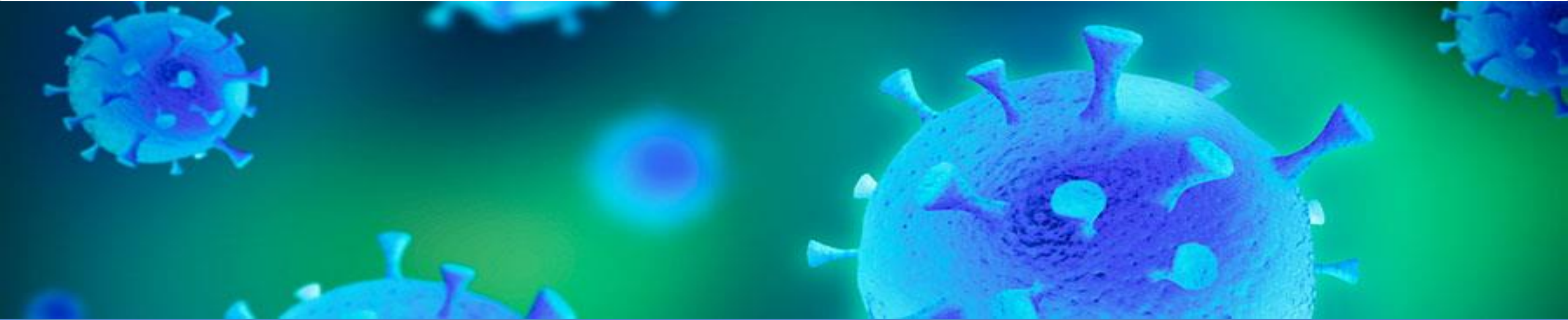


VCHIP / CHAMP / VDH COVID-19 UPDATES



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 2, 2021



Technology Notes

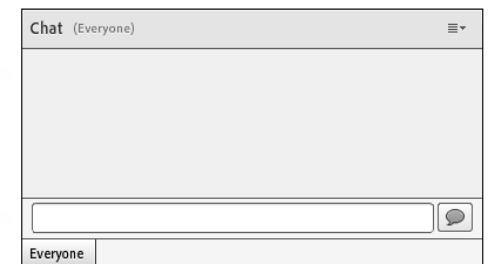
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

Call in number – 1-866-814-9555

Participant Code – 6266787790

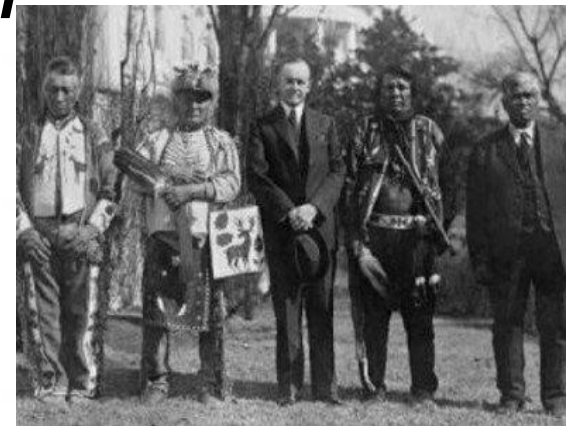
Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

- 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

- June is **LGBT Pride Month**
- Today is American Indian Citizenship Day
- Also I Love My Dentist Day
- Reminder – weekly event schedule:
 - ▣ **VCHIP/CHAMP/VDH calls: M/W/F**; Gov. Media Briefings **now on Tuesdays only**; VMS call with VDH Comm. Levine Thursday
- Situation, VDH, CDC, AAP updates; Tuesday Media Briefing
- Practice Issues: **Masking, Myocarditis & Variants**
 - ▣ *Benjamin Lee, MD FAAP – Pediatric Infectious Diseases, UVM CH*
- Q & A/Discussion



<https://constitutioncenter.org/blog/on-this-day-in-1924-all-indians-made-united-states-citizens>

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

Scheduling Notes

Currently *NOT* planning to hold calls on:

- ❑ **THIS Friday, June 4, 2021** (Child Psychiatry in Primary Care Conference)
- ❑ Wednesday, **June 9, 2021** (special conversation with 2021 Narkewicz Visiting Professor **Sandeep K. Narang, MD JD** – details to follow)
 - ❑ And please attend Grand Rounds: *“Abusive Head Trauma: Where We’ve Been, Where We Are, and Where We’re Going”*
- ❑ **We WILL have calls on Monday/Friday next week: June 7 and 11**
- ❑ Pending survey results, will decrease call frequency to 1 – 2 days/week this summer; then continuing with frequency TBD in the fall – perhaps to include new/different topics?
- ❑ **Survey under way** – please complete if you haven’t already!

Future Scheduling: *Request Your Assistance!*

- **Brief** REDCap survey to collect your feedback on future call frequency, day(s) of the week, topics
- Click the link in chat and take right now (but please come right back)!
- **OR**, see email 5/19/21 from “**VCHIP CHAMP**”
- Please complete this survey even if you have already sent us individual feedback
- **Survey will close 6/2/21**
- **Thank you!**



Save the Date/Register NOW: Friday, June 4, 2021

REGISTER and find additional details at:

<https://www.med.uvm.edu/cme/childpsych2021>



Course Director
David C. Rettew, M.D.

Join us virtually for the 14th Annual Child Psychiatry in Primary Care Conference, featuring faculty from UVM and the community.

Topics this year include:

- Assessing Risks After School Violence Threats
- Mental Health Care Needs in Primary Care
- Child Psychiatry in the Emergency Department
- Integrated Care Forum
- Praising and Overpraising
- Post COVID Mental Health
- Anxiety Disorders
- Motivational Interviewing Techniques
- Social Media Use and Mental Health

Situation update

New Cases

9

24,232 Total

Currently Hospitalized

4

Hospitalized In ICU

1

Hospitalized Under Investigation

0

Percent Positive 7-day Avg.

0.9%

People Tested

394,395

Total Tests

1,696,823

Recovered

23,157

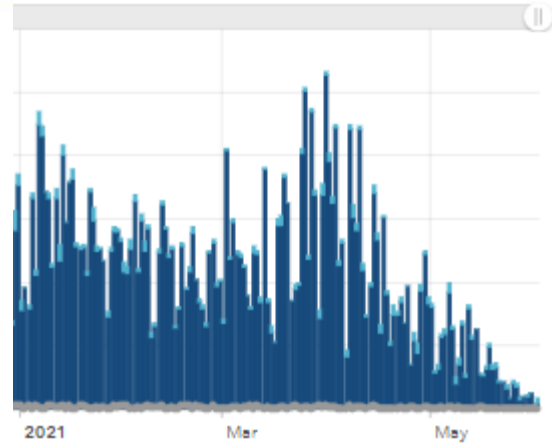
95.6% of Cases

Deaths

255

1.1% of Cases

Last Updated: 6/2/2021, 10:44:39 AM



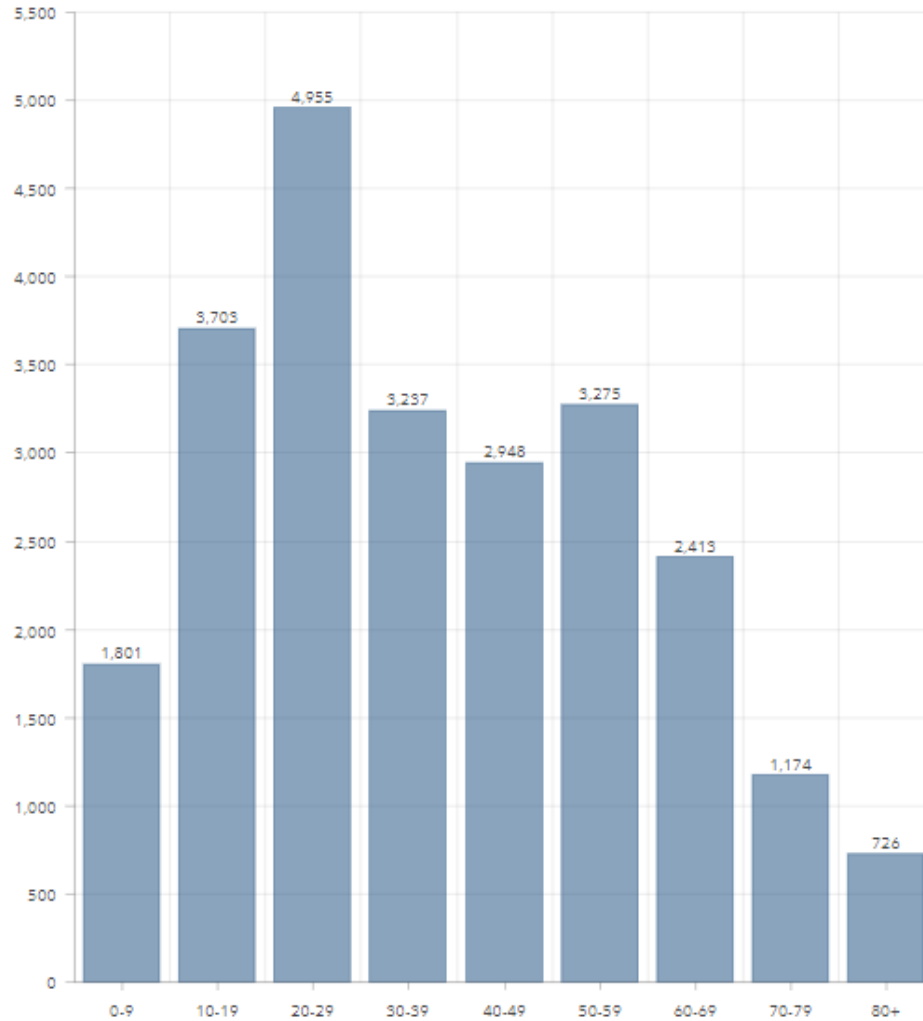
VT New Cases, Probables, Deaths

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

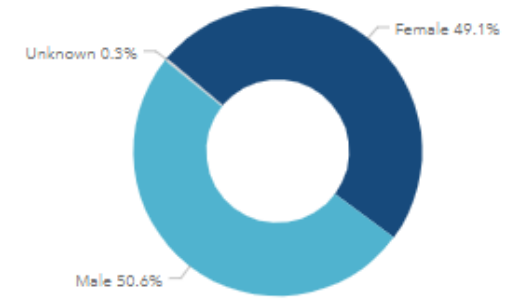
- U.S. **33.1 million+** cases; **590,628 deaths**
 - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 6/2/21)
 - 6/1/21: **22,260 new cases; 519 deaths**
 - Past week: av. 17,119 cases/day (14d. change -45%)
 - **3.5 million+ deaths worldwide; 171.1 million+ cases** (-9% & -27% 14-day change respectively)
- **VDH Weekly Data Summary(5/28/21)**
 - **No Weekly Spotlight Topic**
 - Children (0-19) = 23% of VT COVID-19 cases; of those, 24% are 18-19 y.o. [Total 5,485 as of 5/27/21]
 - Now includes data on **vaccine breakthrough cases**
 - Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

Situation update

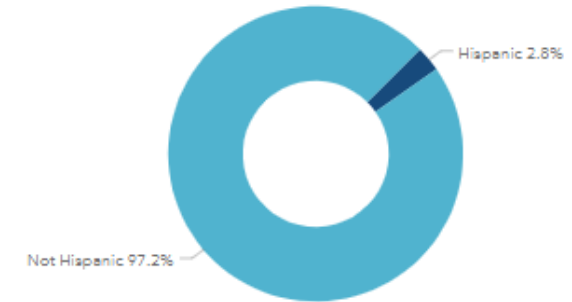
Vermont COVID-19 Cases by Age Group



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>

VERMONT FORWARD

ROADMAP TO REOPENING

Please refer to vermont.gov for complete guidance and additional details. Education and health care retain specialized guidance.

Note: All dates are subject to change.



STEP 1

VACCINATION PROGRESS (FIRST DOSE):
Vulnerable population substantially complete;
35–45% of all Vermonters; 45–55% of Vermonters 16+

Business Operations

4/9

Group A Sectors:
Move to required universal guidance

Cross State Travel

4/9

No quarantine required with negative test within 3 days of arrival in or return to the state

Masks and Physical Distancing



Required when in the presence of those outside your household.

APRIL

STEP 2

VACCINATION PROGRESS (FIRST DOSE):
50–60% of all Vermonters;
60–70% of Vermonters 16+

Business Operations

5/1

Group B Sectors:
Move to required universal guidance

Gatherings and Events

5/1

Indoor: 1 unvaccinated person per 100 sq ft up to 150, plus any number of vaccinated people
Outdoor: 300, plus any number of vaccinated people

Masks and Physical Distancing



Required when in the presence of those outside your household.

MAY

STEP 3

VACCINATION PROGRESS (FIRST DOSE):
60–70% of all Vermonters;
70–85% of Vermonters 16+

Cross State Travel

6/1

No quarantine or testing requirements

Gatherings and Events

6/1

Indoor: 1 unvaccinated person per 50 sq ft up to 300, plus any number of vaccinated people
Outdoor: 900, plus any number of vaccinated people

Masks and Physical Distancing



Required when in the presence of those outside your household.

JUNE

JULY 4

Business Operations

Universal guidance encouraged for all sectors

Gatherings and Events

No capacity restrictions

Masks and Physical Distancing.

Encouraged

JULY

Vermont Forward – Effective 5/14/21

STEP 3

VACCINATION PROGRESS (FIRST DOSE):

60–70% of all Vermonters; 70–85% of Vermonters 16+

CROSS STATE TRAVEL

REVISED: Effective 5/14

6/3 No quarantine or testing requirements

GATHERINGS AND EVENTS

REVISED: Effective 5/14

6/3 Indoor: 1 unvaccinated person per 50 sq ft up to 300, plus any number of vaccinated people

Outdoor: 900, plus any number of vaccinated people

MASKS AND PHYSICAL DISTANCING

REVISED Not required if vaccinated. Required if unvaccinated.

JULY 4

BUSINESS OPERATIONS

Universal guidance encouraged for all sectors

GATHERINGS AND EVENTS

No capacity restrictions

MASKS AND PHYSICAL DISTANCING

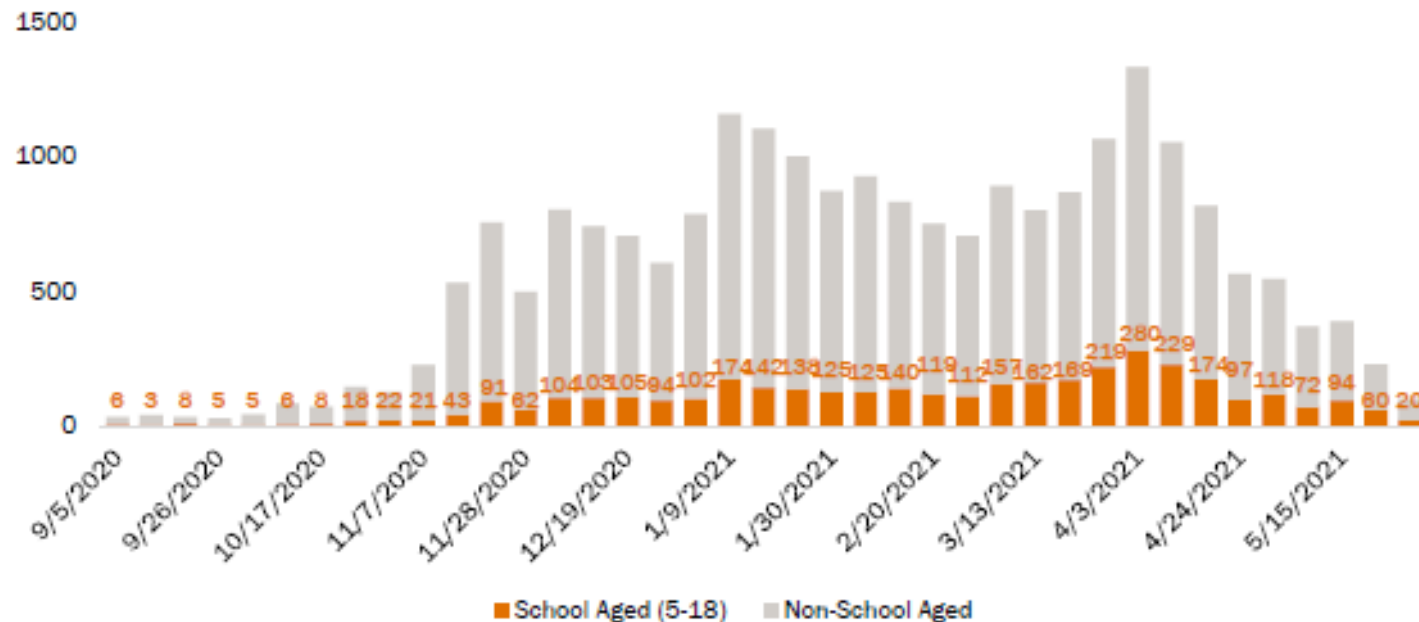
REVISED Encouraged if unvaccinated



State of Vermont
OFFICE OF THE GOVERNOR

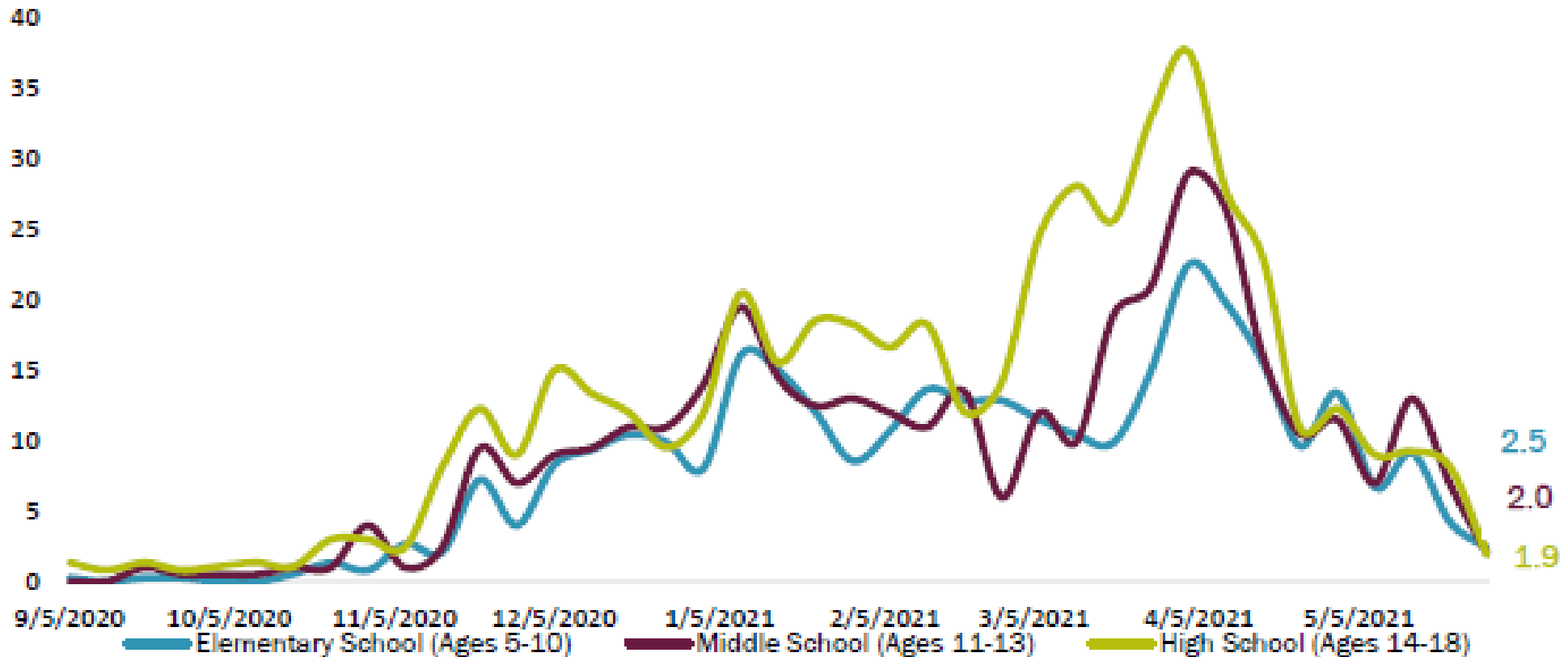
This brief reflects data as of May 29, 2021 at 7 pm (the last complete MMWR week). All rates are calculated per 10,000 people. The 14-18 year old age group does not include college students. Data is preliminary and subject to change.

Number of Cases by Week



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

Rates by Week by School Category



[Compare to data from previous week: rates were 8.2/10K (HS), 7.0 (MS), and 1.9 (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.

May 30, 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	9	1388

May 26, 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	12	1383

- 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**

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



A screenshot of the Kinney Drugs website. At the top right is the Kinney Drugs logo. Below it is a dark blue navigation bar with links for Home, Pharmacy +, Savings +, Shop +, and About Us +. The main heading reads 'COVID-19 Vaccination Scheduling at Kinney Drugs in'. Below this is a section titled 'Now offering the FREE* COVID-19 vaccine in select stores'. The text states: 'We're administering the vaccine by appointment only based on local eligibility guidelines. No cost with insurance or through federal program for the uninsured.' To the right of this text is an image of a person wearing a blue face mask and a white shirt, with a healthcare worker in blue gloves administering a vaccine to their shoulder. At the bottom of the image is the text 'UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE'. The screenshot also shows a search bar and a menu icon.

VDH COVID-19 Vaccine Dashboard (Summary Page)

- 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>
- **NEW:** 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

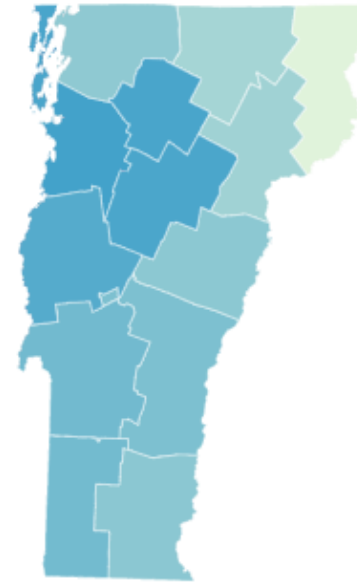
Blue headers indicate CDC data
Gray headers indicate Vermont data

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:

County	Overall progress
Addison	78.2%
Bennington	73.4%
Caledonia	66.3%
Chittenden	81.1%
Essex	56.0%
Franklin	69.1%
Grand Isle	80.2%
Lamoille	80.2%
Orange	69.4%
Orleans	65.4%
Rutland	73.7%
Washington	79.8%
Windham	69.7%
Windsor	71.9%



56.0% 81.1%

Summary

By Age, Sex, Race, Ethnicity

Vermont Forward

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

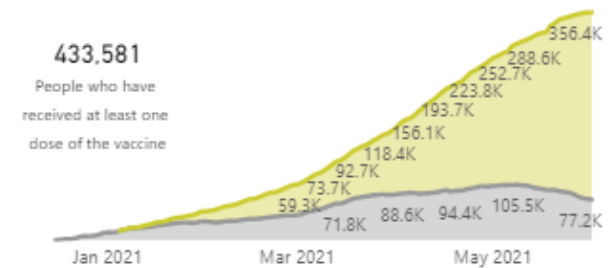
Vaccine Distribution

Doses Received **868.0K** Doses Administered **757.8K**

Total People Vaccinated

Total People Started **77.2K** Total People Completed **356.4K**

Started Completed



Updated 6/2/2021 8:43:30 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 = 47.8%
 - 16-17 = 64.9%
 - 18-29 = 52.0%
 - VT Age 12+ = 74.9%

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	47.8%
16 - 17	64.9%
18 - 29	52.0%
30 - 39	73.0%
40 - 49	74.7%
50 - 59	79.3%
60 - 64	86.2%
65 - 69	93.0%
70 - 74	99.1%
75+	93.6%
VT Age 12+	74.9%

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	66.9%
Black or African American	57.9%
Native American, Indigenous, or First Nation	26.1%
Pacific Islander	13.7%
Two or more races	55.2%
White	72.1%
VT Age 12+	71.3%

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	80.1%
Not Hispanic	68.7%
VT Age 12+	68.9%

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	53.1%	69.7%	82.1%	63.6%
Non-Hispanic White	47.8%	70.3%	89.3%	68.9%
Vermont	48.4%	70.3%	89.1%	68.5%

Race/ethnicity information is missing for 9% 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	77.5%
Male	72.1%
VT Age 12+	74.9%

Sex information is missing for 0% of people vaccinated.

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

- Follow **@GovPhilScott**
- Latest numbers:
 - ▣ 6/1/21: **78.4%** eligible population
 - ▣ Need **8,708** more to reach goal of **80%** – then
 - ▣ Drop remaining COVID-19 restrictions

Tweets

Tweets & replies

Media

Likes



Governor Phil Scott @GovP... · 15h ...

Vermont continues to lead the nation in vaccinations.

With the latest numbers in, we're at 78.4% of the eligible population, just 8,708 away from our 80% goal, when remaining restrictions are lifted.

Find a free walk-in clinic at healthvermont.gov/myvaccine
[#OurShotVT](https://twitter.com/OurShotVT)

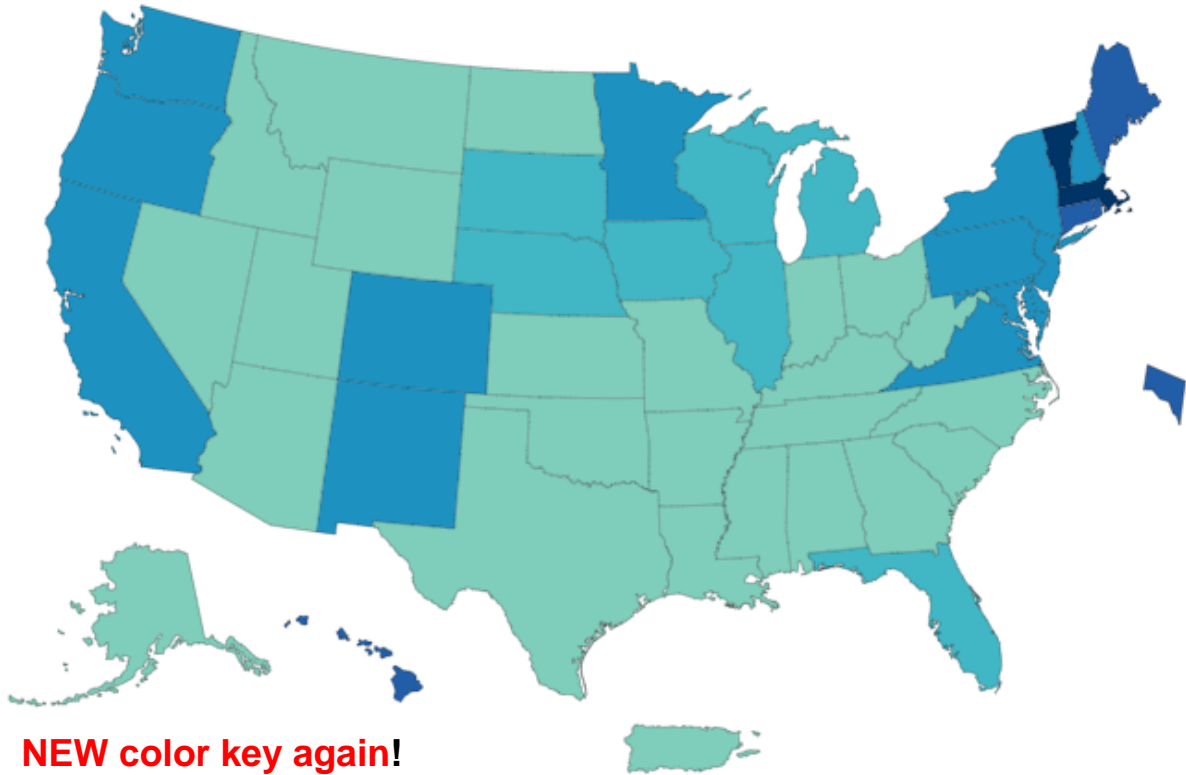


Governor Phil Scott
3,318 Tweets

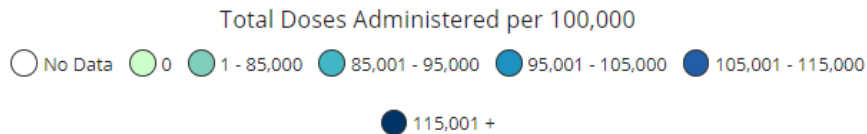


From the CDC Vaccine Tracker

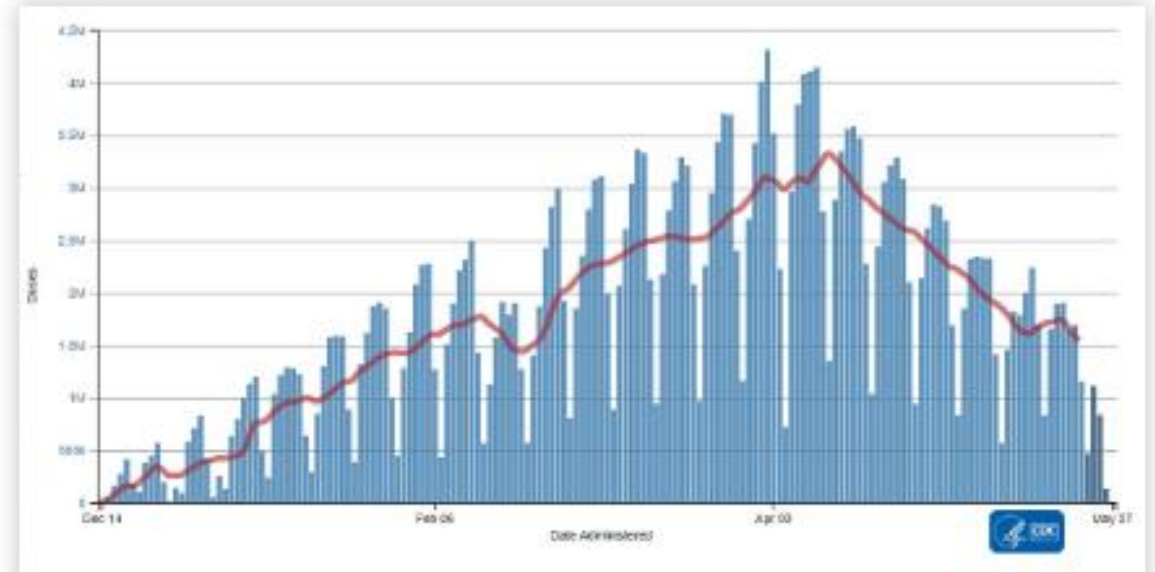
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population



NEW color key again!



7-Day moving average



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

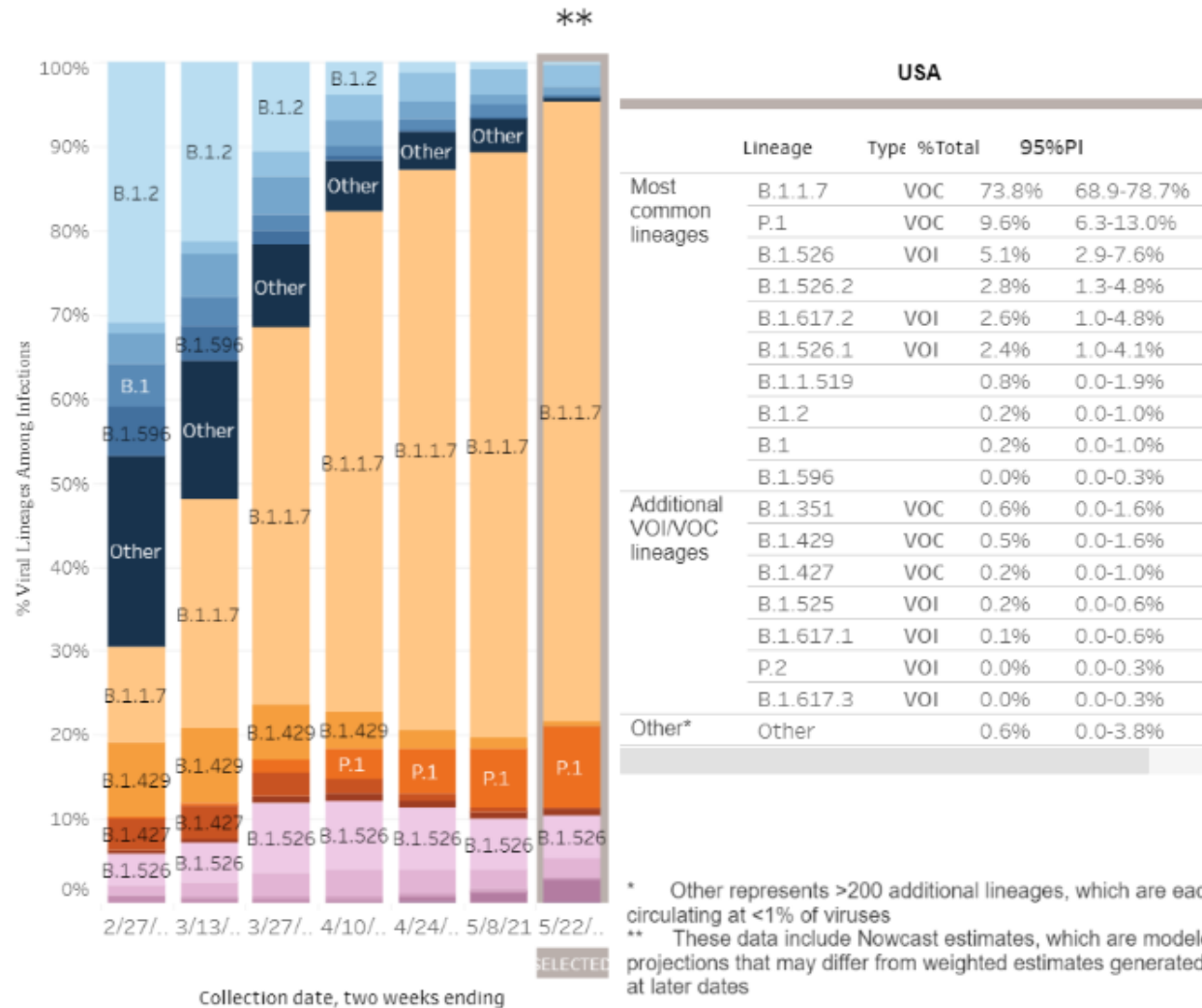
<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

June 2, 2021

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

United States: 2/14/2021 – 5/22/2021

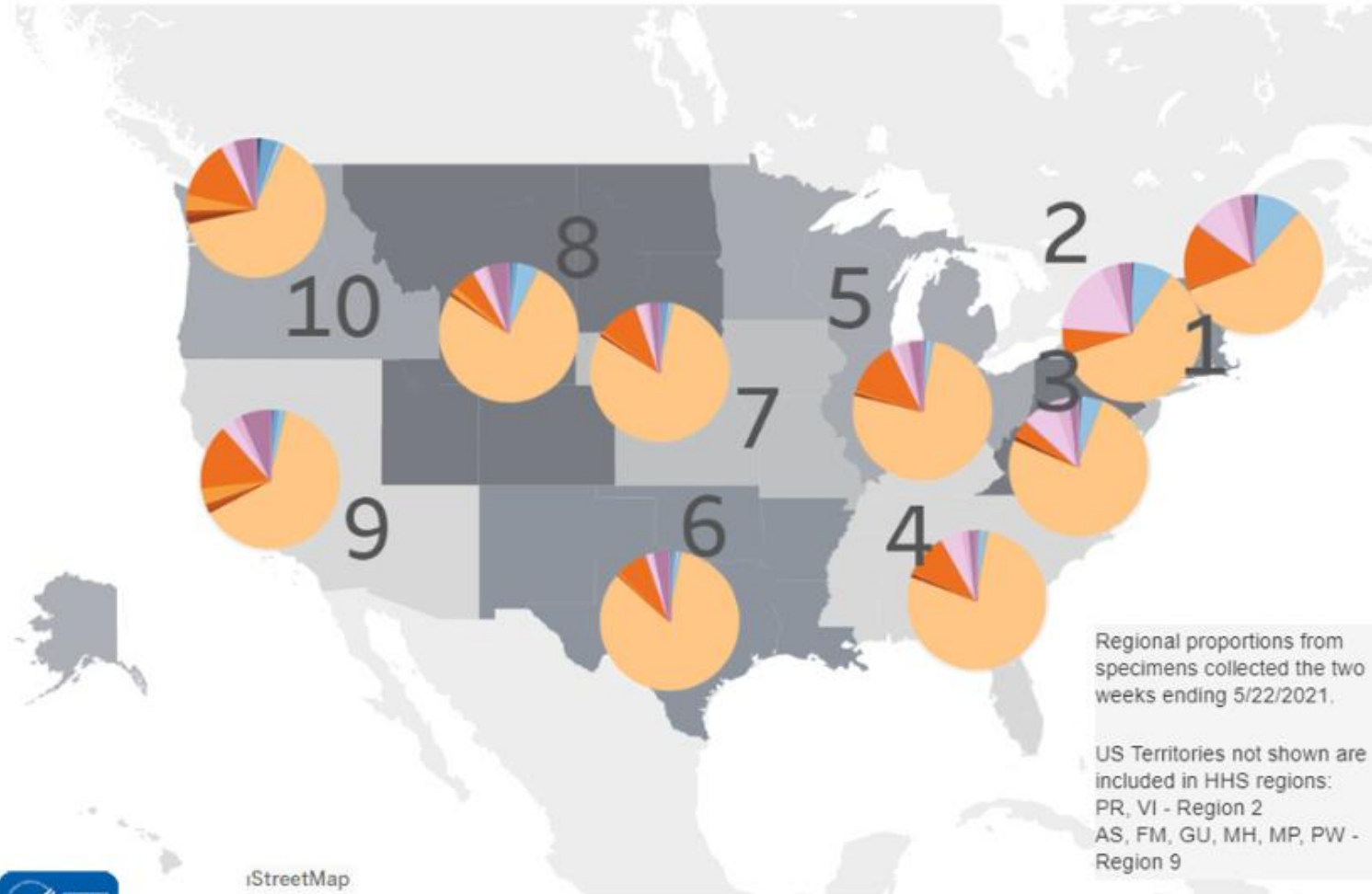
United States: 5/9/2021 – 5/22/2021 NOWCAST



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

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

United States: 5/9/2021 – 5/22/2021 NOWCAST



iStreetMap

Updated May 25, 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	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	99	6	0	6	1
Essex	2	0	0	0	0
Franklin	18	9	0	1	0
Grand Isle	0	1	0	0	0
Lamoille	13	1	0	1	0
Orange	4	0	0	0	0
Orleans	15	6	0	0	0
Rutland	7	2	0	2	0
Washington	1	3	0	0	0
Windham	10	0	1	3	0
Windsor	1	0	0	0	0

More on Pediatric COVID-19

From The Lancet Child and Adolescent Health:

- 6-month multidisciplinary follow-up and outcomes of patients with paediatric inflammatory multisystem syndrome (PIMS-TS) at a UK tertiary paediatric hospital: a retrospective cohort study
 - ▣ Retrospective cohort study 46 children admitted 4/1-9/20/20
 - ▣ Despite initial severe illness, few organ-specific sequelae observed at 6 mos. Ongoing concerns: need for physical re-conditioning & MH support; PT assessments revealed poor exercise tolerance. Need longer-term follow-up to determine extended natural history of PIMS-TS.
 - ▣ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00138-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00138-3/fulltext)

- 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.

New 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
 - ▣ 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.

Tuesday Media Briefing (6/1/21)



Governor Phil Scott – remarks pre-White House call:

- As of 5/29, ~78% of Vermonter 12+ with at least one dose; 11,346 to go for 80% & all restrictions lifted (CDC w/o report Sun./Mon. #s)
- Will continue pushing forward beyond 80%.
- Over 100 vaccination opportunities this week with many walk-in opportunities. VDH will come to work sites to vaccinate employees.

Tuesday Media Briefing (cont'd.)



Modeling – Commissioner Pieciak:

- ❑ U.S. lowest new case, hosps., highest vax rate – *“VT is the safest state in the U.S. from COVID-19.”*
- ❑ Now 15 days w/o death (total of 6 in mo. of May; lower end of forecast). Seeing very few cases in most vulnerable, so antic even fewer in June.
- ❑ Hosp. rate lowest in US – down 19% past 7d. & 37% past 2 wks.
- ❑ Cases have cont'd. rapid decrease: 92 new past wk. (down 129 vs. prev. wk.)
- ❑ All 14 cos. w/decreases this wk. vs last. **Franklin Co. w/o a single case this wk. Cases decreasing across all age bands.**
- ❑ Mobility data shows largely return to pre-pandemic levels: retail, grocery, recreation.

Tuesday Media Briefing (cont'd.)



Modeling – Commissioner Pieciak:

- ❑ VTers spending less time at home than any time in past 14 mos.
- ❑ Case forecasts expected to continue to fall.
- ❑ CDC case number reconciliation. 15,000 duplicate records in CDC counting. 6,900 duplicate records removed last week. 8,800 still to be removed by CDC.
- ❑ Vermont continues to lead the country with doses administered per capita and % of people who have started vaccination.
- ❑ Virus continues to be in retreat in the Northeast region. Cases totaled under 13,000 – 6,900 cases fewer than last week.

Tuesday Media Briefing (cont'd.)



AHS Secretary Mike Smith

- ❑ # of Vermonters vaccinated each day will determine when we reopen fully.
- ❑ Daily vaccinations are slowing: 1,406 on Friday (5/28) and 1,509 on Saturday (5/29).
- ❑ White House metric (18+ with at least one dose) show us at 81.7% against (their) 70% goal by 4th of July.
- ❑ All Vermonters with at least 1 dose is 68.8% (reconciled CDC numbers).
- ❑ Details re: many vaccination opportunities/sites.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Levine

- Closer than ever to 80% of Vermonters being vaccinated.
- We trust the vaccine – data & science say that it works. Recent Vermont data supports our policies.
- Daily cases have been below 20; pos. rate 1.0%; ≤ 5 hosps. consistently. Vermont is only state with no death in past 15 days.
- We will continue to promote guidance for unvaccinated people: masks on faces, 6-foot spaces, uncrowded places (simply ***recommendations***)
- If waiting for vaccine at PCP office, call & see if participating – or may get at work site.

(Select) Q & A

- **Q:** Update on vaccine to PCPs? Levine: no data; recent pilot. Hope to do more. Have been enrolling/training.
- **Q:** PM Trudeau wants to see 75% vaccination before opening border – realistic to see Canada open this summer?
- It depends on what he meant by 75% (how it's defined). They should get there by the end of the month if 1st dose.
- **Q:** Could businesses face restrictions again in fall? Ans: no playbook here – gut tells me that we won't need it – we're doing really well with vaccination.
- **Q:** Native American Vermonters have extremely low vaccination rates – any tracking/planning for that pop.? Levine: have run a # of Abenaki clinics w/good turnout. Numbers very small, so statistical comparisons challenging. The disparity has gone from 13% to 5%. Much of it is in over 65 yo pop.

Coming soon:

COVID Support VT Family Webinar/Workshop

- Title/Description: “Summer is open! Help your kids make the most of it!”
 - ▣ Join COVID Support VT staff for a workshop exploring the importance of kids getting active this summer as a way to re-engage with the world. This interactive workshop will provide information, tips, and guidance about how to support parents and kids transition into summer as the COVID restrictions lift.
- (Tentative) Dates: **6/9 at 5PM and 6/10 at Noon via Zoom for 1 hour**
- Content will include: how parents/guardians can support their youth to get active, reconnect this summer; managing their own (adult) anxiety/concerns; how to respond if youth presents with more significant MH concerns; benefits of getting reconnected, active, structure this summer (including will help with transition back to school in fall); Summer Matters as resource, etc.
- Will also include Q&A (pediatrician available for questions)

Practice Issues

Masking, Myocarditis & Variants

*Benjamin Lee, MD FAAP – Pediatric Infectious Diseases, UVM CH
Associate Professor, LCOM Department of Pediatrics*



<https://www.sciencenewsforstudents.org/article/covid-19-coronavirus-vaccine-kids-teens>

COVID-19 update: M&M (&V)

Benjamin Lee

June 2, 2021

Masking and unvaccinated children: current guidance

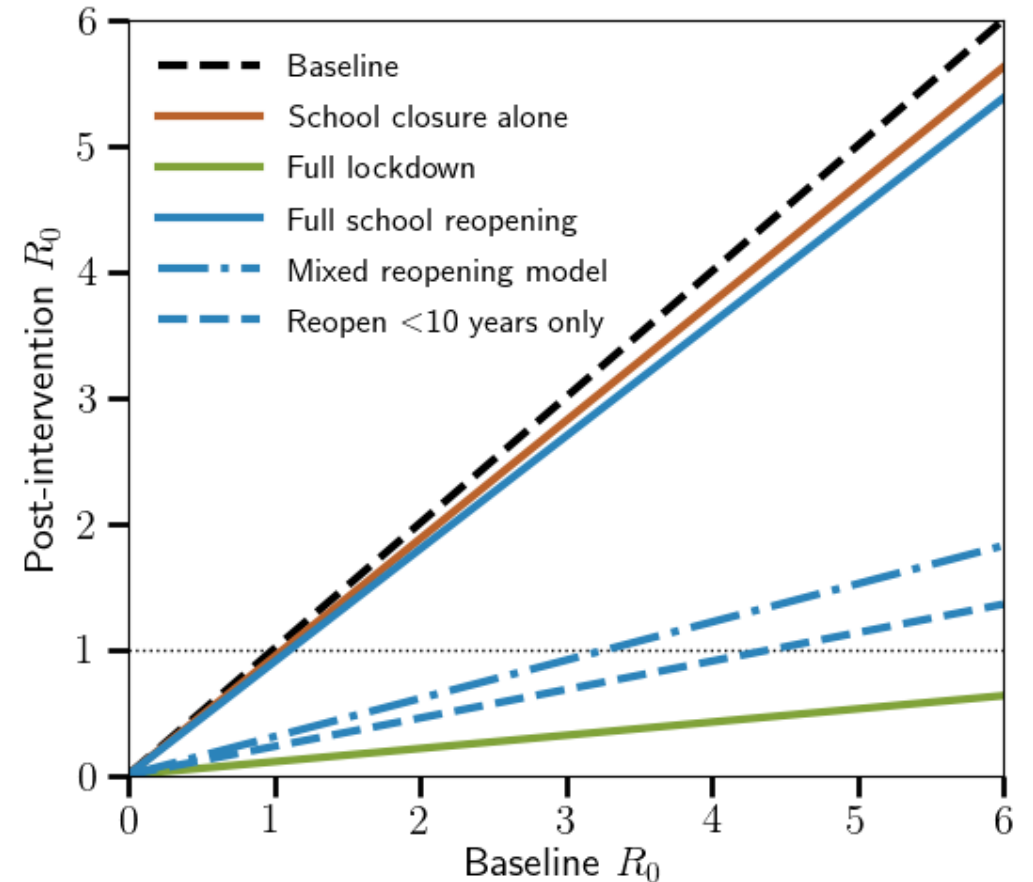
- Schools
 - 2020-21: Per AOE, VDH no changes in school guidance for remainder of school year
 - 2021-22: Full time in-person learning without distancing requirements
 - Mask use in unvaccinated children TBD
- Community (including summer camps)
 - Per Vermont Forward
 - Overnight summer camps
 - Avoid group activities for 10-14 days prior to travel to camp, mask around non-household members
 - Negative PCR test within 3 days prior to arrival, unless fully vaccinated or had COVID within past 90 days
 - Masks per Vermont Forward

Masking and unvaccinated children

- The pandemic has demonstrated that masks are one of the most effective preventive strategies for transmission of respiratory illness
- For individuals, wearing a mask probably provides some protection to wearer even if others are unmasked
- Benefits are arguably greatest with higher rates of community transmission and are far greater indoors than outdoors






Importance of mitigation to limit pediatric transmission

- While children have a minor role in community transmission, it is not zero
 - If schools re-opened **without** mitigation measures while community remained in lock-down (i.e. “first to reopen”), pediatric transmission alone would have been enough to drive community spread



REPORT

Household COVID-19 risk and in-person schooling

 Justin Lessler^{1,*},  M. Kate Grabowski^{1,2},  Kyra H. Grantz¹,  Elena Badillo-Goicoechea³,  C. Jessica E. Metcalf⁴, ...

+ See all authors and affiliations

Science 29 Apr 2021:
eabh2939

DOI: 10.1126/science.abh2939

- In a massive national survey (N=2,142,887), increased risk of COVID-19 was detected among household members of a child attending in-person schooling
- This risk went away with at least 7 in-school mitigation measures
 - Of note, Vermont had the highest average reported rate of mitigation measures in the country (mean=8.9, IQR 8-11)

For how long do we need to worry?

- A lot of anxiety, uncertainty about transitioning from pandemic mode to endemic virus mode
 - This virus is likely here to stay—eventually may become like influenza (or hopefully, like seasonal coronaviruses)
- It is not practical to advise mask wearing indefinitely
- How many mitigation strategies does vaccination replace? At what percent coverage?

My opinions

- We need to acclimate to the reality that COVID-19 is here to stay
- The major risk to children remains close contact with infected adults, particularly household members
- However, I think it is reasonable to continue to exercise greater caution until we have all public health tools at our disposal—the one we have yet to complete is vaccination across the entire age spectrum
 - If Vermont can maintain low case counts (<20 cases/day, <1% positivity rate), masking OUTDOORS for unvaccinated people, including children, can safely be dropped
 - I still believe there is strong rationale for unvaccinated/immunocompromised individuals to mask while indoors to reduce personal risk and risk of spread within susceptible populations
 - I have concerns about the long-term messaging that vaccinating children <12 years old is not necessary for optimum disease mitigation

Myocarditis and mRNA vaccines

- Rare reports to VAERS of myocarditis and pericarditis following mRNA vaccination, first reviewed May 17, 2021 during weekly ACIP COVID-19 Vaccine Safety Technical (VaST) Work Group (<https://www.cdc.gov/vaccines/acip/work-groups-vast/technical-report-2021-05-17.html>)
 - Mostly adolescent males 16 years and older (may start to see increased reports <16 with increased roll-out in 12-15 year olds)
 - Generally present within 4 days of dose #2
 - Most cases relatively mild
 - Not associated with MIS-C
- Incidence remains unclear but thus far no obvious increase above background

Myocarditis and mRNA vaccines

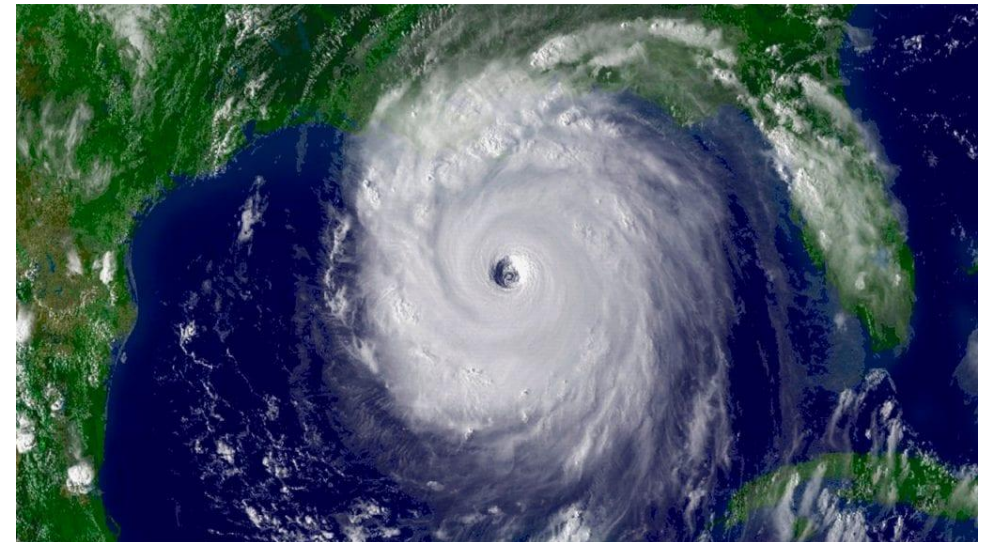
- Clinical guidance (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>)
 - Report all cases of myocarditis, pericarditis following COVID-19 vaccination to VAERS
 - Consider myocarditis/pericarditis in adolescents and young adults who present with acute chest pain, shortness of breath, or palpitations following COVID-19 vaccination
 - Ecg, troponins, CRP, ESR
 - Cardiology consult for suspected cases
 - Don't forget other etiologies

Myocarditis and mRNA vaccines

- CDC continues to recommend vaccination for everyone 12 and older
- COVID-19 can also cause myocarditis, MIS-C, etc.
- My opinion:
 - Very consistent temporal association seems likely to indicate potential causation, however rare
 - Much like TTS with adenovirus-vectored vaccines, I suspect this will eventually be determined to be a rare side effect of mRNA vaccines but benefits of vaccine will continue to outweigh the risks
 - Rare increased risk for myocarditis previously seen with other vaccines, most strongly with smallpox vaccines
 - ICYMI, smallpox vaccination was a good thing

More on variants

- 6/1/21: WHO to assign Greek letters to variants of concern/interest to simplify nomenclature (24 Greek letters)
 - B.1.1.7 = Alpha
 - B.1.351= Beta
 - P.1 = Gamma
 - B.1.617.2 = Delta
 - (What is the over/under on how many months until they run out of letters?)



Old worries put to rest (Pfizer)

Table 1. Vaccine Effectiveness against Infection and against Disease in Qatar.

Type of Infection or Disease	PCR-Positive Persons		PCR-Negative Persons		Effectiveness (95% CI)*
	Vaccinated	Unvaccinated	Vaccinated	Unvaccinated	
	<i>number of persons</i>				<i>percent</i>
Infection					
PCR-confirmed infection with the B.1.1.7 variant†					
After one dose	892	18,075	1241	17,726	29.5 (22.9–35.5)
≥14 days after second dose	50	16,354	465	15,939	89.5 (85.9–92.3)
PCR-confirmed infection with the B.1.351 variant‡					
After one dose	1329	20,177	1580	19,926	16.9 (10.4–23.0)
≥14 days after second dose	179	19,396	698	18,877	75.0 (70.5–78.9)
Disease§					
Severe, critical, or fatal disease caused by the B.1.1.7 variant					
After one dose	30	468	61	437	54.1 (26.1–71.9)
≥14 days after second dose	0	401	20	381	100.0 (81.7–100.0)
Severe, critical, or fatal disease caused by the B.1.351 variant					
After one dose	45	348	35	358	0.0 (0.0–19.0)
≥14 days after second dose	0	300	14	286	100.0 (73.7–100.0)
Severe, critical, or fatal disease caused by any SARS-CoV-2					
After one dose	139	1,966	220	1,885	39.4 (24.0–51.8)
≥14 days after second dose	3	1,692	109	1,586	97.4 (92.2–99.5)

What about B.1.617.2 (Delta)?



Table 2: Vaccine effectiveness against S-gene target negative (B.1.1.7) and S-gene target positive (B.1.617.2)

Vaccination status	Test negative controls	B.1.1.7 or S-gene target negative			B.1.617.2 or S-gene target positive		
		cases	cases:controls	aVE(%)	cases	cases:controls	aVE(%)
Unvaccinated	58253	4891	0.084	base	695	0.012	base
Any vaccine							
Dose 1	32703	1481	0.045	51.1 (47.3 to 54.7)	279	0.009	33.5 (20.6 to 44.3)
Dose 2	8483	74	0.009	86.8 (83.1 to 89.6)	27	0.003	80.9 (70.7 to 87.6)
BNT162b2							
Dose 1	7036	344	0.049	49.2 (42.6 to 55.0)	49	0.007	33.2 (8.3 to 51.4)
Dose 2	6412	28	0.004	93.4 (90.4 to 95.5)	13	0.002	87.9 (78.2 to 93.2)
ChAdOx1							
Dose 1	25667	1137	0.044	51.4 (47.3 to 55.2)	230	0.009	32.9 (19.3 to 44.3)
Dose 2	2071	46	0.022	66.1 (54.0 to 75.0)	14	0.007	59.8 (28.9 to 77.3)

B.1.617.2 (Delta)

- Both Pfizer, AZ appear to be effective
- Pfizer slightly > AZ (consistent with previous data)
- Awaiting data on J&J (Francis Collins said it is effective but have not seen any data)

It's like déjà vu all over again



- New variants keep cropping up
- Current mRNA vaccines appear to work well against all significant variants of concern
 - In general, I believe Pfizer and Moderna vaccines can be assumed to have more or less equivalent performance
- Ad-vectored vaccines have slightly more variable performance
 - AZ does not protect well against mild-moderate B.1.351 (Beta), although hard to know if it protects against severe disease because none seen in the definitive South Africa clinical trial) but appears reasonably effective against B.1.617.2 (Delta)
 - J&J appears effective against B.1.351, awaiting data on B.1.617.2

Caution

- As long as the pandemic is out of control elsewhere, variants of concern will continue to crop up
- There is a large risk in assuming we are now post-pandemic since things are looking rosy in the US
- Ensuring access to vaccination everywhere is a matter of global concern

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

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Scheduling Notes

Currently *NOT* planning to hold calls on:

- ❑ **THIS Friday, June 4, 2021** (Child Psychiatry in Primary Care Conference)
- ❑ Wednesday, **June 9, 2021** (special conversation with 2021 Narkewicz Visiting Professor **Sandeep K. Narang, MD JD** – details to follow)
 - ❑ And please attend Grand Rounds: *“Abusive Head Trauma: Where We’ve Been, Where We Are, and Where We’re Going”*
- ❑ **We WILL have calls on Monday/Friday next week: June 7 and 11**
- ❑ Pending survey results, will decrease call frequency to 1 – 2 days/week this summer; then continuing with frequency TBD in the fall – perhaps to include new/different topics?
- ❑ **Survey under way** – please complete if you haven’t already!

Future Scheduling: *Request Your Assistance!*

- ❑ **Brief** REDCap survey to collect your feedback on future call frequency, day(s) of the week, topics
- ❑ Click the link in chat and take right now (but please come right back)!
- ❑ **OR**, see email 5/19/21 from “**VCHIP CHAMP**”
- ❑ Please complete this survey even if you have already sent us individual feedback
- ❑ **Survey closes TODAY, 6/2/21**
- ❑ **Thank you!**



Save the Date/Register NOW: Friday, June 4, 2021

REGISTER and find additional details at:

<https://www.med.uvm.edu/cme/childpsych2021>



Course Director
David C. Rettew, M.D.

Join us virtually for the 14th Annual Child Psychiatry in Primary Care Conference, featuring faculty from UVM and the community.

Topics this year include:

- Assessing Risks After School Violence Threats
- Mental Health Care Needs in Primary Care
- Child Psychiatry in the Emergency Department
- Integrated Care Forum
- Praising and Overpraising
- Post COVID Mental Health
- Anxiety Disorders
- Motivational Interviewing Techniques
- Social Media Use and Mental Health

