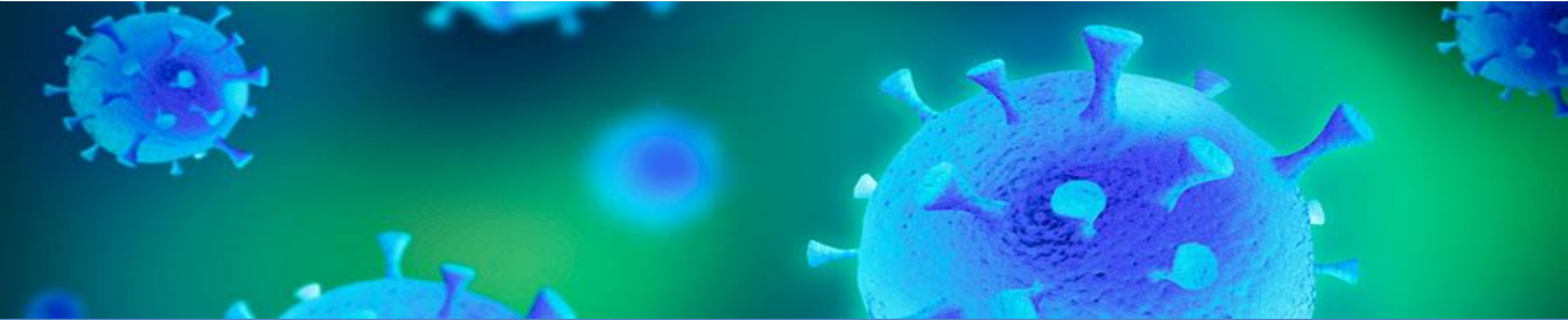


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*January 24, 2022*



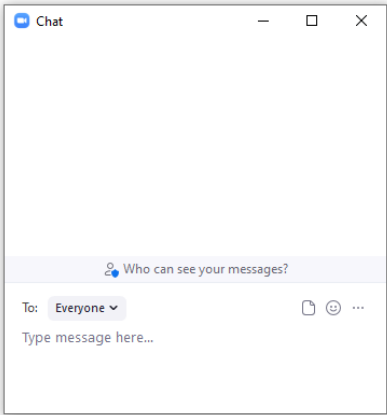
Please bear with us...

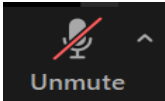
# Technology Notes – “Welcome to Zoom!”

1) **All participants will be muted upon joining the call.**

2) **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, click  on your toolbar, type your question  and press the *Enter* key on your keyboard to send.

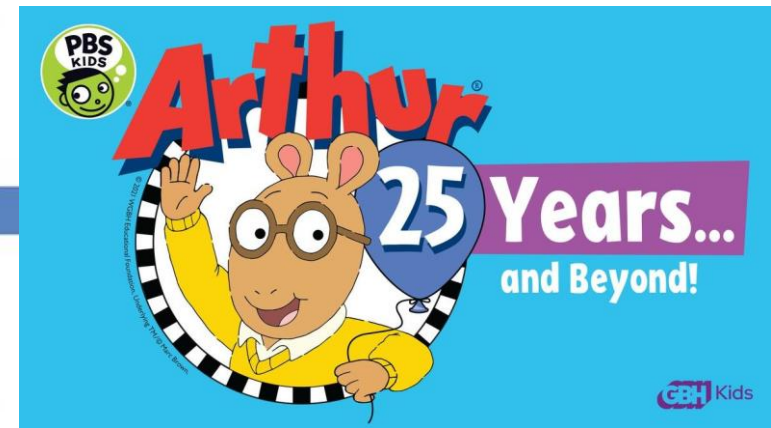


3) If you wish to verbally ask a question, click the microphone on your toolbar to  or press ALT-A to Unmute/Mute.

4) If you have technology questions, please directly message **Allison Koneczny, Angela Zinno** or **Ginny Cincotta**.

5) Calls are RECORDED and posted on VCHIP web site for asynchronous review.

# Overview



- Celebrating 25 years of **Arthur** on PBS!
  - ▣ Lessons in kindness, empathy, and inclusion
  - ▣ New episodes & special events (2/19-2/21/22)  
<https://www.pbs.org/about/about-pbs/blogs/news/arthur-celebrates-25th-anniversary-on-pbs-kids-with-special-marathon-and-big-reveal/>
- In case you missed it: 1/23/22 was **Snowplow Mailbox Hockey Day**
- Reminder – weekly event schedule:
  - ▣ **Jan-Feb VCHIP-VDH call calendar** (next slide); Gov. Media Briefings generally **Tuesdays only**; VMS calls with Dr. Levine 1<sup>st</sup> & 3<sup>rd</sup> Thursdays
- Practice Issues: **Pediatric Vaccine & “Flow Chart” Updates**
- Q & A/Discussion

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

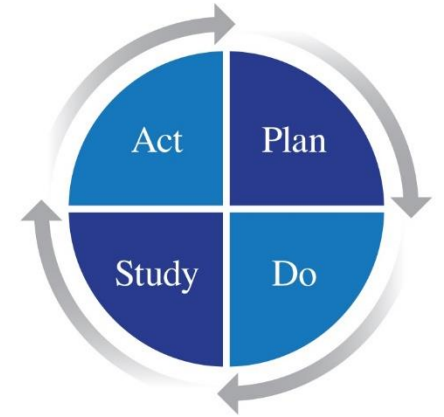
# VCHIP-VDH COVID-19 calls: *Welcome 2022!*

Jan-Feb calls generally *Wednesdays* except as below:

- ❑ Jan call dates: 1/5 (W), 1/12(W), 1/19 (W – 1<sup>st</sup> Zoom call), **1/24 (M)**
  - ❑ **No call Wednesday, 1/26/22; next call Wednesday, 2/2/22**
- ❑ Feb call dates: currently ALL Wednesdays: 2/2, 2/9, 2/16, 2/23/22
- ❑ **Continuing via Zoom!**
- ❑ 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](mailto:vchip.champ@med.uvm.edu)*
- ❑ VMS calls w/VDH Comm. Levine now 1<sup>st</sup>/3<sup>rd</sup> Thursdays



*And now for something completely different...*



In the spirit of continuous quality improvement, ***NEW CALL FORMAT*** today – our own PDSA cycle!

- Responding to your comments and feedback – thank you!
  - Desire to be able to focus on content but not miss Q & A from chat; avoid duplication of responses that may be included in presentation
- Content presentation for ~20-25 minutes
- Chat will be monitored, BUT – both verbal and written feedback will occur ***AFTER*** the presentation
- REMINDER: Chat Q & A is (re)organized, streamlined and made available following the call each day.

# VMS *COVID Convos* with Health Commissioner Levine

- ***New Schedule January, 2022***
- **Calls with VDH Commissioner Levine now 1<sup>st</sup> and 3<sup>rd</sup> Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 2/3/21**
- Summary: VMS calls are held the first and third Thursdays of the month from **12:30 to 1:00 p.m.**
  - Join Zoom Meeting:  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
  - **Meeting ID: 867 2625 3105 Password: 540684 Dial In: 1-646-876-9923**



DR. MARK LEVINE  
COMMISSIONER OF  
HEALTH

**VMS COVID Convos**  
1st and 3rd Thursday

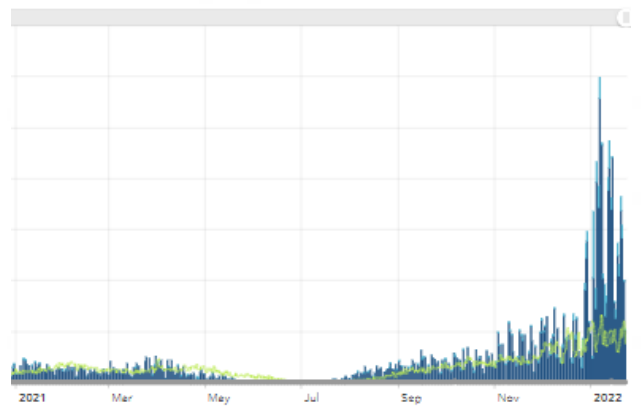
→ Conversations will be designed to cover the most pressing COVID-related issues with time for questions and answers

1st and 3rd Thursday of every month - 12:30pm to 1pm  
Zoom Info: Click [here](#) to join

# Situation update

New Cases  
**525**  
99,651 Total  
Currently Hospitalized  
**105**  
Hospitalized in ICU  
**23**  
Percent Positive 7-day Avg.  
**11.2%**  
New Tests  
**4,394**  
3,153,103 Total  
Deaths  
**521**  
0.5% of Cases  
Last Updated: 1/24/2022, 11:02:48 AM

New Confirmed Cases, Probable Cases, Recoveries and Deaths:

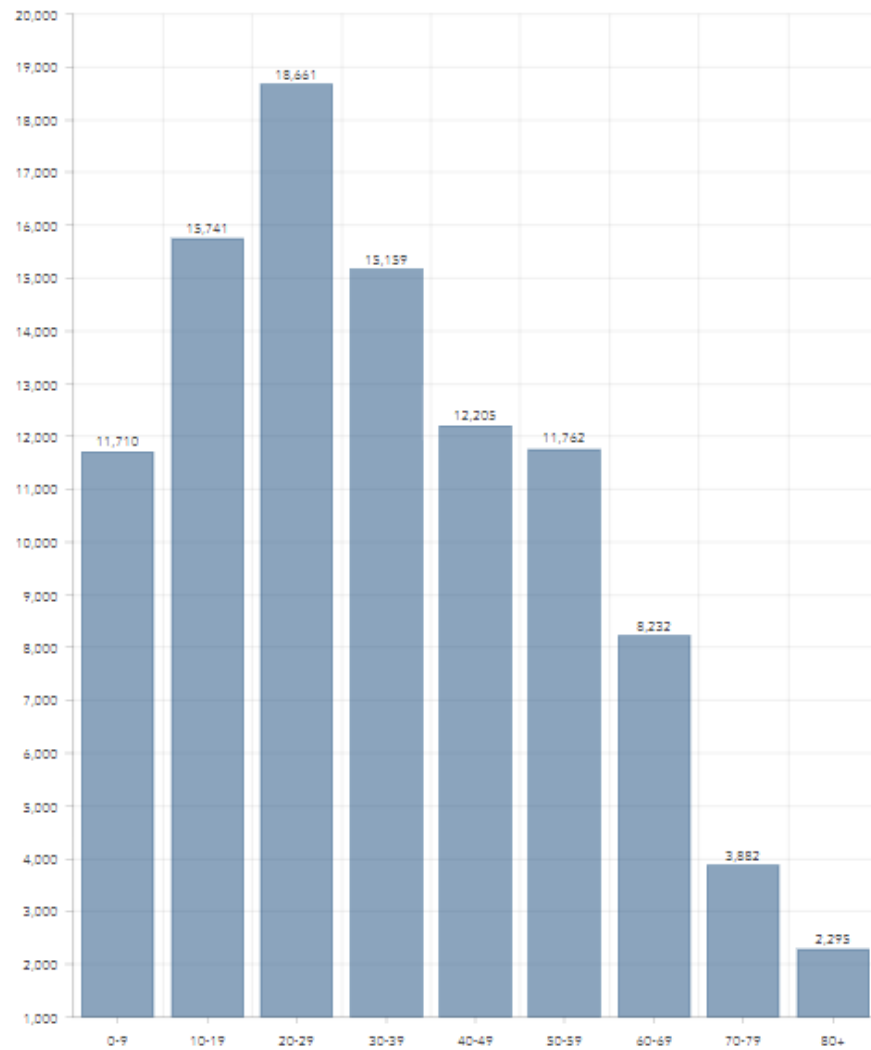


The Case Dashboard is updated every day, typically by 1:00 p.m.  
Case information reflects counts as of the end of the previous weekday. All data are compiled by the Health Department and are preliminary and subject to change.  
<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

- One year ago: 11,033 VT total cases; 120 new/47 hosp.
- U.S. **70.6 million+** cases; **865,687 deaths**
  - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 1/24/22)
  - Past week: av. 690,448 cases/day (14d. change **+2%**)
  - **5.59 million+ deaths worldwide; 351.4 million+ cases** (+23% & +34% 14-day change respectively)
- **VDH Data Summary** now q.o.week. **1/21/22: NO Weekly Spotlight topic**
  - **Table of Contents:** Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.
  - **Vaccine breakthrough cases = 29,993** since Jan. 2021 (~6.3% of fully vaccinated). Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary2>

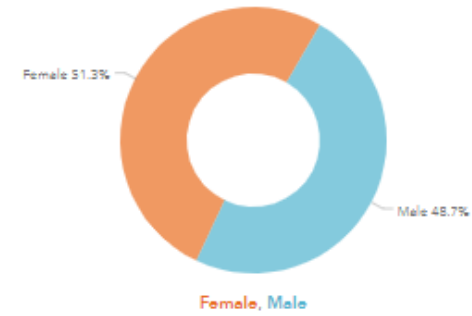
# Situation update

Cases by Age Group if Known \*

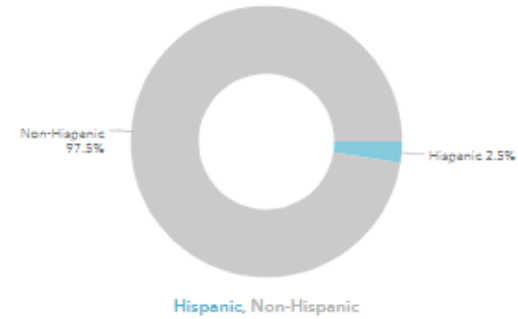


Case Demographics

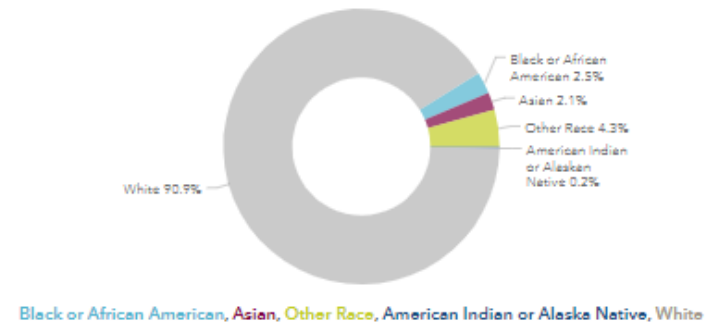
Cases by Sex \*



Cases by Ethnicity if Known \*



Cases by Race if Known \*



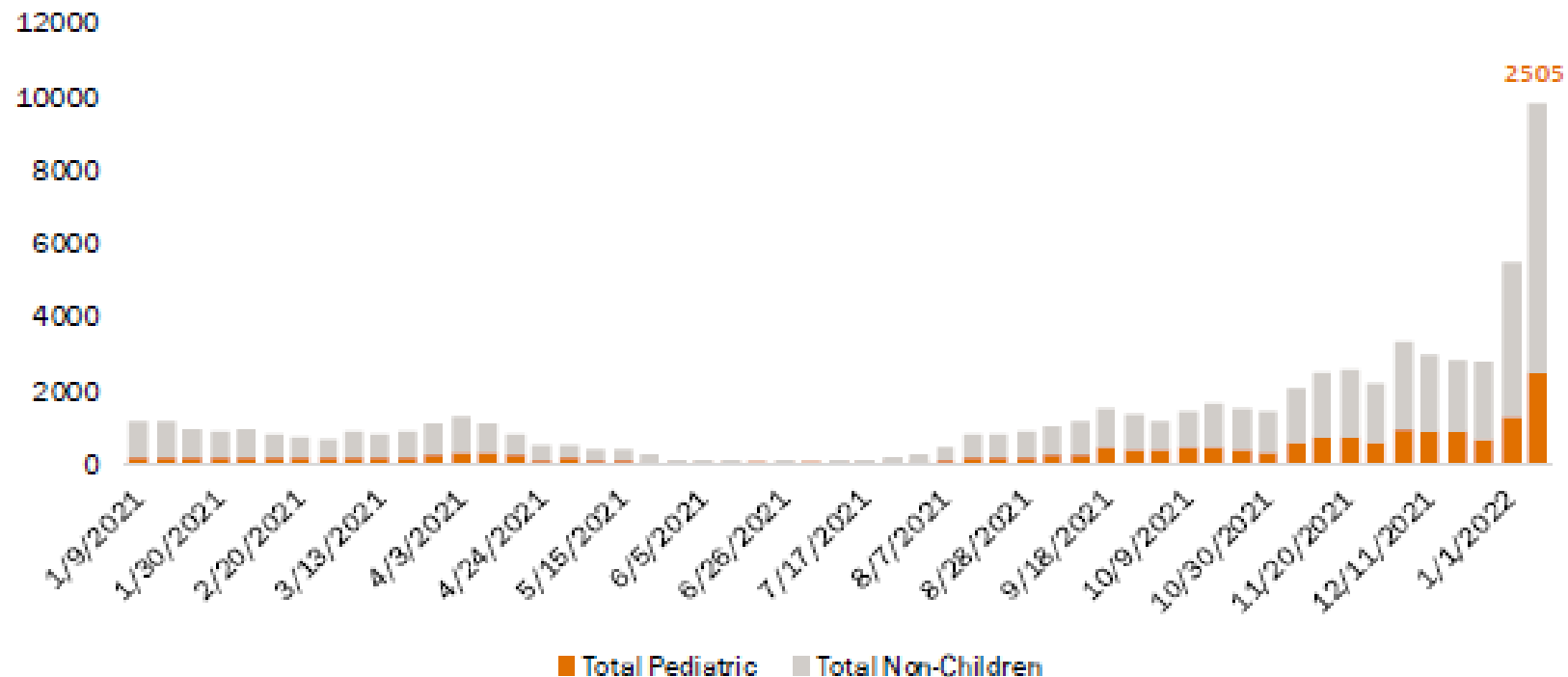
<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

January 24, 2022



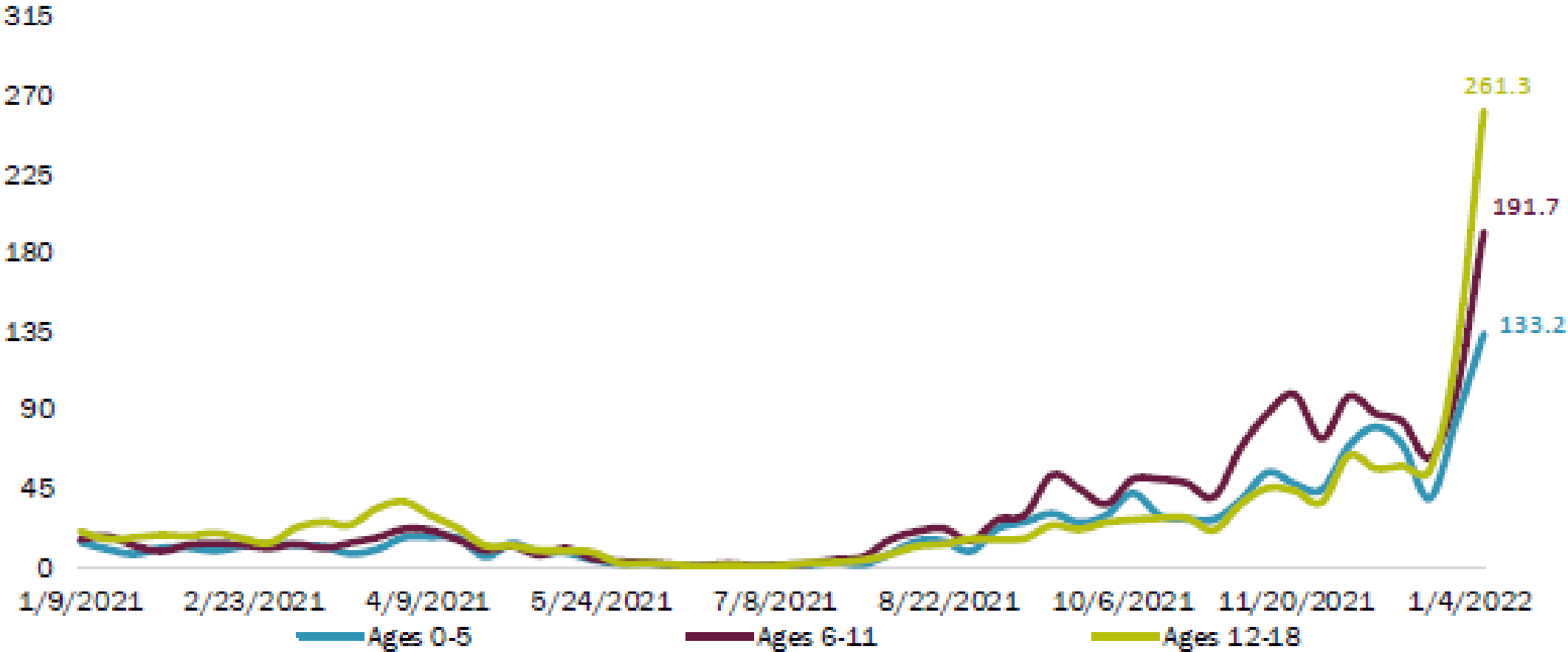
This brief reflects data as of January 8, 2022 (the last complete MMWR week). All rates are calculated per 10,000 people. Data is preliminary and subject to change.

## Number of Cases by Week



# COVID-19 Pediatric Cases

### Rates by Week by Age Category



All rates are calculated per 10,000 people. Data is preliminary and subject to change.

January 24, 2022

# COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

- <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf> (Updated **Tuesdays** w/data through previous Sunday) **NOTE: VT AOE has retired the “Cases in VT K-12 Learning Communities While Infectious” data collection**



**COVID-19 Cases in Vermont K-12 Learning Communities While Infectious**

January 10, 2022

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.		
<b>TOTAL FOR ALL SCHOOLS</b>	<b>322</b>	<b>3610</b>



**COVID-19 Cases in Vermont K-12 Learning Communities While Infectious**

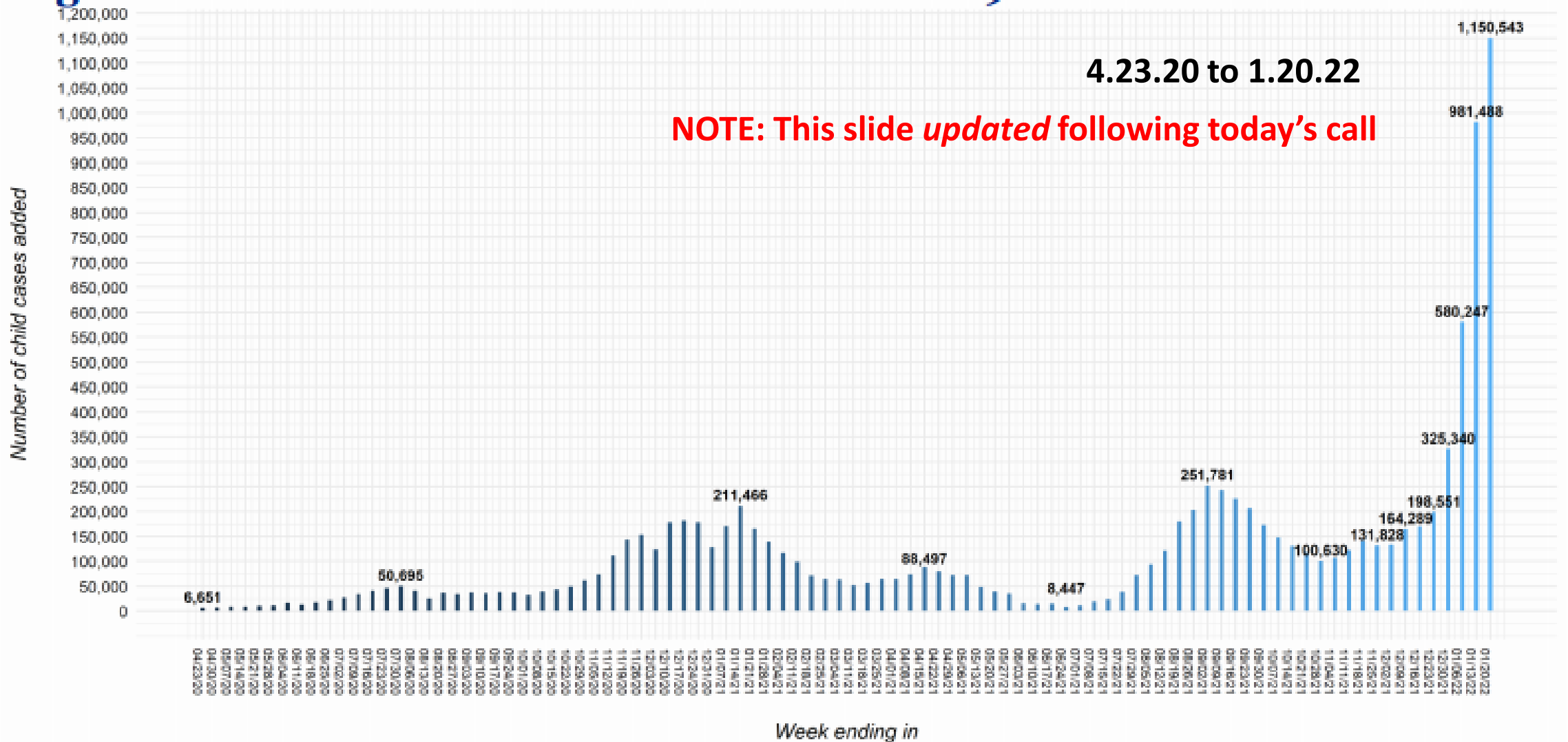
January 3, 2022

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.		
<b>TOTAL FOR ALL SCHOOLS</b>	<b>75</b>	<b>3286</b>

- VT College & University dashboards:**
  - UVM update** (week of 1/10/-1/16/22): 174 pos. tests off campus; 30 on campus; 6 fac; 42 staff.
  - Bennington College** (as of 1/18/22): 14 total active/0 new active cases.
  - Middlebury College** (as of 1/20/22): 28 new cases; 47 total active (39 students/8 employees)

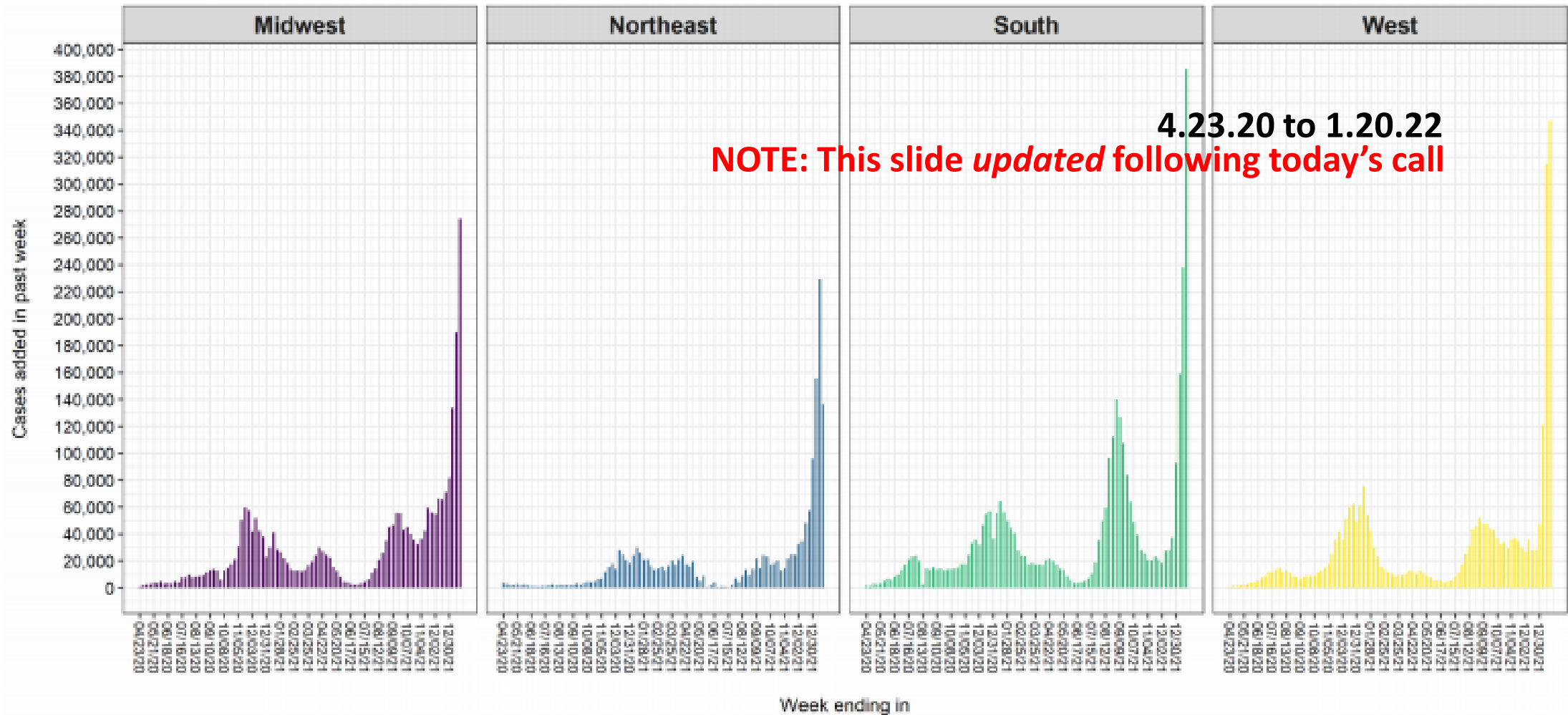
# Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week\*



\* Note: 5 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MD as of 10/1/20, WV as of 8/12/21  
 On 1/14/22, TX released new data that is NOT included in cumulative case counts or figures but located [here](#) and in Appendix 3B of this report (774,083 cumulative child cases as of 1/20/22).  
 TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754).  
 As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21  
 Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21  
 Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate  
 On 1/20/22, due to available data, DC cumulative child cases and HI cumulative child cases and cumulative cases of all ages through 1/13/22  
 See detail in Appendix: Data from 49 states, NYC, DC, PR and GU  
 All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

# Fig 7. United States: Child COVID-19 Cases Added in Past Week, by Region\*



\* Note: Regions are the US Census Regions

5 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21

On 1/14/22, TX released new data that is NOT included in cumulative case counts or figures but located [here](#) and in Appendix 3B of this report (774,083 cumulative child cases as of 1/20/22);

TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)

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Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21

Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate

On 1/20/22, due to available data, DC cumulative child cases and HI cumulative child cases and cumulative cases of all ages through 1/13/22

See detail in Appendix: Data from 49 states, NYC, DC, PR and GU

All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

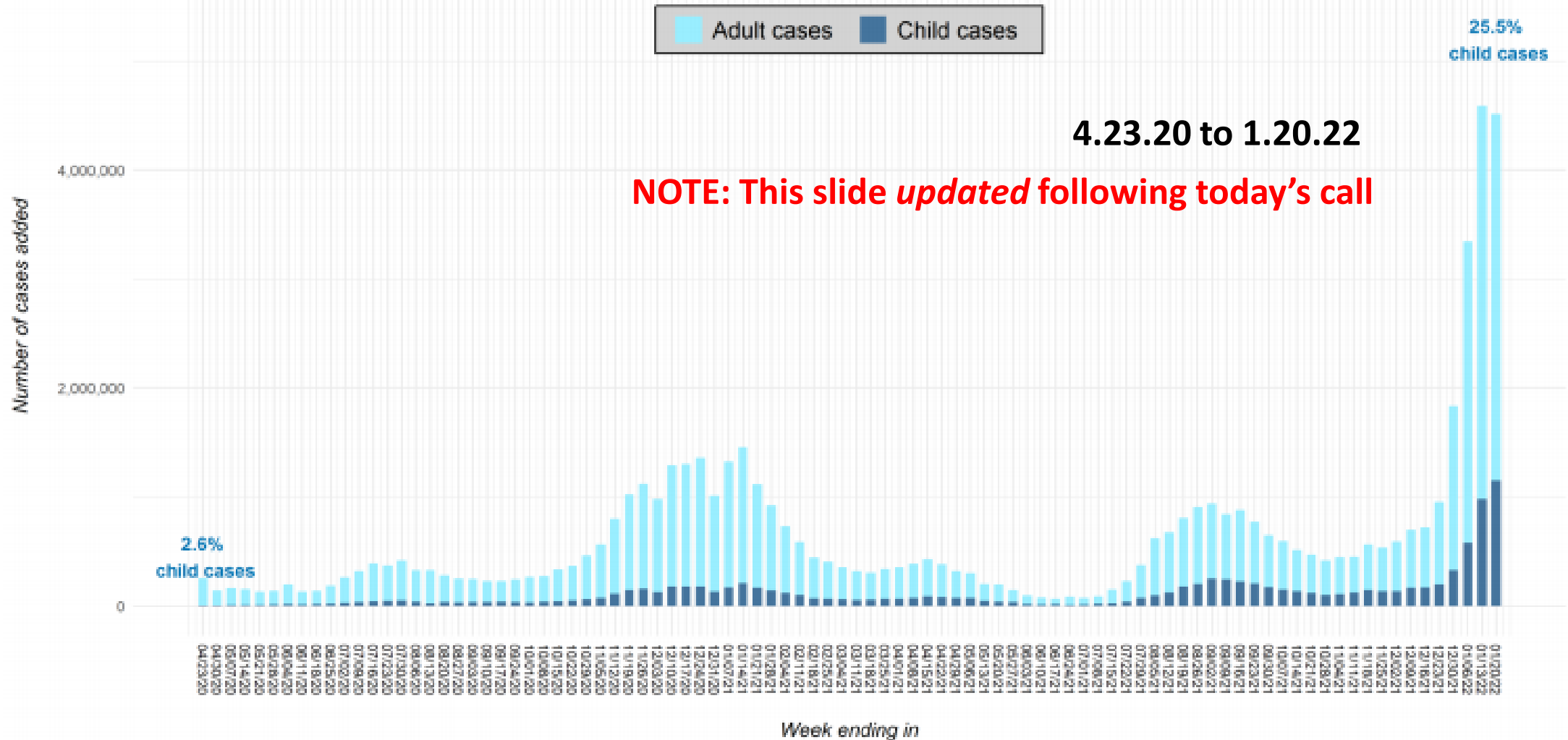


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ASSOCIATION

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**Fig 8. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults\***



\* Note: 5 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MD as of 10/1/20, WY as of 8/12/21;

On 1/14/22, TX released new data that is NOT included in cumulative case counts or figures but located [here](#) and in Appendix 3B of this report (774,083 cumulative child cases as of 1/20/22);

TX previously reported age for only a small proportion of total cases each week (eg. 2-30%); these cumulative cases through 8/25/21 are included (7,754)

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Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21

Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate

On 1/20/22, due to available data, DC cumulative child cases and HI cumulative child cases and cumulative cases of all ages through 1/13/22

See detail in Appendix: Data from 49 states, NYC, DC, PR and GU

All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>



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# VDH COVID-19 Vaccine Registration & Sites

## GETTING THE COVID-19 VACCINE

[Find out about vaccines for children ages 5 to 11](#) ➔

## GET THE MOST PROTECTION WITH A BOOSTER SHOT!

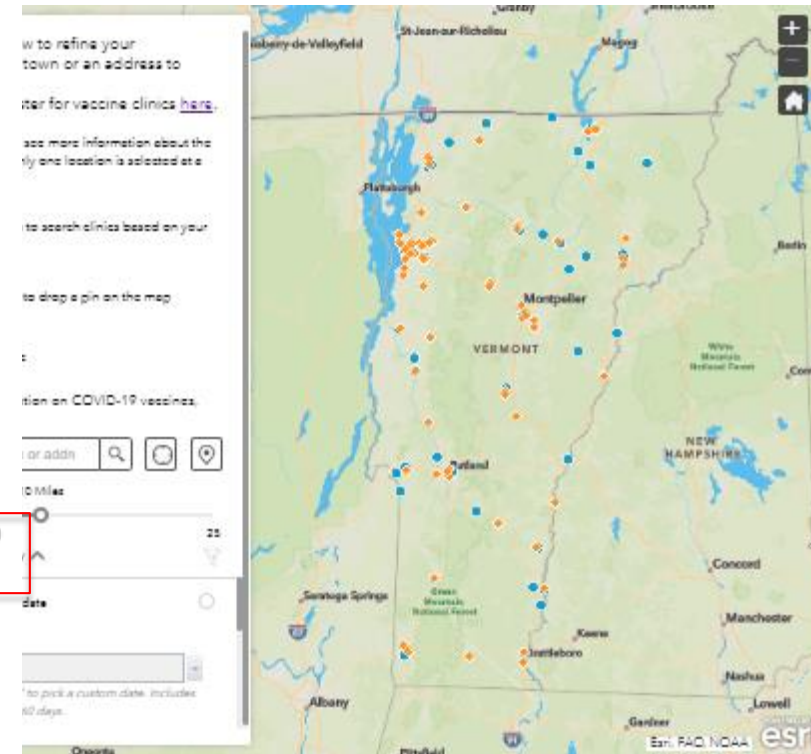
You should get a booster if you are 12 or older and you received:

- your Johnson & Johnson vaccine **at least two months ago** or
- your second dose of Pfizer or Moderna vaccine **at least five months ago**

If you are age 18 or older, your booster can be the vaccine type of your choice: Pfizer, Moderna or Johnson & Johnson, no matter which vaccine you got originally. For youth 12 - 17 the booster must be Pfizer.

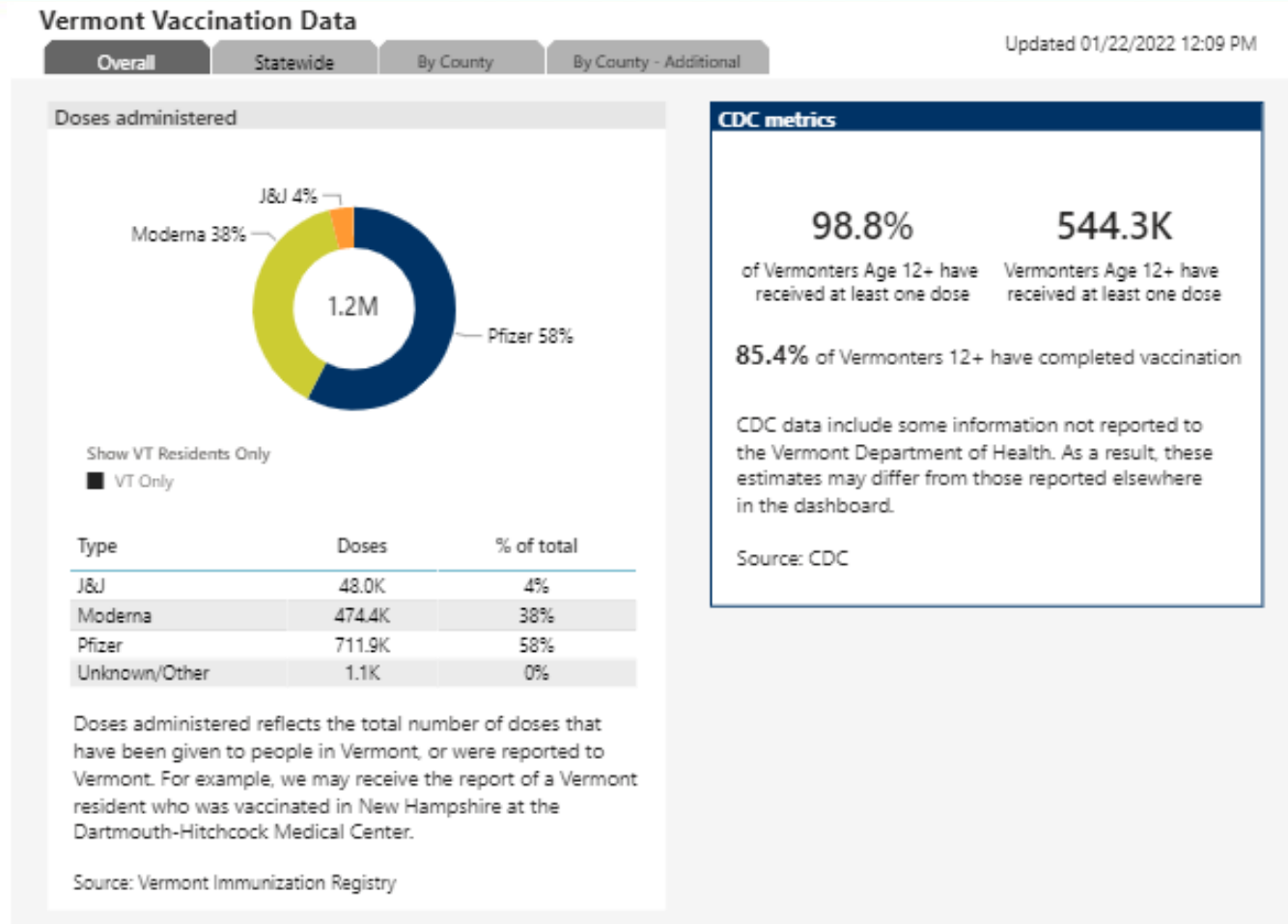
[See Frequently Asked Questions about boosters](#) ➔

## WHERE TO GET YOUR BOOSTER SHOT, FIRST OR SECOND DOSE



# VDH COVID-19 Vaccine Dashboard (“Overall” view: 1/22/22)

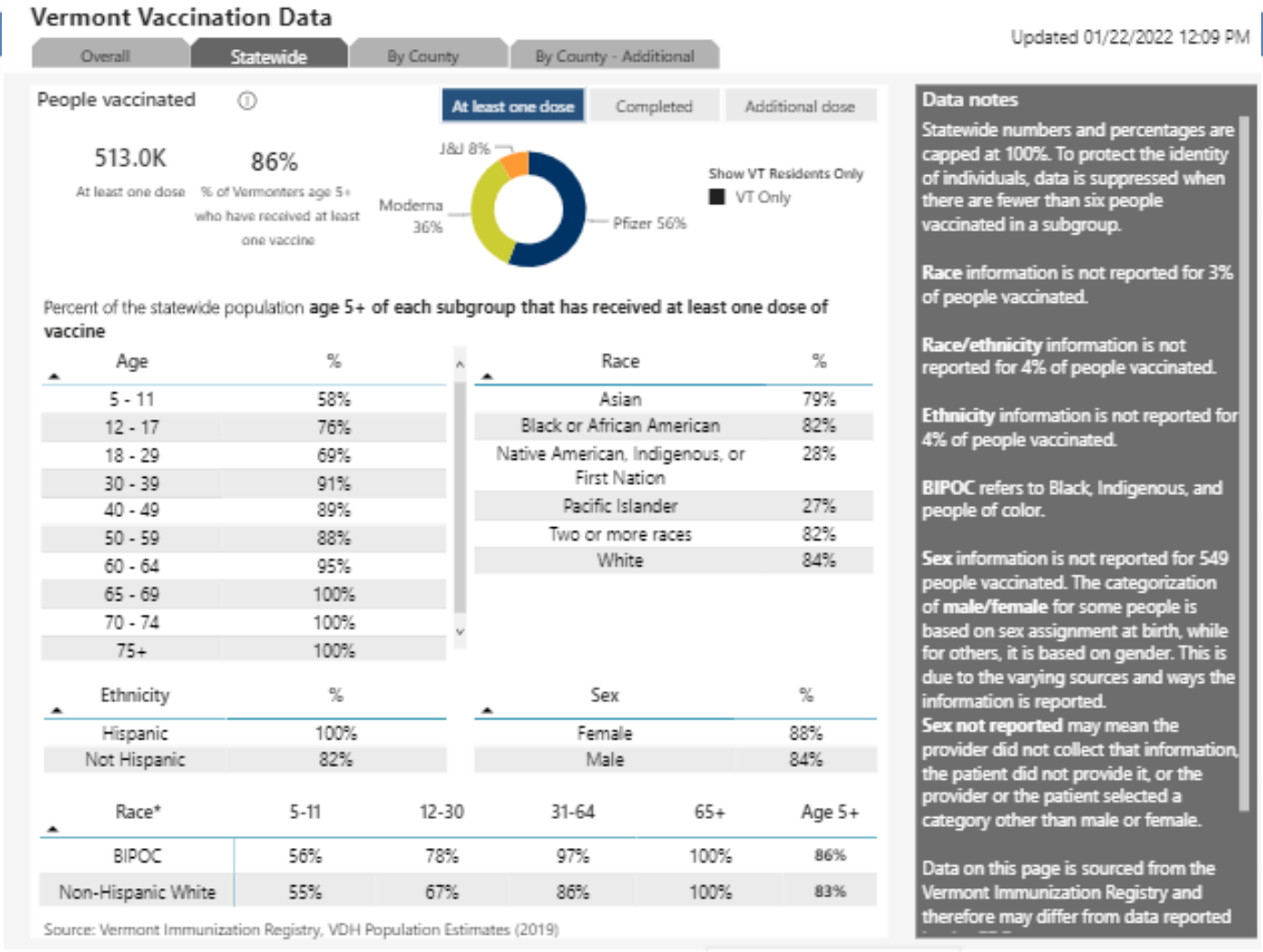
- Daily updates Tuesday thru Sat.
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- **Notes: Vermont Forward percentages** use data from CDC, which includes some data not reported to VDH; these estimates may differ from those reported elsewhere in the dashboard.






# VDH COVID-19 Vaccine Dashboard (“Statewide” view)

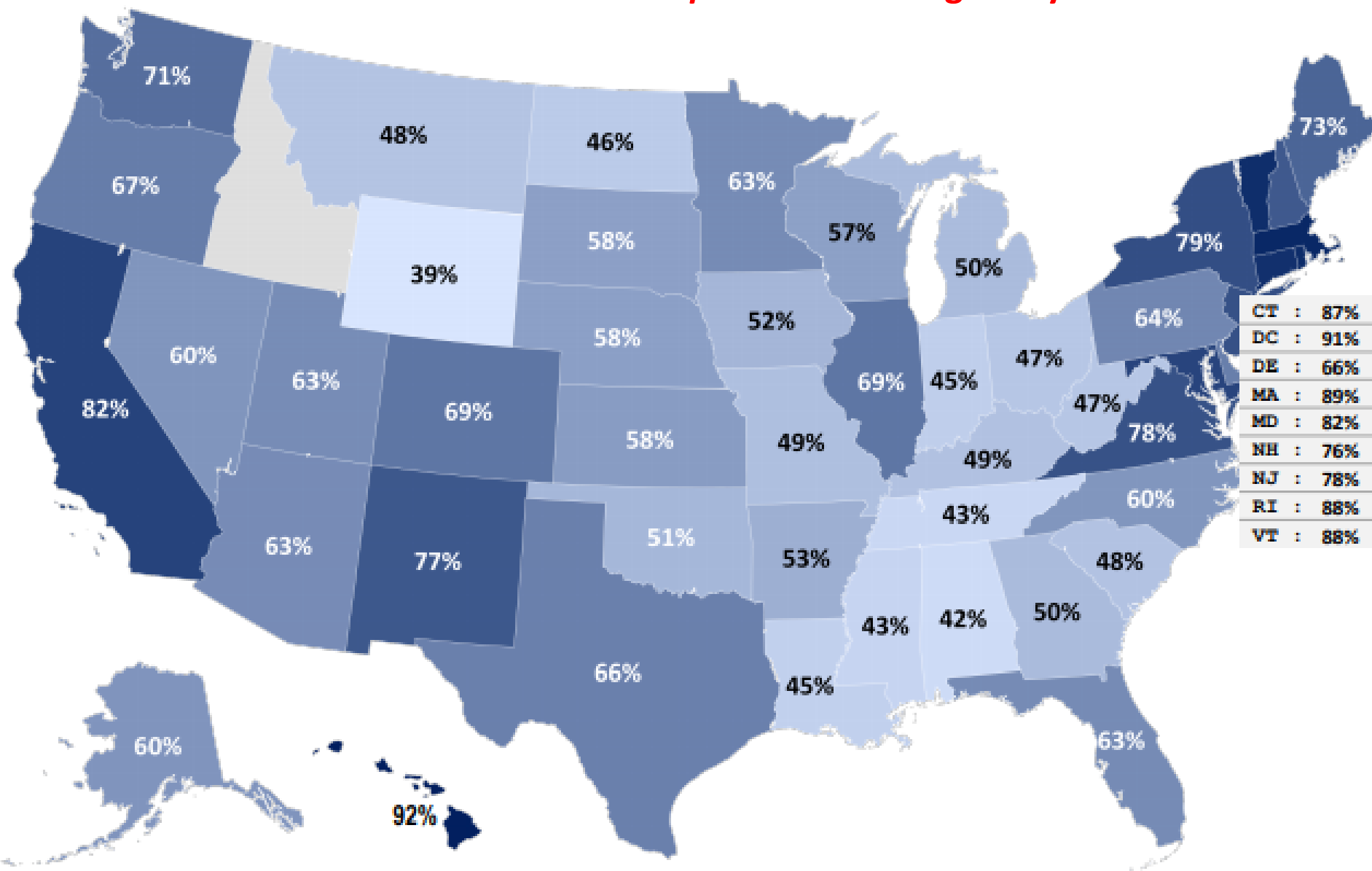
- Daily updates Tuesday thru Saturday
- Data = counts reported by end prev. day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide ( $\geq 1$  dose):
  - ▣ 5-11 = 58% (58% on 1/19/22)
  - ▣ 12-17 = 76% (76% on 1/19/22)
  - ▣ 18-29 = 69% (69% on 1/19/22)
  - ▣ **VT Age 5+ = 86%** (86% on 1/19/22)



**Proportion of Eligible US Children Ages 12-17 Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence**

Received Initial Dose  as of 1.19.2022  
39% 92%

**NOTE: This slide updated following today's call**

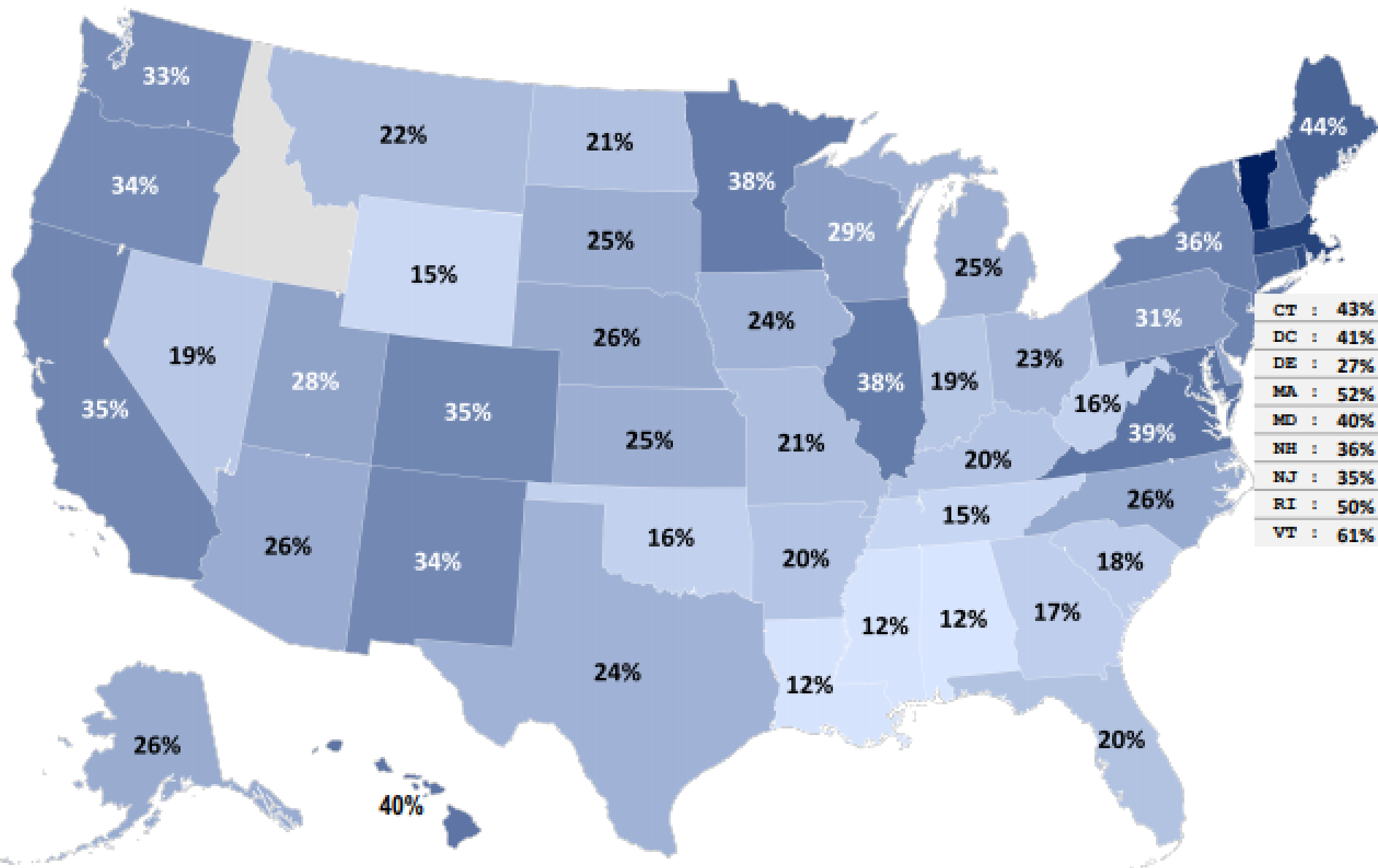


**Source:** AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc> ). Idaho information not available. Check state's web sites for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

**Proportion of Eligible  
US Children Ages 5-11  
Who Received the  
Initial Dose of the  
COVID-19 Vaccine, by  
State of Residence**

Received Initial Dose  as of 1.19.2022  
12% 61%

**NOTE: This slide updated following today's call**

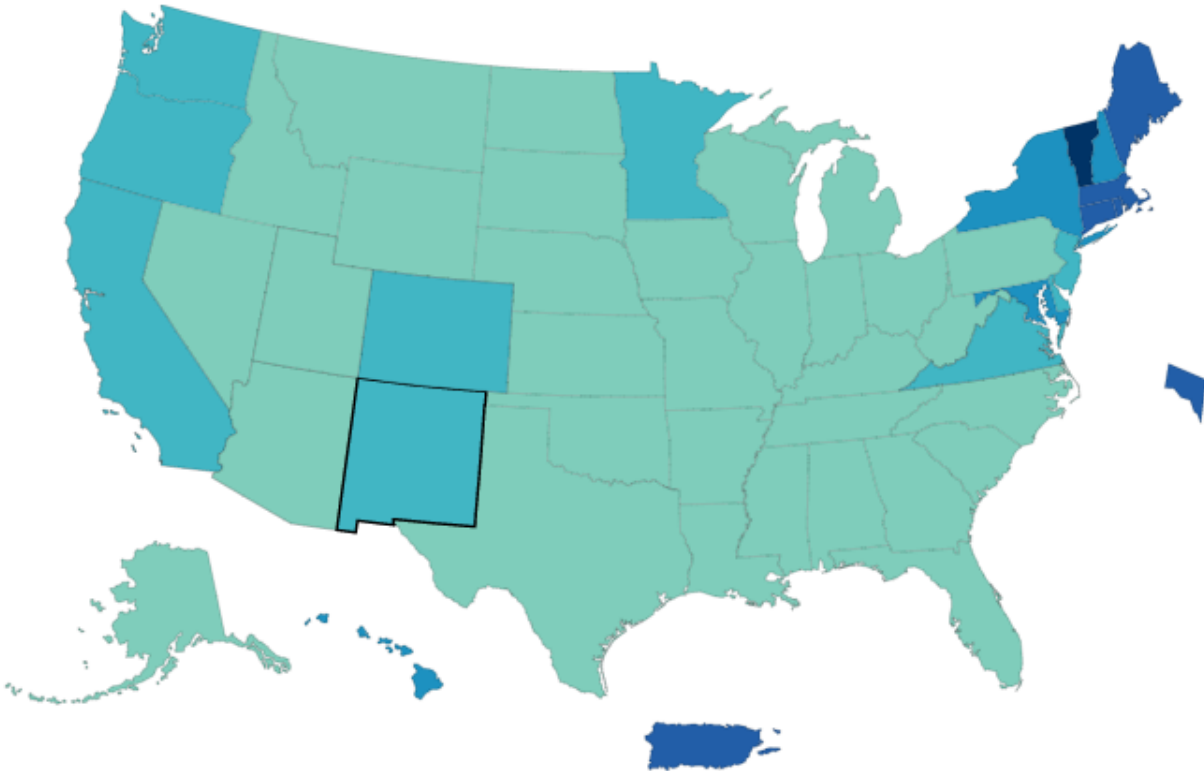


**Source:** AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/uns-k-b7fc> ). Idaho information not available. Check state's web sites for additional or more recent information

# 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

○ No Data ○ 0 ● 1 - 170,000 ● 170,001 - 180,000 ● 180,001 - 190,000 ● 190,001 - 200,000 ● 200,001 +



NOTE: **new** color key for doses/100K population

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

— 7-Day moving average

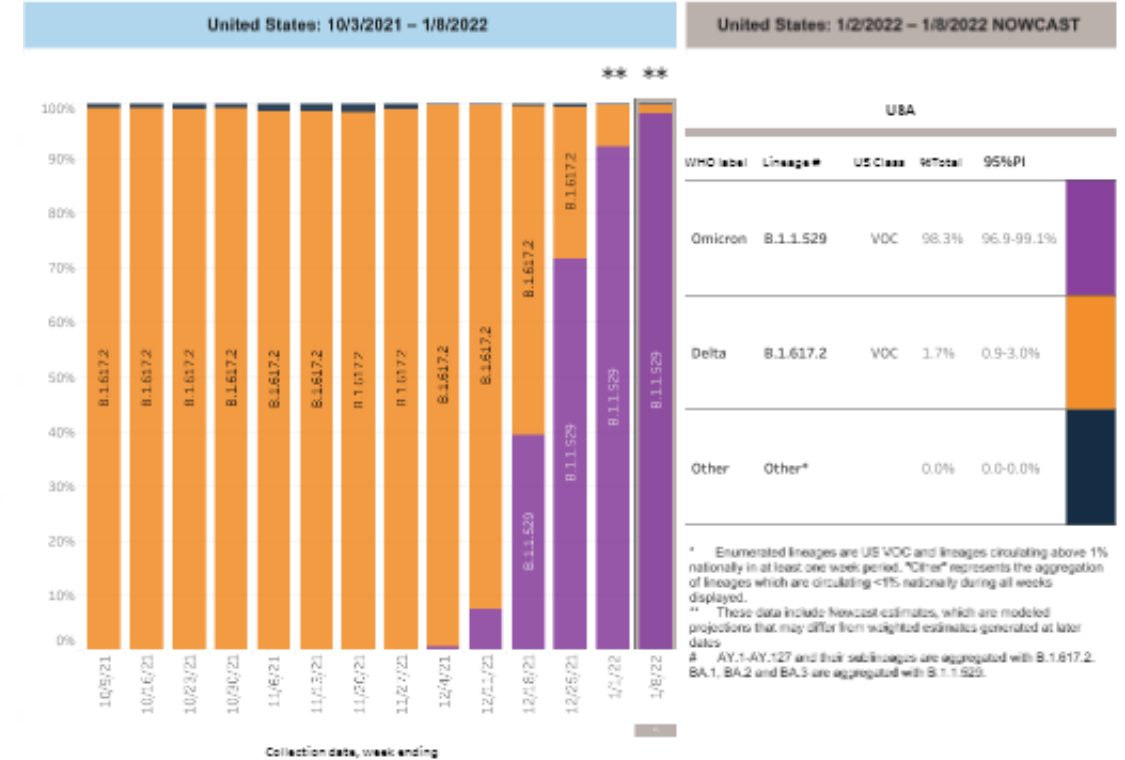
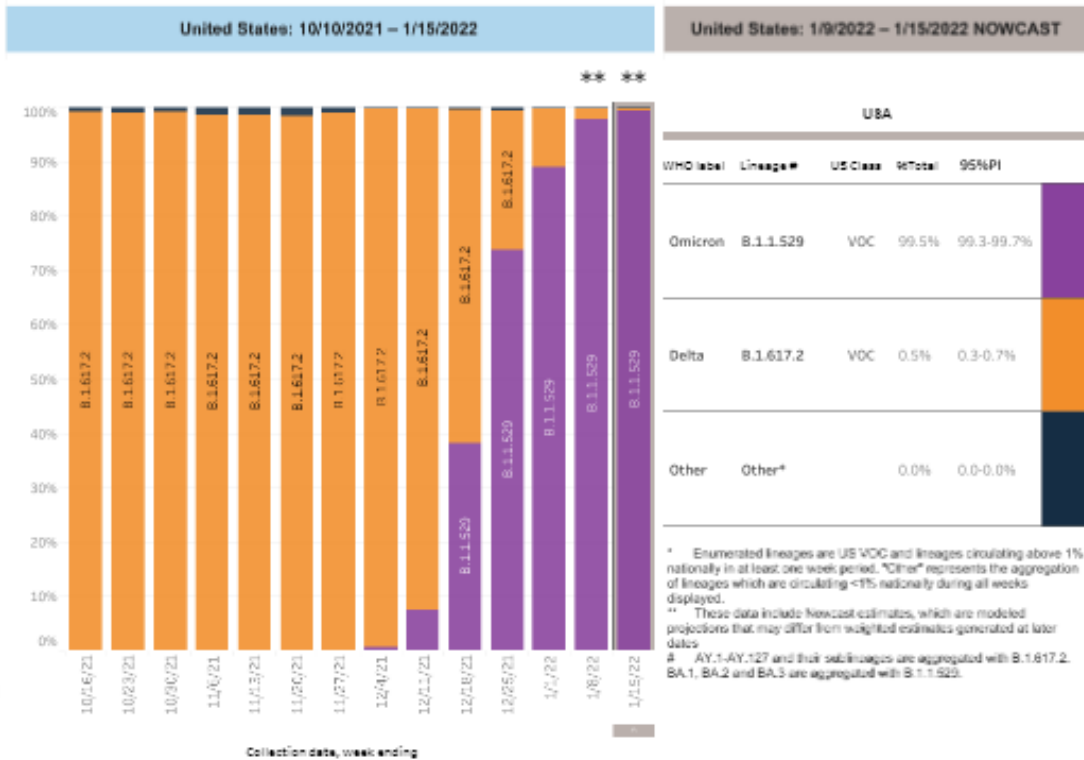


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

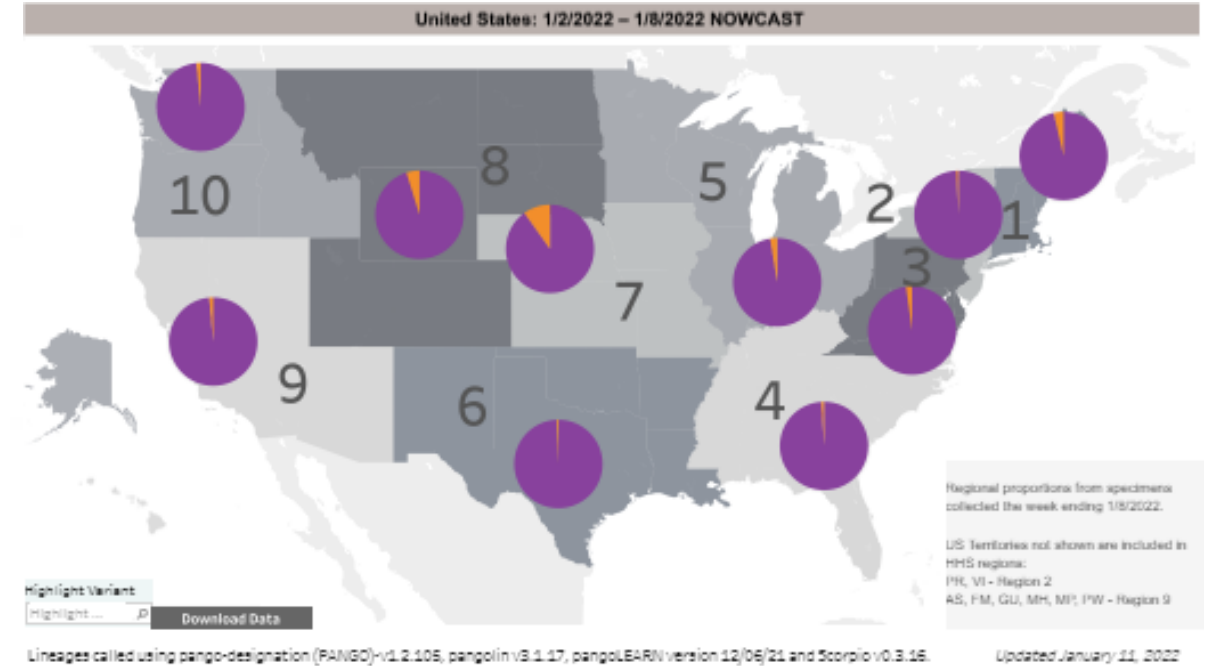
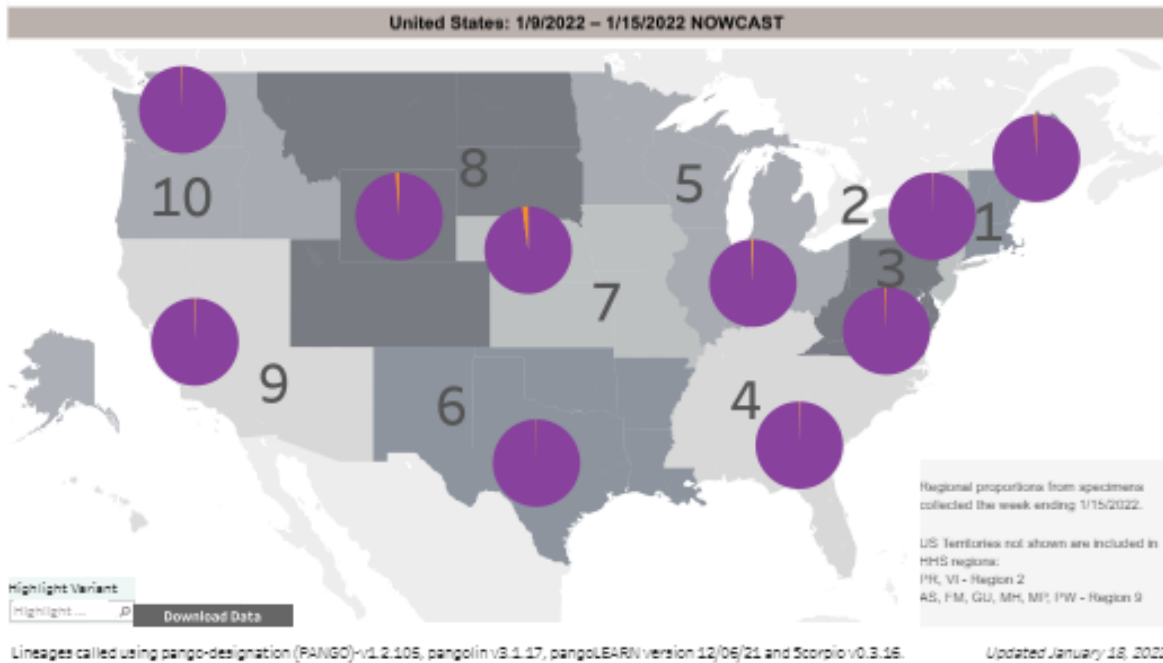
January 24, 2022

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



**Note: week-to-week comparison in Omicron variant proportion (purple): far right bar in graph on left is week ending 1/15/22.**

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



**Note: week-to-week comparison in Omicron variant proportion (purple). Map on left is week ending 1/15/22.**

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

# Don't Forget Influenza!

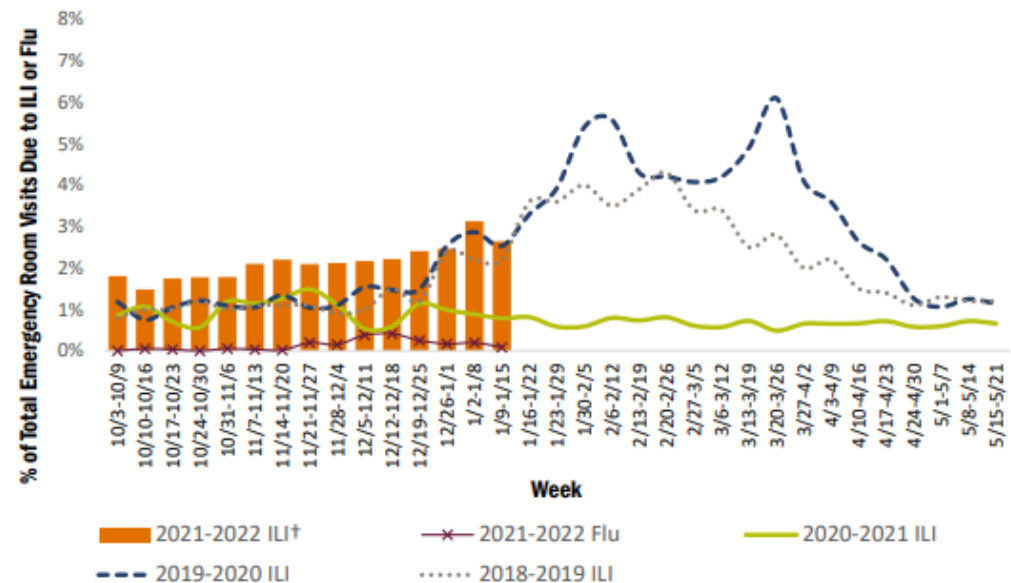
- Current Influenza-like Illness (ILI) activity level remains **MINIMAL** in Vermont
- 3 pediatric flu **deaths** this season
  - ▣ U.S. flu activity continues to increase.
  - ▣ Majority = influenza A(H3N2)
- Link to weekly surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-02.pdf>

**NOTE: This slide updated following today's call**

## Syndromic Surveillance

Vermont Emergency Room and Urgent Care Visits for Influenza-like Illness or Diagnosed Influenza



\*The definition of Influenza-like Illness (ILI) was updated in September 2021 to no longer exclude patients with another diagnosed non-influenza illness. The 2021-22 season's ILI data are not directly comparable to previous seasons due to this change.

1/21/2022

Data provided in this report are preliminary and will be updated as additional data are received

# AAP (National) Updates

*Slides 25 – 32 courtesy of the American Academy of Pediatrics – from today's **Chapter Chat** (1/19/22)*



# Reminder: AAP COVID-19 Town Halls

- Next Town Hall **Thursday, February 3, 2022 – 8 pm Eastern**
- Session will address the latest related to the COVID-19 pandemic and its impact on children, adolescents, and families – hear from leading experts and connect with your peers
- Expert panel: to be announced
- Find previous recordings on AAP COVID-19 Town Hall webpage:

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/connecting-with-the-experts/>



# Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 1.18.22

Source: AAP analysis of COVID-19 pediatric admissions based on the “COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries” published by the U.S. Department of Health & Human Services.

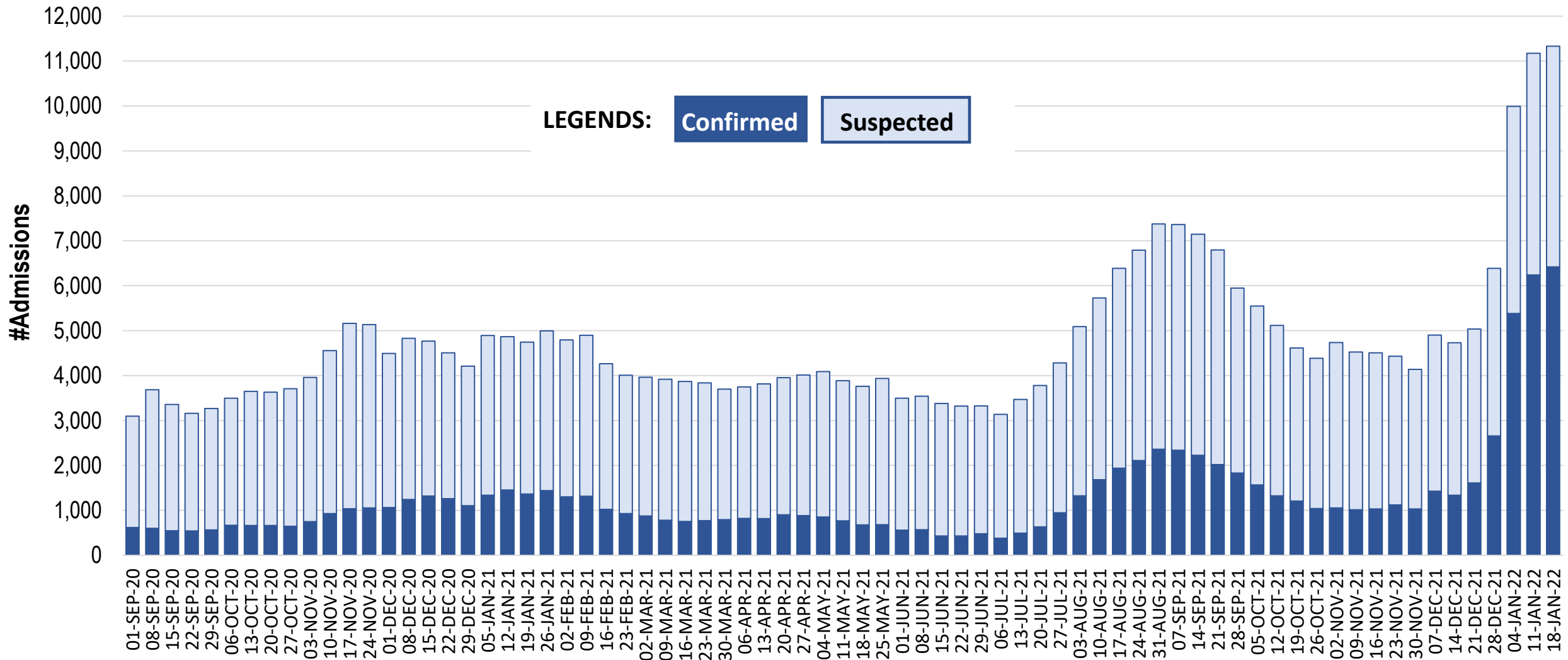
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# Number of Past-week Confirmed and Suspected COVID-19 Pediatric Hospital Admissions, 50 States and District of Columbia, by Week

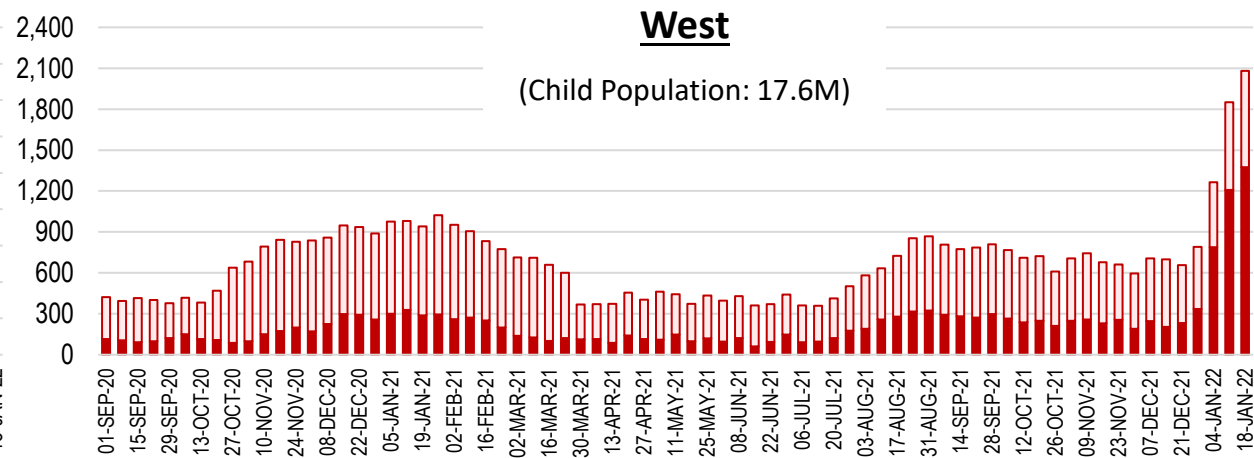
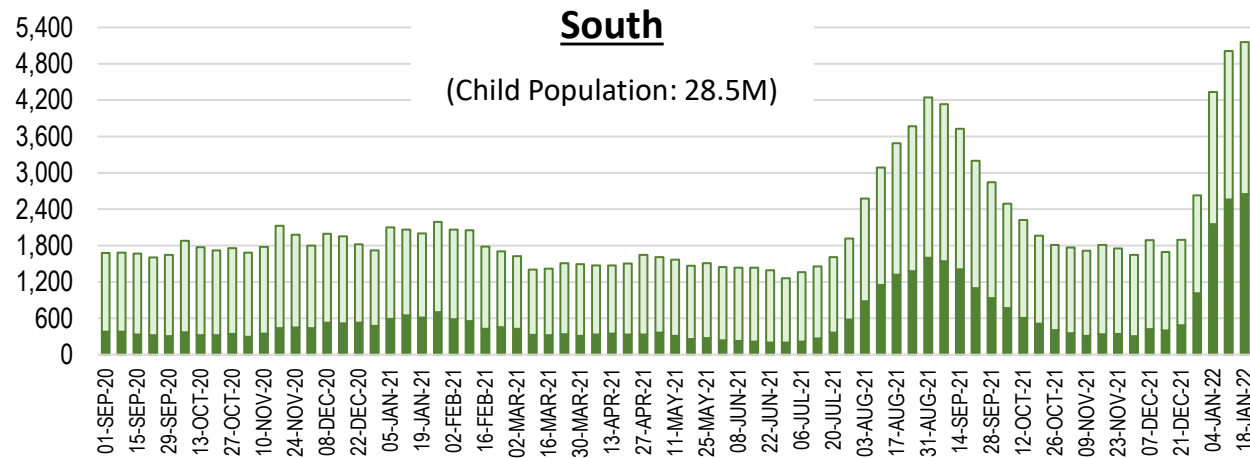
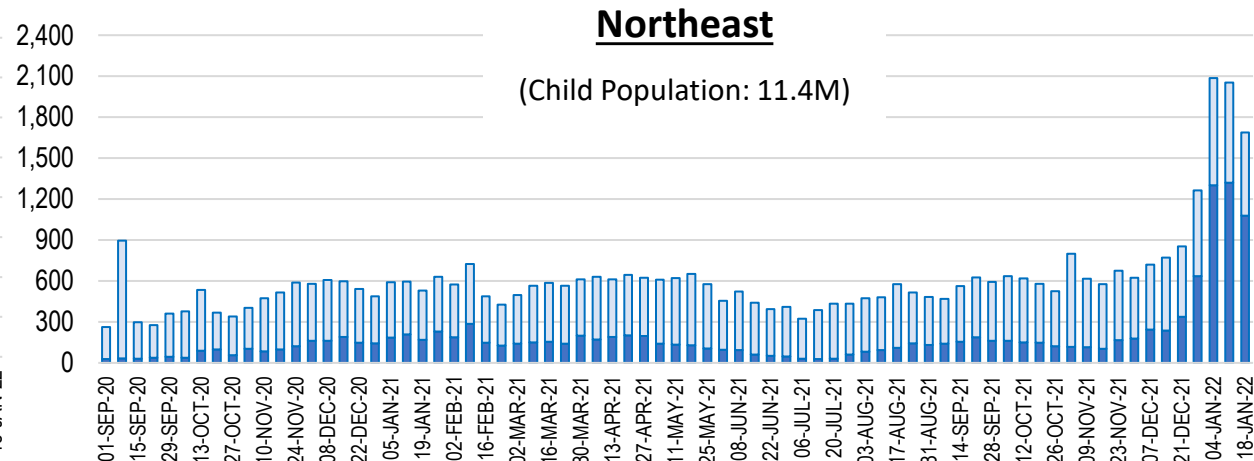
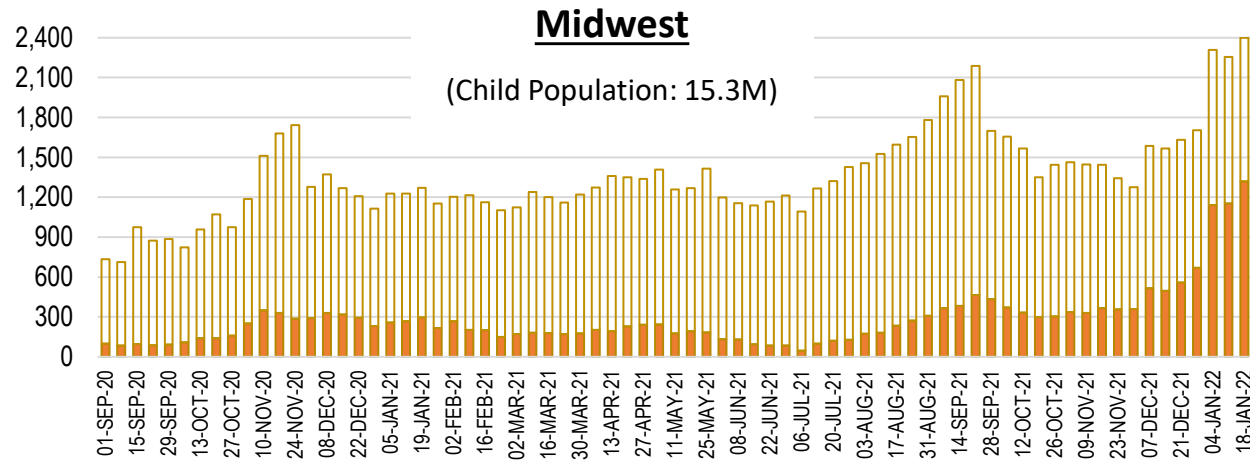
9.1.2020 - 1.18.2022



Source: AAP analysis of COVID-19 pediatric admissions based on the “COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries” published by the U.S. Department of Health & Human Services.

# Number of Past-week Confirmed and Suspected COVID-19 Pediatric Hospital Admissions, by Census Region by Week

9.1.2020 - 1.18.2022



Source: AAP analysis of COVID-19 pediatric admissions based on the “COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries” published by the U.S. Department of Health & Human Services. Child populations (ages 0-17) are based on 2020 population projections published by the US Census Bureau (URL: <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-state-detail.html> )

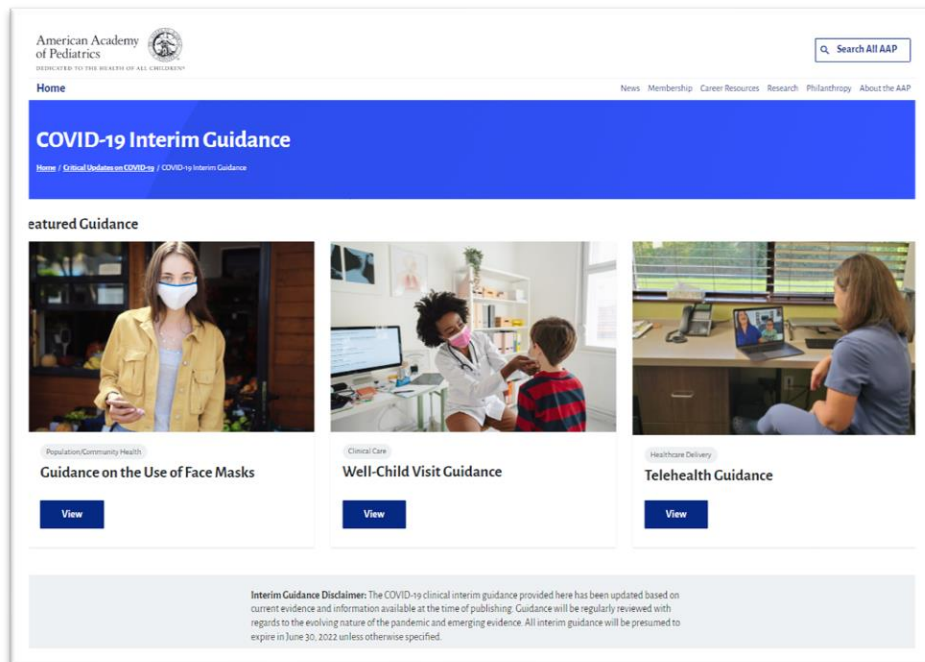
# AAP Interim Guidance Updates

## Revised

- PPE

## In Revision

- Caring for Patients During Episodes of Surge
- Return to Sports and Physical Activity
- Safe Schools
- Testing
- Therapeutics



The screenshot shows the AAP website's COVID-19 Interim Guidance page. At the top, there is a search bar and navigation links for Home, News, Membership, Career Resources, Research, Philanthropy, and About the AAP. The main heading is "COVID-19 Interim Guidance" with a breadcrumb trail: Home / Editorial Updates on COVID-19 / COVID-19 Interim Guidance. Below this, there is a section titled "Featured Guidance" with three cards:

- Guidance on the Use of Face Masks** (Population/Community Health) with a "View" button.
- Well-Child Visit Guidance** (Clinical Care) with a "View" button.
- Telehealth Guidance** (Healthcare Delivery) with a "View" button.

At the bottom, there is a disclaimer: "Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in June 30, 2022 unless otherwise specified."

# PPE Interim Guidance Updates

- Cont'd. recommendation universal masking in health care settings
- Higher level of PPE (N95 respirator) is recommended for health care personnel who:
  - Are in last 5 days of recommended isolation/quarantine period or who are permitted to return to work before meeting all conventional Return to Work criteria (masks should be worn in non-patient care areas as well)
  - Are working with patients in high-risk settings
  - Are performing an aerosol generating procedure
  - Are at increased risk for severe illness (or have family members at high risk)
  - May also be appropriate based on individual circumstances



# Free Tests and Masks

- COVIDtests.gov launched on January 18
  - 4 free tests mailed – challenges with multi-unit housing
  - Ability to obtain free tests at retailers and pharmacies
  - Insurance reimbursement for at-home tests
  - Free testing sites
- Announcement made on January 18 that 400 million free non-surgical N95 respirators will be available through pharmacies and community health centers by early February
  - Pediatric sized masks?



# Information for Families

## Updated information on [HealthyChildren.org](https://www.healthychildren.org):

- [Ask the Pediatrician: My child is about to turn 12. Which COVID-19 vaccine should they get?](#)
- [COVID-19: What Families Need to Know](#)
- [The Science Behind COVID-19 Vaccines: Parent FAQs](#)
- [COVID-19 Vaccine Checklist for Kids Age 5-11](#)





# *From the CDC/MMWR: Early Release, 1/21/22*

- COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence – 25 U.S. Jurisdictions, April 4–December 25, 2021  
[https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e2.htm?s\\_cid=mm7104e2\\_w](https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e2.htm?s_cid=mm7104e2_w)
- Effectiveness of a Third Dose of mRNA Vaccines Against COVID-19 Associated ED & Urgent Care Encounters & Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance – VISION Network, 10 States, August 2021–January 2022 [https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e3.htm?s\\_cid=mm7104e3\\_w](https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e3.htm?s_cid=mm7104e3_w)
- Also: CDC Mask Guidance Update (1/14/21) <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>
  - ▣ Clarified may choose respirators such as N95s and KN95s (removed concerns re: N95 supply shortages); “surgical N95s” should be reserved for healthcare settings
  - ▣ Clarified that some types of masks and respirators provide more protection to the wearer than others

# VT Pediatricians Speaking Out

## Ben Lee, MD FAAP

- Quoted in the Boston Globe **this week**:  
<https://www.bostonglobe.com/2022/01/18/nation/this-is-different-phase-it-may-be-time-reset-kids-school-covid/>
- <https://www.mynbc5.com/article/pediatric-experts-support-new-covid-19-guidance-for-vermont-schools/38741175#>
- Also: invited testimony to Vermont Senate Education Committee 1/12/22
  - ▣ [https://www.youtube.com/watch?v=VPa3r\\_H3pK8](https://www.youtube.com/watch?v=VPa3r_H3pK8)

## William Raszka, MD FAAP

- Town Hall with Vermont State School Nurses Association (1/6/22)
  - ▣ <https://www.youtube.com/watch?v=LBjiQPmNIqM>

# ***NEW*** from VDH MCH School Health Team

## ***Thank you, Kaitlyn Kodzis – January School Nurse Bulletin: Contents***

- Vermont COVID-19 Information
- Test at Home Protocol
- COVID-19 Prevention & Mitigation Measures Winter 2022
- COVID-19 School Testing Program FAQs
- Mental Health Resources
- Publications
- Nurses in the News

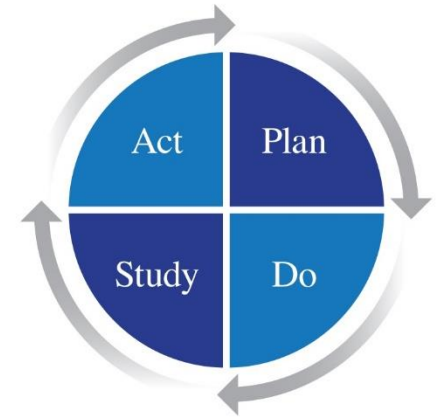
***(SEE tonight's email)***

# NEW from VDH Oral Health Office

- Newly updated *2021 Guide to Fluoride Levels in Public Water Systems*; enables health care professionals to determine level of fluoride in patient's public water system before Rx for fluoride supplements. Does NOT include fluoride levels of private wells or springs; DOES include info re: private water source testing. Hard copies may be requested for practices.
- **VDH recommends Vermonters w/private wells or springs test water for fluoride levels before getting Rx for fluoride supplements.**
  - ▣ Impt. to test since exposure can occur through mixing tap water w/infant formula & drinking well or spring water.
  - ▣ Well Water Testing Program offers free fluoride testing for families with children < 5 yo w/private wells. Guide includes. well water testing form (pls make copies for office use).
- Testing Program tracks # of requests vs. # of wells tested; many more kits are given out than are returned/processed by the lab (risks funding loss).

**Thank you, OH Director Robin Miller: [Robin.n.miller@vermont.gov](mailto:Robin.n.miller@vermont.gov)**

*And now for something completely different...*



In the spirit of continuous quality improvement, **NEW CALL FORMAT** today – our own PDSA cycle!

- Responding to your comments and feedback – thank you!
  - Desire to be able to focus on content but not miss Q & A from chat; avoid duplication of responses that may be included in presentation
- Content presentation for ~20-25 minutes
- Chat will be monitored, BUT – both verbal and written feedback will occur **AFTER** the presentation
- REMINDER: Chat Q & A is (re)organized, streamlined and made available following the call each day.

# Practice Issues

## *Pediatric Vaccine & “Flow Chart” Updates*



<https://www.nytimes.com/2021/10/20/us/politics/kids-covid-vaccination.html>



# Vermont Department of Health – Immunization Program

Monica Ogelby, MSN, RN – *Immunization Program Manager*  
Merideth Plumpton, RN – *Nurse Program Coordinator*

# COVID-19 Vaccine for those under 5

[FDA Could Authorize Pfizer Vaccine for Kids Under 5 in Next Month | Medscape](#)

## Planning Assumptions:

- Three dose series
- Different product that either the 5 through 11 (orange cap) or 12+ (gray cap) formulations
- Community clinics will be available to serve this population, but many parents and guardians will rely on their medical home.
- Immunization Program will conduct training when more information is available

**We want to hear from you!**



# If you are struggling to reach your patients, we can help!

- 5-11 is at 58% uptake
- IZ program is outreaching practices with highest/lowest uptake for lessons learned and to offer support
- We can help through
  - Providing data
  - Troubleshooting barriers and putting offices in touch with local resources
  - Connecting with other offices who have found creative solutions to common barriers
  - In some situations, partnerships with other vaccinating entities may make sense
  - Resource development

# Mailing from Immunization Program



Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics

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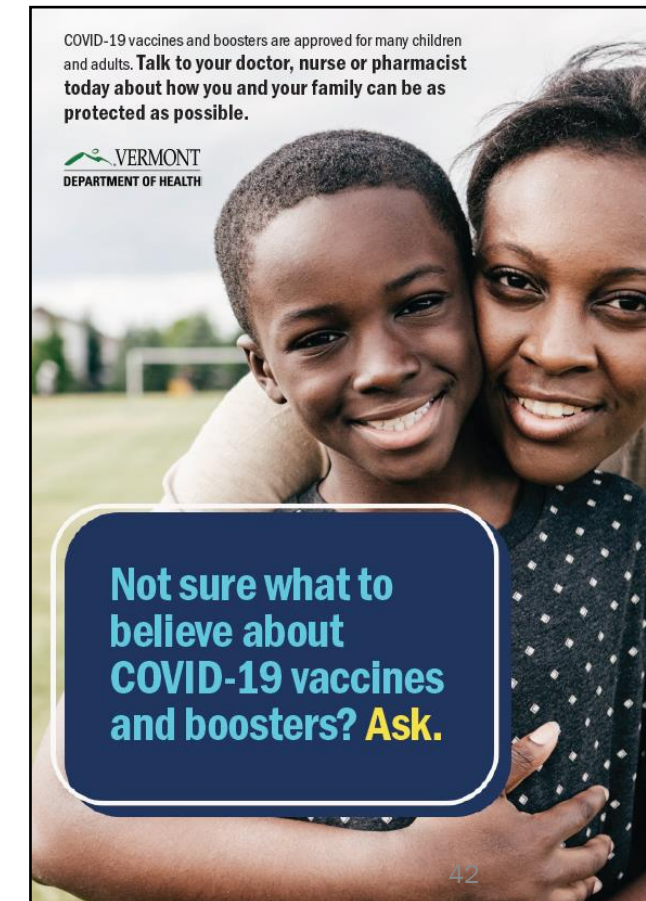


## What Families with Children Should Know About COVID-19 Vaccines

Every VAVP/VCVP enrolled office will receive a mailing in the coming weeks.

- One or two large posters for placement in your entrance or waiting room to every office.
- A batch of handouts designed for parents and caregivers who may be hesitant for their child to receive the vaccine (VCVP enrolled only).

Translated links to both documents will be available on the [COVID-19 Translations | Vermont Department of Health](#) webpage



# AAP Grant Extension!

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



- Extension of monetary cap per practice up to \$10,000 (from \$5,000)
- Will apply to COVID-19 or Flu clinics held through the end of 2022
- Please reach out to Stephanie Winters at [swinters@vtmd.org](mailto:swinters@vtmd.org) with any questions
- More information is coming and will be communicated broadly!

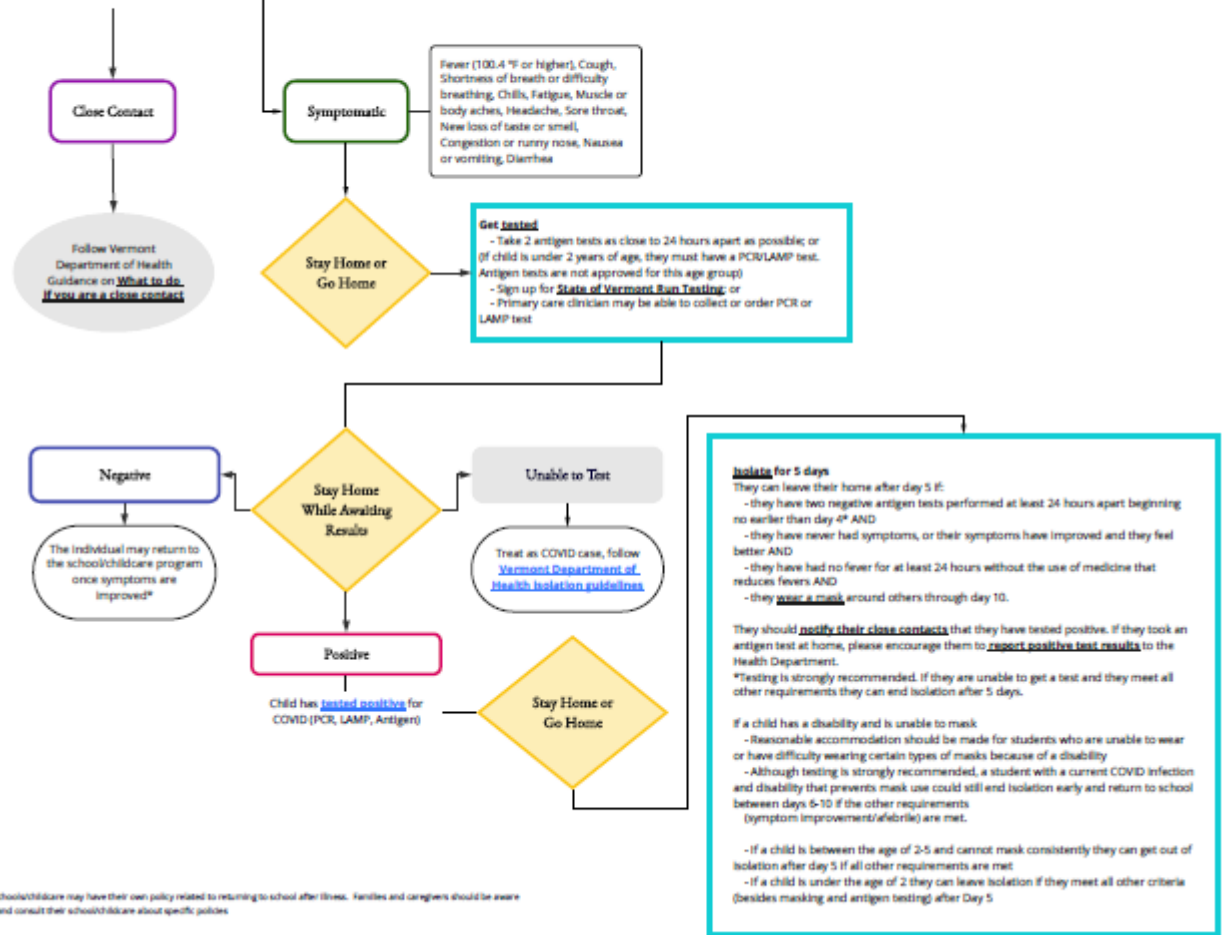
# Immunization Communication

- Ordering guidance comes from [AHS.VDHCovidVaxDistribution@vermont.gov](mailto:AHS.VDHCovidVaxDistribution@vermont.gov) prior to ordering on Wednesday.
- January Vermont Vaccine Update is available:
  - <https://mailchi.mp/2f30f3ba745b/vermont-vaccine-program-updated-january-2022> for the direct link
  - or go to our website: [Vaccine Information for Health Care Professionals | Vermont Department of Health](#)
- Next Immunization Program Provider call will be **January 25, 12:15 pm – 1:00 pm:**  
If you would like an invitation, please e-mail [AHS.VDHImmunizationProgram@vermont.gov](mailto:AHS.VDHImmunizationProgram@vermont.gov)

# FINAL Updated Pediatric Flow Chart

- Will post on VCHIP & AAPVT web sites with live links
- **Thank you:**
  - ▣ Stephanie Winters
  - ▣ Rebecca Bell
  - ▣ Breena Holmes
  - ▣ VDH partners: Kaitlyn Kodzis, Katy Leffel, Molly McClintock, Ilisa Stalberg, Nate Waite

COVID Pediatric Flowchart  
Return to School/Childcare



Vermont Chapter

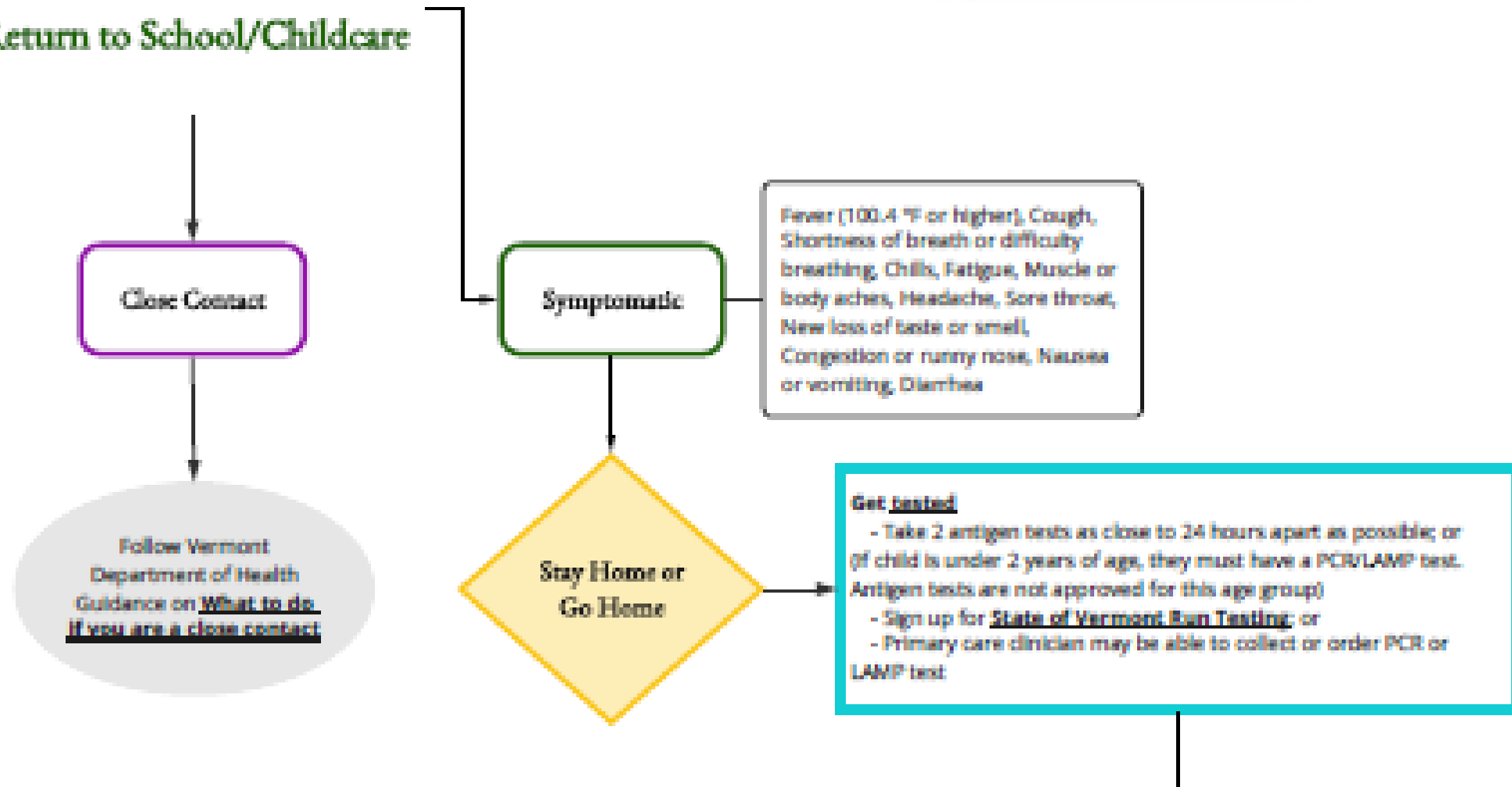
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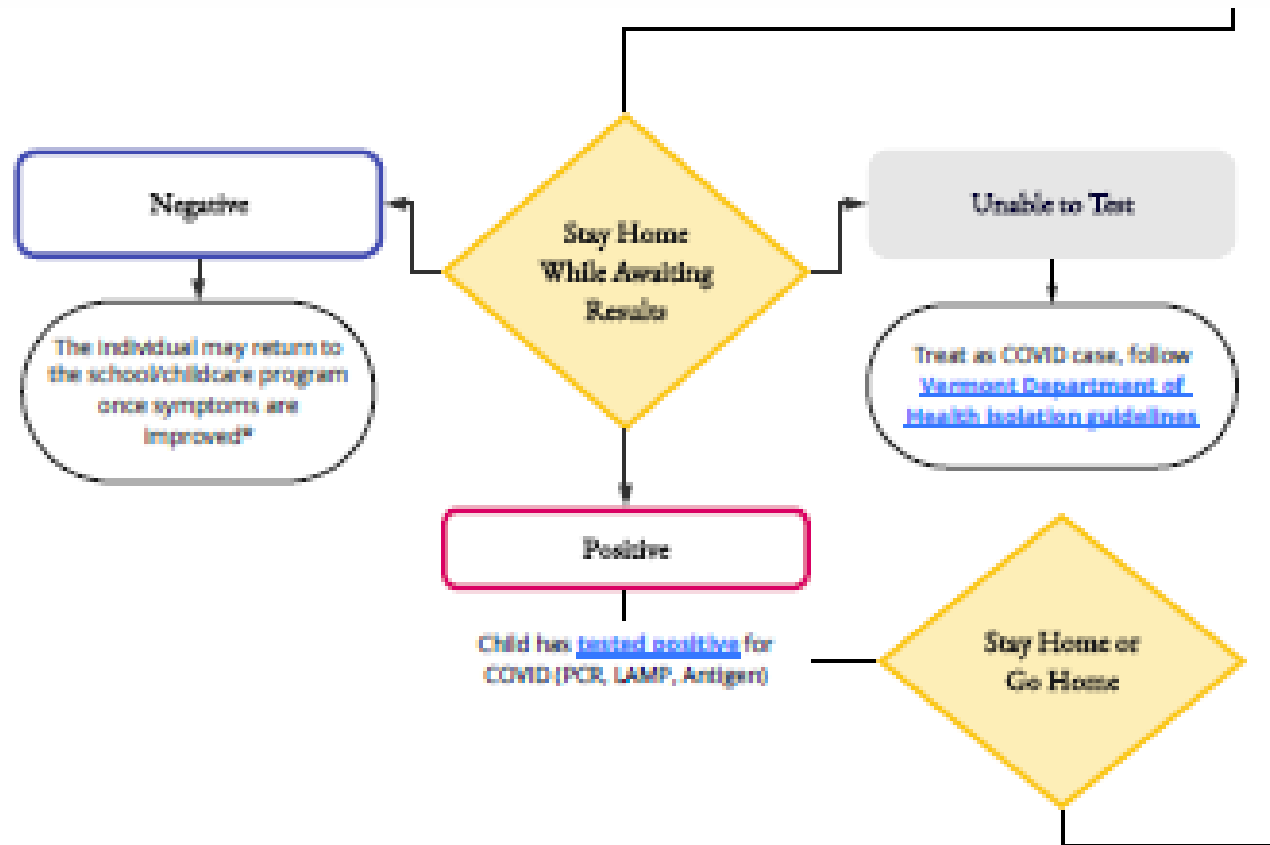


# FINAL Updated Pediatric Flow Chart

## COVID Pediatric Flowchart Return to School/Childcare



# FINAL Updated Pediatric Flow Chart



**Isolate for 5 days**  
 They can leave their home after day 5 if:

- they have two negative antigen tests performed at least 24 hours apart beginning no earlier than day 4<sup>th</sup> AND
- they have never had symptoms, or their symptoms have improved and they feel better AND
- they have had no fever for at least 24 hours without the use of medicine that reduces fevers AND
- they wear a mask around others through day 10.

They should notify their class contacts that they have tested positive. If they took an antigen test at home, please encourage them to report positive test results to the Health Department.

\*Testing is strongly recommended. If they are unable to get a test and they meet all other requirements they can end isolation after 5 days.

If a child has a disability and is unable to mask

- Reasonable accommodation should be made for students who are unable to wear or have difficulty wearing certain types of masks because of a disability
- Although testing is strongly recommended, a student with a current COVID infection and disability that prevents mask use could still end isolation early and return to school between days 6-10 if the other requirements (symptom improvement/afebrile) are met.

- If a child is between the age of 2-5 and cannot mask consistently they can get out of isolation after day 5 if all other requirements are met
- If a child is under the age of 2 they can leave isolation if they meet all other criteria (besides masking and antigen testing) after Day 5

\* schools/childcare may have their own policy related to returning to school after illness. Families and caregivers should be aware of and consult their school/childcare about specific policies

# Return to Play Communication Challenges

AOE/Vermont Principals Assoc. released guidance week of 1/10/22 that may be interpreted by families to mean the pediatric clearance can occur at day 5.

## “UPDATE ON RETURN TO PLAY RECOMMENDATIONS FOR SCHOOL SPORTS”

The following guidance was shared with the VPA by Secretary of Natural Resources Julie Moore and approved by Dr. Levine and Dr. Kelso at the Vermont Department of Health, who requested that this be distributed widely to coaches, parents, and others who work with student athletes in schools.

### **Students who test positive for COVID:**

If a student tests positive for COVID they should not practice or play regardless of symptoms or vaccination status until a **minimum of 5 days** have passed **AND** they:

- have two negative antigen tests;
- to the extent they were symptomatic, have had no fever for 24 hours (without the use of fever reducing medicine) and other symptoms have improved; and
- **have been cleared by their primary care physician to begin the Return to Play protocol**

**But – PLEASE SEE CAVEATS – CONTINUED ON NEXT SLIDE**



# Return to Play Communication Challenges

- We have heard from several pediatricians that this created confusion and conflict between families and pediatric medical homes and have shared this feedback with Drs. Levine and Kelso
- We know there is variability among our pediatric colleagues on how you have been interpreting national Return to Play protocols
- We are hoping for updates from AAP National **SOON** and will update you as soon as this is available!
- Please continue to share your feedback on what you are experiencing

# Special note about ongoing household exposure

For individuals with continuous household exposure:

- If individuals are fully vaccinated (and have received a booster for adults), it is recommended that they test every 3 to 5 days while their household contact is in isolation and for 5 consecutive days after the household contact ends isolation.
- If individuals are not fully vaccinated, it is recommended that they test daily while their household contact is in isolation, and for 5 consecutive days after the household contact ends isolation.

# *In case you missed it...*



- SEE UVM CH Pediatric Grand Rounds: ***“I’m done coping – now what?”*** – *Andrew Rosenfeld, MD, Associate Professor Psychiatry and Pediatrics*
  - ▣ **Wednesday, January 19, 2021**
  - ▣ Today’s mindfulness moment: *“May you be kind, gentle with yourself ; may you trust that you’re doing the best you can; may you be patient with yourself.”*
  - ▣ For access, please email: [Penelope.Marchessault@med.uvm.edu](mailto:Penelope.Marchessault@med.uvm.edu)

# VCHIP-VDH COVID-19 calls: *Welcome 2022!*

Jan-Feb calls generally *Wednesdays* except as below:

- ❑ Jan call dates: 1/5 (W), 1/12(W), 1/19 (W – 1<sup>st</sup> Zoom call), **1/24 (M)**
  - ❑ **No call Wednesday, 1/26/22; next call Wednesday, 2/2/22**
- ❑ Feb call dates: currently ALL Wednesdays: 2/2, 2/9, 2/16, 2/23/22
- ❑ **Continuing via Zoom!**
- ❑ 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](mailto:vchip.champ@med.uvm.edu)*
- ❑ VMS calls w/VDH Comm. Levine now 1<sup>st</sup>/3<sup>rd</sup> Thursdays



# VCHIP-VDH COVID-19 Update Calls – now via **ZOOM!**

## Call login information:

- ❑ Topic: *CHAMP VDH COVID-19 Call*
- ❑ Join Zoom Meeting
  - ❑ <https://uvmcom.zoom.us/j/94142791300?pwd=K2N4VUYrSHIMQi9XeGVnc3duNTFmZz09>
  - ❑ NOTE: password (CHAMP) should be imbedded in link (sharing in case needed for any reason. You will not be prompted to enter PW if using link we provided.
- ❑ Meeting ID: 941 4279 1300
- ❑ Passcode: CHAMP
- ❑ One tap mobile
- ❑ +16468769923,,94142791300# US (New York)
- ❑ +13017158592,,94142791300# US (Washington DC)

# 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](mailto: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](https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates)
- Next CHAMP call – ***Wednesday, February 2, 2022 12:15 – 1:00 pm VIA ZOOM!***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – ***Thursday, February 3 – 12:30-1:00 p.m.***
- **Join VMS Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkJuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
  - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#