym
- Who is monitoring the child during the 7-day protocol?
- What is the role of the childcare or out-of-school facility in monitoring and documenting return-to-play protocol?

Questions/feedback under consideration (cont'd.)

Families

- Categorizing what activities appropriate at different stages in protocol (Outdoor activities [hiking, sledding, skiing, biking, going for walks], general play with other children, lessons, club sports, fitness activities)
- What is the parent role in monitoring the child.
 - ▣ Who does math for the max HR & percentages to be achieved at each stage?
 - ▣ Who will teach to take heart rate of child?
- Risk of myocarditis will be a new concept for families, discuss risk to families, symptoms, is it safe to have kids participating in activity.
 - ▣ Quelling anxiety around safety of going to school with risk of getting Covid-19 and having outcomes like myocarditis
- Protocol should be explainable at 5th grade literacy level for families/ non-healthcare providers

Happening Now



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

Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail: vchip.champ@med.uvm.edu**
 - ▣ **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 – ***Monday, March 8, 2021 – 12:15 – 12:45 pm (Cardiac/RTP update)***
- 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=VkVuNTJlZlFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684
- One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#