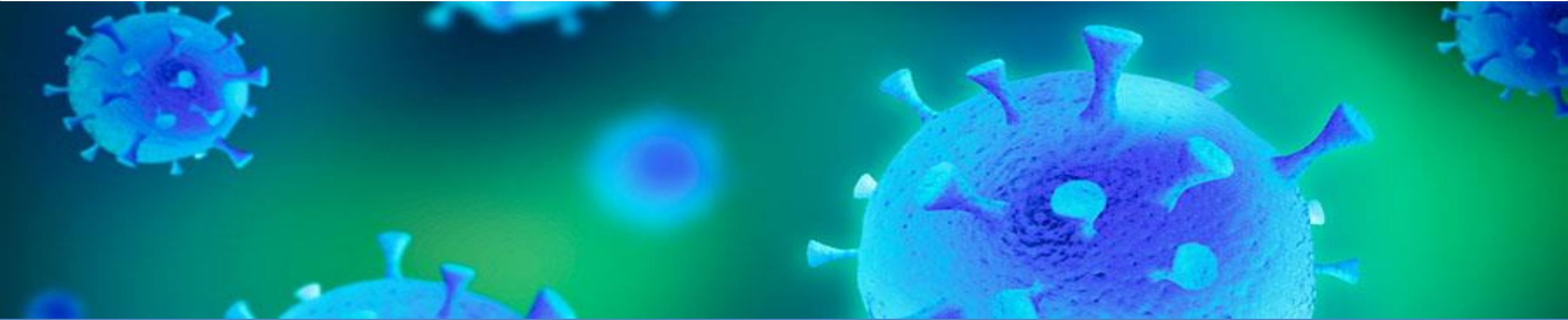


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
October 6, 2021



Technology Notes

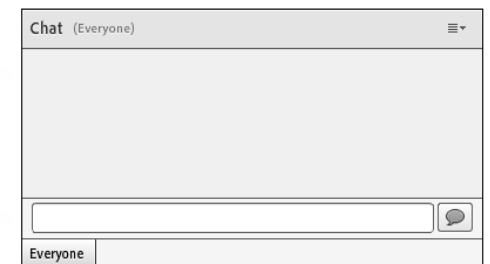
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

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 grown men who play every day!
 - *Breena Holmes: this one's for you!*
- Remember **Indigenous Peoples Day** (10/11/21)
 - Adopted by Vermont Legislature, 2019
- **Canadian Thanksgiving** (10/11/21)
- Reminder – weekly event schedule:
 - **Sept.-Oct. VCHIP-VDH call calendar** (next slide); Gov. Media Briefings generally **Tuesdays only**; VMS calls w/Dr. Levine **select Thursdays only**
- Situation, VDH, AAP updates
- Practice Issues – ***AAP Update: Return to Sports after COVID19***
- Q & A/Discussion *[Please note: the COVID-19 situation continues to evolve – so the information we're providing today may change]*



Red Sox DH Kyle Schwarber



VCHIP-VDH COVID-19 calls: Fall Calendar



- ❑ **October: generally Mon. & Wed. except as below:**
 - ❑ **Next call Wednesday, October 13, 2021**
 - ❑ **No call Monday, 10/11/21** (Indigenous Peoples Day & AAP NCE), **Wednesday, 10/20/21** or **Monday, 10/25/21**
- ❑ **October call dates: 10/6 (W), 10/13 (W), 10/18 (M), 10/27 (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*
- ❑ VMS calls with VDH Commissioner Levine now select Thursdays only (see next 2 slides)

Save the Date: CHAMP Learning Session, Oct. 26

- **WHAT:** *Strengthening Vermont's System of High-Performing Medical Homes (Part 2)*
- **WHEN:** Tuesday, October 26, 2021 – 7:45 AM – 12:00 PM via Zoom
 - ▣ If interested and not on CHAMP Network email list, contact: vchip.champ@med.uvm.edu

Key Characteristics of High-Performing Medical Homes¹	<ul style="list-style-type: none">+ 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	<p>Focus areas for the 2021-2022 QI project:</p> <ul style="list-style-type: none">+ 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 <p>Additional learning session topics will include:</p> <ul style="list-style-type: none">+ Screening for anxiety+ Social-emotional health+ Narrative medicine

VMS Calls with Health Commissioner Levine: Fall Schedule

- **Generally** held ***first Thursday of each month***
- A few exceptions when they will be held the ***third Thursday of the month:***
next Commissioner call 10/21/21
- VMS also hosts “**COVID-19 Clinical Conversations**” call the ***third Thursday of the month***
 - ▣ **Next call 10/7/21**
- 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



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=VkVuNTJlZlZlZG4yQT09>
Meeting ID: 867 2625 3105 / Password: 540684
Dial In: 1 646 876 9923 / Meeting ID: 867 2625 3105 / Password: 540684

Situation update

New Cases

129

34,632 Total

Currently Hospitalized

34

Hospitalized In ICU

11

Hospitalized Under Investigation

1

Percent Positive 7-day Avg.

2.5%

People Tested

488,083

Total Tests

2,121,338

Recovered

29,745

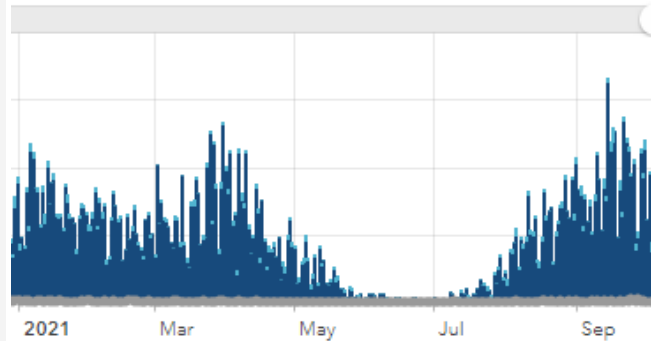
85.9% of Cases

Deaths

327

0.9% of Cases

Last Updated: 10/6/2021, 11:02:19 AM



VT New Cases, Probables, Deaths

NOTE: VDH Dashboard updated EVERY DAY by 12:00

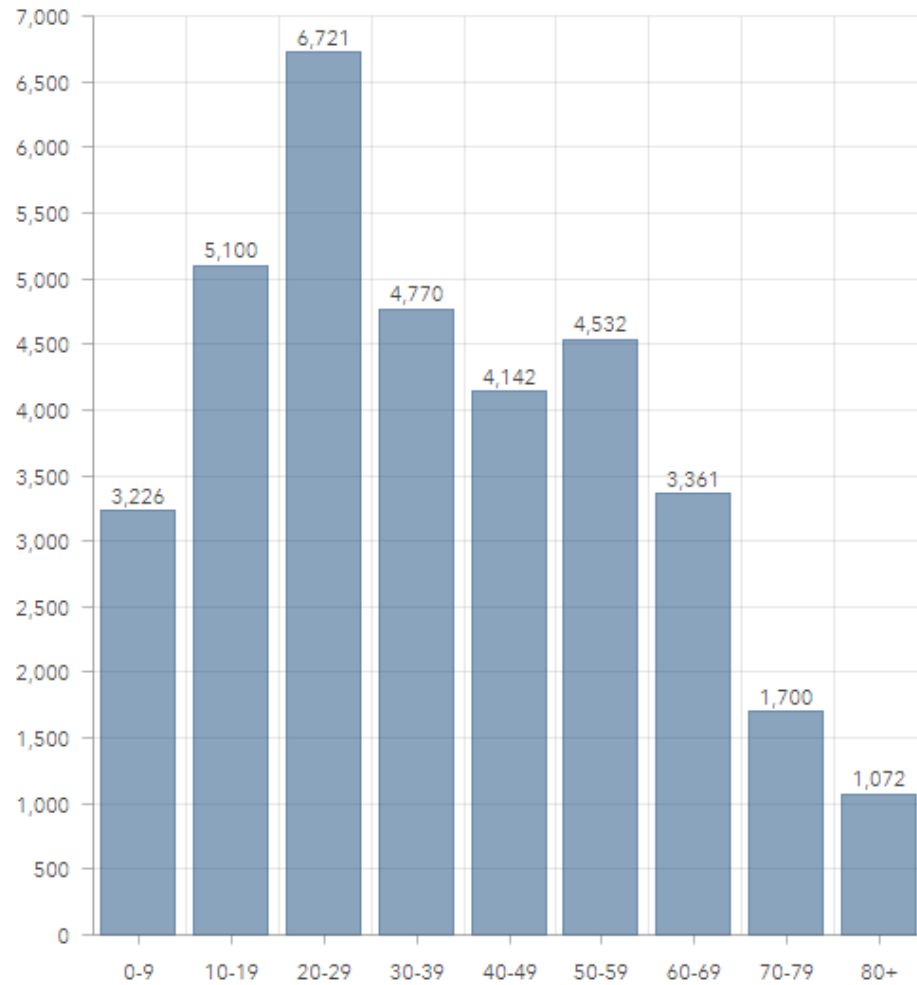
p.m. Case info reflects counts as of end of the previous weekday. All data are compiled by the VDH; are preliminary & subject to change.

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

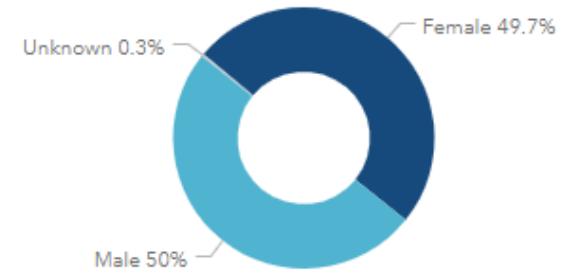
- One year ago: VT total cases = 1821/4 new/1 hosp
- U.S. **43.9 million+** cases; **705,394 deaths**
 - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 10/6/21)
 - Past week: av. 101,688 cases/day (14d. change **-24%**)
 - **4.8 million+ deaths worldwide**; **235.8 million+ cases** (-13% & -16% 14-day change respectively)
- **VDH Data Summary** now q.o.week. **9/24/21: NO Weekly Spotlight topic**
 - Rates/10K COVID-19 cases highest among 0-9 & 10-19 y.o. (42.7 & 37.3, 9/15-9/22/21)
 - Children (0-19) = 23% of VT COVID-19 cases; of those, 21% are 18-19 y.o. [Total 7,593 posted 9/24/21]
 - **Vaccine breakthrough cases = 2819** since Jan. 2021
Find previous summaries at:
<https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

Situation update

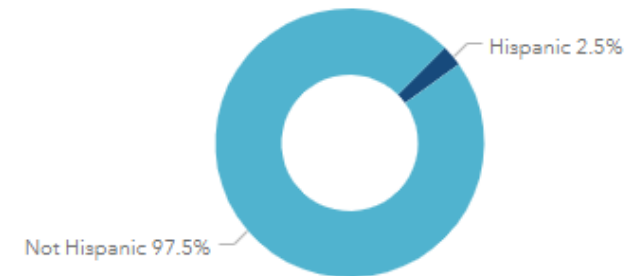
Vermont COVID-19 Cases by Age Group



Vermont COVID-19 Cases by Sex



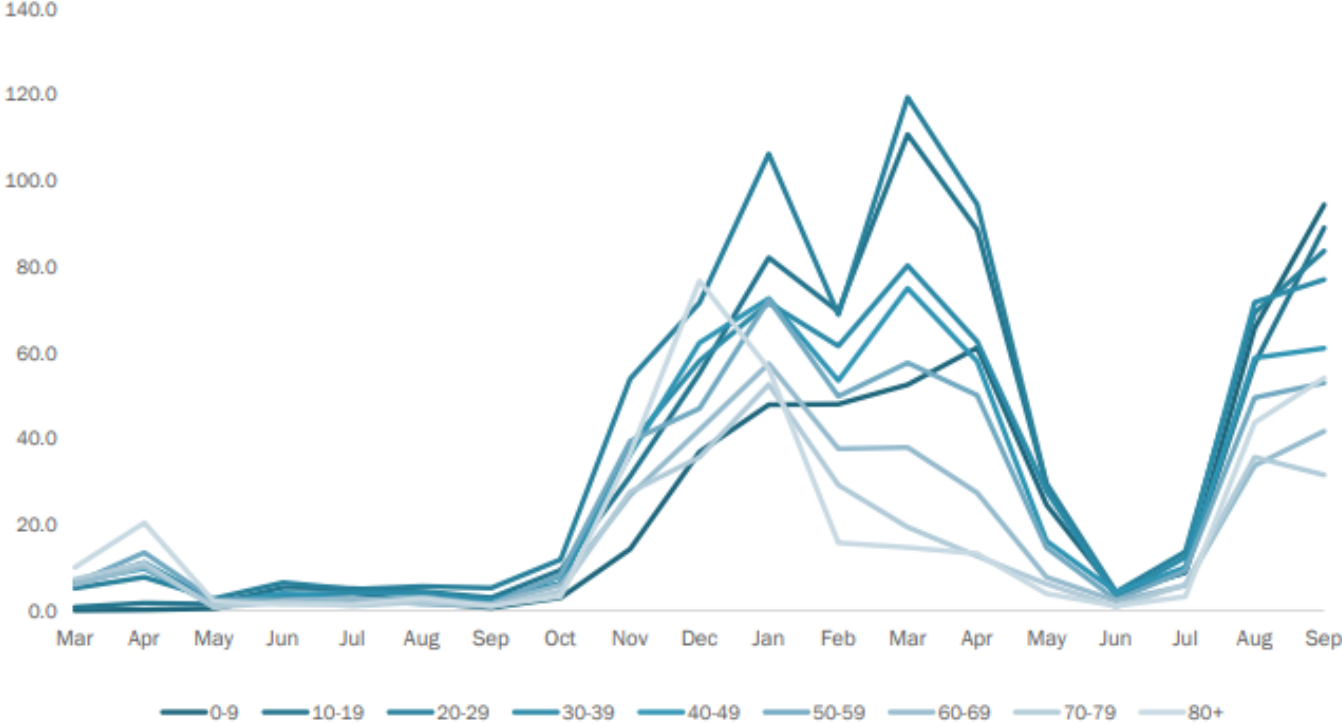
Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



Rates of COVID-19 have begun to plateau for some age groups in September 2021.
Rates are highest among 0-9 year olds and 10-19 year olds.



Rate per 10,000 of COVID-19 Cases by Age Group (September 15 – September 22)

Age Group	Rate per 10,000
0-9	42.7
10-19	37.3
20-29	34.3
30-39	32.9
40-49	25.8
50-59	23.5
60-69	18.1
70-79	13.8
80+	24.4

*September 2021 is a partial month of data.

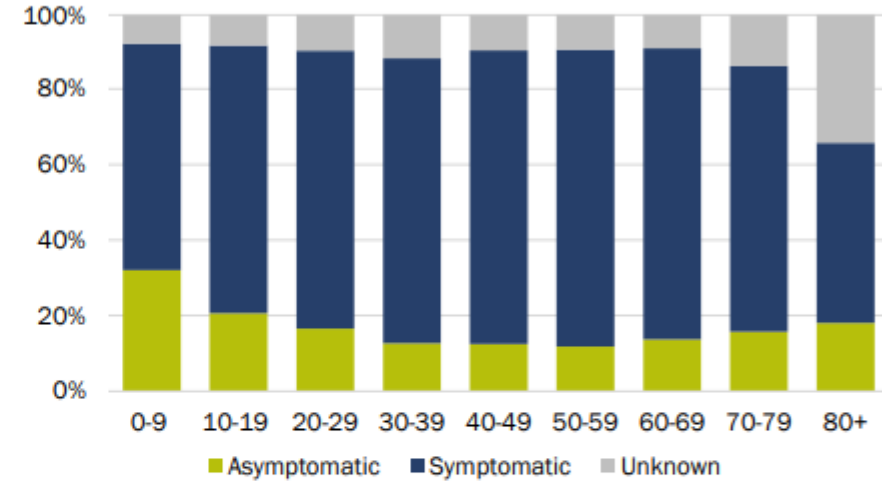
Vermont Department of Health

Case Demographics

Vermont Children and COVID-19

Sign or Symptom	Percent of Children with Symptom
Runny Nose	55%
Cough	49%
Headache	43%
Fatigue	40%
Sore Throat	37%
Muscle Pain	24%
Loss of Smell/Taste	23%
Fever	20%

The percent of COVID-19 cases with **no symptoms** is higher among children. One quarter (25%) of cases among children had **no symptoms** reported.



5 days
Average illness duration among children

63% 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.

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

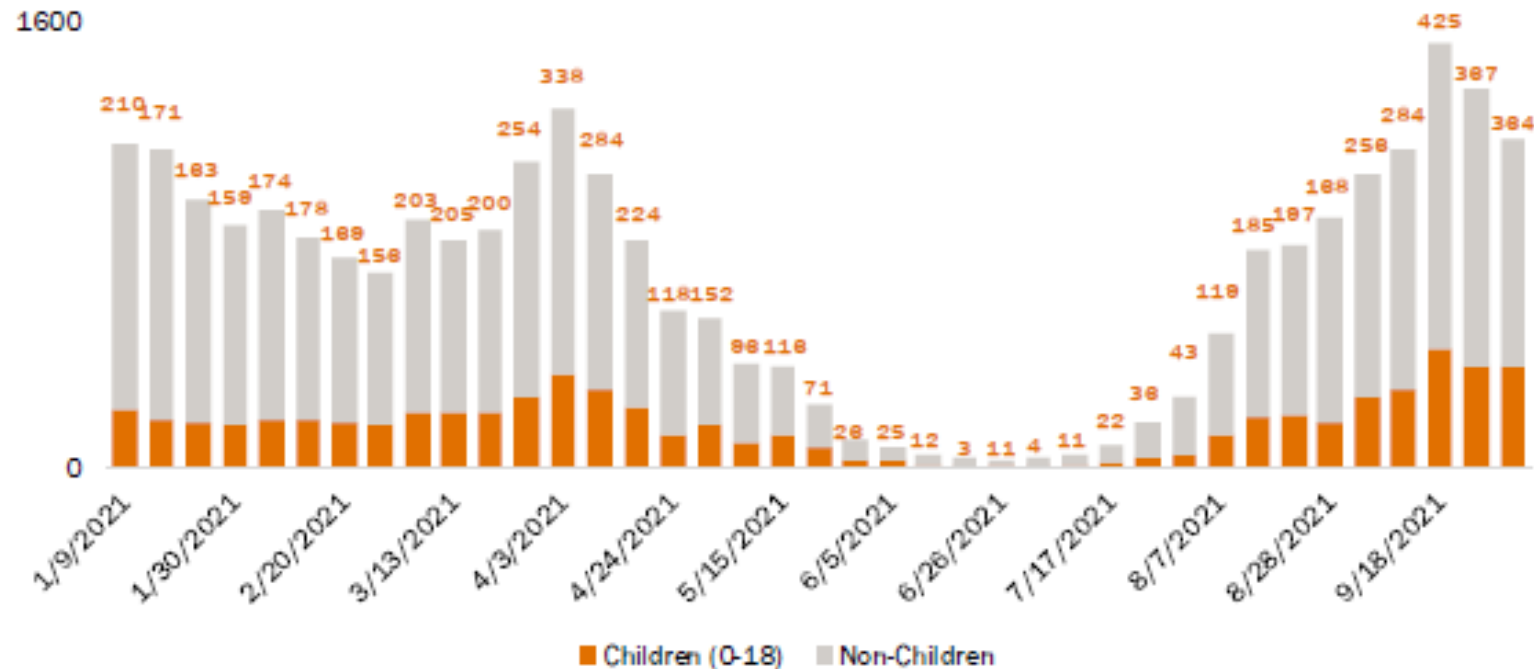
Please note the number of children hospitalized decreased on September 9, 2021 due to new information gathered as part of routine data cleaning.

Vermont Department of Health

19

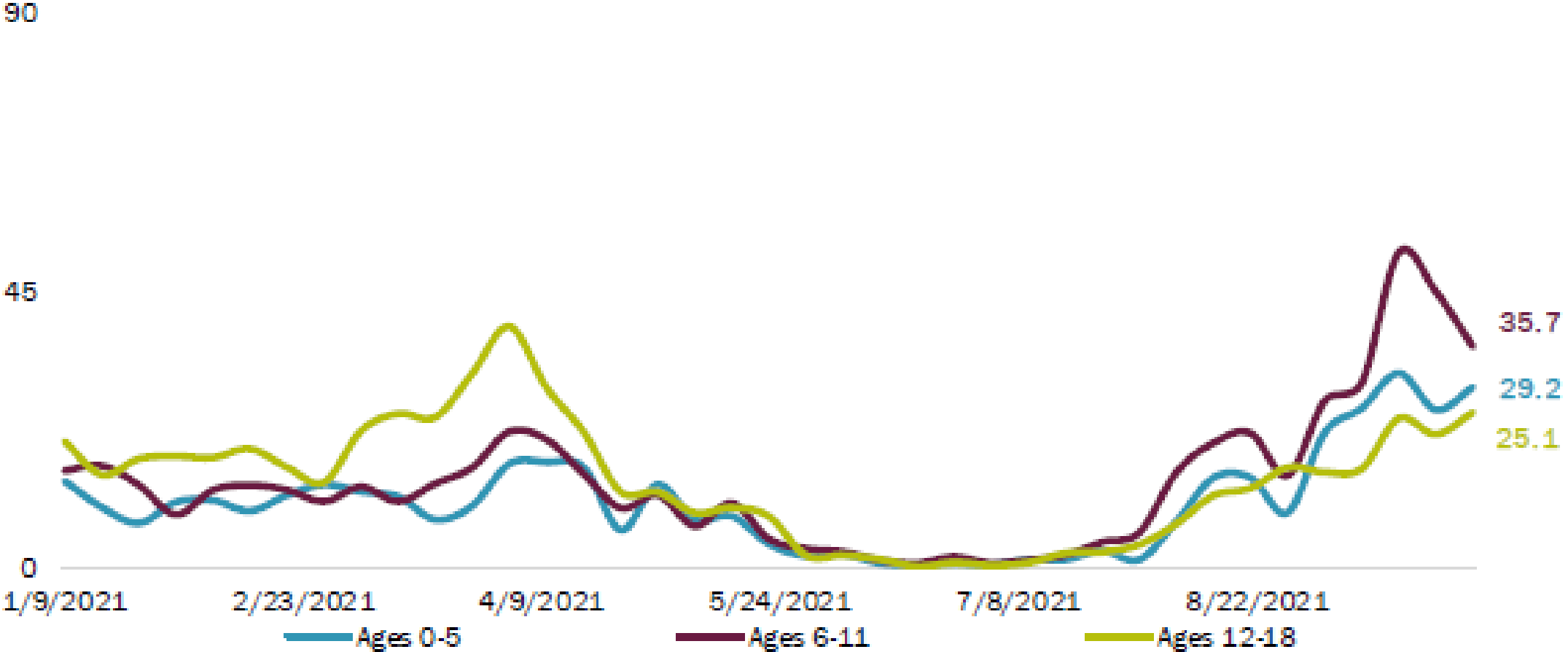
This brief reflects data as of October 2, 2021 at 5 pm (the last complete MMWR week). All rates are calculated per 10,000 people. Data is preliminary and subject to change.

Number of Cases by Week



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.

October 6, 2021

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)



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

October 3, 2021

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported in the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	107	651



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

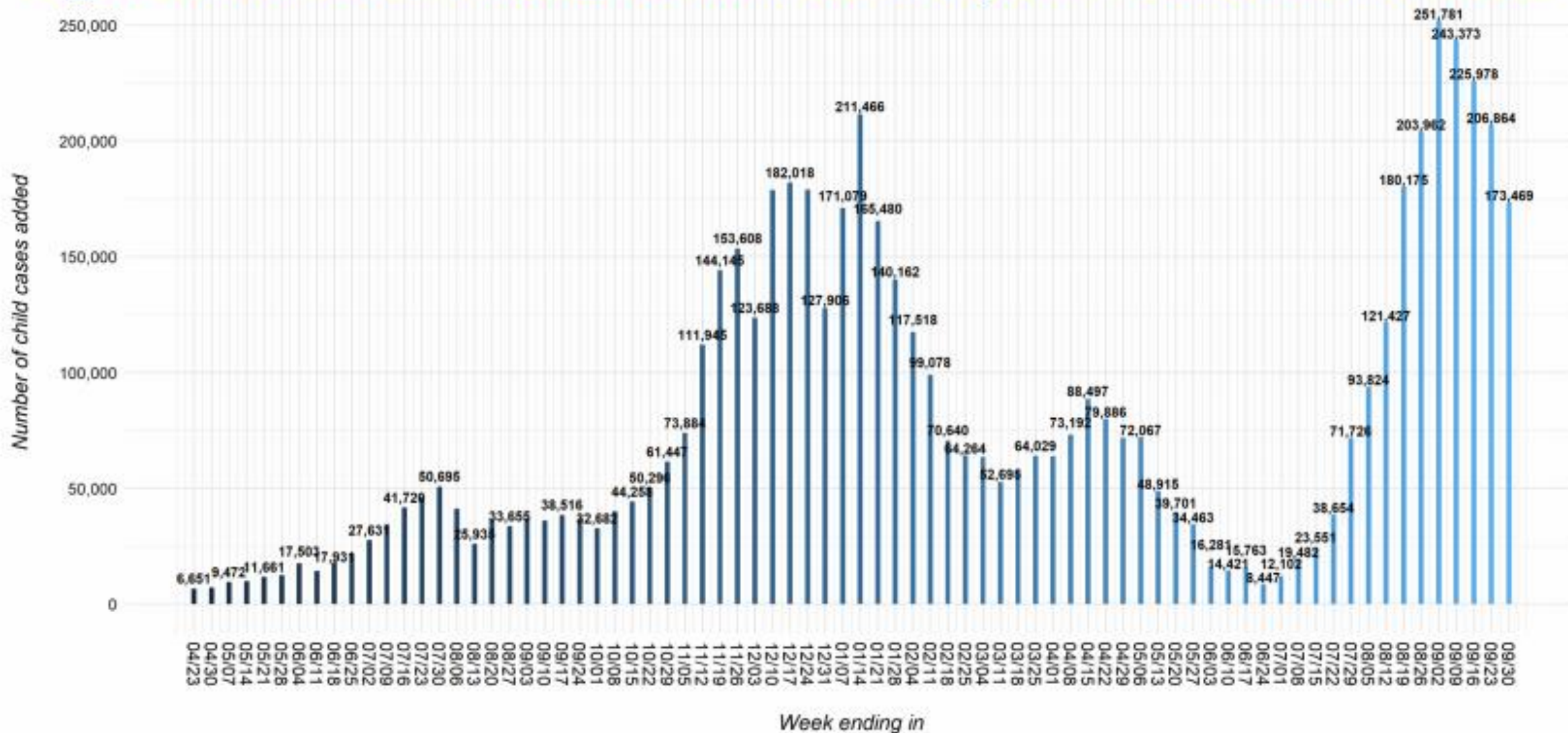
September 26, 2021

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported in the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	144	524

- VT College & University dashboards:
 - UVM update** (week of 9/27/21): 6 pos. tests off campus; 3 on campus; 0 faculty; 0 staff.
 - Bennington College** (Sept. 27, 2021): 3 total active/0 new cases.
 - Middlebury College** (updated 10/5/20/21): 0 new cases & 1 total active cases (1 student)

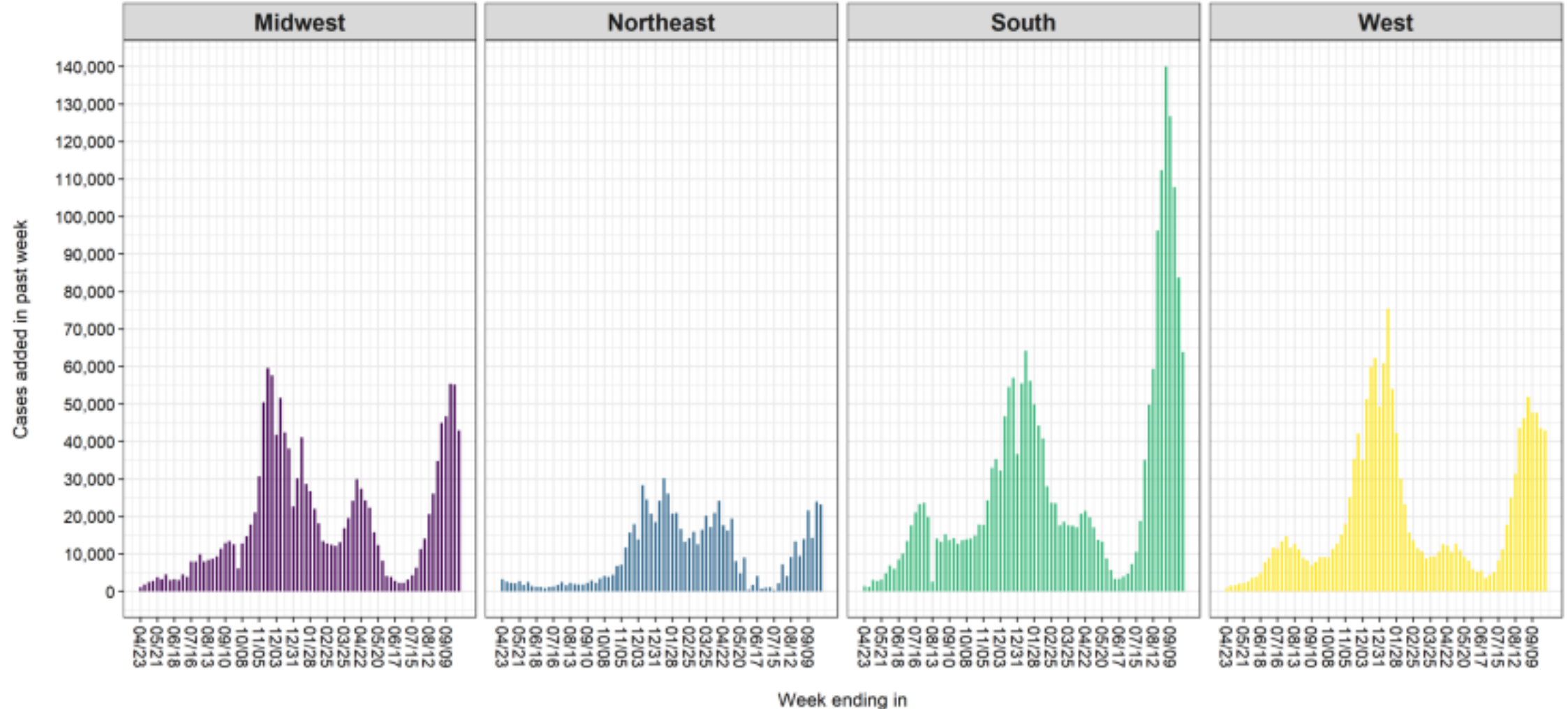
Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week*



* 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 8/12/21
 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 5/24/21
 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 (eg, on 9/30/21, 5,070 cases were added)
 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;

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 (eg. on 9/30/21, 5,070 cases were added)

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/>



CHILDREN'S
HOSPITAL
ASSOCIATION

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



VDH COVID-19 Vaccine Registration & Sites

ELIGIBLE FOR A BOOSTER SHOT?

You can now get a booster shot of Pfizer vaccine if you received your **second dose of the Pfizer-BioNTech vaccine six months ago** or more and

- are age 65 or older.
- are age 18 or older with certain medical conditions that put you at high risk of getting severely ill with COVID-19.
- are age 18 or older who are more likely to be exposed to or spread COVID because of where you work.
- are age 18 or older and are Black, Indigenous or a person of color (BIPOC) or are age 18 or older and live with someone who is BIPOC.

› Eligible based on certain medical conditions

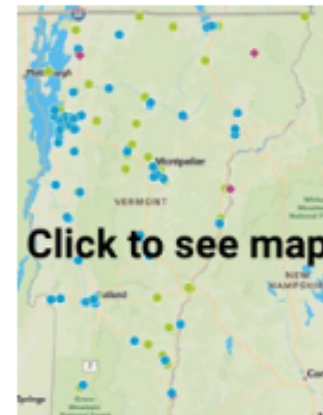
› Eligible based on work

At this time booster shots have not been approved for people who received the Moderna or Johnson & Johnson vaccines.

WHERE TO GET YOUR BOOSTER SHOT

To get a booster shot, find a location that offers the Pfizer vaccine. Check the map for locations with Pfizer.

Check with your health care provider or pharmacy, including: Costco, CVS, Hannaford, Kinney Drugs, Price Chopper/Market 32, Rite Aid, Shaws, Walgreens, Walmart.



The Health Department can now make appointments for everyone who is eligible for boosters.

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

VDH COVID-19 Vaccine Dashboard (Summary Page: 10/6/21)

- 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: 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.

Vermont Vaccination Data

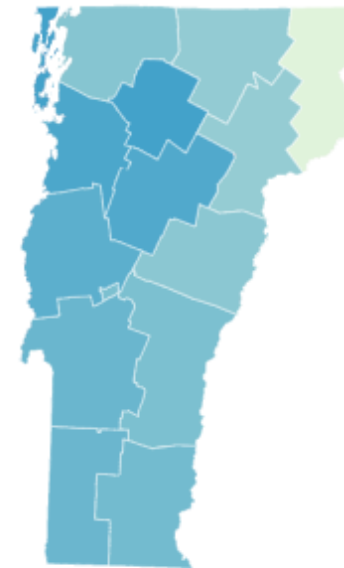
Blue headers indicate CDC data
Gray headers indicate Vermont data

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	85.7%
Bennington	83.0%
Caledonia	75.3%
Chittenden	88.5%
Essex	61.7%
Franklin	78.0%
Grand Isle	90.2%
Lamoille	90.2%
Orange	77.2%
Orleans	75.7%
Rutland	83.1%
Washington	87.6%
Windham	81.5%
Windsor	79.8%



61.7% 90.2%

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

Summary

By Age, Sex, Race, Ethnicity

Vermont Forward

88.3%

of Vermonters 12+ have received at least one dose

486.8K

Vermonters 12+ have received at least one dose

79.0% of Vermonters 12+ have completed vaccination

Source: CDC

Vaccine Distribution

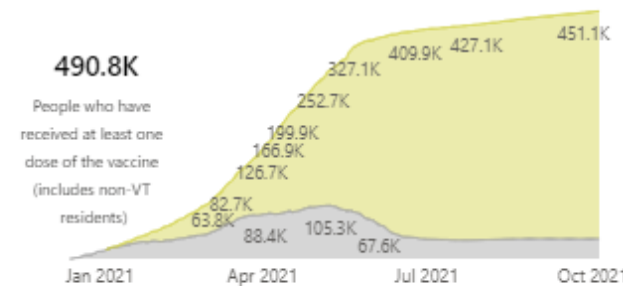
Doses Administered

916.0K

Total People Vaccinated

Total People Started	Total People Completed	People Received Additional Dose ?
39.7K	451.1K	16.6K

Started Completed



Updated 10/6/2021 9:11:34 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 = 74.8% (74.4% on 10/2/21)
 - ▣ 16-17 = 78.2% (78.0% on 10/2/21)
 - ▣ 18-29 = 62.3% (62.1% on 10/2/21)
 - ▣ VT Age 12+ = 83.5% (83.3% on 10/2)

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	74.8%
16 - 17	78.2%
18 - 29	62.3%
30 - 39	84.0%
40 - 49	83.1%
50 - 59	85.5%
60 - 64	91.3%
65 - 69	97.1%
70 - 74	99.9%
75+	97.7%
VT Age 12+	83.5%

Statewide numbers and percentages are capped at 100%. County numbers and percentages are capped at 95%. Values above 95% are suppressed to protect personal health information. See notes below for more information.

Select County

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	75.2%
Black or African American	77.8%
Native American, Indigenous, or First Nation	30.4%
Pacific Islander	31.3%
Two or more races	71.3%
White	81.8%
VT Age 12+	81.2%

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	79.3%
VT Age 12+	79.7%

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	69.4%	83.5%	91.9%	78.1%
Non-Hispanic White	62.1%	80.9%	96.2%	79.6%
Vermont	62.9%	81.1%	96.1%	79.5%

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	85.6%
Male	81.2%
VT Age 12+	83.4%

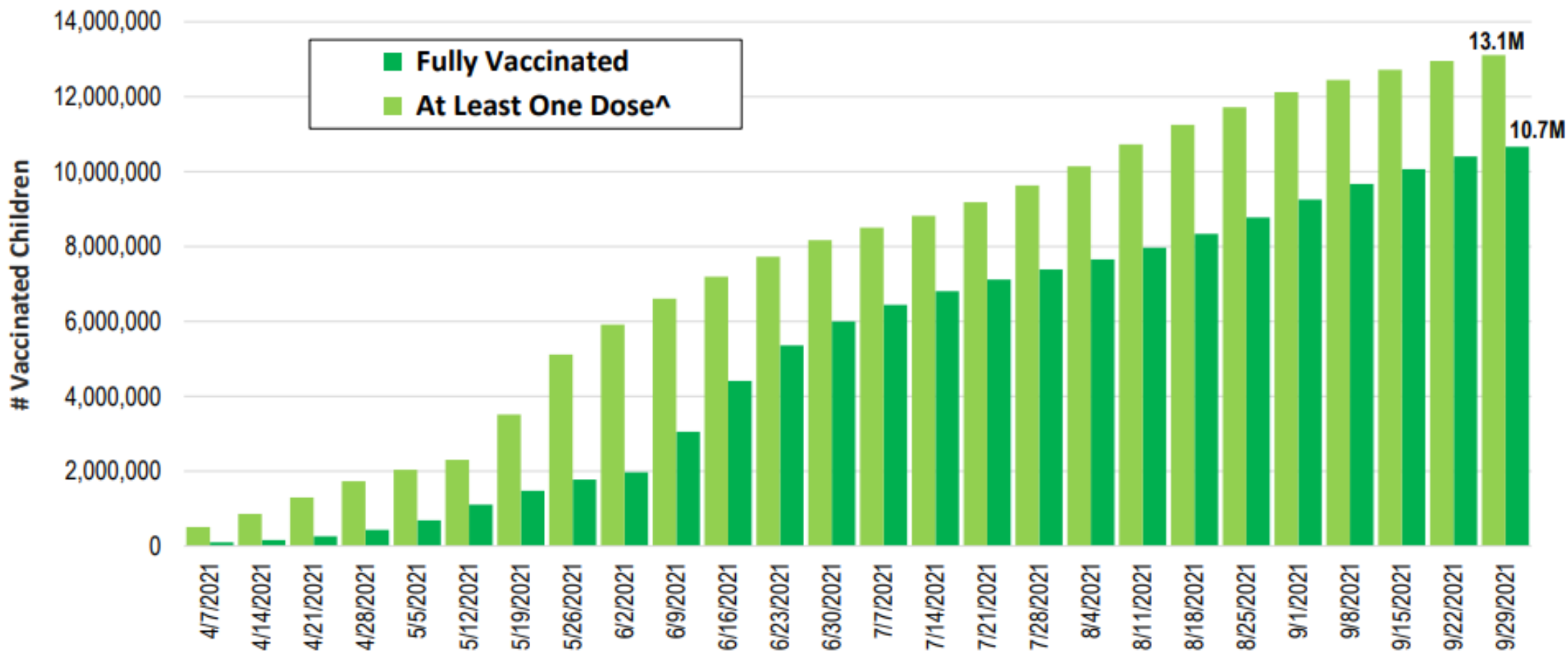
Sex information is not reported for 505 people vaccinated.

Updated 10/6/2021 9:11:34 AM

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

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/>

4.07.21 to 9.29.21



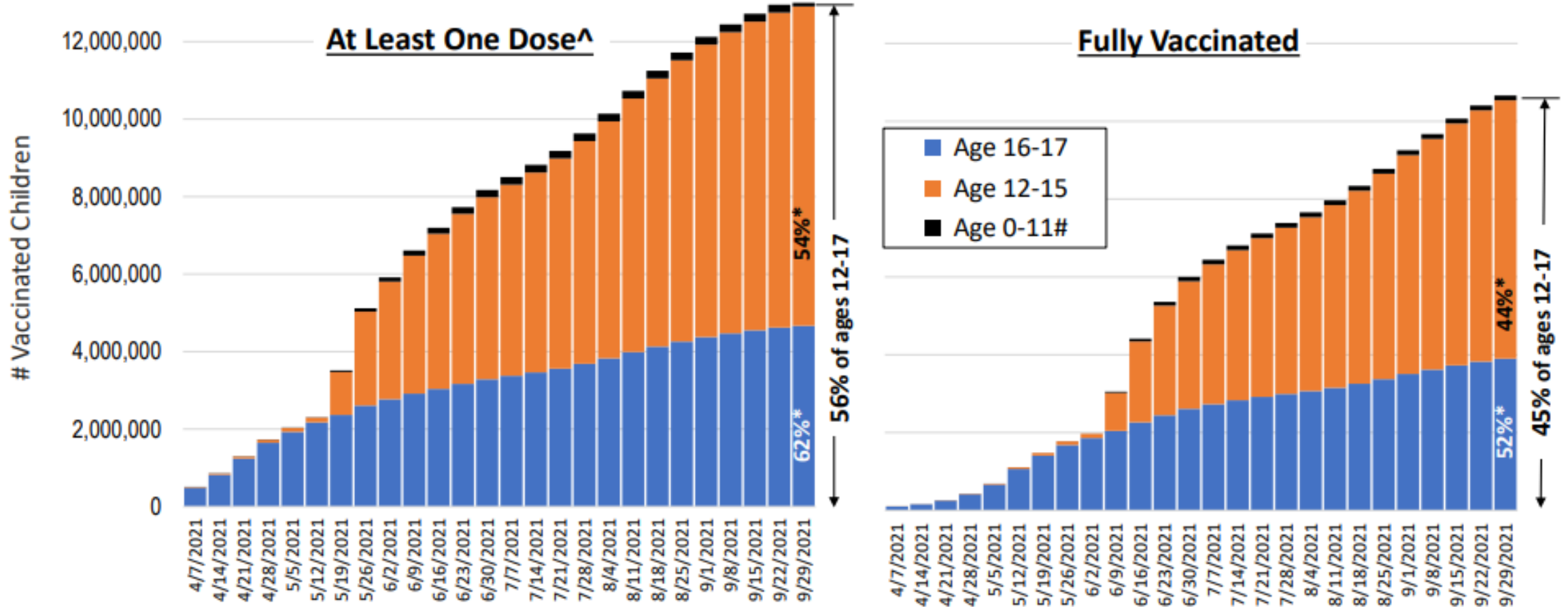
^Includes those having received only 1 of 2 doses and those fully-vaccinated.

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

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

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/>

4.07.21 to 9.29.21



^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 eligible children within age group.

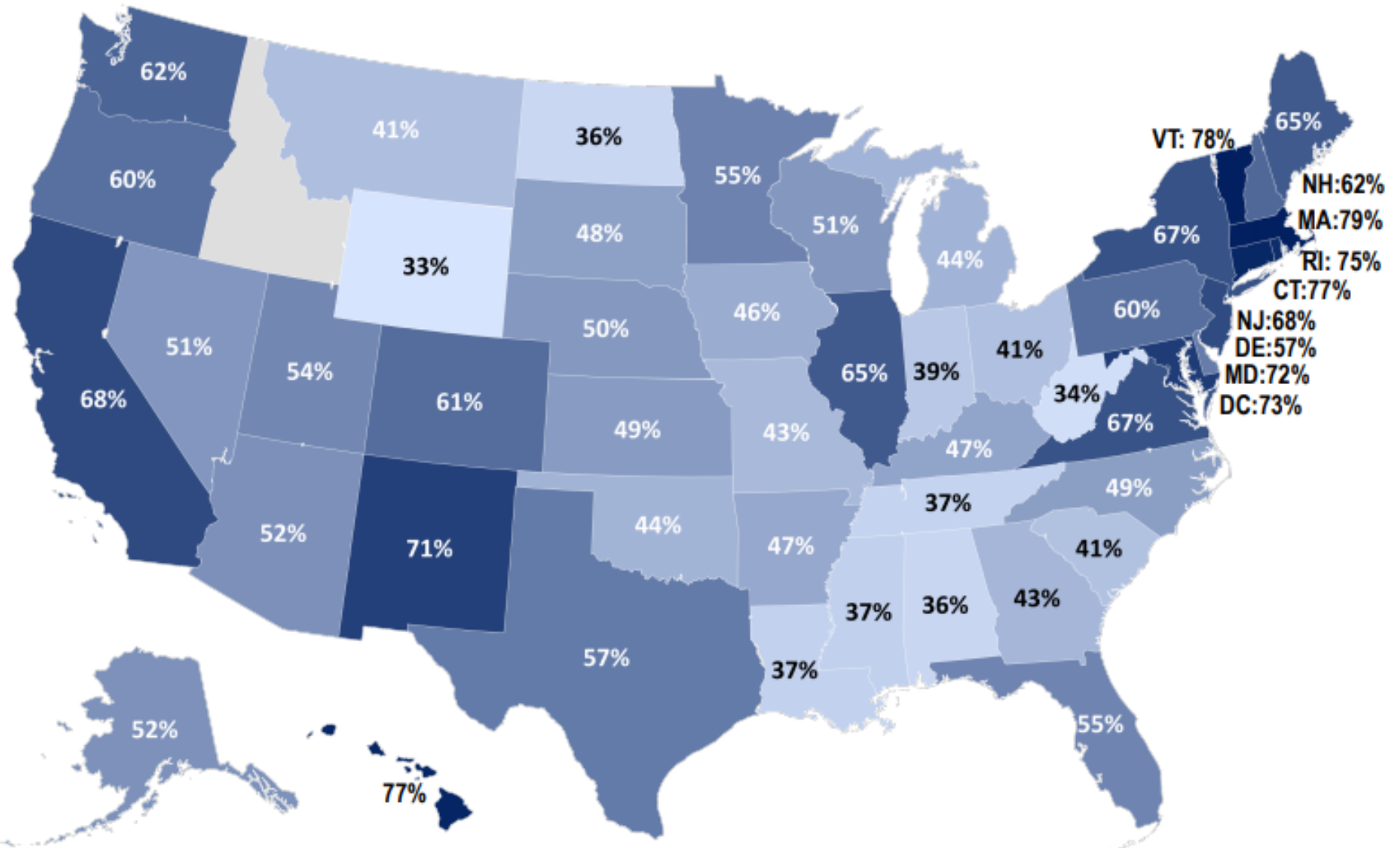
Source: AAP analysis of data series published by the CDC titled "Demographic Trends of People Receiving COVID-19 Vaccinations in the United States."

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  33% 79%

as of 9.29.21

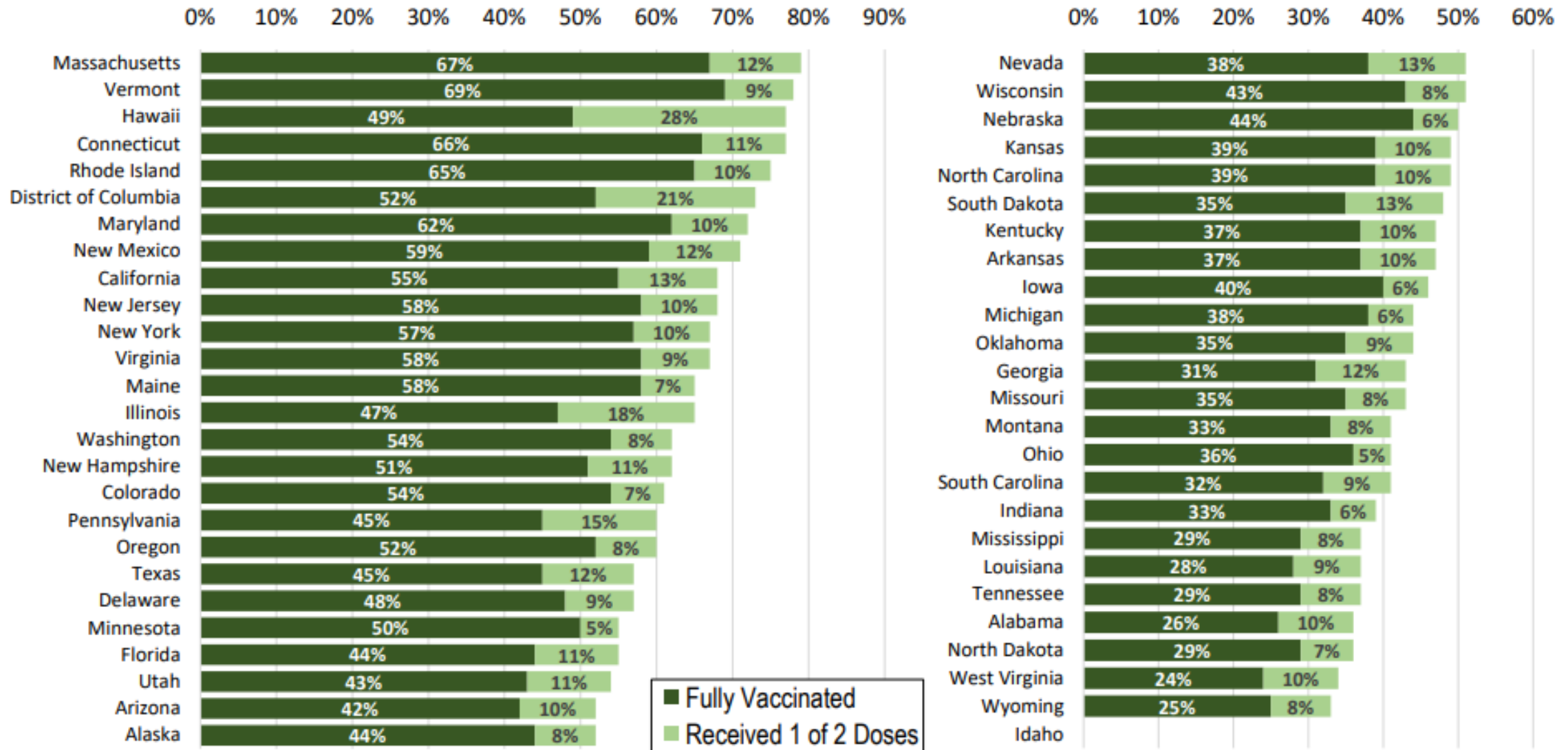
Proportion of US Children Ages 12 through 17 Who Received At Least One Dose of the COVID-19 Vaccine by State of Residence



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/CVID-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

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

as of 9.29.21



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-Jurisdiction>). Idaho information not available. Check state's web sites for additional or more recent information

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/>

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.
- NEW: Map updated third Thursday of each month. Includes data reported to the Vermont Immunization Registry through the prior Wednesday.
- Please use caution when interpreting town data – several scenarios where vaccinations are not attributed to the correct town.

[See web site notes for details.]



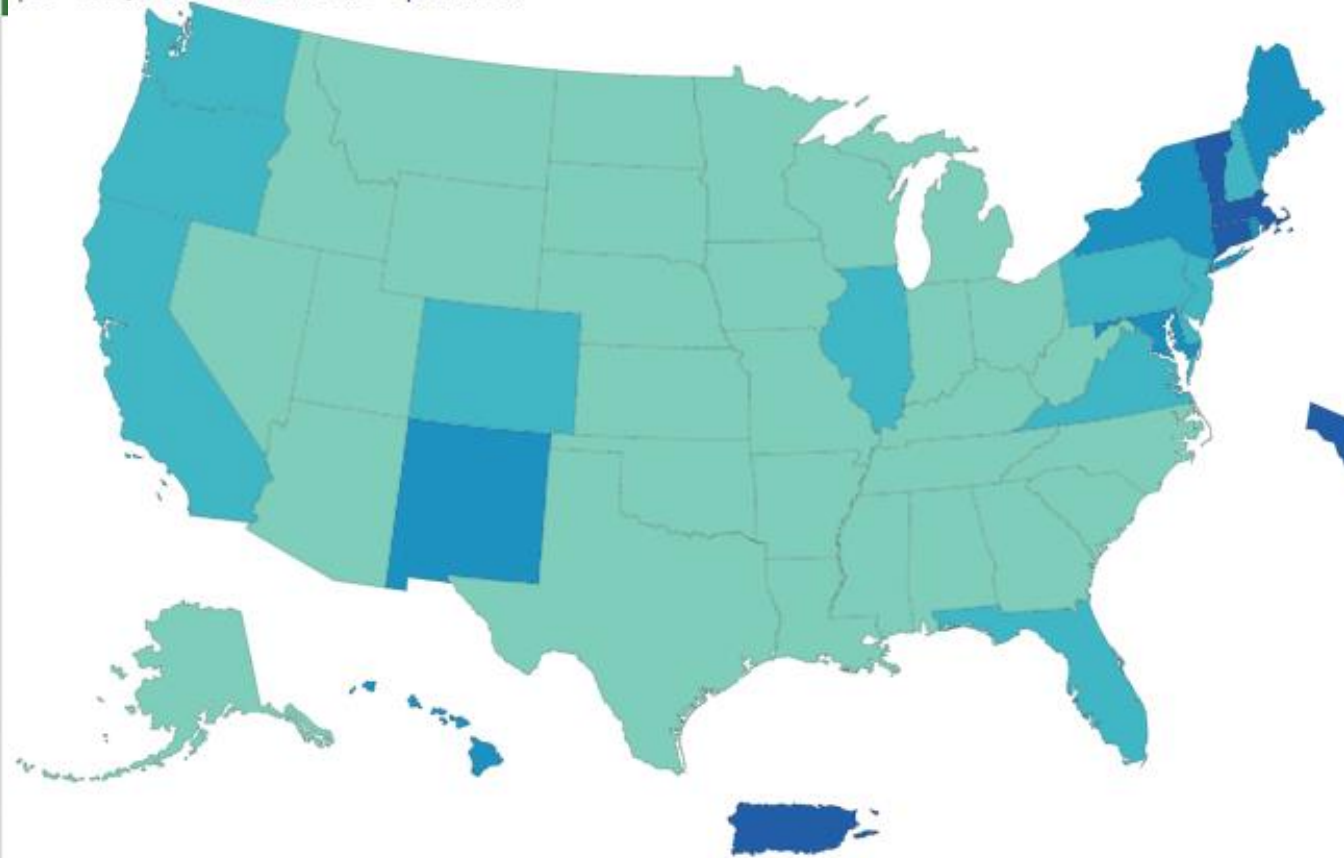
New page address: <https://www.healthvermont.gov/covid-19/current-activity/rates-town>

October 6, 2021

24

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

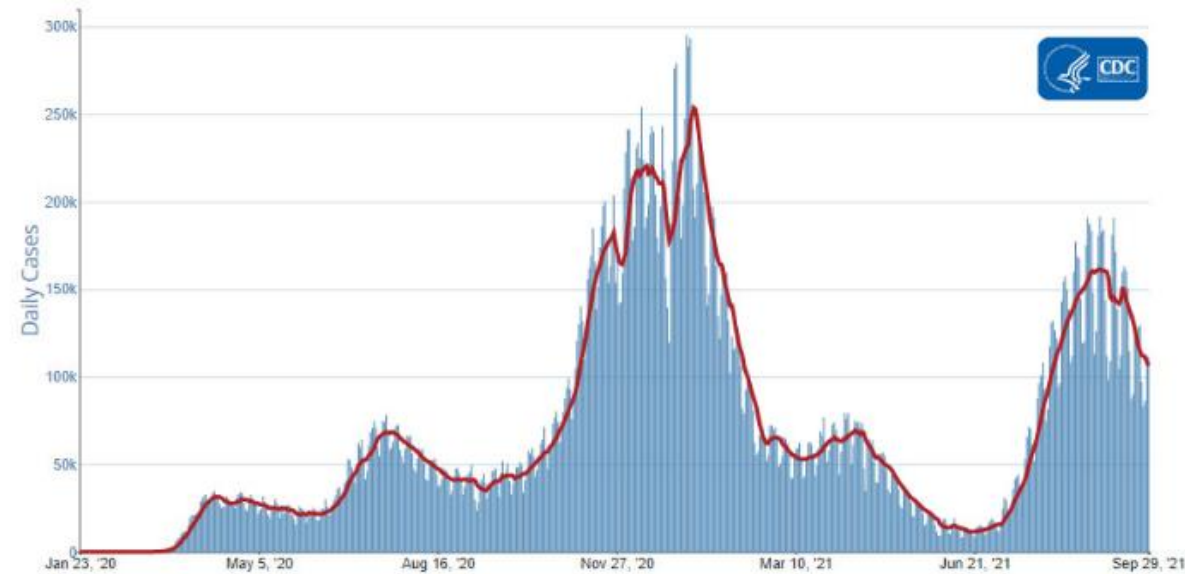


Total Doses Administered per 100,000

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

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>

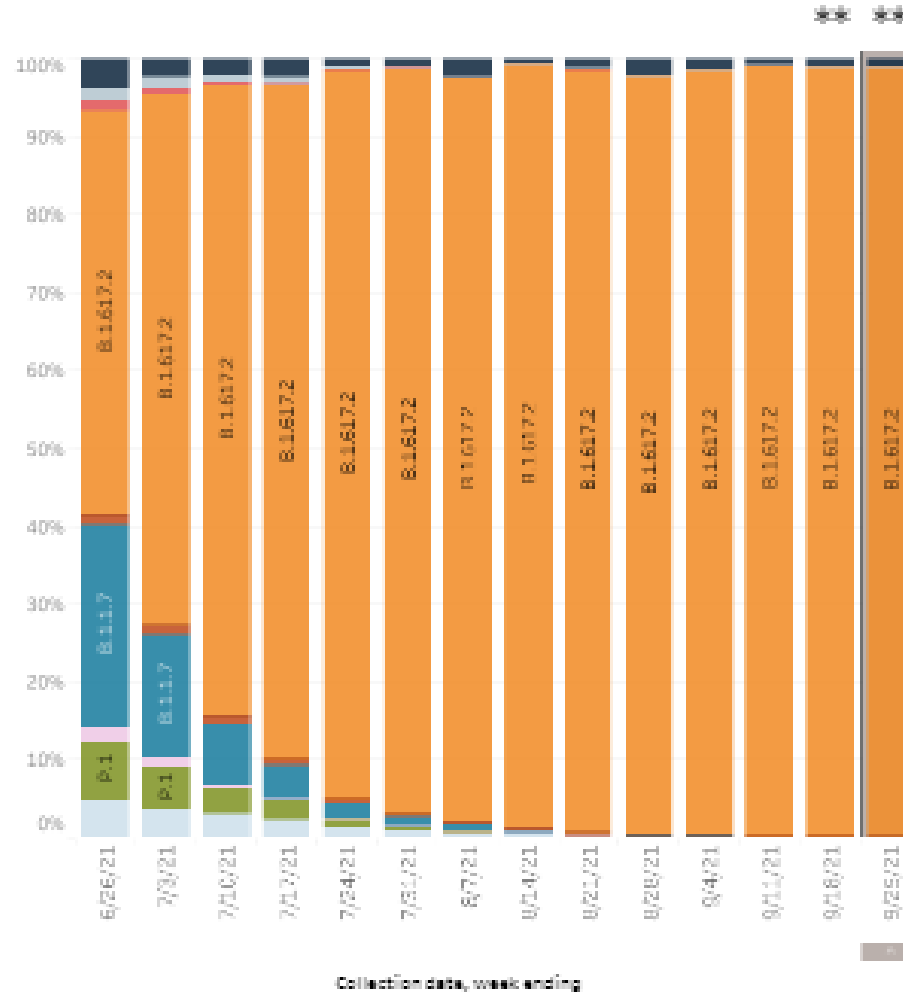
<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

October 6, 2021

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

United States: 6/20/2021 - 9/25/2021

United States: 9/19/2021 - 9/25/2021 NOWCAST



USA				
WHO label	Lineage #	US Class	%Total	95%PI
Alpha	B.1.1.7	VBM	0.0%	0.0-0.2%
Beta	B.1.351	VBM	0.0%	0.0-0.2%
Gamma	P.1	VBM	0.0%	0.0-0.2%
Delta	B.1.617.2	VOC	99.0%	97.9-99.8%
	AY.1	VOC	0.1%	0.0-0.5%
	AY.2	VOC	0.0%	0.0-0.2%
Iota	B.1.526	VBM	0.0%	0.0-0.2%
Kappa	B.1.617.1	VBM	0.0%	0.0-0.2%
Mu	B.1.621	VBM	0.0%	0.0-0.2%
N/A	B.1.628		0.0%	0.0-0.2%
	B.1.637		0.0%	0.0-0.2%
Other	Other*		0.9%	0.0-1.9%

* Enumerated lineages are VOC/VOC or are circulating >1% in at least one HHS region during at least one two-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

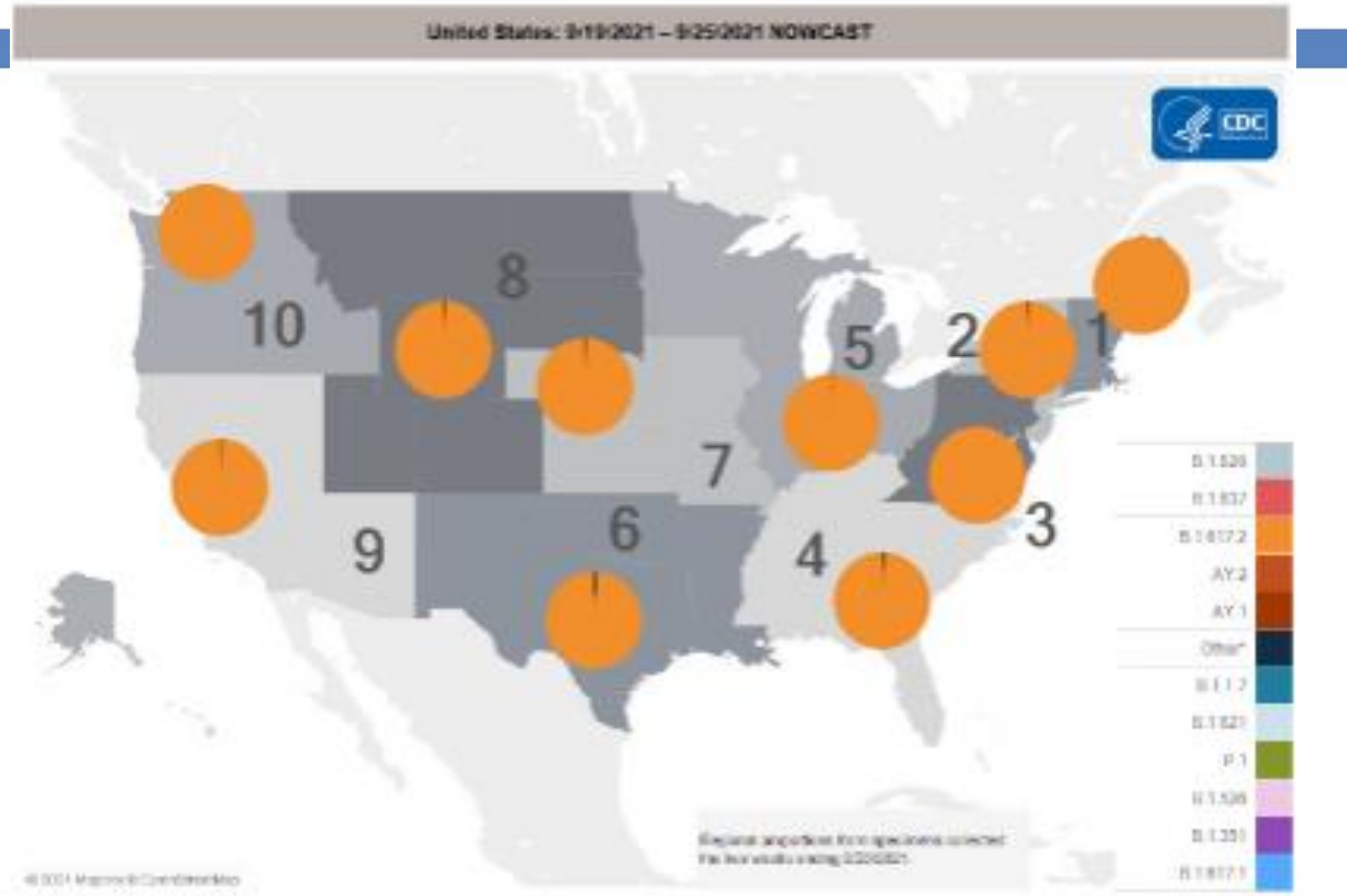
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates.

Sublineages of P.1, B.1.351 and B.1.621 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.32 and their sublineages are aggregated with B.1.617.2.

Note striking preponderance of Delta variant (orange) in far right column, two weeks ending 9/25/21.

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 9/25/21).



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

Vaccine News

- **Breaking News: WHO endorses 1st ever vaccine to prevent malaria**
- FDA Vaccines and Related Biological Products Advisory Committee (VRBAC) meetings Oct. 14-15, 2021
 - ▣ Oct. 14: will meet in open session to discuss EUA of the ModernaTX Inc. COVID-19 vaccine for the administration of booster dose (18+)
 - ▣ Oct. 15: will meet in open session to discuss EUA of Janssen Biotech Inc. (J&J) COVID-19 vaccine for administration of booster dose (18+)
- VRBAC) meeting Oct. 26, 2021
 - ▣ Will meet in open session to discuss Pfizer Inc.'s request to amend its EUA to allow for use of the Pfizer-BioNTech COVID-19 vaccine in children **5 through 11 years of age.**

<https://www.fda.gov/advisory-committees/vaccines-and-related-biological-products-advisory-committee/2021-meeting-materials-vaccines-and-related-biological-products-advisory-committee>

NEW Vaccine Promotion Resources

- CDC: Let's Play Catch-Up on Routine Vaccines



- AAP – Vaccine promotion toolkit

From the CDC: Vaccine Coadministration

- If a patient is eligible, both the flu and COVID-19 vaccines can be administered at the same visit, as recommended by CDC and its Advisory Committee on Immunizations Practices (ACIP).
- CDC guidance supports coadministration of COVID-19 vaccines with other vaccines, including influenza vaccines, without regard to timing; previously, recommended HCPs administer COVID-19 vaccine alone (out of an abundance of caution when these vaccines were new & not based on known safety or immunogenicity concerns. Substantial data have now been collected re: safety of COVID-19 vaccines approved or authorized by FDA.
- Coadministration of all recommended vaccines is important because it increases the probability that an individual will be fully vaccinated at the appropriate age; also if a health care provider is uncertain that a patient will return for additional doses of vaccine

From the CDC



- ❑ COVID-19 Vaccination for Pregnant People to Prevent Serious Illness, Deaths, and Adverse Pregnancy Outcomes from COVID-19
 - ❑ <https://emergency.cdc.gov/han/2021/han00453.asp>
- ❑ Recent/upcoming **CDC COCA** (Clinician Outreach) **calls**
 - ❑ Thursday, 10/7/21: **2021–2022 Recommendations for Influenza Prevention and Treatment in Children: An Update for Pediatric Practitioners**
 - ❑ 9/30/21: Evaluating and Supporting Patients Presenting With Fatigue Following COVID-19
 - ❑ 9/28/21: What Clinicians Need to Know About the Latest CDC Recommendations for Pfizer-BioNTech COVID-19 Booster Vaccination
 - ❑ 9/9/21: 2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines
- ❑ <https://emergency.cdc.gov/coca/calls/2021/index.asp>

CDC & Guidance for Holiday Gatherings (?)

- (10/4/21) CDC took down page w/holiday COVID-19 guidance (“old info posted in error; updated guidance coming soon”)
 - ▣ Page originally gave range of guidance on holiday gatherings, incl. “opening windows for indoor gatherings would improve ventilation”; noted virtual/outdoor gatherings safest.
 - ▣ CDC said page was guidance from last year & was posted in error; page "doesn't reflect CDC's guidance ahead of this upcoming holiday season... will share additional guidance soon."
- Dr. Fauci (CBS, 10/3/21): "too soon to tell" whether safe to hold gatherings for Christmas.
 - ▣ "The best way to assure that we'll be in good shape as we get into the winter would be to get more and more people vaccinated...misinterpreted as my saying we can't spend Christmas with our families, which was absolutely not the case."

New: Project ECHO



Promoting Vaccine Confidence Covid 19 and beyond

Course Description

We can all help end the COVID-19 pandemic by increasing vaccine acceptance. Being a trusted source for information can play an important role in promoting vaccination. Less than half of the Northern New England population is fully vaccinated, far below levels needed to end the pandemic. Public and private agencies are working to remove logistical barriers for people seeking vaccination but still more than 28% of people currently decline vaccination despite strong public health recommendations. This course will explore diverse drivers of vaccine uptake and will provide strategies to overcome concerns and increase vaccine acceptance.

Who Should Attend

All are welcome!

- Community Members
- Primary Care teams:
Physician, APRNs, PAs,
Nurses, Medical Assistants,
Community Health Workers,
Psychologists, Counselors,
Social Workers
- Others with interest

Questions?

Email: ECHO@hitchcock.org

Website:
<https://go.d-h.org/project-echo>

Schedule Thursdays from 12:00-1:00pm EST.

September 30	The Scientific Basis of COVID-19 Vaccination
October 14	Emerging issues in COVID-19 Vaccination; Boosters, Breakthroughs, Variants
October 28	Understanding the Drivers for Increasing Vaccine Uptake
November 11	Effective Communications to Increase Vaccine Confidence and Uptake
December 2	Misinformation, Disinformation and the Media
December 9	Promoting Vaccine Uptake in Young Families, including Pregnant and Breastfeeding Women and Children
December 16	Organizational Strategies to Increase Vaccine Uptake: Using Carrots & Sticks

Registration Information

To register, visit: <https://connect.echodartmouth-hitchcock.org/Series/Registration/1423>

Sessions are Free of Charge

AAP: New & Updated Interim Guidance

- *New:* Outpatient COVID-19 Management Strategies in Children and Adolescents (released 9/27/21)
- *New:* Caring for Patients in Inpatient and Outpatient Settings During Episodes of Surge (released 9/27/21)
- *Updated:* Providing Acute Care in the Ambulatory Setting During the COVID-19 Pandemic (released 9/27/21)
- Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread (Updated 9/23/21)
- **Return to Sports and Physical Activity (Updated, 9/20/21)**
- Children and Youth with Special Healthcare Needs (Updated, 9/21/21)

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



Information for Families

New on HealthyChildren.org :

- [Clinical Trials: One Family's Experience During COVID-19](#)
- [Ask the Pediatrician: Does the COVID vaccine affect fertility?](#)

Updated on HealthyChildren.org:

- [COVID-19: What Families Need to Know](#)
- [Should Your Child Be Tested for COVID-19?](#)



Tuesday Media Briefing (10/5/21)



Governor Phil Scott

- National, New England & Vermont case rates continue to decline.
- We continue to prepare for availability of vaccine for younger children.
- Encourage Pfizer vax boosters; expect approval Moderna/J & J soon.
- Acknowledge the passing of 102 y.o. **Sidney Walton**, member of the Greatest Generation and WWII veteran.
 - He undertook the “No Regrets” tour – aimed to visit w/all 50 Governors to raise awareness of veterans’ issues.
 - Met w/Governor Scott Nov. 2019; last met w/OK Governor 1 week ago. *“I have great respect for anyone who served – WWII has a special place for me – my Dad a tanker in France under Genl. Patton. The Greatest Generation literally saved the world – the best of the best. If you have an opportunity to thank one of them, please take it.”*

Tuesday Media Briefing (cont'd.)



Modeling – VT DFR Commissioner Pieciak:

- ❑ National: infections/hospitals/death trending down (all > 10%).
- ❑ Cases in states w/high vaccination rates down; dramatic differences in states not vaccinated & those most vaccinated in context of Delta.
- ❑ Watching states like MO, AR, LA, FL closely to make sure cases continue to drop. In UK Delta wave receded then jumped back, then down.
- ❑ Regional: most of New England improved except NH & ME. VT, MA, CT improving – region down 8% week over week.
 - 7d. average cases down 15% past 7 days & 23% past 14 days.
- ❑ Testing levels stable – good marker when cases decreasing (so not due to decreased testing).

Tuesday Media Briefing (cont'd.)



Modeling – Commissioner Pieciak:

- ❑ VT hosp. admission 7-day average dropping for both fully vax (new admissions down 14%) & unvaccinated (down 30%). Past 7d. 100% ICU care are unvax.
- ❑ VT 4 regions: cases still elev NEK; some improvement southern VT; more elevated than Chittenden & Central VT regions.
 - ❑ County by county: Orleans & Essex up (some improvement Orleans). Generally 12/14 VT counties improved except Orange & Essex.
- ❑ Higher education: only 19 cases on campus this week; with 95% vax rate, cases can remain very low even when community cases elevated.
- ❑ LTCFs: 8 active outbreaks; 163 cases this week vs. 177 last week.
- ❑ Forecast still uncertain: will monitor data X ~another week; watching ME & NH.
 - ❑ Anticipate 15-20deaths in October (down from 42 in September).

Tuesday Media Briefing (cont'd.)



VT Agency of Education Secretary Dan French

- ❑ 10/1/21 released info re: response testing/multiple pathways; goal is to maximize in-person learning.
- ❑ **Test to Stay** (TTS): for unvaccinated close contacts of positive cases (test daily X 7d. & remain in school if negative). Must still have to quarantine when outside of school. Very successful UT, MA, UK.
- ❑ **In-school PCR response testing** – test when symptomatic at school (test out of quarantine).
- ❑ Access to **take home PCR test kits**: use at home/anywhere: kits include sample collection material; registration; prepaid shipping label.
- ❑ Still strongly recommend surveillance testing – schools & parents must sign up.

Tuesday Media Briefing (cont'd.)



VT AOE Secretary Dan French

- Next steps: establish/operationalize TTS in way that works best for schools – will look different from school to school; parents may expect to hear directly re: how programs will roll out locally.
- Variability across districts/schools: as of 10/3, 651 total cases; 107 in past 7d. 80% of schools had no cases past 7days; 51% no cases at all; 31% 1-5 cases; 93% <5 or no cases. 10 schools \geq 10 total.
- Variability even w/in same SU, w/similar vax levels & mitigation: e.g., Champlain Valley district, case #s vary across multiple schools (Williston & Allenbrook 24 cases; Shelburne no cases past 7d.; Hinesburg 1 case in 7d., 2 total; Charlotte Central no cases.

Tuesday Media Briefing (cont'd.)



VT AOE Secretary Dan French

- Acknowledge intensity of contact tracing – labor intensive & challenge of supporting schools to enact testing. Major bottleneck = staffing – districts may need to hire new or redeploy existing personnel.
 - ▣ Districts have considerable federal funding to support efforts; may engage non-clinical staff with School Nurse oversight.
- To be announced later today: **School Nurses will have access to vaccine info in VT Immunization Registry.**
- Optimistic re: testing as critical strategy to keep schools safe/kids in school

Tuesday Media Briefing (cont'd.)



AHS Secretary Mike Smith

- ❑ Vax boosters: 9K rec'd. (plus 5K immunocompromised); 5400 addtl. have appts. Most VTers w/Pfizer vax \geq 6 mos. ago now eligible; > 70 clinics this wk.
- ❑ FDA Advisory Committee to discuss Moderna, J & J, & mix & match boosters; 10/24 will discuss EUA for 5-11 yo. Then expect CDC recs. in ~1 wk.
- ❑ Hospital capacity issues: factors include pts. sicker (not all COVID); MH pts. in EDs; LTCF staffing.
 - Mitigation: Adding Brattleboro Retreat beds (from 47 to 68); DAIL increasing staffing for up to 77 beds at 3 nursing homes – hope 1st on line this week at Burl Health & Rehab.
 - Bolster workforce for rehab svcs. for substance use disorder treatment. Also augment workforce to insure children w/MH, substance use, behavioral issues to avoid ED admits.
- ❑ Adding testing capacity where needed (46K tests past 7d.). Please make appt:

<https://www.healthvermont.gov/covid-19/testing/where-get-tested>

Tuesday Media Briefing (cont'd.)



Select Q & A

- **Q:** Will we have data to show impact of boosters? VT State Epidemiologist Patsy Kelso: CDC tracking boosters by state; definition of “fully vaccinated” will not change for now. Besides # administered, VT will monitor hosps./deaths (vax & unvax).
- **Q:** How realistic for schools to get addtl. help for testing – have you considered asking VNG, Medical Reserve Corps, etc.? Gov. Scott: looking for any opportunities for help. Still using VNG in some vax clinics – but asking for more may impact other (civilian) sectors. MRC is a great idea.
- **Q:** Any concern re: testing supplies? Gov. Scott: covered now; White House is engaged & understands need. PCR supply fine; may be antigen test shortage – but dealing w/regional company (Abbott in Maine).

Tuesday Media Briefing (cont'd.)

Select Q & A

- **Q:** When will TTS start? French: will probably take a couple of weeks – before the end of the month. Need to address CLIA waiver, training issues. Will discuss where to best focus efforts; but testing will allow us to achieve both educational and health goals.
- **Q:** What if <desired boosters this winter? Kelso: “I’d be lying if said I know – but I think case counts will go down b/c we’ve protected enough w/original series that things should calm down. Not hearing a lot of concern from natl. experts re: moving indoors.
- **Q:** Evidence of domestic travel affecting case rates? Kelso: not aware of any – we’re approaching peak tourist season in VT w/o lots of spread.

Tuesday Media Briefing (cont'd.)

Select Q & A

- **Q:** Any consideration of continuing masking in schools? Gov. Scott: hope approved for younger group soon. One step at a time – if we nec. will continue.
- **Q:** any response if Legislature takes action – would you support? Gov. Scott: I don't think necessary – mask mandates, limit travel, shut bars /restaurants, cancel Christmas? I have the tool – state of emergency – it's in the toolbox & I have the key to it.
- **Q:** Does announcement re: flights from foreign countries will land in U.S. have any bearing on land borders? Gov. Scott: no – for them not to open northern border at same time is frustrating – I don't understand the difference. We're limiting friends to north who have good track record. Look forward to engaging w/Biden administration on this; no response yet to letter by 10 governors.

From Vermont AOE – VDH (10/5/21)

NEW COVID-19 Testing Resources

- Test to Stay Template Letters:
 - ▣ Positive rapid antigen test; negative rapid antigen test; letter for close contacts, & rollout of test to stay.
- Webinar - Overview of School COVID-19 Testing Programs - Friday, October 8, 2021 from 10 - 11:30 A.M. – ***for school personnel only.***
- **School nurses will now have access to Vermont Immunization Registry (IMR); allows them to directly check COVID-19 vaccination status of students in schools.**
 - ▣ VT law requires all immunizations administered in VT to be reported to the IMR.
 - ▣ Keep in mind that it can take 3-5 days for a dose of covid to appear in the IMR after a student has received a dose.

Response to AOE-VDH Prevention/Testing

- South Burlington Supt. hosting parent info night tomorrow, 10/5/21 (conducted every few weeks)
- Possible model (superintendent parent night with community pediatrician invited) for other communities this fall for all things COVID in schools?
- AAP-VT also planning new round of vaccine Town Halls approach.
- Under discussion with AAP-VT leadership – your thoughts welcome!

Practice Issues

AAP Interim Guidance: Pediatric Updates for Return to Sports after COVID19

*Dr. Jonathan Flyer – Division Chief Pediatric Cardiology,
UVM Children's Hospital*



Return to Play: VT Primary Care Practice Experience

- 2 practices: *“practicing according to the guideline & seeing patients after illness”* (determine severity of course/current clinical status; by telehealth or in person).
 - ▣ Continue to consider ways to make process consistent/complete/efficient.
 - ▣ Practice variables that may impact process: size/location of practice, staffing, EHR portal communication, telehealth, etc. *“I suspect that in VT we may be following post-COVID cardiac screening guidelines more consistently given we’ve had collective discussions through VCHIP & an algorithm w/overall fewer cases vs. other states.”*
- Another practice: *“not realistic anymore see all pos. cases”* (w/incr. #s)
 - ▣ Pts. <12 yo, COVID positive & either asympto or only mild symptoms (the very left column on “VT” algorithm) & are fully recovered & asymptomatic can return to sports and will be given our generic "cleared for return to sports" letter (do not need to be seen; staff advised not to complete the COVID Medical Clearance form).
 - ▣ Pts. w/mod. sxs (middle column on algorithm) or age 12+ must be seen by provider & medical clearance form completed. Appts. scheduled >10 days from test date and symptoms resolved for >24 hours (except for loss of smell and taste which can persist).

AAP Interim Guidance: Pediatric Updates for Return to Sports after COVID19

VCHIP

Jonathan Flyer MD FAAP FAAC



October 6, 2021



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COVID-19 Interim Guidance: Return to Sports and Physical Activity

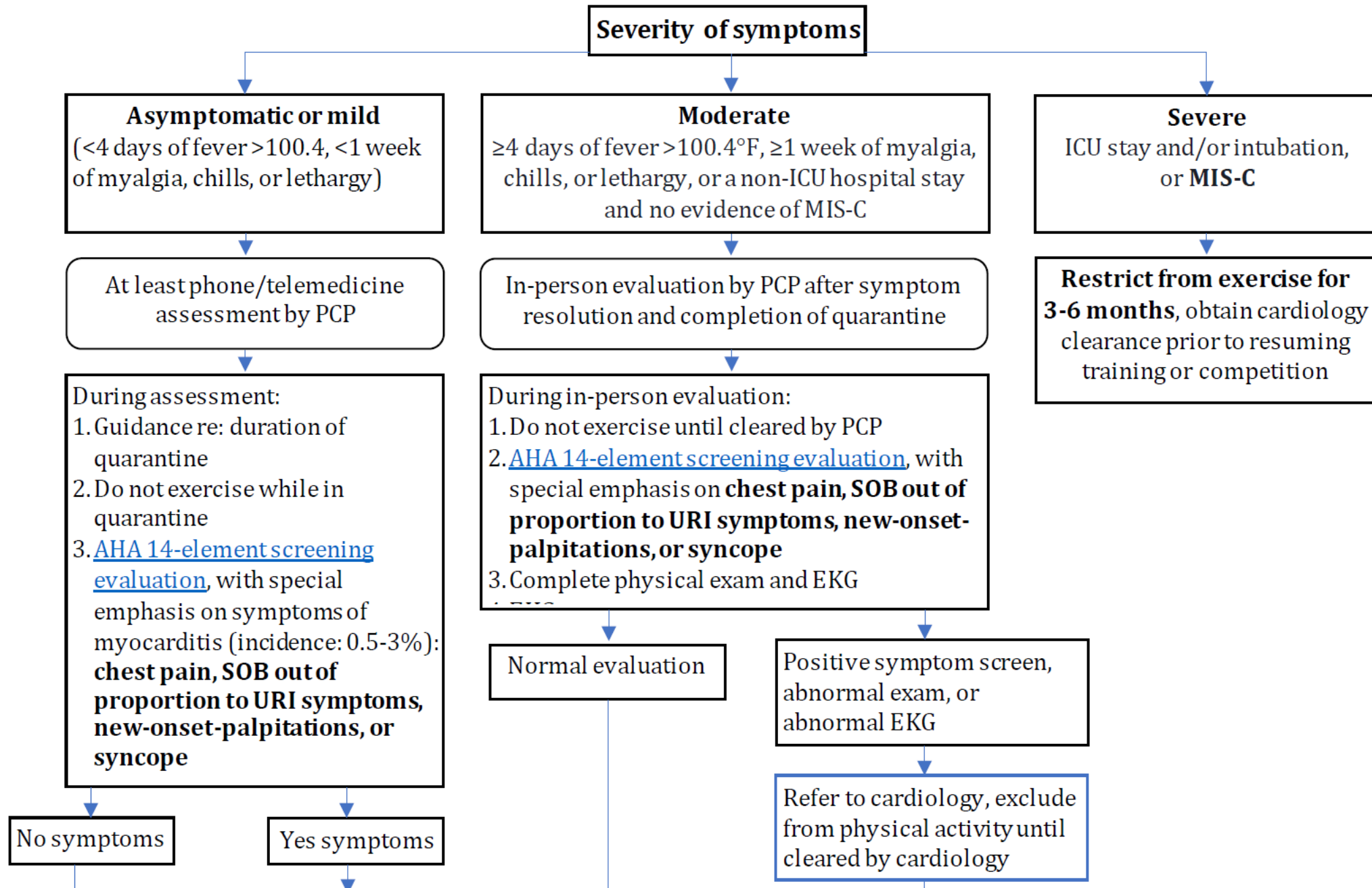
[Home](#) / [Critical Updates on COVID-19](#) / [COVID-19 Interim Guidance](#) / COVID-19 Interim Guidance: Return to Sports and Physical Activity

1. [COVID-19 Interim Guidance: Return to Sports and Physical Activity \(aap.org\)](#)
2. [RTPAlgorithm FINAL 9-21-2021.pdf \(aap.org\)](#)

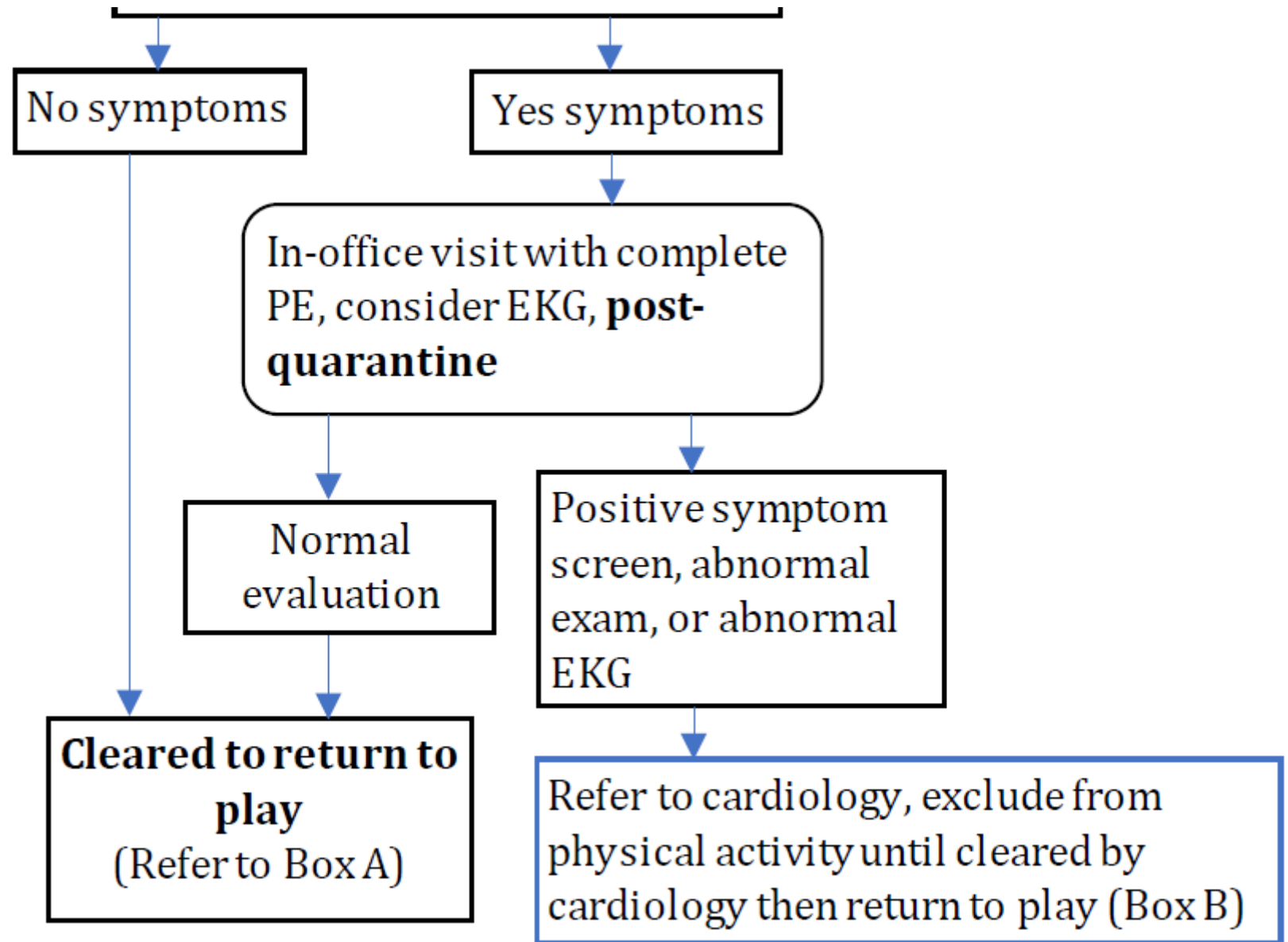
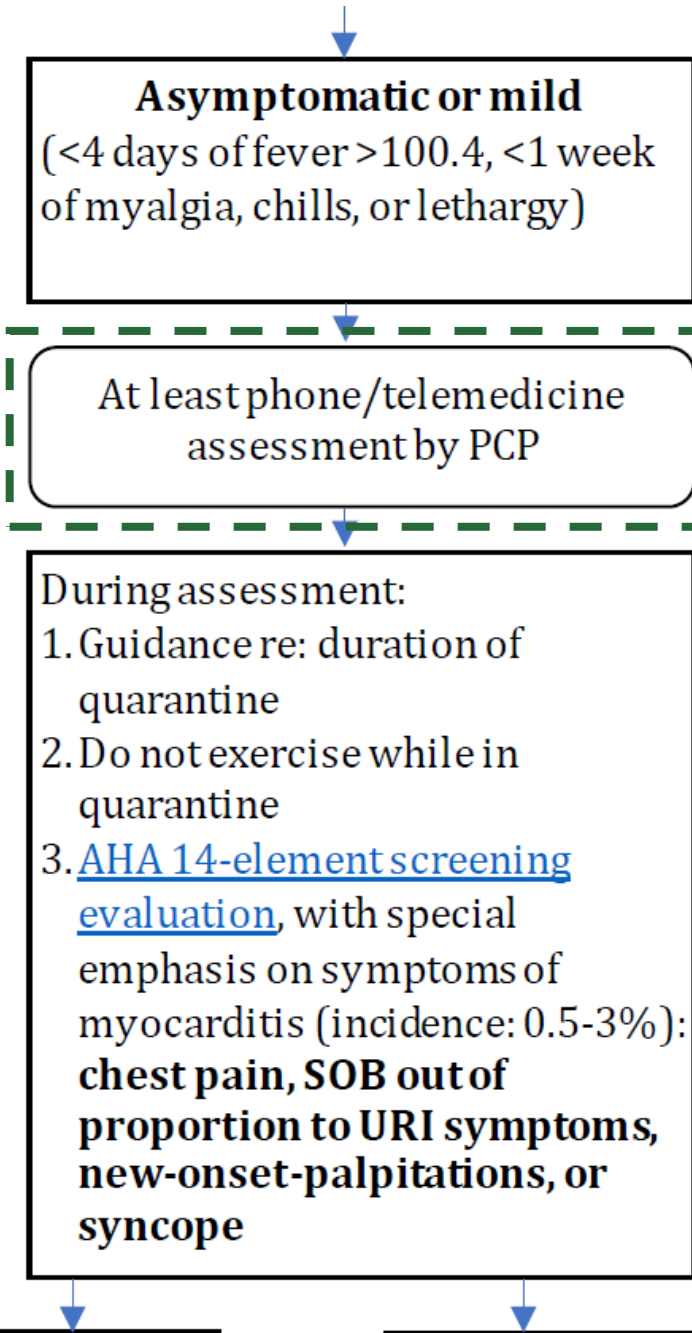
...over the past year, the AAP has provided quarterly updates.



AAP Algorithm



Asymptomatic/Mild



Clearance: 14 point AHA

- 14-element AHA cardiac screening** reviewed. Telemedicine evaluation permitted for asymptomatic/mild cases with in-person visit recommended if any positive cardiac symptoms/concerns reported. (Further cardiac work up required if any bolded screening questions positive).

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain/tightness/pressure related to exertion
<input type="checkbox"/>	<input type="checkbox"/>	Unexplained syncope or near-syncope (not including vasovagal cause)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive exertional, unexplained shortness of breath/fatigue or new onset palpitations with exercise
<input type="checkbox"/>	<input type="checkbox"/>	New heart murmur on exam or persistent tachycardia
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)
<input type="checkbox"/>	<input type="checkbox"/>	History of elevated systemic blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Prior restriction from participation in sports
<input type="checkbox"/>	<input type="checkbox"/>	Prior cardiac testing ordered by a physician
<input type="checkbox"/>	<input type="checkbox"/>	Family history of premature death <50yrs due to heart disease
<input type="checkbox"/>	<input type="checkbox"/>	Disability due to heart disease in a close relative <50yo
<input type="checkbox"/>	<input type="checkbox"/>	Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions
<input type="checkbox"/>	<input type="checkbox"/>	History of heart murmur (excluding innocent/resolved murmurs)
<input type="checkbox"/>	<input type="checkbox"/>	Physical stigmata of Marfan Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal brachial artery blood pressure in sitting position on exam

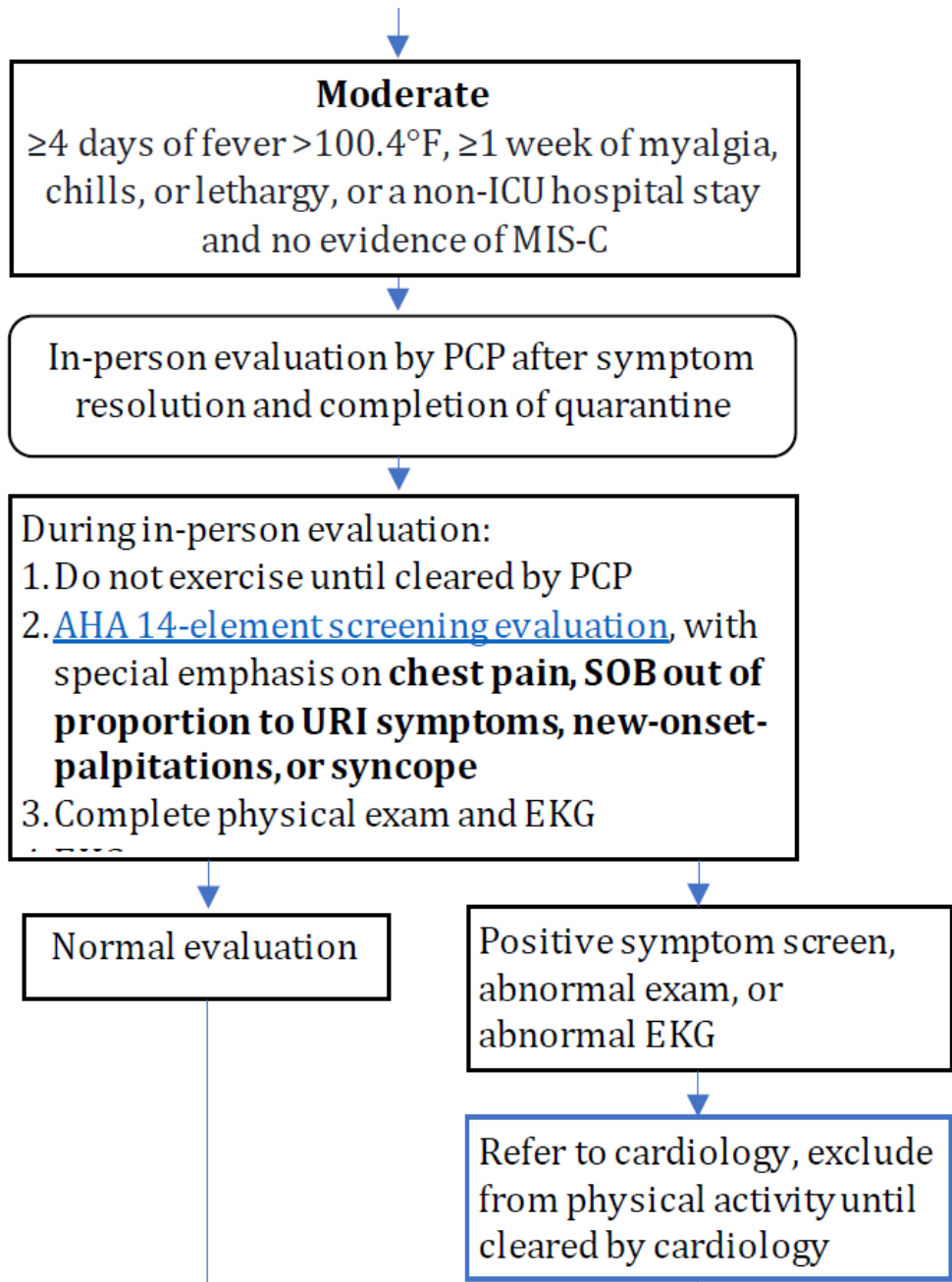
*<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-interim-guidance-return-to-sports/>

**14-Element AHA Screening Checklist adapted from Maron BJ, et al. *Journal of the American College of Cardiology*, 2014.

Reviewed by UVMMC Pediatric Cardiology March 3, 2021.



Moderate



Gradual return to play (Box B) only after:

1. 10 days since positive test result
2. At least 10 days of symptom resolution off fever-reducing medications

Algorithms: Vermont & AAP: *Key Difference*

- Moderate disease: should I get an EKG?
- AAP: Yes.
- *Vermont* adopts the ACC recommendation:
 - EKG for 12yrs and older, based on sports intensity
- Either would really be fine...this could be based on clinical resources, case details, and your clinical judgement.

Severe



Severe
ICU stay and/or intubation,
or **MIS-C**



**Restrict from exercise for
3-6 months**, obtain cardiology
clearance prior to resuming
training or competition

No Changes.



Other Recent updates: June - September

- 1. If the patient has already advanced to physical activity on their own and is without abnormal cardiovascular signs/ symptoms, then no further evaluation is necessary.**
- 2. COVID19 disease history should be documented.**

Return to play after COVID-19 infection

Adapted from the AAP COVID-19 Interim Guidance: *Return to Sports and Physical Activity* by Anna Zuckerman, MD, FAAP and Jonathan Flyer, MD, FAAP, FACC.



BOX A: Additional Guidance on Returning to Play

When should children and adolescents return to play?

- 1) Completed quarantine and minimum amount of symptom free time has passed
- 2) Can perform all activities of daily living
- 3) No concerning signs/symptoms

At what pace should children and adolescents return to play?

- 4) <12yo: progress according to own tolerance
- 5) 12+: gradual return to physical activity (Box B); should be done over a 7-day minimum and may extend duration for children with moderate symptoms

When should children and adolescents pause return to play?

- If patient develops any chest pain, SOB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam



BOX B: Gradual Return to Play

(Adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020; copied from AAP Policy statement)

Stage 1: Day 1 and Day 2 – (2 Days Minimum) – 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Stage 2: Day 3 – (1 Day Minimum) – 30 minutes or less: Add simple movement activities (eg. running drills) – intensity no greater than 80% of maximum heart rate.

Stage 3: Day 4 – (1 Day Minimum) – 45 minutes or less: Progress to more complex training – intensity no greater than 80% maximum heart rate. May add light resistance training.

Stage 4: Day 5 and Day 6 – 2 Days Minimum) – 60 minutes: Normal training activity – intensity no greater than 80% maximum heart rate.

Stage 5: Day 7 – Return to full activity/participation (ie, contests/competitions).



THANK YOU

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From Vermont AOE – VDH (10/1/21)

- Memo: COVID-19 Response Testing Programs for Vermont Schools, Fall-Winter 2021
 - ▣ **Test to Stay Rapid** Antigen Testing
 - ▣ In-School **PCR Response Testing**
 - ▣ **Take Home PCR Tests**
- Program Overview: School COVID-19 Testing
 - ▣ Similar content to above, plus **Surveillance Testing**
- Flow Chart: School Testing Programs (For Administrators)
- Flow Chart: COVID-19 Testing At-A-Glance (For Families)
- Testing Options Overview Letter for Parents and Families (TEMPLATE)
- Test to Stay Intent to Participate and CLIA Waiver

From Vermont AOE – VDH (10/1/21 – cont'd.)

- Test to Stay Checklist
- COVID-19 Testing Website (AOE)
 - ▣ <https://education.vermont.gov/covid19/testing>

COVID-19 Testing

Type #1: Test to Stay (TTS)

Who

- Unvaccinated individuals
- Ages 5 and up
- Asymptomatic students and staff
- Close contact of a positive COVID-19 case



When

- Positive PCR test
- Symptomatic Student (with positive antigen test)
- Starts day after case is identified

How

- Close contacts identified
- Testing takes place until 7 days have elapsed from the date of last exposure to the case
- Eligible students/staff tested before starting the school day

What

- Rapid antigen tests (CLIA and non-CLIA waived)

Recommendations

- Elementary schools: classrooms and any additional close contacts
- Middle and high schools (less than 80% vaccinated):
 - Contact tracing first
 - If vaccinated - no quarantine, PCR test recommended 3-5 days after exposure
 - If unvaccinated - TTS or follow quarantine options
- Middle and high schools (more than 80% vaccinated): not recommended

October 6, 2021

COVID-19 Testing

Type #2: On-Site PCR Testing

Who

- Unvaccinated or vaccinated individuals
- Students and staff ages 5 and up
- Symptomatic or asymptomatic close contacts

When

- Symptomatic Student
- Quarantined close contacts (on day 7 since exposure)
- Test event in response to positive cases

What

- Schools prepare, register, and administer the tests using the Binx registration system
- Test kits are shipped using pre-labeled, prepaid boxes provided by the state
- Results communicated through VDH through Binx software

What

- Binx "white label" PCR test kit

Recommendations

- Schools with less than an 80% vaccination rate:
 - Test out of quarantine
 - Test events in case of positive cases within the community
- Schools with greater than an 80% vaccination rate:
 - Recommended for vaccinated close contacts of a positive case 3-5 days after exposure
 - Test unvaccinated close contacts

October 6, 2021

COVID-19 Testing

Type #3: Take Home PCR Testing



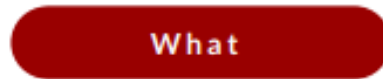
- Unvaccinated or vaccinated individuals
- Symptomatic or asymptomatic
- Family members of student and staff, including children younger than five years old



- Symptomatic student who stays home
- Quarantined close contacts (on day 7 since exposure)
- Any student, family member, or member of the community is challenged to get a COVID-19 test at a local community test site



- Register the kits in Binx
- Take sample and return the same day
- Receive test results via Binx



What

- Binx "take home kit" w/ return shipping package



- All schools, regardless of vaccination rate
- Students or staff who are symptomatic or in quarantine
- Family members of positive cases

October 6, 2021

COVID-19 Testing

Type #4: Surveillance Testing

Who

- Unvaccinated or vaccinated individuals
- Students and staff ages 5 and up

When

- Routine, weekly testing

How

- Participants complete a self-administered PCR nasal swab once a week on school campus
- Results communicated through VDH through Binx software

What

- Binx "white label" PCR test

Recommendations

- For schools with less than 80% vaccination rate
- The decision to participate in surveillance testing may involve several factors including staffing resources, the participation rate, the positive case rate resulting from surveillance testing and the adoption of other testing tools

October 6, 2021

In case you missed it

UVM CH Pediatric Grand Rounds (9/22/21)

- Triple threat: Drs. Becca Bell, Ben Lee and Bill Raszka
- ***Pediatric COVID-19: Updates, Controversies, and Advocacy***
- Please email Penny Marchessault, Department of Pediatrics, for a link to this presentation:
Penelope.Marchessault@med.uvm.edu

Save the Date: UVM CH Children's Memorial Svc.

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

- ❑ **WHAT:** UVM Children's Hospital – 19th 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.

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.

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
- Planning new campaign & Family Forums when COVID-19 vaccine EUA & ACIP recs issued for 5-11 y.o.

5 REASONS TEENS SHOULD GET THE COVID VACCINE



Vermont Chapter

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VCHIP-VDH COVID-19 calls: Fall Calendar



- **October: generally Mon. & Wed. except as below:**
 - **Next call Wednesday, October 13, 2021**
 - **No call Monday, 10/11/21** (Indigenous Peoples Day & AAP NCE), **Wednesday, 10/20/21** or **Monday, 10/25/21**
- **October call dates: 10/6 (W), 10/13 (W), 10/18 (M), 10/27 (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*
- VMS calls with VDH Commissioner Levine now select Thursdays only (see next 2 slides)

Save the Date: CHAMP Learning Session, Oct. 26

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

Key Characteristics of High-Performing Medical Homes¹	<ul style="list-style-type: none">+ 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	<p>Focus areas for the 2021-2022 QI project:</p> <ul style="list-style-type: none">+ 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 <p>Additional learning session topics will include:</p> <ul style="list-style-type: none">+ Screening for anxiety+ Social-emotional health+ Narrative medicine



For questions contact Christine Pellegrino and Allison Konecny at 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.



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, October 13, 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
- VMS COVID-19 Clinical Conversations call: ***Thursday, October 7 – 12:30-1:00 p.m.***
- **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZlFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684