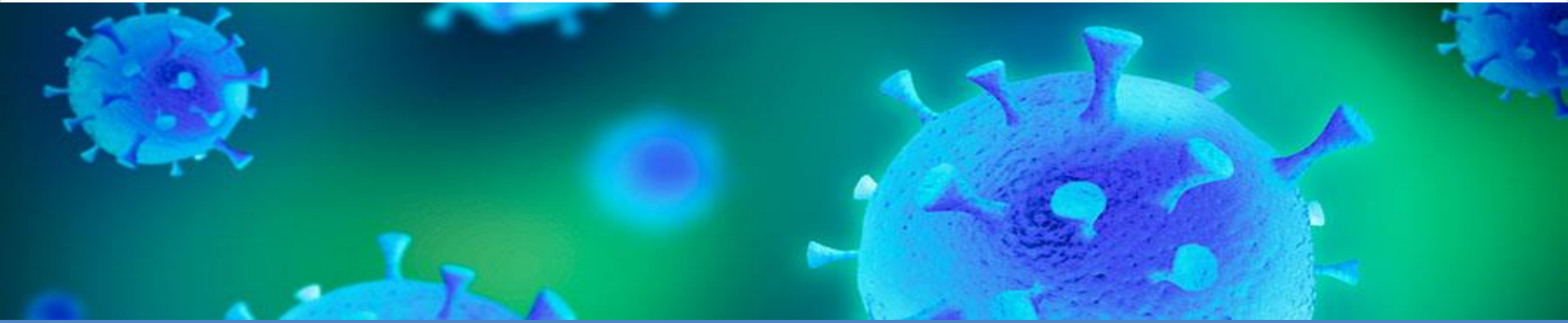
VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM

Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH

February 23, 2022

VCHIP Vermont Child Health Improvement Program UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

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

VERMONT ACADEMY OF FAMILY PHYSICIANS

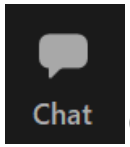
VERMONT DEPARTMENT OF HEALTH

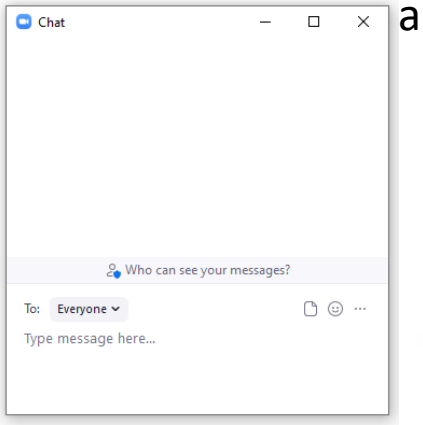
Please bear with us…

Technology Notes – *"Welcome to Zoom!"*

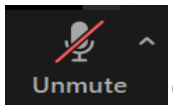
1) **All participants will be muted upon joining the call.**

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

3) To ask or respond to a question using the ***Chat*** box, click 

on your toolbar, type your question 

and press the *Enter* key on your keyboard to send.

3) If you wish to verbally ask a question, click the microphone on your toolbar to 

or press ALT-A to Unmute/Mute.

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

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

Overview

- Remembering **Dr. Paul Farmer**
  - https://www.nytimes.com/2022/02/22/opinion/paul-farmer-tracy-kidder.html
- ***Celebrating Mardi Gras (Vermont style)!***
  - House floats, 2022 (https://www.nola.com/image)

- Reminder – weekly event schedule:
  - **Feb-March VCHIP-VDH call calendar** (see next slide)**;** Gov. Media Briefings generally ***Tuesdays only***; VMS calls with Dr. Levine 1st 3rd Thursdays (special Congressional Town Hall next week, 3/3)

- Practice Issues: ***Wednesday Potpourri*** *(including WIC formula recall, next Peds EMS Case Review, IZ info & more!)*
- Q & A/Discussion

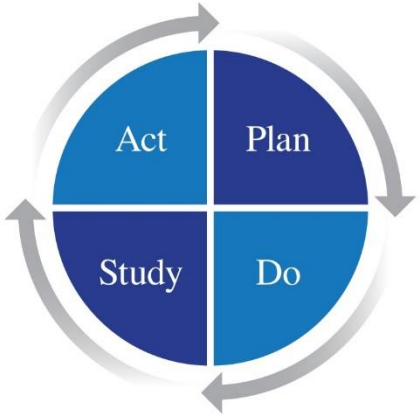
[Please note: the COVID-19 situation continues to evolve – so the information we're providing today may change]

VCHIP-VDH COVID-19 calls – ***2022!***

February/March calls – currently all *Wednesdays*:

- **2/2, 2/9, 2/16, 2/23/22**
- **3/2, 3/9, 3/16, 3/23, 3/30**
- **Continuing via Zoom!**
- Schedule **subject to change** at any time if circumstances warrant!
- *Please continue to send your feedback re: schedule/topics to* vchip.champ@med.uvm.edu
- VMS calls w/VDH Comm. Levine now 1st/3rd Thursdays

And now for something completely different…



In the spirit of continuous quality improvement, we are continuing our ***NEW CALL FORMAT*** – our own PDSA cycle

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

VMS ***COVID Convos*** with Health Commissioner Levine

- ***2022 Schedule***
- **Calls with VDH Commissioner Levine now 1st and 3rd Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 3/17/22**
- 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=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09
  - **Meeting ID**: 867 2625 3105 **Password**: 540684 **Dial In**: 1-646-876-9923

Coming next week!

Vermont Medical Society – February is ***Advocacy Month***

- **2022 *Virtual* Congressional Town Hall**
- **Thursday, March 3, 12:30 – 1:30 pm**
- Lead the VMS conversation on federal health policy with representation from the offices of:
  - Senator Patrick Leahy; Senator Bernie Sanders; Representative Peter Welch
- Via Zoom (no registration required): https://vtmd.org/vms-2022-advocacy-daymonth/

Situation update

New Cases
265
111,584 Total

Currently Hospitalized
41

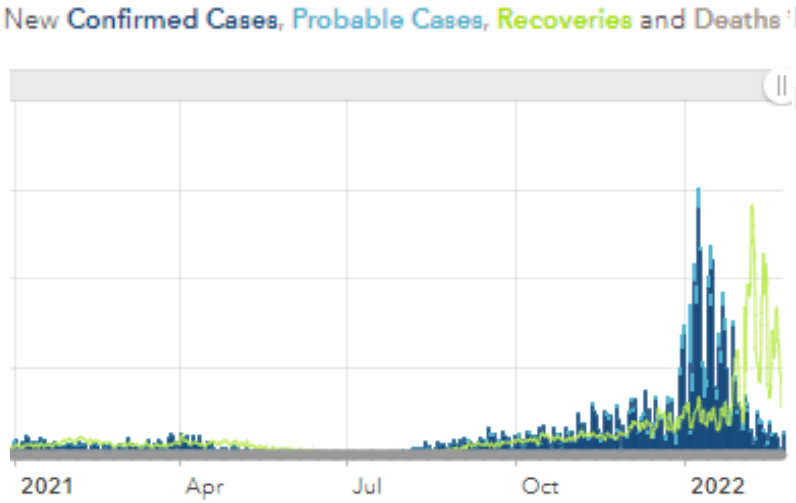
Hospitalized in ICU
6

Percent Positive 7-day Avg.
4.7%

New Tests
6,518
3,346,964 Total

Deaths
593
0.5% of Cases

Last Updated: 2/23/2022, 11:06:37 AM



DATE	CASE COUNT
Feb. 18	267
Feb. 19	210
Feb. 20	101
Feb. 21	68

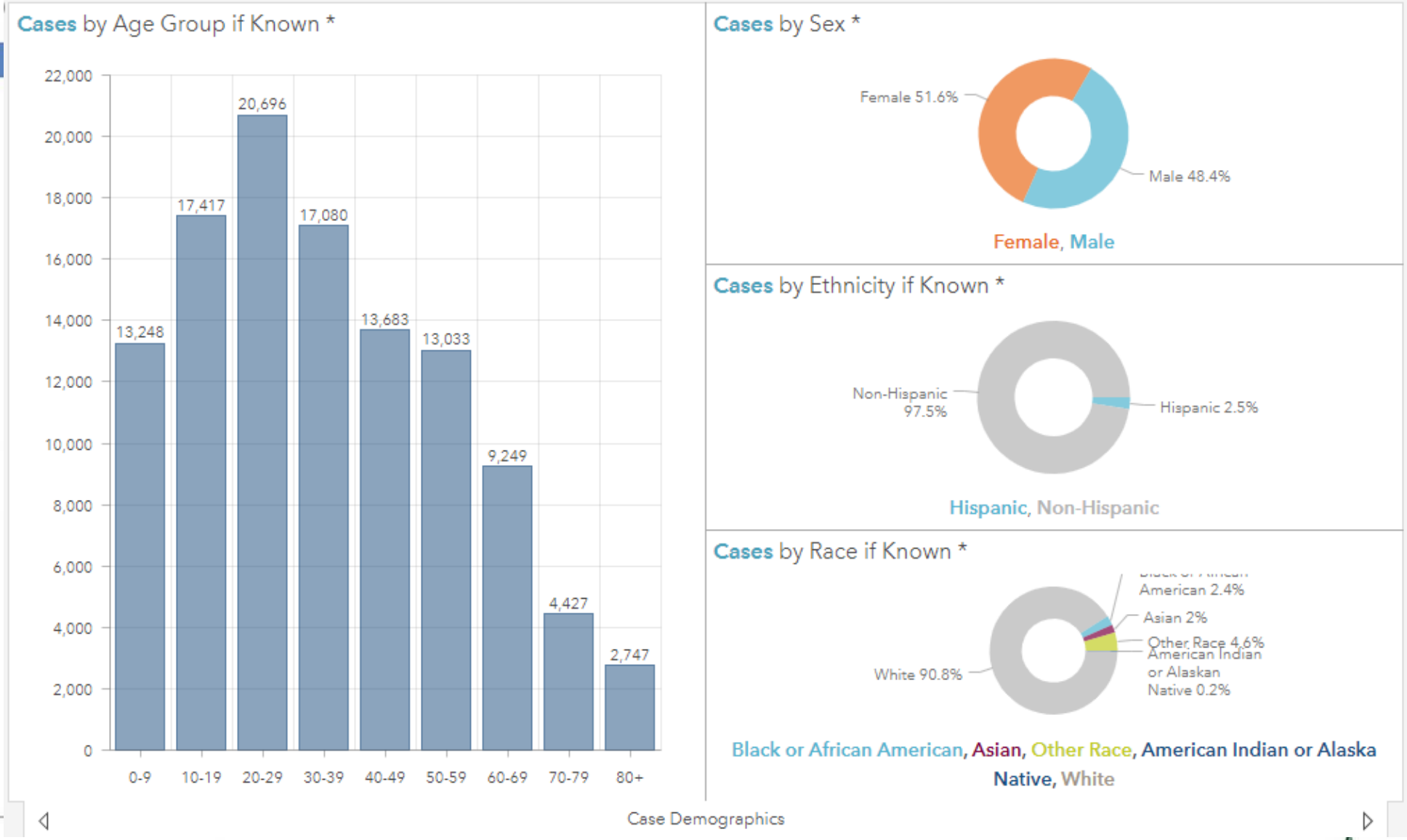
https://www.healthvermont.gov/covid-19/current-activity/case-dashboard

- One year ago: 14,768 **VT** total cases; 78 new/28 hosp.
- U.S. **78.5 million+** cases; **937,380 deaths**
  - https://www.nytimes.com/interactive/2021/us/covid-cases.html (updated 2/23/22)
  - Past week: av. 81,823 cases/day (14d. change **-66%)**
  - **5.90 million+ deaths worldwide; 427.2 million+ cases** (-10% & -33% 14-day change respectively)
- VDH **Data Summary** now q.o.week. **2/18/22: NO Weekly Spotlight topic**
  - **Table of Contents:** Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.
  - **Vaccine breakthrough cases = 40,746** since Jan. 2021 (~8.6% of fully vaccinated). Find previous summaries at: https://www.healthvermont.gov/covid-19/current-activity/data-summary

VERMONT DEPARTMENT OF HEALTH

VCHIP Vermont Child Health Improvement Program UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE

Situation update



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

VERMONT
DEPARTMENT OF HEALTH

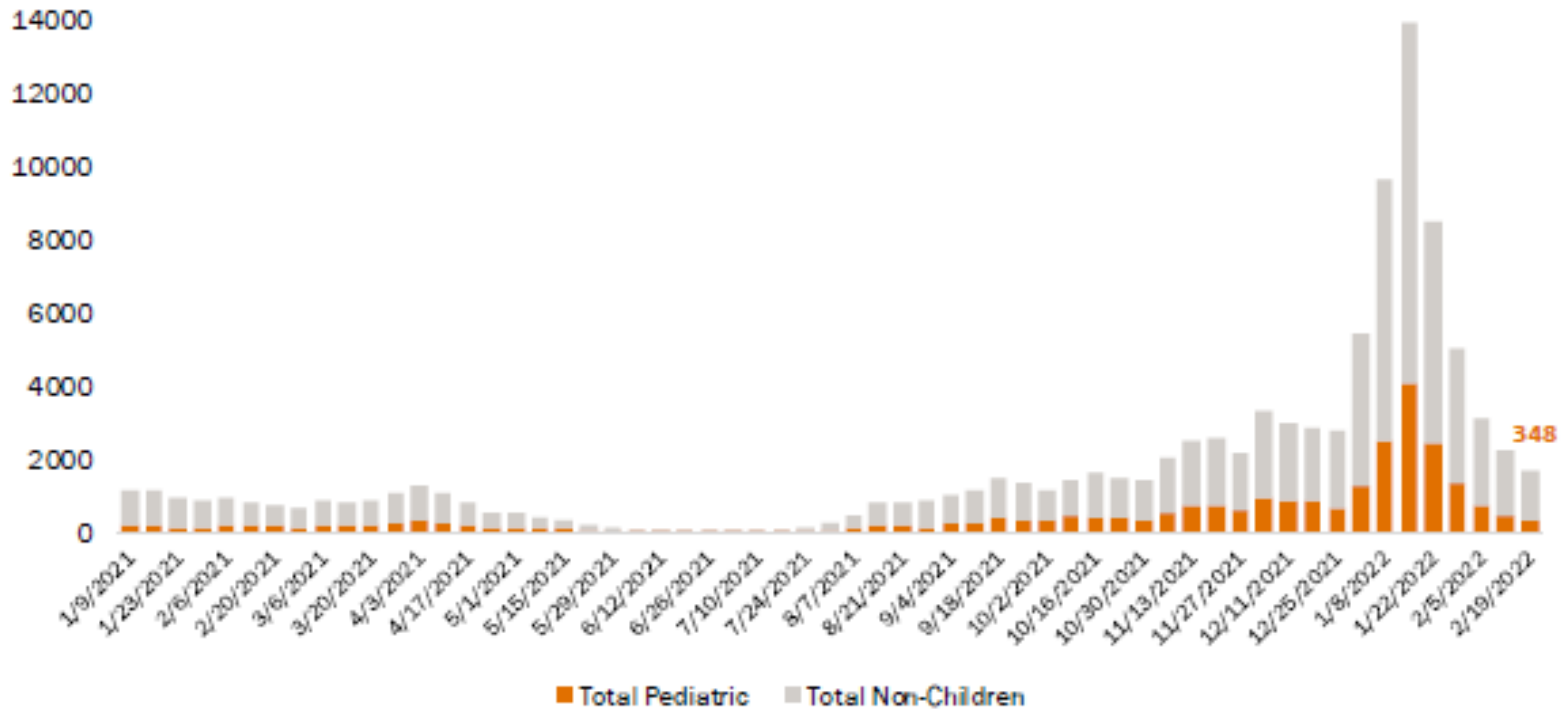
COVID-19 Pediatric Cases

Feb 22, 2022

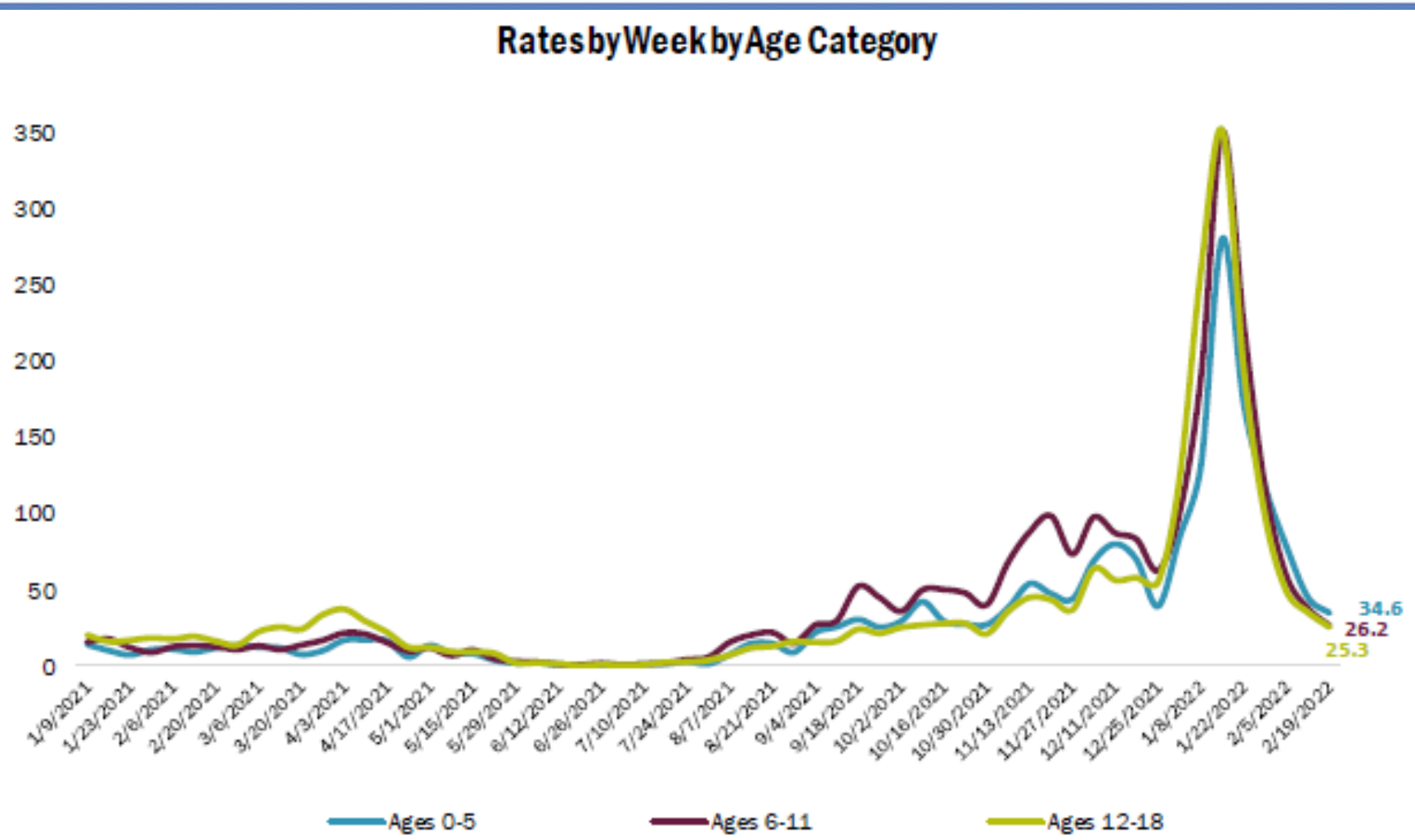
This brief reflects data as of February 19, 2022 (the last complete MMWR week).

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

Number of Cases by Week



COVID-19 Pediatric Cases

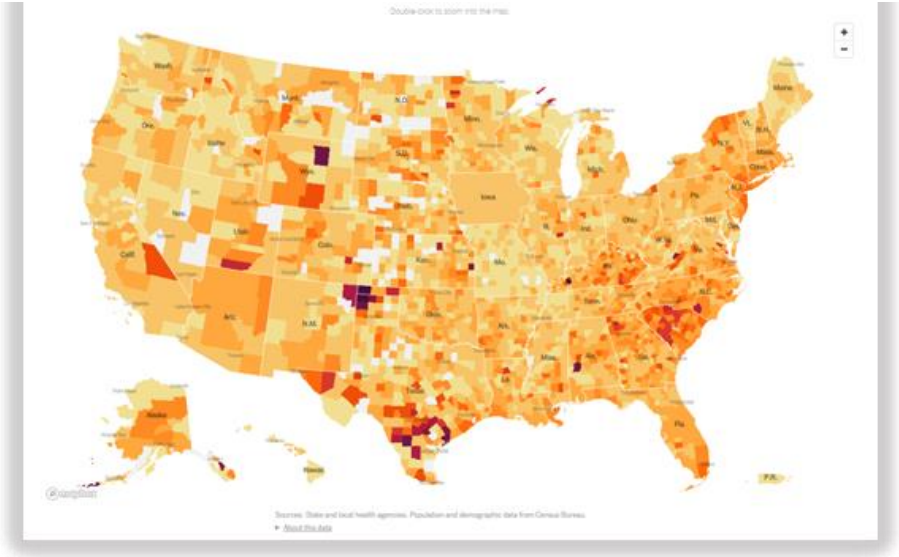


All rates are calculated per 10,000 people. Data is preliminary and subject to change.

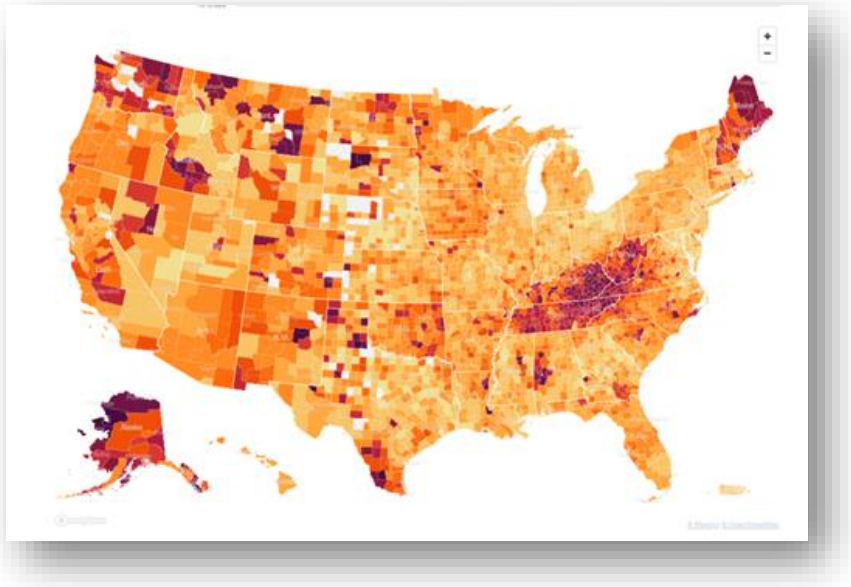
Vermont Educational COVID-19 Data

- ***NOTE***: VT AOE has ***ceased*** data collection for "COVID-19 Cases in VT K-12 Learning Communities While Infectious"
  - Find previous files at: https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf
- VT College & University dashboards:
  - **UVM update** (week of 2/14-2/20/22): 46 pos. tests off campus; 42 on campus; 1 faculty; 2 staff.
  - **Bennington College** (as of 2/22/22): 4 total active/0 new active cases.
  - **Middlebury College** (as of 2/21/22): 13 new cases; 19 total active (17 students/2 employees)

From the (national) AAP: child COVID-19 cases

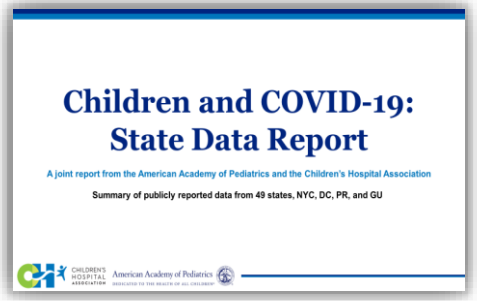


NYT 2.26.21 all ages



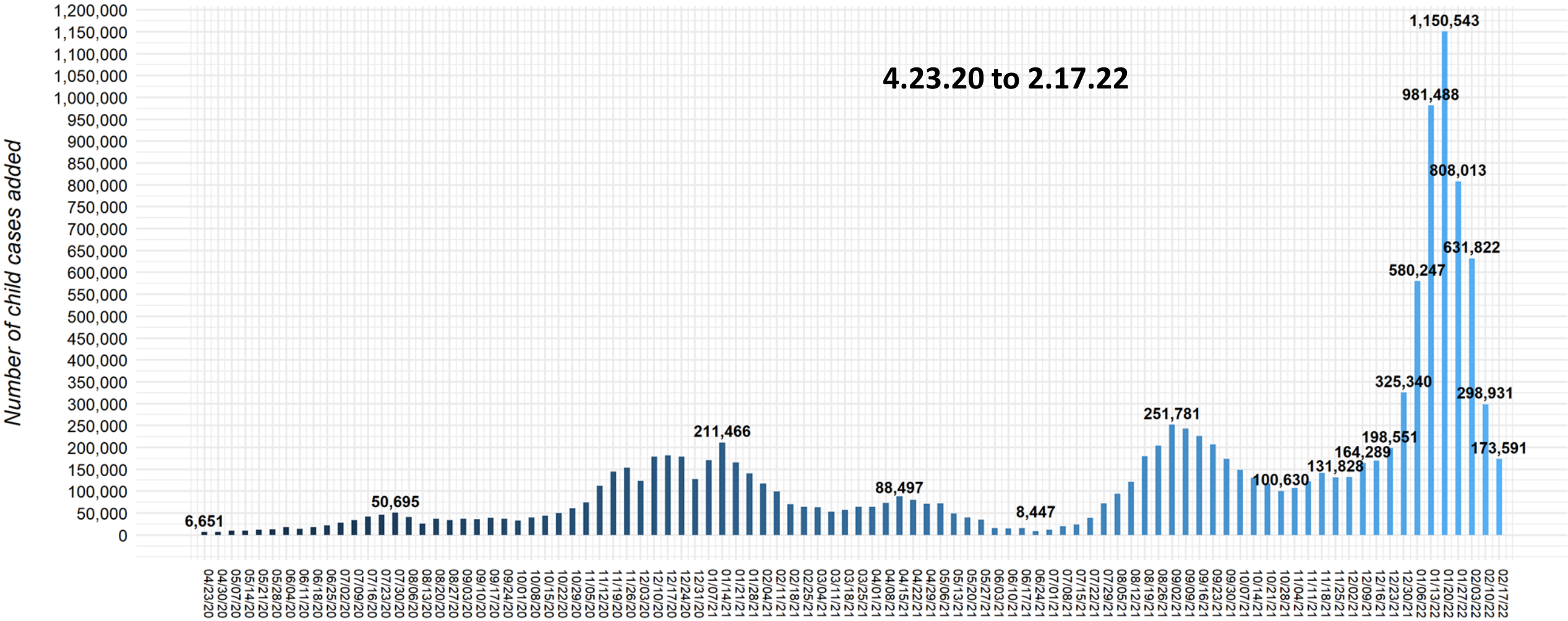
NYT 2.23.22 all ages

As of 2/17/22 – over 12.5M cumulative confirmed child COVID-19 cases



- 175,000 child COVID cases reported week ending 2/17/22
- Cases are down substantially from 1.1 million peak January 20
- At the same time cases are **high**, nearly the peak level of the Delta surge in 2021

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

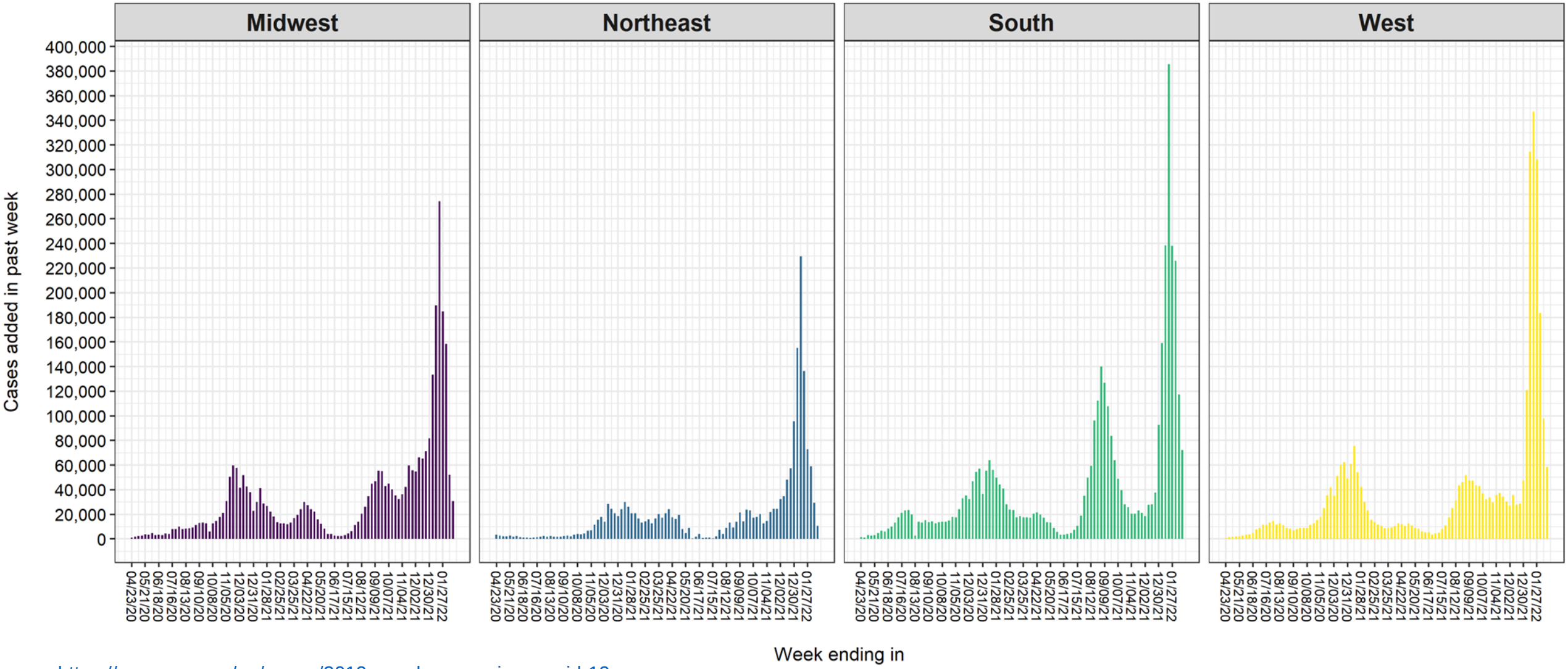


https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/

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 10/1/20, WV as of 8/12/21
On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located at https://dshs.texas.gov/coronavirus/AdditionalData.aspx (1,090,744 cumulative child cases as of 2/17/22)
TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)
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 2/17/22, there were 11,482 fewer cumulative cases)
Due to available data, HI cumulative child and total cases through 1/13/22
On 2/17/22, due to available data, IA cumulative child cases through 2/10/22

4.23.20 to 2.17.22

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



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Source: AAP analysis of publicly available data from state/local health departments
Note: Regions are the US Census Regions
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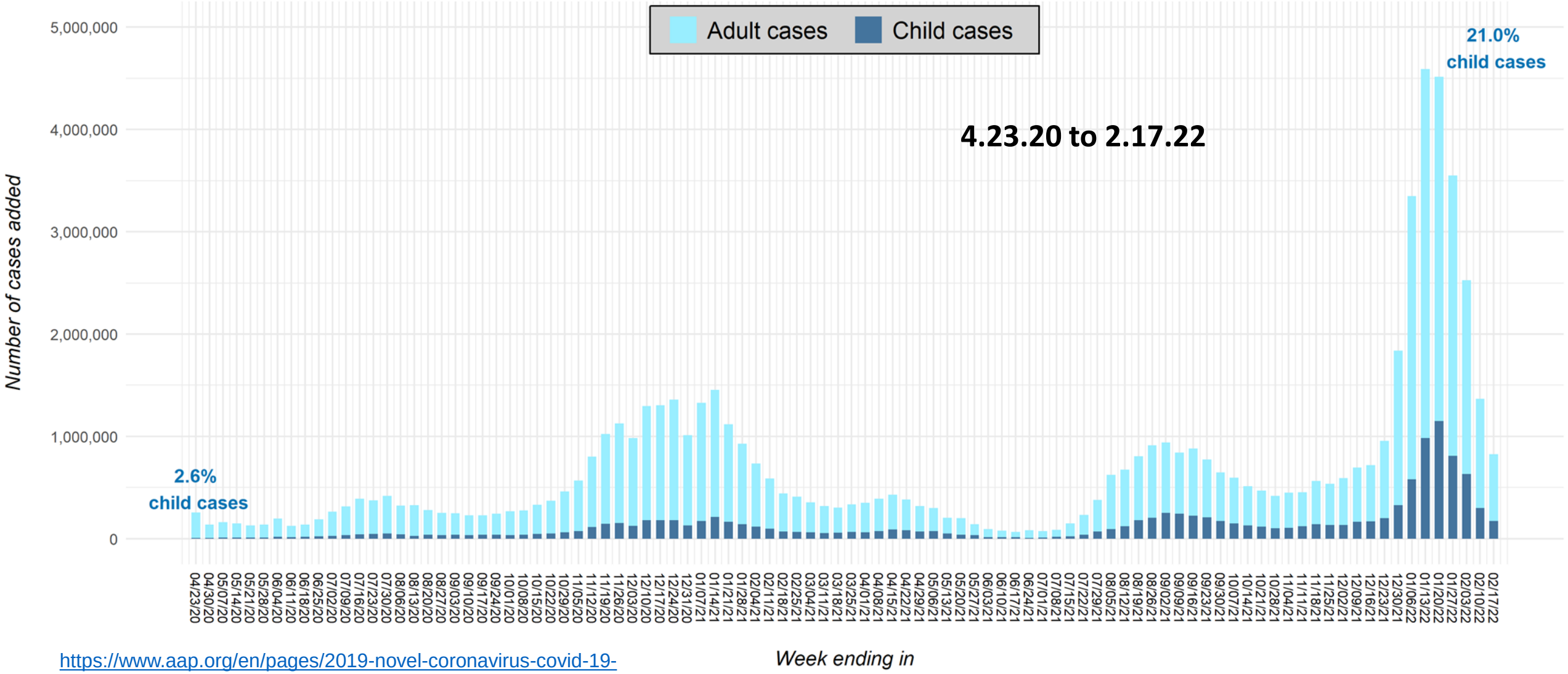
Due to available data, HI cumulative child and total cases through 1/13/22
On 2/17/22, due to available data, IA cumulative child cases through 2/10/22

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



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
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VDH COVID-19 Vaccine Registration & Sites

GETTING THE COVID-19 VACCINE

Find out about vaccines for children ages 5 to 11

GET THE MOST PROTECTION WITH A BOOSTER SHOT!

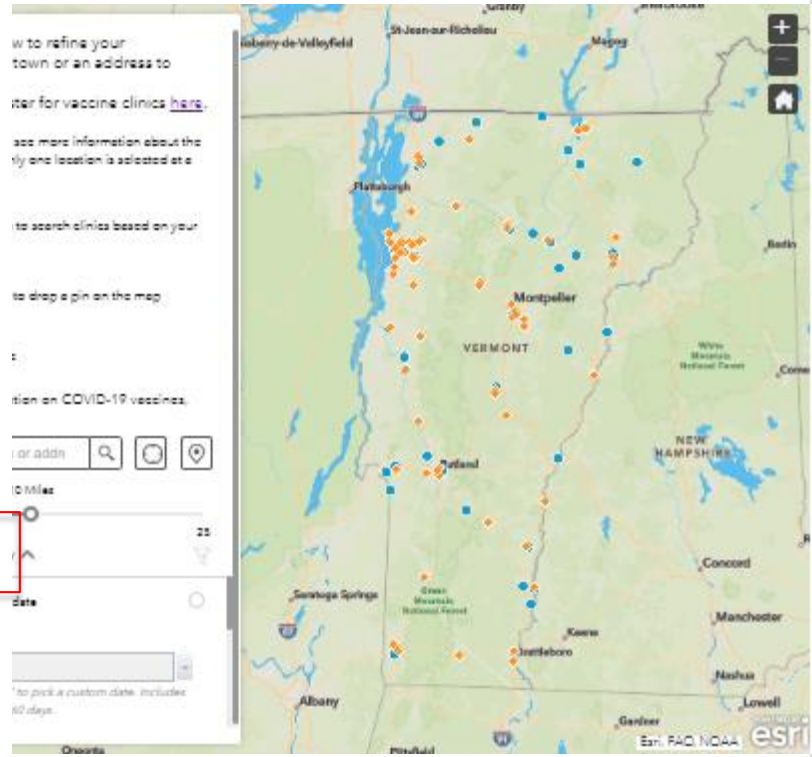
You should get a booster if you are 12 or older and you received:

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

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

See **Frequently Asked Questions** about boosters

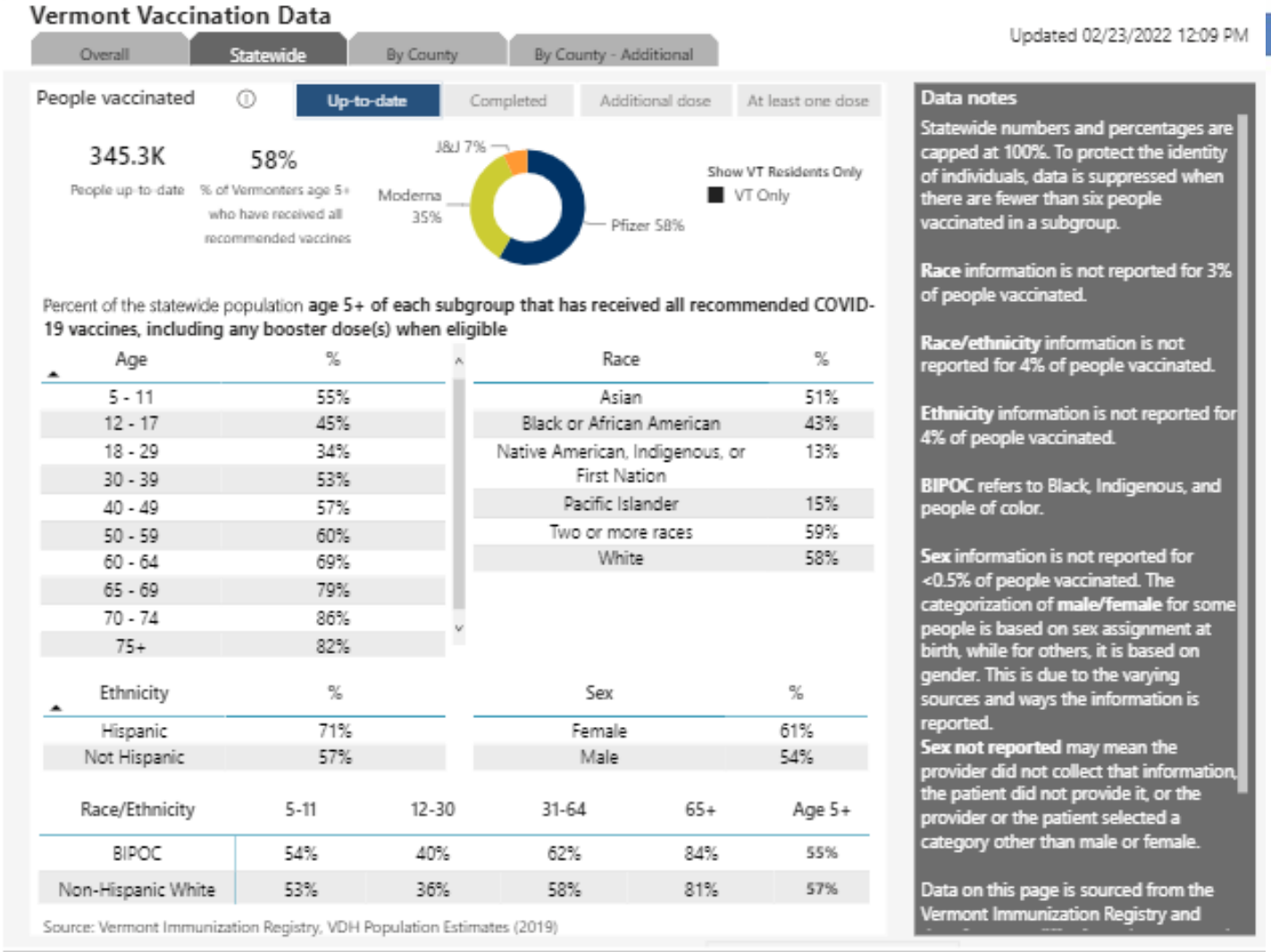
WHERE TO GET YOUR BOOSTER SHOT, FIRST OR SECOND DOSE



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

VDH COVID-19 Vaccine Dashboard ("Statewide" view)

- Daily updates Monday-Friday; now shows "**UTD**" (% 5+ yo with all recommended vaccine doses)
- https://www.healthvermont.gov/covid-19/ vaccine/ covid-19-vaccine-dashboard
- By Age – Statewide:
  - 5-11 = 55%
  - 12-17 = 45%
  - 18-29 = 34%
  - **VT Age 5+ = 58%**



Vermont Vaccination Data

Overall | Statewide | By County | By County - Additional

Updated 02/23/2022 12:09 PM

People vaccinated | Up-to-date | Completed | Additional dose | At least one dose

345.3K
People up-to-date

58%
% of Vermonters age 5+ who have received all recommended vaccines

Show VT Residents Only
VT Only

Percent of the statewide population **age 5+ of each subgroup that has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible**

Age	%
5 - 11	55%
12 - 17	45%
18 - 29	34%
30 - 39	53%
40 - 49	57%
50 - 59	60%
60 - 64	69%
65 - 69	79%
70 - 74	86%
75+	82%

Race	%
Asian	51%
Black or African American	43%
Native American, Indigenous, or First Nation	13%
Pacific Islander	15%
Two or more races	59%
White	58%

Ethnicity	%
Hispanic	71%
Not Hispanic	57%

Sex	%
Female	61%
Male	54%

Race/Ethnicity	5-11	12-30	31-64	65+	Age 5+
BIPOC	54%	40%	62%	84%	55%
Non-Hispanic White	53%	36%	58%	81%	57%

Source: Vermont Immunization Registry, VDH Population Estimates (2019)

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 3% of people vaccinated.

Race/ethnicity information is not reported for 4% of people vaccinated.

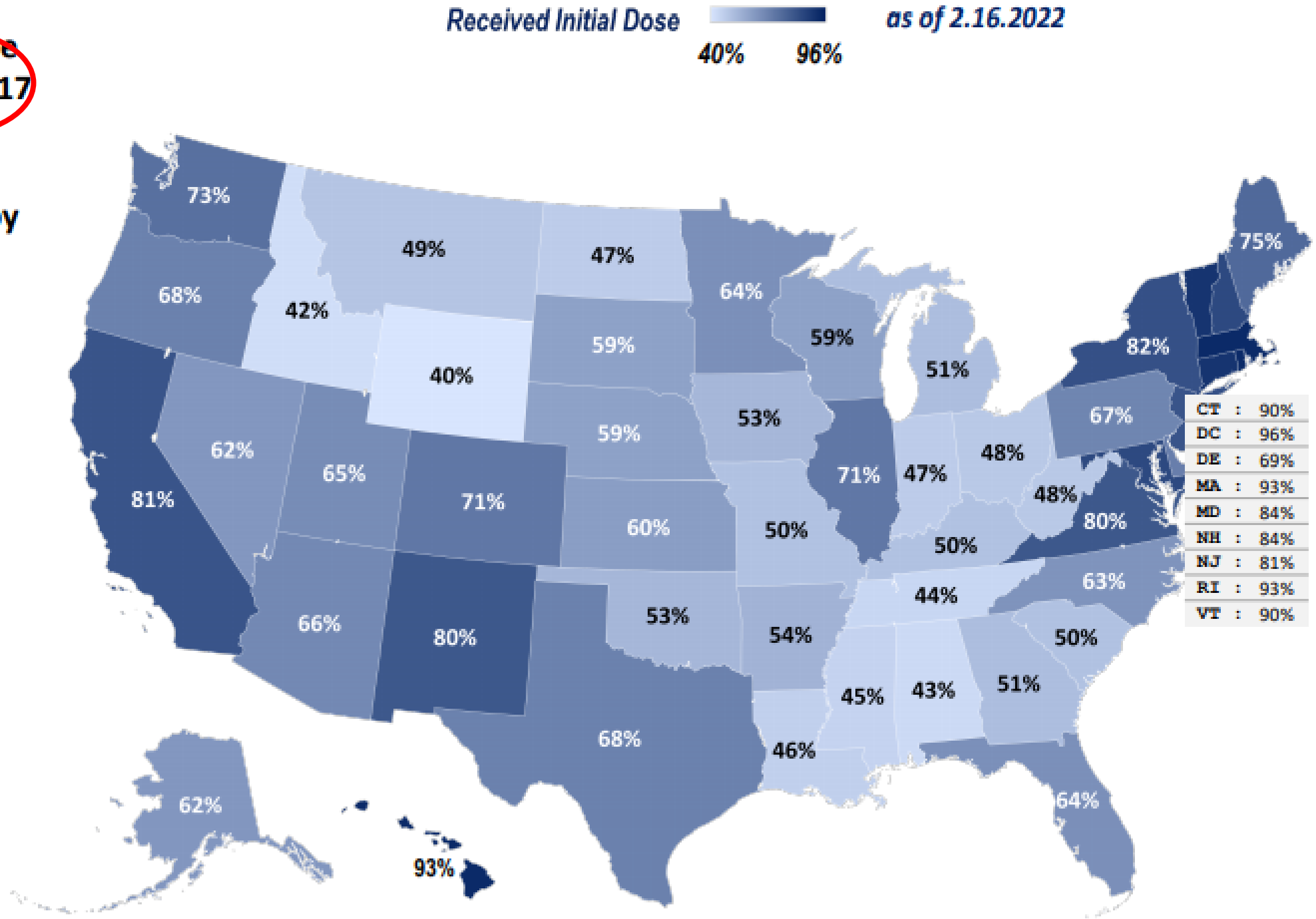
Ethnicity information is not reported for 4% of people vaccinated.

BIPOC refers to Black, Indigenous, and people of color.

Sex information is not reported for <0.5% of 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.

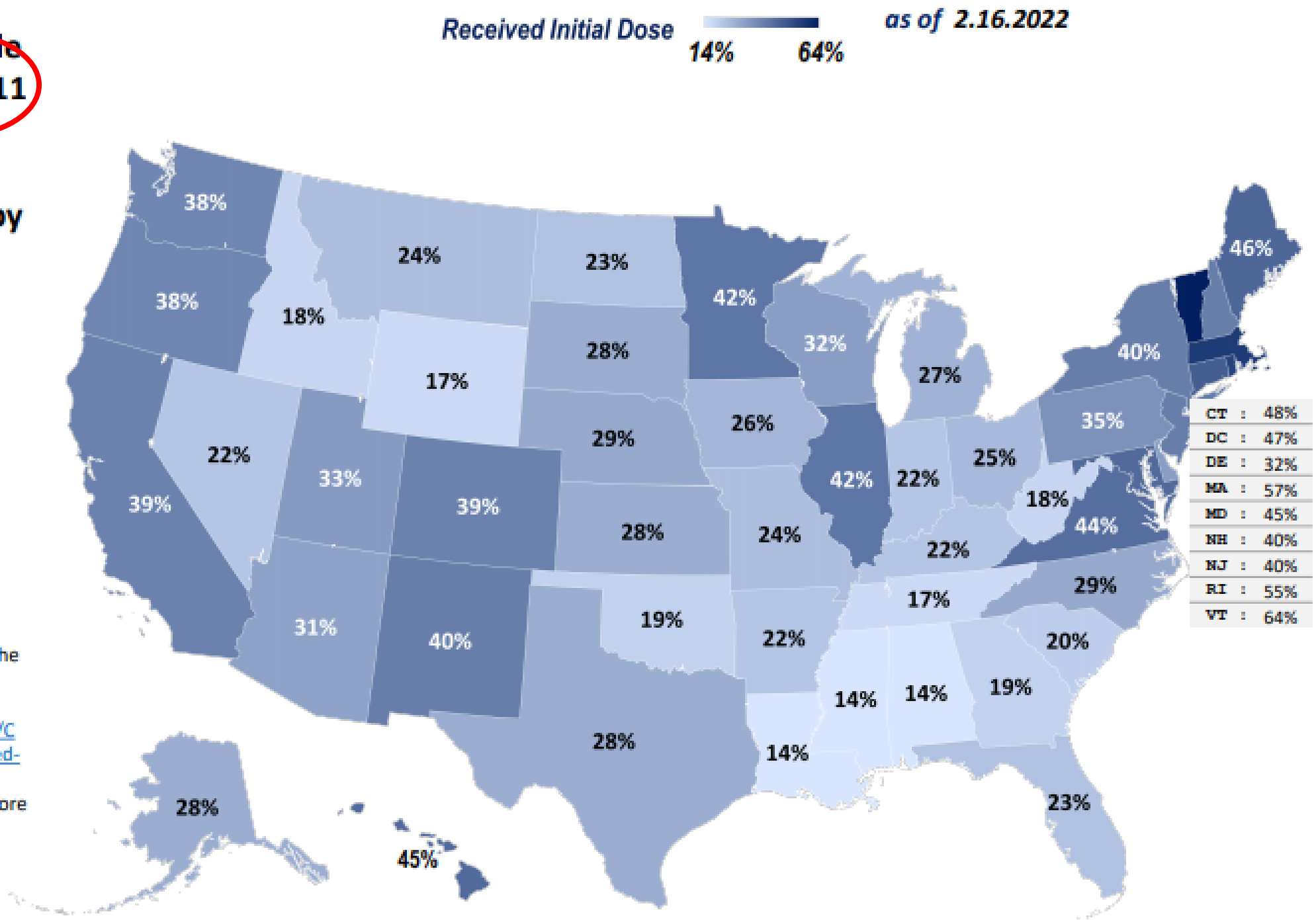
Data on this page is sourced from the Vermont Immunization Registry and

Proportion of Eligible US Children Ages 12-17 Who Received the Initial 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/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc). Check state web sites for additional or more recent information.

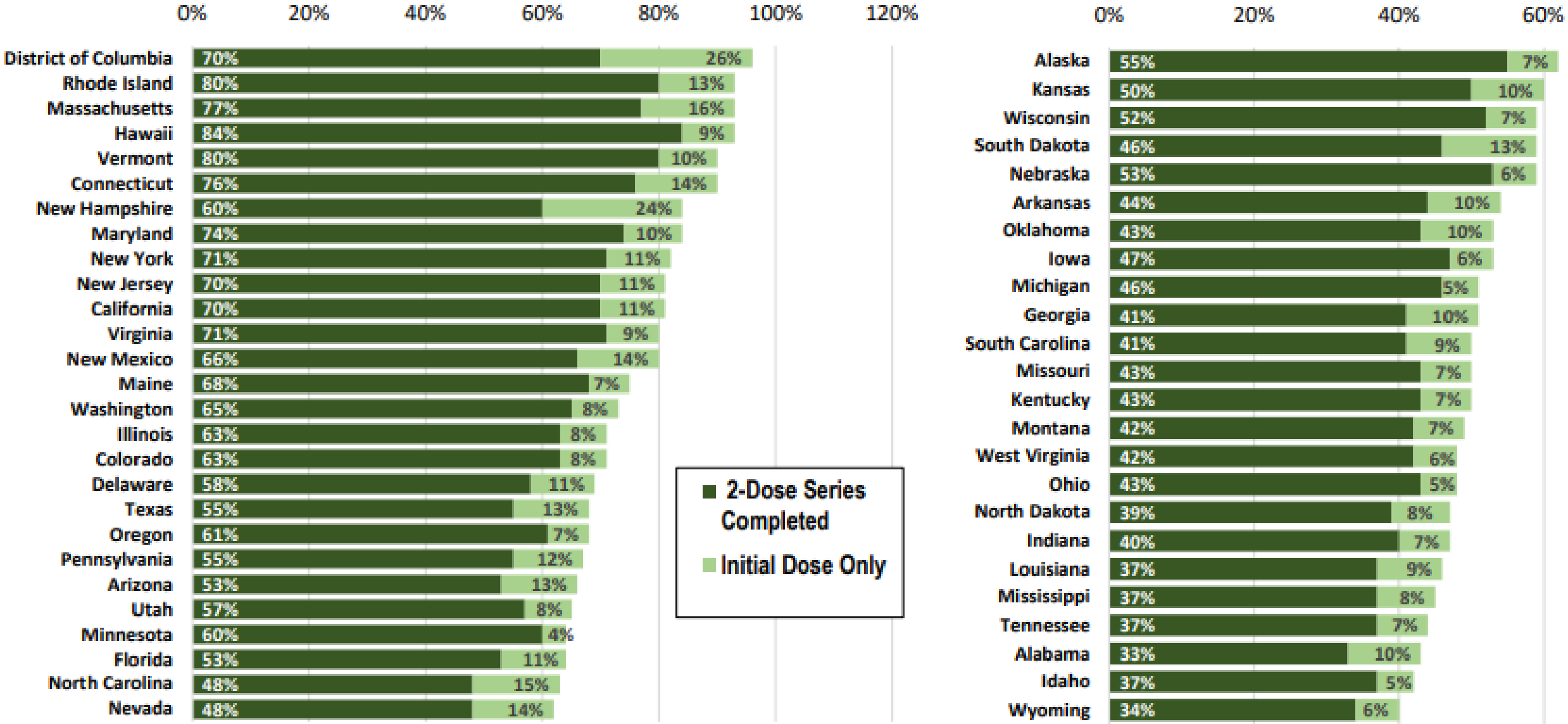
Proportion of Eligible US Children Ages 5-11 Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence



Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc). Check state web sites for additional or more recent information.

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

as of 2.16.2022

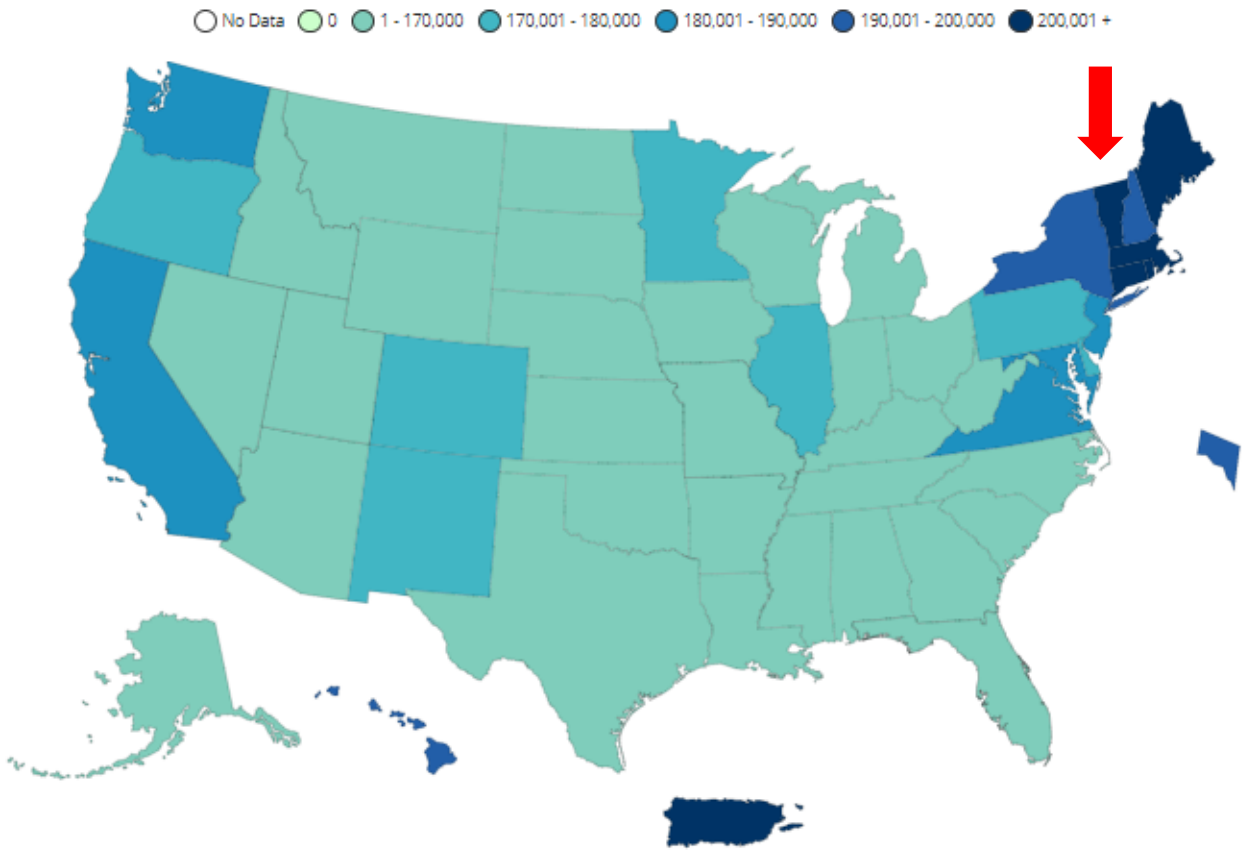


Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction" from CDC's COVID Data Tracker (URL: https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc). Check state web sites for additional or more recent information.

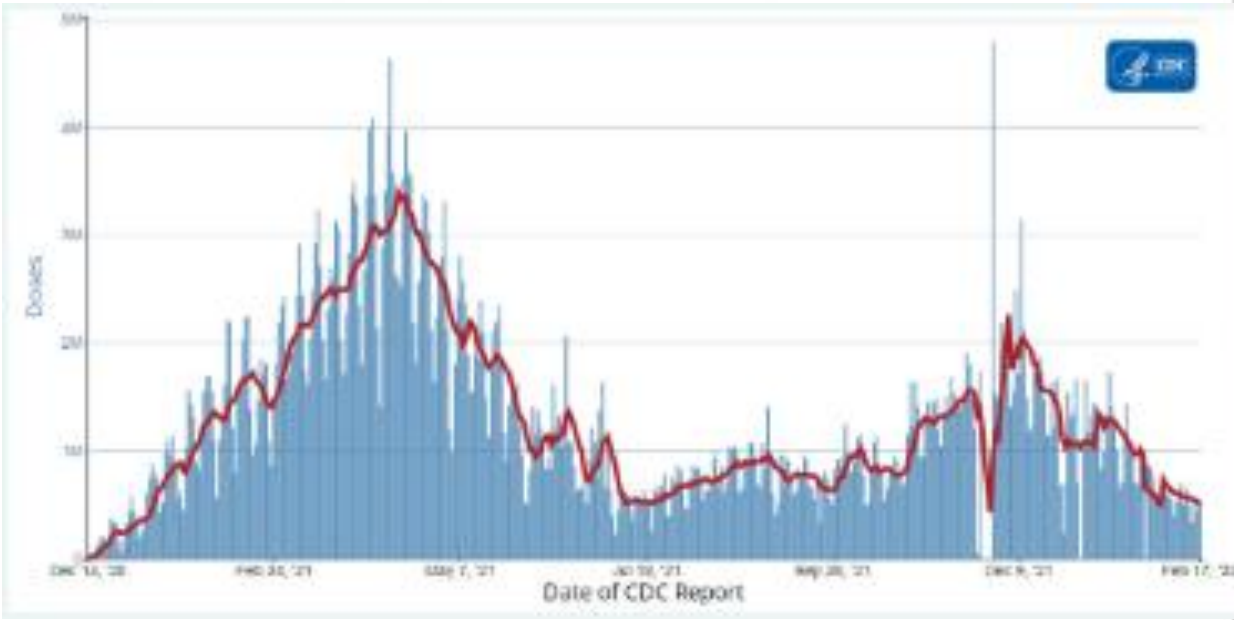
February 23, 2022

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



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

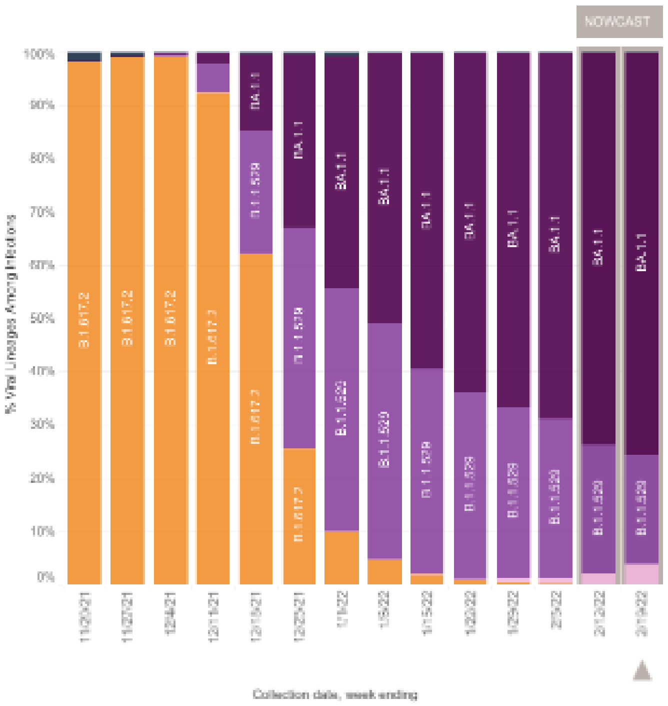


https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html

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

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

United States: 11/14/2021 – 2/19/2022



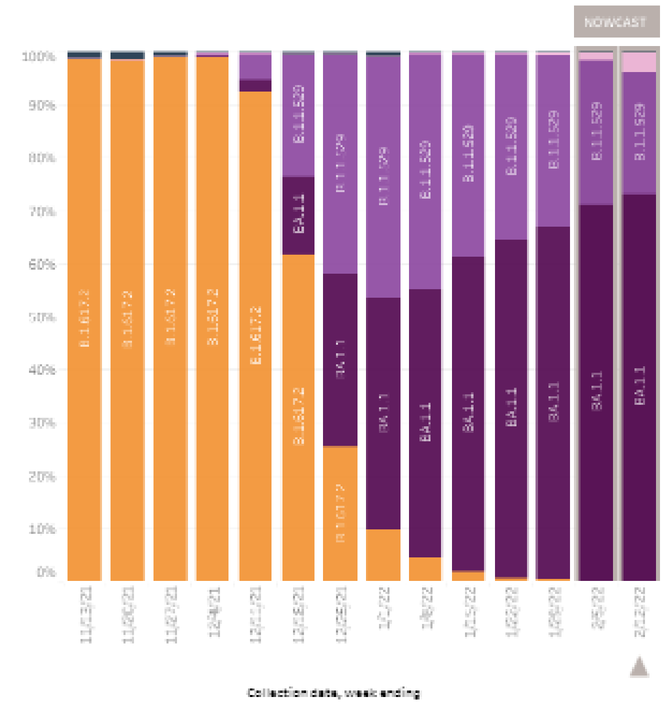
United States: 2/13/2022 – 2/19/2022 NOWCAST

USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.1.1	VOC	75.6%	71.1-79.7%
	B.1.1.529	VOC	20.6%	16.7-25.1%
	BA.2	VOC	3.8%	3.0-4.8%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 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
\# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.

United States: 11/7/2021 – 2/12/2022



United States: 2/6/2022 – 2/12/2022 NOWCAST

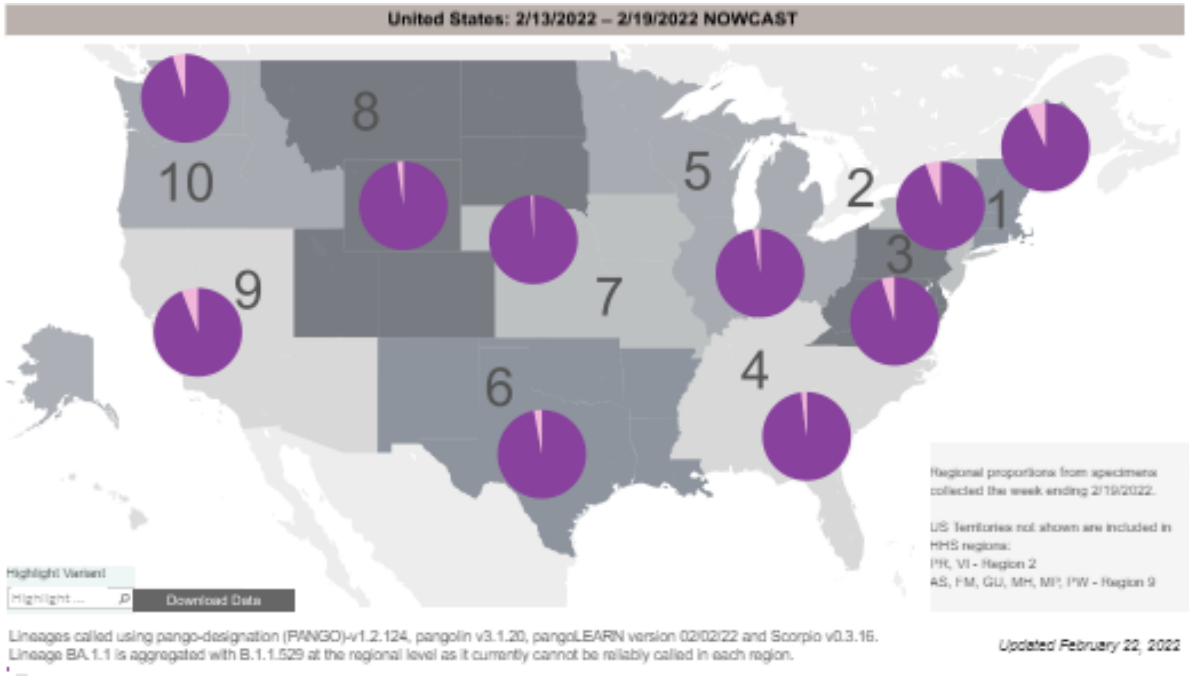
USA

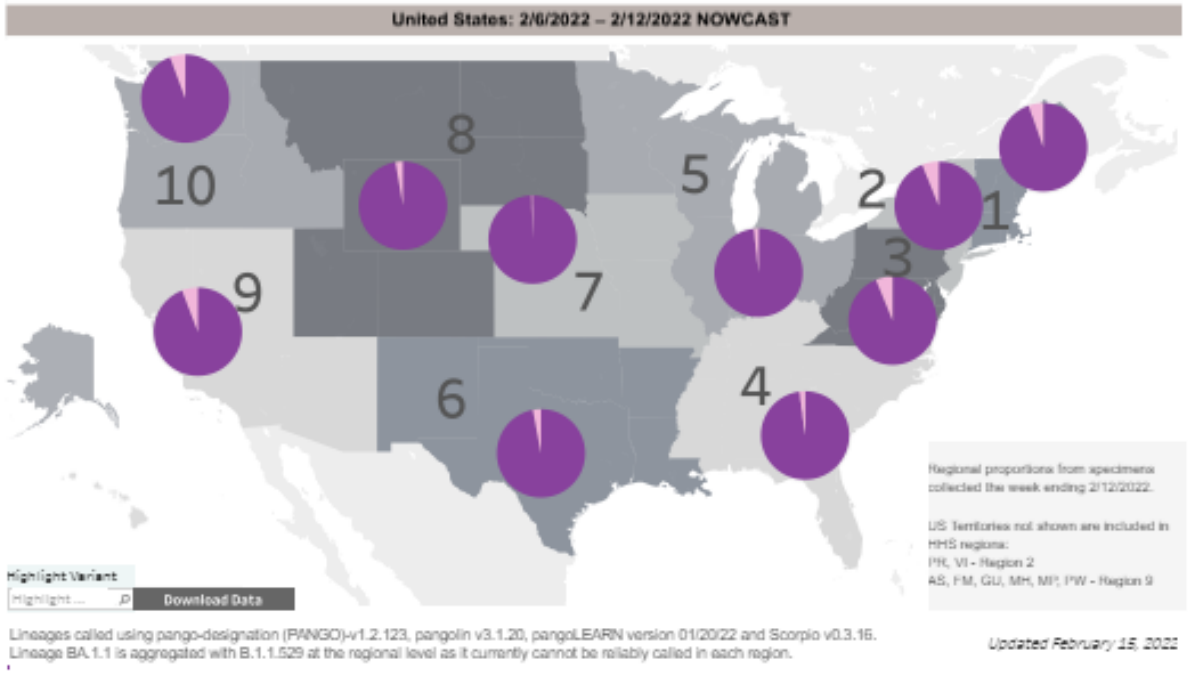
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.1.1	VOC	73.2%	69.0-77.1%
	B.1.1.529	VOC	22.9%	19.1-27.1%
	BA.2	VOC	3.9%	2.8-5.3%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 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
\# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.

Note: week-to-week comparison in Omicron variant proportion (purple): far right bar in graph on left is week ending 2/19/22 LIGHTEST PURPLE is Omicron subvariant BA.2.

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





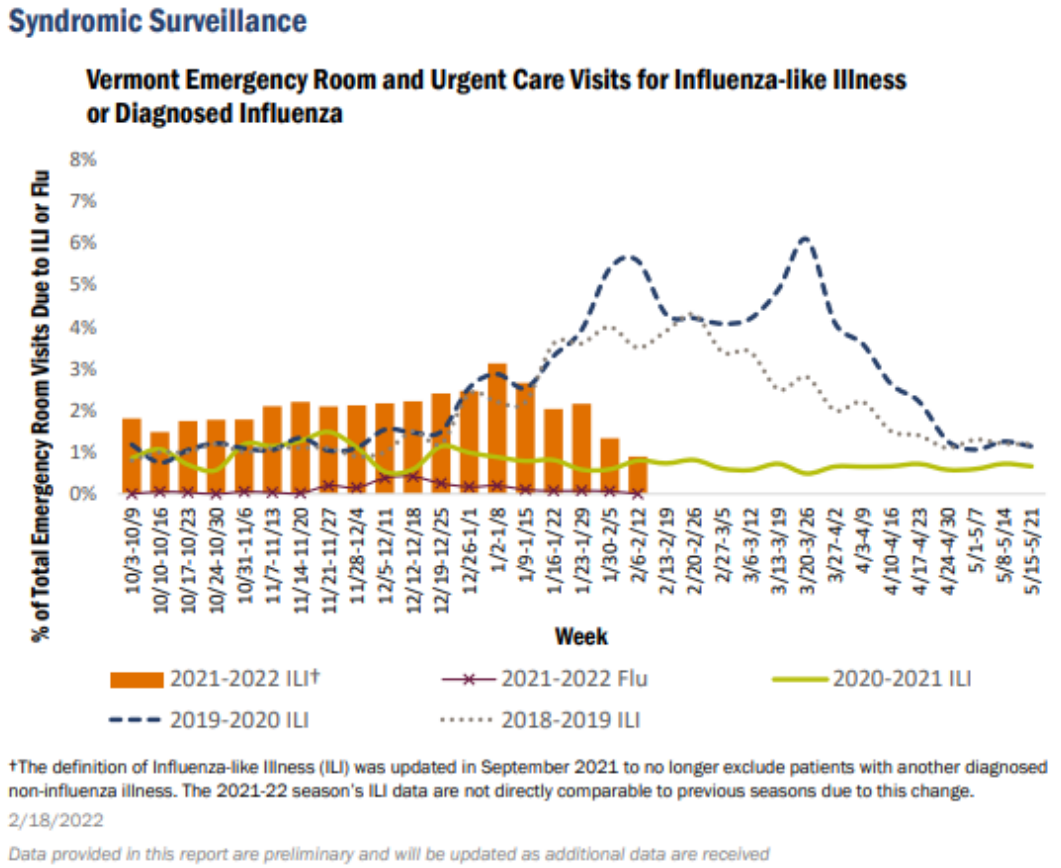
Note: week-to-week comparison in Omicron variant proportion (purple). Map on left is week ending 2/19/22. Note emergence of Omicron subvariant BA.2 (LIGHT PURPLE).

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

Don’t Forget Influenza!

- Current Influenza-like Illness (ILI) activity level remains **MINIMAL** in Vermont
- **5** pediatric flu **deaths** this season
  - Natl. seasonal flu activity decreasing in recent wks.; sporadic influenza activity continues this reporting period. While influenza activity is difficult to predict, CDC expects it to continue for several more weeks. https://www.cdc.gov/flu/weekly/
  - Majority = influenza A(H3N2)
- Link to weekly surveillance:

https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-06_rev.pdf



AAP (National) Updates

Slides 27 – 33 courtesy of the American Academy of Pediatrics – from today's

Chapter Chat *(2/23/22)*

Added *after* today's call

Next AAP COVID-19 Town Hall

- Next Town Hall **Thursday, March 3 17, 2022 – 8 pm Eastern**
- Session will address the latest related to the COVID-19 pandemic and its impact on children, adolescents, and families – hear from leading experts and connect with your peers
  - Expert panel to be announced
- Find previous recordings on AAP COVID-19 Town Hall webpage:

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

CDC Interim Clinical Considerations on Use of COVID-19 Vaccines

- Potential benefits of extended interval in primary series for people ages 12-74 years who are not moderately to severely immunocompromised:
  - Stronger immune response
  - Further minimization of already rare risk of adverse events (eg. Myocarditis and pericarditis associated with mRNA COVID-19 vaccination – mostly among males between ages 12-39 years)
- AAP News article summarizing Feb. 4 ACIP discussion
  - https://publications.aap.org/aapnews/news/1362/COVID-19-pandemic

CDC Interim Clinical Considerations on Use of COVID-19 Vaccines

TABLE 2. COVID-19 vaccination schedule for the primary series in the general population*

Primary series vaccine manufacturer	Age group	Number of doses in primary series	Number of booster doses	Interval between 1st and 2nd dose	Interval between primary series and booster dose
Pfizer-BioNTech	5–11 years	2	NA	3 weeks	NA
Pfizer-BioNTech	≥12 years	2	1	3-8 weeks†	≥5 months
Moderna	≥18 years	2	1	4-8 weeks†	≥5 months
Janssen	≥18 years	1	1	NA	≥2 months

†An **8-week** interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years. A **shorter interval** (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately to severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease.

Interim Guidance Revisions

- Providing Acute Care in the Ambulatory Setting During the COVID-19 Pandemic (recently updated)
- COVID-19 Testing (forthcoming)
- Caring for Children and Youth with Special Health Care Needs (forthcoming)

Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 2.22.22

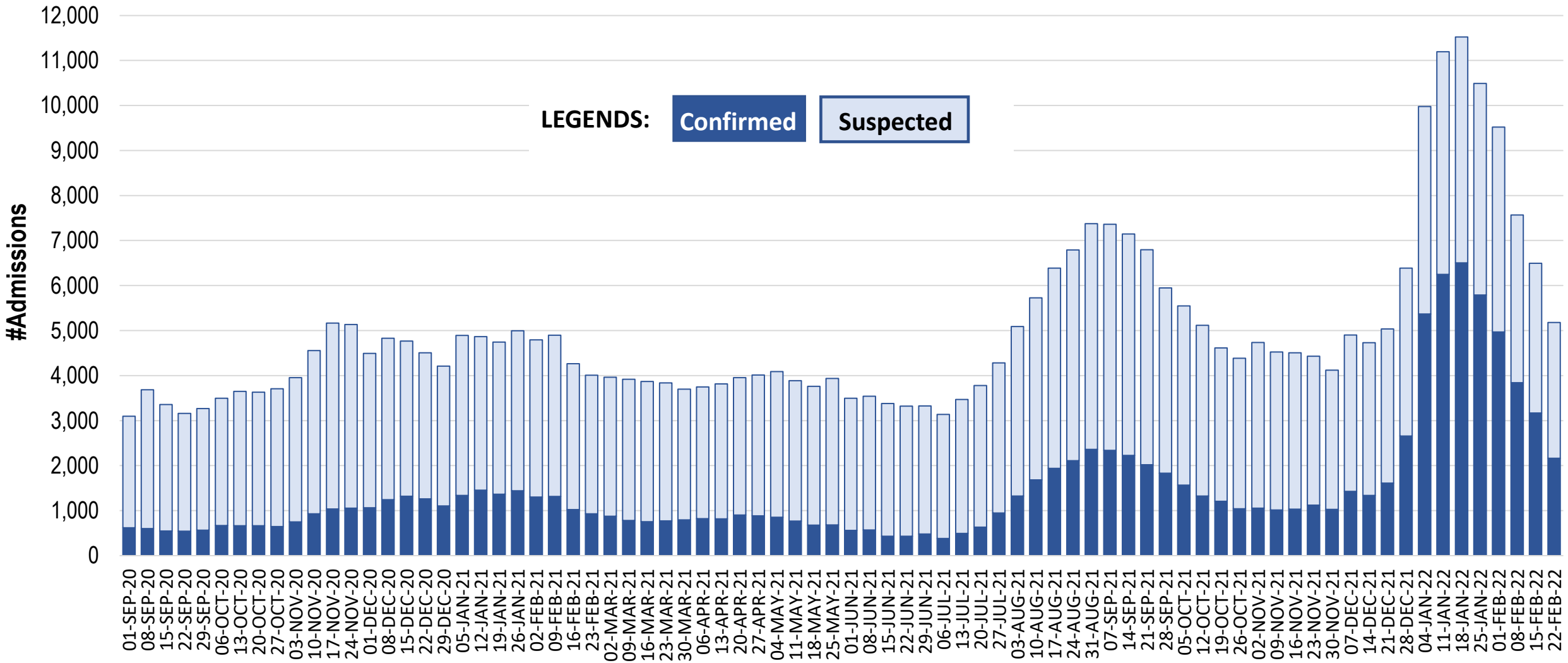
Source: AAP analysis of COVID-19 pediatric admissions based on the "COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries" published by the U.S. Department of Health & Human Services.

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

Number of Past-week Confirmed and Suspected COVID-19 Pediatric Hospital Admissions,

50 States and District of Columbia, by Week

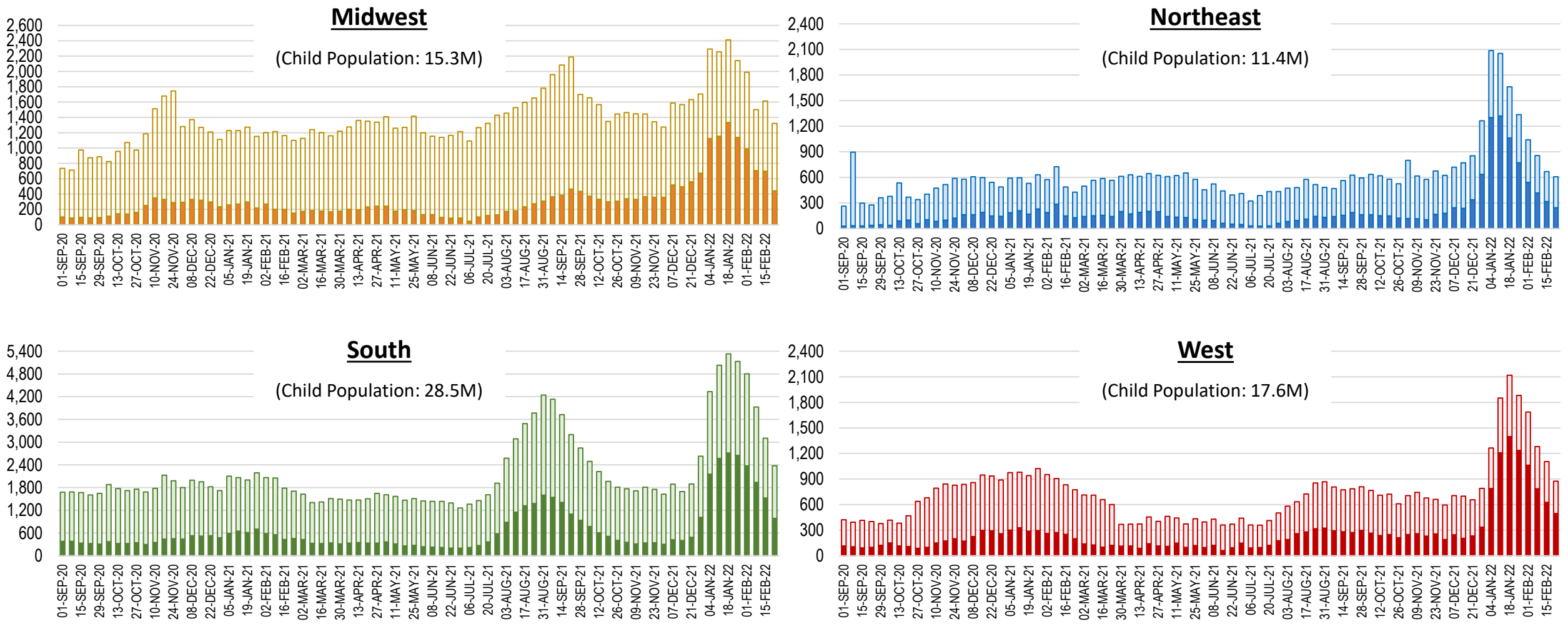
9.1.2020 - 2.22.2022



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 - 2.22.2022



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)

From the CDC / MMWR

- Hospitalizations of Children & Adolescents w/Laboratory-Confirmed COVID-19 COVID-NET, 14 States, July 2021–January 2022 (early release 2/15/22)
  - **Already known about this topic:** COVID-19 can cause severe illness in children & adolescents.
  - **Added by this report:** Coinciding w/ increased circulation of the Omicron variant, COVID-19-associated hosp. rates in children/adolescents 0-17 yo increased rapidly in late December 2021, esp. in children 0-4 yo not yet eligible for vaccination. During Delta & Omicron predominance, hosp. rates remained lower among fully vaxed adolescents 12-17 yo vs. unvaxed.
  - **Implications for public health practice:** Strategies to prevent COVID-19 among children and adolescents, including vaccination of eligible persons, are critical.

From the CDC / MMWR

- Effectiveness of Maternal Vaccination with mRNA COVID-19 Vaccine During Pregnancy Against COVID-19–Associated Hospitalization in Infants Aged <6 Months — 17 States, July 2021–January 2022 (early release 2/15/22)
  - **Already known about this topic:** COVID-19 vaccine in pregnancy is recommended to prevent severe illness/death in pregnant women; infants are at risk for COVID-19 complications, including respiratory failure & other life-threatening complications.
  - **Added by this report:** effectiveness of maternal 2-dose primary mRNA COVID-19 vaccination during pregnancy against COVID-19 hospitalization among infants aged <6 months was 61% (95% CI = 31% to 78%). Effectiveness of completion of the primary COVID-19 vaccine series early and later in pregnancy was 32% (95% CI = -43% to 68%) and 80% (95% CI = 55% to 91%), respectively.
  - **Implications for public health practice:** completion of 2-dose mRNA COVID-19 vaccine series in pregnancy might help prevent COVID-19 hospitalization among infants aged <6 mos.

In case you missed it…

AAP-VT Recommendations on Masking in Schools

- Students & staff should follow VDH masking recommendations for the general public; currently, recommends masking in public indoor settings regardless of vaccination status. If the VDH changes recs in community, schools should mirror those recommendations.
- In the school environment should continue to mask in accordance with current protocols. Particular attention should be made to masking recommendations after infection with or exposure to COVID-19 in the school, community, or household setting.
- Well-fitting, high-quality masks are most effective at reducing transmission and should be made available to students and staff.
- Students who are sick should stay home and follow VDH health guidance on return to school after illness.

In the News

A new COVID-19 vaccine (?): https://www.nytimes.com/live/2022/02/23/world/covid-19-tests-cases-vaccine

- 2 doses of a new COVID vaccine (based on “conventional approach”) achieved 100% efficacy against severe disease/hospitalizations; could be effective booster after other vaccine (per manufacturers 2/23/22).
  - Made by Sanofi & GSK (1 of 4 supported by billions from Operation Warp Speed)
- 75% efficacy against moderate-severe disease; 58% efficacy against symptomatic disease in Phase 3 clinical trial (note: lower than observed for Pfizer-BioNTech & Moderna mRNA vax in initial trials, but “in line with expected vaccine effectiveness in today’s environment dominated by variants of concern” per Sanofi & GSK).
- As booster dose after different COVID vaccines, product increased antibody levels by 18- to 30-fold. SEE story for additional details.

Tuesday Media Briefing (2/22/22)

Governor Phil Scott

- Shorter “run of show” today – cases/hospitalizations continue to trend down.
- DFR Commissioner Pieciak away – full modeling presentation will be posted: https://dfr.vermont.gov/about-us/covid-19/modeling
- House/Senate Conference Committee meeting re: Budget Adjustment (BAA).
  - Usually involves “modest changes,” but important upgrades needed this year due to federal funding from ARPA – seeking “tangible, transformative” application.
  - Five buckets: housing, climate change, water/sewer infrastructure, broadband, economic recovery.
- Legislature passed **intent language** last year – goal is to preserve.
- Additional details provided by Vermont Agency of Administration Secretary Kristin Clouser.

Tuesday Media Briefing (cont'd.)

VDH Commissioner Mark Levine:

- Abridged modeling data (for DFR Commissioner Pieciak) reinforces improving picture of COVID-19.
- VT average 220 cases/d. past 7d. (down 28% past 7d. & 44% past 14d.). Cases down 880% from Omicron peak – now lowest since early November.
- Rate of new hospitalizations stabilized – 20% decrease over previous week. Expect continued decline in coming wks.
- ICU admissions for COVID down by 1/3 (lowest since last Oct.); 8 ICU pts. today.
- Fatalities = 587 w/additional 4 deaths reported past 4 days; trending down in Feb. to date but metric takes longer to see impact of decreasing case #s.
- VT will continue to integrate case/serious outcome data, wastewater monitoring, modeling projections & VT's continued increasing high vax rate *"to slowly map how we can live safely."*

Tuesday Media Briefing (cont'd.)

VDH Commissioner Mark Levine:

- Testing: as state site PCR test demand decreases, considering how/where to best meet current needs (e.g., self testing).
- Will gradually shift from general public health recommendations to individual approaches, incorporating different levels of risk.
- Must continue to respect those at higher risk for more severe illness.
- We will focus on highest risk for vaccine access & other recs.
- BA.2 variant causing concern in some parts of world: now found in 47 states, incl. VT. Still learning re: transmissiblity & severity – not yet any definitive word, but case counts still going down. Will continue to follow real-time BA.2 data.

Tuesday Media Briefing (cont'd.)

VDH Commissioner Mark Levine:

- Will continue to use genomic sequencing & other data.
- Referenced aforementioned MMWR report: girls 12-17 had more ED visits for some MH cond. incl eating, tic d/o, depression, anxiety. VT data: 2021 higher rates for 10-24 yo for ED re: suicide. *"This is what we mean when we say "our kids are not all right."*
- Please be sure anyone crisis knows help available: **text VT to 741741** & counselor will respond.
- Share simple advice from VDH MH safety officer: be aware of how pandemic has impacted you & consider this as you think about future plans – "not too much too fast; be open/flexible as we look to future with hope."
- Also following vaccine news for <5 yo and planning for when authorized.

Select Q & A (2/22/22)

- Governor's veto of Legislature's gun bill? Governor Scott: made historic changes in 2018 – many Vermonters not yet accustomed & need to give them time to adjust.
- How many BA.2 specimens in VT? Dr. Levine: our sequencing showed <10. CDC natl. data (end of Jan.) 2.8% Delta, 96% BA.1, so ~1-2% max BA.2. We don't believe VT experience different, but still not a great deal of international experience. Does seem to be 1.4X more transmissible than traditional Omicron, but heartened to not seeing cases expand even more.
- Addressed recent NYT report re: CDC collection of data not [yet] published: "they collect a lot of data & put thru rigorous process; they need severe data modernization (getting some funding now). VT has relied on our own data & science from CDC & literally around the world."
  - https://www.nytimes.com/2022/02/20/health/covid-cdc-data.html

Practice Issues

VDH Immunization Program Update

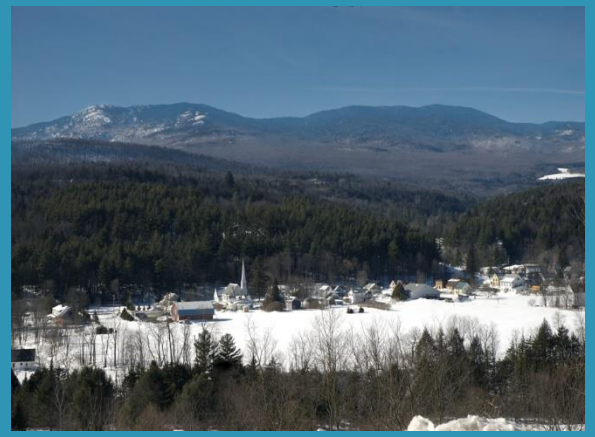
With thanks to Meghan Knowles, Provider Communication & Training Coordinator, VDH Immunization Program

VT EMS for Children Case Review

Dr. David Nelson, Pediatric Emergency Medicine, UVM MC

WIC Formula Recall

Karen Flynn, Vermont WIC Program Director; Jackie Charnley, VT WIC Program Nutrition Coordinator



Practice Issues:

Vermont Department of Health –Immunization Program

Thank you, Meghan Knowles

VERMONT
DEPARTMENT OF HEALTH

CDC: Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the U.S.

Summary of recent changes (last updated **February 22, 2022**):

- **Added considerations for an 8-week interval between the first and second doses of a primary mRNA vaccine schedule**
- **Key points**
- COVID-19 vaccines currently approved or authorized by FDA are effective in preventing serious outcomes of coronavirus disease 2019 (COVID-19), including severe disease, hospitalization, and death.
- COVID-19 primary series vaccination is recommended for everyone ages 5 years and older in the United States for the prevention of COVID-19.
- A 3-dose primary mRNA COVID-19 vaccine series is recommended for people ages 5 years & older w/moderate-severe immunocompromised, followed by a booster dose in those ages 12 years and older.

CDC: Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the U.S. (cont'd.)

Summary of recent changes (last updated **February 22, 2022**):

- In most situations, Pfizer-BioNTech or Moderna COVID-19 Vaccines are preferred over the Janssen COVID-19 Vaccine for primary and booster vaccination.
- A booster dose of COVID-19 vaccine is recommended for everyone ages 12 years and older. Timing of a booster dose varies based on COVID-19 vaccine product and immunocompetence.
- Efforts to increase the number of people in the United States who are up to date with their COVID-19 vaccines remain critical to preventing illness, hospitalizations and deaths from COVID-19.
- These clinical considerations provide additional information to healthcare professionals and public health officials on use of COVID-19 vaccine

CDC Updated COVID-19 Vaccine Recommendations

TABLE 2. COVID-19 vaccination schedule for the primary series in the general population*

Primary series vaccine manufacturer	Age group	Number of doses in primary series	Number of booster doses	Interval between 1st and 2nd dose	Interval between primary series and booster dose
Pfizer-BioNTech	5–11 years	2	NA	3 weeks	NA
Pfizer-BioNTech	≥12 years	2	1	3-8 weeks†	≥5 months
Moderna	≥18 years	2	1	4-8 weeks†	≥5 months
Janssen	≥18 years	1	1	NA	≥2 months

*For the vaccination schedule for people who are moderately or severely immunocompromised, see Table 3

†An **8-week** interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years. A **shorter interval** (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately to severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease.

CDC COCA Call ***tomorrow,*** February 24, 2022

- **Overview –** CDC experts will present:
- Updated recommendations on COVID-19 vaccines for people who are moderately or severely immunocompromised,
- Simplified recommendations for vaccination following receipt of passive antibody therapy, and
- Summarized recommendations for COVID-19 vaccination by age group
  - Details: 2:00 PM – 3:00 PM ET; **Webinar Link**: https://www.zoomgov.com/j/1603680276
  - **Passcode:** 242440; **Dial In:** US: +1 669 254 5252, or +1 646 828 7666, or +1 551 285 1373, or +1 669 216 1590
  - https://emergency.cdc.gov/coca/calls/2022/callinfo_022422.asp

Immunization Communication

Vaccine Information for Health Care Professionals website: www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals

- Now links all recent e-mail communications and ordering guidance for the week.
- Updates: <5 Vaccine Approval and Guidance for Immunocompromised 2.15.2022
- Current COVID-19 Ordering Guidance – E-mail sent yesterday from AHS.VDHCovidVaxDistribution@vermont.gov with ordering guidance for today.

Immunization Program Provider Update 02/18 – Agenda modified

Agenda:

- 6 months through 4 years delay and planning
- ACIP meeting from 02/04 Updates
  - Immunocompromised
  - Janssen
  - Antibody products
- Vermont Vaccine Program Updates
  - 2022 Vaccine Management Plan (Vaccine Storage and Handling SOP)
  - Pneumococcal vaccine updates (PCV15, PCV20)
  - 2022/2023 Flu season

Vermont EMS for Children

Case Review

Non-Accidental Trauma & Mandatory Reporting

Monday February 28th at 1900

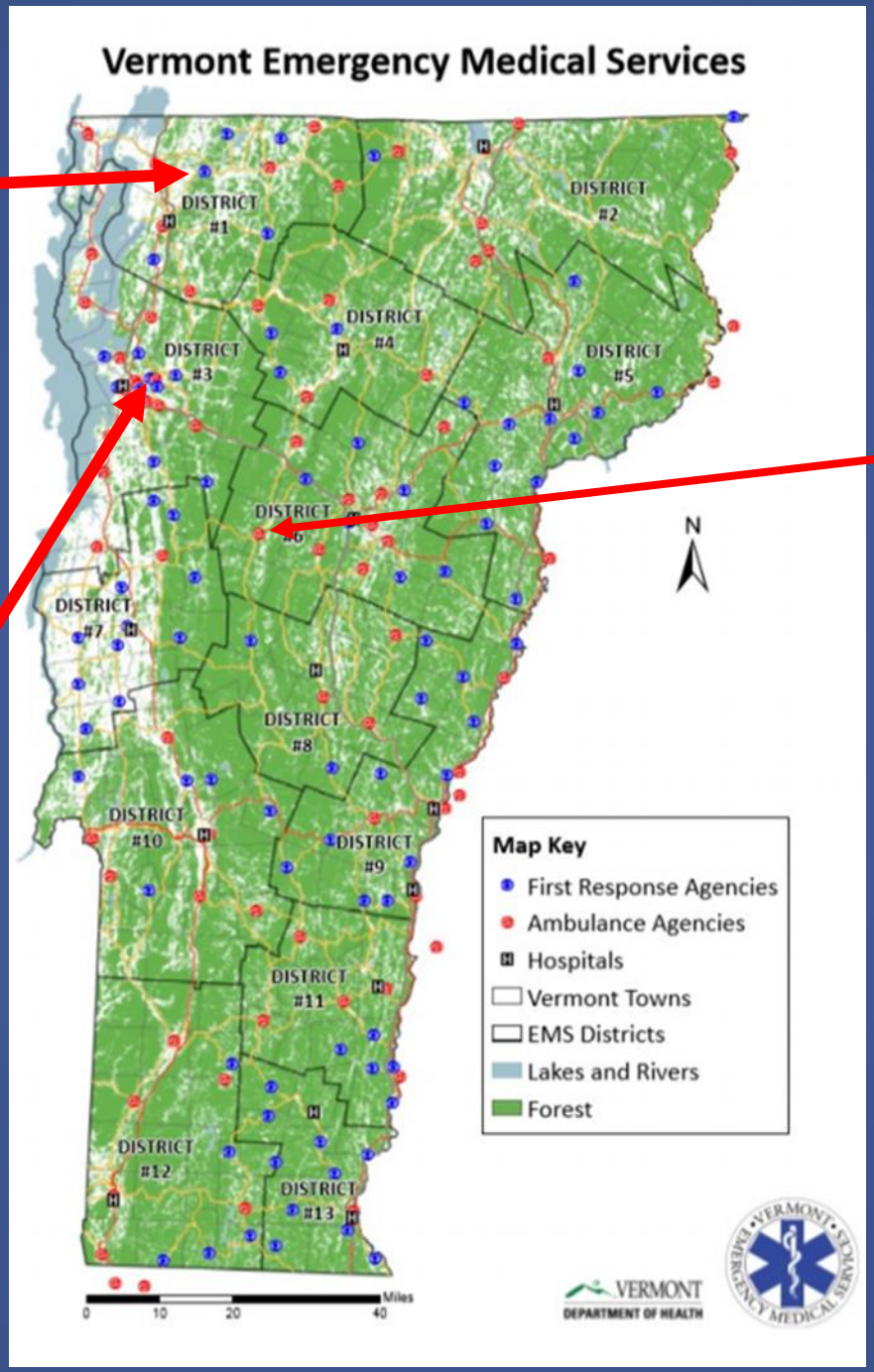
Zoom link to Vermont EMSC February Case Review

Meeting ID: 845 6054 9455 Passcode: 567584

Missisquoi Valley Rescue, Inc.
District #1

St. Michael's Rescue
District #3

Mad River Valley
Ambulance Service
District #6

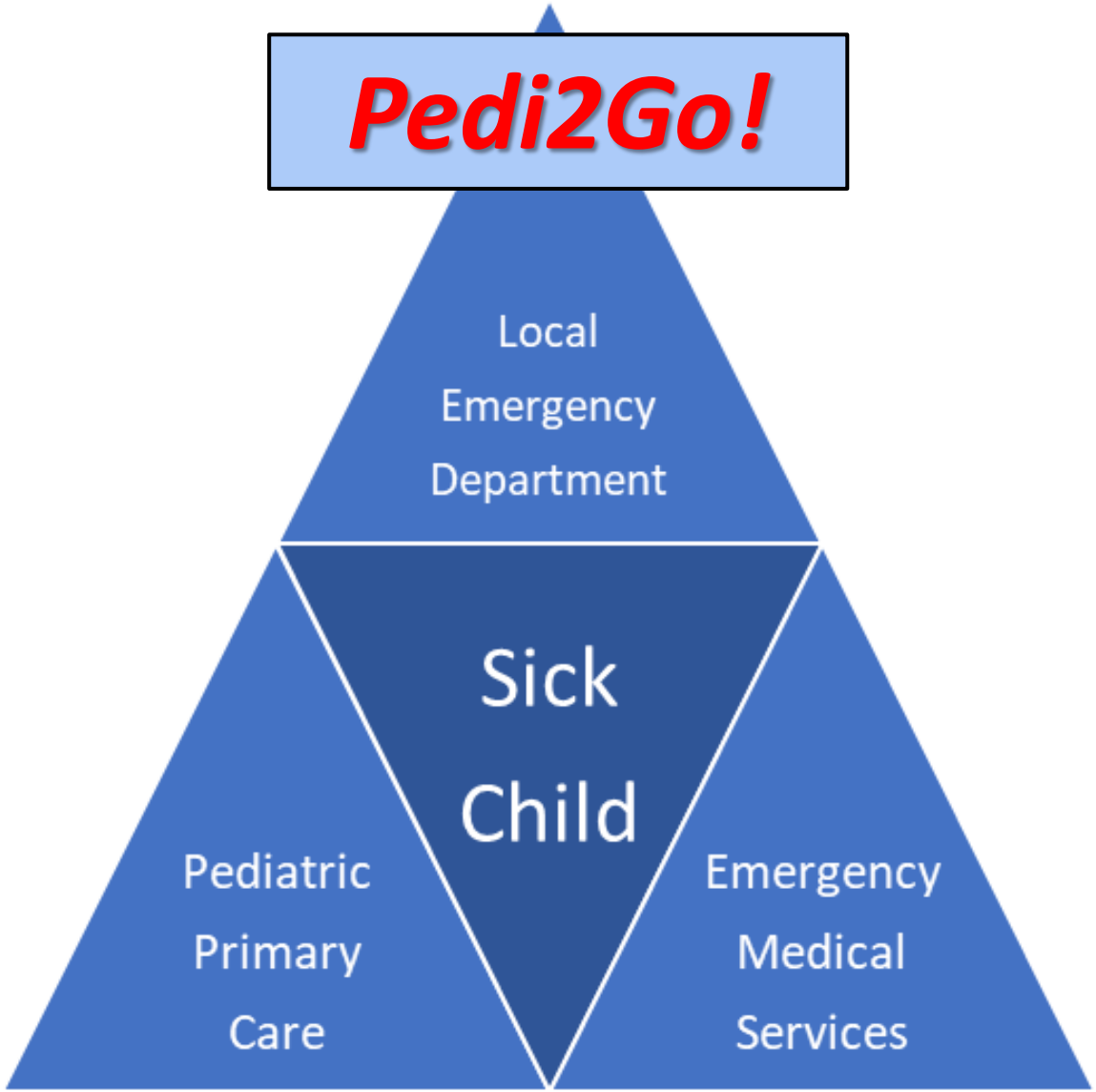


EMSC
Emergency Medical Services for Children

THE University of Vermont HEALTH NETWORK

VHEPC
VERMONT HEALTHCARE EMERGENCY PREPAREDNESS COALITION

Pedi2Go!



Abbott Recall

Temporary changes for WIC enrolled Infants

February 23, 2022

VERMONT
DEPARTMENT OF HEALTH

Formula Recall – Affected Products

Affected (only produced in Sturgis, MI):	Partially Affected (produced in Sturgis, MI as well as other plants)
12.6 oz Total Comfort powder 12.5 oz Similac for Spit Up powder All EleCare powder Infant and Jr All Alimentum powder	12.5 oz Similac Sensitive powder 12.4 oz Similac Advance powder

Not affected – Isomil, NeoSure, and all concentrated liquid and RTF

FDA Investigation of Cronobacter and Salmonella Complaints: Powdered Infant Formula (February 2022)

If you want to check if your powdered formula is part of the recall, you can enter the product lot code on the bottom of your package on the company's websiteExternal Link Disclaimer.

If you have questions or need information about the recall, you can **Submit Questions/Get Assistance**.

If your infant is experiencing symptoms related to *Cronobacter* or S*almonella* infection, such as poor feeding, irritability, temperature changes, jaundice, grunting breaths, abnormal movements, lethargy, rash, or blood in the urine or stool; contact your health care provider to report their symptoms and receive immediate care.

To report an **illness** or **adverse event**, you can

- Call an FDA Consumer Complaint Coordinator if you wish to speak directly to a person about your problem.
- Complete an electronic Voluntary MedWatch form online.
- Complete a paper Voluntary MedWatch form that can be mailed to FDA.

Read the full recall on FDA's website: www.fda.gov/food/outbreaks-foodborne-illness/fda-investigation-cronobacter-and-salmonella-complaints-powdered-infant-formula-february-2022

Communication to WIC Families

Text message (Friday)

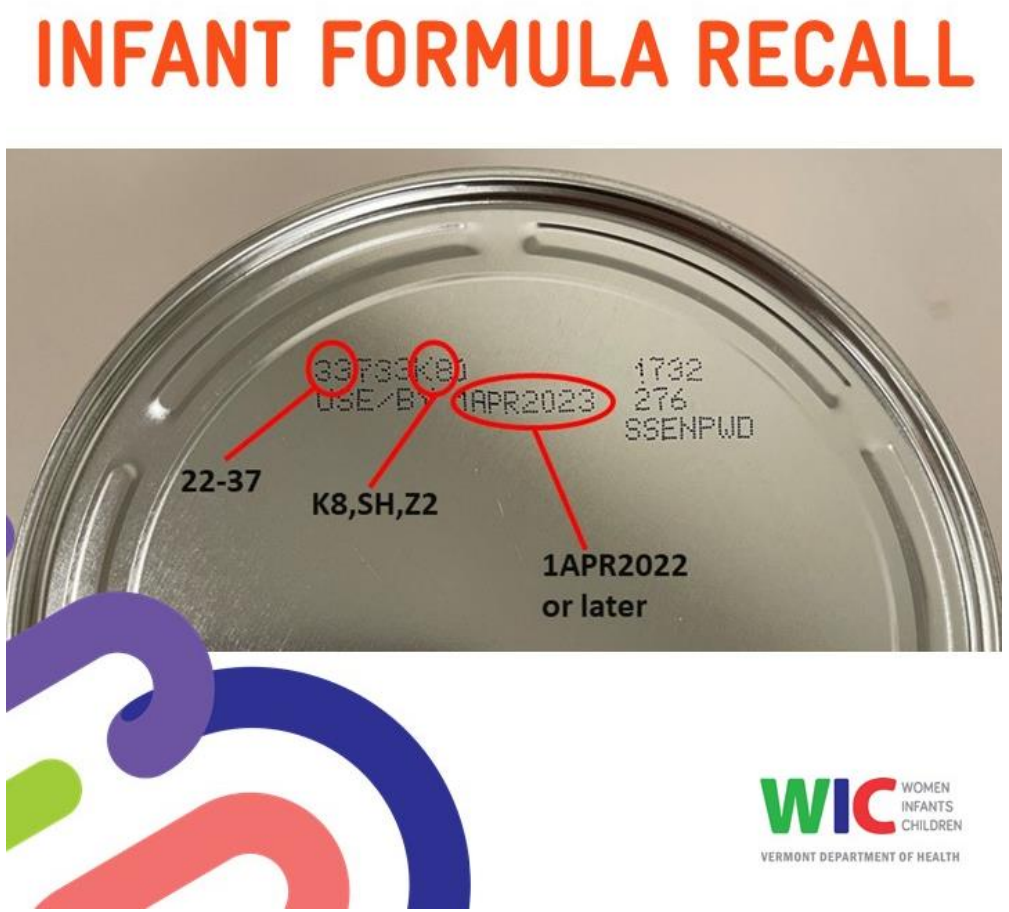
Recall for some Similac, Alimentum and EleCare formulas. Visit www.similacrecall.com or call 800-986-8540 to find out if your formula is on the list.

Email (Friday) https://conta.cc/34V1tDb

Social Media post (Friday)
\\Nessie\CPH\Common\WIC\Outreach\2022-Outreach-Resources\Social-Media\Feb2022\WIC-social-media-post-formula-recall-Feb2022.docx

Website - WIC home page, Formula Recall Information (Saturday)

www.healthvermont.gov/wic



Options to replace recalled formula:

- **Return to Grocery Store:** WIC participants with recalled cans of formula, regardless of type, should bring the recalled cans to the store and ask for an exchange for a comparable product. Retailers are working hard to update their inventory in response to this recall. You do not need to identify yourself as a WIC participant.

- **Return to Abbott**: Go to www.similacrecall.com or call **1-800-986-8540** for a refund or replacement.

- **Return to WIC**: Return the recalled formula to your local WIC office. The staff will reissue your benefits so you can purchase a similar, available formula with your WIC card.

WIC Authorized Grocers/Distributors/Supply Chain

Participants in possession of recalled cans of formula should bring them to the retailer for appropriate replacement.

Abbott has confirmed that this is the first course of action for participants. **Participants should be treated the same as all other customers when following store policy recall procedures**.

It is not recommended or required that vendors determine whether a product was purchased with WIC benefits as a part of the return/exchange process **or require a receipt for the return/exchange**. Whatever mechanisms a retailer is using to support other customers' requests for a replacement (e.g., offering another size, type, manufacturer), should apply to our families that shop at that store.

WIC is working closely with USDA and Abbott as part of our coordinated efforts.
In this recall circumstance, proceeding with the exchange process as noted above will not be considered a violation of their WIC Vendor with the Vermont WIC Program.

Temporary Options for WIC Families (no script needed)

Gerber:

Gerber Gentle

(12.7 oz powder , 8.1 oz concentrate, 4x8.45 oz RTF) option for Similac Advance

Soothe

(12.4 oz powder) option for Total Comfort

Temporary Options for WIC Families (no script needed)

Enfamil:

Enfamil **Infant**

(12.5 oz powder, 13 oz concentrate and 32 oz RTF) sub for Similac Advance

Enfamil **Gentlease**

(12.4 oz powder and 32 oz RTF) – sub for Total Comfort

Enfamil **AR**

(12.9 oz powder) – sub for Spit Up

Temporary Options for WIC Families (no script needed)

Parent's Choice – Walmart only brand

Infant

(12.5 oz powder) sub for Similac Advance

Advantage

(12.4 oz powder) sub for Similac Advance

Gentle

(12.o oz powder) sub for Total Comfort

Sensitivity

(12.o oz powder) sub for Similac Sensitive

Temporary Options for WIC Families (no script needed)

Similac Pro line and 360 Total Care

UPCs all in this food package: (family can choose at store)

- 360 Total Care (30.8 oz)
- 360 Total Care Sensitive (30.2 oz)
- Similac Pro Advance (30.8 oz)
- Similac Pro Total Comfort (29.8 oz)
- Similac Pro Sensitive (29.8 oz)

All large cans, <u>not tubs</u>

Powder only

How long will WIC be able to issue alternate formulas?

Unknown at this time

Will depend on supply chain and how long Abbott will take to get adequate product back on shelf – we are hearing this could be by the end of March or early April.

We are letting families know that issuing these non-contract standard formulas is temporary.

Medical Documentation for Exempt Formulas

We have instructed staff that Medical Formula cannot be changed without a new Medical Documentation form from medical provider

Alimentum: If offering Nutramigen or Extensive HA will need healthcare provider to complete the med doc.

Can take verbally over phone and provider can submit form later if that helps providers.

What to offer new babies?

Offer breastfeeding support for fully and partially breastfeeding infants to minimize formula use.

For new infants, issuing in concentrate or ready to feed forms of Abbott formulas, although supply may be limited due to low demand prior to the recall.

WIC staff also offering the temporary alternatives to new infants as well.

Ongoing Communication Channels

Healthcare Partners

- We will share updates out through AAP/AAFP channels WIC@Vermont.gov reach out with any questions

WIC Participants

- **WIC Website** www.healthvermont.gov/wic
- **Shopper app** notification and banner
- **Social Media**
- **Direct contact – phone, text and email**

What are you seeing on shelf?

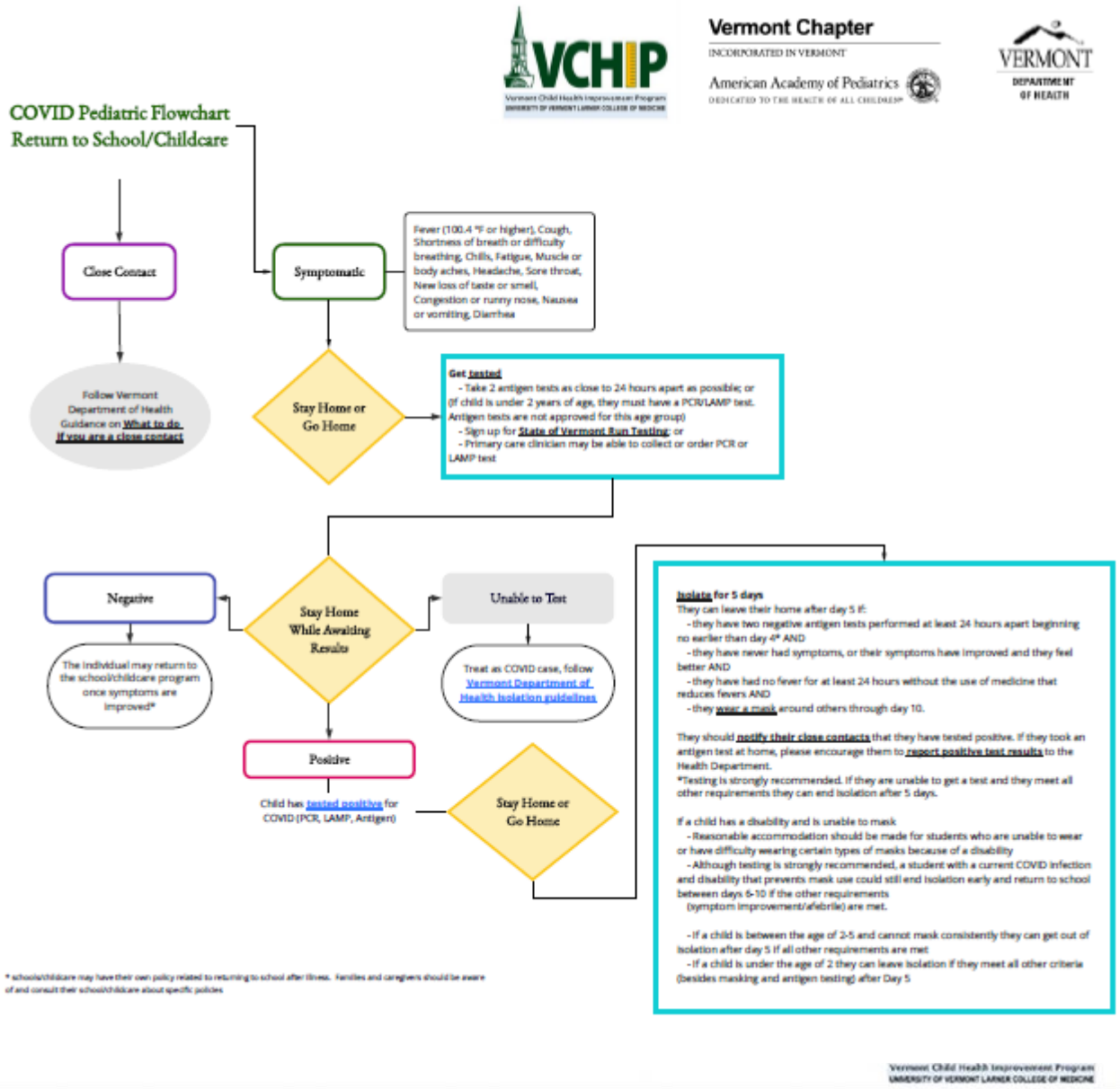
Shaw’s Bristol 2.21.22

Questions?

In case you missed it…

FINAL Updated Pediatric Flow Chart

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



Important Update (Thank you, Kristen Connolly & Jonathan Flyer)
Medical Guideline for RTP (Sports/PE) After COVID-19 Infection

Corrected version now posted on VCHIP web site

Current as of February 10, 2022

MEDICAL GUIDELINE FOR RETURN-TO-PLAY (SPORTS/PHYSICAL EDUCATION) AFTER COVID-19 INFECTION

Patient Name:_____ DOB: _____

Date of Positive COVID Test: _____

Date of Symptom Onset: _____ N/A if asymptomatic: ☐

Date of Last Symptoms: _____ N/A if asymptomatic: ☐

Date to start Return to Play: _____

Clinician:_____ Office Phone number: _____

☐ **<12yo ASYMPTOMATIC/MILD symptoms** (<4 days fever >100.4F, <1 week myalgia, chills, or lethargy)

GUIDANCE	☐ No exercise while in isolation
SCREENING	☐ AHA 14-element screen reviewed without findings concerning for myocarditis
☐ RETURN TO PLAY: • May progress physical activity according to own tolerance once out of isolation • Mask required for ALL activity until 10 full days from +test or symptom onset has passed • Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise	

☐ **<12yo MODERATE symptoms** (≥4 days fever >100.4, ≥1 week of myalgia, chills, or lethargy, or non-ICU hospital stay/no MIS-C)

GUIDANCE	☐ No exercise while in isolation ☐ No exercise until cleared by PCP
SCREENING	☐ In-person evaluation by PCP after symptoms resolved and out of isolation ☐ AHA 14-element screen reviewed without findings concerning for myocarditis ☐ No concerning cardiac findings on in-office exam ☐ Normal EKG ☐ ≥10 days have passed since symptom onset or positive test
☐ RETURN TO PLAY: • May progress physical activity according to own tolerance once cleared to begin return to play • Start no sooner than 10 days from symptom onset or positive test	

Important Update (Thank you, Kristen Connolly & Jonathan Flyer)
Medical Guideline for RTP (Sports/PE) After COVID-19 Infection

☐ ≥12yo **ASYMPTOMATIC/MILD** symptoms (<4 days fever >100.4F, <1 week myalgia, chills, or lethargy)

GUIDANCE	☐ No exercise while in isolation
SCREENING	☐ AHA 14-element screen reviewed without findings concerning for myocarditis ☐ Out of isolation and ≥1 day symptom-free (excluding loss of taste/smell)

☐ RETURN TO PLAY:

- Minimum 2 days of increase in physical activity (ie. one light practice, one normal practice)
- No games before day 3
- Mask required for ALL activity until 10 full days from +test or symptom onset has passed
- Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise

☐ ≥12yo **MODERATE** symptoms (≥4 days fever >100.4, ≥1 week of myalgia, chills, or lethargy, or non-ICU hospital stay/no MIS-C)

GUIDANCE	☐ No exercise while in isolation ☐ No exercise until cleared by PCP
SCREENING	☐ In-person evaluation by PCP after symptoms resolved and out of isolation ☐ AHA 14-element screen reviewed without findings concerning for myocarditis ☐ No concerning cardiac findings on in-office exam ☐ Normal EKG ☐ ≥10 days have passed since symptom onset or positive test

☐ RETURN TO PLAY:

- Start no sooner than 10 days from symptom onset or positive test
- Minimum 4 days gradual increase in physical activity (ie, 1 light cardio workout, 2 light practices, 1 full practice)
- No games before day 5
- Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise

Guidelines are based on national recommendations (https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/) to increase safety and minimize risk. Return to play should be a teams-based discussion between patient/caregiver and medical provider with continued teams-based care encouraged between school nurses and medical homes. This does not impact ability to return to school and is not the responsibility of the school nurse.

Important Update (Thank you, Kristen Connolly & Jonathan Flyer)
Medical Guideline for RTP (Sports/PE) After COVID-19 Infection

14-Element AHA Screening Checklist

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

***4-Element AHA Screening Checklist** adapted from Maron BJ, et al. Journal of the American College of Cardiology, 2014.* AHA 14-element screening to be reviewed with special emphasis on symptoms of myocarditis (incidence 0.5-3%): **chest pain, shortness of breath out of proportion with URI symptoms, new-onset palpitations, or syncope.**

Coming next week!

Vermont Medical Society – February is ***Advocacy Month***

- **2022 *Virtual* Congressional Town Hall**
- **Thursday, March 3, 12:30 – 1:30 pm**
- Lead the VMS conversation on federal health policy with representation from the offices of:
  - Senator Patrick Leahy; Senator Bernie Sanders; Representative Peter Welch
- Via Zoom (no registration required): https://vtmd.org/vms-2022-advocacy-daymonth/

From the Vermont Medical Society

Legislative Update

Bills in motion

- **Prop 5**: **approved by** Vermont House on 2/8/22; sending the question of whether to amend the state Constitution to guarantee sexual and reproductive freedoms to voters come November. The vote was 107-41.
- FY22 Budget Adjustment: includes an increase to Medicaid reimbursement rates through their alignment with the Medicare RBRVS.
- S.74, **Patient End of Life Choices bill**
- H.654, **COVID-19 Flexibilities:** extend regulatory COVID-19 flexibilities until 3/31/23. Passed House & now in Senate Health & Welfare Committee.
- S.30: **Prohibits Firearms in Hospitals:** This bill passed both the House and Senate and sent to the Governor's desk.

From the Vermont Medical Society

Legislative Update (cont'd.)

Bills in motion

- H. 655**, a bill to establish a telehealth licensure and registration system**: Passed out of committee by House Health Care.
- **Mental Health legislation aimed at preventing emergency department wait times:** Stephanie Winters testified last week in Senate Health and Welfare Committee on several mental health bills.
- H.548**, miscellaneous cannabis bill:** aimed at removing THC potency limits was (House Judiciary Committee). Jill Sudhoff-Guerin testified against.
- S.244, **aimed at strengthening primary care** comprehensively by raising reimbursement, increasing overall spend on primary care & providing parity reimbursement for audio-only telehealth services. VMS, AAPVT & VTAFP will testify at Senate Health and Welfare Committee hearing.

Coming Soon:
Health Equity Training from VT Program for Quality in Health Care

- ***Structural Competence & Cultural Humility to Address Disparities and Inequities: a Foundational Health Equity Training***
- Dates: March 14, April 18, April 25, May 23, 2022 (all 9:00 am-12:30 pm)
- Presenter: Maria Mercedes Avila, PhD, MSW, MED
- Learning objectives
  - Demonstrate increased self-awareness of racial, ethnic and class biases; define cultural and linguistic competency & stages of cultural competency; describe implications of demographic trends for health disparities; identify links between racial & health inequities & health disparities; integrate National CLAS Standards into practice/service; describe how cultural beliefs shape clinical encounters & pt. health outcomes; incorporate structural competence and cultural humility into service providing
- Registration link: https://www.vpqhc.org/healthequitytrainings

Save the Date!

Vermont Public Health Association Annual Spring Conference

- Dinner and presentation – *Vermont's Mental Health Crisis: Opportunities and solutions for creating a better system of care*
- Wednesday, May 11, 2021
- 5: 30 PM – 8:30 PM
- Capitol Plaza Hotel, Montpelier
  - Remote option will be available
- ***Registration opens April 4!***

VtPHA Vermont Public Health Association

Black History Month Education Resources (Families/Teachers)

- *Thank you, Melissa Kaufold!* https://www.vermontpbs.org/kids-education/?ct=t(BLACK-HISTORY-MONTH-PROGRAMMING-20220201)
- VPR & Vermont PBS: films, activities & lessons to deepen children's understanding of Black history. Free to families and teachers; support at-home or classroom learning for children of all ages.
- Young children: includes the "I have a dream" vision board activity from PBS Parents and PBS Learning Media.
- Middle school: VPR's *Timeline* podcast (Great Migration to Chicago/Harlem). 2/17 VT PBS to broadcast *Legacy of Love* (MLK & Coretta Scott's formative years in 1950's Boston).
- HS students/adults: 2/8 VT PBS to broadcast *Marian Anderson: The Whole World in Her Hands*. 2/10 Made Here will air *The Price of Safety*, which explores conversations of over-policing & racial bias in Vergennes, VT. 2/15 *The American Diplomat*: how three Black diplomats broke racial barriers at the U.S. State Dept. during the Cold War.

VCHIP-VDH COVID-19 calls – ***2022!***

February/March calls – currently all *Wednesdays*:

- **2/2, 2/9, 2/16, 2/23/22**
- **3/2, 3/9, 3/16, 3/23, 3/30**
- **Continuing via Zoom!**
- Schedule **subject to change** at any time if circumstances warrant!
- *Please continue to send your feedback re: schedule/topics to* vchip.champ@med.uvm.edu
- VMS calls w/VDH Comm. Levine now 1st/3rd Thursdays

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

Call login information:

- Topic: *CHAMP VDH COVID-19 Call*
- Join Zoom Meeting
  - https://uvmcom.zoom.us/j/94142791300?pwd=K2N4VUYrSHlMQi9XeGVnc3duNTFmZz09
  - NOTE: password (CHAMP) should be imbedded in link (sharing in case needed for any reason. You will not be prompted to enter PW if using link we provided.
- Meeting ID: 941 4279 1300
- Passcode: CHAMP
- One tap mobile
- +16468769923,,94142791300# US (New York)
- +13017158592,,94142791300# US (Washington DC)

Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail:** vchip.champ@med.uvm.edu
  - **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, March 2, 2022 12:15 – 1:00 pm*** **VIA ZOOM!**
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – ***Thursday, March 17 – 12:30-1:00 p.m.***
- **Join VMS *Zoom* Meeting:** https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09
  - Meeting ID: 867 2625 3105 / Password: 540684
  - One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#