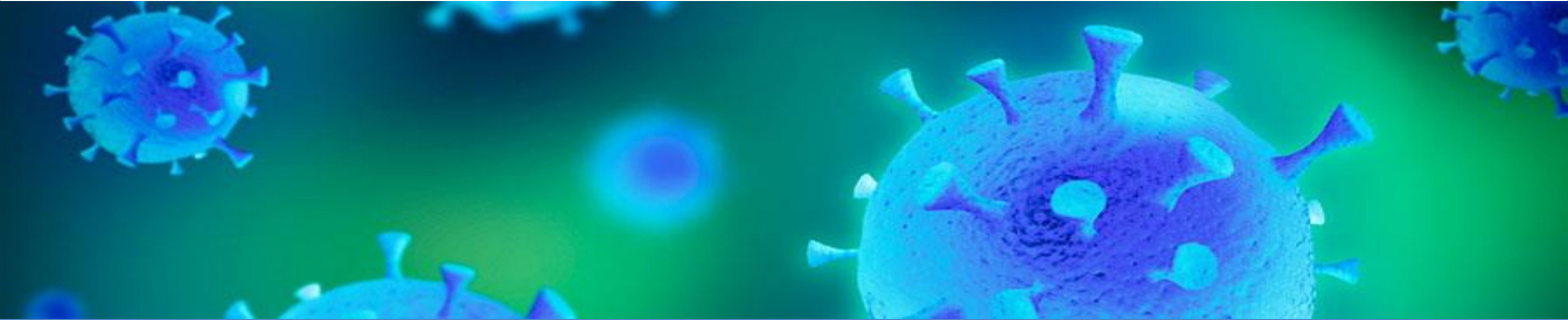


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
June 14, 2021



Technology Notes

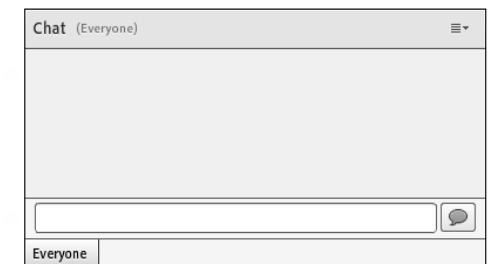
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

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 **Flag Day!**
 - ▣ Resolution adopted by Continental Congress, June 14, 1777: *“That the flag of the United States shall be of thirteen stripes of alternate red and white, with a union of thirteen stars of white in a blue field, representing the new constellation.”*
- Reminder – weekly event schedule:
 - ▣ **New VCHIP-VDH call calendar** (next slide); Gov. Media Briefings **now Tuesdays only**; VMS call Thursday – **special call this wk.:** new laws/updates to VT legislation re: VT health & practices HCWs.
- Announcements; situation, VDH, CDC, AAP updates
- Practice Issues – **Updates on Pediatric Cardiac Screening**
- Q & A/Discussion *[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we’re providing today may change quickly]*



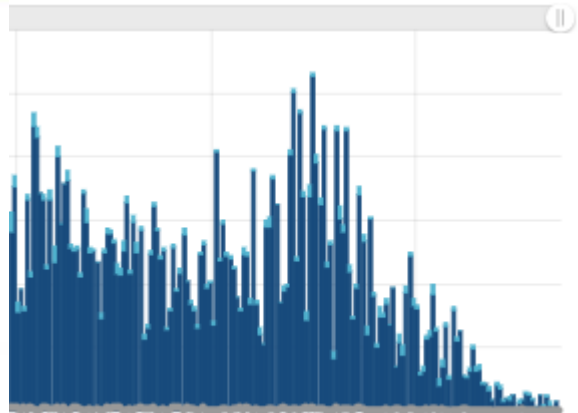
VCHIP-VDH COVID-19 calls: Summer Calendar

- Based on survey responses – thank you!
- **Remainder of June**: generally **Mondays & Wednesdays**
 - ▣ Exception: **NO CALL Monday, June 28**
 - ▣ We **WILL** have a call on **Wednesday, June 30**
- **July**: generally **Wednesdays only**
- **August**: generally **Wednesdays only** – subject to change as we approach fall school reopening
- **September forward – TBD!**



Situation update

New Cases	1
24,331 Total	
Currently Hospitalized	2
Hospitalized In ICU	0
Hospitalized Under Investigation	0
Percent Positive 7-day Avg.	0.7%
People Tested	397,389
Total Tests	1,712,234
Recovered	23,723
97.5% of Cases	
Deaths	256
1.1% of Cases	
Last Updated: 6/14/2021, 10:38:06 AM	



VT New Cases, Probables, Deaths

NOTE: VDH Dashboard now be updated Mon-Fri only excl. holidays). Case info reflects counts as of end of the previous weekday. Data from Sat/Sun posted w/Monday's pdate. All data are compiled by the VDH; are preliminary & subject to change. Dashboard is updated by 12:00 p.m.

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

- U.S. **33.4 million+** cases; **599,781 deaths**
 - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 6/14/21)
 - 6/13/21: **4,916 new cases; 101 deaths**
 - Past week: av. 14,288 cases/day (14d. change -29%)
 - **3.7 million+ deaths worldwide; 174.8 million+ cases** (-16% & -22% 14-day change respectively)

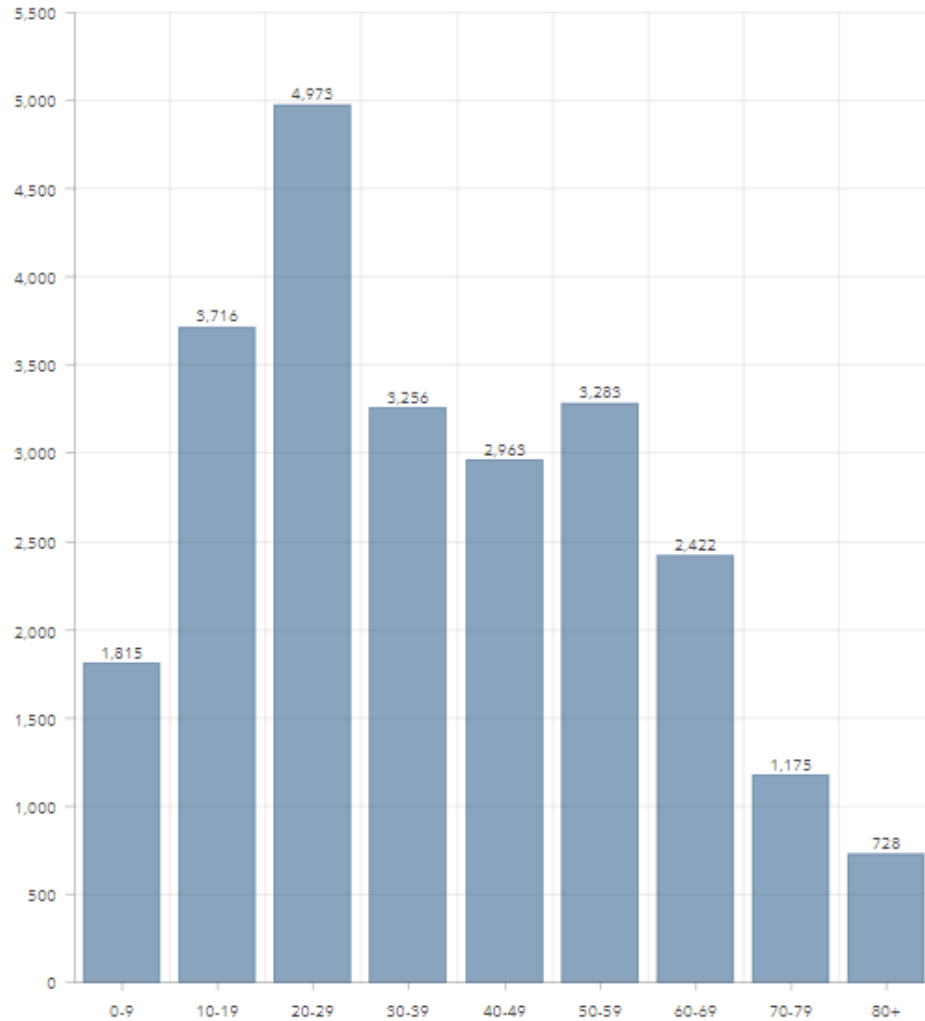
- **NEW VDH Weekly Data Summary** schedule: moving to **every other week for the summer**; then will likely move to **monthly updates in the fall**. Will only provide **spotlight analyses** as needed!

- Children (0-19) = 23% of VT COVID-19 cases; of those, 24% are 18-19 y.o. [Total 5,505 posted 6/4/21]
- Now includes data on **vaccine breakthrough cases**
- Find previous summaries at:

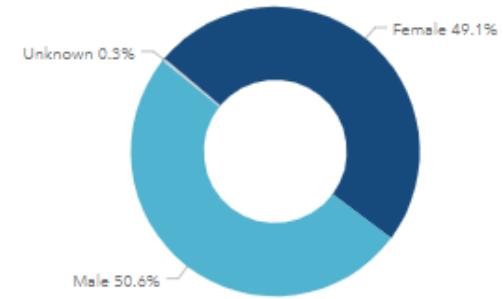
<https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

Situation update

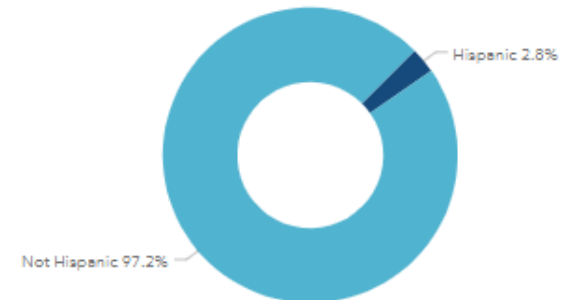
Vermont COVID-19 Cases by Age Group



Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known

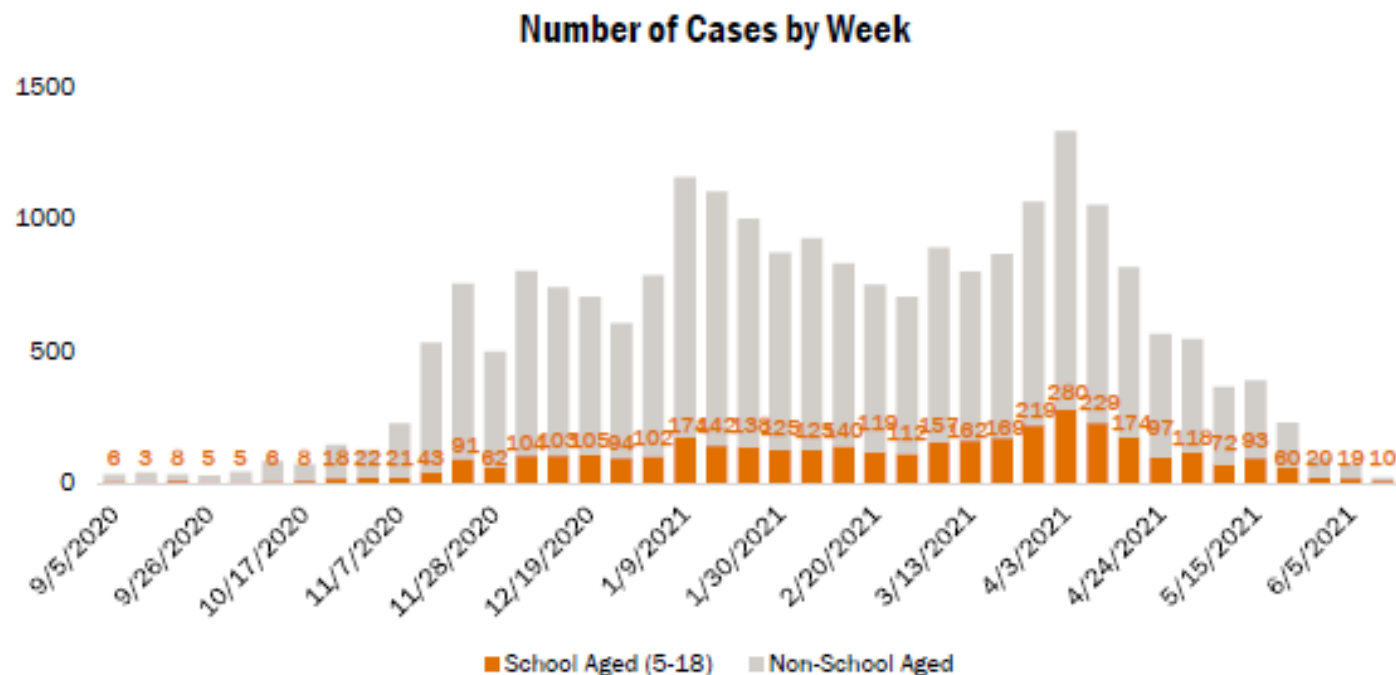


Vermont COVID-19 Cases by Race if Known



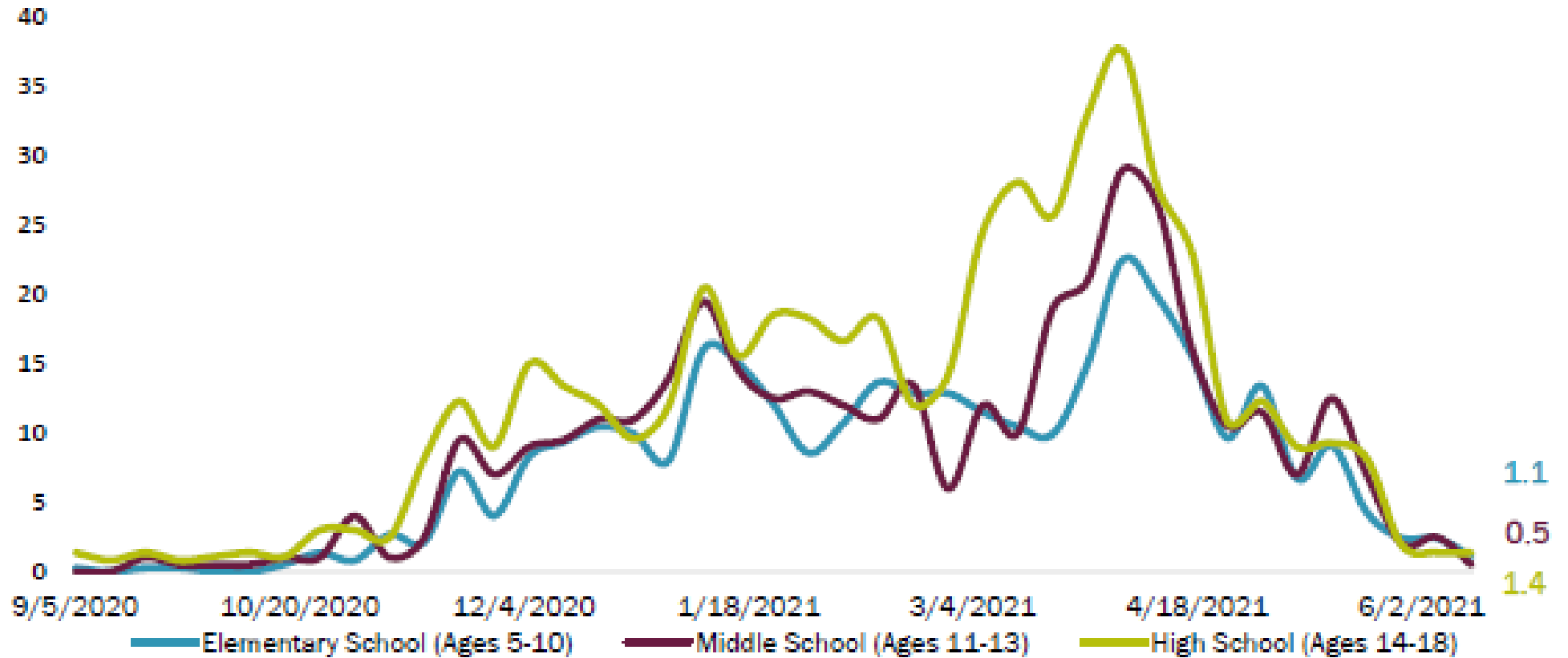
<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

This brief reflects data as of June 12, 2021 at 7 pm (the last complete MMWR week). All rates are calculated per 10,000 people. The 14-18 year old age group does not include college students. Data is preliminary and subject to change.



COVID-19 Cases Among Vermont's School-Aged Children

Rates by Week by School Category



[Compare to data from previous week: rates were 1.4/10K (HS), 2.5 (MS), and 2.4 (Elem. School) respectively]

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.

June 9, 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	6	1397

June 2, 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	6	1391

VT College & University dashboards:

- UVM update** (week of 5/17): 0 new cases off campus; 0 on campus; 0 faculty; 0 staff – **graduation 5/20-21/21**
- Bennington College** (May 19, 2021): 0 new/active cases – **graduation 5/28-29/21**
- Middlebury College results** (updated 5/24/21): 0 new cases & 0 active cases – **grad. 5/29/21**

Vermont AOE Guidance Documents

- Joint memo from AOE Secretary French & VDH Commissioner Levine: how to manage remainder of school year if/when State of Emergency ends (5/28/21)
 - ▣ When the emergency order rescinded, COVID guidance for schools also rescinded.
 - ▣ Strongly recommend schools follow **current** guidance for remainder of school year.
 - ▣ Majority of students will still not be vaccinated; schools w/o time to time to plan/ implement new procedures.
- Guidance for schools this fall:
 - ▣ Unlikely specific mitigation measures will be necessary in the fall. We are confident that distancing will not be necessary. Issue of masks will be reviewed over the summer. Schools should plan on normal operations in the fall, 5 days in person. There will not be current flexibility in in-person attendance in the fall. Snow days will need to be made up as they were previously.
 - ▣ <https://education.vermont.gov/documents/memo-french-levine-covid19-prevention-recommendations-for-end-of-the-school-year>

Letter from VDH Commissioner Levine & AOE Secretary French

- To parents/families of Vermont students age 12 and up (AOE Field Memo, 6/11/21):
 - *“Your diligence with masking, social distancing and following Vermont’s guidelines to prevent COVID-19 transmission paved the way for us to return to a more active and enjoyable summer – with plans to begin the next school year in a way that will feel more normal and familiar to most students.”*
 - *“Vaccination is another important step to getting us out of the COVID-19 pandemic...Your efforts have led to some of the best adolescent vaccination rates in the nation, with 52% of Vermont’s 12- to 15-year-olds and 66% of 16- to 17-year-olds already vaccinated.”*
 - *“We encourage parents with questions to talk with your child’s health care provider or your family doctor to learn more about the vaccine. “We are there for you when you are ready for your shot.”*
- <https://education.vermont.gov/documents/letter-levine-french-student-vaccination-age12-above>

Masks for Unvaccinated People Indoors

- Governor's team wants the **removal** of the word "**strongly**" from the masking recommendation for unvaccinated individuals indoors
- American Academy of Pediatrics-VT statement Thursday June 10: "*Unvaccinated children over 2 years of age as well as unvaccinated adults should continue to wear masks indoors when they are around other unvaccinated people.*"
- AOE issued additional guidance 6/10 reiterating what is now on the VDH schools page, regarding a **strong** recommendation for masking of unvaccinated individuals indoors. **The word *Strongly* is going to be removed from AOE communication but we are NOT sure if something confirming this will be released as we are at tail end of school year**
- CDD/DCF plans to inform registered/licensed childcare providers that state government recommends masks for unvaccinated people indoors AND AAP-VT says unvaccinated people SHOULD wear masks indoors
- Vermont Afterschool will reach out to camps/summer programs to share this update as well

VDH COVID-19 Vaccine Registration & Sites

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

ELIGIBILITY

Anyone age 12 and older is eligible to be vaccinated, regardless of residency. Learn about vaccines for people 12-15 years old.

GET YOUR VACCINE WITHOUT AN APPOINTMENT!

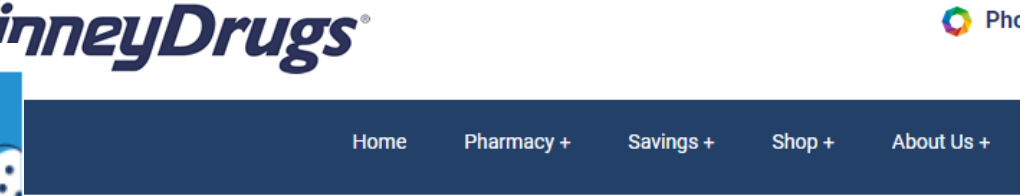
[Find a walk-in clinic here](#)

More ways to get your vaccine!

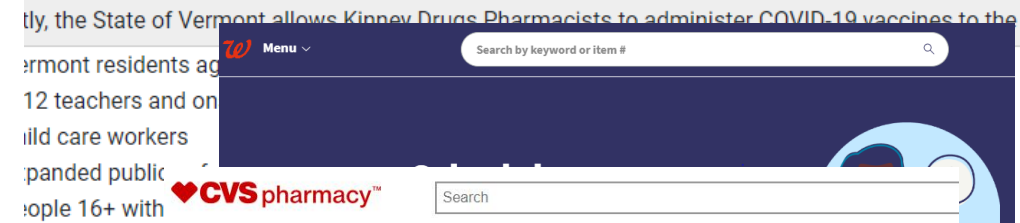
- Vaccine clinics for restaurant, hospitality, and tourism workers
- Vaccine clinics for school and community, open to 12 -15-year-olds

MAKE AN APPOINTMENT

ONLINE



COVID-19 Vaccination Scheduling at Kinney Drugs in



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.



VDH COVID-19 Vaccine Dashboard (Summary Page: 6/12/21)

- 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>
- **Notes:** See our progress toward the **Vermont Forward** target of 80%... percentages draw on state-level data from **CDC**; incl. some data not reported to VDH (CDC data more inclusive/less detailed than VDH & may differ from VDH dashboard).

Vermont Vaccination Data

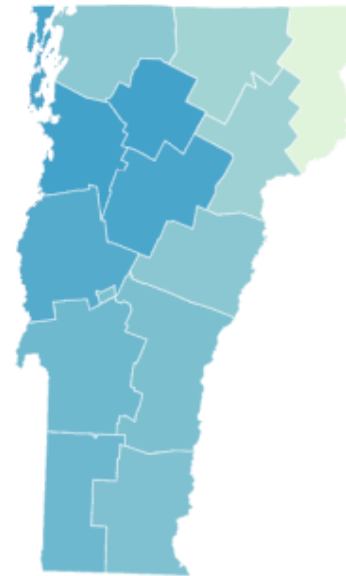
Blue headers indicate CDC data
Gray headers indicate Vermont data

Vaccination by County Age 12+

The percent of the county population age 12+ that has received at least one dose of the vaccine

Show Rates By: Overall Race/Ethnicity Ethnicity

County	Overall progress
Addison	79.6%
Bennington	75.6%
Caledonia	67.7%
Chittenden	82.6%
Essex	56.9%
Franklin	70.6%
Grand Isle	81.7%
Lamoille	82.6%
Orange	70.8%
Orleans	66.9%
Rutland	75.4%
Washington	81.3%
Windham	72.6%
Windsor	73.2%



56.9% 82.6%

Summary

Vermont Forward

Looking for info on the Vermont Forward plan?
Visit <https://www.vermont.gov/vermont-forward>

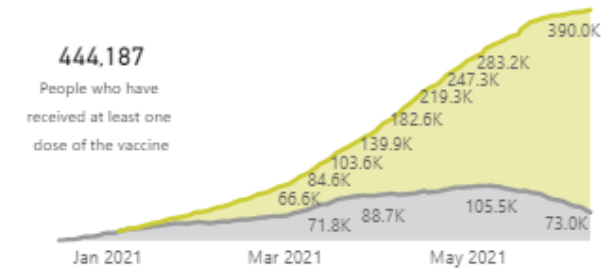
Vaccine Distribution

Doses Received **905.7K** Doses Administered **799.6K**

Total People Vaccinated

Total People Started **54.2K** Total People Completed **390.0K**

Started Completed



Updated 6/12/2021 8:36:14 AM

VDH COVID-19 Vaccine Dashboard (Age/Sex/Race/Ethnicity)

- Daily updates Tuesday thru Saturday
- Data = counts reported by end prev. day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide (≥ 1 dose):
 - ▣ 12-15 = 54.1% (53.5 on 6/11)
 - ▣ 16-17 = 67.2% (66.9% on 6/11)
 - ▣ 18-29 = 54.0% (53.7% on 6/11)
 - ▣ VT Age 12+ = 76.6% (76.4% on 6/11)

Vermont Vaccination Data

By Age - Statewide

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

Age	%*
12 - 15	54.1%
16 - 17	67.2%
18 - 29	54.0%
30 - 39	75.1%
40 - 49	76.2%
50 - 59	80.5%
60 - 64	87.1%
65 - 69	93.7%
70 - 74	99.8%
75+	94.2%
VT Age 12+	76.6%

Statewide numbers and percentages are capped at 100%. County numbers and percentages are capped at 95%. Values above 95% are suppressed to protect personal health information. See notes below for more information.

Select County

All

Summary

By Age, Sex, Race, Ethnicity

By Race - Statewide

The percent of the statewide population age 12+ of each race that has received at least one dose of the vaccine

Race	%*
Asian	68.3%
Black or African American	60.3%
Native American, Indigenous, or First Nation	27.3%
Pacific Islander	14.2%
Two or more races	57.3%
White	73.7%
VT Age 12+	72.9%

Race information is missing for 5% of people vaccinated.

By Ethnicity - Statewide

The percent of the statewide population age 12+ of each ethnicity that has received at least one dose of the vaccine

Ethnicity	%*
Hispanic	82.8%
Not Hispanic	70.3%
VT Age 12+	70.5%

Ethnicity information is missing for 8% of people vaccinated.

By Race/Ethnicity and Age - Statewide

The percent of the statewide population age 12+ of each race/ethnicity that has received at least one dose of the vaccine

Race*	12-30	31-64	65+	Age 12+
BIPOC	55.5%	71.5%	83.5%	65.7%
Non-Hispanic White	50.3%	71.6%	90.5%	70.5%
Vermont	50.9%	71.6%	90.3%	70.1%

Race/ethnicity information is missing for 8% of people vaccinated.

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

By Sex - Statewide

The percent of the statewide population age 12+ of each sex that has received at least one dose of the vaccine

Sex	%*
Female	79.0%
Male	73.9%
VT Age 12+	76.5%

Sex information is missing for 0% of people vaccinated.

Updated 6/12/2021 8:36:14 AM

Vermont COVID-19 Vaccine Coverage: Exactly Where *ARE* We?

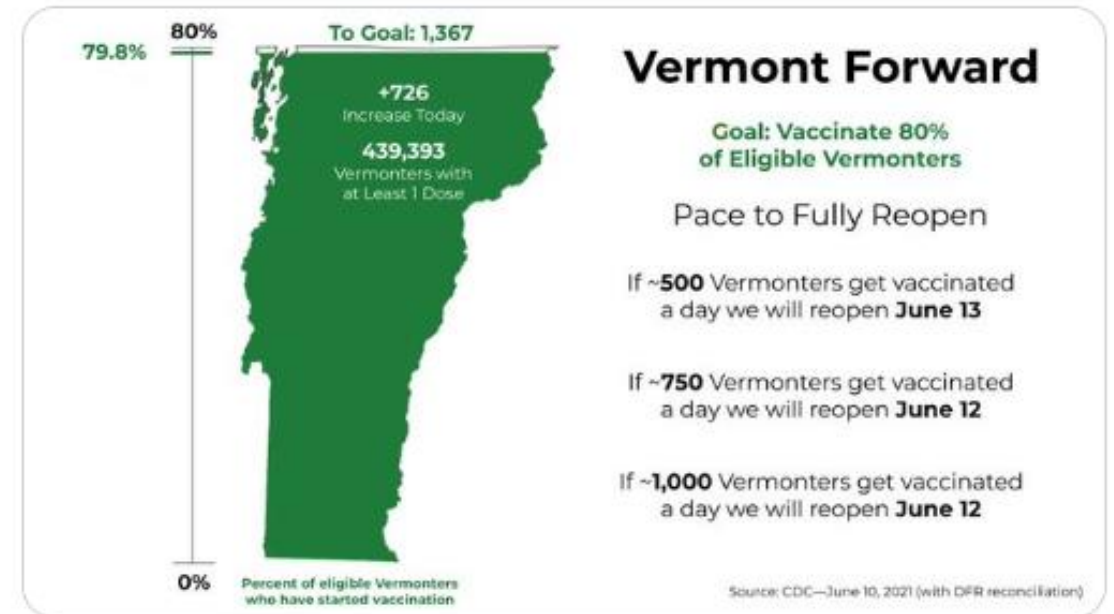
- Follow @GovPhilScott
- Latest numbers:
 - ▣ **6/13/21: 79.9%** elig. pop.
 - ▣ **Need 332 more to reach goal of 80%** – then
 - ▣ Drop remaining restrictions



Governor Phil Scott @GovPhilScott · 4h

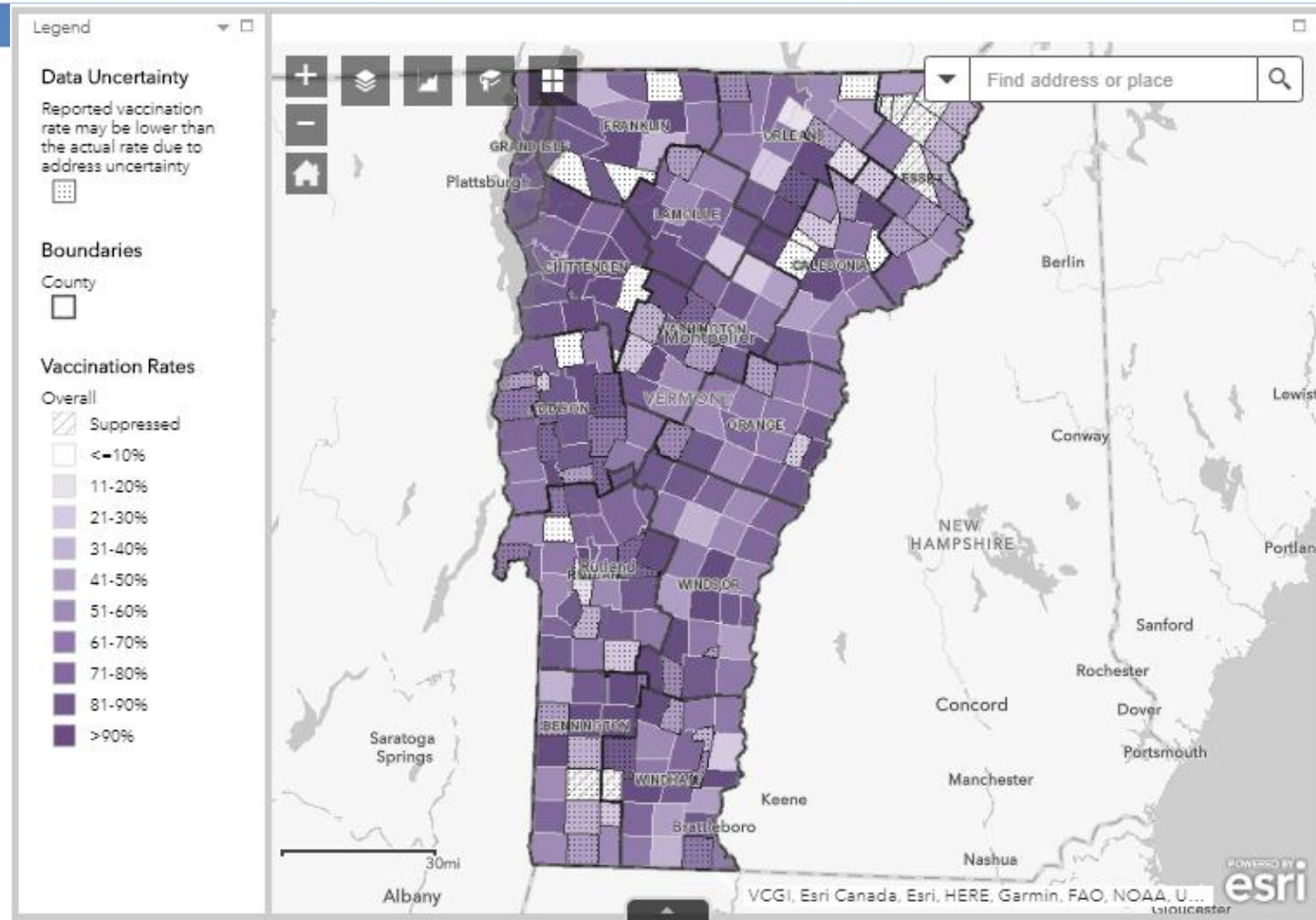
We added 726 Vermonters yesterday, leaving us with just 1,367 more to go before we reach 80% of the eligible population.

There are many walk-in vaccination opportunities across the state this weekend. Be the person to put us over the top! #OurShotVT [governor.vermont.gov/press-release/...](https://governor.vermont.gov/press-release/)



Now Available: Map of Vaccine Rates by (VT) Town

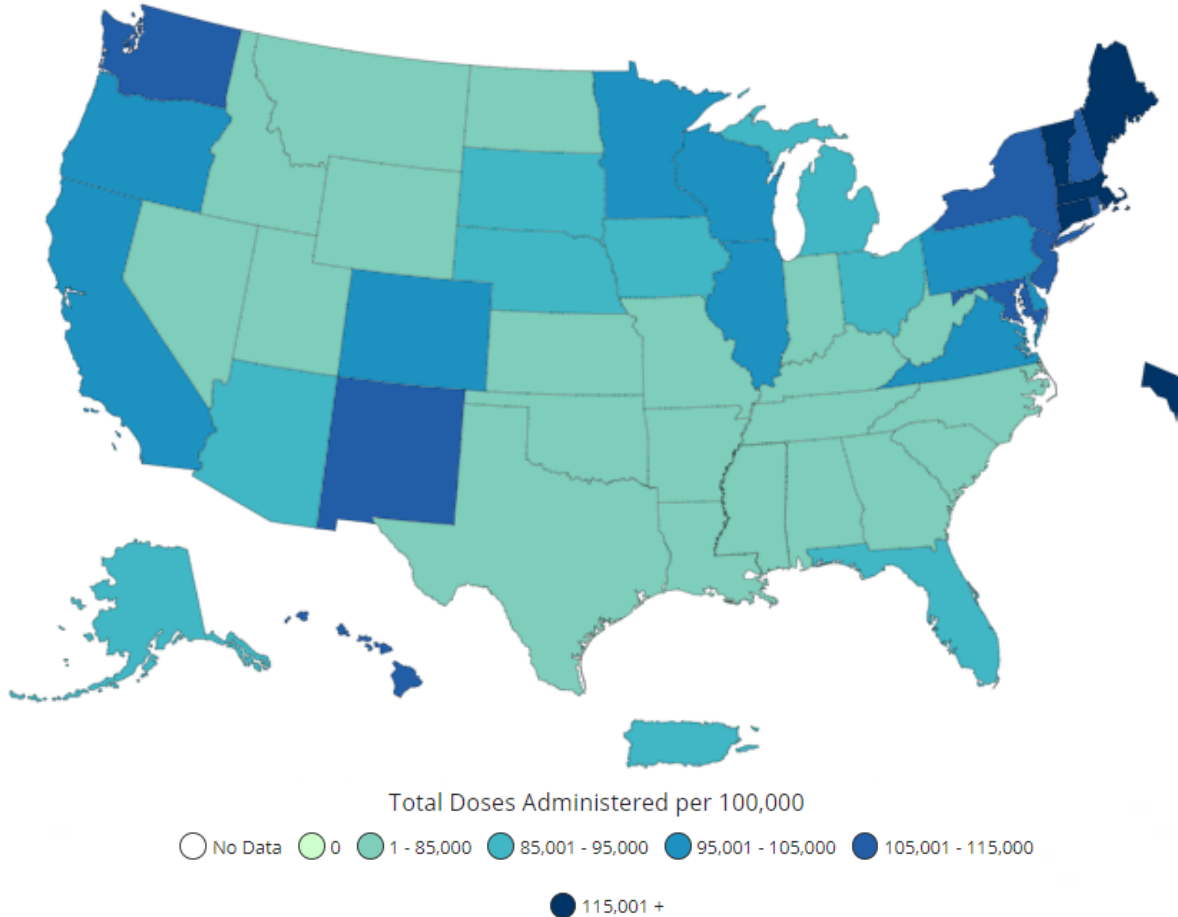
- Map shows overall % of VTers age 12+ vaccinated with \geq one dose of COVID-19 vaccine.
- Map updated weekly (Thurs.) & includes data reported to VT Immunization Registry thru Wed.
- Please use caution when interpreting town data – several scenarios where vaccinations are not attributed to the correct town. [See notes on web site for more details.]



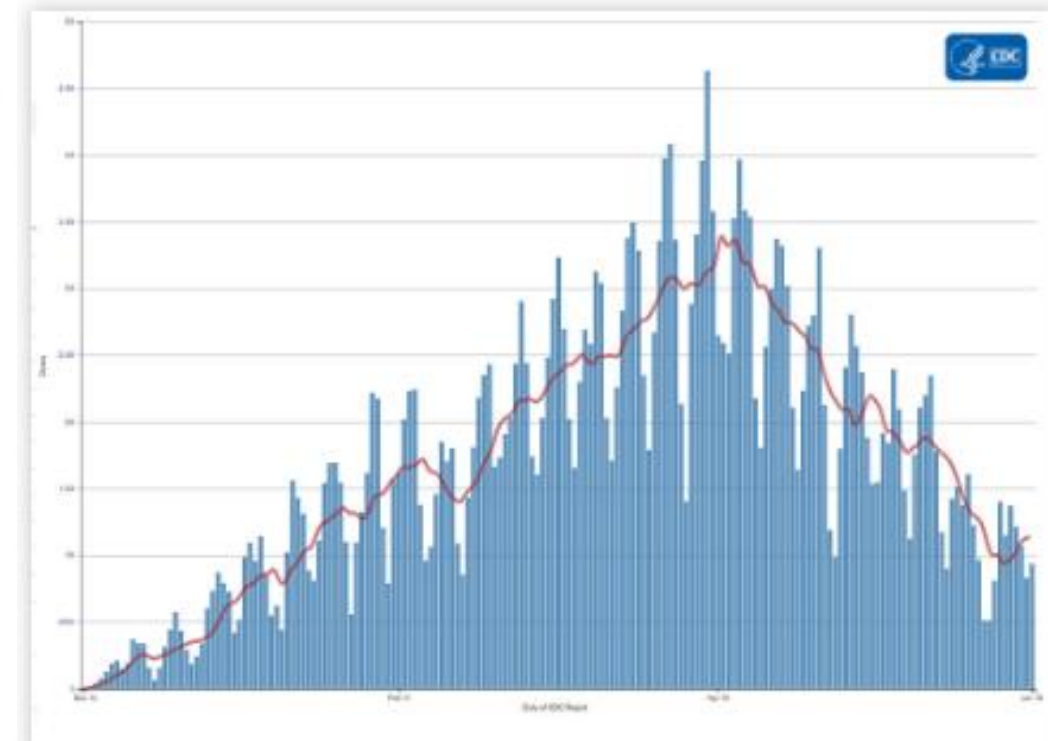
<https://www.healthvermont.gov/covid-19/vaccine/map-vaccine-rates-town>

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



7-Day moving average

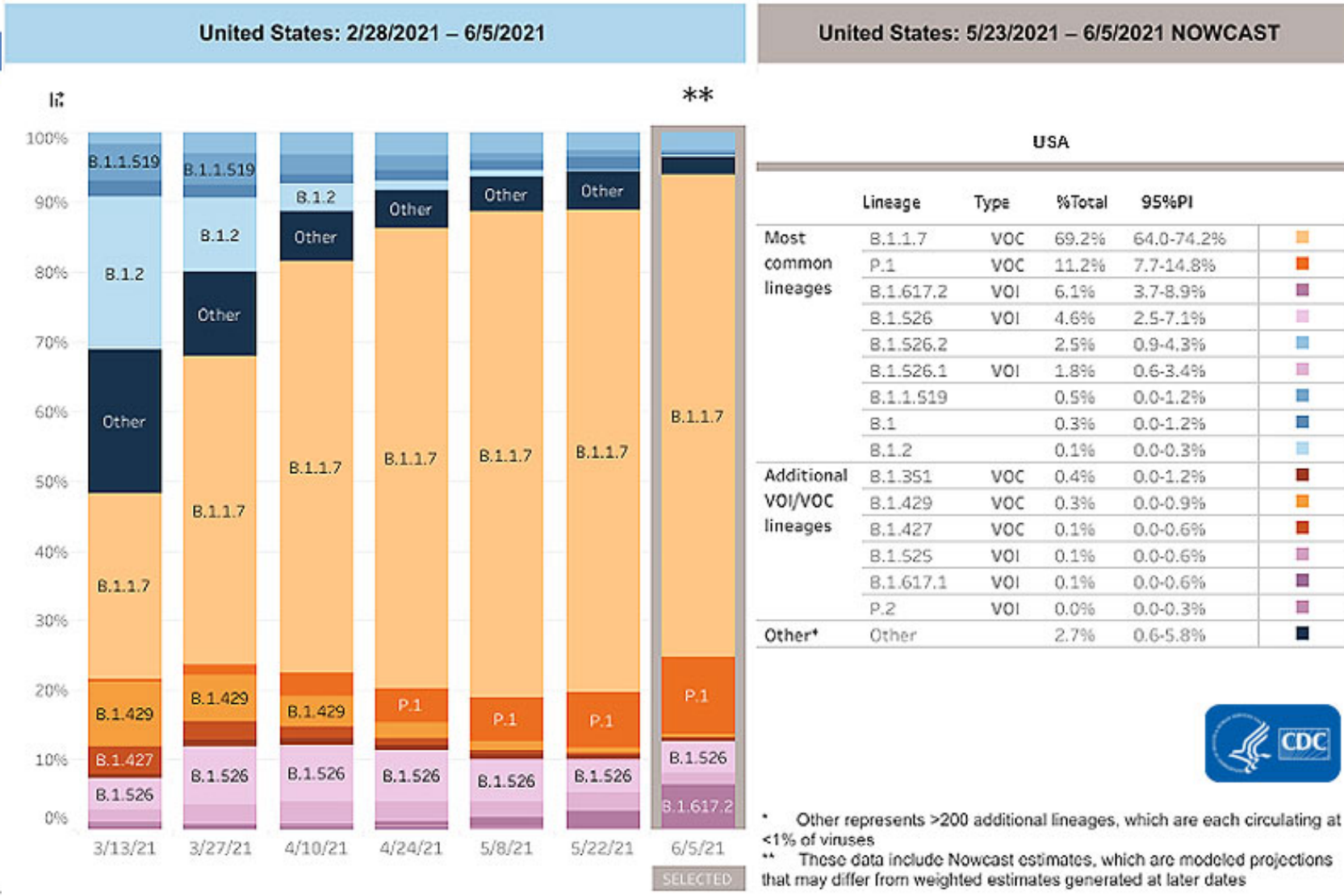


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

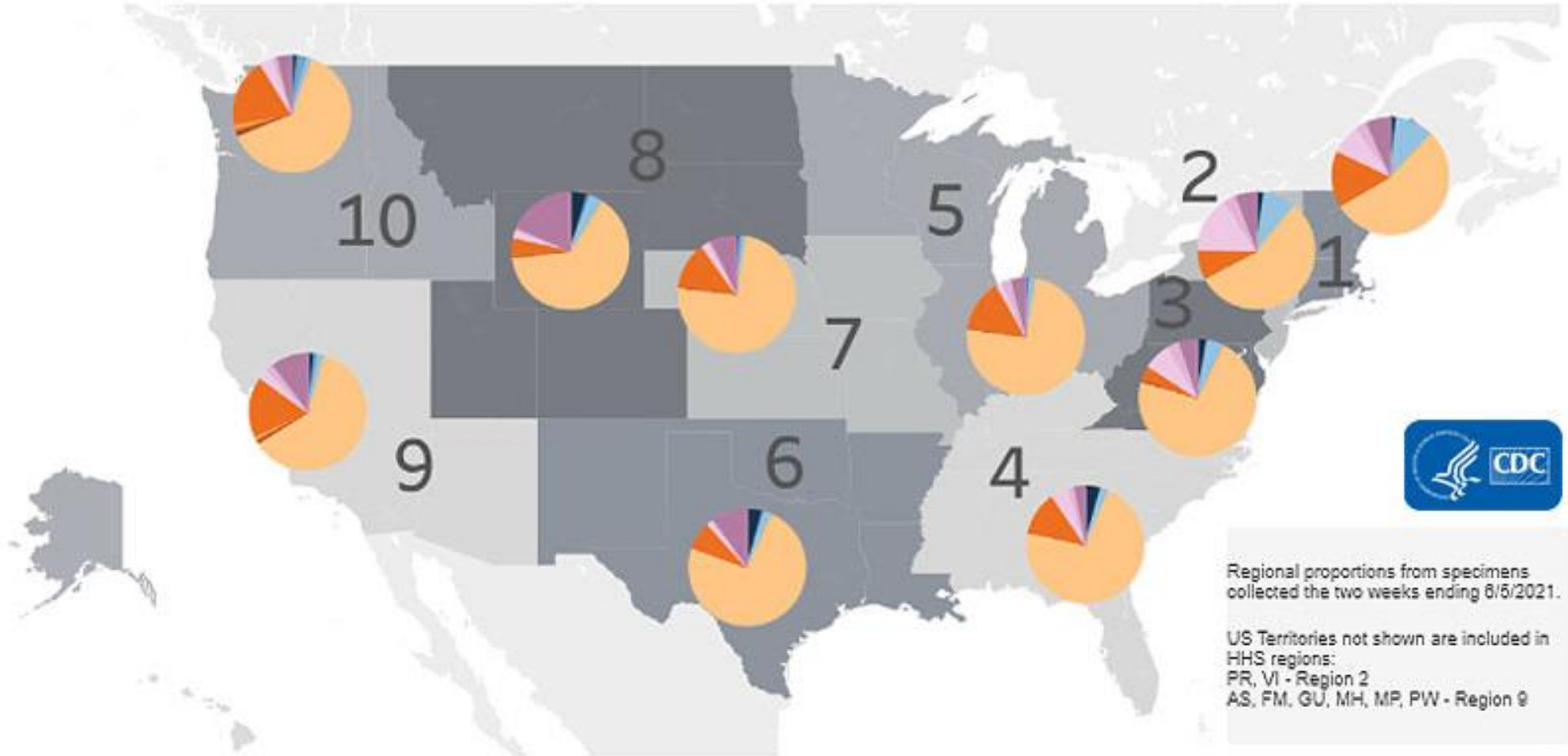
June 14, 2021

From the CDC: SARS-CoV-2 Variants in the U.S.



From the CDC: SARS-CoV-2 Variants in the U.S.

United States: 5/23/2021 – 6/5/2021 NOWCAST



Updated June 8, 2021

From the CDC/MMWR

- Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021 (*Early Release* / June 11, 2021 / 70)
- **Already known:** during 2020, the proportion of mental health-related ED visits among adolescents 12-17 yo increased 31% compared w/2019.
- **Added by this report:** in May 2020, ED visits for suspected suicide attempts began to increase among 12–17 yo, esp. girls. Feb. 21-March 20, 2021, suspected suicide attempt ED visits were 50.6% higher among 12-17 yo girls & increased 3.7% among boys vs. same period 2019.
- **Implications for public health practice:** suicide prevention requires a comprehensive approach, adapted during times of infrastructure disruption, involves multisectoral partnerships and implements evidence-based strategies to address the range of factors influencing suicide risk.

From the CDC/MMWR

- Impact of the COVID-19 Pandemic on Administration of Selected Routine Childhood and Adolescent Vaccinations – 10 U.S. Jurisdictions, March-Sept. 2020 [**Weekly** / June 11, 2021 / 70(23);840–845]
- **Already known:** early reports during the COVID-19 pandemic documented a marked decline in pediatric vaccine ordering and administration, placing U.S. children and adolescents at risk for vaccine-preventable diseases.
- **Added by this report:** analysis of IZ information systems data from 10 U.S. jurisdictions – substantial decrease in administered doses during March-May 2020 vs. same period 2018 & 2019. Administered doses increased during June-Sept. 2020, but increase not sufficient to achieve catch-up coverage.
- **Implications for public health practice:** to prevent outbreaks of vaccine-preventable diseases, health care providers should assess vax status of all pediatric patients, including adolescents, and contact those who are behind schedule to ensure that all children and adolescents are fully vaccinated.

SARS Co-V-2 Variants in Vermont

- VDH detects variants of concern through genetic sequencing of certain viral specimens (people who already tested pos. in various parts of VT); only a small percentage of samples are sequenced.
- Table: **cumulative #** variants identified & co. of residence (NOT actual # variants circulating).
- Absence of a county in table does NOT mean variant is not present (table updated Tuesdays and Fridays).
- <https://www.healthvermont.gov/covid-19/current-activity/covid-19-communities>

COUNTY	B.1.1.7	B.1.429	B.1.427	P.1	B.1.351
Addison	1	3	0	0	0
Bennington	7	0	0	1	0
Caledonia	15	2	0	0	0
Chittenden	104	6	0	8	1
Essex	5	0	0	0	0
Franklin	22	9	0	2	0
Grand Isle	1	1	0	0	0
Lamoille	13	1	0	3	0
Orange	5	0	0	0	0
Orleans	16	6	0	0	0
Rutland	8	2	0	2	0
Washington	1	3	0	0	0
Windham	10	0	1	3	0
Windsor	1	0	0	0	0

Vaccine News

- FDA extends shelf life of J & J vaccine **from 3 to 4.5 mos.**
 - Based on data: demonstrated stable at 4.5 months when refrigerated at temperatures of 36 – 46 degrees Fahrenheit (2 – 8 degrees Celsius). <https://www.jnj.com/johnson-johnson-statement-on-fda-approval-of-shelf-life-extension-for-companys-covid-19-vaccine>
- Moderna asks FDA to expand emergency use of COVID-19 vaccine in 12-17 yo.
- FDA authorized for use two batches of J&J vaccine from Emergent BioSolutions facility in Baltimore following thorough review – concluded these batches suitable for use (but not yet ready to include plant in the Janssen EUA).
- Novavax phase III data: overall 90% effective, 100% vs. mod.-severe disease; 93% effective against variants.
- TX federal judge dismissed a lawsuit brought by employees of Houston Methodist Hospital (challenged coronavirus vaccination requirement).; said hospital's policy consistent with public policy.

In Vermont News

- UVM COVID-19 vaccine requirement: Once permanent FDA approval is granted for any one of the COVID-19 vaccines, ***UVM will require all students entering/returning fall of 2021 to be fully vaccinated.***
 - Includes undergrad, grad, med students, & CE/distance students – both full-time/part-time. Any approved vaccines acceptable (even those awaiting permanent approval). Students will be required to **submit a copy of their vaccine card to Student Health Services.**
- VDH Vaccine Implementation & Advisory Committee – winding down...
 - Expect 2-11-yo rollout (fall?); est. ~60,000 in VT. Anticipate involve parents early (pre-EUA); **hope to administer by PCPs** (schools may play a role). Town hall forums were popular for older youth; should do again for this pop. Other ideas: consider age bands for vax (2-5 & 5-11); administer w/school physicals; have diverse options. Committee will reconvene as more is known about 2-11 timeline and ***arrange for VCHIP participation.***

AAP-VT Press Release (6/10/21)

Thank you, Chapter Pres. Rebecca Bell & Executive Director Stephanie Winters

- Guidance to families with children on how to navigate the summer/stay healthy
- Vaccines are most effective tool to end the COVID-19 pandemic. Pediatricians are thrilled that Vermont is nearing the benchmark of vaccinating 80% of its eligible population against the virus; important to remember that young children are not yet eligible for the vaccine and so warrant special consideration.
- All families/settings where children gather will make their own decisions based on local factors, but AAP-VT is recommending the following:
 - Unvaccinated children >2 yo & unvaccinated adults should continue to wear masks indoors when they are around other unvaccinated people. Given low risk of transmission during outdoor activities, **reasonable for unvaccinated children to not wear masks outside.**
- Masks are effective: pediatric hosps. due to RSV, influenza, other viruses record low this year; now seeing increase. Sick adults/children ***continue to stay home.***

AAP-VT Press Release (6/10/21 – cont'd.)

- When planning, we encourage families to have honest & clear conversations re: comfort level w/other families (masking, vaccination, illness, other expectations).
- We are hopeful that children and adolescents will have a fun and rejuvenating summer. Visit the **Vermont Afterschool** website for summer activity details.
- We recommend all eligible adolescents be vaccinated ASAP. AAP-VT has hosted series of virtual family forums to discuss questions w/families & give parents/caregivers info needed re: vaccination. **SEE AAP-VT website** for past recordings & announcements of future forums.
- As always, please feel free to reach out to your child's health care professional w/questions & concerns. We anticipate younger school-aged children will be eligible for the vaccine in the fall and infants and toddlers may be eligible by the winter. ***We are pleased that Vermont is leading the nation in vaccination.***
- <http://www.aapvt.org/news/aapvt-offers-guidance-families-children-how-navigate-summer-and-stay-healthy-and-active>

AAP-VT Resources



Available for your use!

- PowerPoint presentation
- Video message from AAP-VT Chapter President Rebecca Bell: *“We are so excited that the COVID Vaccine is available for young people....”*
- Posters for your office

5 REASONS TEENS SHOULD GET THE COVID VACCINE



Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



From AAP National...

Guidance Update: Return to Sports and Physical Activity

- The AAP encourages all who are eligible to receive the COVID-19 vaccine as soon as it is available.
- The information on masking is consistent with the CDC guidance.
- Return to play or physical activity has been modified in the myocarditis section.
- Children and adolescents who have not consistently been physically active for more than 1 month should begin a gradual return to activity.



Special Monday Media Briefing (6/14/21)



Governor Phil Scott

- 464 days ago (3/7/21) I was at a Norwich hockey game when 1st VT case of COVID-19 identified. Since then, 145 briefings – always telling you what we knew, didn't know, actions taken, and why.
- Early days: seeking testing materials, PPE for HCWs. Thought we might need refrigerated trailers if hospital morgues exceeded capacity.
 - ▣ Fortunate b/c of unity/commitment of people of VT never waivered.
- *“I told you we would face, find & fight this virus together – you’ve done it better than any other place in the country. I also believe we’ve done it as well as, or better than, any other place in the world.”*
 - ▣ VT had among highest testing/lowest hospitalizations, fewest deaths/cases per capita in continental U.S.
- Built a vaccination program – best there is – w/o financial incentives.

Special Monday Media Briefing (cont'd.)



Governor Phil Scott

- Proud to announce VT has become 1st state in nation to vaccinate 80% of population 12 and over. [And 81.8% of **18+** (Biden goal = 70%)]
- We said our strategy would deliver the best results – VT now global leader in vaccines to beat COVID-19. Showed the right attitude: follow the data, trust medical science.
- Here's the news I've been waiting to deliver for 15 months: **effective immediately, lifting all remaining state pandemic restrictions**, and State of Emergency will formally end at midnight June 15, tomorrow (easier to let it expire than life today) – *“b/c it's safe to do so.”*
- *“Very simple – no longer any State COVID-19 restrictions. None.”*
- I know some may feel uncomfortable...hope all Vermonters show compassion.

Special Monday Media Briefing (cont'd.)



Governor Phil Scott

- Thank you: contact tracers, Epi Team, Health Operations Center (HOC) / State Emergency Operations Center (SEOC) crews.
- I've been briefed 236 times by joint SEOC/HOC Ops Center.
- VT National Guard: vaccination, food distribution, bldg. medical surge sites.
- Fed. Cong. delegation – w/o them would not have had needed resources.
- Leadership Response Team – all hands on deck; broke down silos.
 - E.g., Mike Pieciak as DFR – modeling for global pandemic.
- Restart Teams: Kurrle, Moore, Schirling, French; bus./community partners.
- AHS: Smith, Samuelsson & team; Secy. Young at AOA; digital services; VTrans; BGS, and more.

Special Monday Media Briefing (cont'd.)



Governor Phil Scott

- Levine, Kelso and their teams. Advice, thoughtfulness, dedication like none I've ever seen – Vermonters fortunate to have them leading resp.
- *“Fate can have a funny way of putting the right people at the right place at the right time, and I think that’s exactly what happened here.”*
- Thank you broadcasters, journalists from across the state – kept our feet to the fire. Don't always love your questions, but we're not supposed to.
- At the end of the day, the people who deserve the credit the most are Vermonters – wake up every day wanting to do the right thing. Cared for each other – we should all be very proud. I know that I am.
- We've shown the nation & the world how to do it w/o a playbook – with civility and respect. Battle of Gettysburg Genl. Sedgewick quote: ***“Put the Vermonters ahead.”***

Special Monday Media Briefing (cont'd.)



VDH Commissioner Levine

- As we mark this significant milestone, thank you – sincerely. Global pandemic is not over...we can all take pride in what this milestone means: Vermont stands, once again, among the healthiest states.
- Additional thank-yous: our PH staff (3/4 deployed to this work for many months); many partners who have helped us break down barriers.
- Vermonters: we have asked so much of you (staying home, following restrictions, learning how to prevent spread, trust in a new vaccine based on data & science) & trust you placed in us to build & implement VT's data-driven & scientific approach.
- *“Truly it's the **public** in public health that matters – we could not have done this alone.”*

Special Monday Media Briefing (cont'd.)

VDH Commissioner Levine

- Already collaborating with my pediatric colleagues so that we'll be ready to deliver vaccine to younger age groups when available.
- Vaccines save lives – keep us healthy.
- *“Please remember: Public Health is still here & we still need you, my fellow Vermonters, to keep COVID-19 vaccine a top priority.”*



Governor Scott Press Briefings to Wind Down (ann. 6/11/21)

- As VT approaches 80% vaccination rate, declared State of Emergency & weekly press briefings will end “relatively soon.” (Jason Maulucci, Governor Scott’s press secretary)
- Administration reportedly considering return to pre-pandemic routine: taking reporters’ questions once/week in his office (w/o cabinet members or live broadcasts).
 - ▣ Reporters from across VT who usually cannot attend in Montpelier will continue to have access: e.g., call-in number or a TV screen at the end of the table and people can Zoom
- <https://vtdigger.org/2021/06/10/scott-to-wind-down-marathon-covid-19-press-briefings/>

Practice Issues

Updates on Pediatric Cardiac Screening after COVID-19

Drs. Jonathan Flyer (Pediatric Cardiology, UVM CH) & Kristen Connolly (Timber Lane Pediatrics, Milton)



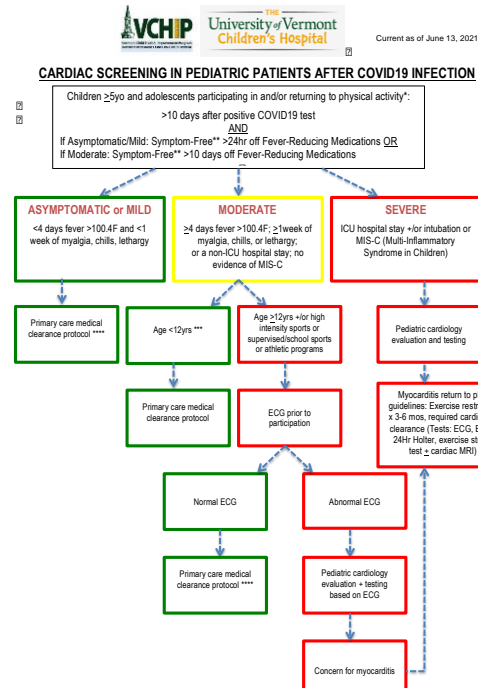
UPDATES ON PEDIATRIC CARDIAC SCREENING AFTER COVID19

Dr. Jonathan Flyer – UVMHC Pediatric Cardiology

Dr. Kristen Connolly – Timber Lane Pediatrics

Updated Documents

Algorithm:



Adapted from the American College of Cardiology (ACC) and American Academy of Pediatrics, reviewed by UVMHC Pediatric Cardiology March 3, 2021.
<https://www.acc.org/clinical-guidance/2020/07/13/17/returning-to-play-after-coronavirus-infection>
<https://www.aap.org/2020/07/13/returning-to-play-after-coronavirus-infection>

*Guidance is informed by expert opinion and may apply to individuals who participate in any physical activity, organized or not, including but not limited to organized sports and physical education class. Clinical judgment is strongly encouraged in support of a shared decision-making process between health care provider and family. Evaluation may also be considered if COVID-19 diagnosis was made within the past 3mos.
 **Symptom-free excludes loss of taste and smell, which may persist.
 ***ECG ≥ 12 yrs may be considered in certain circumstances (eg. higher intensity sports) as determined by family/clinician.
 ****Telemedicine evaluation permitted for asymptomatic/mild category with in-person visit recommended if cardiac symptoms/concerns. For children and adolescents with history of COVID-19 who have already advanced physical activity/sports on their own without development of cardiac signs/symptoms (ensure history of COVID-19 in medical record).

Medical Clearance:

VCHIP University of Vermont Children's Hospital Current as of June 13, 2021

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

Name: _____ DOB: _____

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

Criteria for Return*:

- >10 days have passed since tested positive for COVID19
- Symptom-free (excluding loss of taste/smell) >24hr off fever-reducing medications (for COVID19 with asymptomatic/mild symptoms) OR
 Symptom-free excluding loss of taste/smell >10 days off fever-reducing medications (for COVID19 with moderate symptoms)
- Has had a normal ECG (required if ≥ 12 years of age and history of moderate symptoms with COVID19 illness)
- No history of ICU hospitalization, intubation, or MIS-C
- 14-element AHA cardiac screening** reviewed. Telemedicine evaluation permitted for asymptomatic/mild cases with in-person visit recommended if any positive cardiac symptoms/concerns reported. (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 exertional, unexplained shortness of breath/fatigue or new onset palpitations with exercise
New heart murmur on exam or persistent tachycardia
Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)

History of elevated systemic blood pressure
 Prior restriction from participation in sports
 Prior cardiac testing ordered by a physician
 Family history of premature death <50yrs due to heart disease
 Disability due to heart disease in a close relative <50yo
 Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions
 History of heart murmur (excluding innocent/resolved murmurs)
 Physical stigmata of Marfan Syndrome
 Abnormal brachial artery blood pressure in sitting position on exam

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

Clearance Determination:

- Student/athlete has already advanced physical activity/sports on their own without development of cardiac signs/symptoms and is cleared participate in activities without restriction (history of COVID19 noted in medical record).
- Student/athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression (return to activity as tolerated if <12yo; ≥ 2 -day graduated return protocol if ≥ 12 yo +/or high intensity or supervised/school sports or athletic programs).
- Student/athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity progression.

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

Return-to-Play:

VCHIP University of Vermont Children's Hospital Current as of June 13, 2021

GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION*
 Indications: Age ≥ 12 yo +/or High Intensity or Supervised/School Sports or Athletic Programs (not required if already advanced physical activity/sports on own without development of cardiac signs/symptoms)

Name: _____ DOB: _____

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

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

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

MINIMUM 7-DAY PROGRESSION:

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

DATE	ACTIVITY	SYMPTOMS

STAGE 2 : Day 3 (1 Day Minimum) – 30min/day or less
 Add simple movements activities (running drills) at intensity $\leq 80\%$ maximum heart rate.

DATE	ACTIVITY	SYMPTOMS

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

DATE	ACTIVITY	SYMPTOMS

STAGE 5 : Return to full activity/participation.

DATE	ACTIVITY	SYMPTOMS

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

Date Cleared for Full Participation by School/Sports Personnel: _____

Printed name: _____ Signature: _____

Major Changes/Updates

1. For asymptomatic/mild category: telemedicine evaluation is permitted with in-person visit recommended if any positive cardiac symptoms/concerns reported (*chest pain, SOB, new-onset palpitations, or syncope*)
2. For children/adolescents with history of COVID19 who have already advanced physical activity/sports on their own without development of cardiac signs/symptoms no further evaluation is needed.
 - * In this case is recommended patients update their medical office to ensure history of COVID19 infection is documented in medical record.



Current as of June 13, 2021

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

Name: _____ DOB: _____

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

Criteria for Return*:

- >10 days have passed since tested positive for COVID19
- Symptom-free (excluding loss of taste/smell) >24hr off fever-reducing medications (for COVID19 with asymptomatic/mild symptoms) OR
Symptom-free excluding loss of taste/smell >10 days off fever-reducing medications (for COVID19 with moderate symptoms)
- Has had a normal ECG (required if ≥ 12 years of age and history of moderate symptoms with COVID19 illness)
- ~~No history of ICU hospitalization, intubation, or MIS Q~~
- 14-element AHA cardiac screening** reviewed. Telemedicine evaluation permitted for asymptomatic/mild cases with in-person visit recommended if any positive cardiac symptoms/concerns reported. (Further cardiac work up required if any bolded screening questions positive).

- Student/athlete has already advanced physical activity/sports on their own without development of cardiac signs/symptoms and is cleared participate in activities without restriction (*history of COVID19 noted in medical record*).
- Student/athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression (*return to activity as tolerated if <12yo; ≥7-day graduated return protocol if ≥12yo +/- or high intensity or supervised/school sports or athletic programs*).
- Student/athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity progression.

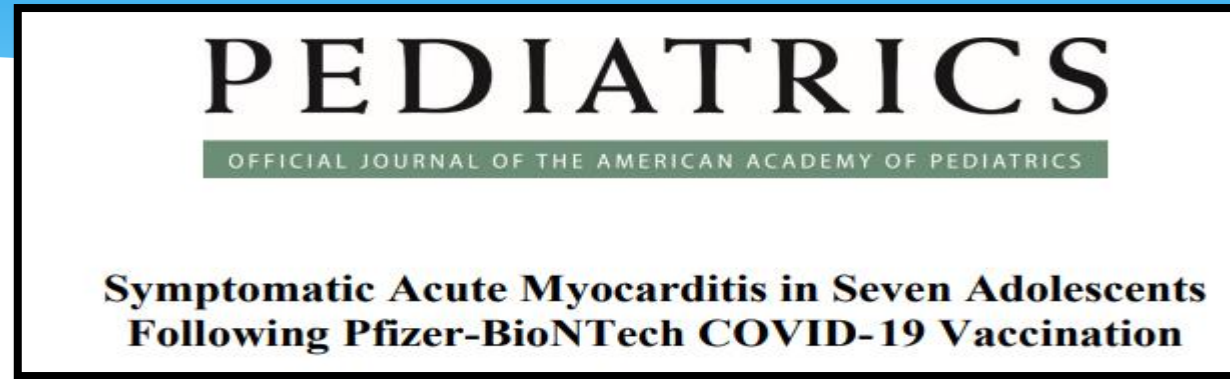


Current as of June 13, 2021

GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION*

Indications: Age \geq 12yo +/- or High Intensity or Supervised/School Sports or Athletic Programs *(not required if already advanced physical activity/sports on own without development of cardiac signs/symptoms)*

mRNA vaccines & cardiac inflammation ?



- * 7 cases of acute myocarditis or myopericarditis
 - * Healthy male adolescents
 - * All: Chest pain within 4 days after 2nd dose (Pfizer)
 - * 5pts with fever
 - * (-) COVID testing by PCR, no cases of MIS-C
 - * (+) cardiac MRI
 - * Treatment: NSAIDS (3), IVIG + steroids (4)
 - * All patients: symptoms resolved rapidly

mRNA vaccines & cardiac inflammation ?

- * Myocarditis or pericarditis
 - * CDC confirms 226 cases: < 30yrs s/p mRNA COVID
 - * 250 additional case investigations
 - * Rates for ages 16-24 after 2nd dose
 - * RARE, but potentially > expected
 - * Males, median age 24yrs
 - * Vaccine Adverse Event Reporting System
 - * Chest pain, elevated cardiac enzymes, ST/T wave changes, dyspnea, abnormal echo/imaging

mRNA vaccines & cardiac inflammation ?

- * 285 cases
 - * 16-17yrs: 79 cases (expected 2-19)
 - * 18-24yrs: 196 cases (expected 8-83)
- * 270 discharged home
- * 81% complete recovery
- * 15 remain hospitalized (3 ICU)

Thus Far: Take Away(s)

- * The FDA/CDC:
 - * have not yet determined a causal relationship b/w m-RNA vaccines and myocarditis
 - * If present: likely very rare & present in a population subset

- * Reported cases: mild & respond to minimal therapy
- * Potential associations between myocarditis and SARS-CoV-2 vaccine will likely be quite rare
- * Vaccination Benefits >>> Risks

Moving Forward

- * Advisory Committee on Immunization Practices
 - * Emergency meeting: June 18
- * In the mean time...
 - * no change in vaccine recommendations
 - * new onset cardiac sx within 1 week of vaccination?
 - * Consider myocarditis/pericarditis

In case you missed it (VCHIP-VDH call 6/11/21)

COVID 19 Vaccine in PCP Offices

- Addition of primary care - normalize COVID vaccine
- COVID vaccine enrollment separate from VCVF & VAVP

- FQHC – Federal HRSA Program
- Hospital owned practices
- Independent practices – enrollment currently open to all, regardless of size.

- Vaccine depot serves all of Vermont – allows us to ship smaller quantities of vaccine to locations
- Expectations of PCP offices
 - Reconcile weekly
 - Offer to patients in normal clinic flow
 - 2nd dose planning
 - Do not miss opportunities for fear of waste

NEW: VDH MCH Home Visiting Position Open!

- **NEW position:** Division of Maternal & Child Health (MCH) – will oversee legislatively appropriated Global Commitment funding in support of the Governor's vision to expand sustained MCH home visiting & implementation of new evidence-based model: ***Parents as Teachers*** (PAT). Expansion is also a key VDH priority, as outlined in **State Health Improvement Plan**.
 - ▣ Will oversee all aspects of program development/implementation of PAT. [Sustained home visiting is a voluntary program for pregnant individuals/families w/young children to provide services that improve MCH; prevent child injuries/abuse/maltreatment; promote social-emotional health; improve school readiness; reduce crime/domestic violence; improve economic self-sufficiency; and enhances coordination and referrals among community resources and supports, such as food, housing, and transportation.]
- Find posting at: <https://careers.vermont.gov/job/Burlington-Maternal-and-Child-Health-Program-Manager-VT-05401/748726700/>

In case you missed it (SEE VCHIP-VDH COVID Call 6/7/21)

Vermont WIC Program Updates

- Current waiver for remote (phone) enrollment & nutrition appointments will expire late Aug.; preparing for return to in-person Sept.
 - Revising procedures to support safe experience for families/staff, (children & some pregnant participants will **not** be vaccinated).
 - **Goal:** align WIC service delivery with pediatric and OB approaches to masking, etc. (knowing that things may look different by September).
- Practices may receive requests from local WIC staff for recent measurement data until return to **in person** WIC appointments.
- Increased benefit for **Fruits & Vegetables June through September!**
 - **Farm to Family coupons issued in July for use through October**
- Breastfeeding Peer Counseling services are expanding and will be available Statewide this summer
- Formula contract change: Vermont currently contracts with Gerber, and will transition to **Abbott/Similac** on **10/1/21** (no Rx needed for special formulas)

In case you missed it (6/7/21)

VDH's *One More Conversation* (Substance Use in Pregnancy)

- Information campaign **goal**:
 - Increase # of patient/provider conversations about substance use in pregnancy
- Addresses alcohol, cannabis, tobacco, opioid use
- Web pages, fact sheets, rack cards
- <https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy>

CHILDREN, YOUTH & FAMILIES

- HEALTHY RELATIONSHIPS
- FAMILY PLANNING & PREGNANCY
- INFANTS & YOUNG CHILDREN
- CHILDREN WITH SPECIAL HEALTH NEEDS
- SCHOOL HEALTH
- ADOLESCENT HEALTH
- HEALTH CARE FOR CHILDREN & YOUTH
- WIC
- PLANS & REPORTS

CONTACT:
Maternal & Child Health Division
108 Cherry Street
Burlington, VT 05401
Phone: 802-863-7333

ALERTS COVID-19 VACCINE GET HELP NOW COVID-19 IN VERMONT SEARCH

Belonging to the LGBTQI+ community can be a source of strength. And, if you identify as LGBTQI+, it's important to recognize how your experience of sexual orientation & gender identity relates to mental health. <https://t.co/OLScIu3Ilg> The Gender Spectrum Collection <https://t.co/yN0d3rcgBC> [Read More](#)

HOME / CHILDREN, YOUTH & FAMILIES / FAMILY PLANNING & PREGNANCY /

SUBSTANCE USE IN PREGNANCY

If you're here, you've taken a big step. You understand the importance of a healthy pregnancy. You understand the challenges that substance use can mean for that healthy pregnancy, but you may have questions and concerns. The information below will help answer some of those questions and concerns. But more importantly, it will help give you a reason, information and the strength to talk to your health care professional about substance use.

One More Conversation **Can** Make The Difference

ALCOHOL DURING PREGNANCY and beyond

Questions about alcohol use and pregnancy are common, especially before you knew that you were pregnant. This fact sheet answers your basic questions about alcohol and pregnancy, but your health care professional can always explain more and answer any other questions you have.

DOWNLOAD THE PDF

GET HELP QUITTING

Let's have a conversation about **ALCOHOL DURING PREGNANCY**

From AAP National



- ❑ Town Hall with Surgeon General Dr. Vivek Murthy (6/10/21)
- ❑ Friday, June 11, 3 p.m. - 4 p.m. ET: AAP President Lee Savio Beers, MD FAAP in White House conversation with Anthony Fauci, MD, and other government officials to discuss COVID-19 vaccination efforts.
- ❑ *Primary Care Providers, Health Systems, and the Next Phase of the Vaccination Rollout.*
- ❑ **View recording at:**

<https://youtu.be/t6gICISru8E>



- Holly Morehouse, Executive Director: initial grant program (fed. \$) = \$1.5m
 - ▣ 188 proposals submitted; seeking >\$7m.
- Sen. Bernie Sanders secured additional \$2.35m. for total of \$3.85m.
 - ▣ Grant awardees: ~100 grants in 13 counties will go out (1st 38 this week; ≥ additional next week). Also, additional programs by local schools.
- Increased access through: creating new opportunities, addressing affordability (98% have measures to provide at low/no cost), increasing slots, assure underrepresented youth included, providing for those w/special needs.
- VT Community Foundation adding support to stretch grants even further.
- Expect to add 238 total weeks of programming & 31,650 new slots.
- ***Vermont 2-1-1 is ready/willing to help families find summer programs***
- Visit the web site: resources for families & highlights of the summer health guidance for programs.

VCHIP-VDH COVID-19 calls: Summer Calendar

- Based on survey responses – thank you!
- **Remainder of June**: generally **Mondays & Wednesdays**
 - ▣ Exception: **NO CALL Monday, June 28**
 - ▣ We **WILL** have a call on **Wednesday, June 30**
- **July**: generally **Wednesdays only**
- **August**: generally **Wednesdays only** – subject to change as we approach fall school reopening
- **September forward – TBD!**



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 – ***Wednesday, June 16, 12:15 – 12:45 pm***
- **SEE VCHIP-VDH COVID-19 Call *Summer Calendar*** for our new schedule!
- Please tune in to VMS **special call this week**: new laws/updates to VT legislation re: the State's health & practices related to health care workers.

Thursday, June 17, 2021 – 12:00-1:00 p.m.
- **VISIT <https://vtmd.org/>** for details!