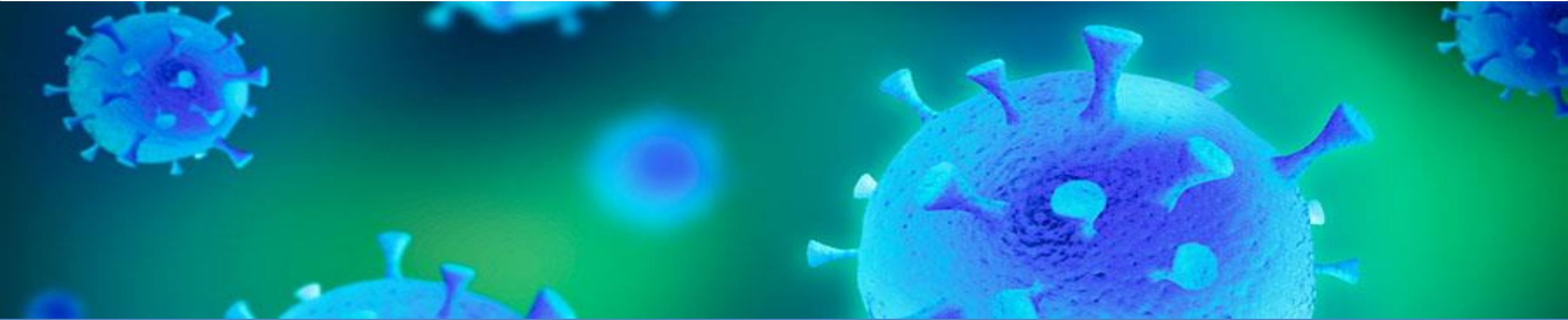


VCHIP / CHAMP / VDH COVID-19 UPDATES



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 21, 2021



Technology Notes

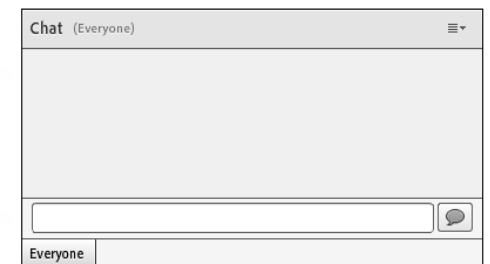
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

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

- News of the **2021 Olympics – Team USA** to include:
 - Allyson Felix (400m/50.02 secs – could tie T & F record for most medals); Simone Manuel (50 free/24.29 seconds – margin 0.01 second); Elle Purrier St. Pierre runs today for spot in 1500m
 - SEE NYT: *A Vermont Runner Takes Her Show on the Road*
<https://www.nytimes.com/2021/06/16/sports/olympics/elle-purrier-st-pierre-olympic-trials.html>
- **Happy Solstice!**
- Reminder – weekly event schedule:
 - **New VCHIP-VDH call calendar** (next slide); Gov. Media Briefings **now Tuesdays only**; VMS call w/Dr. Levine Thursday
- Announcements; situation, VDH, CDC, AAP updates
- Practice Issues – **Update on Blood Lead Screening in VT**
- Q & A/Discussion



<https://www.nytimes.com/2021/06/20/sports/allyson-felix-olympics-qualifies.html>



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

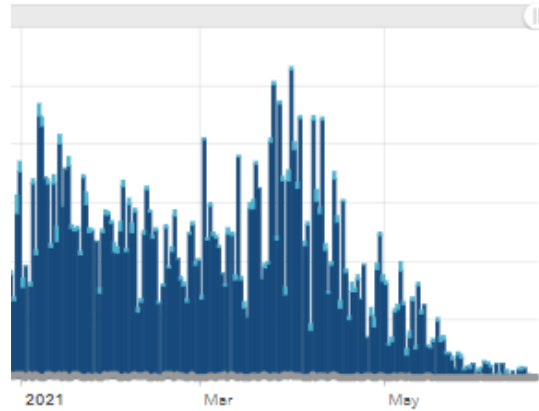
VCHIP-VDH COVID-19 calls: Summer Calendar

- 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	3
24,368 Total	
Currently Hospitalized	4
Hospitalized In ICU	2
Hospitalized Under Investigation	0
Percent Positive 7-day Avg.	0.4%
People Tested	399,703
Total Tests	1,721,776
Recovered	23,919
98.2% of Cases	
Deaths	256
1.1% of Cases	
Last Updated: 6/21/2021, 11:14:44 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 update. All data are compiled by the VDH; are preliminary & subject to change. Dashboard is updated by 12:00 p.m.

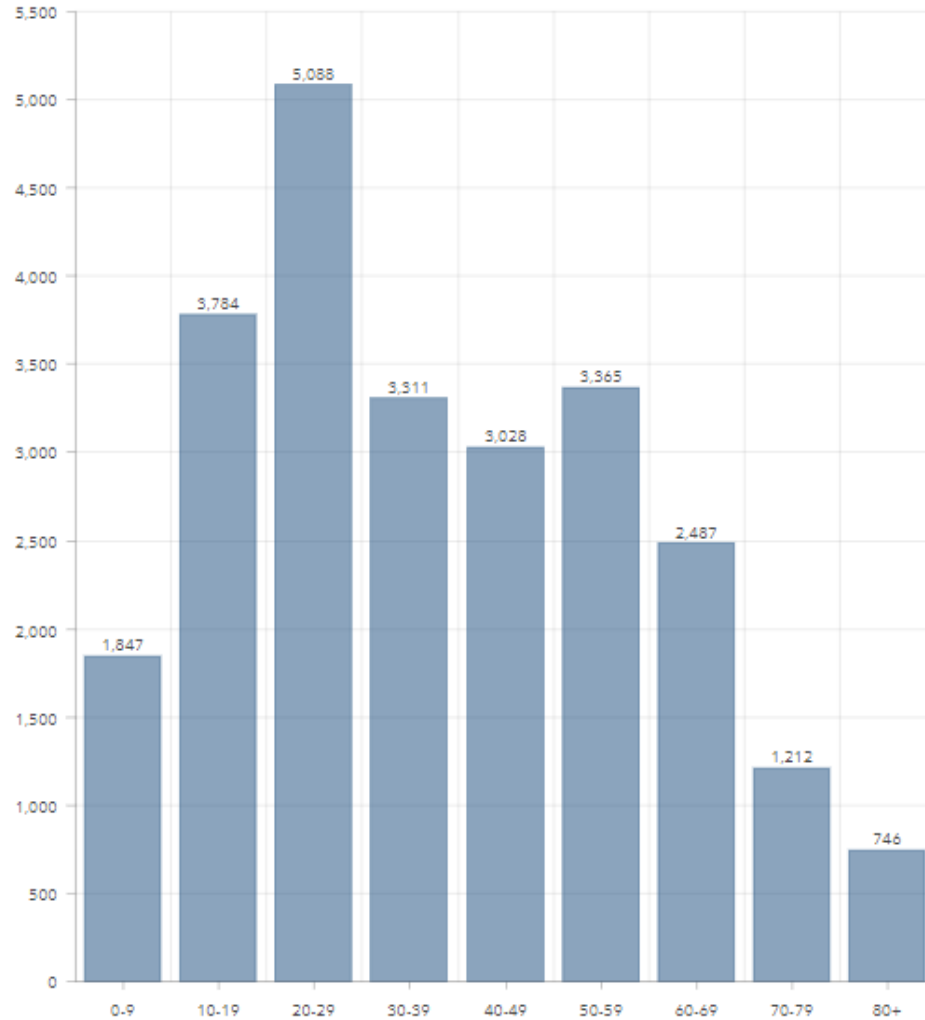
<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

- U.S. **33.5 million+** cases; **601,442 deaths**
 - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 6/21/21)
 - 6/20/21: **4,063 new cases; 90 deaths**
 - Past week: av. 11,138 cases/day (14d. change -18%)
 - **3.8 million+ deaths worldwide; 178.4 million+ cases** (-15% & -13% 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! (**Latest: 6/18/21**)
 - Children (0-19) = 23% of VT COVID-19 cases; of those, 24% are 18-19 y.o. [Total 5,535 posted 6/18/21]
 - Now includes data on **vaccine breakthrough cases**
 - Find previous summaries at:

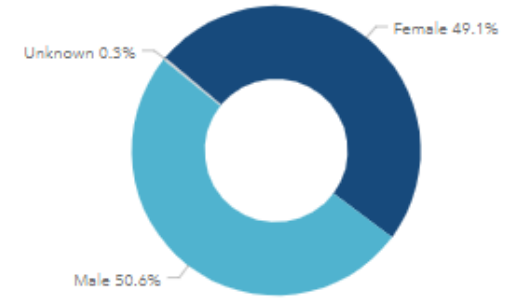
<https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

Situation update

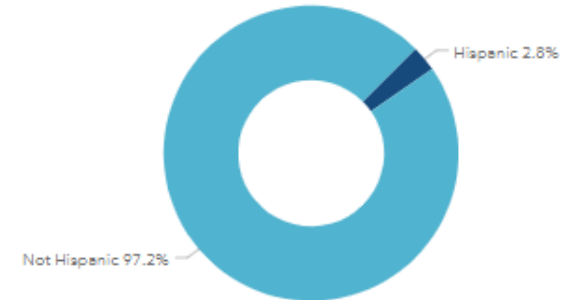
Vermont COVID-19 Cases by Age Group



Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known

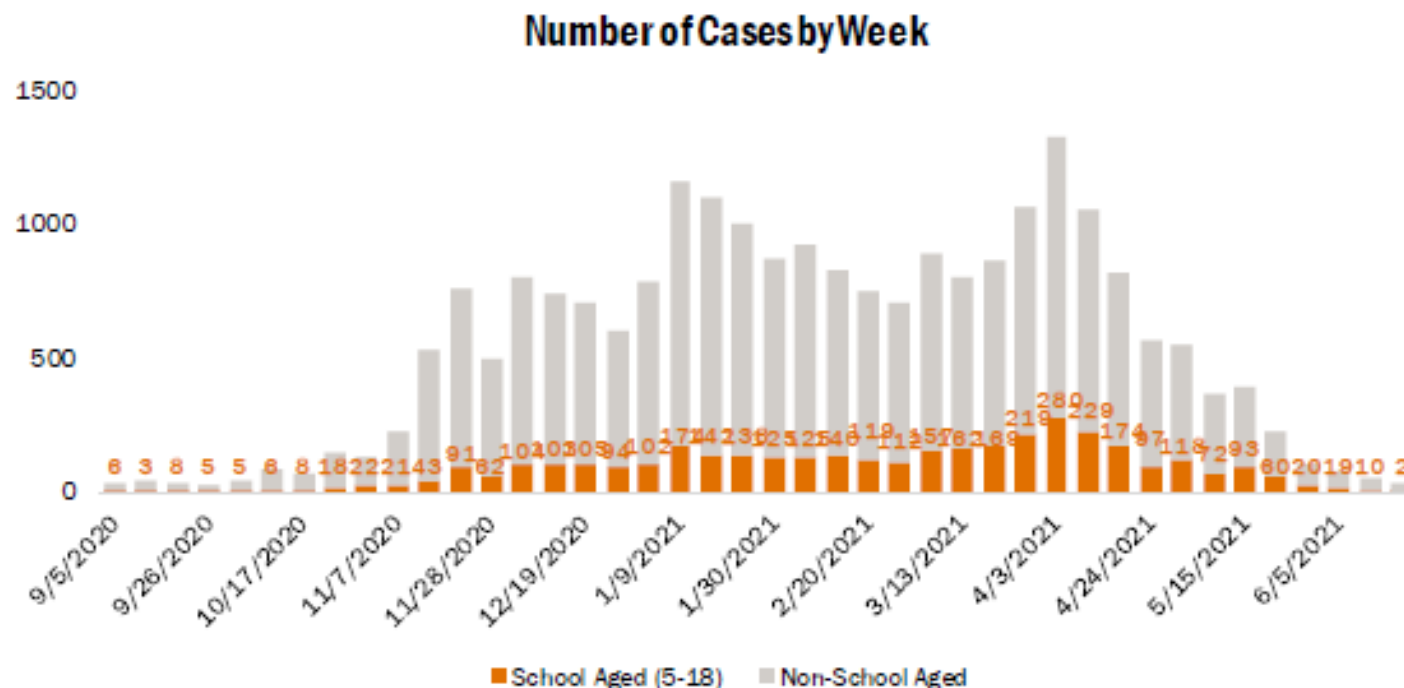


Vermont COVID-19 Cases by Race if Known

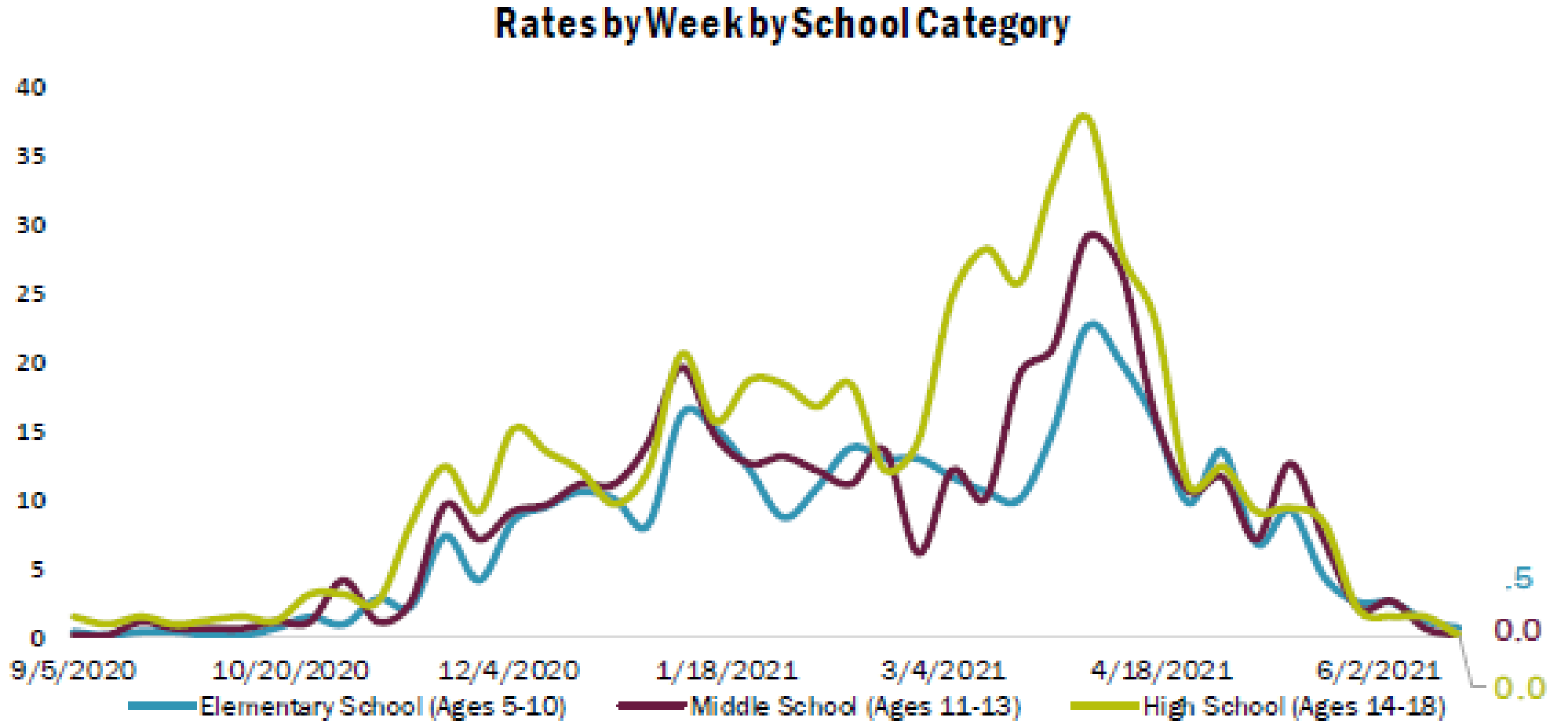


<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

This brief reflects data as of June 19, 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



[Compare to data from previous week: rates were 1.4/10K (HS), 0.5 (MS), and 1.1 (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 16, 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	4	1402

June 13, 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	1401

- VT Colleges & Universities:
 - ▣ **UVM update:** students on campus this summer must be registered with the Testing Center and test weekly.
 - ▣ Requiring COVID-19 vaccine for students: Bennington College, Champlain College, Middlebury College, St. Michael's College, University of Vermont

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!

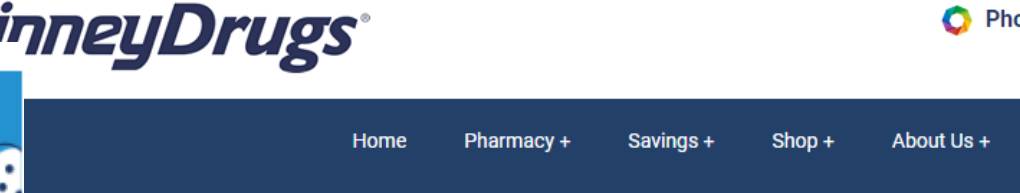
[Find a walk-in clinic here](#)

More ways to get your vaccine!

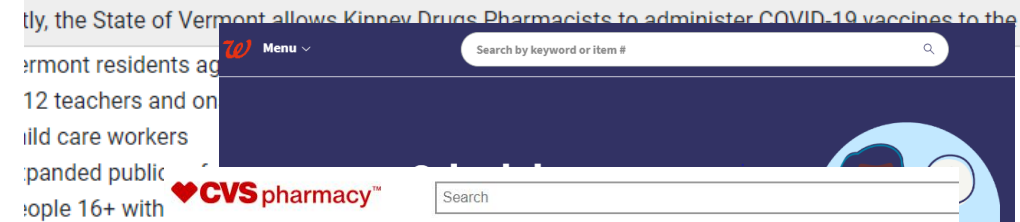
- Vaccine clinics for restaurant, hospitality, and tourism workers
- Vaccine clinics for school and community, open to 12 -15-year-olds

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: 6/19/21)

- 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

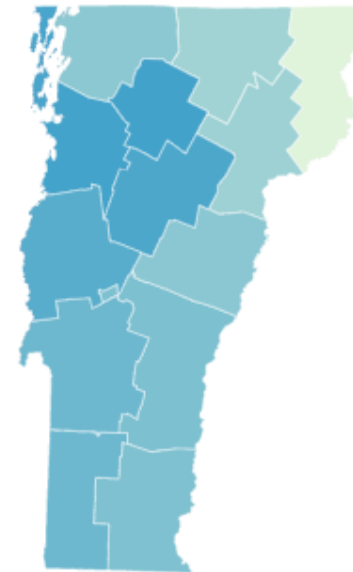
Blue headers indicate CDC data
Gray headers indicate Vermont data

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	80.1%
Bennington	76.5%
Caledonia	68.4%
Chittenden	83.3%
Essex	57.3%
Franklin	71.3%
Grand Isle	82.5%
Lamoille	83.5%
Orange	71.5%
Orleans	67.8%
Rutland	76.4%
Washington	82.0%
Windham	73.5%
Windsor	73.8%



57.3% 83.5%

Summary

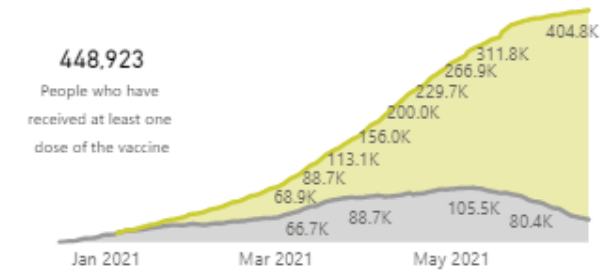
Vermont Forward

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

Vaccine Distribution



Total People Vaccinated



Updated 6/19/2021 8:41:04 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 = 56.6% (55.3% on 6/16)
 - ▣ 16-17 = 68.4% (67.8% on 6/16)
 - ▣ 18-29 = 54.9% (54.4% on 6/16)
 - ▣ VT Age 12+ = 77.3% (76.9% - 6/16)

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	56.6%
16 - 17	68.4%
18 - 29	54.9%
30 - 39	76.0%
40 - 49	77.0%
50 - 59	81.1%
60 - 64	87.5%
65 - 69	94.0%
70 - 74	99.9%
75+	94.5%
VT Age 12+	77.3%

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	69.5%
Black or African American	62.0%
Native American, Indigenous, or First Nation	27.7%
Pacific Islander	15.6%
Two or more races	59.0%
White	74.5%
VT Age 12+	73.8%

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	84.4%
Not Hispanic	71.1%
VT Age 12+	71.4%

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	57.4%	72.7%	84.3%	67.1%
Non-Hispanic White	51.6%	72.4%	91.0%	71.3%
Vermont	52.2%	72.4%	90.8%	71.0%

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

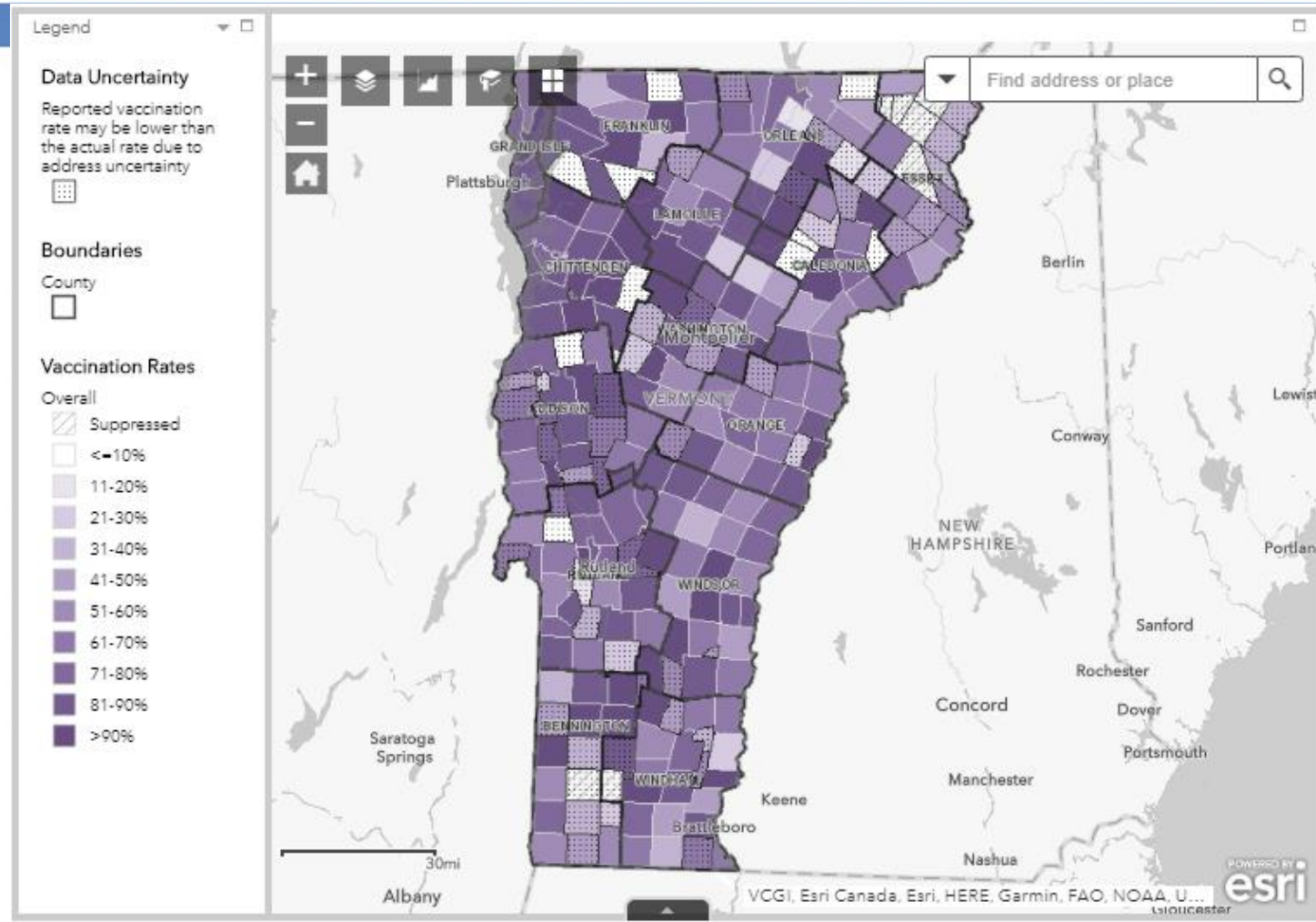
Sex	%*
Female	79.7%
Male	74.7%
VT Age 12+	77.2%

Sex information is missing for 0% of people vaccinated.

Updated 6/19/2021 8:41:04 AM

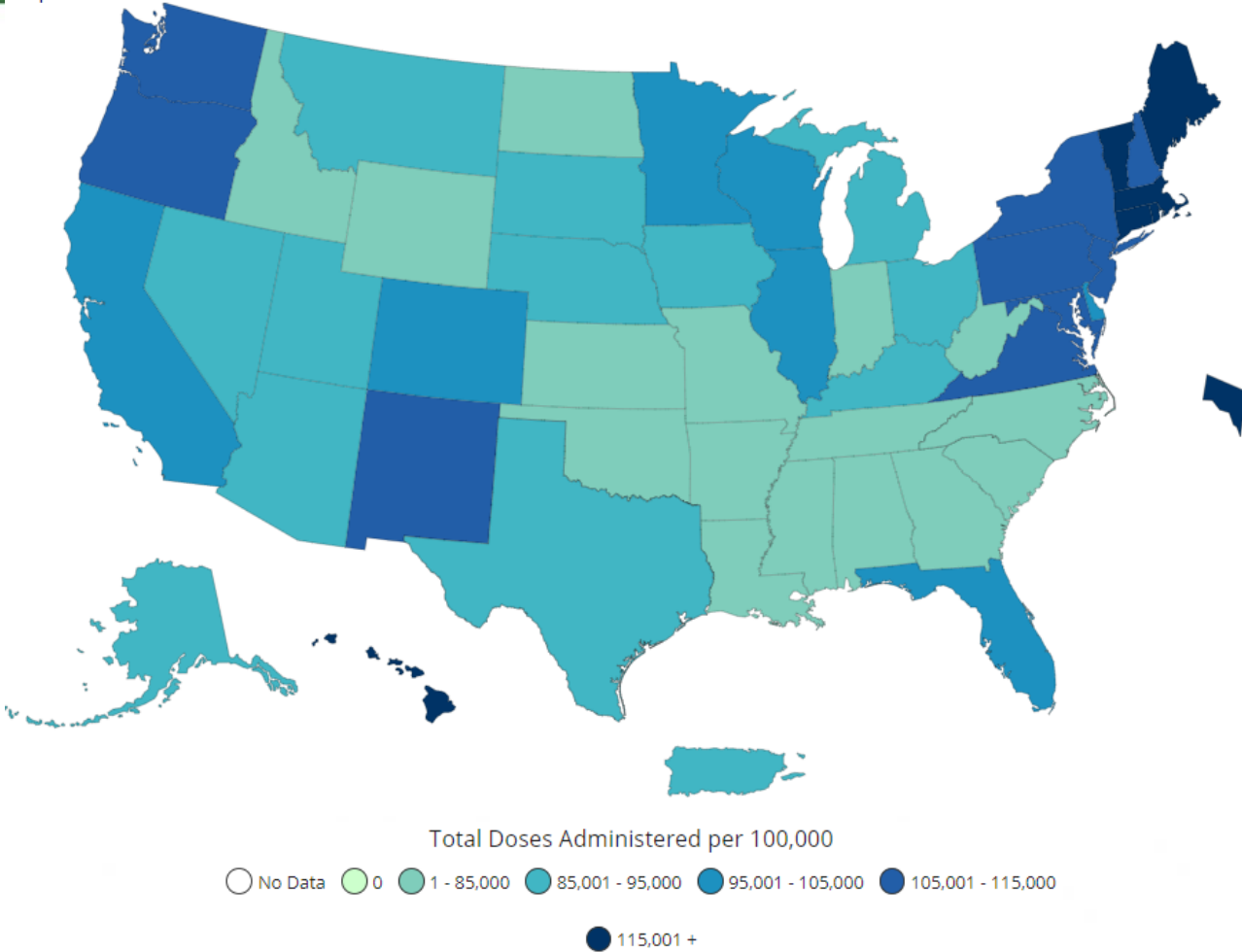
Now Available: Map of Vaccine Rates by (VT) Town

- 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. [Note: last reviewed 6/10/21]
- Please use caution when interpreting town data – several scenarios where vaccinations are not attributed to the correct town. [See web site notes for details.]

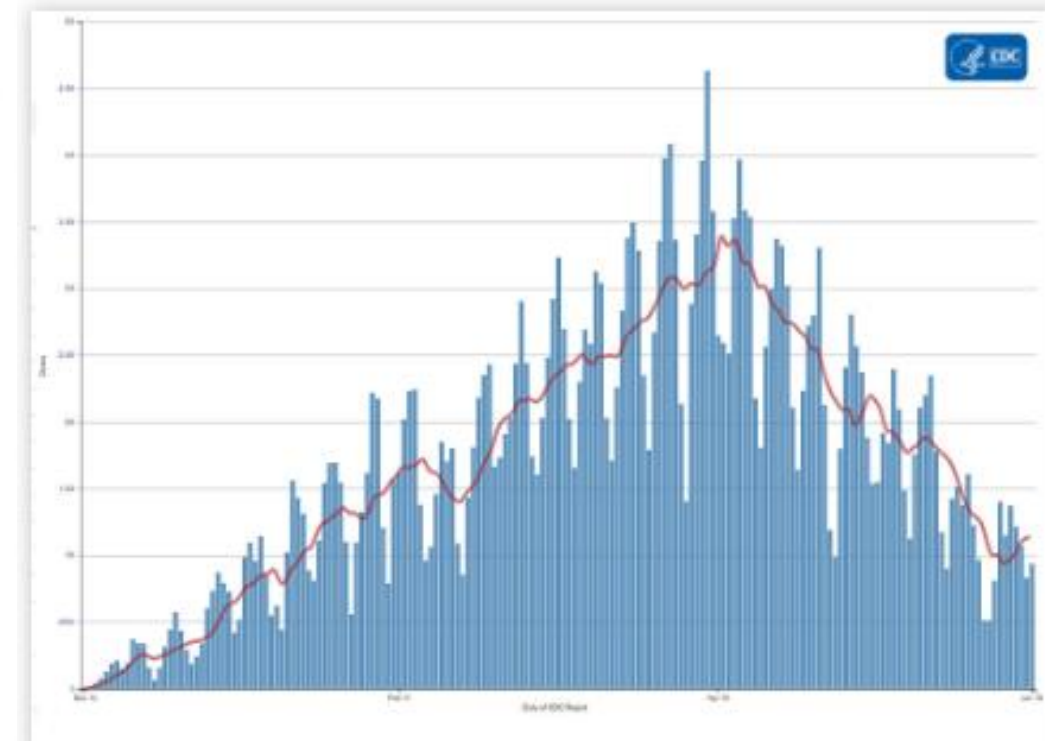


From the CDC Vaccine Tracker

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



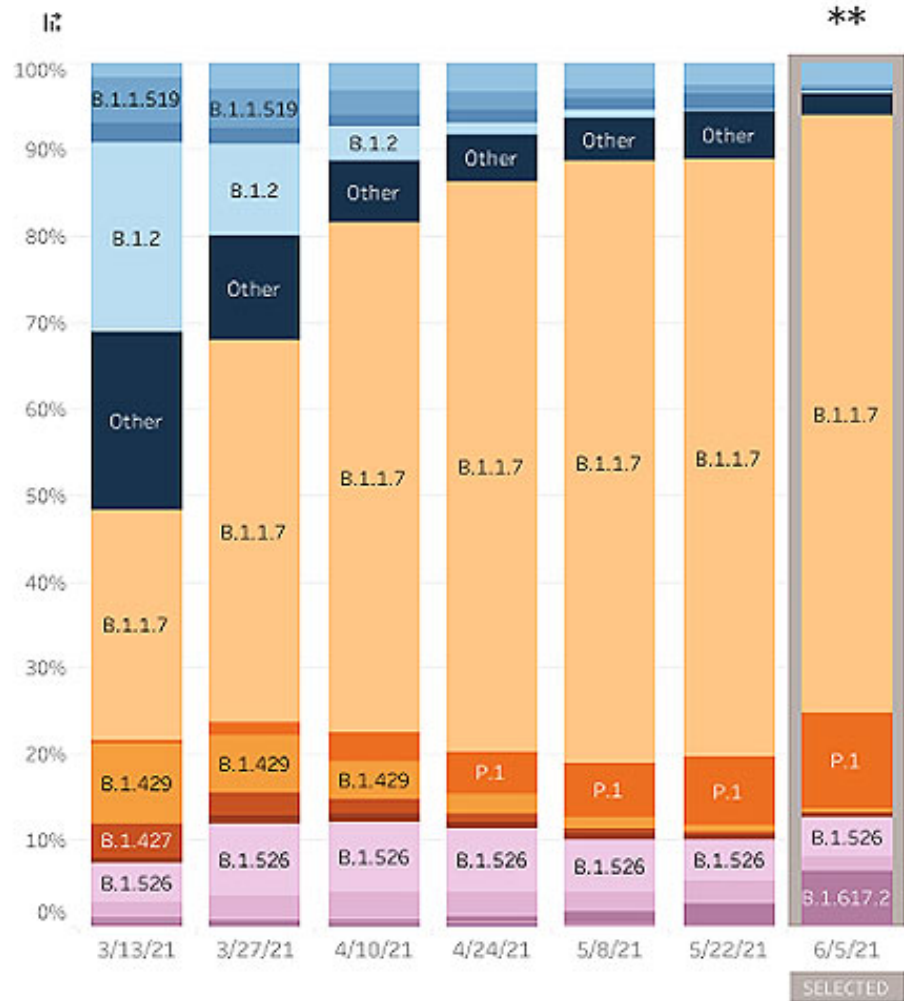
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

June 21, 2021

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

United States: 2/28/2021 – 6/5/2021 United States: 5/23/2021 – 6/5/2021 NOWCAST



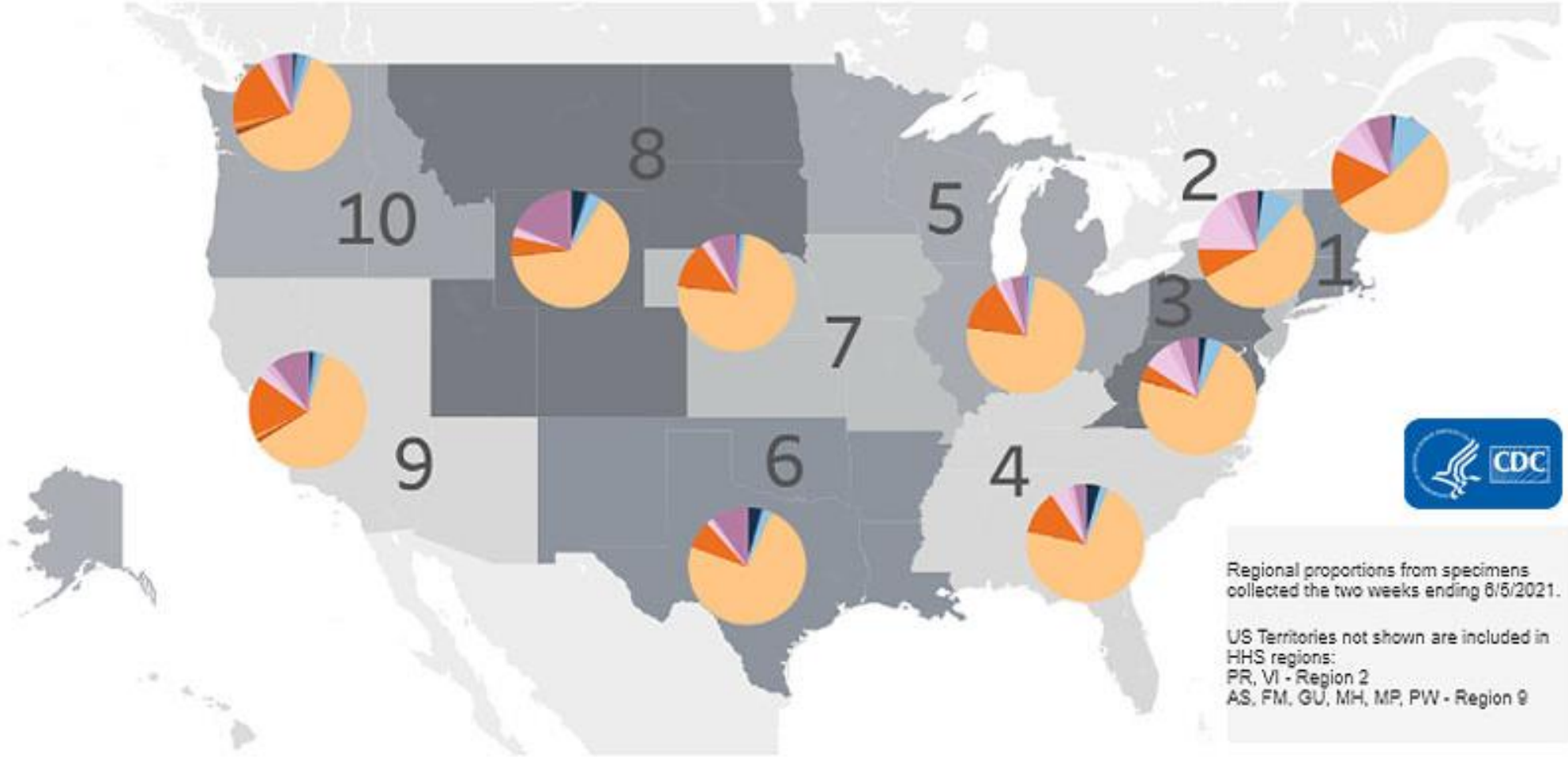
USA					
	Lineage	Type	%Total	95%PI	
Most common lineages	B.1.1.7	VOC	69.2%	64.0-74.2%	■
	P.1	VOC	11.2%	7.7-14.8%	■
	B.1.617.2	VOI	6.1%	3.7-8.9%	■
	B.1.526	VOI	4.6%	2.5-7.1%	■
	B.1.526.2		2.5%	0.9-4.3%	■
	B.1.526.1	VOI	1.8%	0.6-3.4%	■
	B.1.1.519		0.5%	0.0-1.2%	■
Additional VOI/VOC lineages	B.1		0.3%	0.0-1.2%	■
	B.1.2		0.1%	0.0-0.3%	■
	B.1.351	VOC	0.4%	0.0-1.2%	■
	B.1.429	VOC	0.3%	0.0-0.9%	■
	B.1.427	VOC	0.1%	0.0-0.6%	■
	B.1.525	VOI	0.1%	0.0-0.6%	■
	B.1.617.1	VOI	0.1%	0.0-0.6%	■
P.2	VOI	0.0%	0.0-0.3%	■	
Other*	Other		2.7%	0.6-5.8%	■



* Other represents >200 additional lineages, which are each circulating at <1% of viruses
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

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

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



Updated June 8, 2021

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 (ALPHA)	B.1.429 (EPSILON)	B.1.427 (EPSILON)	P.1 (GAMMA)	B.1.351 (BETA)	B.1.617.2 (DELTA)
Addison	1	3	0	0	0	0
Bennington	7	0	0	1	0	0
Caledonia	15	2	0	0	0	0
Chittenden	106	6	0	8	1	1
Essex	5	0	0	0	0	0
Franklin	23	9	0	2	0	0
Grand Isle	1	1	0	0	0	0
Lamoille	13	1	0	3	0	0
Orange	5	0	0	0	0	0
Orleans	17	6	0	0	0	0
Rutland	8	2	0	2	0	0
Washington	1	3	0	0	0	0
Windham	10	0	1	3	0	0
Windsor	1	0	0	0	0	0

In the News

- WCAX report: **Respiratory viruses return; keeping unvaccinated kids safe this summer**
 - Keep kids home if sick; masking should be an option in certain situations.
 - *Dr. Becca Bell: “Just making sure everyone feels comfortable with the situation...this is a conversation that should cont. going forward. COVID or not, it’s a really helpful conversation to keep some of these at bay.”*
 - <https://www.wcax.com/2021/06/16/respiratory-viruses-return-keeping-unvaccinated-kids-safe-this-summer/>
- WCAX **“You Can Quote Me”** – VDH Commissioner Mark Levine: <4% have skipped timely 2nd dose. Have detected delta variant X3 in VT. RE: next pediatric age groups – “I’m not so worried about that right now... want parents to feel comfortable – we also know this age group is not suffering tremendously from COVID...not getting severely ill, very few deaths worldwide; ability to contract & have severe illness much less.



Pediatric COVID-19 Vaccine

- We are collaborating with state partners to prepare for the next phase of pediatric COVID-19 vaccine administration.
- Clinicians in practice: ***please complete our brief survey*** – will close evening of June 22, 2021 (tomorrow).
- Survey topics:
 - ▣ *Do you wish to administer COVID-19 vaccine in your practice?*
 - ▣ *Are you interested/willing in helping with school-located vaccine clinics?*
 - ▣ *Please share your feedback re: COVID-19 vaccine administration in pharmacies.*
- <https://www.surveymonkey.com/r/COVID-19Vaccine-2to11>

From Federal Partners

- ❑ **Natl. Ctr. on Birth Defects & Developmental Disabilities: New Vaccine Resources for People with Intellectual and Developmental Disabilities** – Low literacy format; promotional toolkit: https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/pdfs/CDC_RTI_Vaccine_Social-Story_2021.05.10_508c.pdf
- ❑ **FEMA: Updated COVID-19 Education Resource Roadmap:** series to assist partners in identifying funding sources to help w/COVID-19 pandemic recovery. https://www.fema.gov/sites/default/files/documents/fema_covid-19-education-resource-roadmap-version2.0_06-14-2021.pdf
- ❑ **New MMWR: Mental Health Among Parents of Children and Unpaid Adult Caregivers:** 70% of parents and unpaid caregivers reported adverse mental health symptoms like depression, anxiety, COVID-19-induced stress and trauma, and suicidal thoughts. https://www.cdc.gov/mmwr/volumes/70/wr/mm7024a3.htm?s_cid=mm7024a3_w
- ❑ **CDC Stops Requesting Weekend Submission of COVID-19 Case and Death Data from Jurisdictions**
- ❑ **Webinar: COVID-19 Vaccination and Children:** June 23, 1 p.m. ET; featuring Karen Remley (former State Health Official/SHO, VA) & Nicole Alexander-Scott (SHO-RI).

ACIP Meeting Postponed

- ❑ Rescheduled due to Juneteenth federal holiday
- ❑ Agenda item on post-vaccine myocarditis will now be included with June 23-25 (regular) meeting this week.
- ❑ Webcast link access:
<https://www.cdc.gov/vaccines/acip/index.html>

ACIP Meeting Information



More

Juneteenth 2021

- Federal bill signed June 17, 2021
- Burlington's first-ever celebration!
 - ▣ Details at: <https://www.juneteenthbtv.org/>
 - ▣ <https://www.sevendaysvt.com/vermont/burlington-prepares-for-its-first-ever-juneteenth-celebration/Content?oid=33160484>
- Article re: the history of Juneteenth in Vermont:
<http://nationaljuneteenth.com/Vermont.html>
- Celebrations across Vermont: <https://vtdigger.org/2021/06/16/statewide-juneteenth-events-will-acknowledge-and-celebrate-black-liberation/>
- Alexander Twilight (first African American college graduate): celebration features return of artifacts to his Brownington home (part of Old Stone House Museum/Historic Village).



<https://www.burlingtonfreepress.com/story/life/2021/06/16/alexander-twilight-big-year-juneteenth-celebration-vermont/5293727001/>

Larner College of Medicine Juneteenth Message

From LCOM Dean **Richard Page** & Associate Dean for Diversity, Equity and Inclusion **Margaret Tandoh** (received 6/18/21):

- Recognition of Juneteenth as our country’s “second Independence Day,” and, as of 6/17/21, a national holiday...we wish to reaffirm our commitment to social justice, diversity, equity and inclusion (Dean Richard Page & Margaret Tandoh)
- Issues of social justice, equity, diversity and inclusion are longstanding – our outrage must translate to constructive actions that will ensure change in our community and throughout the nation. Update on LCOM efforts:
 - Meeting regularly/increased funding for **student groups focused on equity in medicine:** LCOM Social Justice Coalition (now a recognized medical student leadership group); & affinity groups (Student National Medical Association, Latino Medical Student Association, Gender & Sexuality Alliance, American Medical Women’s Association, & the Asian Pacific American Medical Student Association) – address impact learning env./community.

Larner College of Medicine Juneteenth Message

- Update on LCOM efforts (cont'd.)
 - ▣ **Dean's Advisory Committee on Diversity, Equity and Inclusion (DACDEI)** currently in process of evaluating outcomes for initiatives over past 3 yrs. (SEE strategic diversity plan).
 - ▣ **New annual pipeline scholarship program:** supports 2 students unrepresented in medicine (URiM) at full tuition for Masters in Medical Science degree (prep matriculation into medical education program); substantial investment in the pipeline for underrepresented groups in medicine & science. Complement efforts to reach students of all ages.
 - ▣ **Anti-Racism Task Force:** charge = acknowledge history & culture of racism w/in institution of medicine & impact on learners, healthcare providers and patients. Will conduct longitudinal exploration of curriculum in partnership w/Office of Diversity, Equity and Inclusion & Office of Medical Student Education to dismantle impact of racism on medical education & prepare future physicians to address healthcare inequities; examining application to grad. curricula.
 - ▣ **Mental Health Task Force:** focus on wellness, resiliency, mental health, depression and suicide prevention; identify gaps & recommend measures to optimize LCOM effectiveness & provide equitable access for **all** regardless of geographic location or personal circumstances.

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/>

□ **Position closing this week!**

Practice Issues

Update on Blood Lead Screening in Vermont

Matthew Saia, MD FAAP – Children's Primary Care, UVM CH

Jill Davis, MA CPHQ – VCHIP



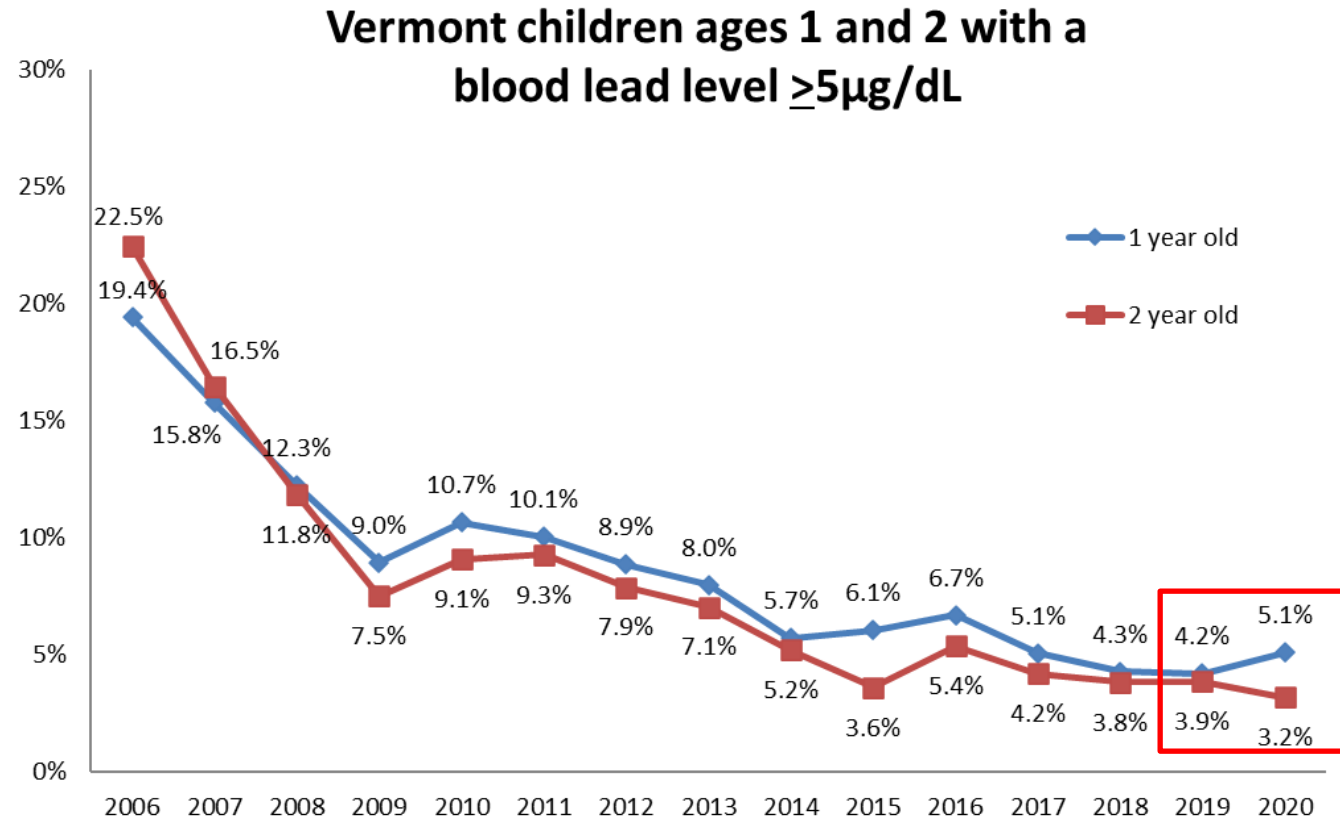
Blood Lead Screening in Vermont: 2021 Update



Objectives

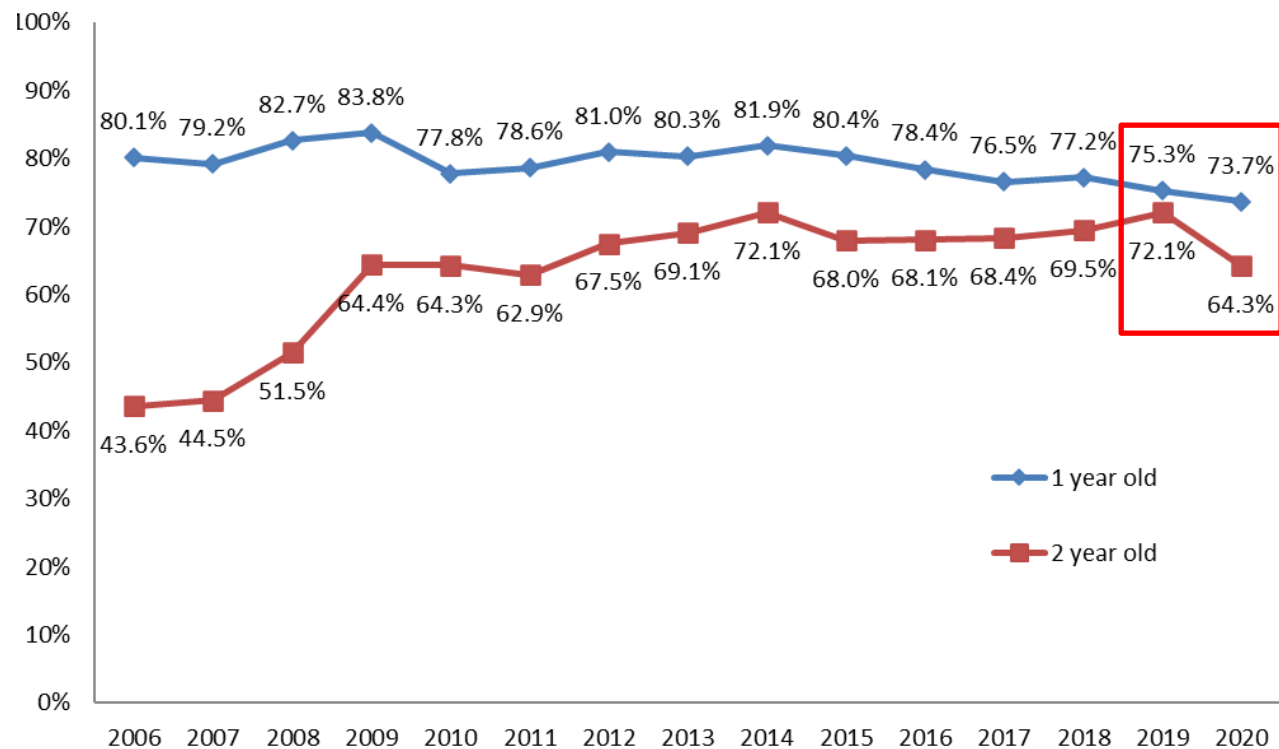
- Discuss elevated blood lead levels and screening in Vermont
- Discuss outreach activities performed increase blood lead screening and reporting
- Share Department of Health's Recommendations
- Discuss the importance of blood lead screening and reporting

Elevated Blood Lead Levels



Blood Lead Screening

Percent of 1 and 2 year-old Vermont children tested for lead



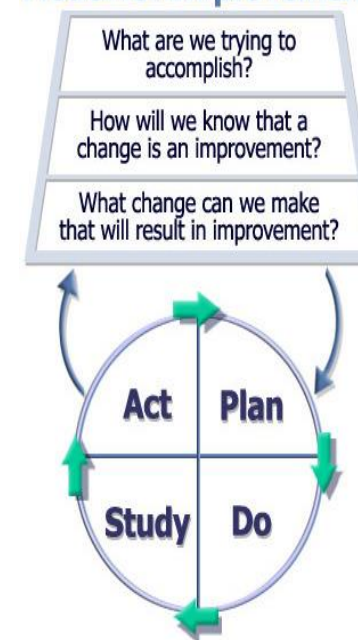
Barriers to Screening

- In the past, PCPs have indicated many barriers:
 - Difficulty obtaining blood samples
 - Parental opposition to testing
 - Reimbursement or insurance coverage issues
- Through the pandemic, PCPs have also indicated it has been difficult getting patients and families re-established into their medical home

Outreach

- Outreach efforts during the pandemic
- Direct outreach offered with individualized peer-to-peer support
 - Primarily by Zoom
 - Previously In-person & by phone
- Topics reviewed are:
 - Identifying Patients who need screening
 - Obtaining screening
 - Reporting Procedures

Model for Improvement



Identifying Patients For Screening

- Screening Asymptomatic Children
 - All children at 12 months and 24 months
 - Vermont law requires this
 - Test all children age 6 years or younger who have not previously been screened
 - Refugees
 - Test all children age 6 months to 16 years old upon entry to the US
 - Follow-up test within 3-6 months regardless of initial test result.

Identifying Patients for Screening Patients

REPORTING REQUIREMENTS FOR BLOOD LEAD TEST RESULTS

All blood lead results on Vermont residents are required by state law to be reported to the Vermont Department of Health. Most analytical laboratories report directly to the Health Department.

If you have a **LeadCare II analyzer**, you are required by state law to report all blood lead results on Vermont residents to the Health Department. Please call the Healthy Homes Lead Poisoning Prevention Program at 802-863-7220 or 800-439-8550 (toll-free in Vermont) for more information and procedures on how to report results.

 [Accessing Your Patients' Blood Lead Test Results](#)

[Resources for Health Care Providers](#)

[Resources for Refugees and New Americans](#)

[Read the Childhood Lead Poisoning Prevention Reports to the Legislature](#)



[Explore Vermont Childhood Lead Poisoning Data](#)

 [SCREENING RESULTS LOG ON >](#)

 [REGISTRY TEST SYSTEM LOG ON >](#)

Figure 5. Screening Results logon

Figure 4. Accessing Your Patients' Blood Lead Test Results dropdown menu

Identification Patients for Screening

Aged 36 to <72 months with no record of a lead screening on or after 11 months of age:

Name	DOB	Age at Date of Report
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

SCREENING TESTS NEEDED REPORT SUMMARY:

Total number of 1-year-olds in the practice [age 11 to <23 months]: 6

- Number of 1-year-olds in the practice who have received the 12 month screening: 3
- Number of children currently due for 12 month screening [age 11 to <13 months]: 1
- Number of children currently overdue for 12 month screening [age 13 to <23 months]: 2

Total number of 2-year-olds in the practice [age 23 to <36 months]: 2

- Number of 2-year-olds in the practice who have received the 24 month screening: 0
- Number of children currently due for 24 month screening [age 23 to <25 months]: 2
- Number of children currently overdue for 24 month screening [age 25 to <36 months]: 0

Total number of 3- to 6-year-olds in the practice [age 36 to <72 months]: 11

- Number of 3- to 6-year-olds with no screening on or after 11 months of age: 6

Screening

- Lead Care II
 - Point-of-care test
 - Capillary
 - Providers and families get the results within minutes
 - VT AAP will provide a machine and a supply of test kits when you get started



Reporting Results

- Report results and required information using GlobalScape
 - A secure, web-based file transfer platform
- Send reports on the 1st and 15th of every month.
 - This is required by law.
 - Blood lead levels at or above 45 $\mu\text{g}/\text{dL}$ must be reported by phone to the Health Department within 24 hours.



Warning! By accessing and using this Government Computer System, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized use of, or access to, this computer system may subject you to criminal prosecution and penalties.

Log In

Secure File Transfer Site

Username: Forgot Username

Password: Forgot Password

The image shows a screenshot of a web-based login interface. At the top, it says "Log In". Below that is a document icon with the text "Secure File Transfer Site". There are two input fields: "Username:" and "Password:". Each field has a "Forgot" link next to it.

Department of Health Recommendations

- The definition of an elevated blood lead result to any reported level.
 - Data shows there is no safe level of lead
 - Lead is not naturally occurring in the body
 - Levels at and below 5 $\mu\text{g}/\text{dL}$ still impair development for our patients

Department of Health Recommendations



What Your Child's Lead Test Means

February 2020

State law requires that all Vermont children are tested for lead at age 1 and again at age 2

There is no safe level of lead in the body. A child can be hurt by lead and still look healthy. Lead can harm a child's growth, behavior, and ability to learn. The only way to find out if your child has been exposed to lead is with a blood test.

Children are usually first tested with a capillary test - a small amount of blood taken from a finger, heel or toe - at their 1- and 2-year-old well child visits.

When children have a capillary test result of 5 µg/dL (micrograms per deciliter) or higher, the result needs to be checked again using blood from a vein (often in the arm). The venous test result is more accurate.

What can you do?

- Getting your child tested for lead is the first step. You did this!
- Schedule a venous test, if needed.
- No matter what your child's blood lead level is, learn how to protect your child from being exposed to lead. Visit healthvermont.gov/lead or call the Healthy Homes Lead Poisoning Prevention Program at 802-863-7220 or 800-439-8550.

Capillary Blood Lead Result	When to confirm with a venous blood test	
0 - 4 µg/dL	Confirmation not required unless other risk factors. There is very little lead in your child's blood. Review sources of lead to keep your child's lead level from rising.	
5 - 9 µg/dL	1 month to 3 months. If confirmed, your child has more lead than most children. Take steps to reduce sources of lead. The Health Department will contact you to help you find sources of lead.	
10 - 44 µg/dL	1 week to 1 month. If confirmed, your child's lead level is high. You and your doctor should act quickly to reduce sources of lead and discuss your child's diet, growth and development. The Health Department can visit your home to help you find where lead may be coming from.	
45 - 59 µg/dL	48 hours.	If confirmed, your child will need medical treatment right away. Consult with your doctor and reduce lead sources immediately. The Health Department can visit your home to help you find where lead may be coming from.
60 - 69 µg/dL	24 hours.	
70+ µg/dL	Immediately.	
The higher the capillary test result, the more urgent the need to confirm with a venous test.		
Your child's test result _____ µg/dL Date _____		

- Provide the Health Department's "What Your Child's Lead Test Means" to families when children are being screened for lead
 - Regardless of the test results.
- Educate families on potential sources of lead and ways to reduce or remove exposure
 - Even at low levels that do not require a venous confirmation.

Department of Health Recommendations



Pediatric Blood Lead Testing Guidelines

February 2020

Any level of lead in the blood is considered elevated.

Criteria for Testing Asymptomatic Children at Well Child Visits

- Test all children at 12 months and 24 months. (Vermont law requires this.)
- Test all children age 36 to 72 months who have not previously been tested.
- For refugees: test all children age 6 months to 16 years old upon entry to the US, with follow-up test within 3 to 6 months, regardless of initial test result.

Other Indications to Test for Lead

- Ingestion of an object that may contain lead
- Signs or symptoms consistent with lead poisoning
- Living in an older home undergoing renovations
- Living with someone who has a blood lead level of 5 µg/dL or greater
- Children at-risk: international adoptees, immigrants, entering foster care or who have pica or special health needs that increase hand-to-mouth behavior

When to Confirm Capillary Blood Lead Tests*

If Capillary Blood Lead Level (µg/dL) is:	Confirm with Venous Test Within:
0 - 4	Not required unless other risk factors
5 - 9	1 - 3 months
10 - 44	1 week - 1 month
45 - 59	48 hours
60 - 69	24 hours
70+	Immediately as an emergency test

When to Follow Up with a Venous Retest*

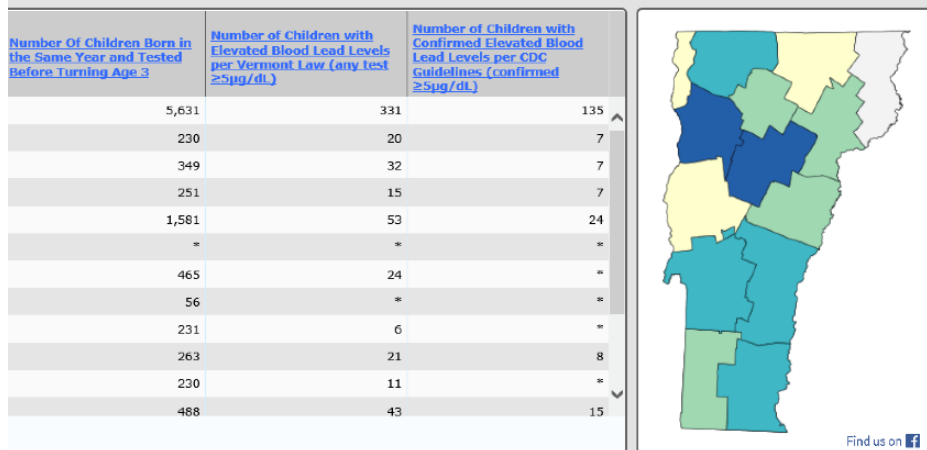
If Venous Blood Lead Level (µg/dL) is:	Follow-Up	Late Follow-Up (blood lead level declining)
0 - 4	Venous retest is not required. Follow testing criteria above.	
5 - 9	3 months	6 - 9 months
10 - 19	1 - 3 months	3 - 6 months
20 - 24	1 - 3 months	1 - 3 months
25 - 44	2 weeks - 1 month	1 month
45+	Initiate chelation and retest in 7-21 days	As clinically indicated

*All blood lead tests must be reported to the Vermont Department of Health.

- Continue to follow the Pediatric Blood Lead Testing & Case Management Guidelines
 - Outline State law and regulations.

Importance of Screening/Reporting

- Targeted Outreach by Dept. of Health
 - Track data statewide
 - Determine activities and prevention messages throughout the state



Importance of Screening/Reporting



Targeted Outreach

- Marketing
- Mailed postcards/packets to families
 - Reminding families to have their children tested for lead.
 - Provide education families with elevated blood lead levels
- Environmental investigations/home visits.

Importance of Screening/Reporting

- **Cost**

- In 2019, Vermont spent over 2.5 million dollars to reduce lead hazards and prevent lead poisoning
- The State of Vermont could see a return on investment (ROI) of at least 42 million dollars from reduction in lead hazards.
 - Taking into account the national costs of lead hazard control, reduced health care costs, lifetime earnings, tax revenue, special education costs, behavioral disorders

- **Department of Health Funding**

- Department of health shares data with CDC
 - The data is needed to continue to receive funding

Recommendation

- Nominate a Lead Champion
 - Identify patients who require screening
 - Perform outreach
 - Obtain screening and report your results

- Reach out for guidance or questions
 - Matthew.Saia@uvmhealth.org

Planning for (More) Pediatric Vaccine Administration

- For all state supplied vaccines, CDC requires provider offices enroll w/child & adult vax programs; requires additional enrollment to house/administer COVID vaccine. Once completed, can receive shipment, store & administer vaccine.
- Three PCP office “buckets,” each w/separate COVID-19 enrollment process.
 - **FQHC’s** – can enroll into a federal HRSA program to receive a separate allocation of vaccine. IZ program working with Bi-State to help FQHC’s with this process. Of the 11 FQHC umbrella organizations, eight are fully onboarded and offering COVID vaccination
 - **Hospital owned practices** – IZ program spoke with all hospitals; request for information was sent to all hospitals two weeks ago asking for their plan to continue to offer vaccine. Have responses from all but one hospital.
 - Hospitals are telling VDH when their PCP sites will offer COVID vaccine. No hospital PCP offices are currently offering vaccine. Several planning to in the coming weeks.
- Some hospitals with ultracold storage capacity have offered to be local vaccine hubs for Pfizer in their region of the state.

Planning for (More) Pediatric Vaccine Administration

- ❑ **Independent PCP offices** – selected independent PCP offices were invited to onboard earlier than others (based on panel size, location, & ability to manage minimum vaccine order sizes. Invitation sent to 20; 14 sites now offering COVID vaccine in their offices; served vax depot and direct shipments from mfrs.
- ❑ On 6/4, all COVID-19 enrolled PCP independent practices (approx. 35) received invitation to provide COVID vaccine regardless of size. Vaccine depot will help serve smaller practices that cannot order the minimum shipment. 25 independent practices have not completed the COVID 19 enrollment process and are not eligible to receive COVID-19 vaccine.
- ❑ Independent Practices: - If your office would like to offer COVID 19 vaccine and have not heard from the Immunization Program please reach out to us.
- ❑ Hosp. owned practices – please check with administration for your plan.
- ❑ FQHC's – please check with your umbrella organization for your plan.

Planning for (More) Pediatric Vaccine Administration

- VT **vaccine depot** has been serving mass vax clinic sites & will continue to operate & serve PCP practices across the state. Depot can break large shipments (e.g., Pfizer min. order size 1170 doses; now offers 450 doses) into more manageable sizes.
- ***There is no requirement for PCP offices to have ultracold storage capacity!***
- If interested in having COVID vaccine, here's what you need to know:
 - ▣ CDC requires that sites reconcile COVID vaccine inventory weekly.
 - ▣ You can offer this in your normal clinic flow, and/or offer small COVID clinics
 - ▣ Pfizer and Moderna both require 2 doses; office must manage inventory & plan for both.
 - ▣ Large shift in messaging from CDC: may be increased waste at PCP offices, since all COVID vaccine comes in multidose vials (packaged without preservatives and needs to be used within a short window of time once the vial is punctured: 6 hrs. for Pfizer and J&J, 12 hours for Moderna). CDC is now saying do not miss opportunities to vaccinate because of potential waste – e.g., if pt. comes into the office 5 minutes before you close and wants a COVID vaccine, open the vial/give vaccine, waste the remaining doses.

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

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

- 1 No need to quarantine after exposures
- 2 Freedom!
- 3 See your friends worry-free
- 4 Able to socialize, travel, and play sports
- 5 Life more like normal

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

Vermont Chapter

INCORPORATED IN VERMONT

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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/OLScu3Ilg> The Gender Spectrum Collection <https://t.co/yN0o3rcgBC> [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

- 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.

More Guidance...

- **FAQ: May School Districts Require Mask Wearing During Summer Programming Under Their Own Authority?**

May school districts, under their own authority, require the wearing of masks during summer programming? School districts should defer to VDH expertise and advice on PH issues. VDH continues to recommend mask use for unvaccinated people when inside; accordingly, summer programs should recommend, but not require mask use by unvaccinated students and staff. It is AOE expectation that districts will not impose more restrictive rules, including masks, than the State has issued.

- **FAQ: Does the Recommendation that Schools Follow a Strong and Healthy Year Continue After the Final Student Day of the School Year?**

No. This recommendation was based on the unvaccinated status of many students, particularly younger students. After the last school day for students, it no longer applies.

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/>

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 23, 12:15 – 12:45 pm***
- **SEE VCHIP-VDH COVID-19 Call *Summer Calendar*** for our new schedule!
- Please tune in to VMS call with VDH Commissioner Levine:
Thursday, June 24, 2021 – 12:30-1:00 p.m. – Zoom platform & call information
- **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684
 - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,0#,,540684#