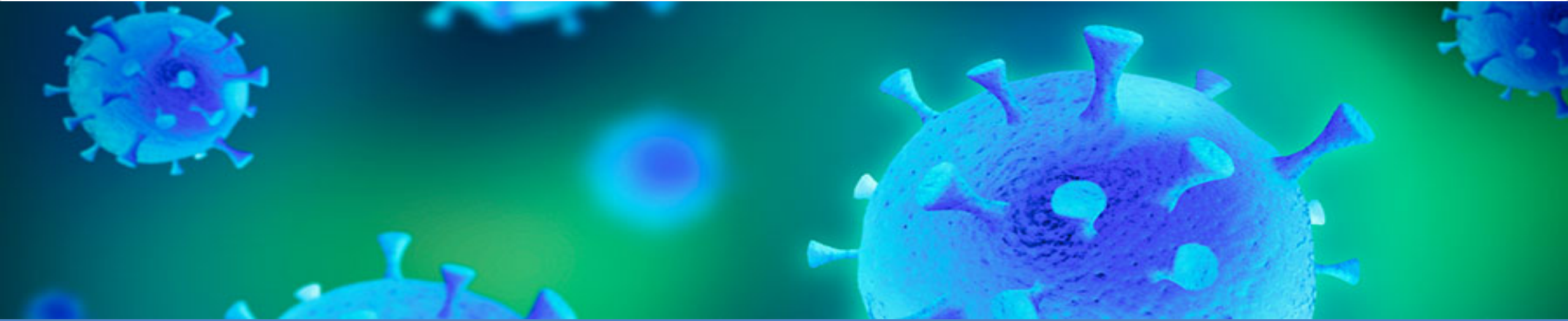


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
August 4, 2021




Technology Notes

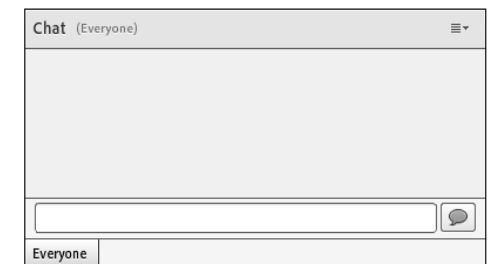
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

Call in number – 1-866-814-9555

Participant Code – 6266787790

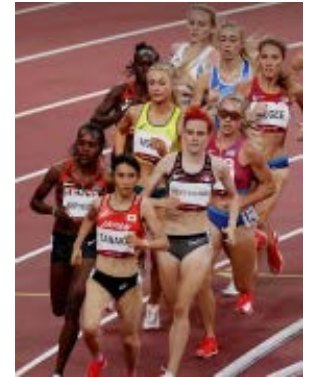
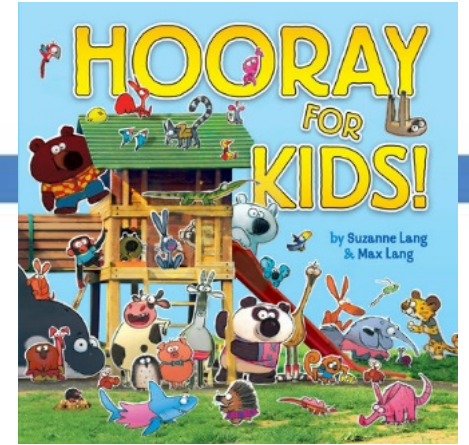
Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

- 3) To ask or respond to a question using the **Chat** box, type your question and click the  icon or press Enter to send.



Overview

- Celebrating ***Hooray for Kids Day!*** (book by Suzanne & Max Lang)
 - ▣ Elle Purrier St. Pierre moves on to 1500m final (time 4:01)
 - ▣ Also the start of 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 ***select Thursdays only (next VMS call tomorrow, 8/5/21)***
- Situation, VDH, CDC, AAP updates; Tuesday media briefing
- Practice Issues – ***Pens, Paper, Backpacks, Masks?***
<https://www.wcax.com/2021/08/03/watch-live-scott-weekly-media-briefing/>
- 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**
- **August**: generally **Wednesdays only** (**next call August 11**) – 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

WHAT: VMS weekly call with VDH Commissioner Dr. Mark Levine

WHEN: 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/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>

Meeting ID: 867 2625 3105

Password: 540684

Dial In: 1-646-876-9923

Vermont
Medical
Society

VMS Commissioner Call **Summer Schedule**

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

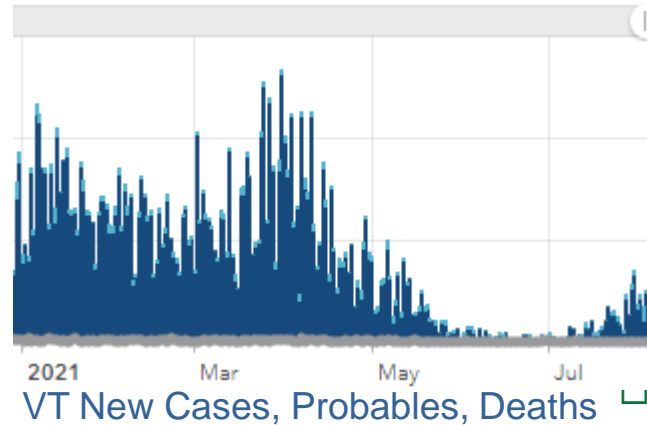
Zoom link: <https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>

Meeting ID: 867 2625 3105 / **Password:** 540684

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

Situation update

New Cases
51
25,129 Total
Currently Hospitalized
10
Hospitalized In ICU
3
Hospitalized Under Investigation
0
Percent Positive 7-day Avg.
2.4%
People Tested
416,740
Total Tests
1,785,632
Recovered
24,259
96.5% of Cases
Deaths
260
1% of Cases
Last Updated: 8/4/2021, 10:48:05 AM



IOTE: 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. **35.3 million+** cases; **614,104 deaths**

□ <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 8/4/21)

□ Past week: av. 63,248 cases/day (14d. change **+139%**)

□ **4.24 million+ deaths worldwide**; **199.6 million+ cases** (-4% & +16% 14-day change respectively)

VDH Data Summary schedule: now **every other week for the summer** (may move to **monthly in fall**). **Spotlight analyses** only as needed! (**Latest: 7/30/21**)

□ Case rate highest among 20-29 y.o. (607.4/10K)

□ Children (0-19) = 23% of VT COVID-19 cases; of those, 24% are 18-19 y.o. [Total 5,641 posted 7/30/21]

□ **Vaccine breakthrough cases = 360276** since Jan. 2021 (~0.07% of fully vaccinated)

□ Find previous summaries at:

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

Vermont Children and COVID-19

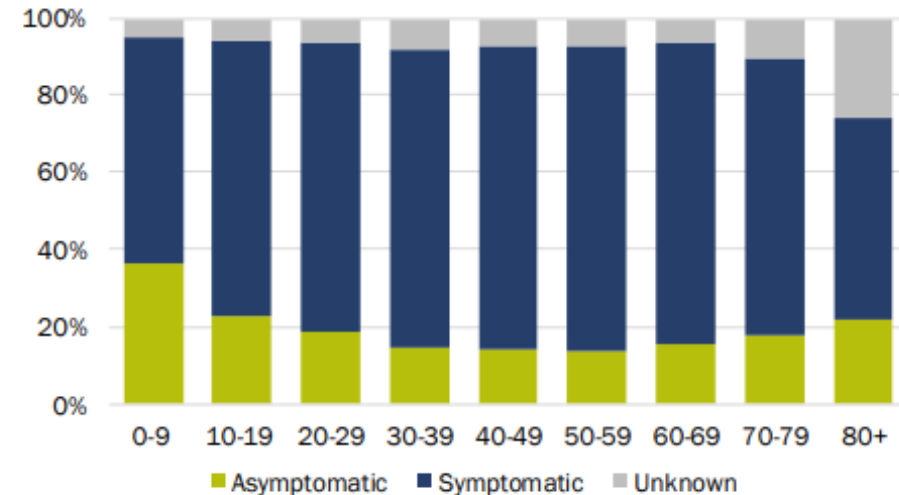
Sign or Symptom	Percent of Children with Symptom
Runny Nose	57%
Cough	48%
Headache	47%
Fatigue	43%
Sore Throat	39%
Muscle Pain	26%
Loss of Smell/Taste	26%
Fever	20%

5 days

Average illness duration among children

Among Vermont's children with COVID-19, there are currently no reported cases of multi-system inflammatory syndrome or deaths, and 10 hospitalizations.

The percent of COVID-19 cases with **no symptoms** is higher among children. More than one quarter (27%) of cases among children had **no symptoms** reported.

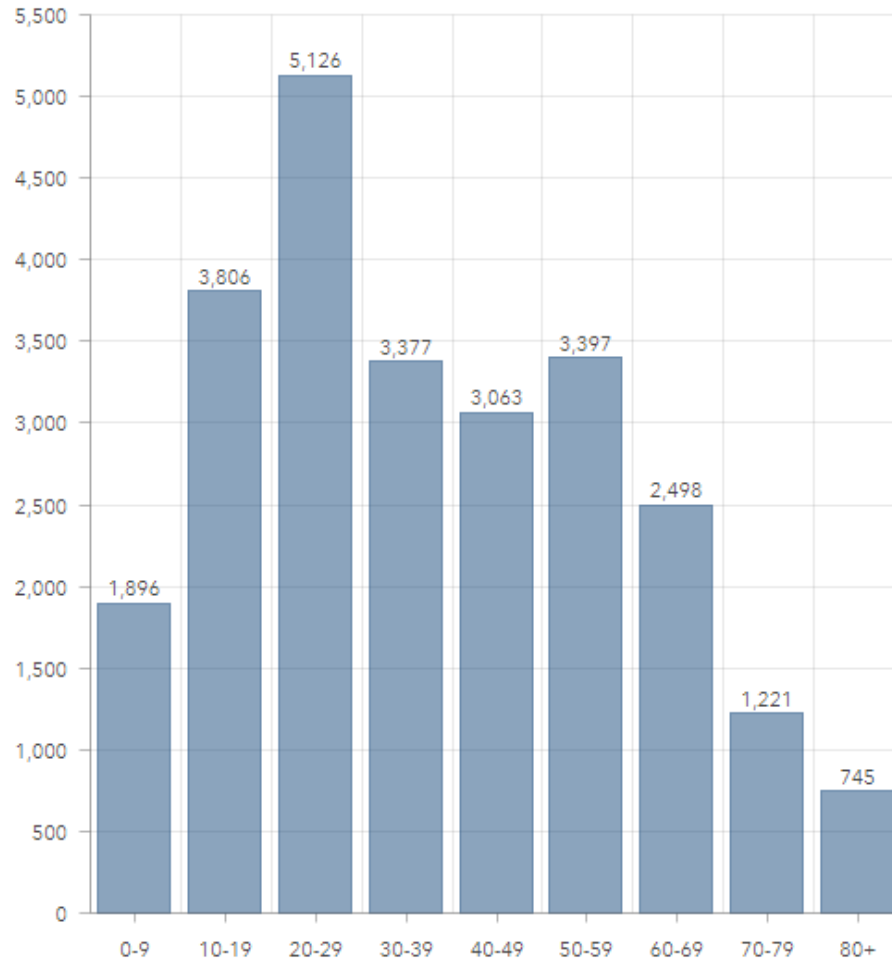


68% of children with COVID-19 had known contact with somebody else who had COVID-19.

21% of children with COVID-19 were part of an outbreak.

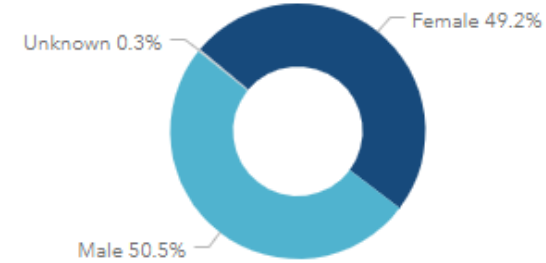
Situation update

Vermont COVID-19 Cases by Age Group

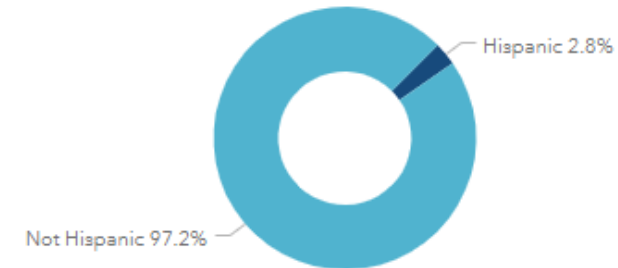


Case Demographics

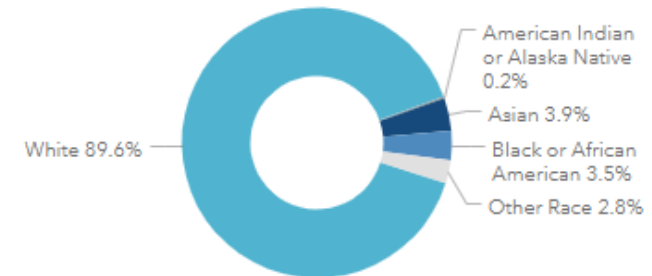
Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known

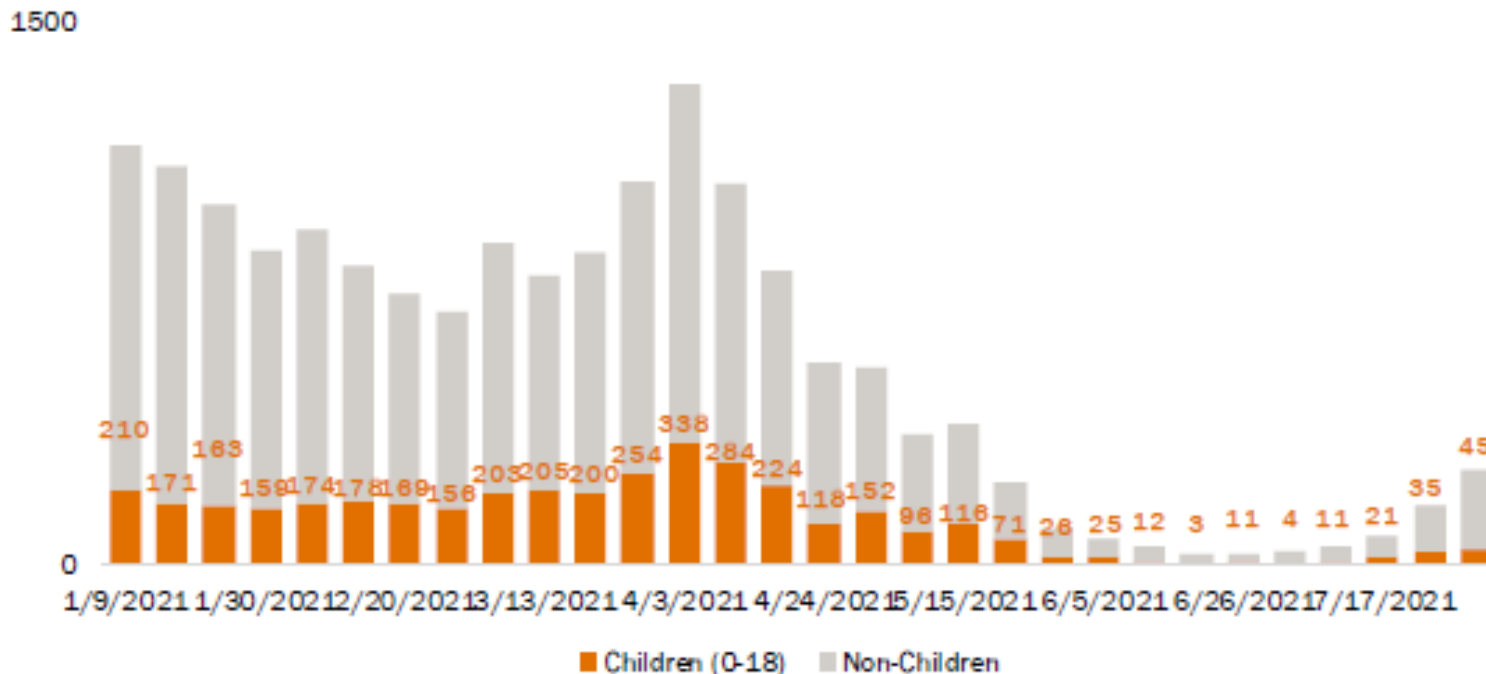


Vermont COVID-19 Cases by Race if Known



This brief reflects data as of July 31, 2021 at 7 pm (the last complete MMWR week). All rates are calculated per 10,000 people. Data is preliminary and subject to change.

Number of Cases by Week

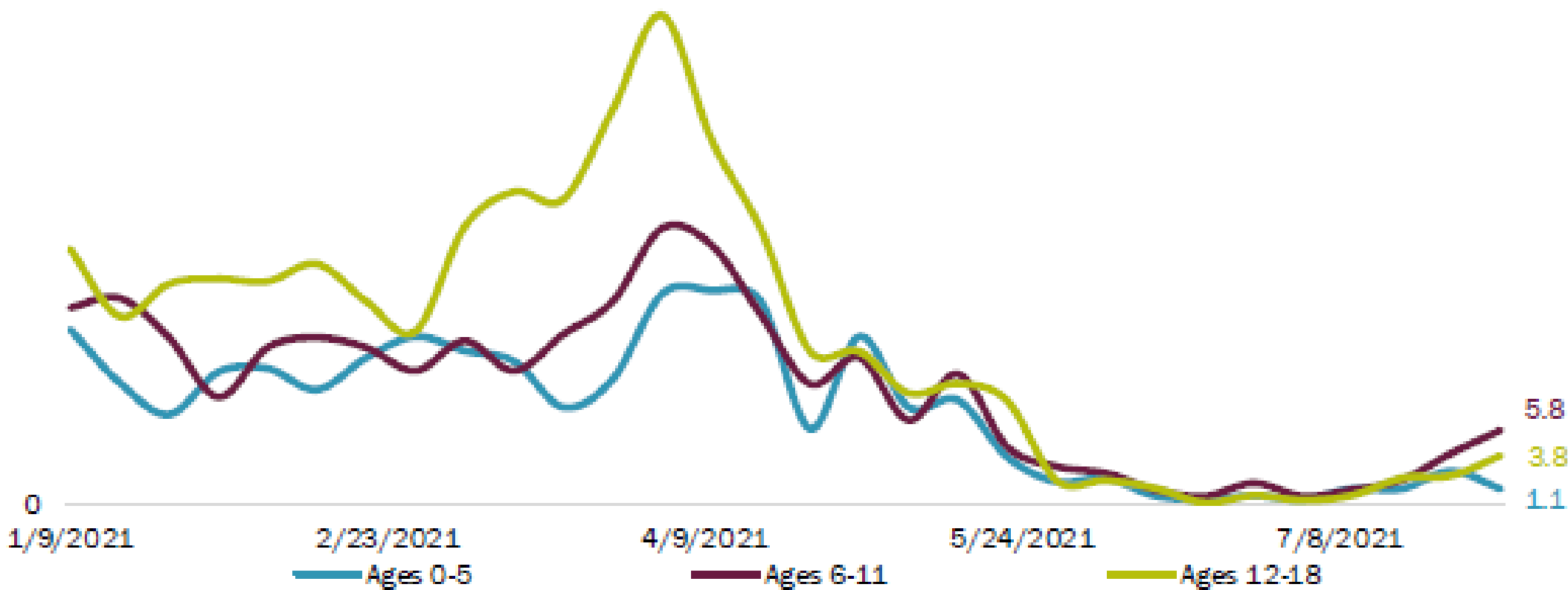


Same report as the School Aged Children report renamed to **COVID-19 Pediatric Cases** to clarify that the age groupings for the summer incorporates all children.

COVID-19 Pediatric Cases

Rates by Week by Age Category

45



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 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](#)



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COVID-19 Vaccination Scheduling at Kinney Drugs in

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
- child care workers

 CVS pharmacy™

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[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.



**Schedule your
COVID-19
vaccination today.**



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](#)

VDH COVID-19 Vaccine Dashboard (Summary Page: 8/4/21)

- 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

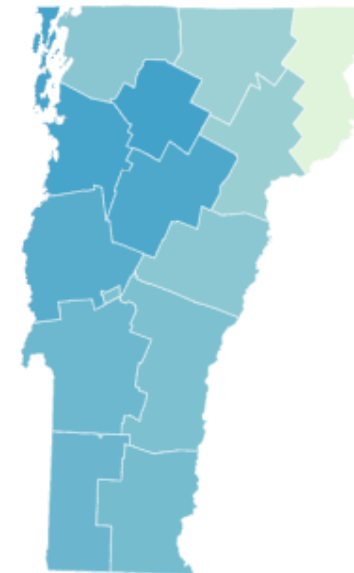
Show Rates By:

Overall

Race/Ethnicity

Ethnicity

County	Overall progress
Addison	82.7%
Bennington	79.3%
Caledonia	71.1%
Chittenden	85.7%
Essex	58.7%
Franklin	74.1%
Grand Isle	85.7%
Lamoille	86.3%
Orange	73.8%
Orleans	70.5%
Rutland	78.9%
Washington	84.4%
Windham	77.5%
Windsor	76.1%



See data notes for more information about COVID-19 immunizations provided in New Hampshire.

Summary

By Age, Sex, Race, Ethnicity

Vermont Forward

84.1%

of Vermonters 12+ have started vaccination

463.5K

Vermonters 12+ have received at least one dose

Source: CDC with VT Department of Financial Regulation reconciliation

Vaccine Distribution

Doses Received

 944.9K

Doses Administered

 855.8K

Total People Vaccinated

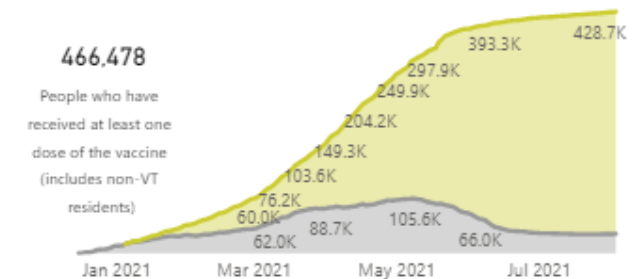
Total People Started

 37.8K

Total People Completed

 428.7K

Started Completed



Updated 8/4/2021 8:38:41 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 = 65.3% (63.9% on 7/28/21)
 - ▣ 16-17 = 72.7% (72.0% on 7/28)
 - ▣ 18-29 = 58.3% (57.7% on 7/28)
 - ▣ VT Age 12+ = 80.0% (79.6% on 7/28)

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	65.3%
16 - 17	72.7%
18 - 29	58.3%
30 - 39	79.3%
40 - 49	79.6%
50 - 59	83.0%
60 - 64	89.2%
65 - 69	95.3%
70 - 74	99.9%
75+	95.6%
VT Age 12+	80.0%

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	72.4%
Black or African American	68.1%
Native American, Indigenous, or First Nation	28.9%
Pacific Islander	21.3%
Two or more races	64.3%
White	77.7%
VT Age 12+	77.1%

Race information is not reported for 4% 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	90.5%
Not Hispanic	74.9%
VT Age 12+	75.2%

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*	12-30	31-64	65+	Age 12+
BIPOC	62.8%	77.4%	86.7%	71.9%
Non-Hispanic White	56.7%	76.3%	93.2%	75.1%
Vermont	57.3%	76.4%	93.0%	74.9%

Race/ethnicity information is not reported for 6% 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

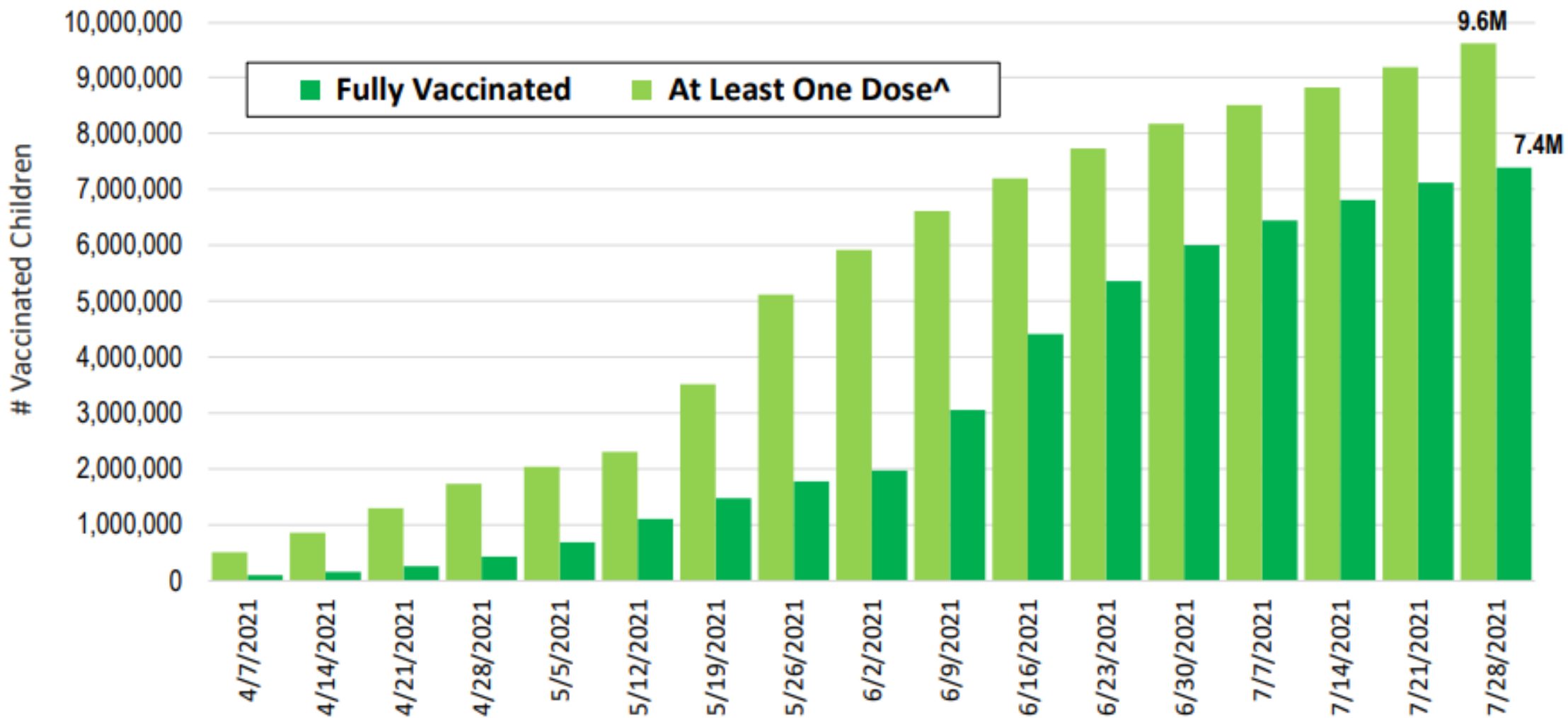
Sex	%*
Female	82.2%
Male	77.5%
VT Age 12+	79.9%

Sex information is not reported for 511 people vaccinated.

Updated 8/4/2021 8:38:41 AM

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

4.07.21 to 7.28.21



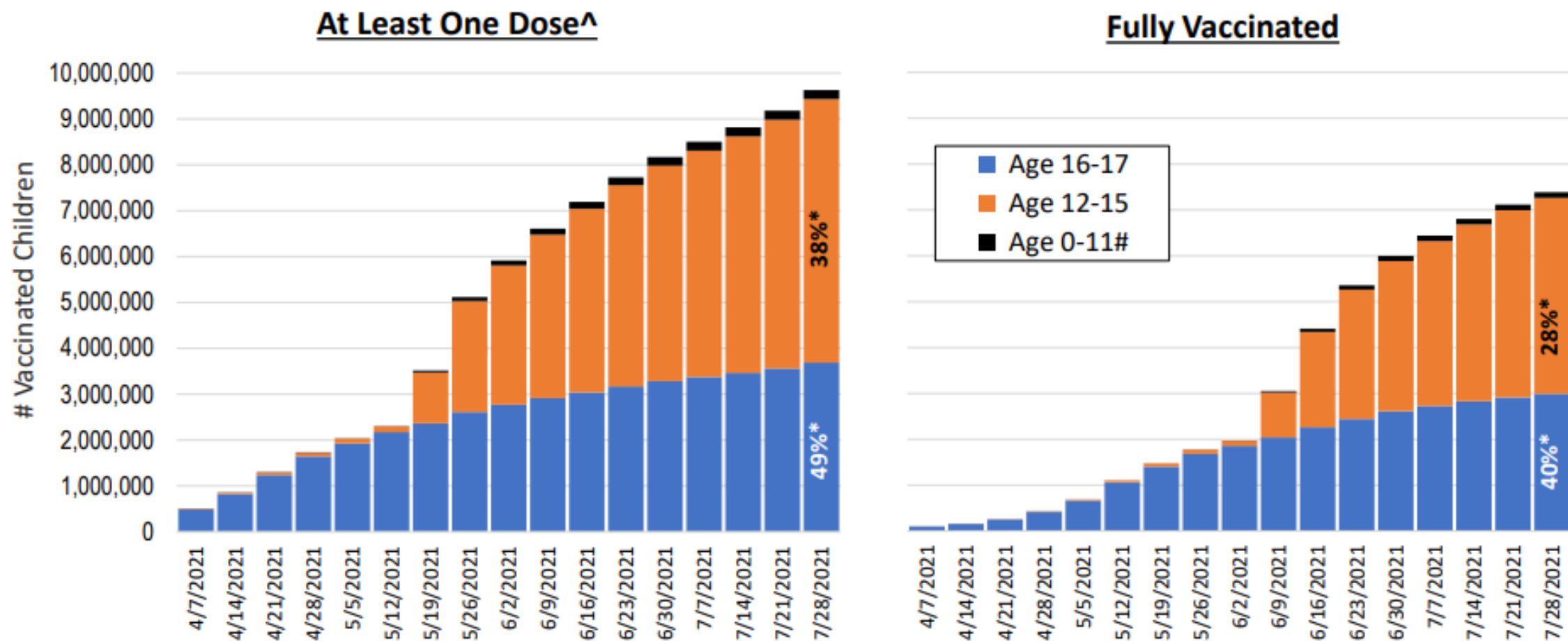
^Includes those having received only 1 of 2 doses and those fully-vaccinated.

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

<https://downloads.aap.org/AAP/PDF/COVID%20Child%20Vaccinations%20US%20and%20State%20Weekly%20Report%20through%20July%2028%20Olson%20edits.pdf>

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

4.07.21 to 7.28.21



[^]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.

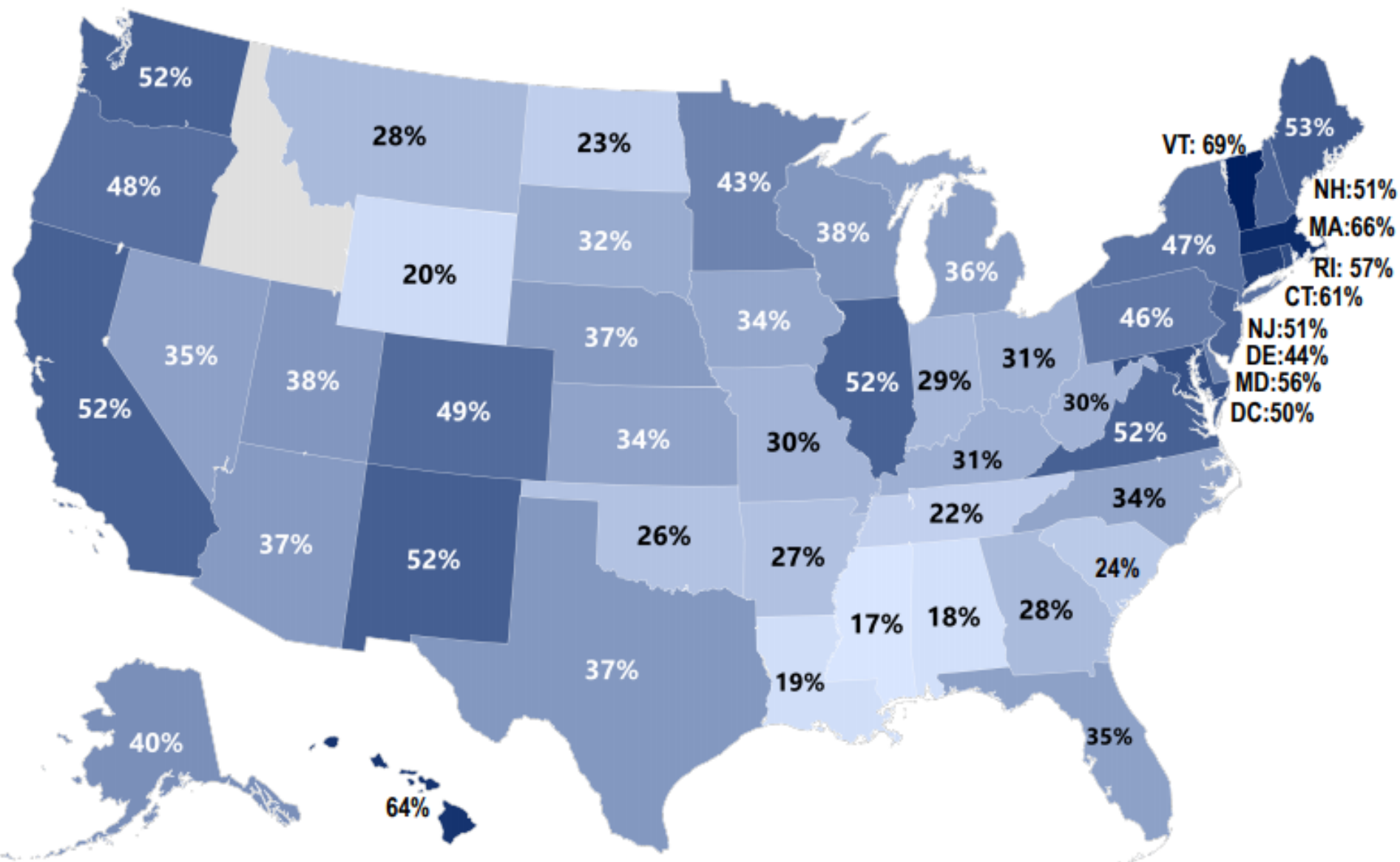
Source: AAP analysis of data series published by the CDC titled "Demographic Trends of People Receiving COVID-19 Vaccinations in the United States."

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

Received At Least One Dose

17% 69%

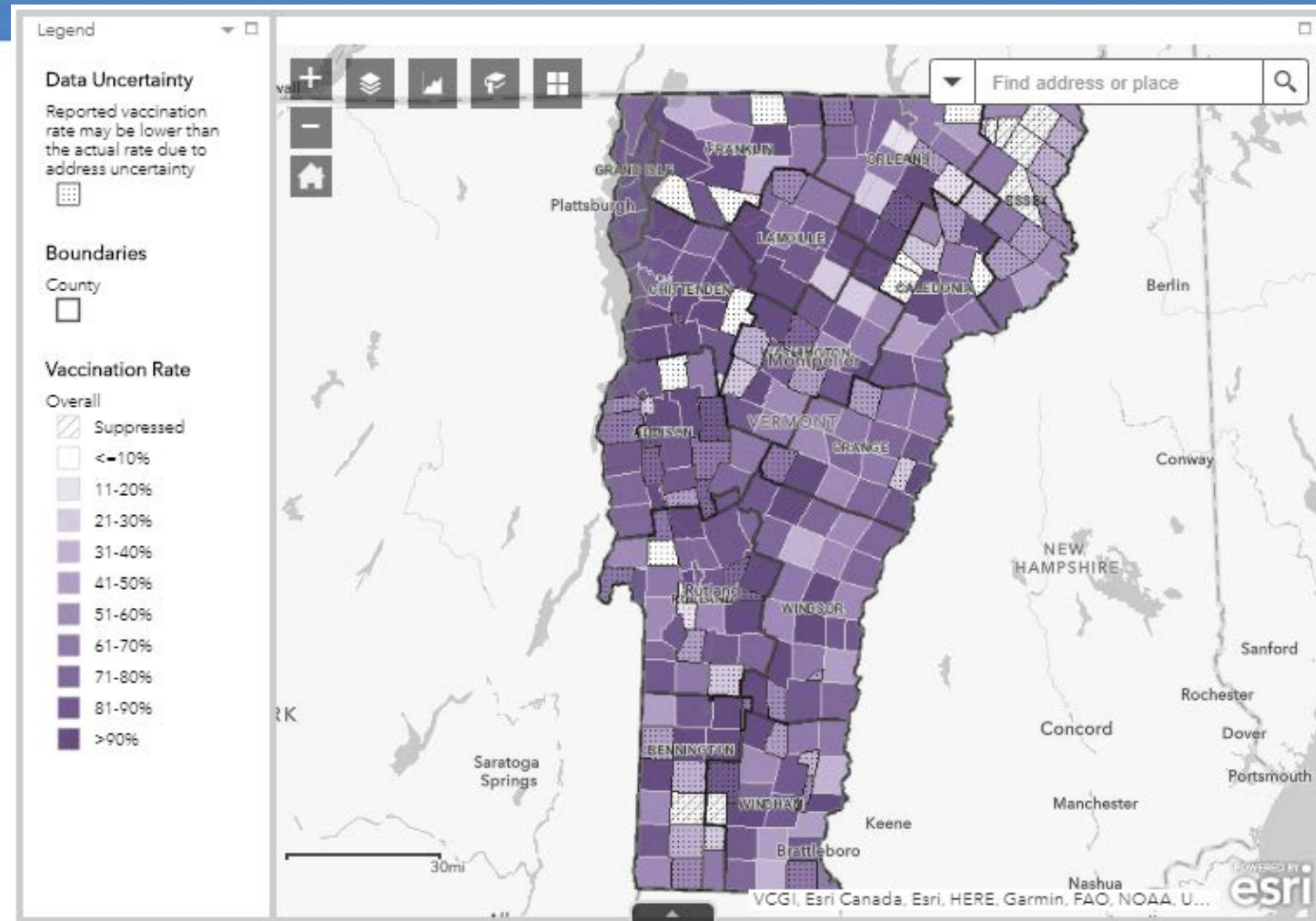
as of 7.28.21



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/C OVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc>). Idaho information not available. Check state's web sites for additional or more recent information.

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

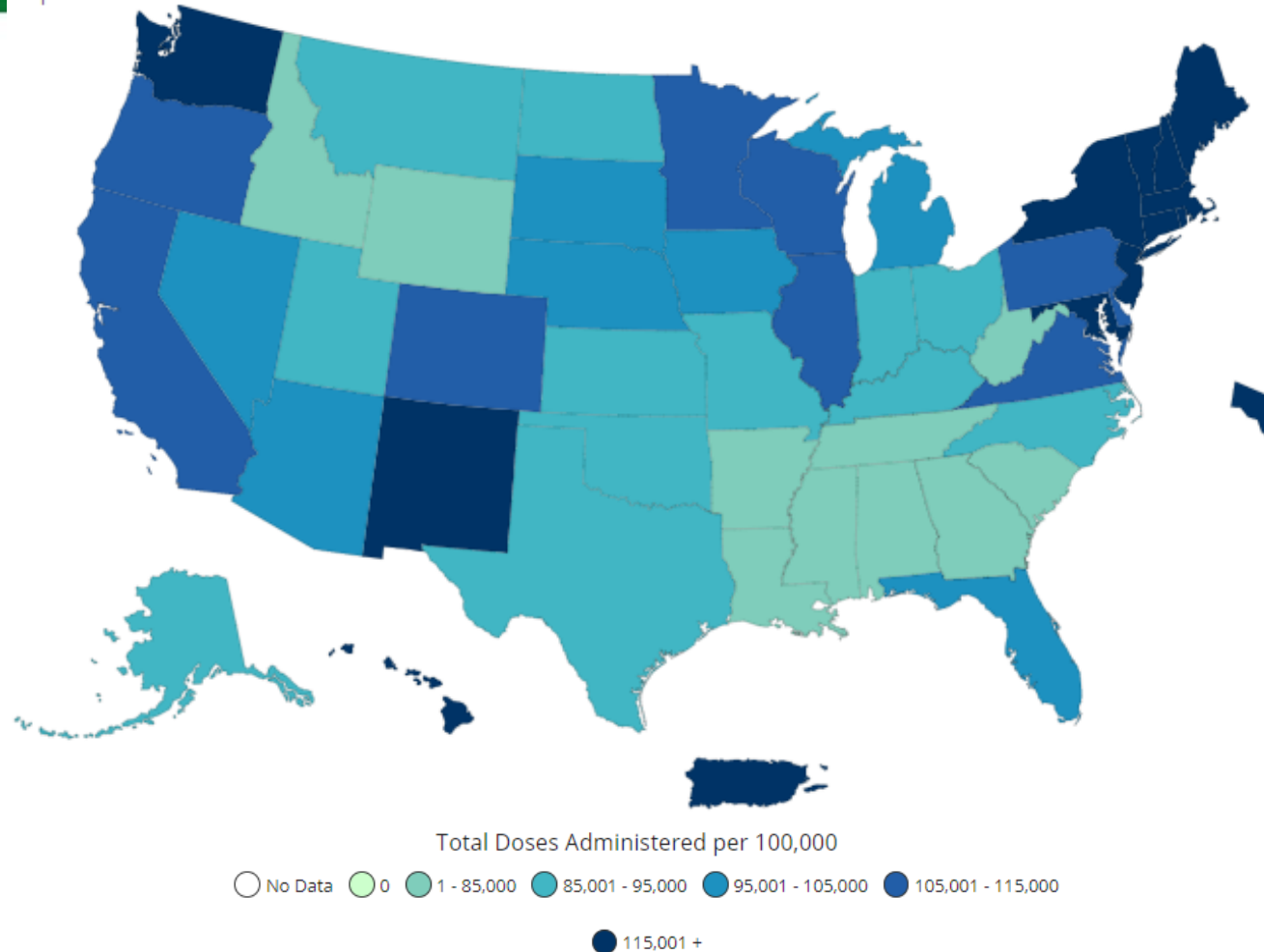
- Map shows overall % of VTers age 12+ vaccinated with \geq one dose of COVID-19 vaccine.
- Map updated weekly (Thurs.) & includes data reported to VT Immunization Registry thru Wed. [Note: last reviewed 6/29/21]
- Please use caution when interpreting town data – several scenarios where vaccinations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



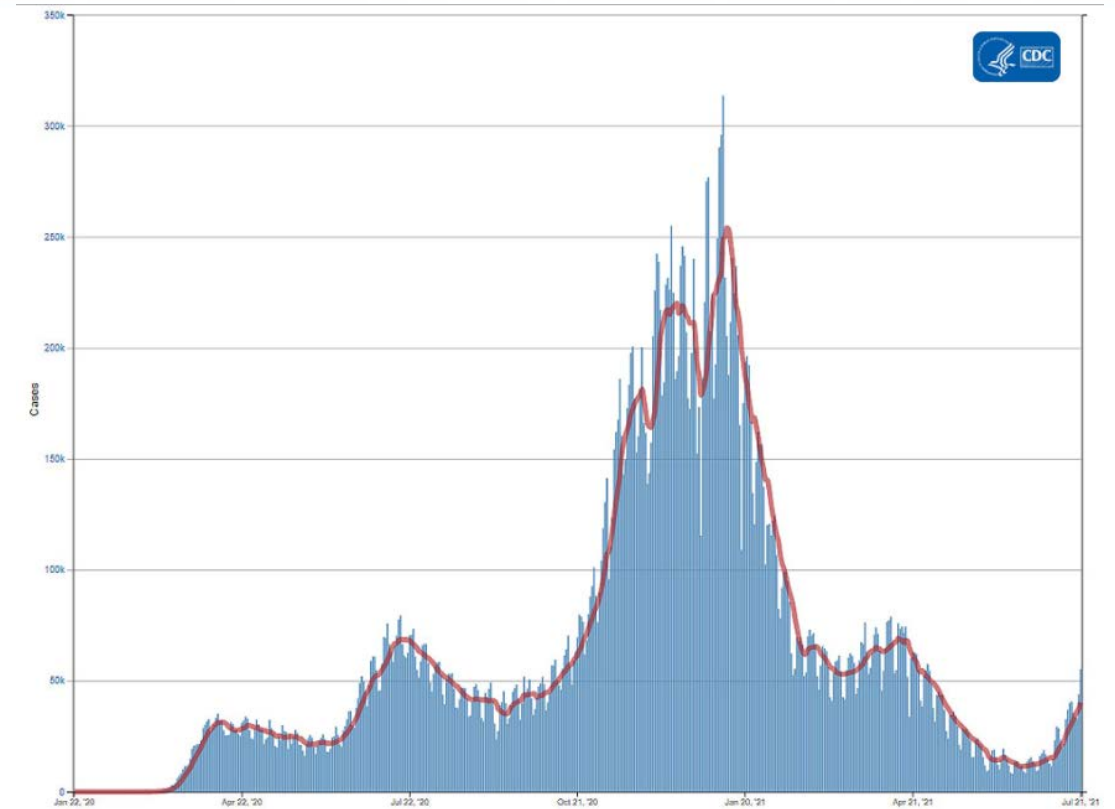
From the CDC Vaccine Tracker

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

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



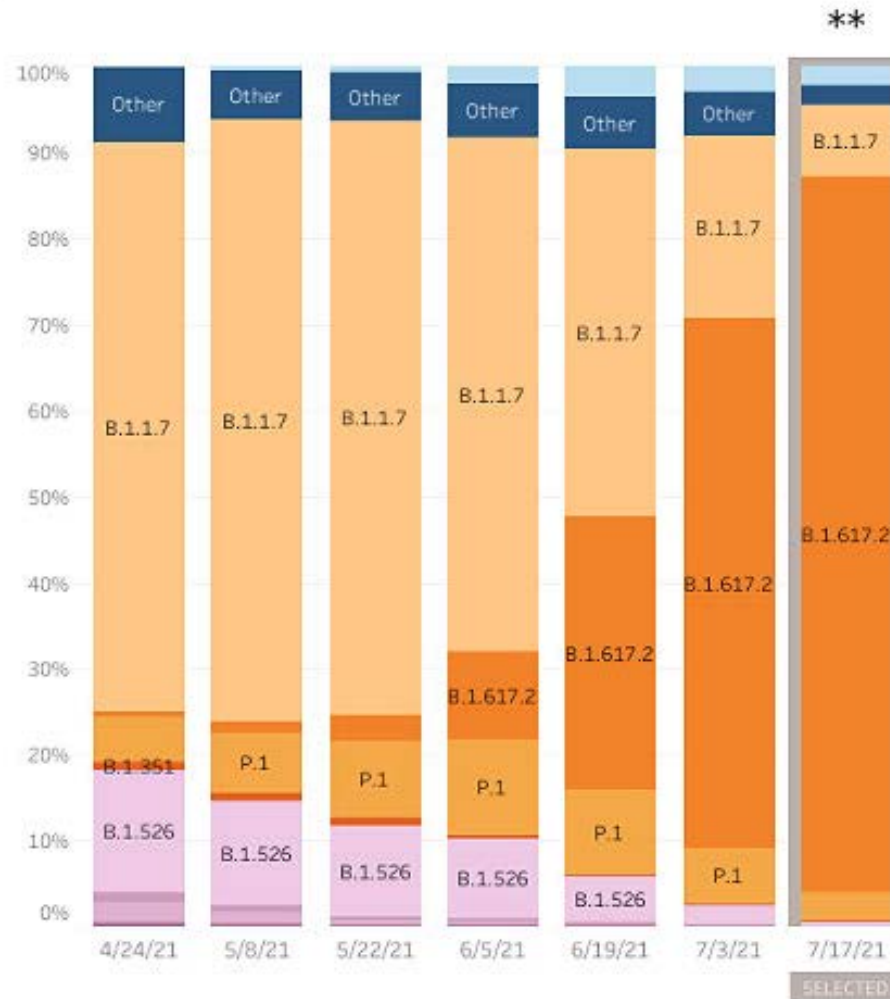
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

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

United States: 4/11/2021 – 7/17/2021

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



USA				
Lineage	Type	%Total	95%PI	
B.1.617.2	Delta	VOC	83.2%	79.2-86.8%
B.1.1.7	Alpha	VOC	8.3%	5.6-11.1%
P.1	Gamma	VOC	3.3%	1.5-5.1%
B.1.621			2.2%	0.8-3.8%
B.1.526	Iota	VOI	0.7%	0.0-1.5%
B.1.351	Beta	VOC	0.0%	0.0-0.3%
B.1.427	Epsilon	VOI	0.0%	0.0-0.3%
B.1.525	Eta	VOI	0.0%	0.0-0.3%
B.1.617.3			0.0%	0.0-0.3%
B.1.429	Epsilon	VOI	0.0%	0.0-0.3%
Other			2.2%	0.3-5.1%

* Other represents lineages each circulating at <1% of viruses over the last 12 weeks

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

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.

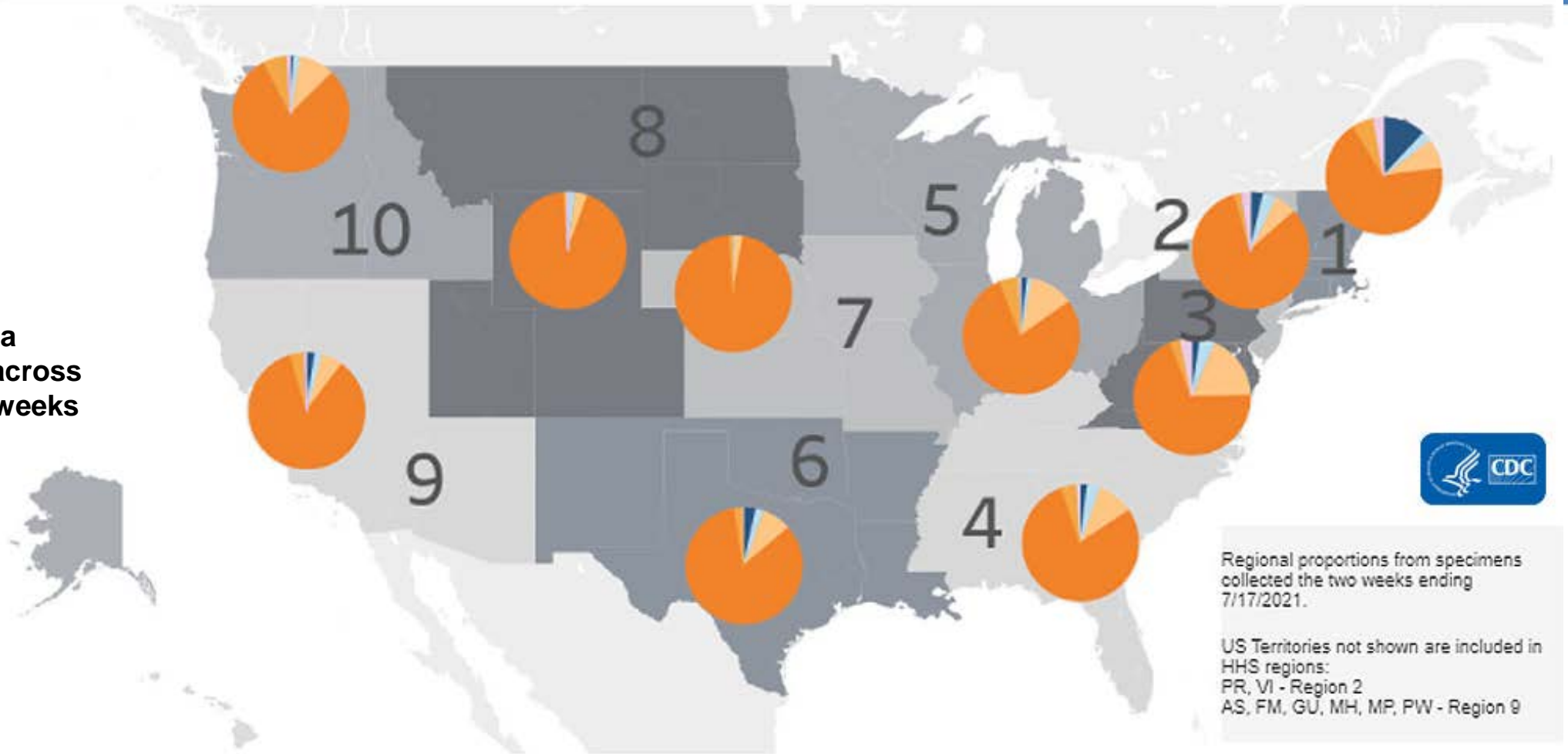
Collection date, two weeks ending

SELECTED

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.

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).

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 Wednesdays).
- <https://www.healthvermont.gov/covid-19/current-activity/covid-19-communities>

Specimens Collected from June 30 to July 20

COUNTY	B.1.1.7 (ALPHA)	P.1 (GAMMA)	B.1.351 (BETA)	B.1.617.2 (DELTA)
Addison	0	0	0	1
Bennington	0	0	0	0
Caledonia	0	0	0	2
Chittenden	1	0	0	23
Essex	0	0	0	0
Franklin	0	0	0	0
Grand Isle	0	0	0	0
Lamoille	0	0	0	0
Orange	0	0	0	1
Orleans	0	0	0	5
Rutland	2	0	0	1
Washington	0	0	0	8
Windham	0	0	0	7
Windsor	0	0	0	0

VDH Updates

- Testing FAQ now updated: “Anyone can get tested for COVID-19, including visitors to Vermont and international travelers. **People with or without symptoms can be tested at most testing locations. Testing is free to all,** and many sites now let you take your own sample using a short swab in your nose [video included]. You can either make an appointment or walk in.
 - We note page also includes the following: “Anyone who is 12 months and older can get tested at a Health Department testing site...Infants under 12 months can get tested at their health care provider's office. Anyone under 18 should be accompanied by a parent or guardian **or** bring a signed parental consent form.
- <https://www.healthvermont.gov/covid-19/testing#faqs>

AAP Updates

- August is National Immunization Awareness Month – see AAP Toolkit.

- Updated Interim Guidance:

- ▣ Supporting the Emotional and Behavioral Health Needs of Children (*revised*)

- ▣ Post-COVID-19 Conditions in Children and Adolescents (*new*)

- ▣ COVID-19 Interim Guidance: Return to Sports and Physical Activity (8/2/21)

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

- Continuing to follow pediatric data:

- ▣ “While it is still extremely rare for children to become seriously ill or die from COVID-19,” some “major children’s hospitals (AL, AR, LA, FL)...all said this week they have more children in their care than at any other point in the pandemic.” Forbes says the **American Academy of Pediatrics**’ latest “weekly [report](#) on child cases and hospitalizations” calculated that “children made up between 1.3% and 3.6% of total

reported hospitalizations.” <https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%207.22%20FINAL.pdf>

Vaccine News – *Just FYI*

- From Seattle Children's Hospital: hearing from providers who are wondering if they could make exceptions to the age limitations on the COVID-19 vaccines and administer the drug "off-label" or under an expanded use exception. While it may be tempting to consider, and there are certainly high-risk scenarios in which it feels like it might be best for a child or adolescent to receive the vaccine as soon as possible, the regulatory status of this vaccine makes that inadvisable at this time. "Off-label" use is allowed for FDA-regulated products that have received full approval, but not in the case of products offered under an emergency use authorization (EUA).
- ***Bottom line: NOT recommended!***

National News

- NYT: Increasing respiratory illness in children
<https://www.nytimes.com/2021/08/01/opinion/unvaccinated-delta-variant-covid.html?referringSource=articleShare>
- For fans of Emily Oster:
- The Pressures and Privileges of Being a Parent in 2021
<https://www.nytimes.com/2021/08/03/books/review/the-family-firm-emily-oster.html>

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

Tuesday Media Briefing (8/3/21)



Governor Phil Scott

- White House call: CDC Director Walensky discussed new science re: Delta variant & reports out of Cape Cod (1000 cases associated with outbreak: 7 hosps. & 0 deaths).
- *“Vaccines are key to how we manage this virus – changes the risk assessment.”*
- This week AOE to issue **advisory memo** to schools outlining protective measures as we begin school year w/in-person (IP) instruction, 5 days/week.
 - ▣ Recommend **all students** <12 yo not eligible for vax wear mask in schools – c/w VDH current advice.
 - ▣ For ≥ 12 , similar to end of state of emergency: once 80% of eligible students have at least one dose, advising schools to drop masking requirement for >12.

Will have more vax clinics before/after classes start.

August 4, 2021

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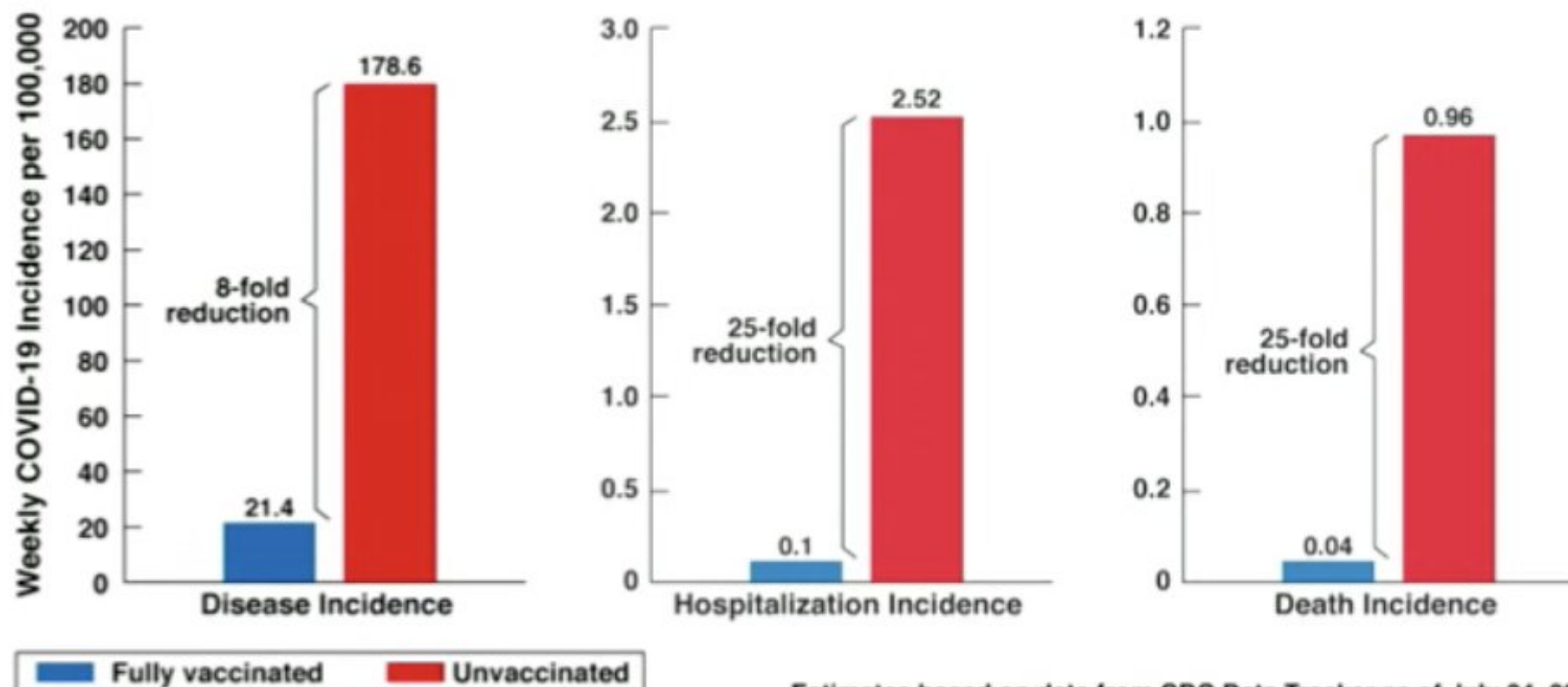
Tuesday Media Briefing (cont'd.)



Modeling – Commissioner Pieciak:

- ❑ Increased cases nationally: most dramatically in southern states (low vax rates).
- ❑ National ensemble forecast – cont'd. rise X 4-5 wks. before improving (incl. even well-vax states like VT).
 - ▣ VT: 282 cases this week vs. 171 last; majority among unvaccinated. Case rates very different for vax vs. unvax. population (SEE next slide).
 - ▣ Vaccinated 25X less likely to be hospitalized vs. unvaccinated.
- ❑ VT forecast: expect case rise next 4-5 wks., but no other state in U.S. better pos. to withstand w/low hosps/d. VT d. forecast. Aug 0-6 in Aug.
- ❑ Vax: addtl 2467 – elig 84.1%. <90K have not started. 14.6% incr compared to last wk for those starting – highest weekly total in a mo. Cont. natl leader across the board re: vax %s.

United States: Reduced Risk of Symptomatic COVID-19 Infection, Hospitalization and Death in Vaccinated versus Unvaccinated People



Estimates based on data from CDC Data Tracker as of July 24, 2021

Tuesday Media Briefing (cont'd.)



AOE Secretary Dan French:

- ❑ Will issue advisory for new school year this week w/VDH Comm. Levine (vs. last year Governor's Emergency Order).
- ❑ Anticipate full in-person w/nominal restrictions – guidance will be simpler but schools/communities need time to implement.
- ❑ Have new CDC/AAP recommendations – but we must still evaluate VT public health conditions.
- ❑ Vaccines = game changer this year – factored into our decision-making
- ❑ Will publish GLs & encourage schools/districts to defer to state guidance.
- ❑ Two pages (vs. 40 pages last spring)

Tuesday Media Briefing (cont'd.)



AOE Secretary Dan French – Recommendations:

- Stay home when sick.
- First few weeks of school: ***all wear masks*** regardless of vaccination status. No distancing requirement.
- After first few weeks, require masks only until 80% receive 1st dose (will provide guidance re: how to determine school-specific rate).
- Then only for unvaccinated students & staff; may be removed for instructional/operational considerations.
- **Will require on school buses.**
- Other mitigation measures: voluntary testing & contact tracing program.
- Comm. Levine & I will issue updates throughout the year as needed.

Tuesday Media Briefing (cont'd.)



AHS Secretary Smith

- Update on vaccine, list of vax sites, update on plan for school-based clinics.
- Slide from NIH yesterday: huge difference vax vs. unvax cases/outcomes.
- School-based clinics – will be rescheduling a substantial # with focus on 12-18 yo population – but open to ALL who wish to get vaccinated.
- Health insurance update: Gov. Scott priority to make VT more affordable to live/work. Additional 25m. American Rescue Plan funds to purchase coverage through Vermont HealthConnect. To see available plans, visit:
<https://portal.healthconnect.vermont.gov/VTHBELand/welcome.action>
- Compare premiums: previously 491/mo. now 190/mo. Couples income up to 60K may qualify for plans w/no monthly premium. **Change from now – Aug 16** (will count deductibles to date). DVHA town halls this summer: SEE 8/11 at

12 noon: DVHA.vermont.gov

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Tuesday Media Briefing (cont'd.)



VDH Commissioner Levine

- Pandemic continues to throw new challenges at us, I come back to where we are now as a state: vaccines working. 46/52 recent VT samples = Delta.
- We know vaccinated can become infected, but v. few of total transmission.
 - Breakthrough cases occur, but 8X lower risk of illness & 25-fold lower risk of hosp/d.
 - To those of you not vaccinated: speaking to you directly as Comm. & physician: leaving yourself open to illness that has killed 260 of us. Unvax = biggest driver of spread – allows for more mutations – so imp. to get as many vax as we can.
- Essex & Chittenden Cos. appeared past few days on CDC map of areas w/ substantial transmission; expect Essex rev. down soon – no cases past 4d.
- Unvaccinated at greatest risk – protect self/others by masking indoors (also others in areas w/higher rates, esp. if weakened immune system, unvax children, travel to high-risk areas, or just more comf). Get tested if any sx.

Select Q & A

- **Q:** elaborate on recs for school employees? French: rec all start wearing masks – then tied to student vax rate. Staff rate from last spring already >80%. So once student rate 80%, only unvax students/staff wear mask. **Q:** will staff be required to file paperwork? French: no – focus on students. **Q:** concern re: schools w/lower staff vax rates? French: will look at specifics for each school. 1/3 VT schools have <100 students. 80% is high goal – mid70s now. Feel v. confident that it's achievable.
- **Q:** 80% of whole school or eligible pop? French: 80% of elig pop. **Q:** what about NH students? French: have addressed interstate districts – us. case by case; if we see patterns, may consider as group. **Q:** schools where co-mingling – effect of 80% rate much diminished vs. those w/all students vax elig. French: most K-6 have 12 yo in 6th. We do have K-8 & K-12, but often divided out by building.

Select Q & A

- **Q:** Can students self-certify? Not specified yet – we’re going to recommend some methods (& CDC has some recs).
- **Q:** For parents who read AAP & CDC & see you going in different direction? French: natl v. useful – esp. AAP in that container. But look at our vax rates. VT has small & community schools.
- **Q:** Contact tracing infrastructure for schools? French – has been robust – gearing up to do it in fall.

Select Q & A

- ❑ Q: Sports guidance? French: fall mostly outdoors (except volleyball). Too early to tell.
- ❑ Q: Should Districts have remote learning contingency plans in the wings? French: not at this point. Last year did on scale never seen. We have capacity on individual basis thru Flexible Pathways Program.
- ❑ Levine: we used national recs (CDC & AAP) for guidance – using a lot in plan you just heard. But Northeast different from rest of country in many ways. Common denominator of vax rates much different compared to where we are in VT. Contextualizing these recommendations to what our data shows us now.

Select Q & A

- **Q:** Do you have sense of more breakthrough cases w/one vaccine vs. other?
Levine: J & J a little more than Moderna & Pfizer – but not significant.
- **Q:** New school guidance as recs and advisory memos – are they voluntary?
French: Going into fall, we recommend Districts require masks – they have authority to control operating environment. Will have statewide briefing & discuss guidance w/superintendents Thursday (8/5). I expect some variation – local conversations are complex but have been a great strength.

Select Q & A

- ❑ BTV considering employee vax – would you? Scott: would have to negotiate w/Union. Not considering now.
- ❑ Outbreaks? Levine: very few – travel, HH are risk factors; generally not group gatherings. Provincetown led to 7 VT cases – all together as part of July 4 celebration. Otherwise w/o large events leading to spread thruout VT.
- ❑ Parents not happy that 100% teachers/staff not vax & not required – is there any ability to have them tested at some interval? French: will deploy surveillance testing...students have much more (physical) contact w/peers than teachers – one of the reasons we focused on student vax rate & starting year w/masks will be important.
- ❑ 3 cases in children in summer rec program (1st-3rd graders). Group of ~60 – home today for CT and testing as needed.

Practice Issues

Pens, Paper, Backpacks, Masks? (July 21 – 28, 2021)

<https://www.wcax.com/2021/08/03/watch-live-scott-weekly-media-briefing/>



<https://www.burlingtonfreepress.com/>

AAP-VT Response

- We fully support the administration's emphasis on getting students in-person full-time this year and with the recommendation that schools require universal masking of all students and staff regardless of vaccination status in the first few weeks of school. Offering more opportunities for school-based vaccination clinics is also welcome as we know vaccination is the most important tool we have to control the pandemic.
- As a group, we continue to support universal masking regardless of vaccination status as an important mitigation strategy to prevent spread of COVID-19 in the school setting. Masking will also help prevent the spread of other common respiratory viruses that can mimic the signs and symptoms of COVID-19. We also want to ensure that families of children too young to be vaccinated feel comfortable sending their children to school in the setting of the more transmissible Delta variant while awaiting opportunity to vaccinate their children.

AAP-VT Response

- Today's announcement of the recommendation for schools to drop masking once 80% of the eligible student population has begun the vaccine series was a surprise to us. Although we appreciate the effort to get young people vaccinated, we have a few concerns about the practical implementation of this and hope these can be addressed in the advisory memo you will be sending to schools this week.
- We believe using the strongest language possible around the requirement for universal masking will help remove any ambiguity. Universal masking adds an important layer of protection as the school year starts and promoting the use of masks using strong and clear language will get the message across to students, families, and staff that this is the expectation as the school year begins.

AAP-VT Response

- With regards to the 80% benchmark, we believe that the entire student population within the school building should be factored into this calculation, not just those who are eligible for the vaccine. For instance, a K-6 school should continue universal masking until 80% of its entire student population is vaccinated, not when 80% of the 12-year-olds in the school are vaccinated. This would mean that schools with younger students would not meet this benchmark until the vaccine is available for younger students. While Vermont's successful teacher vaccination program will limit the potential for COVID-19 to be introduced into the school setting, it is clear that Delta variant can still be transmitted by fully vaccinated individuals. Young children need teachers and staff to continue to do their part to help keep them safe until they are eligible for vaccination.

AAP-VT Response

- Given that a single dose of mRNA vaccines are not effective in preventing infection or disease with the Delta variant, the 80% benchmark shouldn't be considered met until two weeks after the second dose of the mRNA vaccine.
- To the extent possible, the metrics used to ascertain vaccination status and population fully vaccinated should be statewide and universal.
- We appreciate the work that has gone into crafting these guidelines and believe that Vermont students can have a healthy and productive school year. Promoting vaccination and requiring universal masking is an effective way to start off the school year. Minimizing disruptions as the school year goes on will be important and continuing universal masking until very clear guidelines have been met will be key to keeping students in school. We are looking forward to the school year and hope to continue to periodically meet with you and provide input and feedback based on what we are hearing from our colleagues and families.

Vermont News/Reaction

- <https://vtdigger.org/2021/08/03/school-districts-should-start-the-school-year-masked-state-says/>
 - The practices contemplated in the state's guidance will provide a non-negligible layer of protection, said Benjamin Lee, an associate professor of pediatrics at the University of Vermont's Larner College of Medicine. But they nevertheless "fall short" of the universal masking Lee said he'd like to see, particularly given how transmissible the now-dominant Delta variant is. Early evidence about the original strain of the virus suggested young children might be less susceptible to catching Covid-19 — but that's no longer the case, he said. "So from that standpoint, if the virus does get into this setting, I do worry that it will more easily spread within the school than the scenario we had last year," said Lee, who has conducted epidemiological research on Covid-19 in K-12 settings.

Vermont News/Reaction

- <https://vtdigger.org/2021/08/03/school-districts-should-start-the-school-year-masked-state-says/>
 - Rebecca Bell, president of the Vermont-AAP, gave the administration high marks for emphasizing in-person learning, starting the year with universal masking, and encouraging vaccination in its approach. But Bell said she still needed to see more details about what it might look like to drop universal masking once a certain student vaccination rate was achieved before saying whether it was a good idea.
 - She also expressed concern about dropping masking requirements after 80% of eligible students have started — rather than completed — vaccination.
 - “You really need two doses plus those two weeks to really feel protected against severe disease with the Delta variant. So I personally would not use the first shot as a benchmark,” said Bell, a pediatric critical care physician at the UVM Children’s Hospital.

Vermont News/Reaction

- <https://www.vpr.org/vpr-news/2021-08-03/scott-administration-recommends-schools-be-in-person-masks-required-until-student-vax-rate-hits-80>
 - ▣ And Bell said the Vermont chapter of the American Academy of Pediatrics will continue advising schools to keep a universal mask mandate in place, regardless of student vaccination rates in individual schools.
 - ▣ “I would continue to recommend that until something changes,” Bell said. “And that’s because we know that although the vaccination is excellent at preventing severe disease and death, that even vaccinated folks can get infected with COVID and can spread it.

Interim Public Health Recommendations for Fully Vaccinated People

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 days or until they receive a negative test result.

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](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html).
- ❑ 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 self-quarantine after travel.

Interim Public Health Recommendations for Fully Vaccinated People

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>

Interim Public Health Recommendations for Fully Vaccinated People

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.

Interim Public Health Recommendations for Fully Vaccinated People

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 a 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-affairs-coronavirus-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_mandate_2021.pdf
 - ❑ <https://www.nytimes.com/2021/07/26/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-reopen-schools-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-coronavirus-state/index.html>

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:

<http://www.aapvt.org/news/aapvt-offers-guidance-families-children-how-navigate-summer-and-stay-healthy-and-active>

5 REASONS TEENS SHOULD GET THE COVID VACCINE



Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



VCHIP-VDH COVID-19 calls: Summer Calendar

- **July**: generally **Wednesdays only**
- **August**: generally **Wednesdays only** (**next call August 11**) – 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:** 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, August 11, 12:15 – 12:45 pm (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=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684

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

August 4, 2021

- Should ppl in Chitt Co follow CDC guid re: masking indoors? MAL: not rec entire pop of co. mask indoors at this time – basing it on there will be cases w/delta; we can look at our data moment to moment: outcomes meas markedly reduced; v. robust rate of vax. Gov: when CDC does GLs, do so for entire country. AL ~30+%. Stark difference one state to another. We haven't always followed CDC GLs – have been out ahead of them in many instances. Gov: Chitt Co – incr in # of cases – nothing frustr me more over past year than watching CNN & seeing VT as bright red state (not politics) b/c case ct was a %age higher than day before. We had 12 cases that d. – from 6 to 12 100% incr. – didn't tell the story. Same thing here: chitt co. today over last 7d. Av = 13 cases/d. w/pop 145K. Not many cases. BTV: av case ct per day = 2.9 (45K pop).

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

