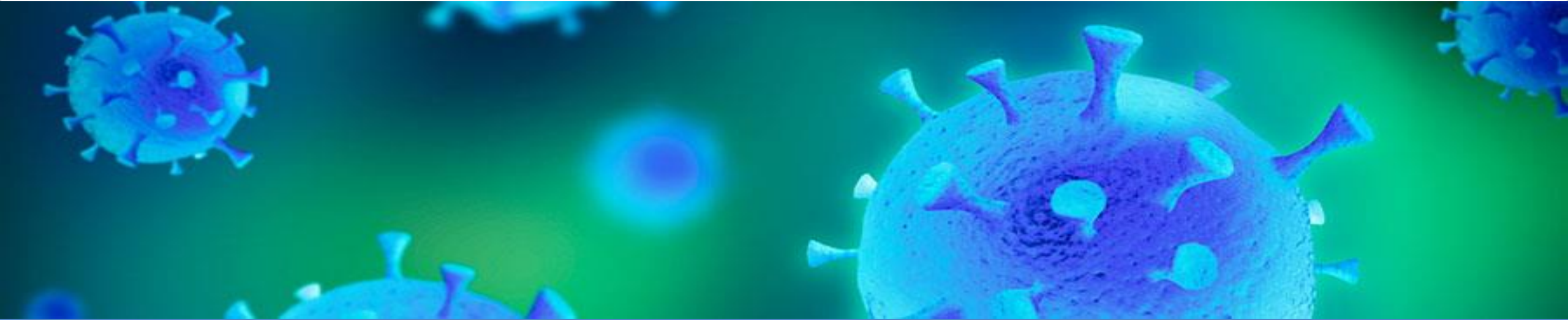


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
January 12, 2022



Technology Notes

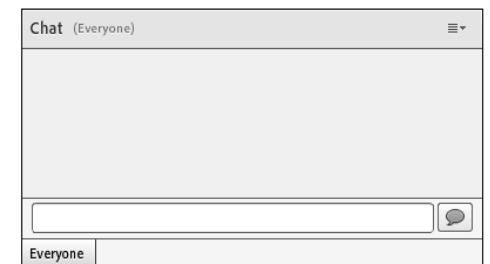
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

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 that we're still here after yesterday's cold!
 - ▣ Tomorrow is ***Korean American Day***
 - ▣ <https://keia.org/programs/community-outreach/korean-american-day/>
- Reminder – weekly event schedule:
 - ▣ **January VCHIP-VDH call calendar** (next slide); Gov. Media Briefings generally ***Tuesdays only***; VMS calls with Dr. Levine 1st & 3rd Thursdays
- Practice Issues: ***VT (School) COVID-19 Guidance Updates***
- Q & A/Discussion



<https://www.mountwashington.org/>

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

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

- ❑ January calls generally Wednesdays except as below:
- ❑ Call dates: 1/5 (W), 1/12(W), 1/19 (W – 1st Zoom call), 1/24 (M)
 - ❑ No call Wednesday, 1/26/22
- ❑ **COMING THIS MONTH:** switching to **Zoom** platform
 - ❑ **Date of first Zoom call: January 19, 2022**
- ❑ 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 Comm. Levine now 1st/3rd Thursdays (see slide 6)



Coming Soon to a COVID Meeting Near You...**ZOOM!**

- ❑ **Starting January 19, 2022 (one week from today!)**
- ❑ Topic: CHAMP VDH COVID-19 Call
- ❑ Join Zoom Meeting
 - ❑ <https://uvmcom.zoom.us/j/94142791300?pwd=K2N4VUYrSHIMQi9XeGVnc3duNTFmZz09>
 - ❑ NOTE: password (CHAMP) should be imbedded in link (sharing in case needed for any reason. You will not be prompted to enter PW if using link we provided.
- ❑ Meeting ID: 941 4279 1300
- ❑ Passcode: CHAMP
- ❑ One tap mobile
- ❑ +16468769923,,94142791300# US (New York)
- ❑ +13017158592,,94142791300# US (Washington DC)

VMS *COVID Convos* with Health Commissioner Levine

- ***New Schedule January, 2022***
- **Calls with VDH Commissioner Levine now 1st and 3rd Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 1/20/21**
- 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=VkVuNTJ1ZFQ2R3diSVdqdIJ2ZG4yQT09>
 - **Meeting ID: 867 2625 3105 Password: 540684 Dial In: 1-646-876-9923**

DR. MARK LEVINE
COMMISSIONER OF
HEALTH

VMS COVID Convos
1st and 3rd Thursday

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

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

VCHIP CHAMP COVID-19 Web Site Updates

- The document previously listed in the “Algorithms” column as the “VCHIP-AAP-UVMCH-VDH.CovidPediatric.flowchart_current 9.10.21” (Title: “**COVID-19 in Pediatric Patients – Triage, Evaluation, Testing and Return to School**”) has been retired as of January 7, 2021, and moved to the **Archived Documents and Links** page.
 - ▣ A new clinical decision-making tool is **under construction** and will be posted upon completion.
 - ▣ In the meantime, please visit <https://www.healthvermont.gov/covid-19/symptoms-sickness/what-do-if-you-test-positive-covid-19> and related pages at the Vermont Department of Health website for additional information.
- Find information from 2020 and 2021 on separate VCHIP **Archives** page for each year.
 - ▣ Current/previous month’s info are maintained on the main VCHIP COVID-19 page.

VDH Case Dashboard Reporting Issue

Posted by VDH on dashboard page:

- **Tuesday, January 11:** *“Updates to the dashboard are delayed due to a lab reporting issue that occurred over the weekend from 1/7 to 1/10. The issue affected roughly 40,000 lab results. For that timeframe, approximately 4,375 additional positive cases have been identified. We are working to assign these cases to the correct date and will update the dashboard as soon as this work is complete.”*
- **Wednesday, January 12** **[added after today's call]** – see additional case #s in table

DATE	CORRECTED CASE COUNT
Jan. 6	1,898
Jan. 7	2,975
Jan. 8	2,357
Jan. 9	1,061
Jan. 10	939
Jan. 11	813

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

Situation update

New Cases
813
81,987 Total
Currently Hospitalized
85

Hospitalized in ICU
27

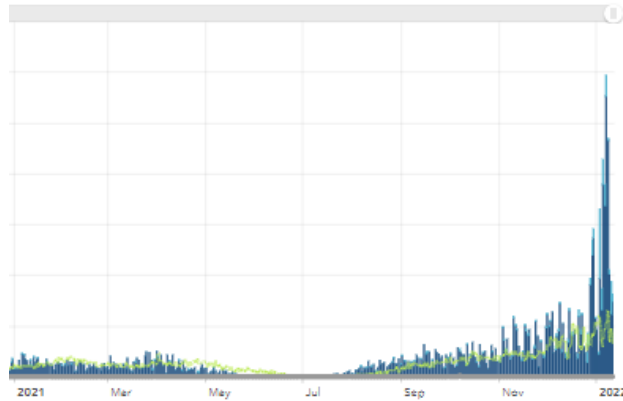
Percent Positive 7-day Avg.
13%

New Tests
4,907
2,987,672 Total

Deaths
490
0.6% of Cases

Last Updated: 1/12/2022, 11:08:20 AM

New Confirmed Cases, Probable Cases, Recoveries and Deaths:

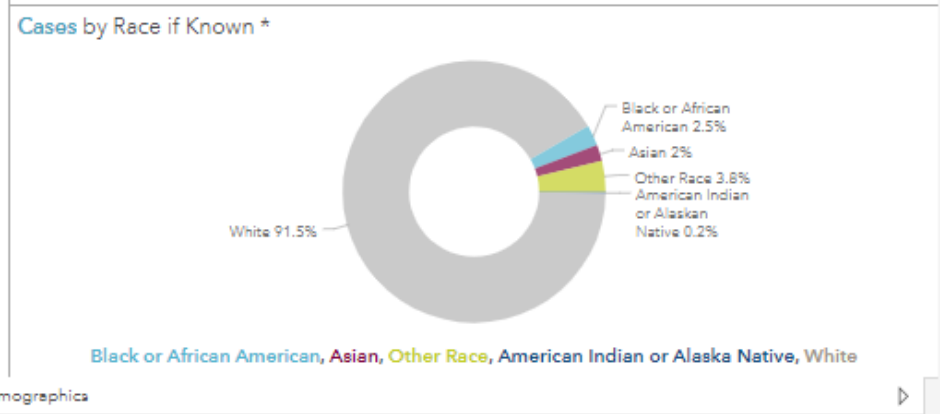
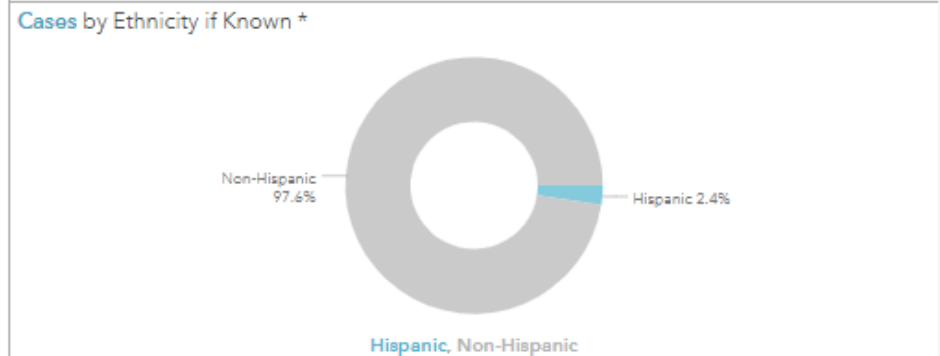
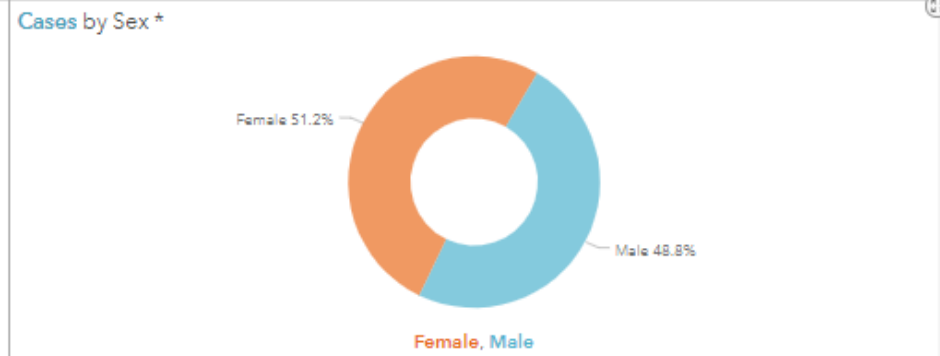
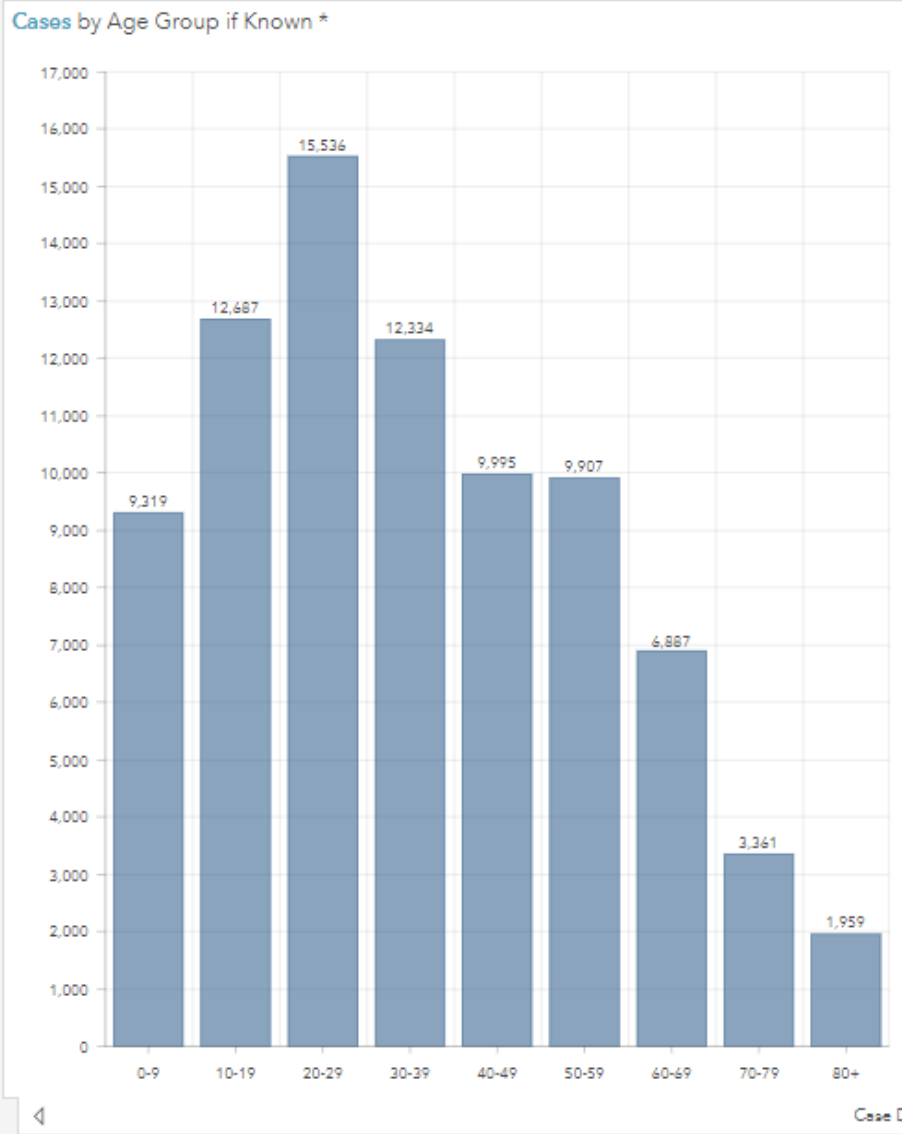


NOTE: VDH Dashboard updated EVERY DAY by 12:00 p.m. Case info reflects counts as of end of the previous weekday. All data are compiled by the VDH; are preliminary & subject to change.

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

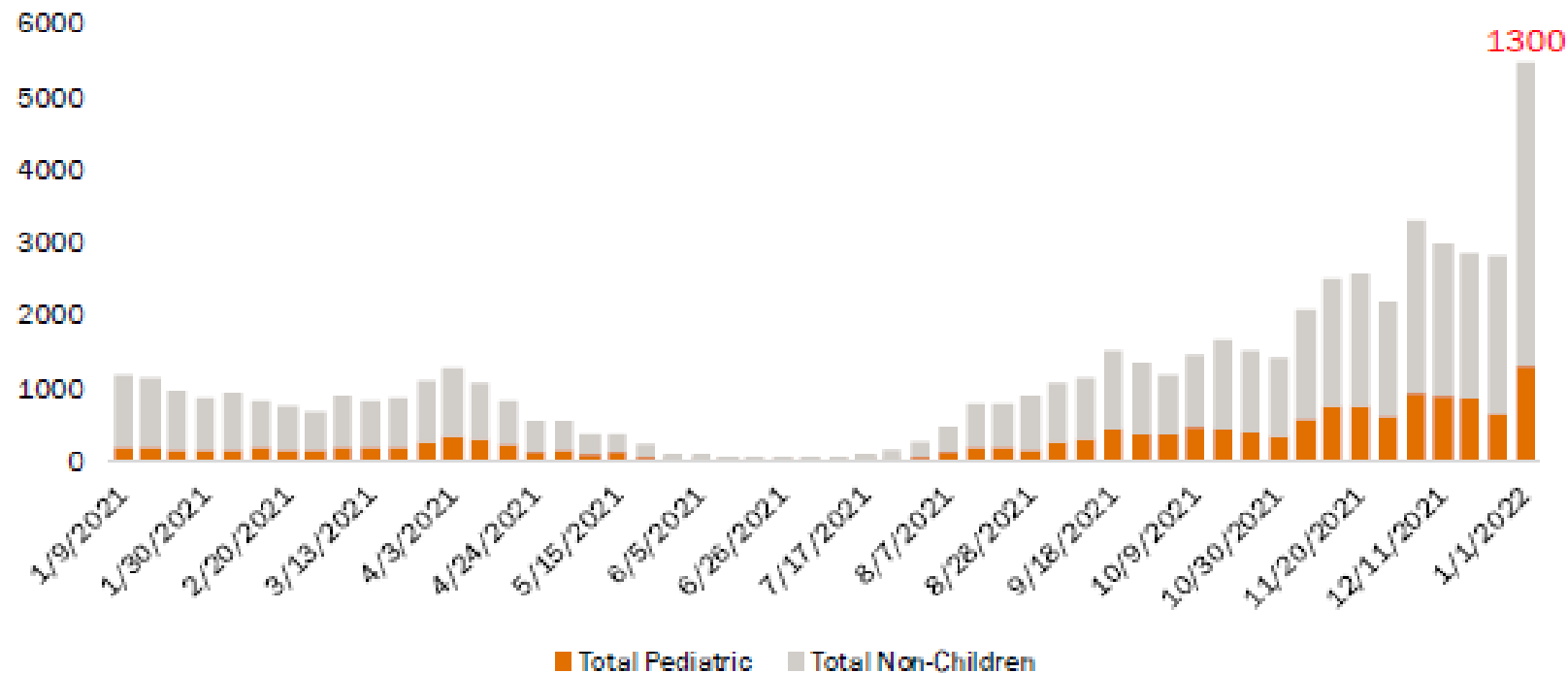
- One year ago: 9247 VT total cases; 167 new/51 hosp.
- U.S. **62.3 million+** cases; **840,581 deaths**
 - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 1/12/22)
 - Past week: av. 761,122 cases/day (14d. change **+185%**)
 - **5.50 million+ deaths worldwide; 313.6 million+ cases** (-11% & +156% 14-day change respectively)
- **VDH Data Summary** now q.o.week. **1/7/22: NO Weekly Spotlight topic**
 - **Table of Contents:** Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.
 - **Vaccine breakthrough cases = 16,851** since Jan. 2021 (~3.4% of fully vaccinated). Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

Situation update

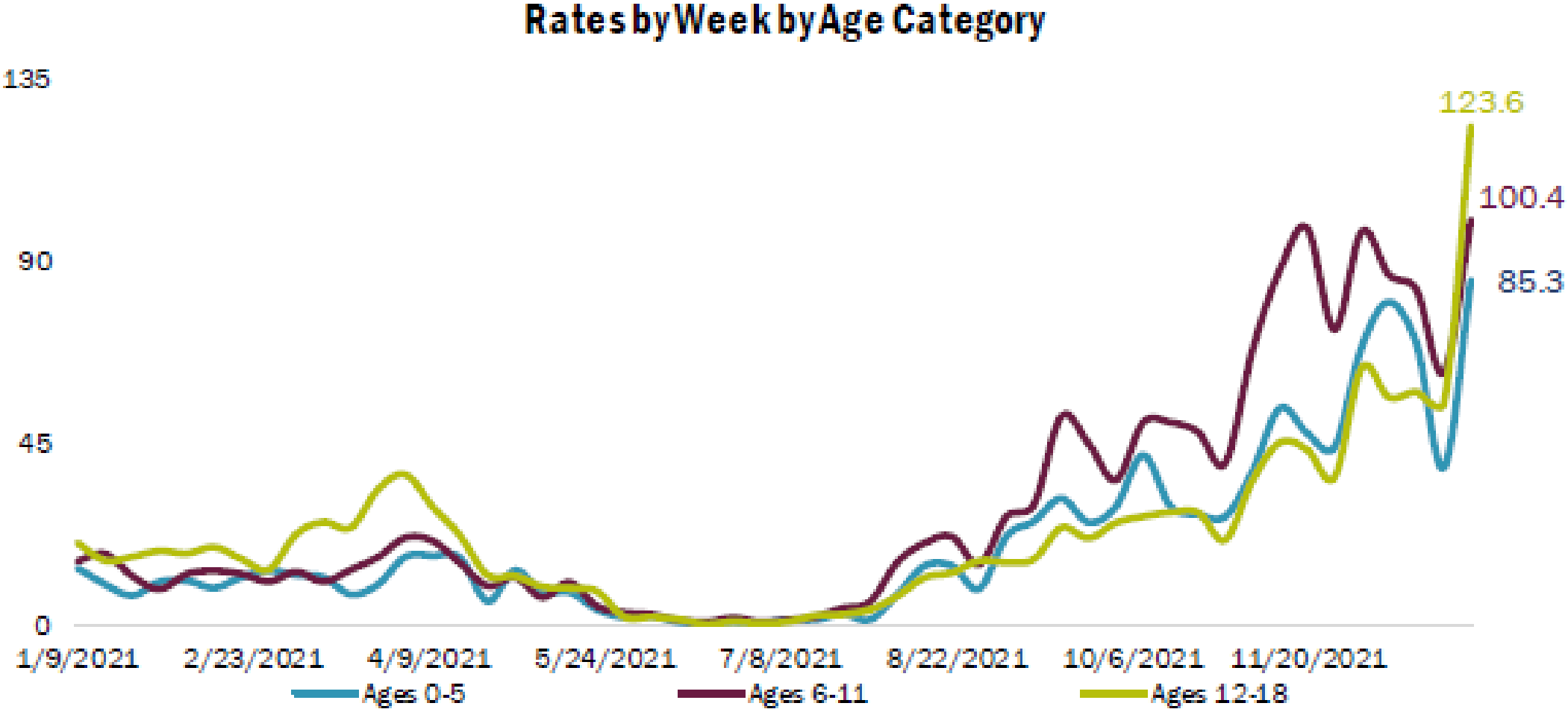


This brief reflects data as of January 1, 2022 (the last complete MMWR week). All rates are calculated per 10,000 people. Data is preliminary and subject to change.

Number of Cases by Week



COVID-19 Pediatric Cases



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

January 12, 2022

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

- <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf> (Updated **Tuesdays** w/data through previous Sunday)



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

January 10, 2022

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported in the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	322	3610



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

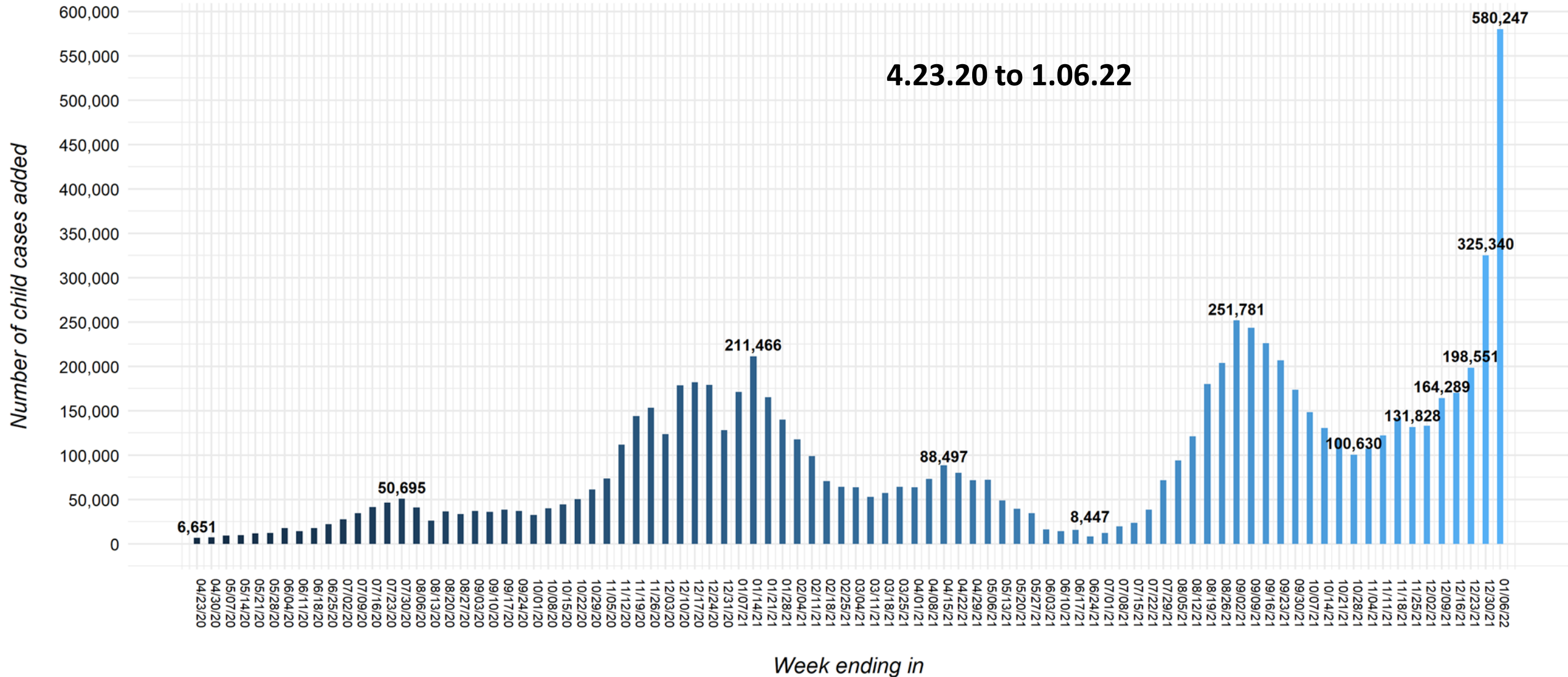
January 3, 2022

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported in the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	75	3286

- VT College & University dashboards:
 - ▣ **UVM update** (week of 1/3/-1/9/22): 128 pos. tests off campus; 12 on campus; 4 fac; 38 staff.
 - ▣ **Bennington College** (as of 1/12/22): 20 total active/4 new active cases.
 - ▣ **Middlebury College** (as of 1/10/22): 73 new case; 91 total active (86 students/5 employees)

United States: Number of Child COVID-19 Cases Added in Past Week

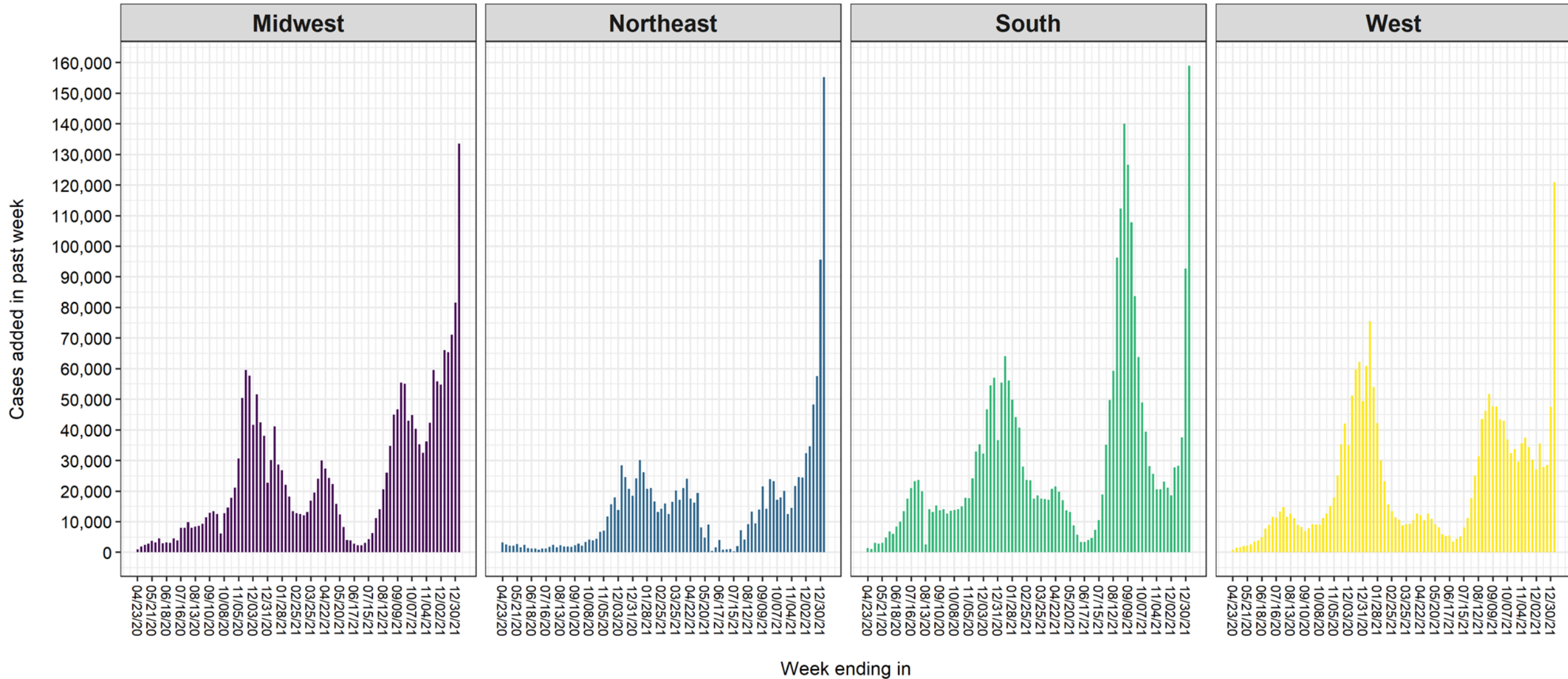


<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

Source: AAP analysis of publicly available data from state/local health departments
 Note: 5 states changed 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 10/10/20, 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
 On 1/6/22, due to available data, GU and OK cumulative child cases through 12/30/21

4.23.20 to 1.06.22

United States: Child COVID-19 Cases Added in the Past Week, by Region



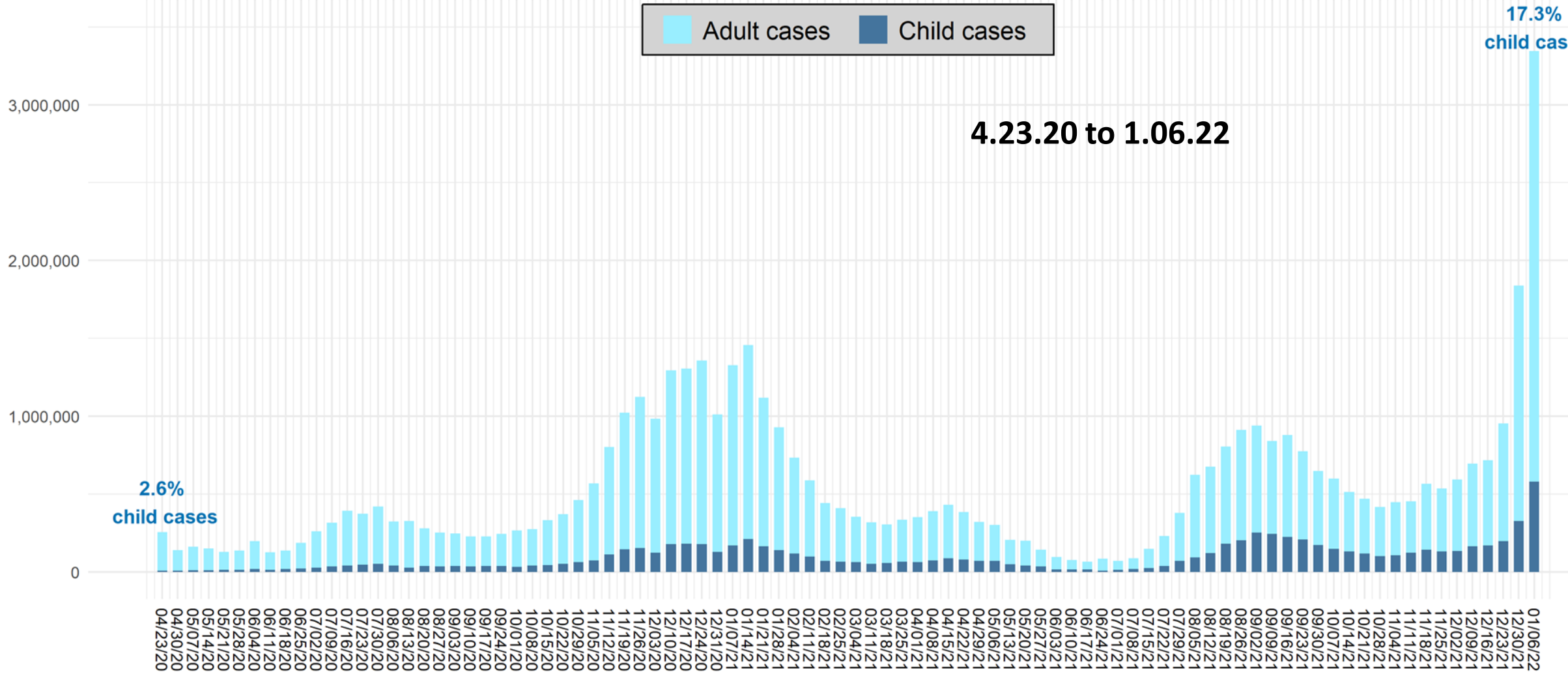
<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

Source: AAP analysis of publicly available data from state/local health departments
Note: Regions are the US Census Regions
5 states changed 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
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Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate
On 1/6/22, due to available data, GU and OK cumulative child cases through 12/30/21

United States: Number of COVID-19 Cases Added in Past Week for Children and Adults



Number of cases added



2.6%
child cases

17.3%
child cases

4.23.20 to 1.06.22

Week ending in

04/23/20 04/30/20 05/07/20 05/14/20 05/21/20 05/28/20 06/04/20 06/11/20 06/18/20 06/25/20 07/02/20 07/09/20 07/16/20 07/23/20 07/30/20 08/06/20 08/13/20 08/20/20 08/27/20 09/03/20 09/10/20 09/17/20 09/24/20 10/01/20 10/08/20 10/15/20 10/22/20 10/29/20 11/05/20 11/12/20 11/19/20 11/26/20 12/03/20 12/10/20 12/17/20 12/24/20 12/31/20 01/07/21 01/14/21 01/21/21 01/28/21 02/04/21 02/11/21 02/18/21 02/25/21 03/04/21 03/11/21 03/18/21 03/25/21 04/01/21 04/08/21 04/15/21 04/22/21 04/29/21 05/06/21 05/13/21 05/20/21 05/27/21 06/03/21 06/10/21 06/17/21 06/24/21 07/01/21 07/08/21 07/15/21 07/22/21 07/29/21 08/05/21 08/12/21 08/19/21 08/26/21 09/02/21 09/09/21 09/16/21 09/23/21 10/07/21 10/14/21 10/21/21 10/28/21 11/04/21 11/11/21 11/18/21 11/25/21 12/02/21 12/09/21 12/16/21 12/23/21 01/06/22

Source: AAP analysis of publicly available data from state/local health departments
 Note: 5 states changed 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
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 On 1/6/22, due to available data, GU and OK cumulative child cases through 12/30/21

VDH COVID-19 Vaccine Registration & Sites

GETTING THE COVID-19 VACCINE

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

GET THE MOST PROTECTION WITH A BOOSTER SHOT!

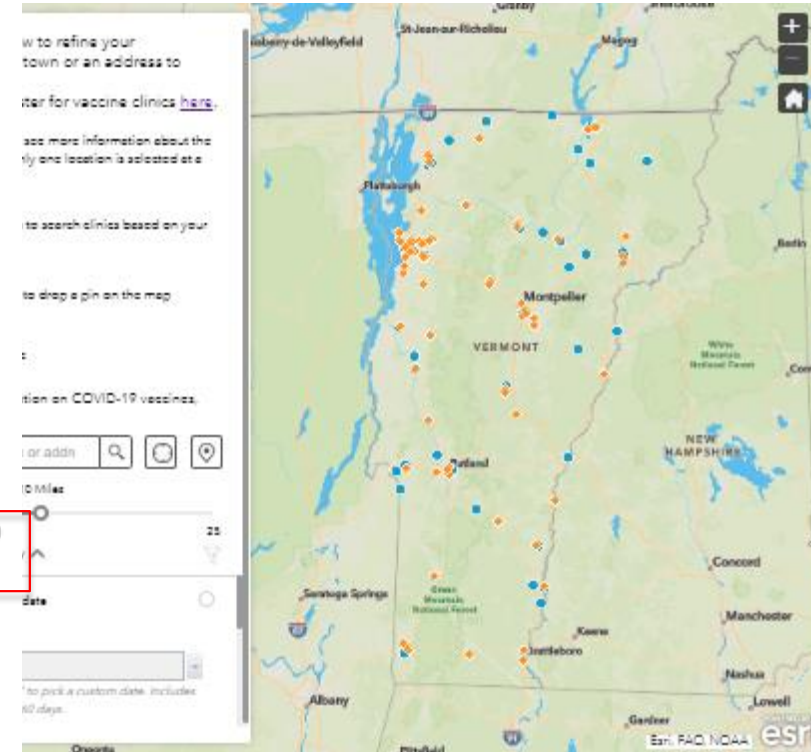
You should get a booster if you are 12 or older and you received:

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

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

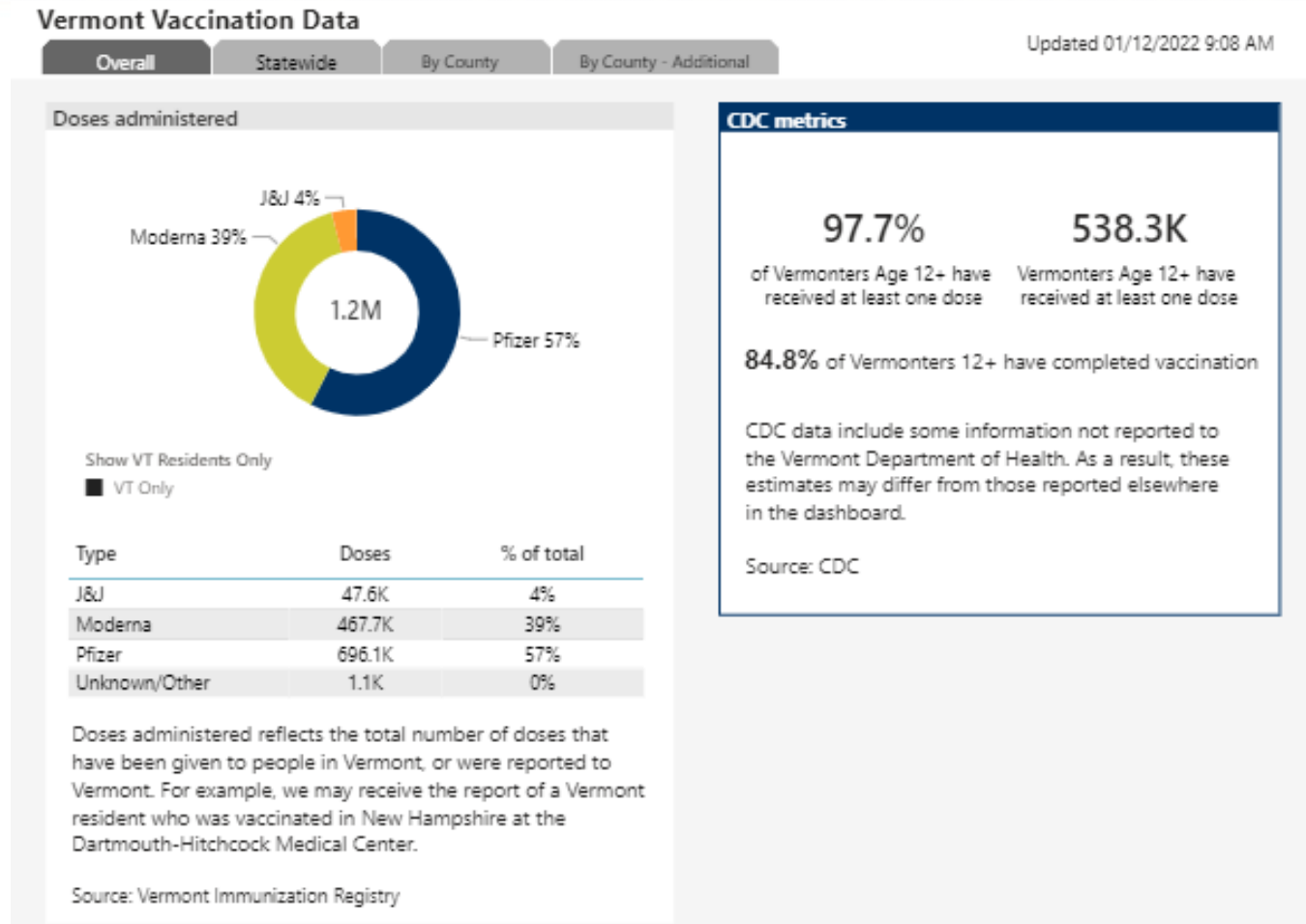
[See Frequently Asked Questions about boosters](#) ➔

WHERE TO GET YOUR BOOSTER SHOT, FIRST OR SECOND DOSE



VDH COVID-19 Vaccine Dashboard (“Overall” view: 1/12/22)

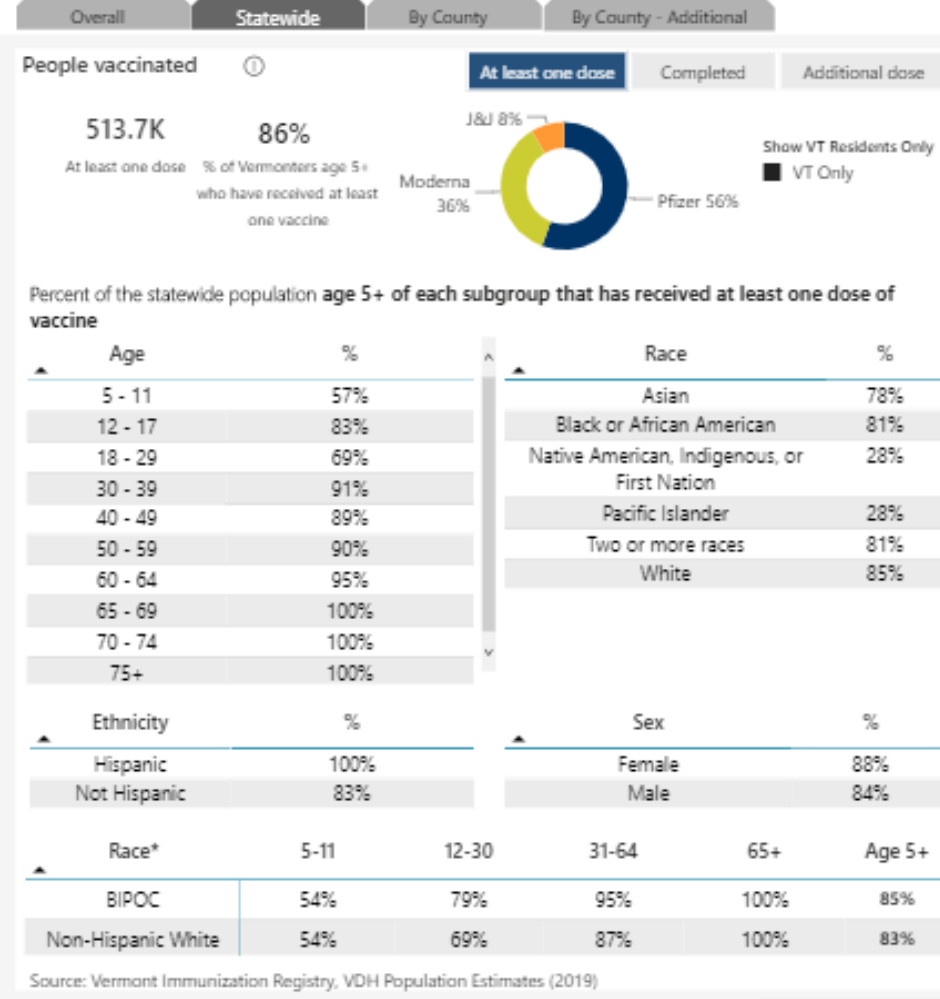
- Daily updates Tuesday thru Sat.
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- **Notes: Vermont Forward percentages** use data from CDC, which includes some data not reported to VDH; these estimates may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



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

Vermont Vaccination Data

Updated 01/12/2022 9:08 AM

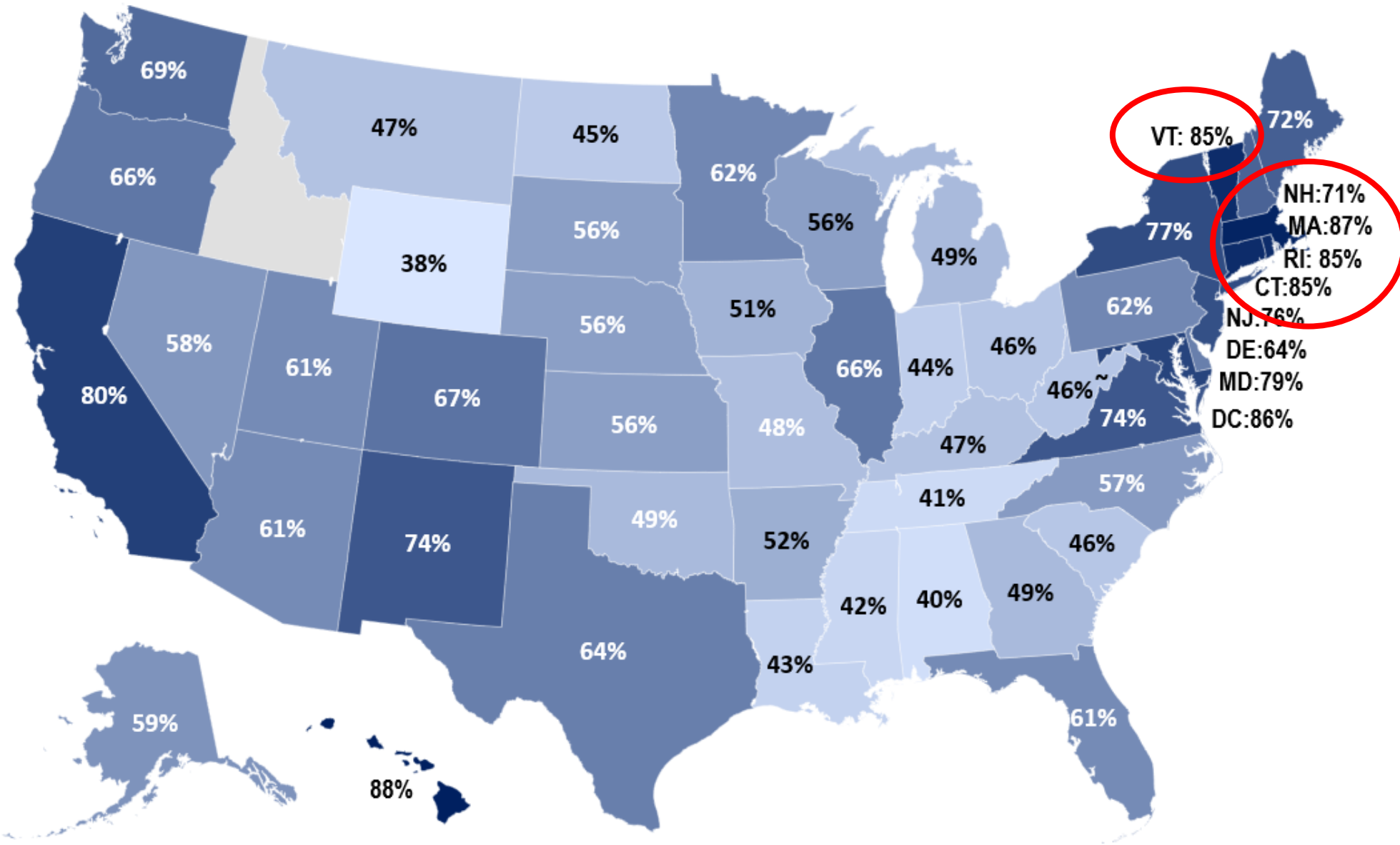


Data notes
 Statewide numbers and percentages are capped at 100%. To protect the identity of individuals, data is suppressed when there are fewer than six people vaccinated in a subgroup.
 Race information is not reported for 2% of people vaccinated.
 Race/ethnicity information is not reported for 4% of people vaccinated.
 Ethnicity information is not reported for 4% of people vaccinated.
 BIPOC refers to Black, Indigenous, and people of color.
 Sex information is not reported for 556 people vaccinated. The categorization of male/female for some people is based on sex assignment at birth, while for others, it is based on gender. This is due to the varying sources and ways the information is reported.
 Sex not reported may mean the provider did not collect that information, the patient did not provide it, or the provider or the patient selected a category other than male or female.
 Data on this page is sourced from the Vermont Immunization Registry and therefore may differ from data reported

- 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):
 - ▣ 5-11 = 57% (55% on 1/5/22)
 - ▣ 12-17 = 83% (82% on 1/5/22)
 - ▣ 18-29 = 69% (68% on 1/5/22)
 - ▣ **VT Age 5+ = 86%** (86% on 1/5/22)

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

Received At Least 1 Dose  as of 1.5.2022
38% 88%



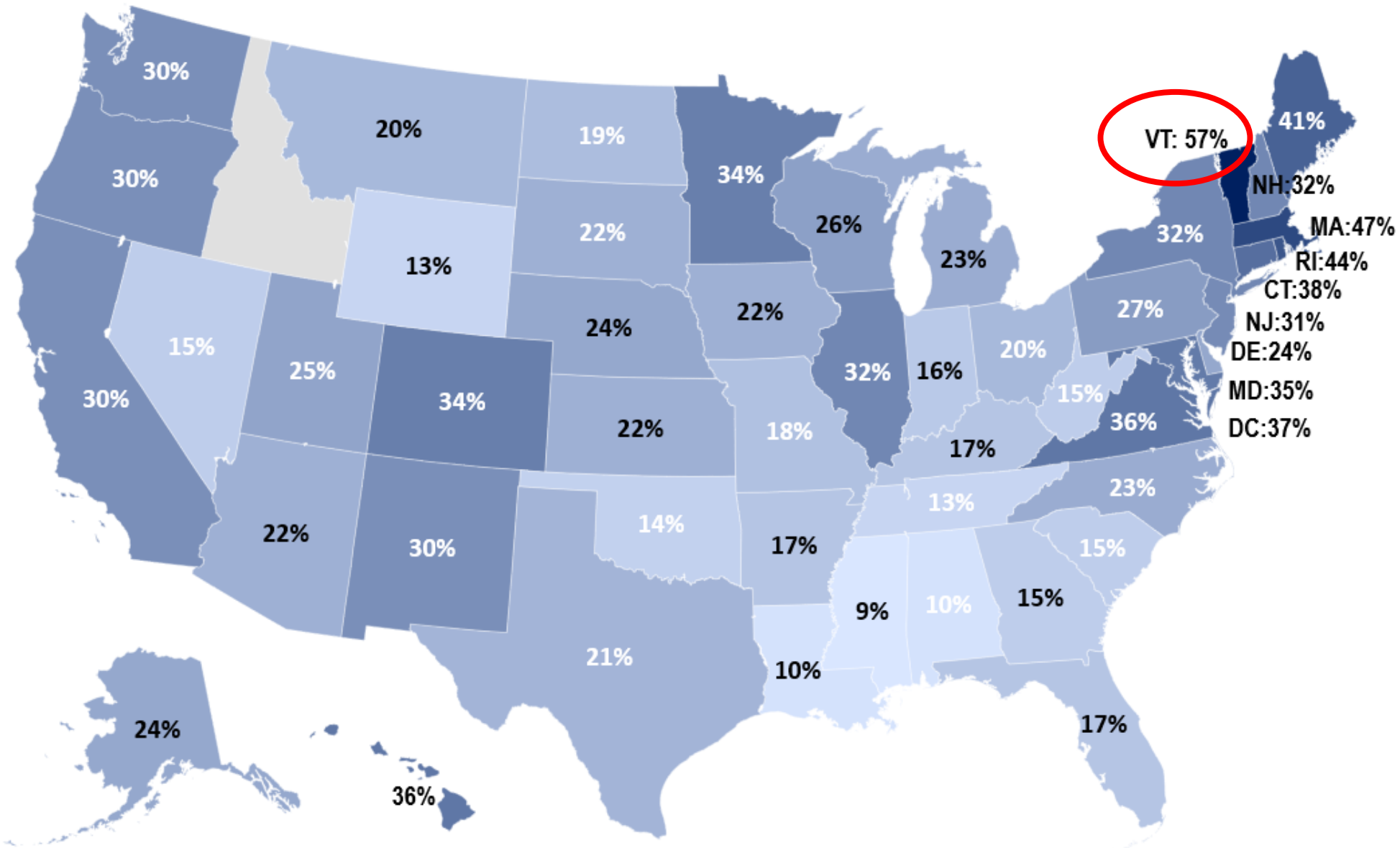
~ West Virginia revised the cumulative number of 12-17 year-olds having received a first vaccine dose down 14% from 12.22.2021 (67,126) to 12.29.2021 (57,627) after reporting a 48% jump from 12.1.2021 (44,422) to 12.8.2021 (65,600).

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

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

Received At Least 1 Dose as of 1.5.2022

9% 57%

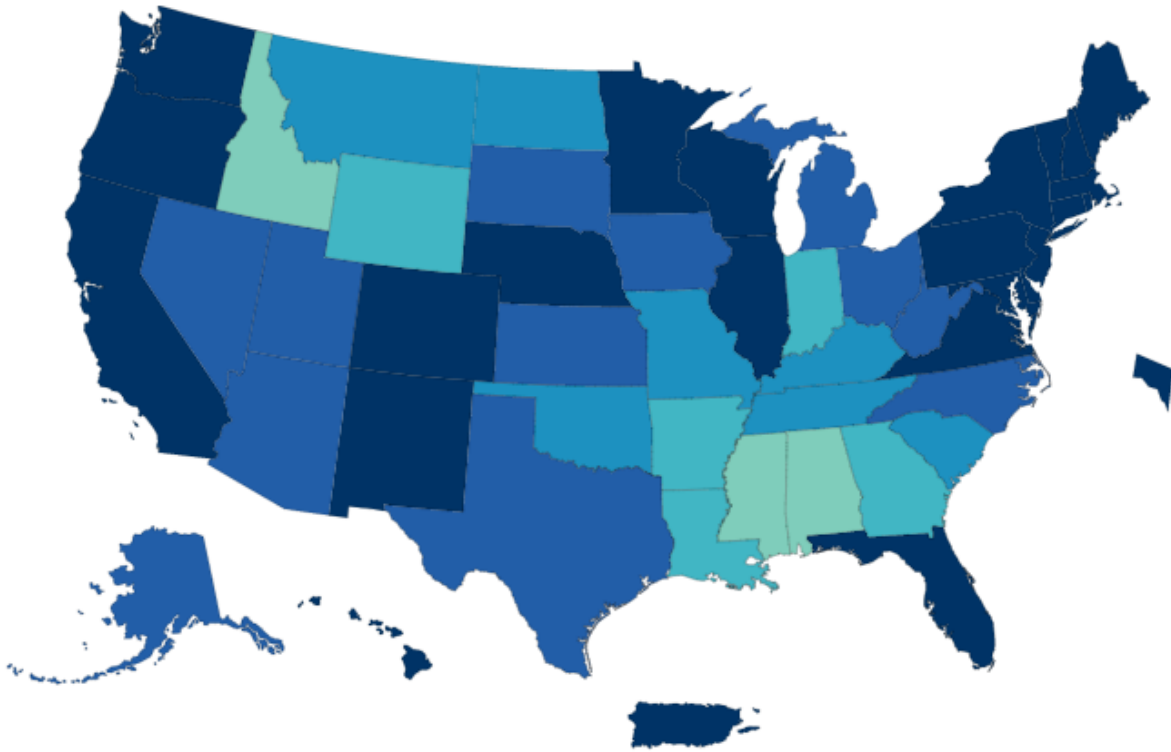


Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/uns-k-b7fc>). Idaho information not available. Check state's web sites for additional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

From the CDC Vaccine Tracker

Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

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

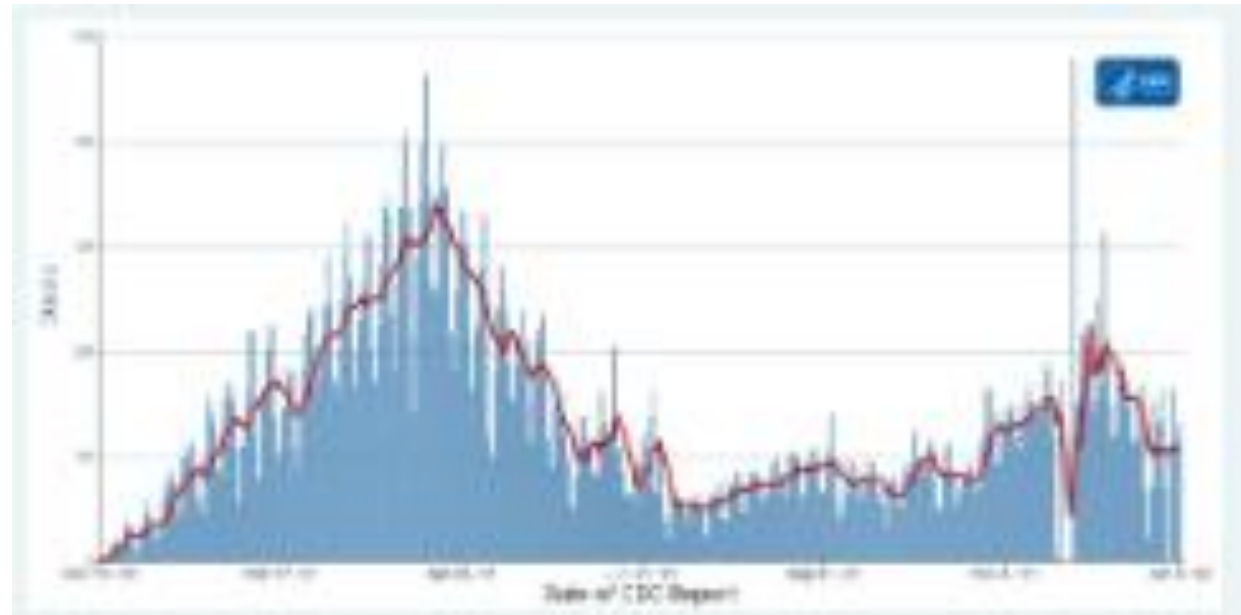


Total Doses Administered per 100,000

○ 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

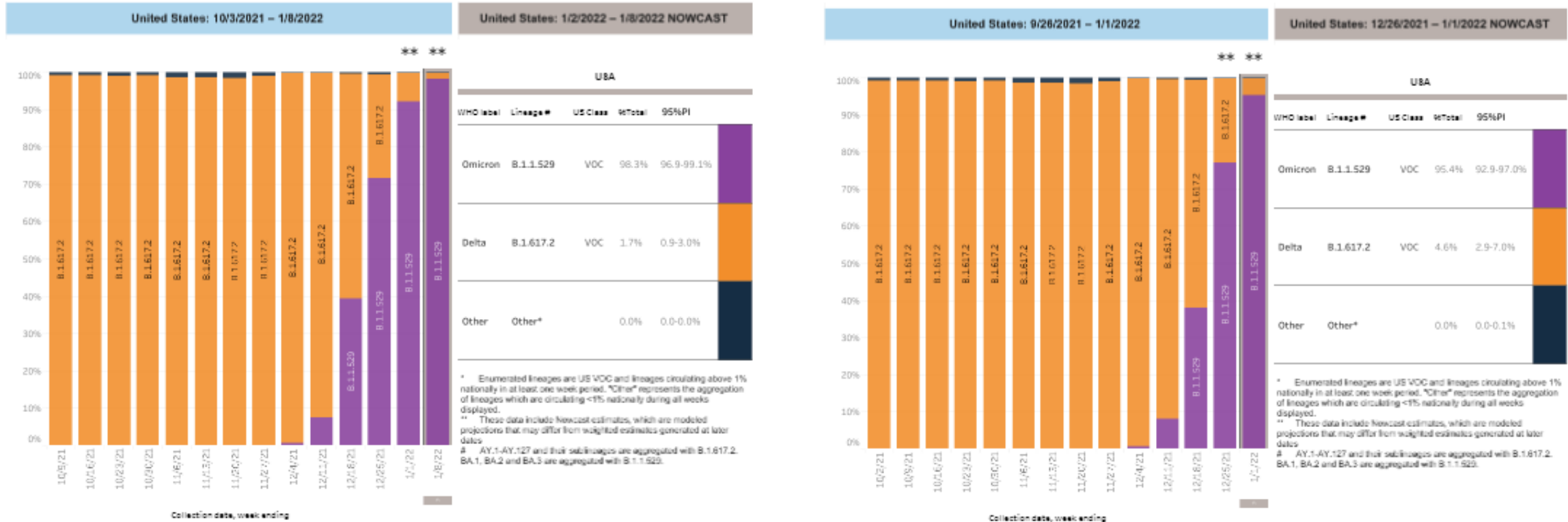


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

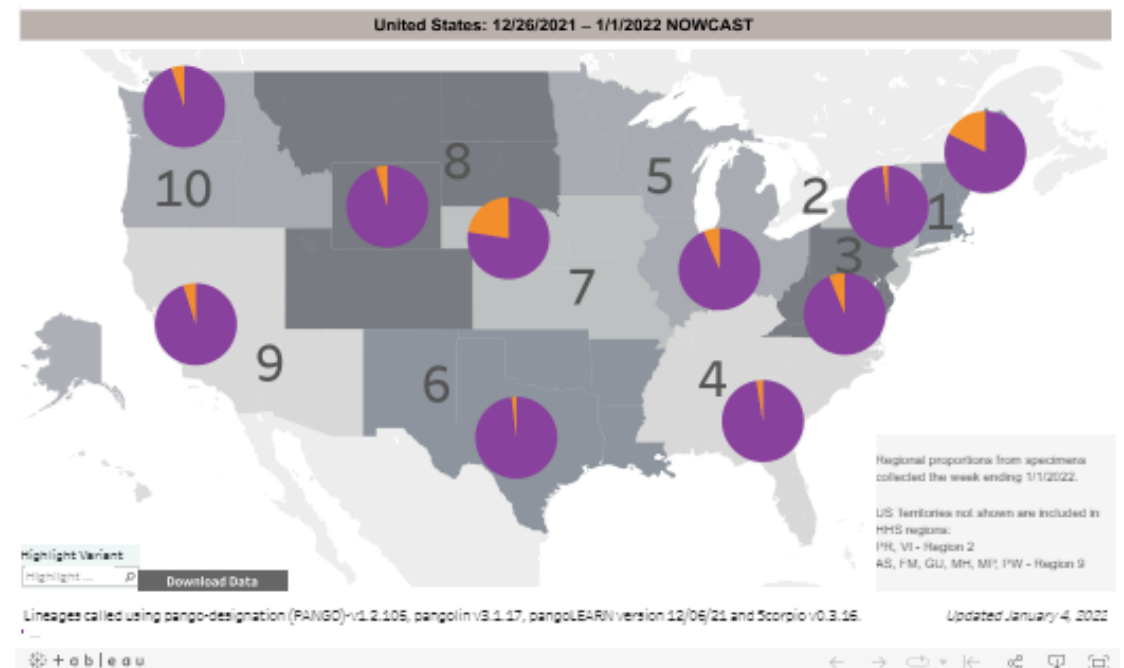
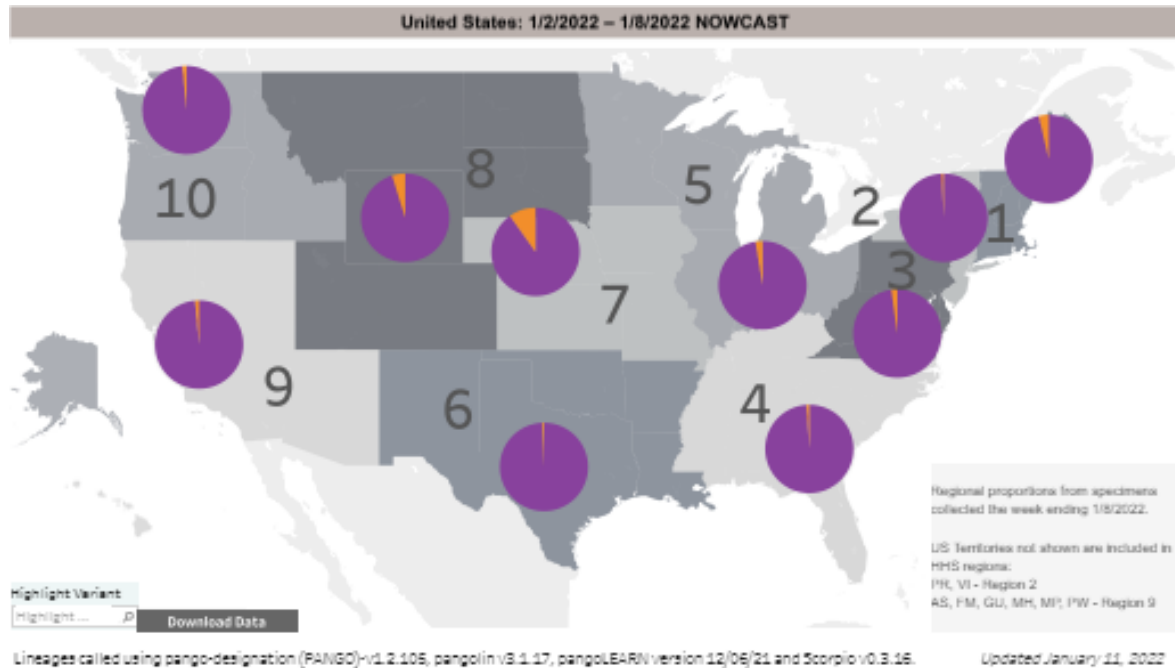
January 12, 2022

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



Note: week-to-week comparison in Omicron variant proportion (purple): far right bar in graph on left is week ending 1/8/22.

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



Note: week-to-week comparison in Omicron variant proportion (purple). Map on left is week ending 1/8/22.

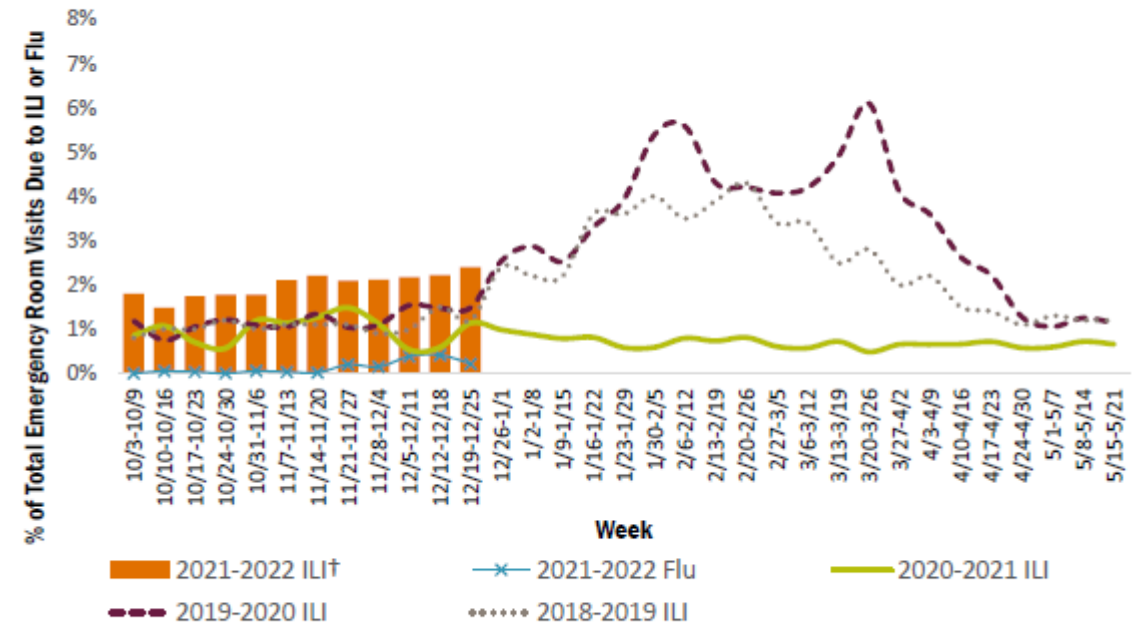
<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

Don't Forget Influenza!

- Current Influenza-like Illness (ILI) activity level remains **MINIMAL** in Vermont
- Two pediatric flu **deaths** in Dec.
 - ▣ U.S. flu activity continues to increase.
 - ▣ Majority = influenza A(H3N2)
- Link to weekly surveillance:
<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-51.pdf>

Syndromic Surveillance

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



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

AAP (National) Updates

*Slides 27 – 34 courtesy of the American Academy of Pediatrics – from today's **Chapter Chat (1/12/22)***

Reminder: AAP COVID-19 Town Halls

- Next Town Hall **Thursday, January 20, 2022 – 8 pm Eastern**
- Session will address the latest related to the COVID-19 pandemic and its impact on children, adolescents, and families – hear from leading experts and connect with your peers
- Panel: to be announced.
- Find previous recordings on AAP COVID-19 Town Hall webpage:

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



Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 1.11.22

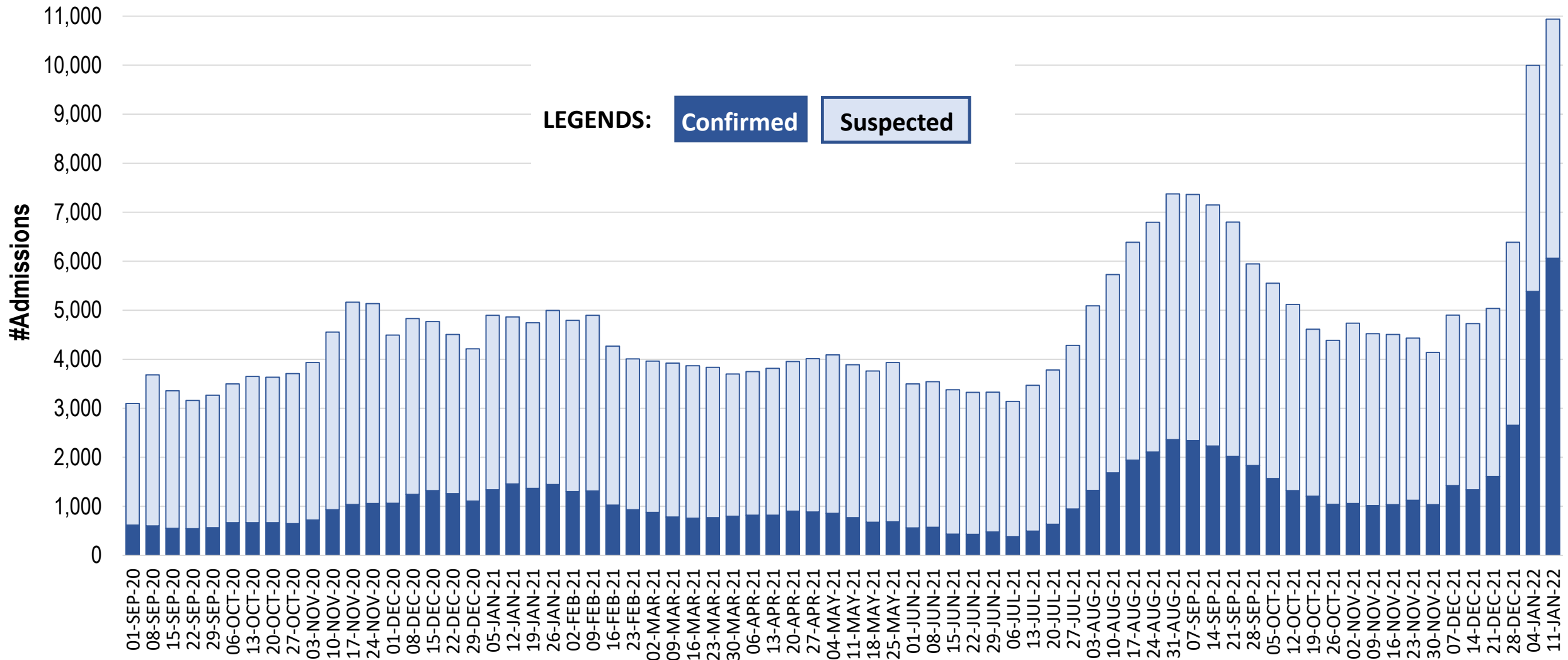
Draft from AAP Research

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



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

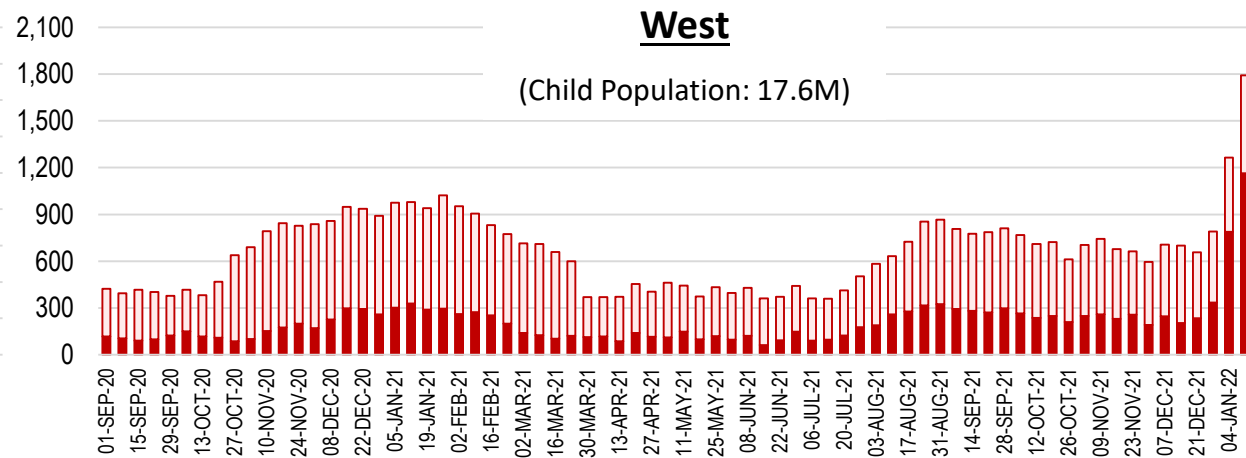
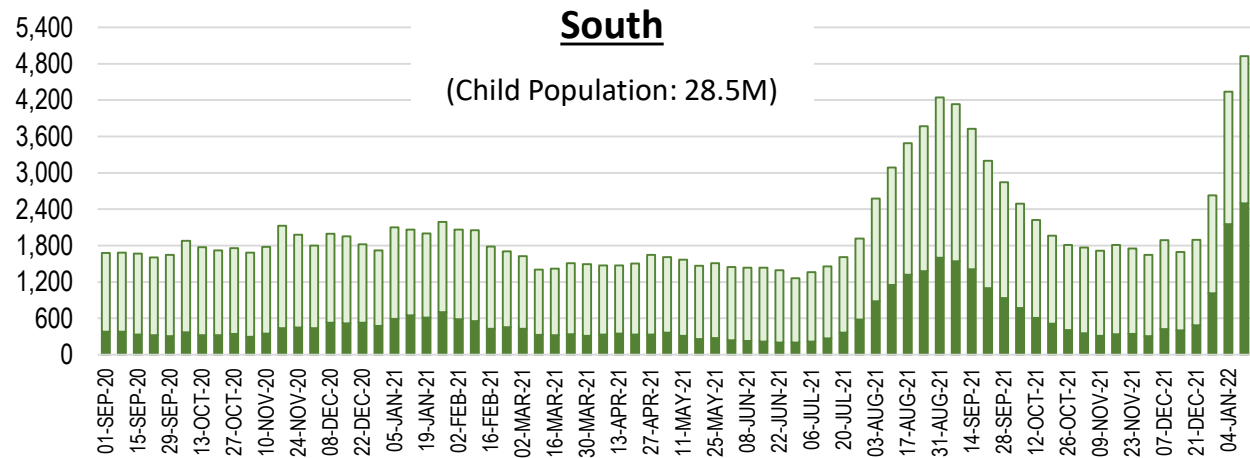
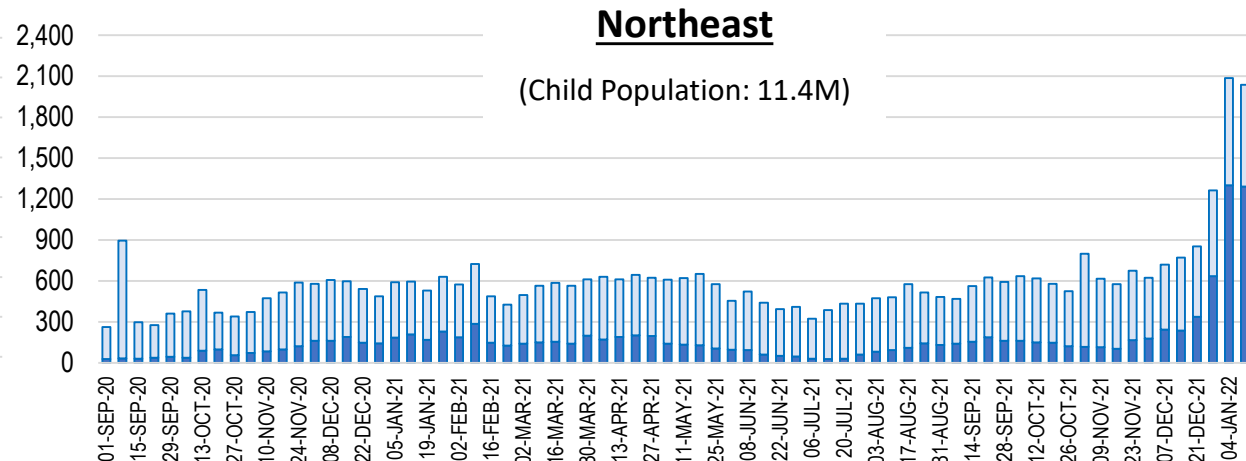
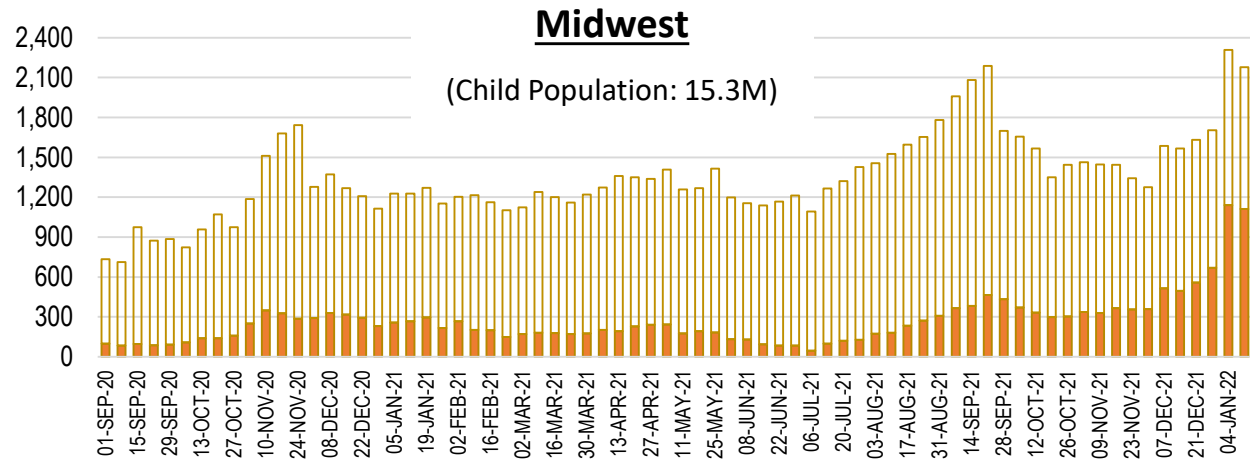
9.1.2020 - 1.11.2022



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

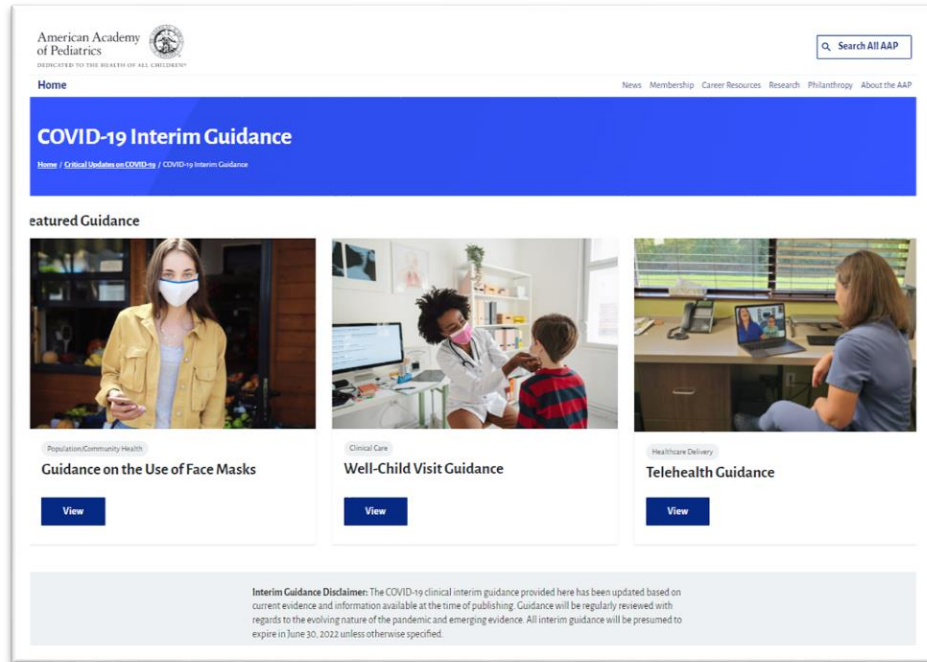
Number of Past-week Confirmed and Suspected COVID-19 Pediatric Hospital Admissions, by Census Region by Week

9.1.2020 - 1.11.2022



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

AAP Interim Guidance Updates



Recently Revised

- Face Masks
- Well-Child Care
- Telehealth

In Revision

- **Safe Schools**
- **Return to Sports and Physical Activity**
- PPE
- Testing



COVID-19 Vaccine Updates

- On January 5, CDC expanded eligibility of booster doses to those 12-15 years old and recommended that adolescents age 12-17 years old should receive a booster shot 5 months after their initial Pfizer-BioNTech vaccination series
- On January 8, CDC revised the recommended interval of the Moderna COVID-19 booster to at least 5 months after completion of the primary series
- Terminology change from "fully vaccinated" to "up to date" on COVID-19 vaccine
- [AAP FAQ on COVID-19 Vaccine](#)



Information for Families

Updated information on HealthyChildren.org:

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



Latest White House Announcement on Testing in Schools

- **5 million** no-cost POC tests per month to schools
 - States submit the request
- **5 million** additional free PCR tests per month to schools
 - Schools can access directly through HHS' Operation Expanded Testing program
- Deploying **federal surge testing units** supported by HHS and FEMA
- Connecting schools with **COVID-19 testing providers** to set up school testing programs
- New **training, resources, and materials** for implementing test to stay in schools
 - CDC materials coming later this week for schools on how to implement test to stay



BRIEFING ROOM

FACT SHEET: Biden-Harris Administration Increases COVID-19 Testing in Schools to Keep Students Safe and Schools Open

JANUARY 12, 2022 • STATEMENTS AND RELEASES

Since day one, the Biden-Harris Administration has taken every step available to keep schools safely open for full-time, in-person instruction. These efforts have resulted in 96% of schools open in-person in January 2022, up from 46% of schools in January 2021. Students have sacrificed so much over the course of the pandemic, and the President has been clear in his words and his actions that his Administration will do all that it can to keep schools safely open for all students.

Today the Biden-Harris Administration is doubling down on our commitment to keeping all schools safely open for full-time in-person learning by taking new action to increase access to COVID-19 testing in schools. Through these new initiatives, the Administration will increase the number of COVID-19 tests available to schools by 10 million per month. These additional tests will

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®





Vermont Department of Health – Immunization Program

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

Booster / Additional Dose Update

Who Can Get a Booster Shot

IF YOU RECEIVED Pfizer-BioNTech	Who should get a booster: <ul style="list-style-type: none">• Everyone 12 years and older	When to get a booster: <ul style="list-style-type: none">• At least 5 months after completing your primary COVID-19 vaccination series	Which booster can you get: <ul style="list-style-type: none">• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations• Teens 12-17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster
IF YOU RECEIVED Moderna	Who should get a booster: <ul style="list-style-type: none">• Adults 18 years and older	When to get a booster: <ul style="list-style-type: none">• At least 5 months after completing your primary COVID-19 vaccination series	Which booster can you get: <ul style="list-style-type: none">• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations
IF YOU RECEIVED Johnson & Johnson's Janssen*	Who should get a booster: <ul style="list-style-type: none">• Adults 18 years and older	When to get a booster: <ul style="list-style-type: none">• At least 2 months after receiving your J&J/Janssen COVID-19 vaccination	Which booster can you get: <ul style="list-style-type: none">• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations

*Although mRNA vaccines are preferred, J&J/Janssen COVID-19 vaccine [may be considered in some situations](#).

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html?s_cid=11706:cdc%20covid%20booster:sem.ga:p:RG:GM:gen:PTN:FY22

Updated Minimizing Waste Policy

- Every vaccinated child is valuable.
- If a patient is in your office and willing to be vaccinated, do not lose that opportunity. Open a vial even if it means wasting an uncomfortable amount of vaccine.
- See our updated [Minimizing Waste Policy](#) for more information.



December 30, 2021

Minimizing Vaccine Waste

BACKGROUND & PURPOSE

Vaccine availability has surpassed the demand, and this updated document clarifies guidance on wasting vaccines versus missing a vaccine opportunity.

Do not turn any person away over the risk of vaccine waste. Efforts should be made on the part of the practice to administer all viable doses of the COVID-19 vaccine before their beyond use date/time (BUD).

www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Vaccine-Minimize-Waste-Policy.pdf

COVID-19 vaccines and boosters are approved for many children and adults. **Talk to your doctor, nurse or pharmacist today about how you and your family can be as protected as possible.**



Not sure what to believe about COVID-19 vaccines and boosters? Ask.

Vermont Department of Health Print Materials

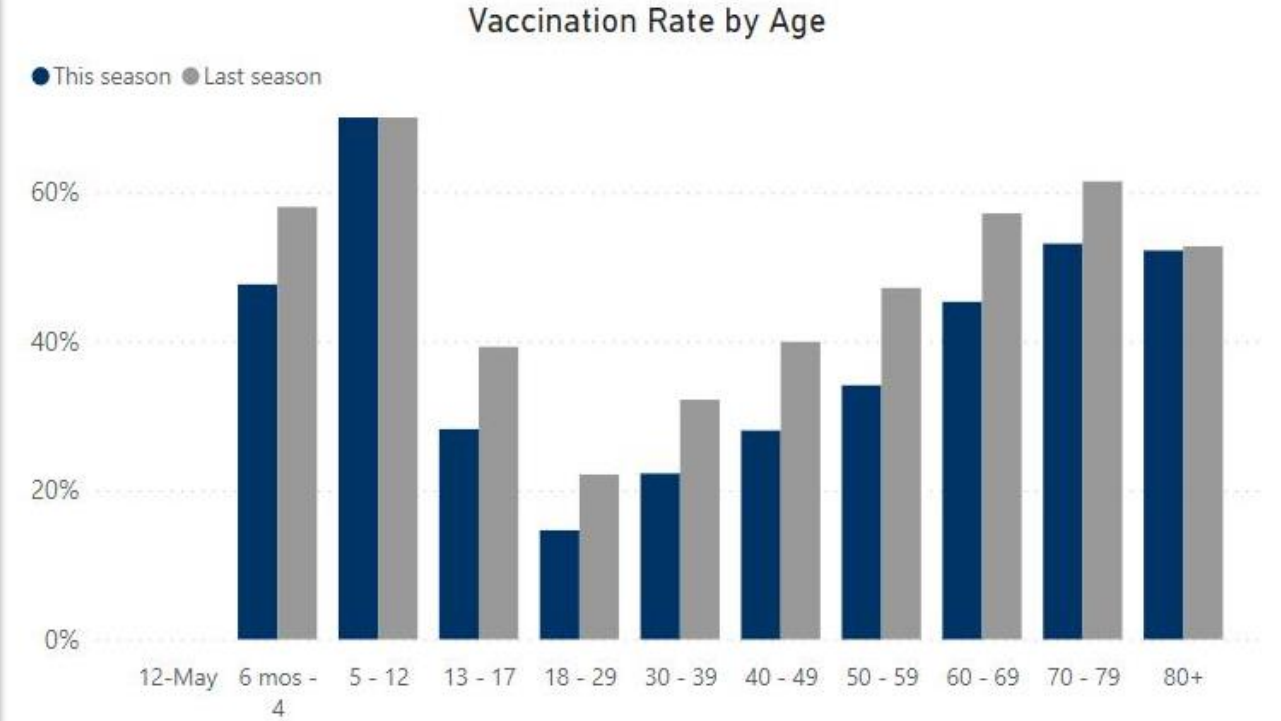
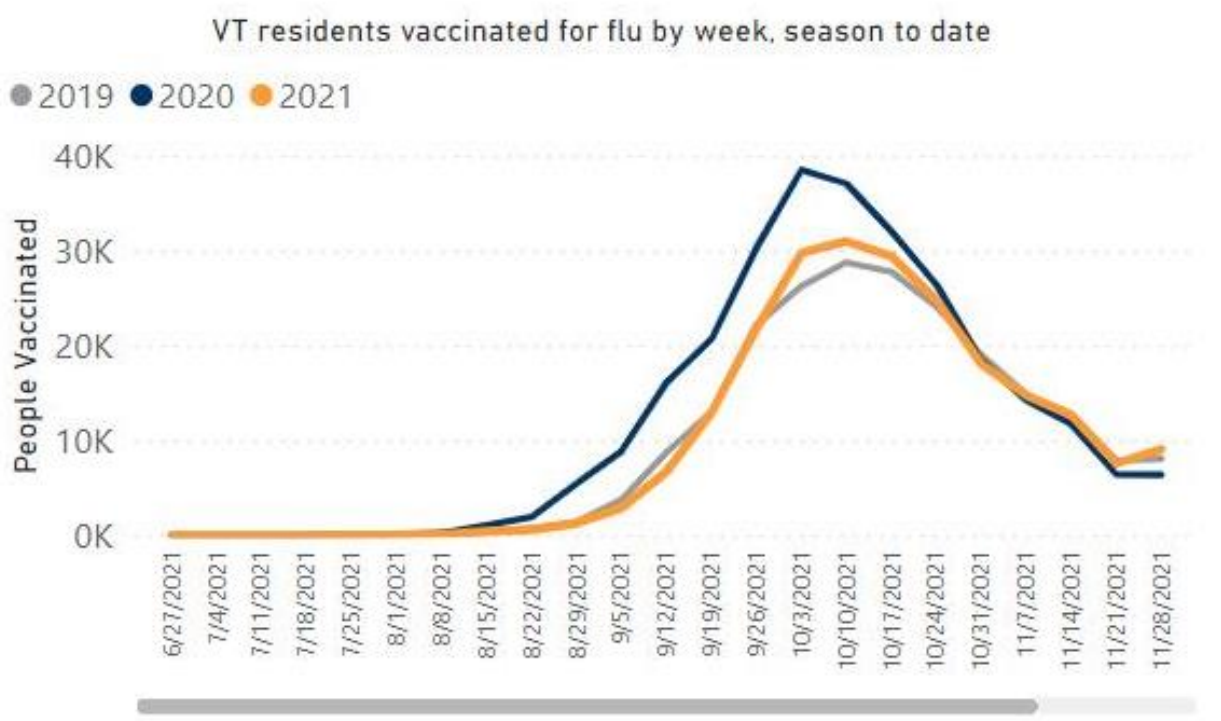
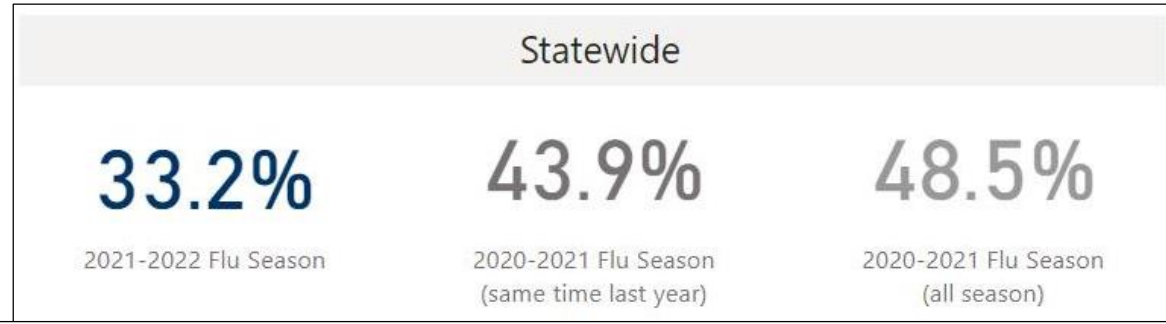
The Vermont Department of Health in collaboration with community partners are working to create posters and patient handouts.

These resources will be mailed to provider offices c/o the primary immunization contact in the coming weeks.

Translations of all new resources will be available in many languages shortly. These translations may be found on the [COVID-19 Translation webpage](#).

Flu Vaccination in Vermont

- We have plenty of flu vaccine left to order
- Please consider patient outreach and co-administration with COVID-19 vaccine



Immunization Reminders

- Ordering guidance comes from AHS.VDHCovidVaxDistribution@vermont.gov prior to ordering on Wednesday.
- December **Vermont Vaccine Program Update** now available at: <https://mailchi.mp/2f30f3ba745b/vermont-vaccine-program-updated-january-2022>
- OR
- <https://www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals>
- IZ team has identified small # practices that see > 1,500 5-11 year olds who have vaccination rates < 35%. Plan to conduct outreach w/assistance, including standing up vaccine clinics at their practices “for” them in off hours (with district offices or EMS).
- Next Immunization Program Provider call will be **January 25, 12:15 pm – 1:00 pm**: look for the invitation next week!

Special COVID Vaccine Clinic

- For the deaf, hard of hearing, deafblind community and their families or households.
- January 22, 2022
- 10 a.m. – 3 p.m.
- Doubletree by Hilton, Williston Rd., South Burlington

**JAN
22
2022**
10 AM - 3 PM

**COVID-19
VACCINE
CLINIC**

FOR THE DEAF,
HARD OF HEARING,
DEAFBLIND
COMMUNITY, AND
THEIR FAMILIES OR
HOUSEHOLDS

DOUBLETREE BY HILTON

870 WILLISTON RD, S. BURLINGTON, VT 05403

Pfizer and Moderna 1st, 2nd, boosters, and children 5+doses available.
Please bring your COVID-19 vaccination card.

Featuring:

- Staff in clear masks
- ASL interpreters, Nepali Sign Language interpreter, and Deaf interpreter
- Additional accommodation for those who don't sign
- Walk-ins are welcome, no pre-registration needed



UVM Children's Hospital Update (*thank you, Dr. Lewis First*)

- 20% of overall UVM MC staff out right now – Children's Hospital # lower. *"If you are short staffed and I can help in any way, let me know."* Many workarounds happening at UVM MC.
- Lyme disease (Ben Lee): Vaccine Testing Center research group is considering whether to become a site for Pfizer Lyme vaccine trial – uncertain but if they proceed, Pfizer & UVM would like to have a pediatric component. Please email Ben if interested.
- Jan. 20 – Annual Moth Story Slam sponsored by Gold Humanism Society.
- Dozens of patients in ED with MH disorders, including many children.
- UVM MC Physicians Group: Dr. Jason Sanders replacing Dr. Deschamps; (previously Sr. VP & Provost at U of OK Health Sciences Center).

UVM CH Update (cont'd.)

- New child psychiatrist Dr. Colleen Victor (from Brown triple board program). Help w/ED & inpt. child psych team; will start this summer. Looking for 2 more child psychiatrists. Dr. Hudziak has retired; Dr. Maya Strange is interim leader.
- Palliative Care: working on pediatric program/bus. plan to launch this summer.
- Physiatry: go-ahead to build our own (pediatric) program. Dartmouth has same situation. Communicating with Spaulding intermittently.
- Vice-Chair for Research Position available; search committee also being assembled – please let Lewis know if interested in either.
- EDI: trying to incorporate in many conferences (gender equity, anti-racism)
- Offer accepted by new pedi cardiologist to begin this summer (anticipate retirements of Drs. Yeager and Giddens). Pedi sleep specialist & pedi neurologist also coming this summer; & plan to grow Endo & GI (no anticipated departures)

VT Pediatricians Speaking Out

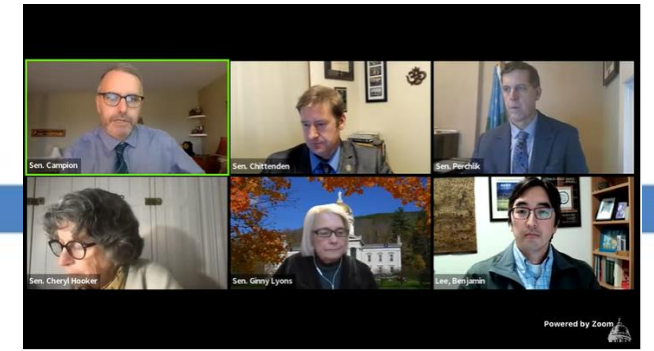
AAPVT Press Release (1/11/22): <http://www.aapvt.org/news/vermont-pediatricians-support-adapting-policies-testing-contact-tracing-keep-schools-safe>

□ ***Thank you, Stephanie Winters and Becca Bell***

Rebecca Bell, MD FAAP

- Summary of Governor's Media Briefing remarks:
<https://www.wamc.org/news/2022-01-11/vermont-governors-weekly-briefing-focuses-on-changes-to-school-guidance-for-covid-testing>
- WCAX media briefing: <https://www.wcax.com/2022/01/11/watch-live-scott-covid-briefing/>
- Excellent Twitter thread re: rising pediatric COVID hospitalizations:
<https://twitter.com/RebeccaBellMD/status/1479640742041735168>

VT Pediatricians Speaking Out



Ben Lee, MD FAAP

- <https://www.mynbc5.com/article/pediatric-experts-support-new-covid-19-guidance-for-vermont-schools/38741175#>
- Also: invited testimony to Vermont Senate Education Committee **today**
 - ▣ https://www.youtube.com/watch?v=VPa3r_H3pK8



William Raszka, MD FAAP

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

Today's Practice Questions

Thank you, Hillary Anderson

- ❑ Follow up on the Day 7 PCR testing out of quarantine for young children?
- ❑ Another question/idea: it seems that some school districts are working on trying to provide KN95 masks to kids (Burlington Superintendent included this in a communication last night) – what do we know?
- ❑ For early childhood educational programs, I wonder about trying to advocate/assist with getting higher quality surgical/procedure masks for toddlers...if we are looking at upgrading masks for school-age kiddos (who are hopefully vaccinated!!!) – we don't want to leave the littles behind!
- ❑ Responses: *elevated your request for testing out of quarantine for children who do not have eligibility for antigen testing. State Epidemiologist Patsy Kelso & team reviewing.*
- ❑ *Regarding masks, I have not heard of efforts to improve quality of masks for littlest. Since comfort and compliance are paramount, I wonder if cloth is “good enough?”*

Practice Issues

VT (School) COVID-19 Guidance Updates



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

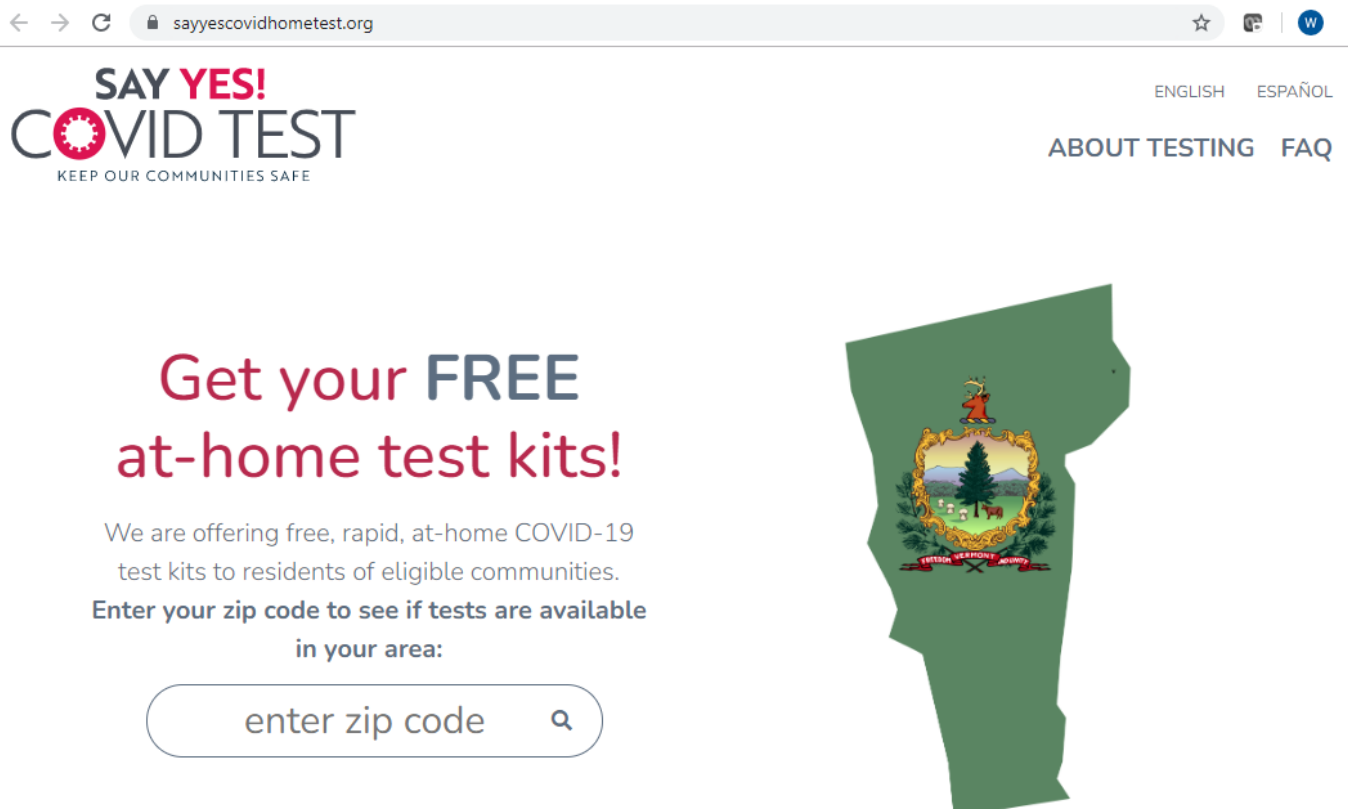
Tuesday Media Briefing (1/11/22)



Governor Phil Scott

- State of Vermont has 250K test kits (500K tests) to mail directly to Vermonters (2 per household; in partnership w/NIH & Amazon). This is in addition to federal/POTUS program & program for schools.
- Child care programs now eligible for Tests for Tots (enroll via DCF).
- Rapid tests = impt. tool, esp. w/speed of Omicron spread; changing our guidance re: COVID in schools.
 - ▣ *“Some fellow politicians claim we’re reducing testing – just not the case. Change will increase access to testing/notifications – essential to supporting school operations.”*
- It’s clear cases will continue to increase for a while in VT.

Update: VT Test Kit Ordering Site Live Today



← → ↻ sayyescovidhometest.org

SAY YES!
COVID TEST
KEEP OUR COMMUNITIES SAFE

ENGLISH ESPAÑOL
ABOUT TESTING FAQ

Get your **FREE**
at-home test kits!

We are offering free, rapid, at-home COVID-19 test kits to residents of eligible communities. Enter your zip code to see if tests are available in your area:

enter zip code 🔍

Gov. office update following today's call:

- As of 2:45 p.m., all 350,000 tests available through the first phase of today's "Say Yes" rapid test pilot program have been ordered... tests will be delivered to homes over the next one to two weeks.
- *"The Scott Administration will continue its work to acquire more tests for Vermonters and make them available as supply allows."*

Tuesday Media Briefing (cont'd.)



VT AOE Secretary Dan French

- Changes to contact tracing (CT) & testing based on school operations (sustainability of CT & Test to Stay/TTS processes) & public health (Omicron impact) considerations.
 - ▣ Met w/VT NEA leadership/BOT 1/8/22.
 - ▣ Decision-making & communications have been characterized as “abrupt.” In some ways fair – Omicron has forced rapid shift; we could have provided more specificity 1/7.
- ***“Contact tracing in schools as we knew it will stop in favor of response notification to parents.***
- ***Shift from TTS on site to distribution of test kits to families for home use. Closely tied to updated recs on isolation/quarantine. Testing supplies key-expect more this week. Sent Advisory today – SUs/SDs can transition to new system when they have adequate supply – expect to be later this week for many.”***

Tuesday Media Briefing (cont'd.)



VT AOE Secretary Dan French

- Working (incl. with school nurse leadership) to update templates/tools.
- School attendance waivers (# of days required): reminder that schools are either open or closed (no remote learning). Must either make the days up or obtain waiver.
- Waiver process will be further described later this month; will publish guidance for expedited waiver process for closures due to COVID-19 conditions. *“I intend to be as flexible as possible.”*

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine:

- I know what a difficult time this is – probably the most disruptive month we will have endured. Navigating yet another phase/surge of cases.
- Virus will eventually become endemic... hope we'll get to a time when we can live w/this virus much more easily.
- I understand the impact how challenging this has been for our children – has impacted education, sports, play – lives/jobs of parents, teachers, school staff.
- Defining characteristics of Omicron are backdrop for school guidance change now.
- CT for schools will be more expansive re: notification/response.
- Our North Star continues to be preserving in-person education for our youth – ***keeping kids who should be in school IN SCHOOL.*** Our pediatric colleagues are overwhelmingly in favor of this approach.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine:

- (1) Contact tracing: will notify ALL students in the class as close contacts (more conservative/faster/more comprehensive). (2) Rapid testing: PCR surveillance testing **may** still be used by schools if desired. But too slow so moving to Ag testing at this time of high community transmission. Unvaccinated students will get tests for 5 consecutive days & if negative can stay in class. Test kits can also be provided to asymptomatic vaccinated students (who do not need to quarantine); also to vax/unvax staff & students identified as contacts **outside of school**.
- Layer w/other mitigation strategies. Shifting some responsibility to home – but allows families to know child's status before leaving the house.
- AND VT school nurses – who moved mountains – will now be able to be present for testing/evaluating students who become ill in school.
- Reminder re: most recent isolation/quarantine guidelines <https://www.healthvermont.gov/covid-19/symptoms-sickness/what-do-if-you-test-positive-covid-19>

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine:

- Thank all who reported at-home test results on web site: seen as “probables” on case dashboard.
- Emphasize importance of wearing a mask indoors. Any mask is better than none – but we recommend hi-quality if you can find: N95 or KN95 – very good at blocking droplets. If not, layer disposable surgical under a cloth mask. Don’t rely on single-ply cloth mask.
- Make sure VTers aware of available therapeutic treatments. Supplies limited but some available & coming into VT. High-risk patients should reach out to HCP ASAP if positive.

Tuesday Media Briefing (cont'd.)



AAPVT Chapter President Dr. Rebecca Bell

- Reflections on challenges of past 2 weeks & comparisons to beginning of pandemic.
- Since then have lost a lot & learned a lot – vaccines, therapeutics, mask.
- Schools have remained a place of relative safety – thanks to incredible work of school nurses (SNs), staff, administrators.
- Many feel like this is their breaking point. Work done in schools to contact trace was unsustainable during Delta surge & Omicron has caused us to change policies.
- VT pediatricians meet regularly w/VDH & AOE; appreciate opportunity for input.
- Recommendations: SNs need on-site resources to dx to students/staff; provide take-home tests for symptomatic individuals. SNs have been put in role of “COVID enforcer” – has strained relationships w/families – testing should shift from school to home setting. Students/staff need ready test access regardless of vax status – use as they see fit. Similar recs for child care settings (challenge of lack of test EUA for <2 yo).

Tuesday Media Briefing (cont'd.)



AAPVT Chapter President Dr. Rebecca Bell

- For families w/kids too young for vaccine (I'm a mother of a child in that age group). Kids are frequently sick; most kids don't need medical care –but please contact your HCP if worried (or signs like difficulty breathing, decreased fluids).
- I know staying home when sick is incredibly hard – but this is what keeps communities healthy. If sick now, likely infected w/COVID. But even if not, could make someone sick with something else. We admit kids all the time to PCIU for non-COVID illness.
- As a reminder – please get flu shot if ≥ 6 mos. Peds & family medicine providers are very busy w/sick pts., MH crises, staff shortages. May take longer than usual to see someone for non-urgent (e.g., sports clearance). Peds always value collaboration w/schools & child care – thank you so much for all you do.

Tuesday Media Briefing (cont'd.)

VT AHS Interim Secretary Jenney Samuelson

- ❑ Vax stats updates
- ❑ Tests for Tots –
- ❑ Delay in PCR reporting for ~8200 results – done 1/6 & 1/7. Apologize for frustration. Have resolved the issue & expect remainder results by end of day. Now back to 2-3 days turnaround. For results. Also 1/7-1/10 40K delayed (involving approximately 4K positives).
- ❑ Data team working on it & will update; anticipate adjusted #s. 1/12/22/



Tuesday Media Briefing (cont'd.)



Modeling – DFR Commissioner Pieciak

- ❑ Insurance: feds announced coverage for at-home rapid tests. VT issued rule ~4 wks. ago for plans we oversee; new rule now applies to ALL w/commercial insurance. ~200K more.
- ❑ Data: will have full slide update tomorrow (related to reporting delay issues).
- ❑ SEE UPDATED modeling presentation at: <https://dfr.vermont.gov/about-us/covid-19/modeling>
- ❑ VT forecast: continued case increases over next few weeks, then slowing.

VT Agency of Education COVID-19 Testing Policy Update (1/11/22)

- **Take Home Kit Distribution:** later this week will begin distribution of take-home Ag test kits to SU/SDs. Will provide guidance/FAQs to support swapping out take home kits for in school kits as soon as they receive them. Addtl. take-home kit distribution will increase on hand supplies for SU/SDs next week. When you have supply to do so, switch your schools over to the new take-home testing program and begin implementing the new approach to positive case notification instead of traditional contact tracing. More details at: <https://mailchi.mp/vermont/aoe-covid-19-test-policy-change-outline>
- **School Closure Report Form**
<https://www.cognitoforms.com/VermontAgencyOfEducation/EmergencySchoolClosureReport2>
If school temporarily closes related to COVID-19, must complete Emergency School Closure Report Form (helps AOE support the field & informs Gov. & VDH policy decisions (please complete for any school closures retroactive to Jan. 3, 2022).
- Will continue to provide updates this week.

VDH COVID-19 Web Resources

<https://www.healthvermont.gov/covid-19/symptoms-sickness/what-do-if-you-test-positive-covid-19>



Rev. 11/15/2021

What to do if you test positive for COVID-19

People with COVID-19 can spread the virus to others. **If you test positive for COVID-19, even if you are vaccinated or never have symptoms, isolate as soon as you receive your test result and then notify your close contacts.** Isolation means staying home and away from other people – including the people who live with you – for at least 10 days.

Start following the guidance below on [how to isolate](#) and [notify your close contacts](#) as soon as you receive your positive test result.

You may get a call from the Health Department. If you miss the call, call us back at 802-863-7240.

Tell your health care provider that you tested positive for COVID-19. They may have guidance for you to take care of your own health. If you need to see a health care provider but don't have one, call 2-1-1 to be connected to care, or contact the nearest [federally qualified health center](#) or one of [Vermont's free & referral clinics](#).

If you are over 65 or have a high-risk medical condition and have mild to moderate symptoms, reach out to your health care provider to ask about [monoclonal antibody treatment](#) – as soon you get your positive test result. The treatment works best in the first five days, and can reduce the chance of being hospitalized by 70%. You can also get a pulse oximeter from the Health Department. This small device that clips onto your fingertip measures your pulse and oxygen levels and can help you know how sick you are.

If you took a self-test, or an at-home test, please be sure that you report your positive result to the Health Department. You can do that by choosing the option to automatically provide your results to your local health department or by filling out the [Vermont COVID-19 Self-Test Result Reporting Form](#).

Check the [Follow-up Testing Guide](#) to understand next steps based on your test results, whether

VERMONT DEPARTMENT OF HEALTH COVID-19 Follow-up Testing Guide

Use this guide for next steps to take after receiving an initial test result, based on whether or not you have symptoms and type of test (antigen or PCR). This guidance applies regardless of your vaccination status or if the test you took was completed in person at a clinic or at home (also called self-tests). At-home test results should be reported to the Health Department by completing [this online form](#). The chart continues on the next page. Find more detailed information:

- **for people with COVID-19** about isolating and notifying close contacts at healthvermont.gov/covid19positive
- **for close contacts** about quarantine and testing at healthvermont.gov/aboutclosecontact.

	Initial Test Result	Next Steps	Results from FollowUp PCR	Final Steps
PCR Test	Negative without symptoms	None Or, if you are a close contact and in quarantine, continue following the quarantine guidance .	A follow up PCR is not needed.	
	Negative with symptoms	Stay home until symptoms resolve. If you are a close contact and in quarantine, continue following the quarantine guidance .	A follow up PCR is not needed.	
	Positive with or without symptoms	Treat as a positive. Isolate and notify close contacts	A follow up PCR is not recommended. A follow up negative PCR test during your isolation period does not end isolation. Follow the guidance for ending isolation at healthvermont.gov/covid19positive	



https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19_What-to-do-if-you-are-diagnosed-with-COVID-19_final.pdf <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Follow-up-Testing-Guide.pdf>



From AAP-VT

- Round 2 of **Family Forums** is complete!
- All recordings will be posted on YouTube – please stay tuned for links in January, 2022
- Successfully engaged local health care professionals, school nurses, and VDH School Liaisons in conversation with parents/caregivers re: COVID-19 vaccine for children.
- **Thank you to colleagues who stepped up to participate!**
- <http://www.aapvt.org/news/join-us-conversation-about-covid-19-vaccines-children>

Vermont Chapter
INCORPORATED IN VERMONT
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Join Us

For a conversation about
COVID-19 vaccine for children

All events held from 7-8:00 pm

Wednesday, December 8, 2021
with Judy Orton, M.D.
(Bennington)
Join Zoom Meeting.

Monday, December 13, 2021
with Stanley Weinberger, M.D.
(Burlington)
Join Zoom Meeting.

Wednesday, December 15, 2021
with Sarah Weidhaas, M.D.
(Springfield)
Join Zoom Meeting.



Thank you Becca Bell, Stephanie Winters!

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

- ❑ January calls generally Wednesdays except as below:
- ❑ Call dates: 1/5 (W), 1/12(W), 1/19 (W – 1st Zoom call), 1/24 (M)
 - ❑ No call Wednesday, 1/26/22
- ❑ **COMING THIS MONTH:** switching to **Zoom** platform
 - ❑ **Date of first Zoom call: January 19, 2022**
- ❑ 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 Comm. Levine now 1st/3rd Thursdays (next 2 slides)



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, January 19, 2022 12:15 – 1:00 pm***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – ***Thursday, January 20 – 12:30-1:00 p.m.***
- **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684
 - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#