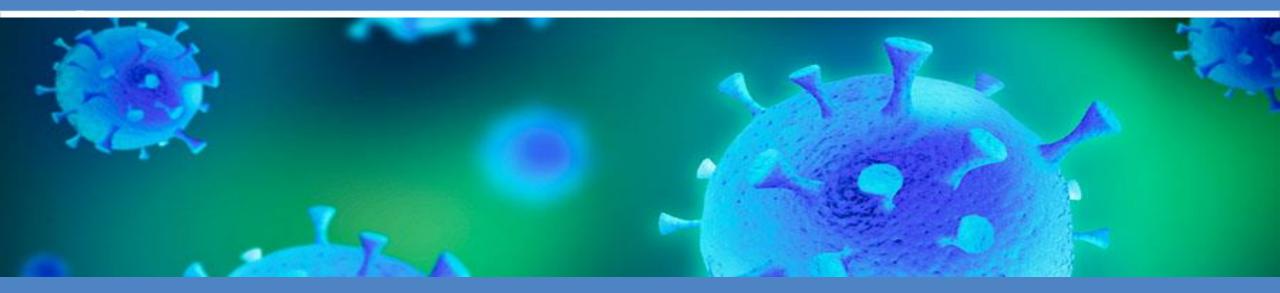
VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH July 28, 2021









Overview

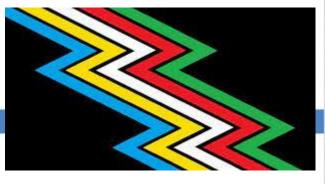
Closing out *Disability Pride Month*

- Americans with Disabilities Act signed by President George H.W. Bush on July 26, 1990 (Boston held first Disability Pride Day).
- Get ready for the Tokyo Paralympic Games (8/4-9/5/21)
- □ Reminder weekly event schedule:
 - Summer VCHIP-VDH call calendar (next slide); Gov. Media Briefings now Tuesdays only; VMS calls w/Dr. Levine <u>select</u> Thursdays only (next VMS call 8/5/21)
- □ Situation, VDH, CDC, AAP updates; Tuesday media briefing
- Practice Issues Week in Review
- Q & A/Discussion

[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

- July: generally Wednesdays only NO CALL JULY 28
- <u>August</u>: generally Wednesdays only (next call August 4) subject to change as we approach fall school reopening
- □ September forward TBD!
- Schedule subject to change at any time if circumstances warrant!
- Please continue to send your feedback re: schedule/topics to vchip.champ@med.uvm.edu
- VMS calls with VDH Commissioner Levine now select Thursdays only (see next slide)







NEW: VMS Commissioner Call Summer Schedule

<u>WHAT</u>: VMS weekly call with VDH Commissioner Dr. Mark Levine

<u>WHEN</u>: select Thursdays throughout the summer 12:30 – 1:00 p.m.

HOW: **Zoom** - virtual meeting address will remain constant.

Join Zoom Meeting -

https://us02web.zoom.us/j/8672625 3105?pwd=VkVuNTJ1ZFQ2R3diSV dqdlJ2ZG4yQT09

Meeting ID: 867 2625 3105 Password: 540684 Dial In: 1-646-876-9923

Vermont Medical Society

Summer 2021: VMS will host Commissioner Mark Levine on these Thursdays from 12:30 – 1:00pm:

- 6/3 • 6/10
- 6/17 (No Commissioner) VMS Health Care Laws Webinar from 12-1pm: Register
- 6/24 • 7/22 • 8/5
- 8/19
- 9/2
- 9/16

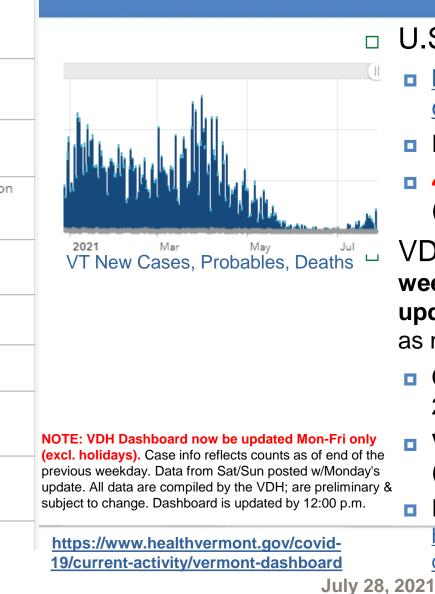
Zoom link: https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09 Meeting ID: 867 2625 3105 / Password: 540684 Dial In: 1 646 876 9923 / Meeting ID: 867 2625 3105 / Password: 540684





Situation update



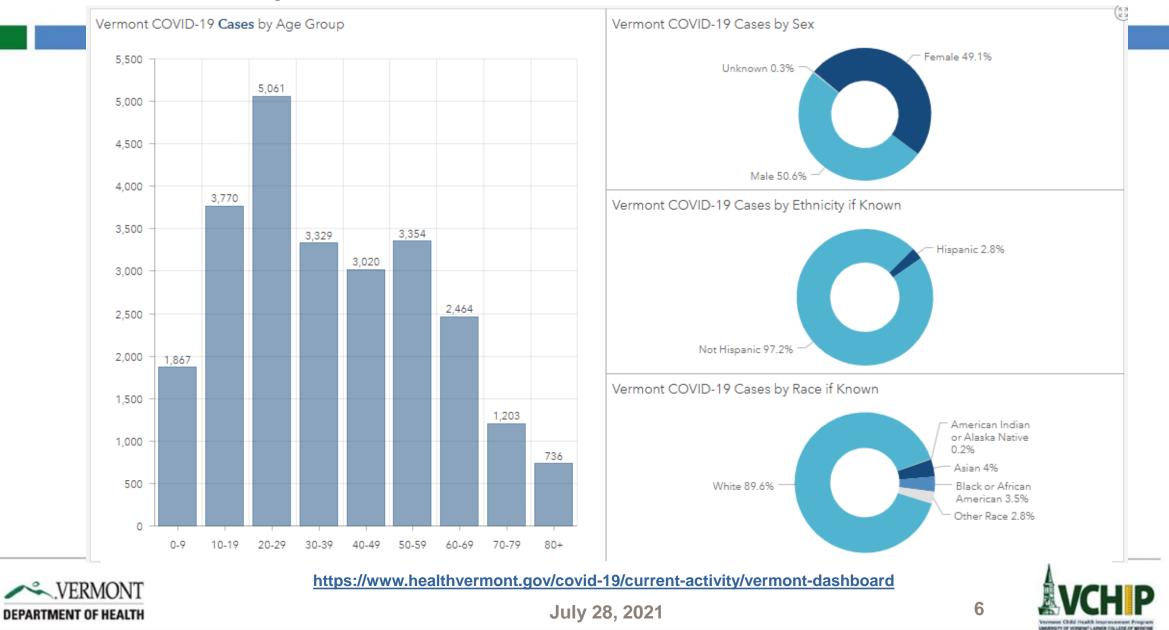


U.S. 34.6 million+ cases; 611,128 deaths

- https://www.nytimes.com/interactive/2021/us/covidcases.html (updated 7/28/21)
- Past week: av. 63,248 cases/day (14d. change +145%)
- 4.17 million+ deaths worldwide; 195.3 million+ cases (+5% & +21% 14-day change respectively)
- VDH Data Summary schedule: now every other week for the summer; then will likely move to monthly updates in the fall. Will only provide spotlight analyses as needed! (Latest: 7/16/21)
- Children (0-19) = 23% of VT COVID-19 cases; of those, 24% are 18-19 y.o. [Total 5,575 posted 7/16/21]
- Vaccine breakthrough cases = 276 since Jan. 2021 (~0.07% of fully vaccinated)
- Find previous summaries at:



Situation update

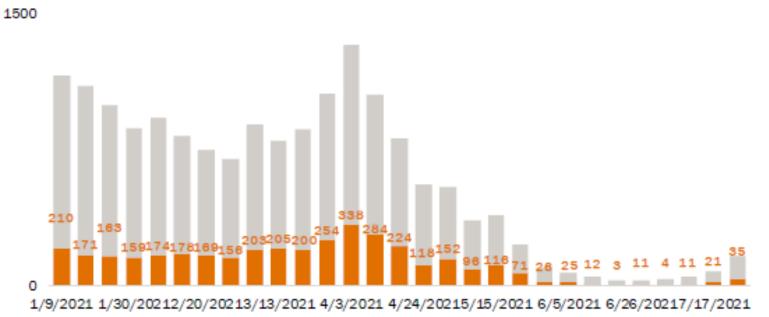




COVID-19 Pediatric Cases

July 26, 2021

This brief reflects data as of July 24, 2021 at 7 pm (the last complete MMWR week). All rates are calculated per 10,000 people. Data is preliminary and subject to change.



Children (0-18) Non-Children

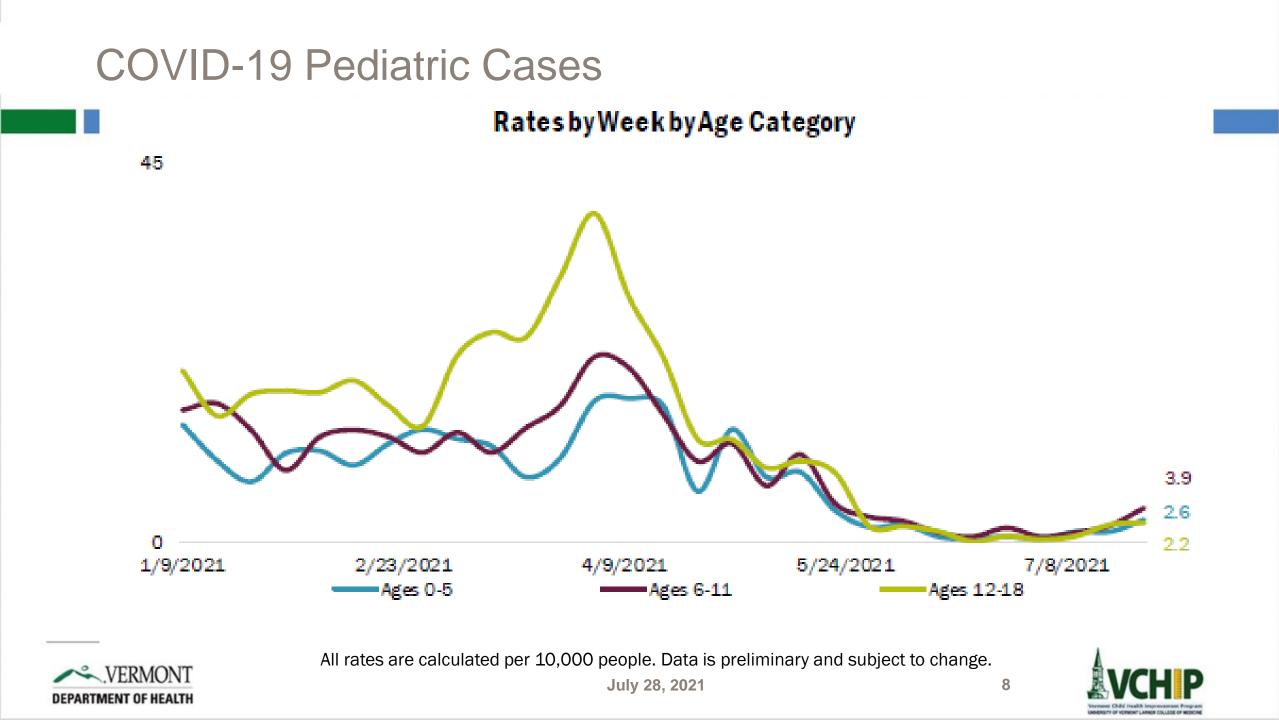






Same report as the School Aged Children report renamed to **COVID-19 Pediatric Cases** to clarify that the age groupings for the summer incorporates all children.

Number of Cases by Week



VDH COVID-19 Vaccine Registration & Sites

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





About Us +

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 FREE VACCINE WITHOUT AN APPOINTMENT!

- Find a walk-in clinic here
- People 12 17 years old
- > When to talk to your health care provider

APPOINTMENTS ARE ALSO AVAILABLE

Make an appointment for a free vaccine

NERMONT

DEPARTMENT OF HEALTH



COVID-19 Vaccination Scheduling at Kinney Drugs in

Pharmacy +

Home

Currently, the State of Vermont allows Kinney Drugs Pharmacists to administer COVID-19 vaccines to the

- Vermont residents age 65+
- K-12 teachers and onsite staff

Menu

child care workers

CVS pharmacy

Search Pharmacy MinuteClinic[®] HealthHUB Shop ExtraCare[®] Contact Lenses Photo

Home > Pharmacy > COVID-19 Vaccine

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

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

No cost with insurance or through federal program for the uninsured





Savings +

Shop +

Limited supplies of COVID-19 vaccines are now available in some states at select stores to individuals 16 years of age and older (16 years of age and older for Pfizer; 18 years of age and older for Moderna) who meet state-specific eligibility criteria.

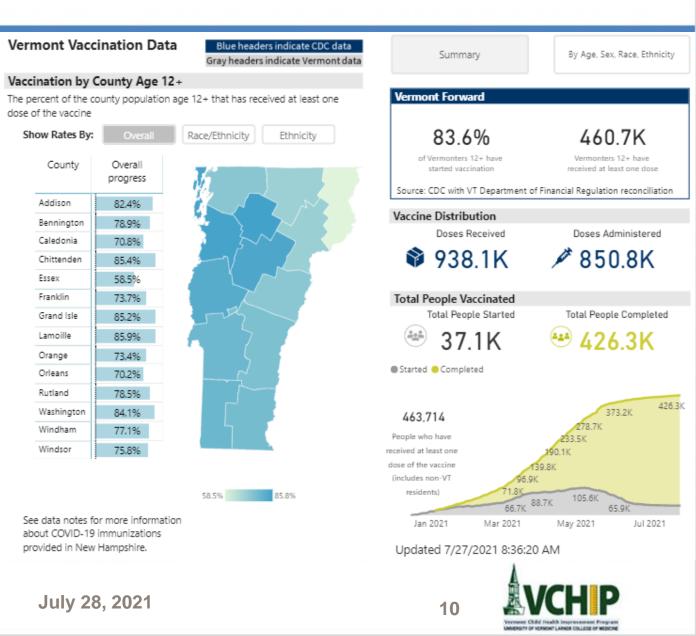
See if you're eligible in your state 9





VDH COVID-19 Vaccine Dashboard (Summary Page: 7/28/21)

- Daily updates Tuesday thru Saturday
- Data = counts reported by end previous day; subject to change.
- https://www.healthvermont.gov/covid-19/ vaccine/ covid-19-vaccinedashboard
- 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).





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/c ovid-19/ vaccine/ covid-19vaccine-dashboard
- □ By Age Statewide (\geq 1 dose):
 - □ 12-15 = 63.9% (62.8% on 7/21/21)
 - □ 16-17 = 72.0% (71.4% on 7/21)
 - □ 18-29 = 57.7% (57.3% on 7/21)
 - **VT Age 12+ = 79.6%** (79.2% on 7/21)

Vermont	Vaccination	Data
---------	-------------	------

By Age - Statewide	

he percent of the statewide population of			
a	ch age group that has r	eceived at least one	
0	se of the vaccine Age	%*	
	12 - 15	63.7%	
	16 - 17	72.0%	
	18 - 29	57.7%	
	30 - 39	78.7%	
	40 - 49	79.2%	
	50 - 59	82.7%	
	60 - 64	88.9%	
	65 - 69	95.1%	
	70 - 74	99.9%	
	75+	95.4%	
	VT Age 12+	79.5%	

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

Race

Asian

White

VT Age 12+

By Race - Statewide

Black or African American

Pacific Islander

Two or more races

received at least one dose of the vaccine

Native American, Indigenous, or First Nation

5

The percent of the statewide population age 12+ of each race that has

Summary

96*

71.8%

66.9%

28.6%

19.4% 63.6%

77.2%

76.5%

By Age, Sex, Race, Ethnicity

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	89.6%
Not Hispanic	74.3%
VT Age 12+	74.6%

Ethnicity information is not reported for 6% 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 information is not reported for 4% of people vaccinated.

Race*	12-30	31-64	65+	Age 12+
BIPOC	62.1%	76.5%	86.1%	71.1%
Non-Hispanic White	55.9%	75.7%	92.8%	74.5%
Vermont	56.6%	75.8%	92.6%	74.3%

Race/ethnicity information is not reported for 7% 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 q_{K^*}

•	
Female	81.8%
Male	77.0%
VT Age 12+	79.5%

Sex information is not reported for 513 people vaccinated.

Updated 7/27/2021 8:36:20 AM

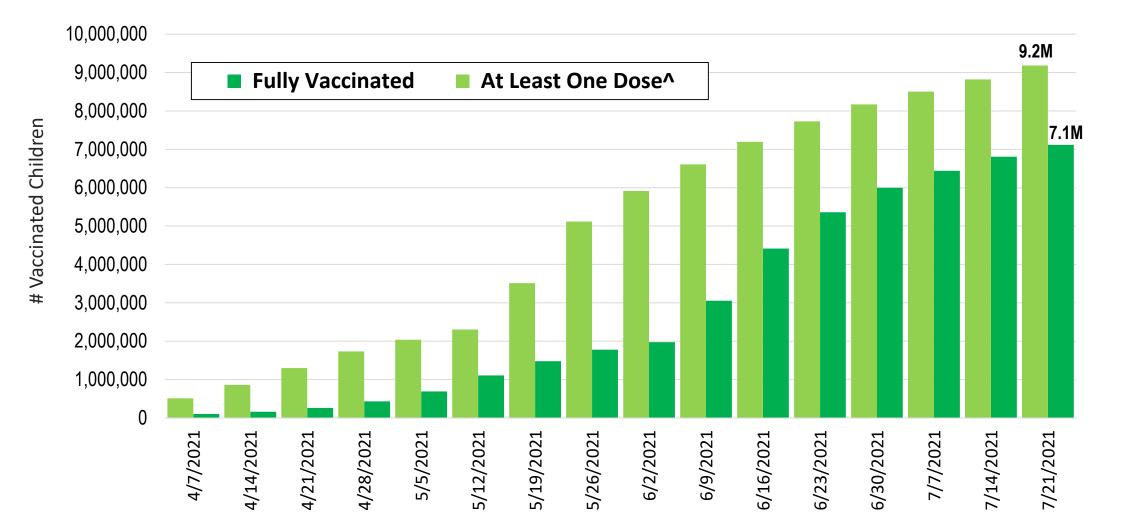




11

Cumulative Number of US COVID-19 Vaccine Recipients Under Age 18

4.07.21 to 7.21.21

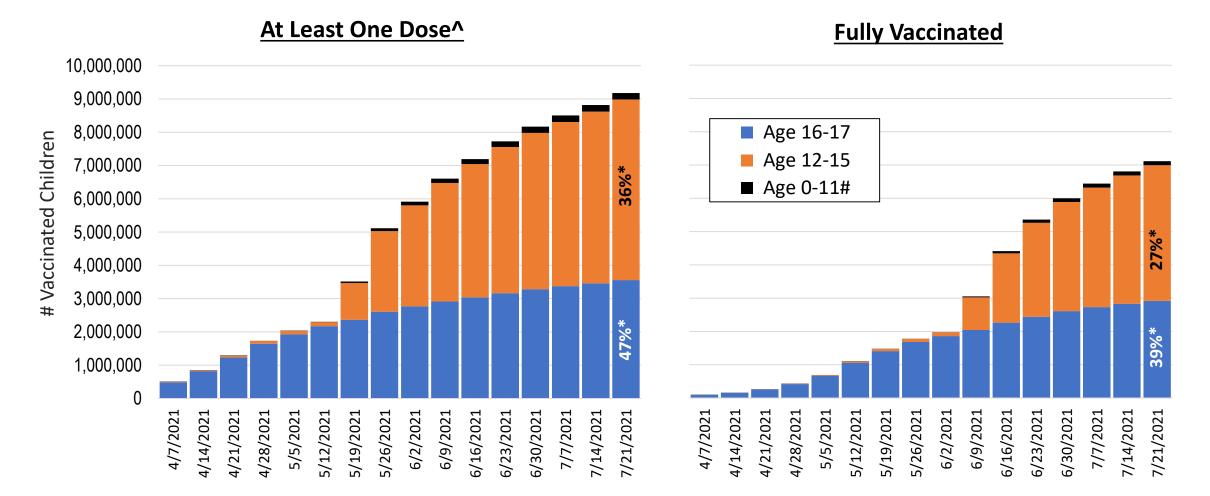


^Includes those having received only 1 of 2 doses and those fully-vaccinated.

Source: AAP analysis of data series published by the CDC titled "Demographic Trends of People Receiving COVID-19 Vaccinations in the United States."

Cumulative Number of US COVID-19 Vaccine Recipients Under Age 18 by Age Group

4.07.21 to 7.21.21



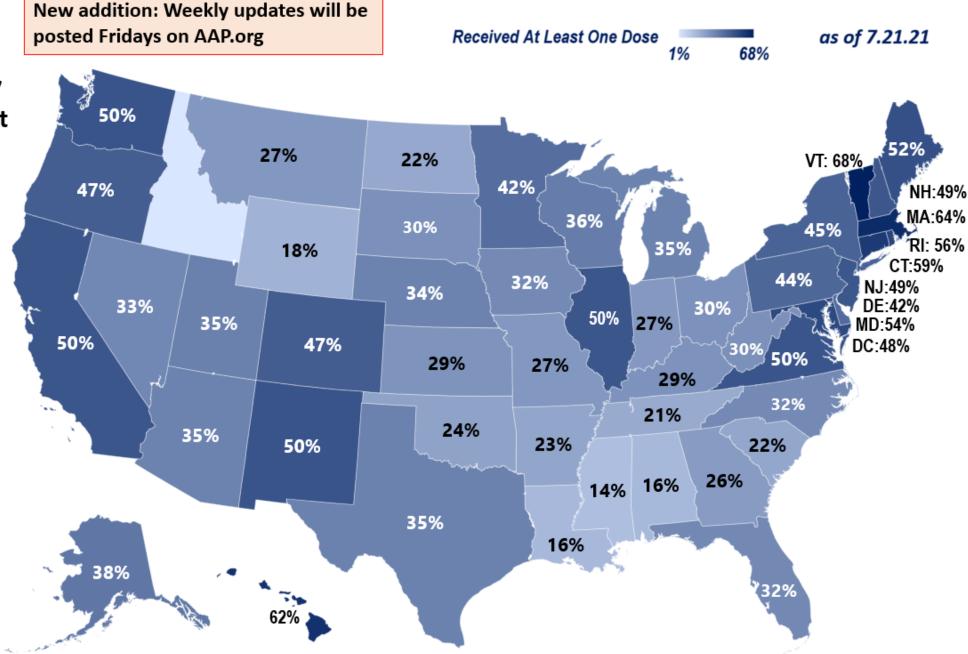
^Includes those having received only 1 of 2 doses and those fully-vaccinated. Vaccinated children as percentage of all children within age group. # According to the CDC Coronavirus Disease Response Team, children under age 12 may be included as vaccinated due to (1) birthdate entered incorrectly, or (2) ongoing COVID-19 vaccine clinical trials involving children under age 12. * CDC-calculated vaccinated children as percentage of all children within age group.

Source: AAP analysis of data series published by the CDC titled "Demographic Trends of People Receiving COVID-19 Vaccinations in the United States."

As of July 21, 2021:

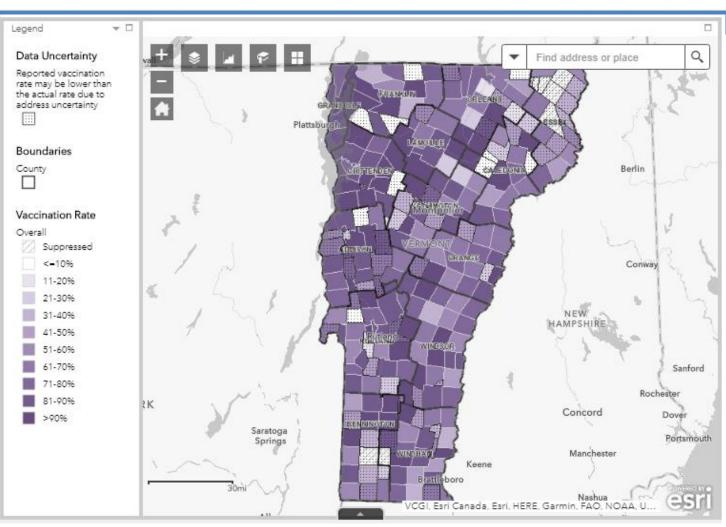
Proportion of US Children Ages 12 to 17 Who Received At Least One Dose of the COVID-19 Vaccine by State of Residence

Source: AAP analysis of data series titled 'COVID-19 Vaccinations in the United States, Jurisdiction'. CDC COVID-19 Data Tracker (URL: https://data.cdc.gov/Vaccinations/ COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc). Idaho information not available. Check state's web sites for further information



Map of COVID-19 Vaccine Rates by (VT) Town

- Map shows overall % of VTers age 12+ vaccinated with > one dose of COVID-19 vaccine.
- Map updated weekly (Thurs.) & includes data reported to VT Immunization Registry thru Wed. [Note: last reviewed 6/29/21]
- Please use caution when interpreting town data – several scenarios where vaccinations are not attributed to the correct town. [See web site notes for details.]





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

July 28, 2021

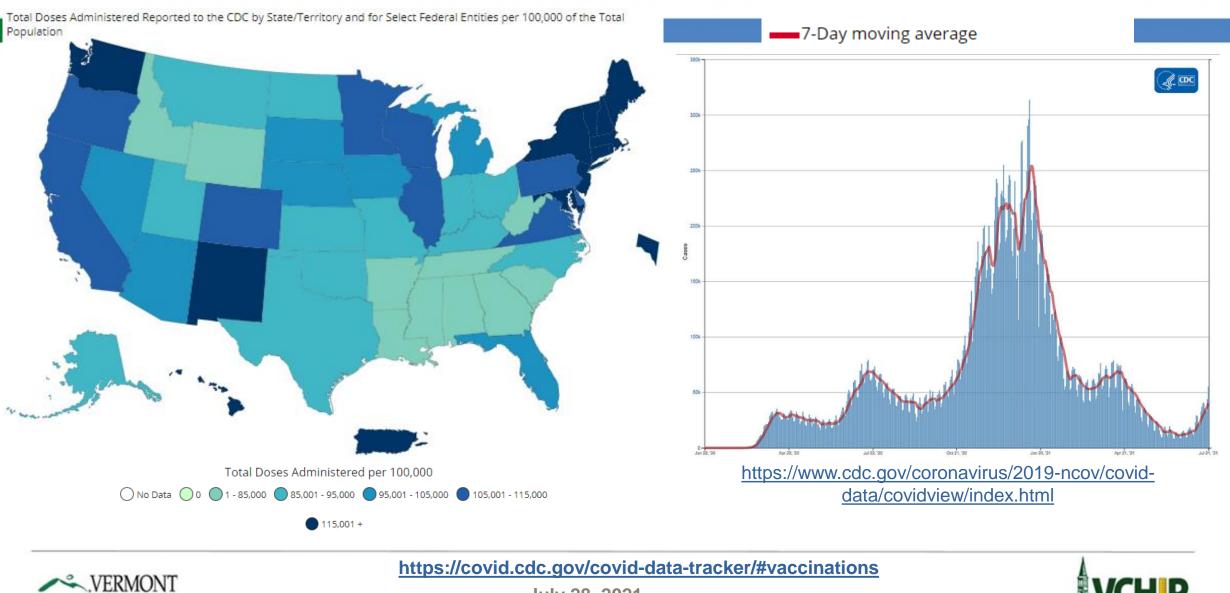




From the CDC Vaccine Tracker

DEPARTMENT OF HEALTH

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



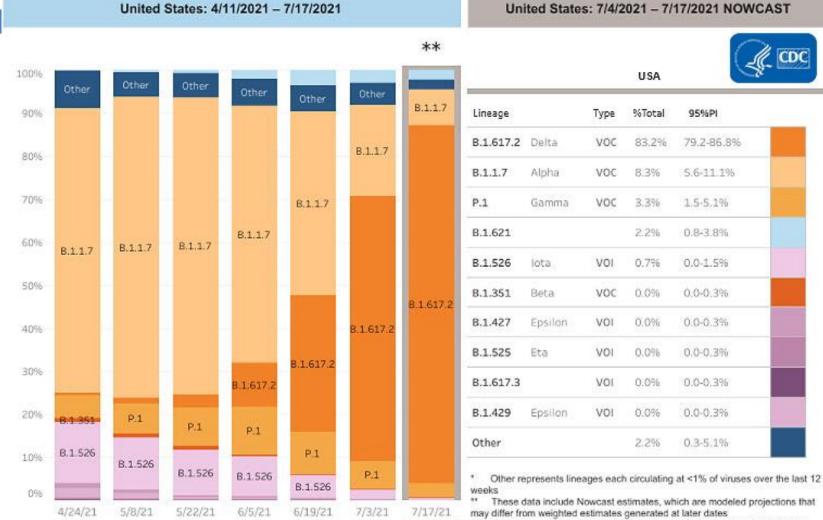
July 28, 2021

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Note striking preponderance of Delta variant (dark orange) in far right column, two weeks

ending 7/17/21.



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

Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion. AY.1, AY.2, and AY.3 are aggregated with B.1.617.2.



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

Collection date, two weeks ending





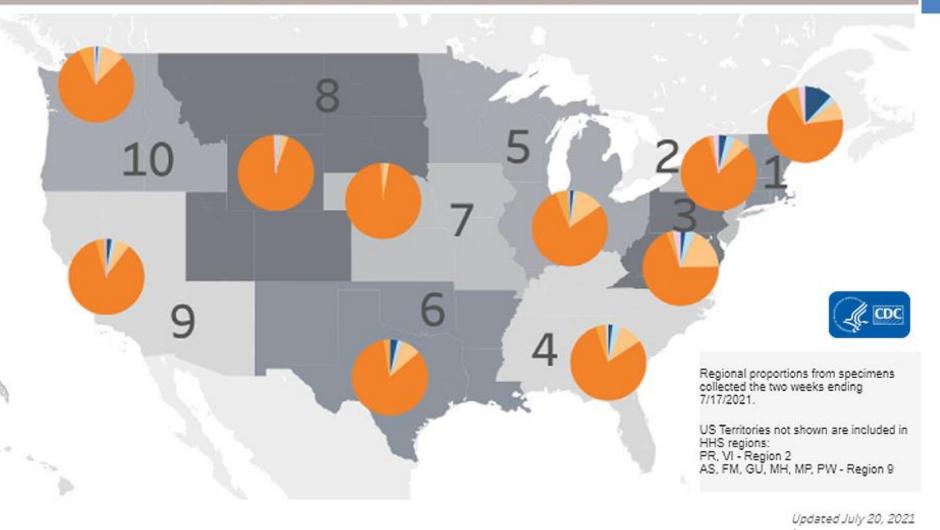
July 28, 2021

#

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

United States: 7/4/2021 - 7/17/2021 NOWCAST

Again note striking preponderance of Delta variant (dark orange) across all HHS Regions (two weeks ending 7/17/21).





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

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VCHI

July 28, 2021

SARS Co-V-2 Variants in Vermont (July 21, 2021)

- 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 Wednesdays).
- 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	1
Bennington	9	0	0	1	0	0
Caledonia	18	2	0	0	0	0
Chittenden	120	6	0	8	1	6
Essex	6	0	0	0	0	0
Franklin	23	9	0	2	0	0
Grand Isle	1	1	0	0	0	0
Lamoille	17	1	0	3	0	0
Orange	6	0	0	0	0	0
Orleans	32	6	0	0	0	0
Rutland	9	2	0	2	0	0
Washington	3	3	0	0	0	0
Windham	10	0	3	3	0	0
Windsor	8	0	0	0	0	0



7/21/21



CDC Health Advisory Network (HAN)

- CDC Issued a Health Advisory Network Advisory 7/27/21
 - Urgent need to increase COVID-19 vaccine coverage
 - 300% increase in COVID-19 cases over the last month
 - Ongoing disparities in vaccination coverage across population groups and geographic areas
 - Delta variant account for >80% of cases and is more infectious



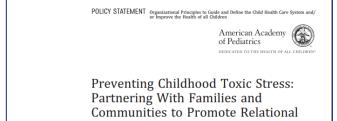
From the AAP: Upcoming New/Revised Interim Guidance

- Supporting the Emotional and Behavioral Health Needs of Children (revised)
- Post-COVID Conditions in Children and Adolescents (new)



From the AAP: Preventing Childhood Toxic Stress

- Revision of 2012 policy
- Toxic stress = ACEs SSNRs (safe, stable & nurturing relationships)
- Promotion of relational health
 - Prevents adversity & toxic stress
 - Builds resilience, or ability to adapt to adversity



Health

Andrew Garner, MD, PhD, FAAR^{1,6} Michael Yogman, MD, FAAR^{1,4} COMMITEE ON PSYCHOSOGAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEOLATICS, COLUMIC ON EARLY CHILDHOOD

By focusing on the ade, stable, and nutruring relationships (SSNRs) that buffer adversity and build resilicore, pediatric care is on the cusp of a paradigm shift that could reprioritize clinical activities, rewrite research agendas, and realign our collective advocacy. Driving this transformation are advances in developmental sciences as they inform a deeper understanding of how early life experiences, both nutruring and adverse, are biologically embedded and influence outcomes in health, education, and economic stability across the life span. This revised policy statement on childhood toxic stress achnowledges a spectrum of potential adversities and realfirms the benefits of an ecohiodevelopmental model for understanding the childhood origins of adult-manifested disease and wellness. It also endorses a paradigm shift toward relational health because SSNRs not only buffer childhood adversity when it occurs but also promote the capacities needed to be resilient in the future. To translate this relational health framework into

clinical practice, generative research, and public policy, the entire pediatric community needs to adopt a public health approach that builds relational health by partnering with families and communities. This public health approach to relational health needs to be integrated both vertically (by including primary, secondary, and tertiary preventions) and horizontally (by including public service sectors

preventional on an our containty (of interaining particular containing the beyond health care). The American Academy of Pediatrics asserts that SSNRs are biological necessities for all children because they mitigate childhoot totics tress responses and proactively build resilined to fostering the adaptive sills needed to cope with future adversity in a healthy manner. "Partners in Pediatrica, Westlake, Ohio, "School of Madicine, Case Western Reserve University, Cavebia (Ohio," Canthridge Iospital Cambridge, Mansachusetts, and ²Narward Medical School Harvard University, Boston, Massachusetts Dr Garner collaborated in conceptualizing and drathing this document, host the lead in reconciling the numerous edits,

collaborated in conceptuality and antitry the advanced and made significant contributions is the manazity, and advance approves the final manazity, and advanced and the second is supprighted and a property of the American the second is supprighted and a property of the American the second is advanced and the American American the second second second second second second second petidencies. Approximation and the American Academy of Petidencies Approximation and an advanced and approximate petidencies and a second second and an advanced and petidencies and second second and academy of Petidencies and second second and academy of Petidencies and second second and academy of

Policy statements from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviews: Nowerce policy statements from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent. The guidance in this statement does not indicate an exclusive

the guidance in this scatterierri coes not instructe an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be

To site: Gamer A, Yogman M, COMMITTEE ON PSYCHOSODAI ASSFCITS OF CHILD AND FAMILY HEALTH, SECTION ON DEPELOPMENTA, AND BEHAVIORAL PERATRICS, COUNCIL ON EARLY CHILDHOOD. Preventing childhood Taucis Stress: Partnering Nith Families and Communities to Promote Relational Health. *Pediatrics*. 2021;146(2):x2021005882

RSV and Synagis

- □ Question raised re: coverage on 7/14 call (*thank you, Colleen Moran!*)
- NICU team supportive (informal polling) of extending Synagis coverage for NICU at risk patients & even considering initiating treatment for eligible infants recently or to be discharged. Question of payment issue?
- HHS Region 1 trend notable: https://www.cdc.gov/surveillance/nrevss/rsv/hhsregion.html#hhs1
- NY DOH extended the 2020/2021 RSV season until 8/15/21 (https://newyork.fhsc.com/providers/CDRP_synagis.asp)
- VDH declared RSV season over in March need to request reopen/extend it if the case rate is going up.
 - https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/2020_21% 20Synagis%20Season%20Update.pdf



□ DVHA Policy Team was to discuss 7/20/21 – will f/u



Tuesday Media Briefing (7/27/21)

Governor Phil Scott

Approaching 84% (12+ who've started) & 75% (fully vaccinated) Vermonters.



- We're not letting up what we're seeing across the country explains why. Low vax = increased cases/hosps, driven by Delta variant.
- □ Vaccine effective against all variants so far, incl. Delta.
- As CDC Director put it, this is becoming a pandemic of the unvaccinated – on a much smaller scale, here in VT also.
- □ Cases in VT increased slightly; still w/very low hosps. & 1 (July) death.
- □ Lots of attn. to so-called **breakthrough cases.**
- To avoid getting/spreading...we hope you'll get vaccinated today or at least talk to your health care provider.





Governor Phil Scott

- 16 months ago, we didn't think we would have vaccines by now. We have multiple highly effective & safe vaccines that can put this pandemic to an end.
- Still ~90K Vermonters not vaccinated younger people are lagging:
 - 22 29 year-olds: 66% vaccinated
 - 18 21 year-olds: 50% vaccinated.
 - 16 17 year-olds: 71% vaccinated.
 - 12 15 year-olds: 63% vaccinated.
- With school just 5 weeks away, now is time to protect youth. If you haven't gotten around to it, never too late to protect self &







Modeling – Commissioner Pieciak:

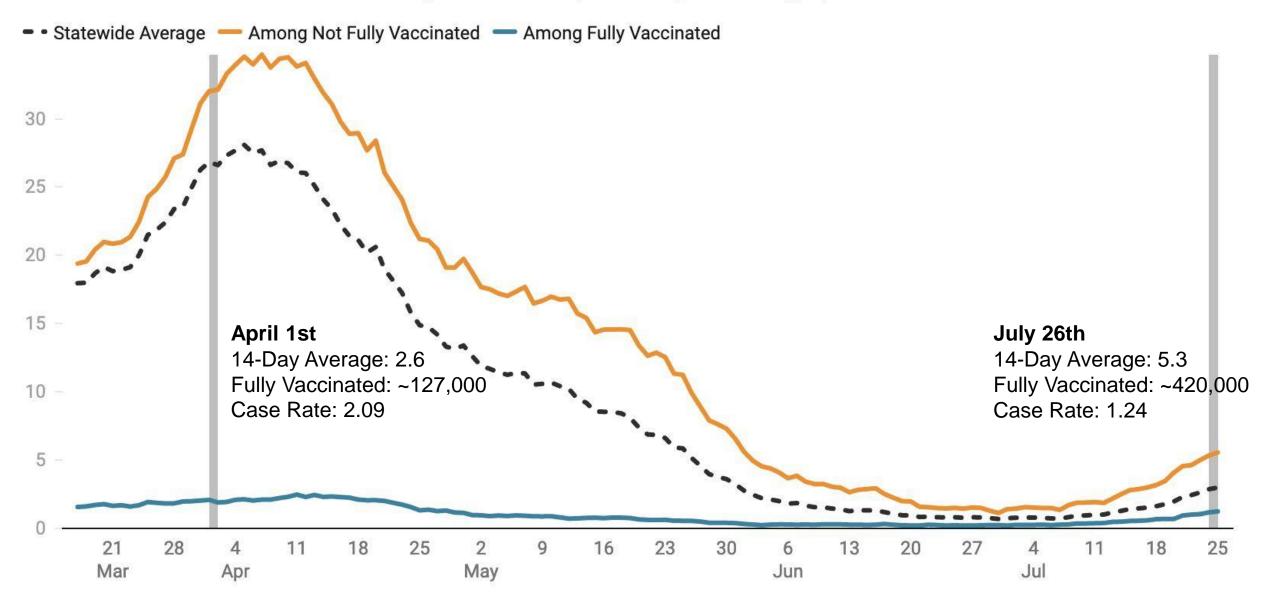


- ~5 weeks ago, cases began to rise in U.S. 4 weeks ago, cases rose in Northeast. 3 weeks ago, cases rose in Vermont. Vermont is not an island our vaccination rates have kept cases lower.
- □ 171 new cases this week most among those not fully vaccinated.
- New analysis: average case rate in fully vax vs. not fully vax shows how stable case rates among fully vax X last 4 mos. (SEE next slide)
- □ Forecast: cases to remain elevated near future due to Delta variant.
- □ Cont'd. VT vax progress: 2,153 VTers past week (83.6% of 12+).
- □ U.S. seeing increased vax, esp. in MO, AR, LA, and FL.
- UK cases trending down past 6d. 1st positive sign. We're ~4-5 weeks behind the UK in terms of case growth.





Vermont COVID-19 Cases per 100K (14-Day Average)



Source: VT Dept. of Health – July 26, 2021; "fully vaccinated" defined as 14 days following final dose



AHS Secretary Mike Smith

- Thank you VTers for stepping up to get vax: 74.7% of all eligible fully vax.
- \Box Various opportunities to get tested esp. if you've traveled to place w/spike, may wish to test upon return to VT (and esp. if unvaccinated).
- □ Testing at >23 locations thruout VT (SEE VDH web site). Will soon transition to COVID Resource Centers (will offer both testing & vax).
- Many sites for walk-in vaccine: pharmacies, incl. hospital-based; urgent care clinics; pop-ups (markets, skate park, EMS, flea markets, farmers markets, VT Distillers, Ascutney Outdoor Club, Bellows Falls Old Home Days, Stowe Community Church, Thunder Road).





VDH Commissioner Levine

- □ As a country, we're in unfortunate stage of the pandemic.
 - Positive trends reversing where vaccination is low.
 - Picture still hopeful in VT hospitalizations & deaths remain low.
- Focus on emerging questions, new studies, boosters, variants. We cont. to follow science & monitor new info. What we DO know:
 - Best way to protect yourself is to get vaccinated. If vaccinated, you're highly protected against severe illness, hospitalization, and death.
- Not being vaccinated leaves you vulnerable and risks spreading the virus; also risking more dangerous variants.
- We are here to help along with your doctor, family, and friends.
 Don't become part of the pandemic of the unvaccinated.





VDH Commissioner Levine

□ Breakthrough cases are not at an epidemic level.



- Data continues to show that vaccinated are less likely to experience serious illness, hospitalization, or death.
- If you've already had COVID, we don't know how strong your protection is. Get vaccinated. You can get vaccinated as soon as you've completed the 10-day quarantine period. Wait 90 days if you've received monoclonal antibodies.
- Consider getting tested, regardless of vaccination status, if you have traveled or have symptoms.
- □ ACIP mtg. last week: not currently recommending additional or booster dose.
- Testing: w/positivity rates around U.S. & world, get tested if you travel to places w/more virus circulating.







- Q: VA mandating vaccine for front-line health care workers (also some states) thoughts? Scott: Not in VT we're in much better position than other states & that's not necessary.
- Q: CDC will announce guidelines for masking indoors where there are high infection rates – thoughts? Scott: CDC reported having new data that supports in some places infection rates are high enough to warrant mitigation tactics. VT should not see much of an impact; could possibly impact travel guidance.
- Q: Thoughts about masks indoors in schools? Levine: meeting about that now and will have guidance soon (possibly next week).





Select Q & A:

- Q: Do you expect to see some restrictions return, such as for people entering the state? Levine: we don't have data that warrants that right now. We've been stable not a reason to take alarmist stance or make major changes. Scott: we have to reflect on how far we've come think back to a year ago. Now we have people moving freely including going to fairs.
- Q: Have fully vaccinated Vermonters been hospitalized or died? Levine: in total, 5 hospitalized and 1 death.

Q: Should Vermonters consider behavioral modifications?

We have guidance and a webpage on how to protect yourself. People with compromised immune systems should be more cautious.

https://www.healthvermont.gov/covid-19/protect-yourself-others





- □ **Q:** Gov. Sununu signed a medical freedom bill should VT have that?
- No. We have 84% vaccinated and climbing. We're in a better position than NH. We don't need that, we have allowed people to make their own position. We try to educate.
- Q: Do you have an update on your request to meet with northern governors about the boarder?
- We're still waiting brought it through the channels with Natl. Governors' Association; waiting for other Governors to sign on.





- Q: Smoky skies yesterday/poor air quality any thought impact on those w/long COVID being outside all day? Levine: more of an issue for those w/chronic respiratory disease. Wish we knew enough about long COVID – under real time study now. Some pts. have SOB & poor exercise tolerance; others w/just fatigue or brain fog syndrome. No good data re: irreversible lung damage w/long COVID.
- Q: Vaccine uptake by primary care? Levine: # fully enrolled/trained is v. high.
 People who will benefit most are those who want comfort of that site. Seeing increases not dramatic. Part of a multi-pronged strategy.
- Q: anticipate ins. cos. charging higher premiums for unvaccinated? Pieciak: no – regs. require coverage for prevention, inpt. & outpt. treatment.





- Q: Is AOE asking school dist to prepare for both hybrid & IP? French: at this point, full IP instr. No instru. For both remote & IP.
- Any change in amt. of genomic sequencing? Levine: CDC has 50-state approach random sample state to state; Broad partnership; VT Public Health lab performs on some samples. CDC v. small #, less predictable timing (weekly). Broad = batch, so can take several weeks. PH lab much quicker but still # of days to a wk. & only sm # samples at that lab. VT seeing more Delta variant for sure. CDC also looks at 15 states (not VT): Delta is leading variant, B.117 is second.





Practice Issues

The Week in Review (July 21 – 28, 2021)



https://www.burlingtonfreepress.com/





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Summary of Recent Changes (Updated as of July 27, 2021 given new evidence on the B.1.617.2/Delta variant currently circulating in the U.S.):

- Added a recommendation for fully vaccinated people to wear a mask in public indoor settings in areas of substantial or high transmission.
- Added information that fully vaccinated people might choose to wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at increased risk for severe disease from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated.
- Added a recommendation for fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14

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days or until they receive a negative test result.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.htm

Summary of Recent Changes (cont'd.):

- CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status.
 Key Points:
- Following recommendations apply to non-healthcare settings related info for healthcare settings, visit Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination.

□ Fully vaccinated people can:

- Participate in many of the activities that they did before the pandemic; for some of these activities, they may choose to wear a mask.
- Resume domestic travel and refrain from testing before or after travel and from selfquarantine after travel.



https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.htm July 28, 2021 38

Key Points (cont'd.):

- □ Fully vaccinated people can:
 - Refrain from testing before leaving the United States for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in the United States.
 - Refrain from routine screening testing if feasible.
- Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. However, preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others. To reduce their risk of becoming infected with the Delta variant and potentially spreading it to others: CDC recommends that fully vaccinated people (see next slide):

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html





Key Points (cont'd.):

- □ CDC recommends that fully vaccinated people:
 - Wear a mask in public indoor settings if they are in an area of substantial or high transmission.
 - Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated. People who are at increased risk for severe disease include older adults and those who have certain medical conditions, such as diabetes, overweight or obesity, and heart conditions.
 - Get tested if experiencing COVID-19 symptoms.
 - Get tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.



https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

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Key Points (cont'd.):

- □ CDC recommends that fully vaccinated people:
 - Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
 - Follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.
- People who are immunocompromised should be counseled about the potential for reduced immune responses to COVID-19 vaccines & to follow current prevention measures (including wearing <u>a</u> mask, staying 6 feet apart from others they don't live with, and avoiding crowds & poorly ventilated indoor spaces) regardless of their vaccination status to protect themselves against COVID-19 until advised otherwise by their healthcare provider.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html





Vaccine News

- Pfizer: 3rd dose can "strongly" boost protection against Delta variant (data by company, 7/28/21; not peer-reviewed).
- □ CDC considering a potential 3rd dose for immunocompromised individuals.
- VA issues vaccine mandate for frontline health care workers (1st federal agency to do so, 7/26/21) https://www.nytimes.com/2021/07/26/us/politics/veterans-affairscoronavirus-covid-19.html
- Joint Statement in Support of COVID-19 Vaccine Mandates for All Workers in Health and Long-Term Care (almost 60 orgs., including AAP)
 - "Our health care organizations and societies advocate that all health care and long-term care employers require their workers to receive the COVID-19 vaccine."
 - https://www.acponline.org/acp_policy/statements/joint_statement_covid_vaccine_mandat e_2021.pdf
 - https://www.nytimes.com/201/07/26/health/health-care-workers-vaccine-requirement.html





In Other News

□ COVID-19 Outbreaks at summer camps across the U.S.

https://www.nytimes.com/2021/07/22/nyregion/covid-outbreak-camp-pontiac-ny.html

VT Digger commentary by Sosin, Winterbauer & Hoen: "Vermont should reopen schools cautiously"

- https://vtdigger.org/2021/07/23/sosin-winterbauer-hoen-vermont-should-reopenschools-cautiously/
- CNN: "How residents are living in America's most vaccinated state" (7/28/21)
 - https://www.cnn.com/2021/07/28/us/vermont-most-vaccinated-coronavirusstate/index.html





From the CDC: Health Advisory – July 6, 2021



- Magellan Diagnostics, Inc. & U.S FDA issued recall notice concerning use of some LeadCare® Blood Lead Tests (certain LeadCare II, LeadCare Plus, and LeadCare Ultra test kit lots).
 - Lots were distributed between October 27, 2020, and June 15, 2021. Use of these devices may cause serious injuries because might underestimate blood lead levels.
 The FDA has identified this as a Class I recall, the most serious type of recall.
- □ Recommendations:
 - Discontinue use of all affected test kit lots identified as part of the recall.
 - Retest children tested w/ recalled LeadCare test kits whose results were less than 5 µg/dL, the current CDC-recommended blood lead reference value. Retesting should be done with a venous blood sample analyzed with higher complexity testing.
 - Retest children who were previously tested with a LeadCare test kit if the lot number of the initial test kit is unknown and the test was done after October 27, 2020 and July 6, 2021, the date of this health advisory.



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In case you missed it... (6/21/21) Update: Blood Lead Screening in Vermont – Matt Saia, MD

- Content included: current data for pediatric screening and elevated blood lead levels (opportunity for improvement!)
- VCHIP-AAPVT-VDH outreach activities to improve screening and reporting performance
 - Opportunity to obtain point-of-care screening technology/supplies for free!
- VDH recommendations and materials
- Recommendations for practice improvement e.g., nominate a Lead Champion to:
 - Identify patients who require screening; perform outreach; establish screening & reporting work flows
- Contact: <u>Matthew.Saia@uvmhealth.org</u> & <u>Jill.Davis@med.uvm.edu</u>



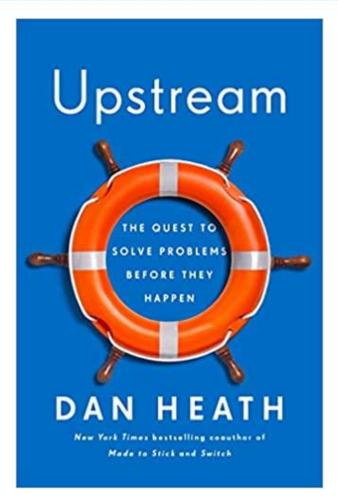


In case you missed it... Pediatric Grand Rounds 7/6/21 – Dr. Lewis First

Annual State of the Department!

- Preview: this year's book is Upstream by Dan Heath
 - Subtitle: The Quest to Solve Problems Before They Happen
- □ Please contact:

Penelope.Marchessault@med.uvm.edu for a link to view asynchronously.







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
- SEE ALSO AAPVT press release 6/10/21:

5 REASONS TEENS SHOULD GET THE COVID VACCINE



http://www.aapvt.org/news/aapvt-offers-guidance-families-childrenhow-navigate-summer-and-stay-healthy-and-active

Vermont Chapter

INCORPORATED IN VERMONT



VCHIP-VDH COVID-19 calls: Summer Calendar

- July: generally Wednesdays only NO CALL JULY 28
- August: generally Wednesdays only subject to change as we approach fall school reopening
- □ September forward TBD!
- Schedule subject to change at any time if circumstances warrant!
- Please continue to send your feedback re: schedule/topics to vchip.champ@med.uvm.edu
- VMS calls with VDH Commissioner Levine now select Thursdays only (see next slide)







Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- □ For additional questions, please e-mail: <u>vchip.champ@med.uvm.edu</u>
 - What do <u>you</u> need how can we be helpful (specific guidance)?
- VCHIP CHAMP VDH COVID-19 website: <u>https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates</u>
- Next CHAMP call <u>Wednesday, August 4, 12:15 12:45 pm</u> (YIKES!)
- □ SEE VCHIP-VDH COVID-19 Call Summer Calendar for our new schedule!
- □ Please tune in to VMS call with VDH Commissioner Levine:

Thursday, August 5, 2021 – 12:30-1:00 p.m. – Zoom platform & call information

□ Join *Zoom* Meeting:

https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09

Meeting ID: 867 2625 3105 / Password: 540684

VERMORINE tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#

