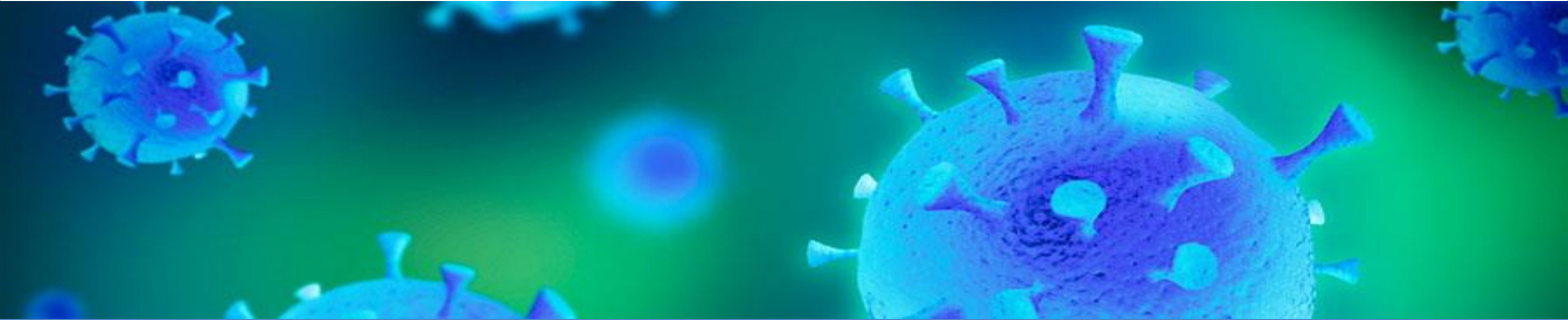


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*September 13, 2021*



# Technology Notes

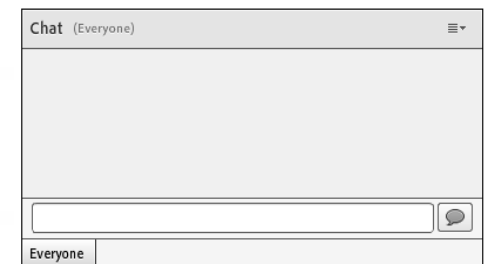
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press \*6 to mute).  
**If you are having audio difficulties and are using your computer speakers, you may wish to dial in:**

**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

- September is **Suicide Prevention Awareness Month**
  - ▣ Just concluded: Suicide Prevention Week (<https://afsp.org/national-suicide-prevention-week>)
  - ▣ **Sept. 17 = National Physician Suicide Awareness Day**
- Reminder – weekly event schedule:
  - ▣ **September VCHIP-VDH call calendar** (next slide); Gov. Media Briefings generally **Tuesdays only**; VMS calls w/Dr. Levine **select Thursdays only**
- Situation, VDH, AAP updates; week in review
- Practice Issues – **Safe Return to School for Vermont Students**
- 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: Fall Calendar



- ❑ **September: likely Mon. & Wed. with exceptions below**
  - ❑ **Next call September 22, 2021**
  - ❑ **No calls on September 1, September 15, September 20**
  - ❑ **September call dates: 9/8 (W), 9/13 (M), 9/22 (W), 9/27 (M), 9/29 (W)**
- ❑ **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 with VDH Commissioner Levine now select Thursdays only (see next 2 slides)**

# VMS Calls with Health Commissioner Levine: Fall Schedule

- Anticipate these will **generally** occur the ***first Thursday of each month***
- There will be a few exceptions when they will be held the ***third Thursday of the month***: **next call 10/21/21**
- VMS will also host a “**COVID Hot Topics**” call the ***third Thursday of the month***
  - ▣ **This week – 9/16/21: EUA for Under 12/Back to School Update**
- Summary: VMS calls will be 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**





# Vermont Medical Society

## *VMS Commissioner Call Fall / Winter 2021 Schedule*

### *& COVID-19 Clinical Conversations*

Join us this Fall/Winter 2021: VMS will host Commissioner Mark Levine on these specific Thursdays from 12:30 – 1:00pm. VMS will also host COVID-19 Clinical Conversations with local experts on relevant issues facing Vermont health care clinicians on the other listed Thursdays from 12:30 – 1:00pm:

- **Sept 2, Commissioner**
- **Sept 16, COVID-19 Clinical Conversation**
- **Oct 7, COVID-19 Clinical Conversation**
- **Oct 21, Commissioner**
- **Nov 4, Commissioner**
- **Nov 18, COVID-19 Clinical Conversation**
- **Dec 2, Commissioner**
- **Dec 16, COVID-19 Clinical Conversation**

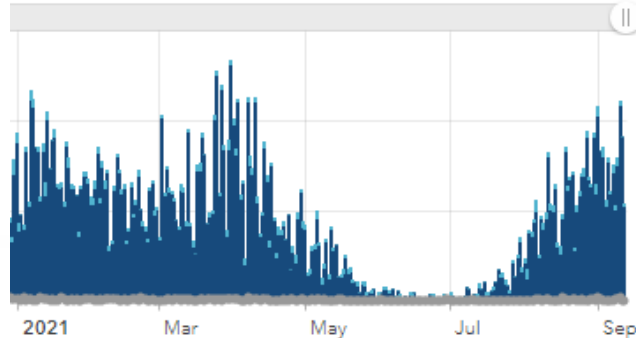
Zoom link: <https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJlZG4yQT09>

Meeting ID: 867 2625 3105 / Password: 540684

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

# Situation update

New Cases	<b>108</b>
30,264 Total	
Currently Hospitalized	<b>38</b>
Hospitalized In ICU	<b>9</b>
Hospitalized Under Investigation	<b>1</b>
Percent Positive 7-day Avg.	<b>3.5%</b>
People Tested	<b>459,003</b>
Total Tests	<b>1,965,988</b>
Recovered	<b>26,575</b>
87.8% of Cases	
Deaths	<b>288</b>
1% of Cases	
Last Updated: 9/13/2021, 11:15:07 AM	



VT New Cases, Probables, Deaths

**NOTE: VDH Dashboard now (again) updated EVERY DAY by 12:00 p.m.** Case info reflects counts as of end of the previous weekday. All data are compiled by the VDH; are preliminary & subject to change.

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

- One year ago: VT total cases = 1684 (7 new)
  - U.S. **41.02 million+** cases; **659,806 deaths**
    - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 9/13/21)
    - Past week: av. 145,724 cases/day (14d. change **-15%**)
    - **4.63 million+ deaths worldwide**; **224.7 million+ cases** (-11% & -15% 14-day change respectively)
  - **VDH Data Summary** now q.o.week. **9/10/21: NO Weekly Spotlight topic**
    - Case rate highest among 0-9 & 20-29 y.o.
    - Children (0-19) = 23% of VT COVID-19 cases; of those, 21% are 18-19 y.o. [Total 6,783 posted 9/10/21]
    - **Vaccine breakthrough cases = 1906** since Jan. 2021
- Find previous summaries at:  
<https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

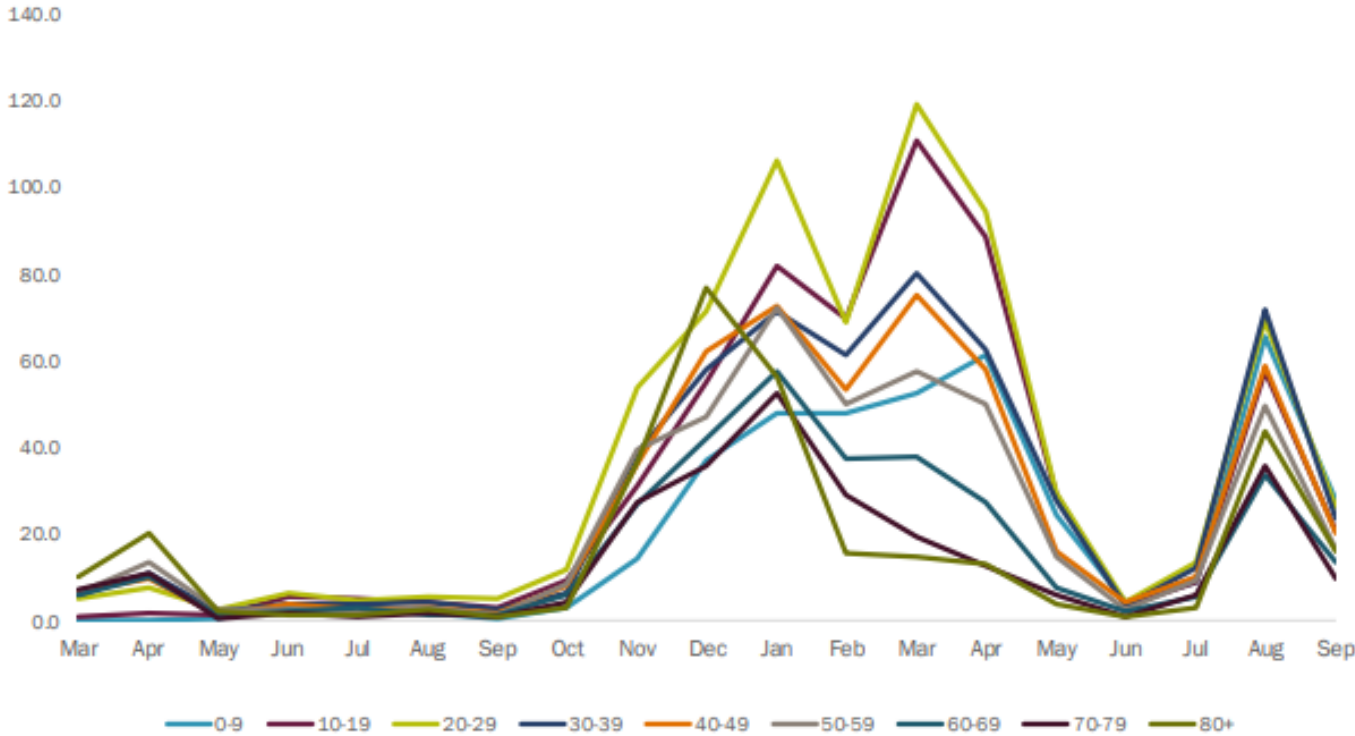
# Data Notes

- VTDigger (9/9/21): *Why is Vermont Changing Its COVID-19 Data Days Later?*
  - ▣ Issues include reporting lags, esp. in context of increased testing
  - ▣ Proposed solutions: increase staffing, software change
  - ▣ <https://vtdigger.org/2021/09/09/why-is-vermont-changing-its-covid-19-data-days-later/>
- VTDigger (9/3/21): *Vermont raises Thursday case count to 210 and reports 1 new death*
- View Data at Vermont Center for Geographic Information:  
<https://geodata.vermont.gov/datasets/vt-covid-19-daily-counts-table/explore?showTable=true>





**Rates of COVID-19 have decreased for all age groups at the beginning of September 2021. Rates are highest among 0-9 year olds and 20-29 year olds.**



**Rate per 10,000 of COVID-19 Cases by Age Group (September 1 - September 8)**

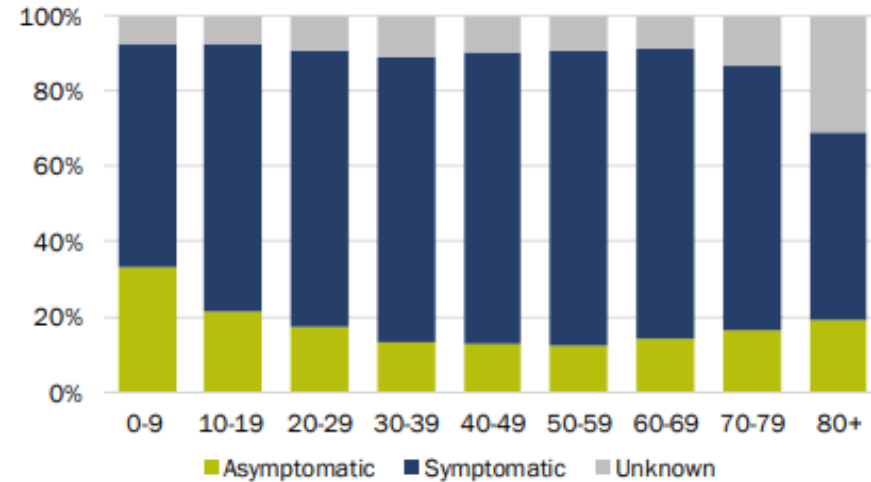
Age Group	Rate per 10,000
0-9	27.8
10-19	20.8
20-29	26.0
30-39	23.7
40-49	20.4
50-59	16.5
60-69	13.4
70-79	9.6
80+	16.1

Vermont Department of Health

# Vermont Children and COVID-19

Sign or Symptom	Percent of Children with Symptom
Runny Nose	60%
Cough	53%
Headache	48%
Fatigue	45%
Sore Throat	40%
Muscle Pain	27%
Loss of Smell/Taste	26%
Fever	22%

The percent of COVID-19 cases with **no symptoms** is higher among children. More than one quarter (26%) of cases among children had **no symptoms** reported.



**5 days**  
Average illness duration among children

**65% of children with COVID-19 had known contact with somebody else who had COVID-19.**

**Among Vermont's children with COVID-19, there are currently no reported cases of multi-system inflammatory syndrome or deaths, and less than 6 hospitalizations.**

**20% of children with COVID-19 were part of an outbreak.**

Please note the number of children hospitalized decreased on September 9, 2021 due to new information gathered as part of routine data cleaning.

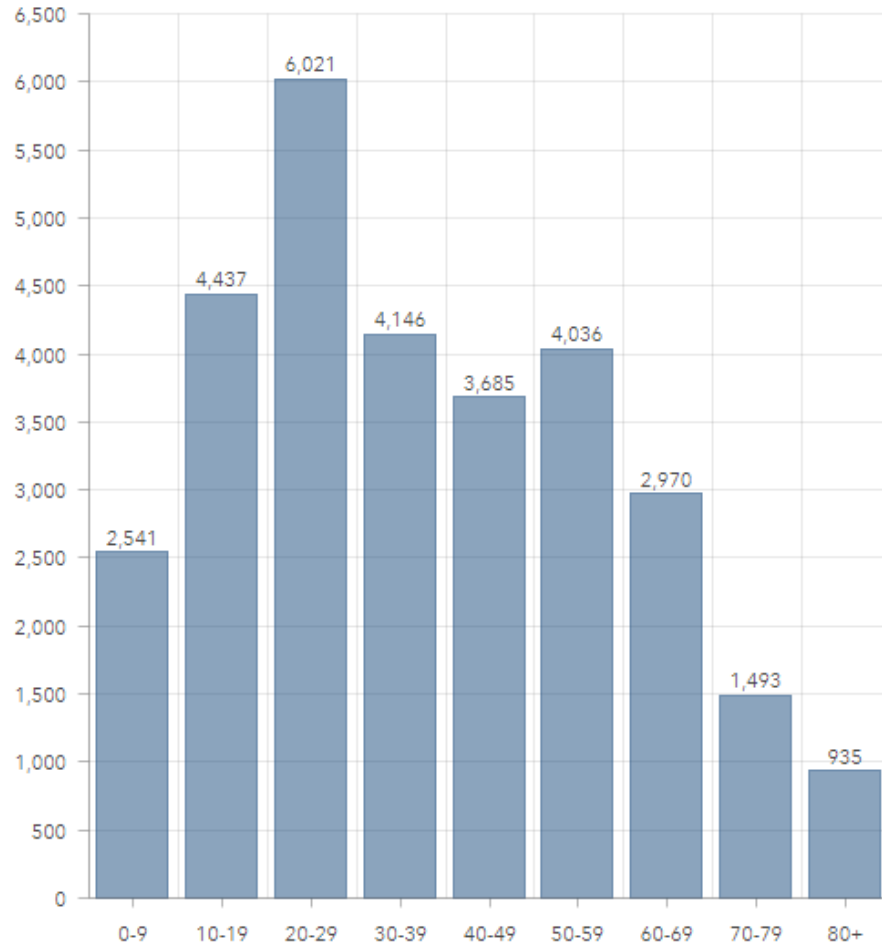
Vermont Department of Health

19

Case Demographics

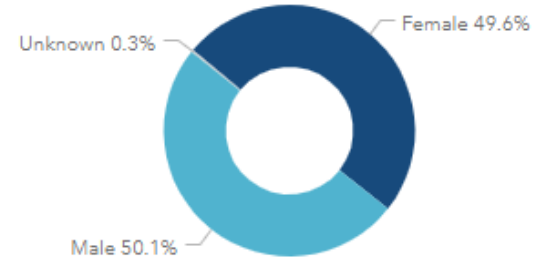
# Situation update

Vermont COVID-19 Cases by Age Group

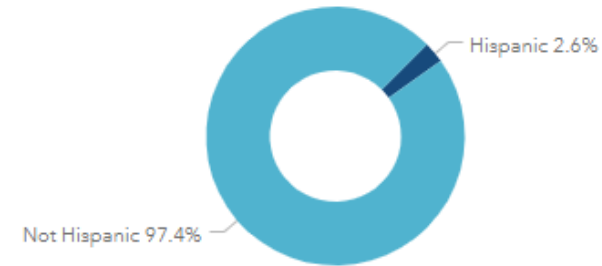


Case Demographics

Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



# Resuming “Cases in VT K-12 Learning Communities While Infectious”



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

September 6, 2021

**NOTE: weekly school reports are posted on Tuesdays before noon.**

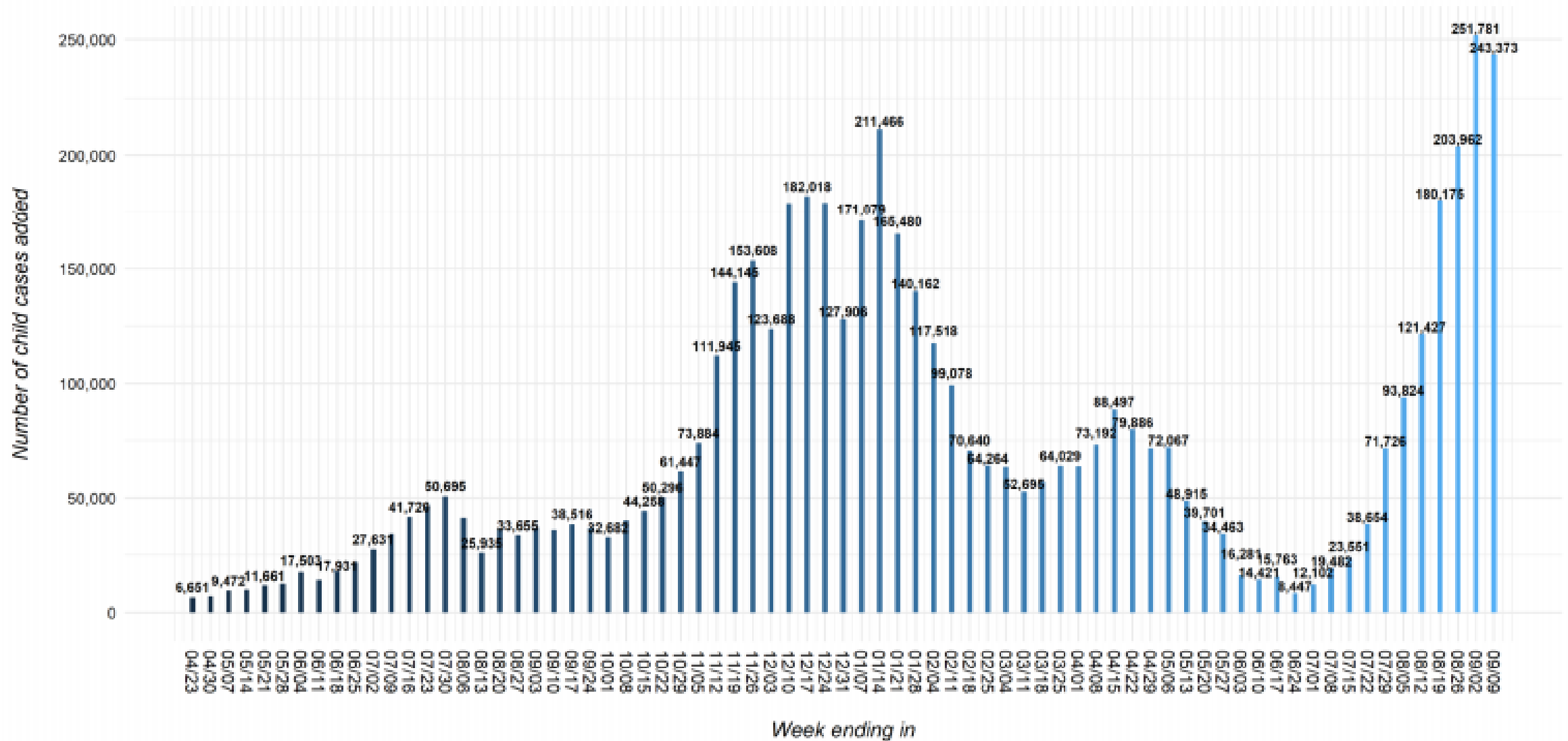
### Cases in Vermont K-12 Learning Communities While Infectious

<b>Learning Community</b>	<b>Cases Reported In the Past 7 Days</b>	<b>Total Cases</b>
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>	40	81

<https://www.healthvermont.gov/covid-19/your-community/prek-12-schools>

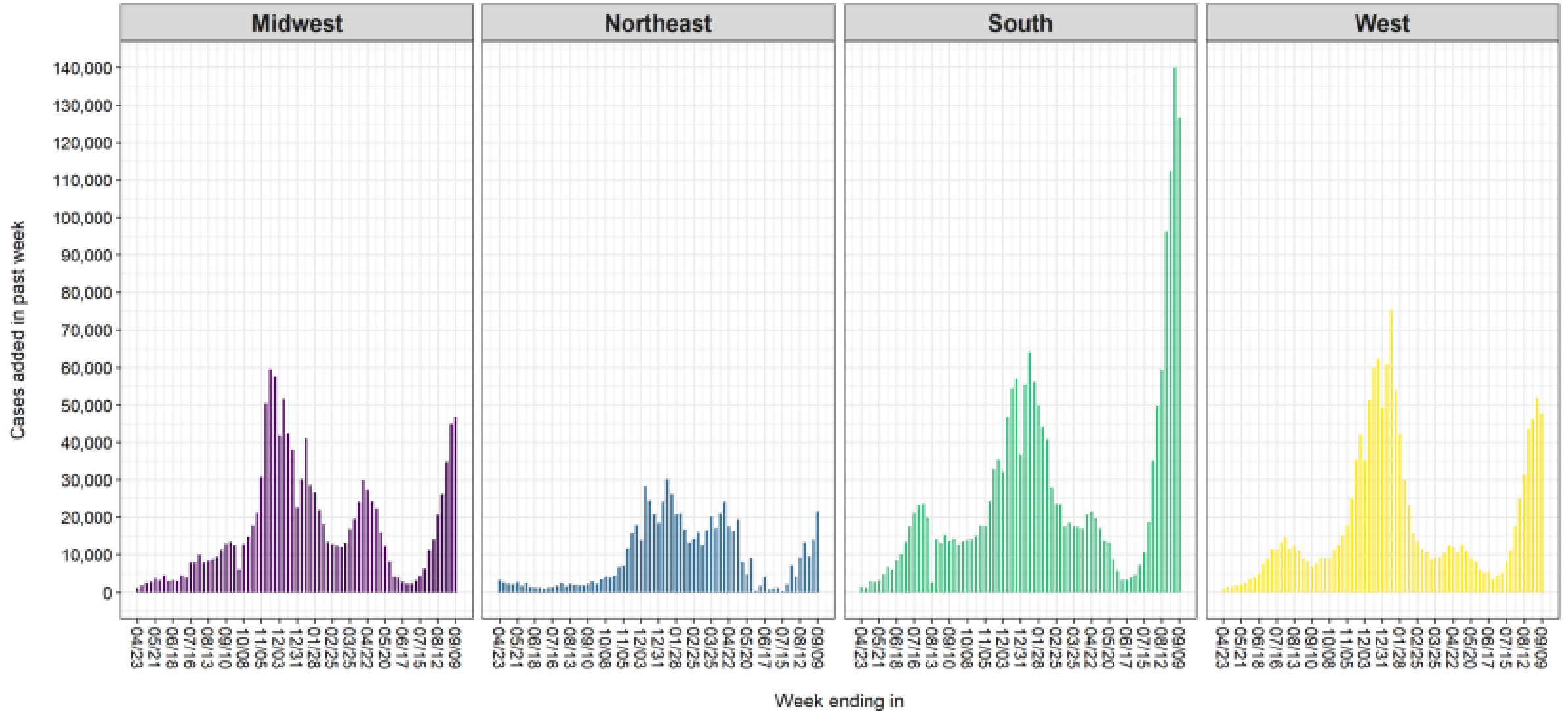


# Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week\*



\* 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, MO as of 10/1/20, WV as of 8/13/21  
 TX reported age for only a small proportion of total cases each week (eg, 3-20%); TX cumulative cases through 8/26/21  
 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  
 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

# 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;

TX reported age for only a small proportion of total cases each week (eg. 3-20%); TX cumulative cases through 8/26/21

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

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

# 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



Home Pharmacy + Savings + Shop + About Us +

## 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



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.



Menu

Search by keyword or item #



## 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 >

15



# VDH COVID-19 Vaccine Dashboard (Summary Page: 9/13/21)

- 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:** See our progress toward the **Vermont Forward** target of 80%... percentages draw on state-level data from **CDC**; incl. some data not reported to VDH (CDC data more inclusive/less detailed than VDH & may differ from VDH dashboard).

## Vermont Vaccination Data

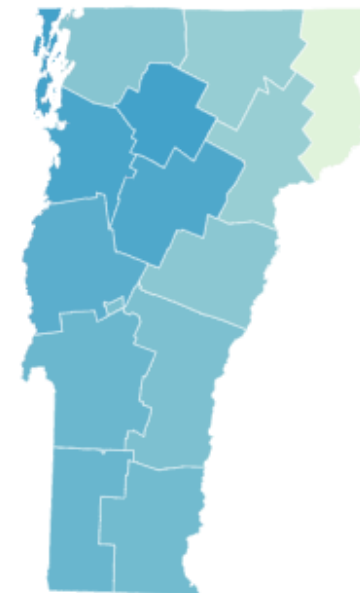
Blue headers indicate CDC data  
Gray headers indicate Vermont data

### Vaccination by County Age 12+

The percent of the county population age 12+ that has received at least one dose of the vaccine

Show Rates By:

County	Overall progress
Addison	84.7%
Bennington	82.1%
Caledonia	73.7%
Chittenden	87.7%
Essex	60.6%
Franklin	76.6%
Grand Isle	88.9%
Lamoille	88.9%
Orange	76.0%
Orleans	74.0%
Rutland	81.6%
Washington	86.7%
Windham	80.4%
Windsor	78.5%



60.6% 88.9%

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

Summary

By Age, Sex, Race, Ethnicity

### Vermont Forward

86.7%

of Vermonters 12+ have received at least one dose

477.8K

Vermonters 12+ have received at least one dose

77.5% of Vermonters 12+ have completed vaccination

Source: CDC

### Vaccine Distribution

Doses Administered

886.7K

### Total People Vaccinated

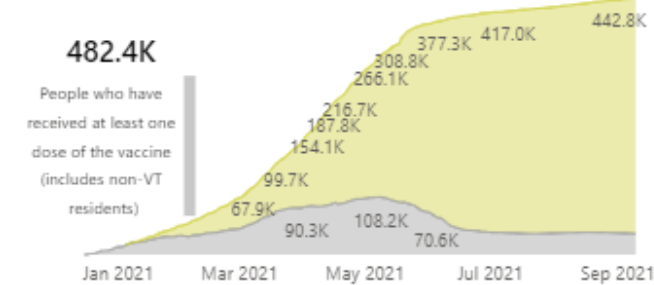
Total People Started

39.6K

Total People Completed

442.8K

— Started — Completed



Updated 9/11/2021 9:10:29 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 = 72.2% (71.8% on 9/8/21)
  - ▣ 16-17 = 76.7% (76.5% on 9/8/21)
  - ▣ 18-29 = 60.8% (61.0% on 9/8/21)
  - ▣ VT Age 12+ = 82.4% (82.2% on 9/8)

## 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	72.2%
16 - 17	76.7%
18 - 29	61.0%
30 - 39	82.4%
40 - 49	81.9%
50 - 59	84.7%
60 - 64	90.6%
65 - 69	96.5%
70 - 74	99.9%
75+	97.0%
<b>VT Age 12+</b>	<b>82.4%</b>

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	74.7%
Black or African American	74.5%
Native American, Indigenous, or First Nation	29.9%
Pacific Islander	29.4%
Two or more races	68.3%
White	80.4%
<b>VT Age 12+</b>	<b>79.8%</b>

Race information is not reported for 3% 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	95.0%
Not Hispanic	77.9%
<b>VT Age 12+</b>	<b>78.2%</b>

Ethnicity information is not reported for 5% 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	67.4%	81.2%	89.2%	75.9%
Non-Hispanic White	60.5%	79.4%	95.2%	78.1%
<b>Vermont</b>	<b>61.2%</b>	<b>79.5%</b>	<b>95.0%</b>	<b>78.0%</b>

Race/ethnicity information is not reported for 5% 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

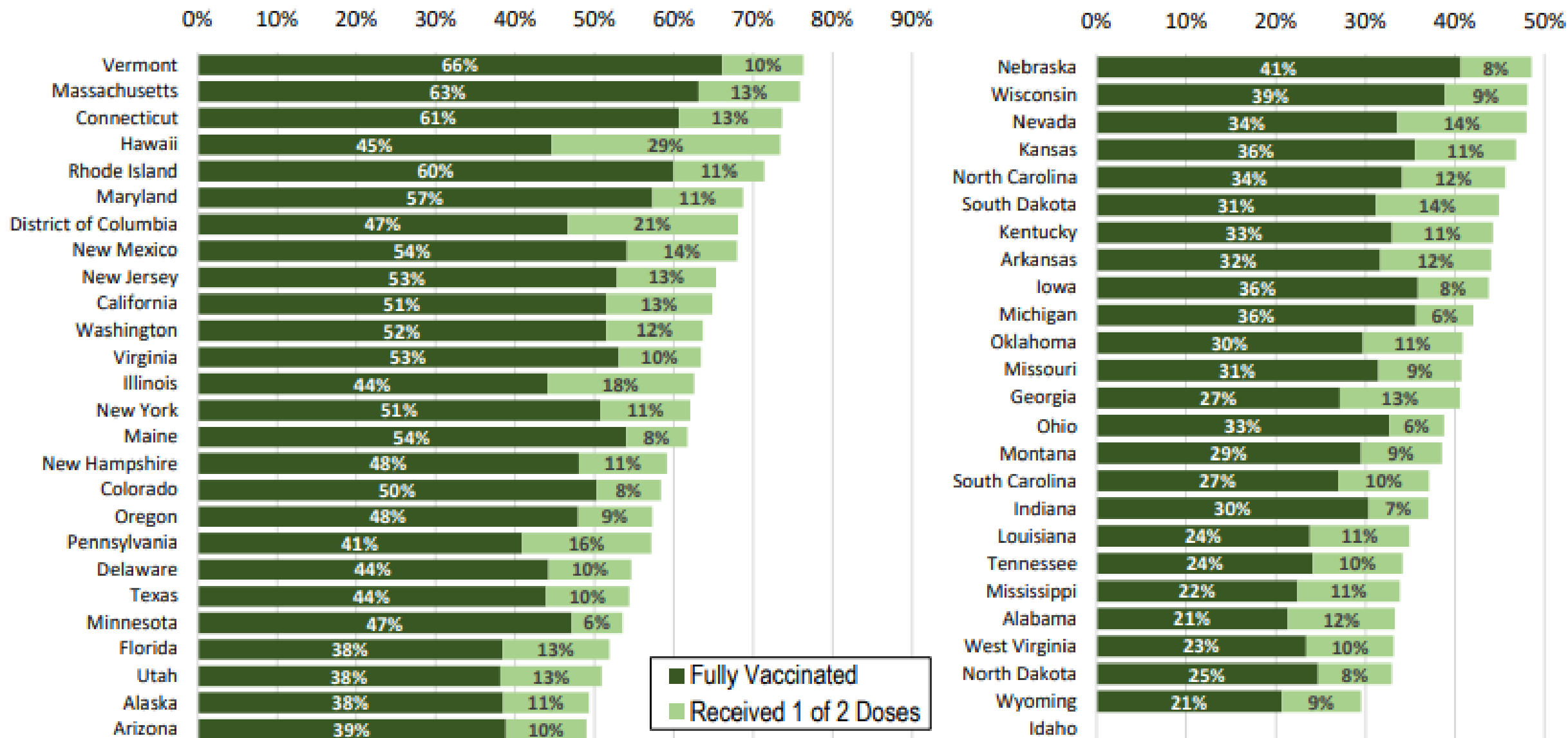
Sex	%*
Female	84.5%
Male	79.9%
<b>VT Age 12+</b>	<b>82.3%</b>

Sex information is not reported for 509 people vaccinated.

Updated 9/11/2021 9:10:29 AM

# Proportion of US Children Ages 12-17 Vaccinated Against COVID-19 by State of Residence

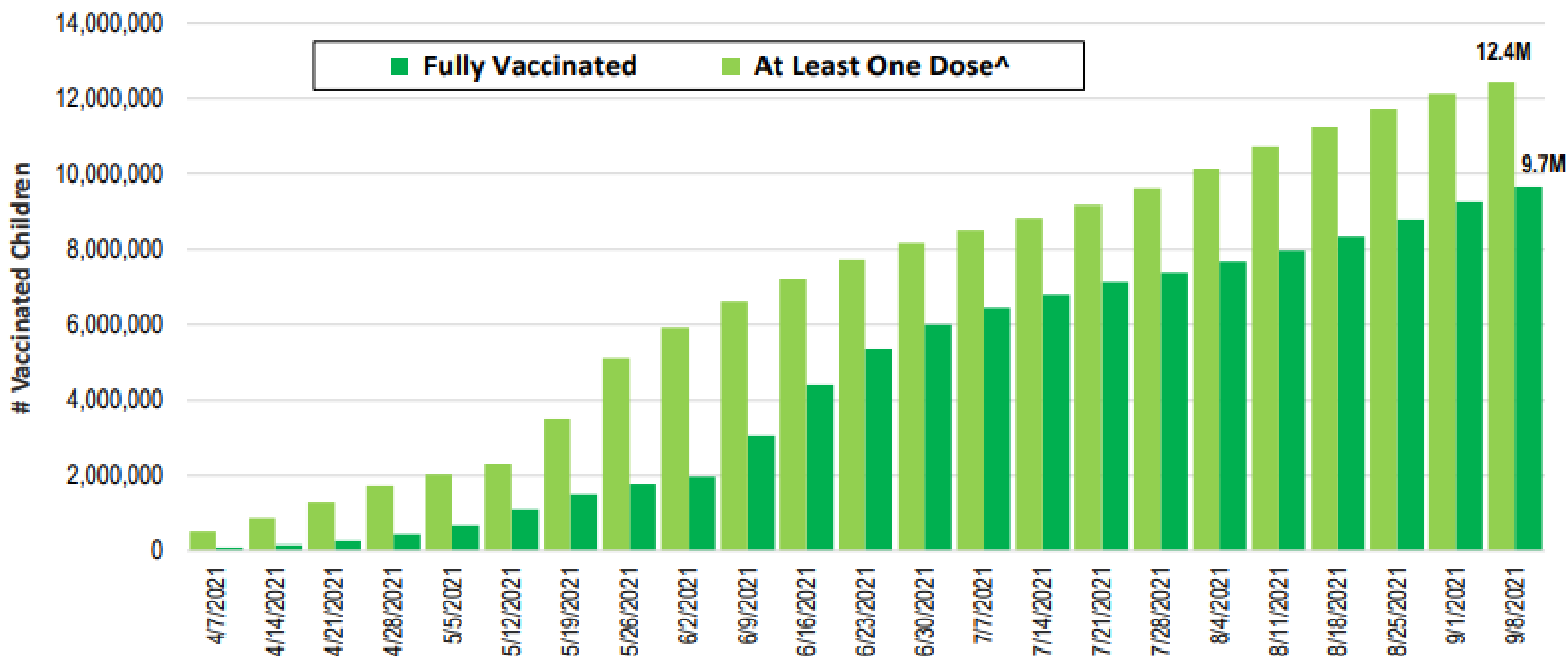
as of 9.8.21



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/COVID-19-Vaccinations-in-the-United-States-Jurisd/uns-k-b7fc> ). Idaho information not available. Check state's web sites for additional or more recent information

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

4.07.21 to 9.8.21

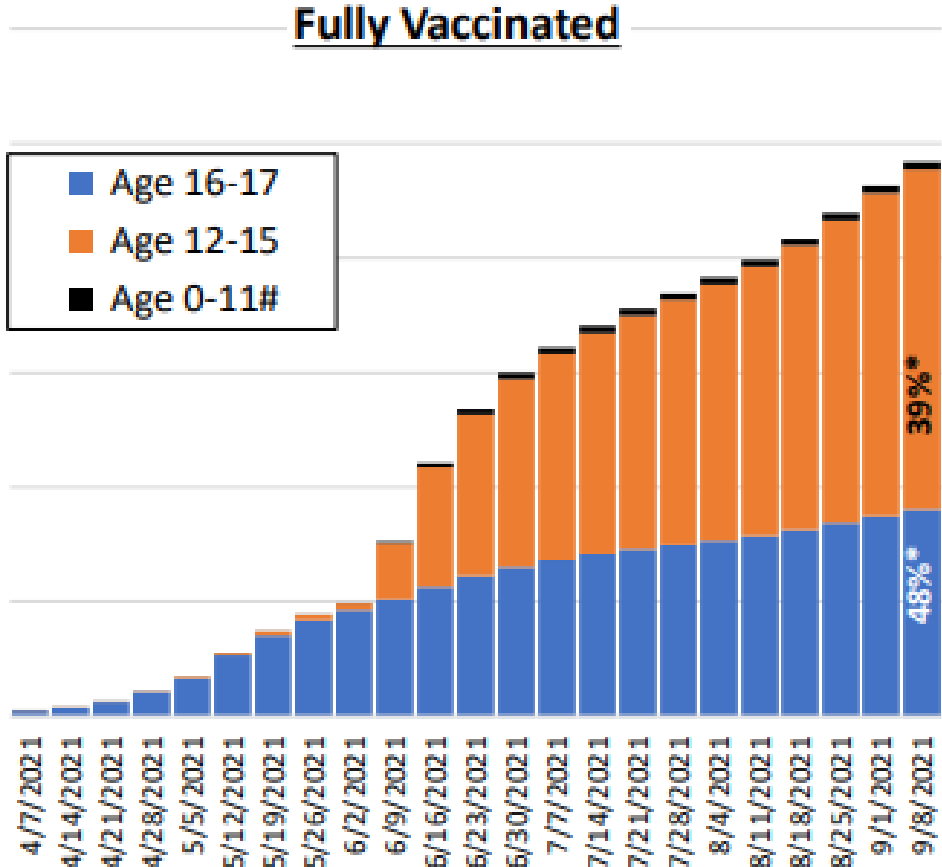
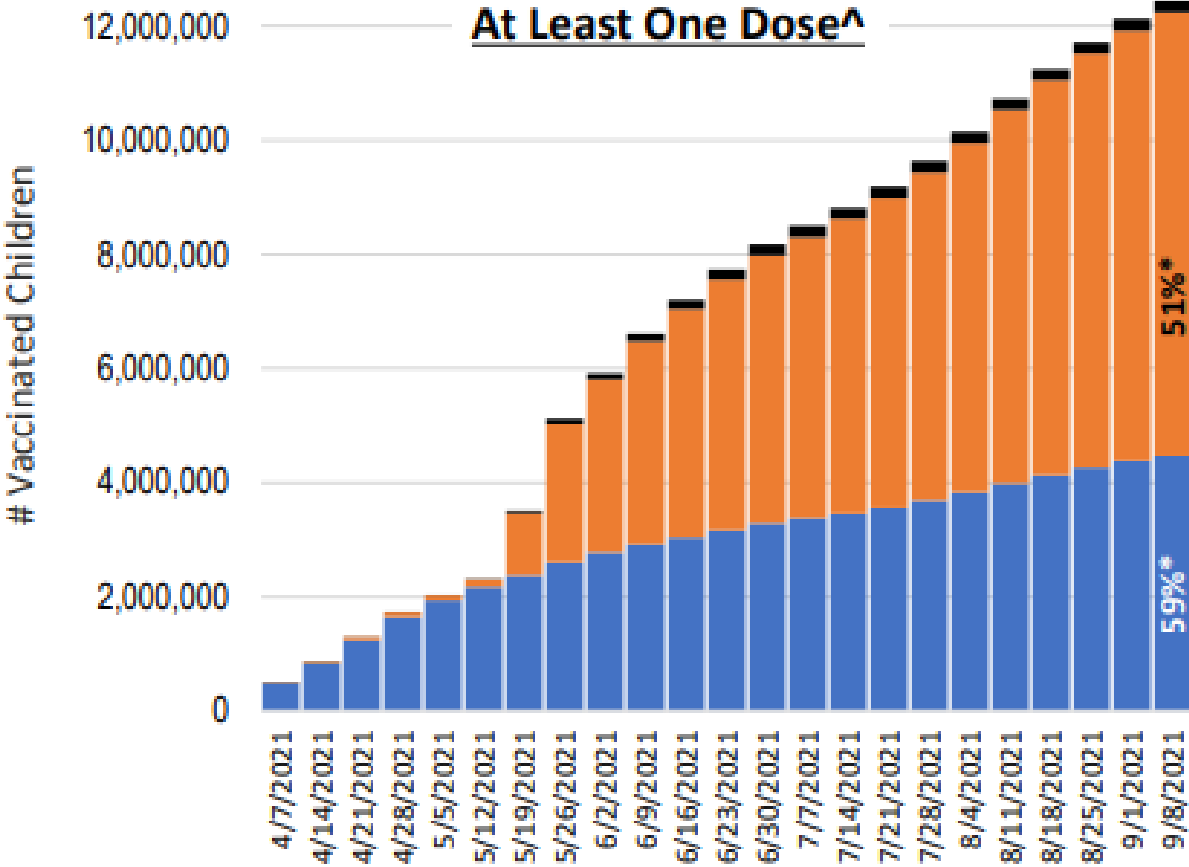


<sup>^</sup>Includes those having received only 1 of 2 doses and those fully-vaccinated.

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 9.8.21



<sup>^</sup>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 eligible 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."

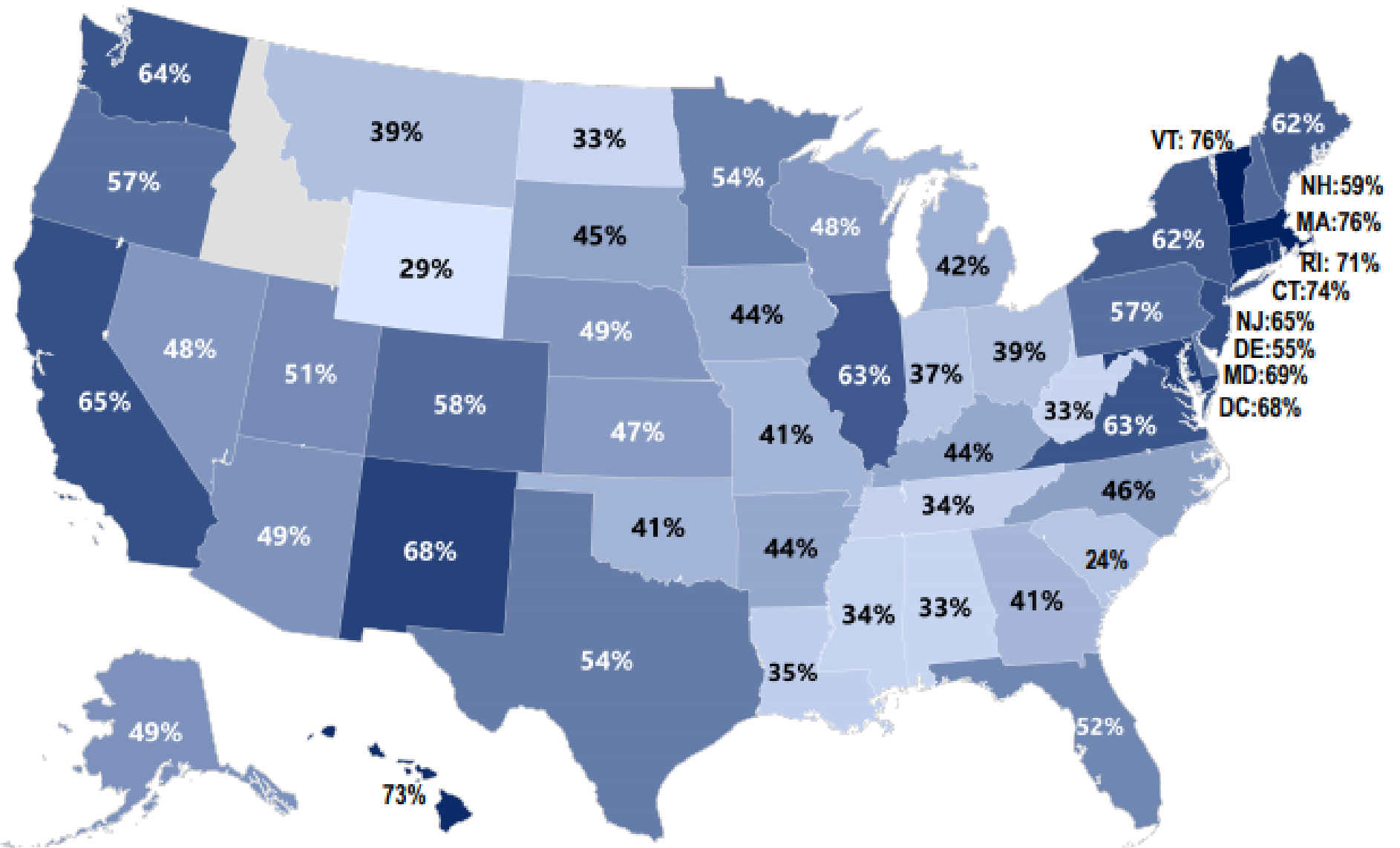
Source: AAP analysis of data series published by the CDC titled "Demographic Trends of People Receiving COVID-19 Vaccinations in the United States."



Received At Least 1 Dose  
29% 76%

as of 9.8.21

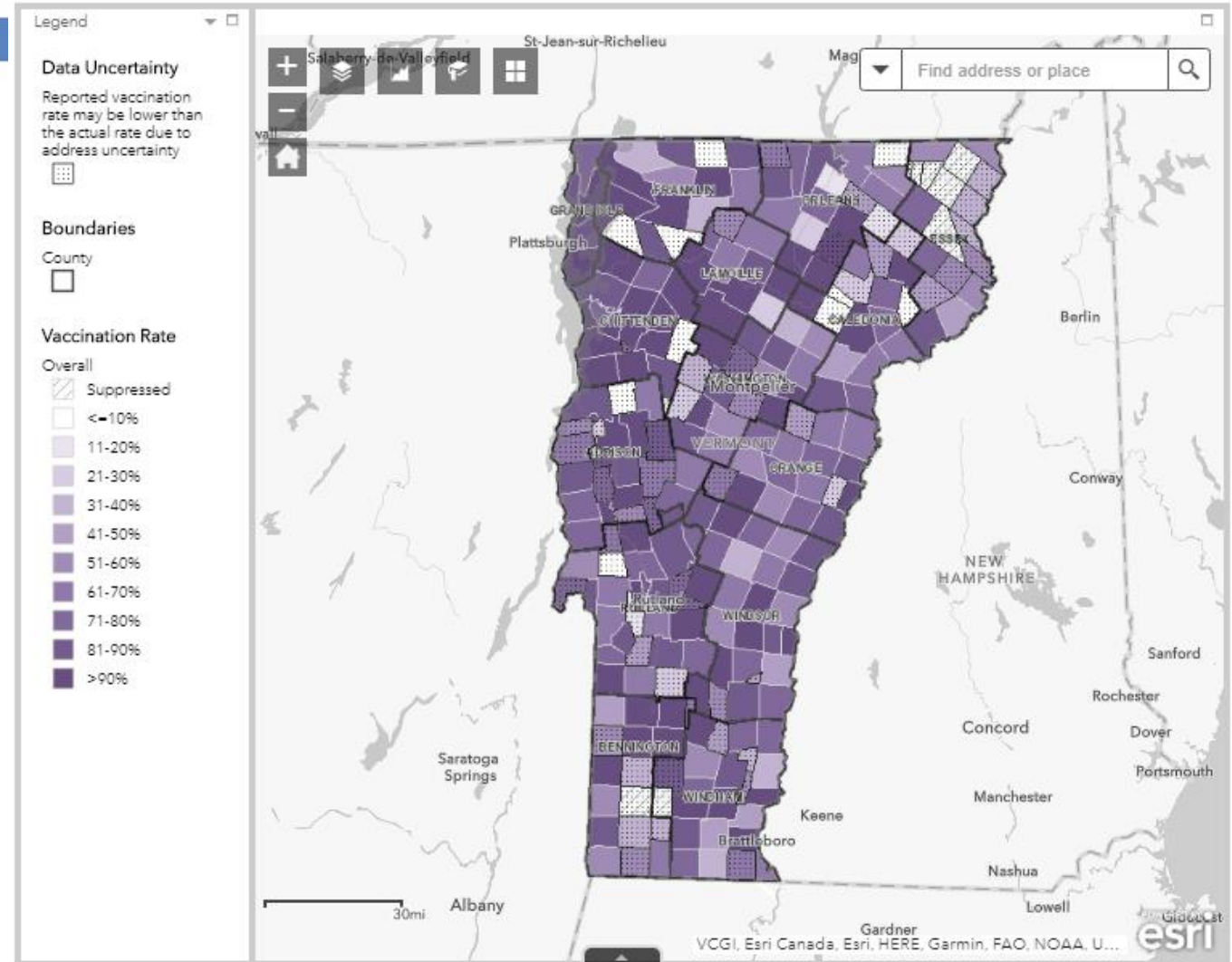
# Proportion of US Children Ages 12 through 17 Who Received At Least One Dose of the COVID-19 Vaccine by State of Residence



**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/C-OVID-19-Vaccinations-in-the-United-States-Jurisdiction/uns-k-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

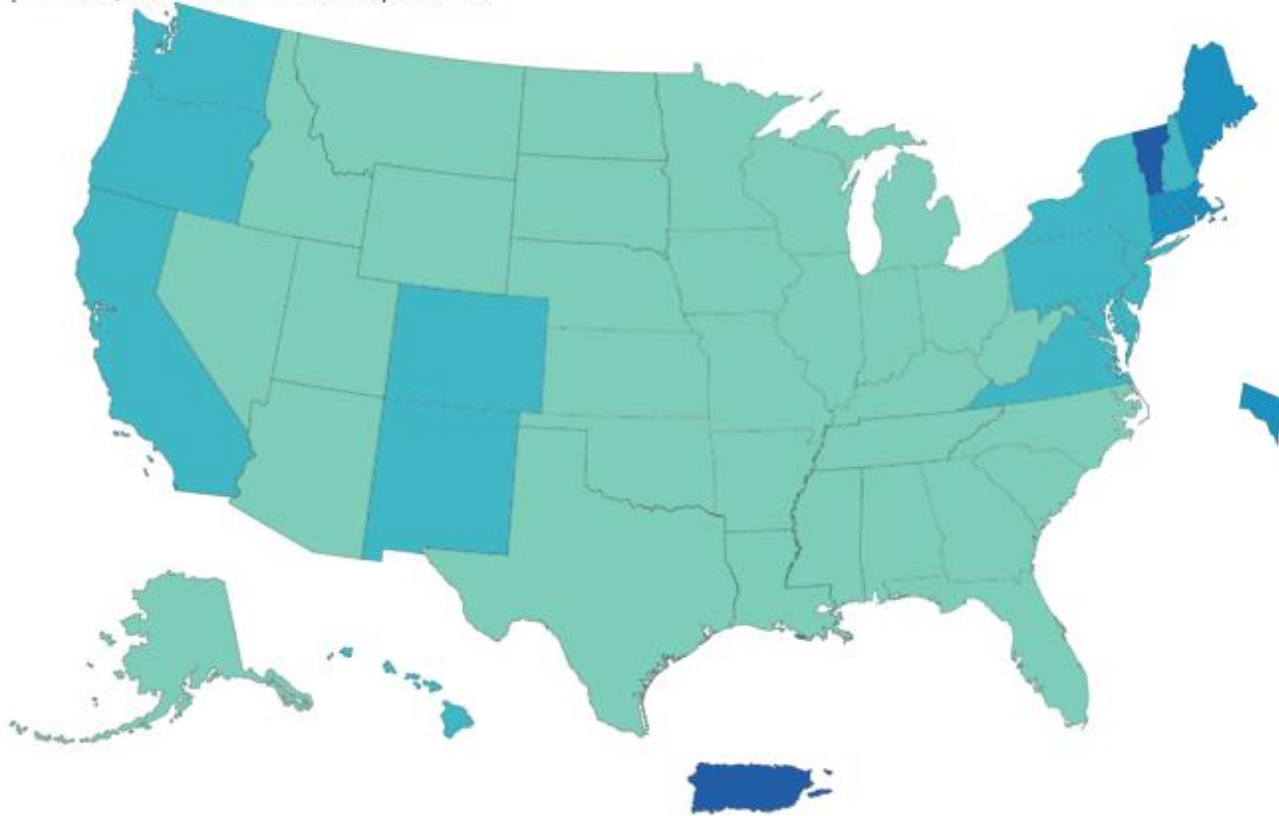
- Map shows overall % of VTers age 12+ vaccinated with  $\geq$  one dose of COVID-19 vaccine.
- Map updated weekly (Thurs.) & includes data reported to VT Immunization Registry thru Wed. [Note: last reviewed 6/29/21]
- Please use caution when interpreting town data – several scenarios where vaccinations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



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

# 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



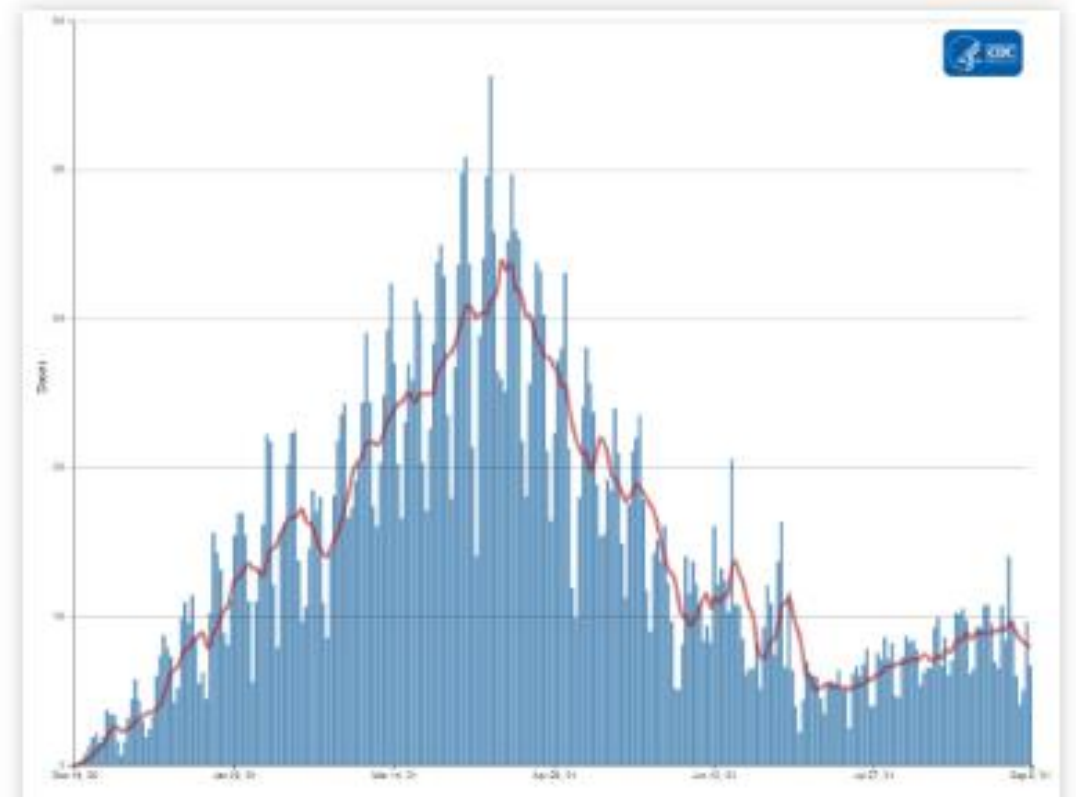
Total Doses Administered per 100,000

○ No Data ○ 0 ○ 1 - 120,000 ○ 120,001 - 130,000 ○ 130,001 - 140,000 ○ 140,001 - 150,000 ○ 150,001 +

**Above = KEY for doses/100K**

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>

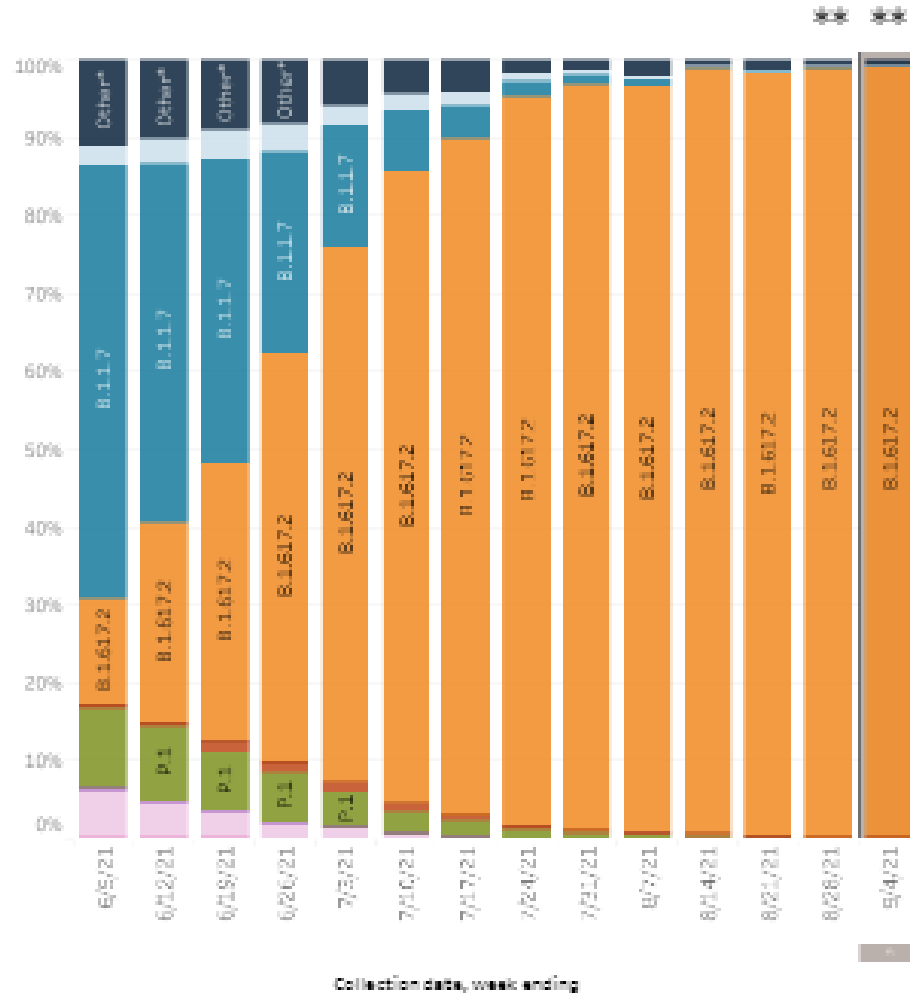
<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

September 13, 2021

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

United States: 5/30/2021 - 9/4/2021

United States: 8/29/2021 - 9/4/2021 NOWCAST



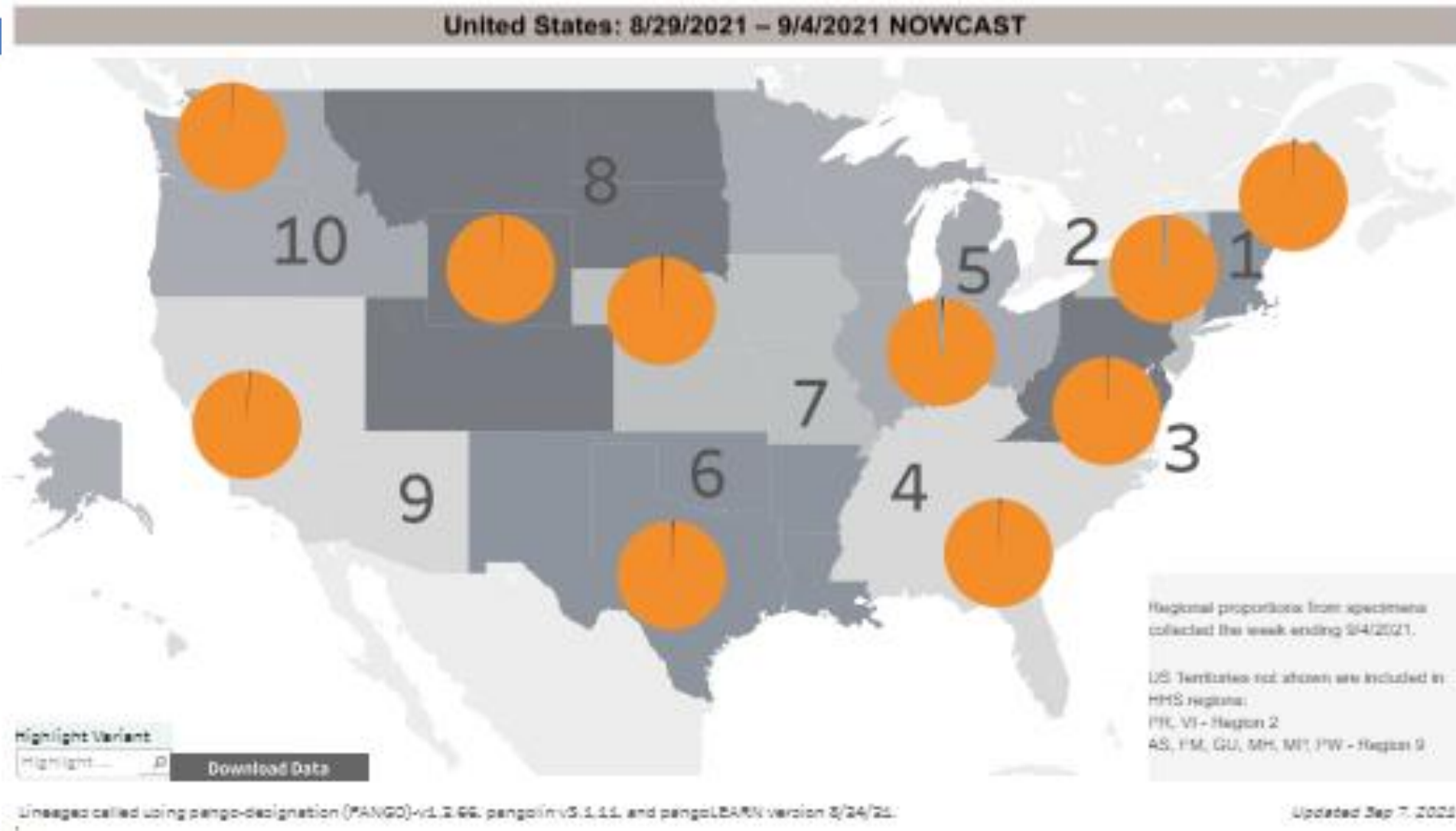
USA				
WHO label	Lineage #	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	0.1%	0.0-0.2%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.0%	0.0-0.2%
Delta	B.1.617.2	VOC	98.9%	97.8-99.8%
	AY.2	VOC	0.1%	0.0-0.5%
	AY.1	VOC	0.1%	0.0-0.5%
Eta	B.1.525	VUI	0.0%	0.0-0.2%
Iota	B.1.526	VUI	0.0%	0.0-0.2%
Kappa	B.1.617.1	VUI	0.0%	0.0-0.2%
Mu	B.1.621		0.1%	0.0-0.5%
N/A	B.1.617.3	VUI	0.0%	0.0-0.2%
Other	Other*		0.7%	0.0-1.7%

Note striking preponderance of Delta variant (orange) in far right column, two weeks ending 9/4/21.

\* Enumerated lineages are VOC/VUI or are circulating >1% in at least one HHS region during at least one two-week period; remaining lineages are aggregated as "Other".  
 \*\* 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 are aggregated with the parent lineage and included in parent lineage's proportion. Q.1-Q.8 are aggregated with B.1.1.7. AY.3-AY.25 are aggregated with B.1.617.2.



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



Again note striking preponderance of Delta variant (orange) across all HHS Regions (two weeks ending 9/4/21).

# SARS Co-V-2 Variants in Vermont

- Note (8/25/21): ***“At this time, all genetically sequenced specimens are the Delta variant. For this reason, we have suspended the variant table.”***
- <https://www.healthvermont.gov/covid-19/current-activity/covid-19-communities>

Specimens Collected from July 7 to July 29

COUNTY	B.1.1.7 (ALPHA)	P.1 (GAMMA)	B.1.351 (BETA)	B.1.617.2 (DELTA)
Addison	0	0	0	12
Bennington	0	0	0	1
Caledonia	0	0	0	3
Chittenden	1	0	0	56
Essex	0	0	0	5
Franklin	0	0	0	4
Grand Isle	0	0	0	1
Lamoille	0	0	0	1
Orange	0	0	0	5
Orleans	0	0	0	14
Rutland	2	0	0	12
Washington	0	0	0	24
Windham	0	0	0	10
Windsor	0	0	0	1



## ***2021 AAP NATIONAL ELECTION RESULTS (9/9/21):***

- **PRESIDENT-ELECT:** Sandy L. Chung, MD FAAP (VA)
- **DISTRICT I RESULTS** (New England states, Uniformed Services east of the Mississippi, Quebec & Canadian Maritime Provinces):
- **District Vice-Chairperson:** ***Pat Flanagan, MD FAAP (RI)***
- **District National Nominating Committee representative:** ***Rebecca Bell, MD FAAP (VT)***

***CONGRATULATIONS, BECCA!***



# From the AAP

- **New.** Guidance: Providing Pediatric Well-Care During COVID-19 (8/30/21)
  - All WCC should occur in person whenever possible & w/in child's medical home establish/maintain continuity of care). For practices who have successfully implemented telehealth...these visits should continue... followed by a timely in-person visit.
  - Outpatient newborn care should not be compromised...nbn visits optimally **in person**.
  - Identify children who have missed WCC and/or recommended vaccinations & contact to schedule appointments (newborns, infants, children, & adolescents).
  - Inquire & document re: COVID infections & vaccination status; monitor pts. with h/o infection for ongoing symptoms per AAP interim guidance on **post-COVID conditions**.
  - Integrate surveillance/screening for social/emotional/behavioral concerns into every visit & provide age appropriate anticipatory guidance...Special consideration to populations with higher baseline risk (e.g., populations of color, poverty, refugees, CYSHCN, children & youth involved w/child welfare or juvenile justice systems).

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-on-providing-pediatric-well-care-during-covid-19/>

# Reminder: AAP COVID-19 Town Halls

- Most recent: **Thursday, September 9, 2021 at 8 pm Eastern**
- **Topic: *How Are the Children?***
  - Addressing the variety of impacts that COVID-19 is having on children and adolescents. Presented by leading experts; opportunity to connect with peers.
- 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/>



# In the News: President Biden's COVID-19 Action Plan (9/10/21)

- Path Out of the Pandemic – six prongs (selected strategies) **[this slide added after today's call]**
  - Vaccinating the Unvaccinated: incl. require employers w/100+ to ensure vax or weekly testing; require vax for federal workers/govt. contractors, health care workers at Medicare/Medicaid participating institutions
  - Further Protecting the Vaccinated: boosters (pending FDA auth. & ACIP recs.)
  - Keeping Schools Safely Open: require vax for certain staff; enc. all states to require vax for school employees; addtl. funding; access to student/staff testing; timely FDA review for vaccines for individuals <12 y.o.
  - Increasing Testing (expand production/at-home access) & Requiring Masking (interstate travel; federal property)
  - Protecting Our Economic Recovery
  - Improving Care for those with COVID-19: monoclonal Ab treatment



# Vaccine News [this slide updated *after* today's call]

- ***This just in:*** AAP President Lee Beers on pediatric vaccine (9/13/21): <https://www.pbs.org/newshour/show/american-academy-of-pediatrics-urges-fda-to-approve-covid-vaccines-for-children-under-12>
- Association of Medical School Pediatric Department Chairs (AMSPDC) statement on Vaccines for Kids: advocating for rapid FDA EUA turn-around for vaccine use in 5-11 year olds after receipt of Pfizer data in September.
  - <https://media.ampdc.org/wp-content/uploads/2021/09/10172028/AMSPDC-Statement-on-Vaccines-for-Kids.pdf>
- FDA ***Vaccines and Related Biological Products Advisory Committee*** to meet Friday, September 17 (anticipate discussion of COVID-19 vax boosters)
- Excellent interview/discussion with AAP national President Lee Beers, MD FAAP, re: pediatric COVID-19 vaccine (9/7/21): <https://www.npr.org/transcripts/1034926652>
- ***The Tennessean:*** How GOP pressure halted Tennessee's vaccine outreach to teens: <https://www.tennessean.com/news/>

# Governor Scott Media Briefing



- Moved to Wednesday last week due to Labor Day holiday – selected highlights:
  - ▣ Announced extension of universal masking in schools until 10/4/21
  - ▣ Anticipate cash incentives for schools that hit high vax rates; AOE setting aside \$2m. for this; schools to submit grant requests with student input.
  - ▣ Provided info on two outbreaks:
    - Waterbury camp outbreak: youth had some **indoor** activity due to rain; masks not enforced initially.
    - Wedding-related: case at wedding likely got COVID from a bar, then attended wedding with some indoor activity & inconsistent masking.
  - ▣ Helpful summary of two outbreaks:  
<https://twitter.com/JaneLindholm/status/1435639956458852354/photo/3>

# From AAP-VT

## □ **Leading the conversation re: masking in schools**

- ~1 mo. ago VDH/Agency of Education school guidance recommended universal masking for ~1<sup>st</sup> 10 school days, regardless of vaccine status.
- AAP-VT has supported school districts/administrators w/rec. to cont. universal masking
- All Districts except Canaan adopted AAP-VT recommendation (“encouraged,” not req.).
- State of VT recommendation: after 1<sup>st</sup> 10d., if reach 80% of eligible students vaccinated, mask not required for 12+.
- AAP-VT does **not** agree w/above, given current environment (Delta variant, breakthrough infections, etc.).
- AAP-VT press release last week (as we approach 10d. since schools reopened): AAP-VT, VMS, UVM CH, others saying continue masks until further notice.
- ***Thank you***, pediatricians attending school board & other meetings: Bill Raszka (Lamoille); 5 Rutland area pediatricians; Colleen Moran attending Craftsbury mtg. **tonight**.

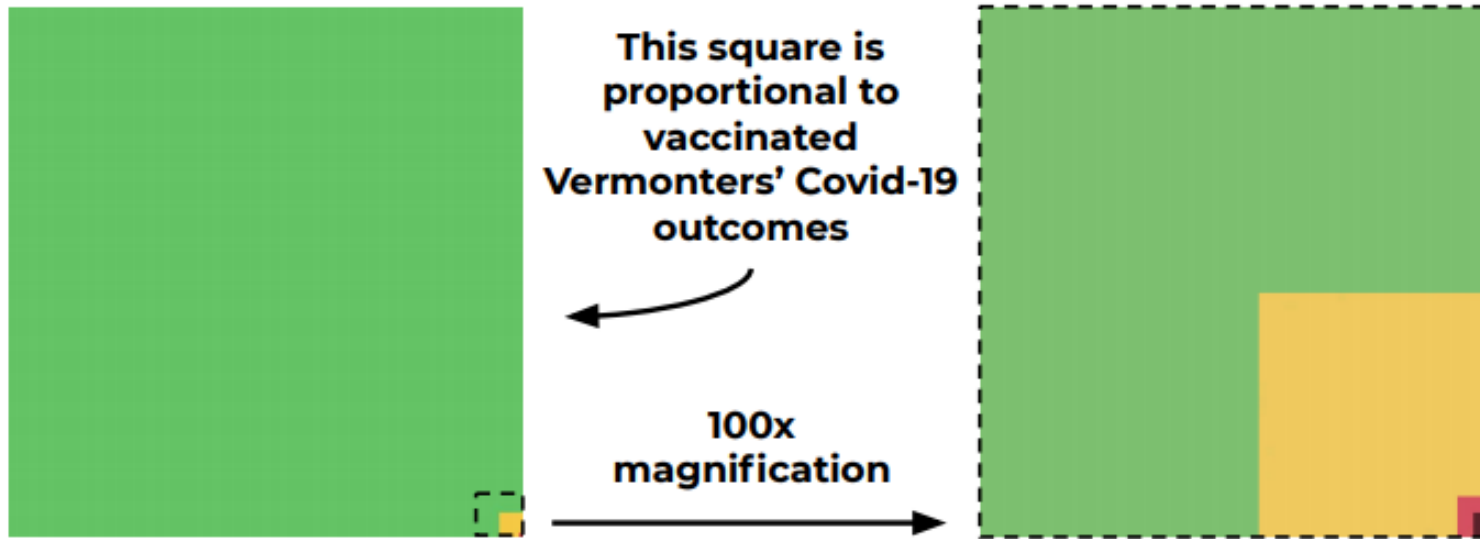
# Media briefing: from VT modeling



- [https://dfr.vermont.gov/sites/finreg/files/doc\\_library/dfr-covid19-modeling-090821.pdf](https://dfr.vermont.gov/sites/finreg/files/doc_library/dfr-covid19-modeling-090821.pdf)

## Covid-19 Among Fully Vaccinated People in Vermont

- 426,323 fully vaccinated
- 1,928 tested positive (0.45%)
- 53 hospitalized for Covid-19 (0.012%)
- 18 died due to Covid-19 (0.004%)



# Practice Issues

## *Safe Return to School for Vermont Students*



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



Please be aware of campaign planned for this week:

#ParentRising – National Walk-Out Week to Protest Vaccine, Mask Mandates

## From the Vermont Intelligence Center:

- Being promoted as organized (“peaceful”) protest – organizers recommend that parents:
  - ▣ Attend their school district’s board of education meeting and advocate for parents’ right to choose when it comes to masks and vaccines. [Pamphlet distributed by the group: <https://schoolsafety.vermont.gov/sites/ssc/files/VAULT%20Pamphlet.pdf>]
  - ▣ Email, call and send letters to their elected state officials.
  - ▣ Plan to strike the week of Sept 13.
  - ▣ Speak with union district reps and union president.
  - ▣ Get loud on social media.
- All material circulated has called for peaceful protests & activities protected by the First Amendment. Unknown how many participants expected (aside from 2 who demonstrated in Hinesburg, VT recently). ***If aware of events being organized on/near your school grounds that could endanger the safety of students and staff, please contact local law enforcement agency.***



# COVID-19 in Pediatric Patients

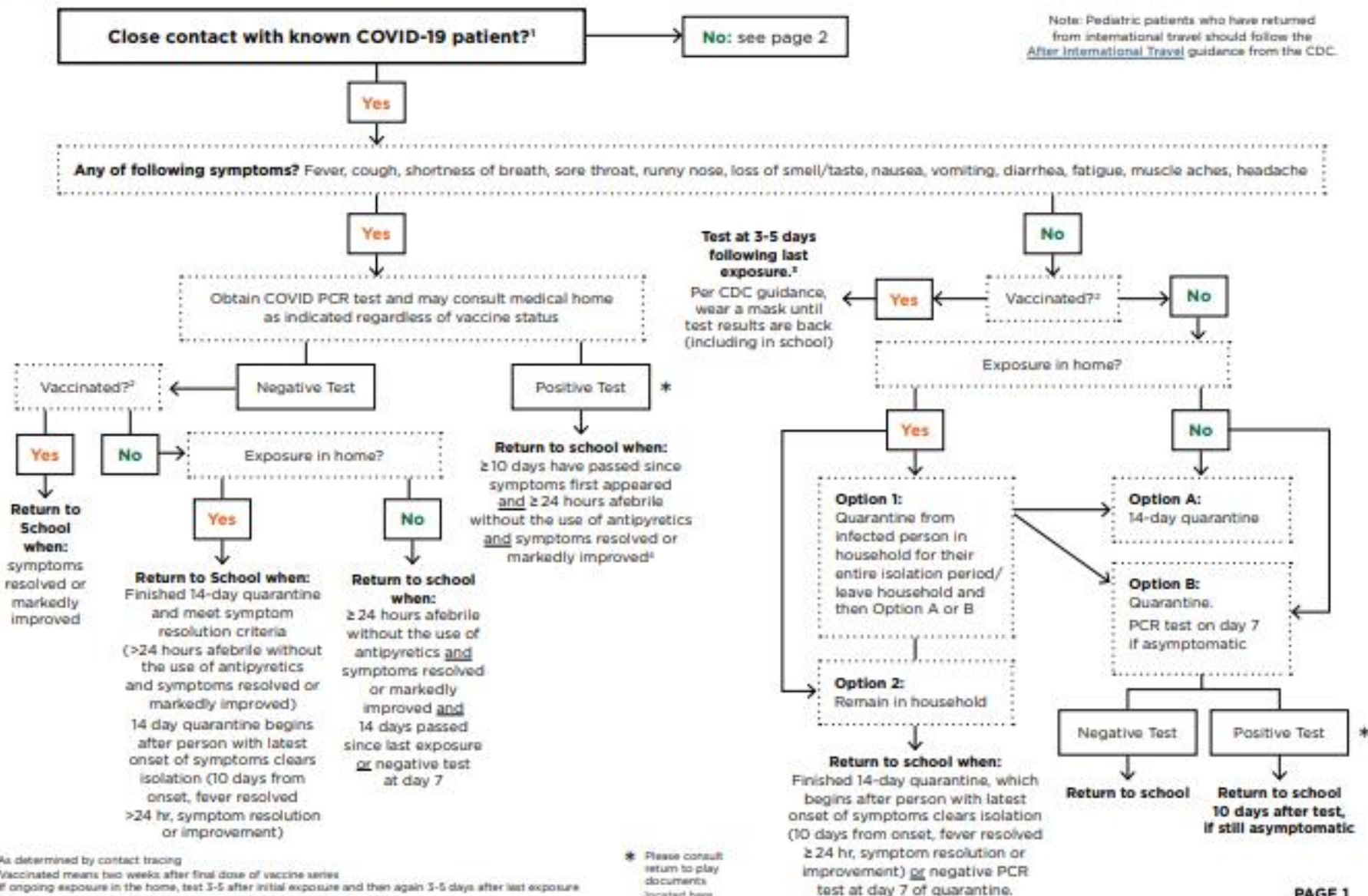
## Triage, Evaluation, Testing and Return to School

This tool is intended to assist clinicians in decision-making. It is not intended to replace clinical judgment. This is a changing environment, and as we gain new knowledge about this virus, expect adaptations. **The algorithm does NOT apply to children diagnosed with COVID-19 by PCR within the past three months.** Please consult CDC protocols in those situations.

Current as of September 10<sup>th</sup>, 2021

Note: Pediatric patients who have returned from international travel should follow the [After International Travel](#) guidance from the CDC.

**Updated  
Return to  
School  
Algorithm  
(page 1)  
Current as  
of 9/10/21**



# COVID-19 in Pediatric Patients

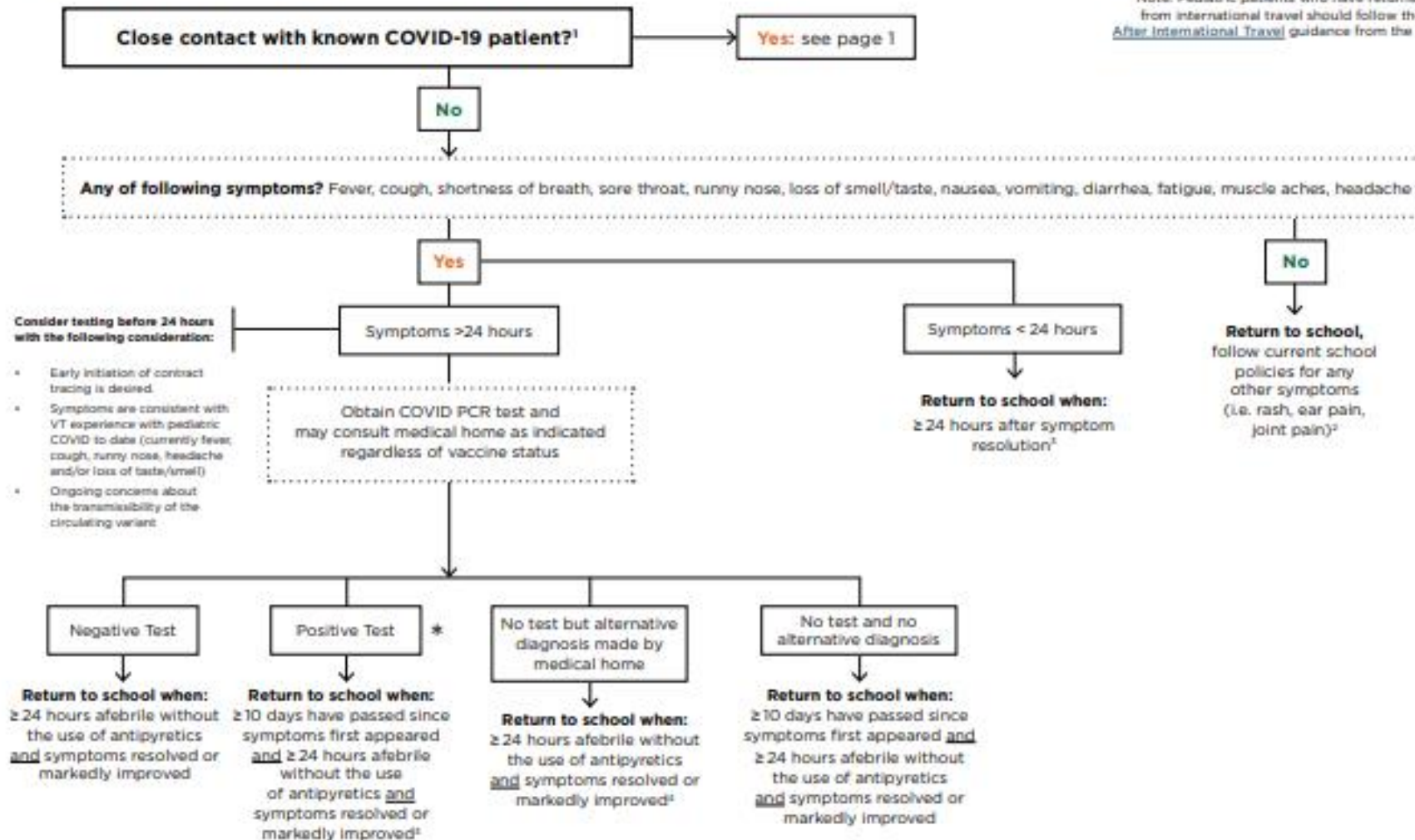
## Triage, Evaluation, Testing and Return to School

This tool is intended to assist clinicians in decision-making. It is not intended to replace clinical judgment. This is a changing environment, and as we gain new knowledge about this virus, expect adaptations. The algorithm does NOT apply to children diagnosed with COVID-19 by PCR within the past three months. Please consult CDC protocols in those situations.

Current as of September 10th, 2021

Note: Pediatric patients who have returned from international travel should follow the [After International Travel](#) guidance from the CDC.

**Updated  
Return to  
School  
Algorithm  
(page 2)  
Current as  
of 9/10/21**



¹As determined by contact tracing

²Parent/caregivers may consult medical home for persistent symptoms

³Loss of taste or smell may persist for months following COVID diagnosis

⁴Consult usual infectious disease protocols (e.g. Red Book or Caring for Our Children)

\* Please consult return to play documents [located here](#)

# Algorithm Update – *upon further review...*

**Page 1** (lower left corner): *Pathway of **unvaccinated symptomatic child** who is a **close contact** and has **ongoing exposure in household**, the child may **return to school** when:*

- ❑ Finished 14-day quarantine and meet symptom resolution criteria (>24 hours afebrile without the use of antipyretics and symptoms resolved or markedly improved).
- ❑ 14 day quarantine begins after person with latest onset of symptoms clears isolation (10 days from onset, fever resolved >24 hrs., symptom resolution or improvement)

**[NOTE: NO option to test out w/negative PCR at day 7 of quarantine]**



# COVID-19 in Pediatric Patients

## Triage, Evaluation, Testing & Return to School

- REMINDER: this is intended as a **clinical decision making tool for health care professionals, esp. PCPs & school nurses.**
  - ▣ Opportunity for **team-based care** among these partners!
- This will be a living document requiring updating as the weeks progress.
- VDH MCH team has also updated **parent school/childcare documents**:
  - ▣ [https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF\\_VTBacktoSchoolAfterIllness.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_VTBacktoSchoolAfterIllness.pdf)
  - ▣ [https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF\\_VTBacktoChildCareAfterIllness.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_VTBacktoChildCareAfterIllness.pdf)

# VDH Updated Information for Families



## Return to School Following Illness COVID-19 Information for Families

August 2021

This guidance was developed by public health and healthcare professionals using proven public health principles. It may be revised in response to changing local and state circumstances. If you have any questions or concerns about your child's health, regardless of your child's vaccination status, consult your child's healthcare provider.

### What happens if my child has symptoms at home or gets sick in school?

- If your child has any of the COVID-19 symptoms listed below, keep them home from school and call the school to report their absence.
- If your child has any COVID-19 symptoms listed below while at school, they will be moved to an area set up specifically for students not feeling well and you will be called to come pick up your child as soon as possible.
- You are encouraged to sign a consent form that allows information to be shared between your child's school nurse (when available) and healthcare provider when your child is sick.
- Decisions about when a student may return to school should be made with the school nurse, the student's healthcare provider, and the family. These decisions ensure the health and safety of your child's school and community.

### When does my child need a COVID-19 test?

- Here are the current pediatric symptoms associated with COVID-19:

Fever (100.4°F or higher)	Nausea
Cough	Vomiting
Shortness of Breath	Diarrhea
Sore Throat	Fatigue
Runny Nose	Muscle Aches
Loss of Smell or Taste	Headache

- If your child has any COVID-19 symptoms for **longer than 24 hours**, they should obtain a COVID-19 PCR test. Communicate the plan with your child's school nurse or designated personnel.
- Consider having your child tested earlier than 24 hours if they have a fever, cough, runny nose, headache, or loss of taste or smell. These are symptoms commonly experienced by children testing positive for COVID-19 in Vermont. Please consult with your child's healthcare provider if you need assistance deciding if your child needs an earlier test.
- If your child experiences allergy symptoms that are on the list above, COVID-19 PCR tests are recommended during this time of increased circulation of the COVID-19 virus.

### When can my child go back to school?

You **do not** need a signed doctor's note for your child to go back to school.

- If your child has illness symptoms for **less than 24 hours**, they can go back to school after it has been 24 hours or more since illness symptoms have resolved.



## Return to Child Care or an Out-of-School Care Program Following Illness: COVID-19 Information for Families

August 2021

This guidance was developed by public health and healthcare professionals using proven public health principles. It may be revised in response to changing local and state circumstances. If you have any questions or concerns about your child's health, regardless of your child's vaccination status, consult your child's healthcare provider.

### What happens if my child has symptoms at home or gets sick in a childcare or an out-of-school care program?

- If your child has any of the COVID-19 symptoms listed below, keep them home and call the child care program director or family child care provider to report their absence.
- If your child has any of the COVID-19 symptoms listed below while at child care or an out-of-school care program they will be moved to an area set up specifically for children not feeling well and you will be called to come pick up your child as soon as possible.
- It is strongly encouraged that decisions about when a child may return to care are made with the child's healthcare provider and the family. These decisions must ultimately ensure the health and safety of your child's community.

### When does my child need a COVID-19 test?

- Here are the current pediatric symptoms associated with COVID-19:

Fever (100.4 °F or higher)	Nausea
Cough	Vomiting
Shortness of Breath	Diarrhea
Sore Throat	Fatigue
Runny Nose	Muscle Aches
Loss of Smell or Taste	Headache

- If your child has any of these COVID-19 symptoms for **longer than 24 hours**, they should obtain a COVID-19 PCR test.
- Consider having your child tested **earlier than 24 hours** if they have a fever, cough, runny nose, headache, or loss of taste or smell. These are symptoms commonly experienced by children testing positive for COVID-19 in Vermont. Please consult with your child's healthcare provider if you need assistance deciding if your child needs an earlier test.
- If your child experiences allergy symptoms that are on the list above, COVID-19 PCR tests are recommended during this time of increased circulation of the COVID-19 virus.

### When can my child go back to child care or an out-of-school care program?

You **do not** need a signed doctor's note for your child to re-enter childcare or an out-of-school care program.

- If your child has illness symptoms for **less than 24 hours**, they can go back to childcare or an out-of-school care program after it has been 24 hours or more since illness symptoms have resolved.

# Contact Tracing and Schools

- Evolving policies and procedures
  - ▣ Currently using VT definition of close contact as **6 feet for cumulative 15 minutes, even with masking** which, with 81 cases infectious while in school in first 2 weeks, is leading to a large amount of students/staff quarantining
- <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-ContactTracing-Actions-School-Care.pdf>



# Student Surveillance Testing in Schools & Community Testing Capacity

- Voluntary school student surveillance testing starting ***THIS week***, most schools have signed up.
- For testing program question – email testing team at: [aoe.covid19testing@vermont.gov](mailto:aoe.covid19testing@vermont.gov)
- Response to concerns re: adequate pediatric testing capacity
  - ▣ VDH & partners are working to increase testing capacity every day.
  - ▣ Have increased number of appointments overall by more than 50% (incl. at many stress points identified, by almost a factor of two – Brattleboro, Morrisville, & Chittenden County).
  - ▣ Walk-ins still allowed, but scheduling is MUCH preferred – recommend that practices strongly emphasize this point with patients.
  - ▣ Working to assure availability of pediatric swabs.

# School Surveillance Testing (cont'd.)

Helpful resources from Vermont AOE:

- ❑ Template Consent Letter for Families - CIC Health is working to translate this document and AOE will post translated versions to the website as they become available
- ❑ Testing video for kids and families
- ❑ Onboarding Guide (PDF)
- ❑ Introductory webinar
- ❑ Operations webinar
- ❑ CIC Health will run Office Hours on Tuesdays and Thursdays 1-2pm EST in September (no registration required – Zoom link provided)

# VT AOE Update: School Surveillance Testing

## Important Change to Surveillance Testing Procedure for Young Students

- ❑ SEE updated AOE COVID-19 Surveillance Testing Webpage (2021-22):
  - ❑ Program overview, participation info, **enrollment & FAQ for students/families/staff**.
  - ❑ <https://education.vermont.gov/news/covid-19-guidance-vermont-schools/school-staff-covid19-surveillance-testing/school-staff-resources>
  - ❑ For districts & independent schools who wish to participate: Intent to Participate form.
- ❑ **Change to testing requirements:**
  - ❑ **Self-administered tests now allowable for all students 5 yo & up** (previous collection for ages 5-7 yo required medical professional).
  - ❑ No change to all other testing eligibility: open to all students & staff ages five and up, regardless of vaccination status.
- ❑ Program question – email testing team at: [aoe.covid19testing@vermont.gov](mailto:aoe.covid19testing@vermont.gov)

# NEW: Please Save the Date!

Thank you, **Marlene Maron, Ph.D., ABPP** (Chief Psychologist & Manager, Psychological Services) & **Susan Victory**, Sr. Administrative Coordinator, UVM CH

- ❑ **WHAT:** UVM Children's Hospital – 19<sup>th</sup> annual Children's Memorial Service
- ❑ **WHEN:** Sunday, **November 14, 2021** at 3:00 PM.
  - ❑ Intended to offer solace and support to families in which a young person (infant, child, adolescent or young adult) has died of any cause. As of now, we hope to hold the service at Ira Allen Chapel at UVM with a hybrid virtual attendance option. If circumstances require, we will revert to an entirely virtual service.
- ❑ **WHERE:** (current plan) **Ira Allen Chapel at UVM w/hybrid virtual attendance option.** (If circumstances require, will revert to an entirely virtual service.)
- ❑ **HOW:** invitations automatically sent to parents whose children passed away at UVM MC. If you are aware of other families, please feel free to ask if they would appreciate an invitation & let us know how to contact them.

# Save the Date: CHAMP Learning Session, Oct. 26

- **WHAT:** *Strengthening Vermont's System of High-Performing Medical Homes (Part 2)* [this slide added **after** today's call]
- **WHEN:** Tuesday, October 26, 2021 – 7:45 AM – 12:00 PM via Zoom

## Key Characteristics of High-Performing Medical Homes<sup>1</sup>

- + Focusing on delivery of comprehensive well-child/adolescent care
- + Providing care coordination to meet the needs of the individual child/family
- + Connecting families to needed support programs, including integrated behavioral health in the primary care setting

## Focus Areas

### Focus areas for the 2021-2022 QI project:

- + Supporting the mental health of children & youth in elementary, middle, and high school by improving screening for social/emotional health concerns
- + Maximizing the use of practice-based care coordination resources
- + Addressing racial equity and providing trauma-informed care
- + Clinician wellness

### Additional learning session topics will include:

- + Screening for anxiety
- + Social-emotional health
- + Narrative medicine



For questions contact Christine Pellegrino and Allison Konecny at [VCHIP.CHAMP@med.uvm.edu](mailto:VCHIP.CHAMP@med.uvm.edu).

More details including registration information to follow!

1. Johnson K, Bruner C. A Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health. Child and Family Policy Center. 2018.

# From AAP-VT Chapter President Rebecca Bell, MD FAAP

Blog post (8/10/21):

- ***Going Back to School During Delta***

- ▣ Prioritization of in-person learning
- ▣ Vaccination, vaccination, vaccination
- ▣ Stay home when sick
- ▣ Masking

- *“Pediatricians believe a healthy, safe, and productive school year is essential and achievable. We just all need to do our part to make it happen.”*

<https://rebeccabell-md.medium.com/going-back-to-school-during-delta-a262a9812b7f>





# 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: Fall Calendar



- **September: likely Mon. & Wed. with exceptions below**
  - **Next call September 22, 2021**
  - **No calls on September 1, September 15, September 20**
  - **September call dates: 9/8 (W), 9/13 (M), 9/22 (W), 9/27 (M), 9/29 (W)**
- **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 with VDH Commissioner Levine now select Thursdays only**

# 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, September 22, 12:15 – 12:45 pm***
- Please tune in to VMS call with VDH Commissioner Levine:  
***Thursday, October 21, 2021 – 12:30-1:00 p.m. – Zoom platform & call information***
- **Join Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
  - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#