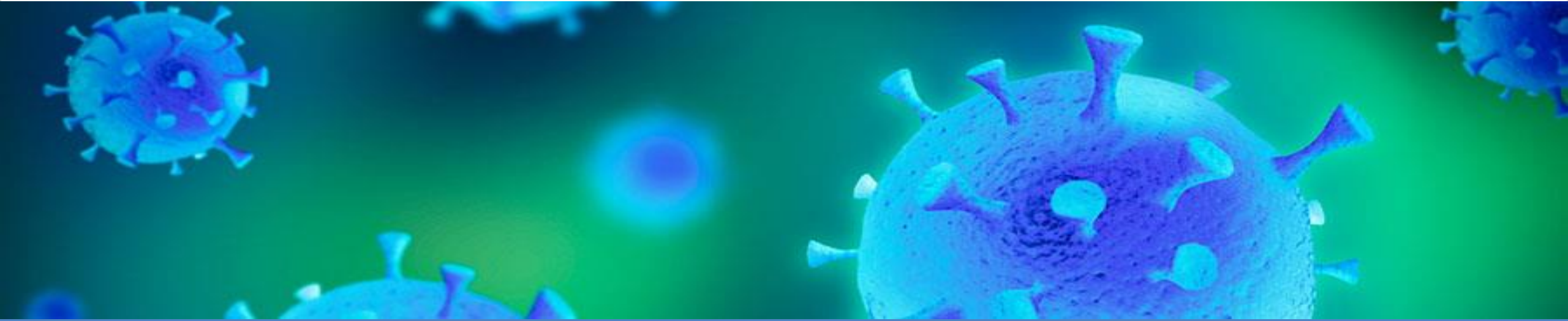


VCHIP / CHAMP / VDH COVID-19 UPDATES



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 9, 2022



Please bear with us...

Technology Notes – “Welcome to Zoom!”

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

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

3) To ask or respond to a question using the **Chat** box, click  on your toolbar, type your question  and press the *Enter* key on your keyboard to send.

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

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

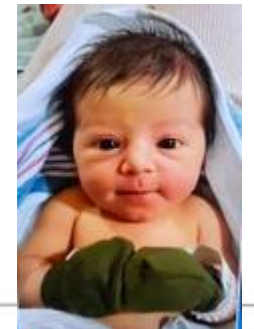
5) Calls are RECORDED and posted on VCHIP web site for asynchronous review.

Overview

- ***Celebrating Olympic stories!***
 - ▣ Jessie Diggins (Bronze medal, women's freestyle sprint)
 - ▣ Ryan Cochran-Siegle (Silver medal, men's super-G)
 - ▣ Welcome Astrid Lynae Nordgren (DOB 2/6/22 – parents: biathlete Leif Nordgren & local NBC5 meteorologist Caitlin Napoleoni)
- Reminder – weekly event schedule:
 - ▣ **February VCHIP-VDH call calendar** (see next slide); Gov. Media Briefings generally ***Tuesdays only***; VMS calls with Dr. Levine 1st & 3rd Thursdays
- Practice Issues: ***COVID-19 Vaccine for 6m-4 yo – VT Implementation***
- Q & A/Discussion



<https://www.today.com/video/jessie-diggins-talks-history-making-medal-in-cross-country-skiing-individual-sprint-132685893769>



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

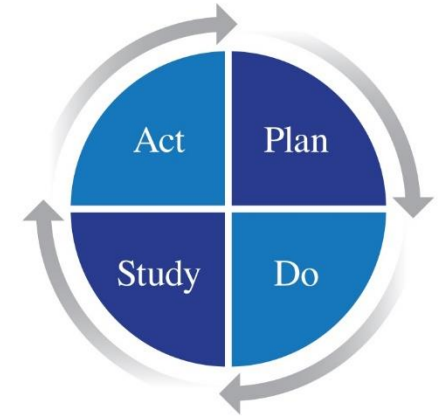
VCHIP-VDH COVID-19 calls – **2022!**

February calls – currently all **Wednesdays**:

- ❑ **2/2, 2/9, 2/16, 2/23/22**
- ❑ We recognize that February school vacation weeks may affect your ability to participate!
- ❑ **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.

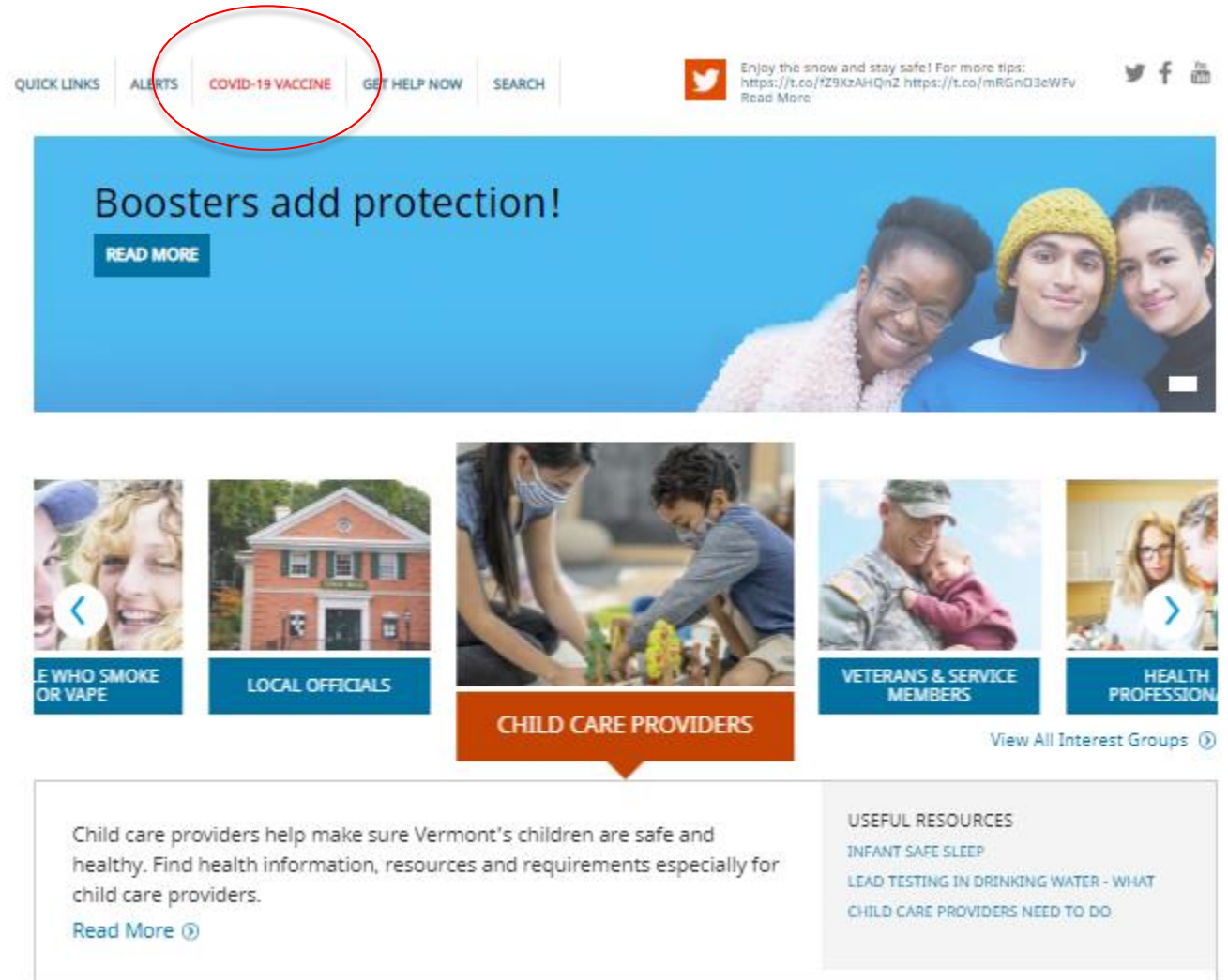
VMS *COVID Convos* with Health Commissioner Levine

- ***New Schedule for 2022***
- **Calls with VDH Commissioner Levine now 1st and 3rd Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 2/17/21**
- **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**



VDH Web Site: Sign of the Times?

- New look to VDH home page: **COVID-19** now occupies top spot on **sidebar** (previously on navigation bar at top of page)
- **COVID-19 Vaccine** still on navigation bar



Situation update

New Cases

497

108,166 Total

Currently Hospitalized

93

Hospitalized in ICU

24

Percent Positive 7-day Avg.

8.1%

New Tests

9,611

3,271,397 Total

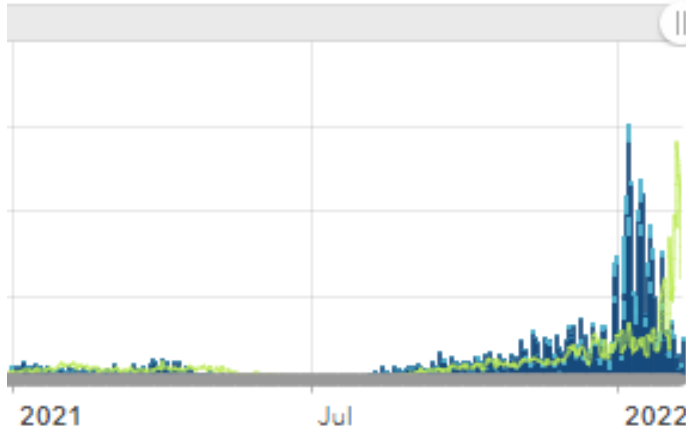
Deaths

562

0.5% of Cases

Last Updated: 2/9/2022, 11:05:53 AM

Confirmed Cases, Probable Cases, Recoveries and Deaths



Note: Starting Feb. 5, case dashboard will not be updated on Sat/Sun or holidays. Breakdown of the previous days' cases will be reported Mon. or day following a holiday. The Case Dashboard is M-F, typically by 1 pm.

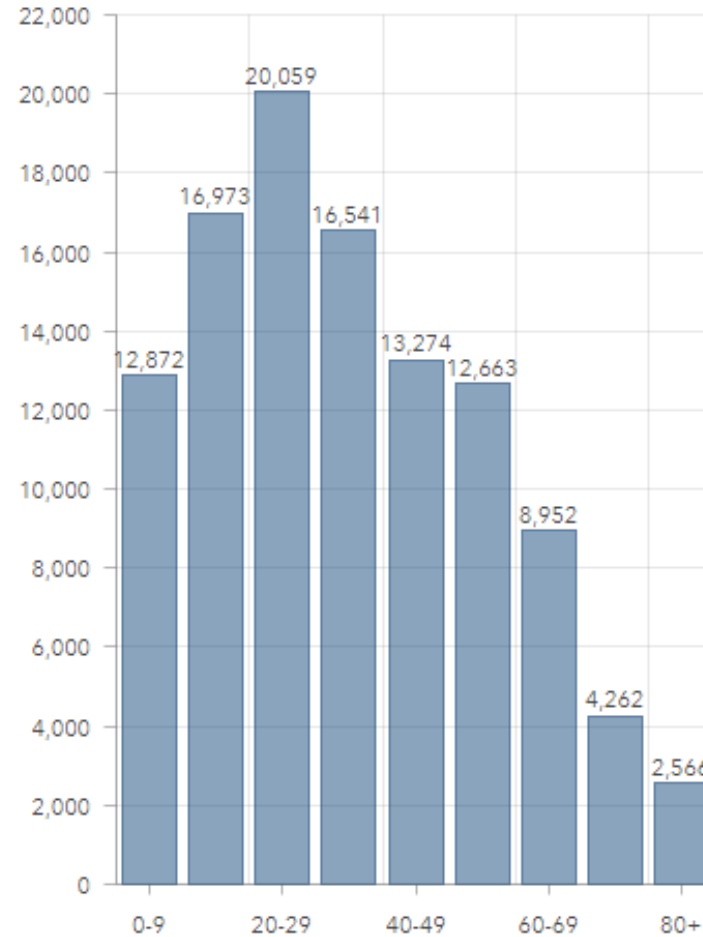
Case information reflects counts as of the end of the previous weekday. All data are compiled by the Health Department and are preliminary and subject to change.

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

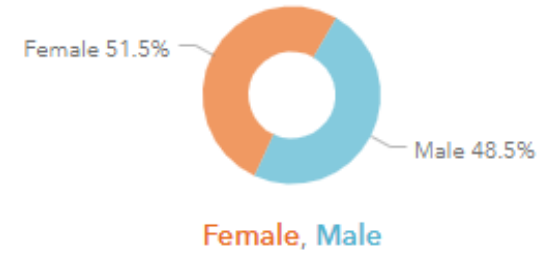
- One year ago: 13,105 VT total cases; 59 new/53 hosp.
- U.S. **75.2 million+** cases; **889,522 deaths**
 - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 2/9/22)
 - Past week: av. 253,782 cases/day (14d. change **-62%**)
 - **5.76 million+ deaths worldwide; 400.7 million+ cases** (+26% & -22% 14-day change respectively)
- VDH Data Summary now q.o.week. **2/3/22: NO Weekly Spotlight topic**
 - **Table of Contents:** Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.
 - **Vaccine breakthrough cases = 37,561** since Jan. 2021 (~7.9% of fully vaccinated). Find previous summaries at: <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Weekly-Data-Summary-2-3-2022.pdf>

Situation update

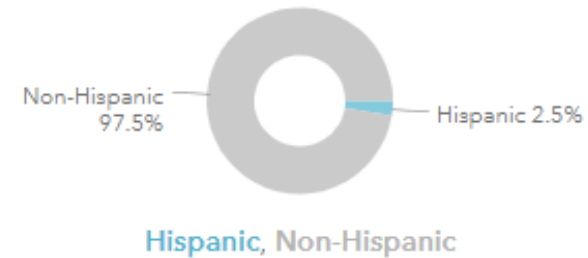
Cases by Age Group if Known *



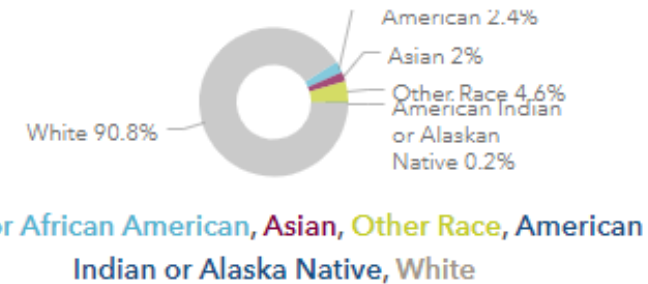
Cases by Sex *



Cases by Ethnicity if Known *



Cases by Race if Known *



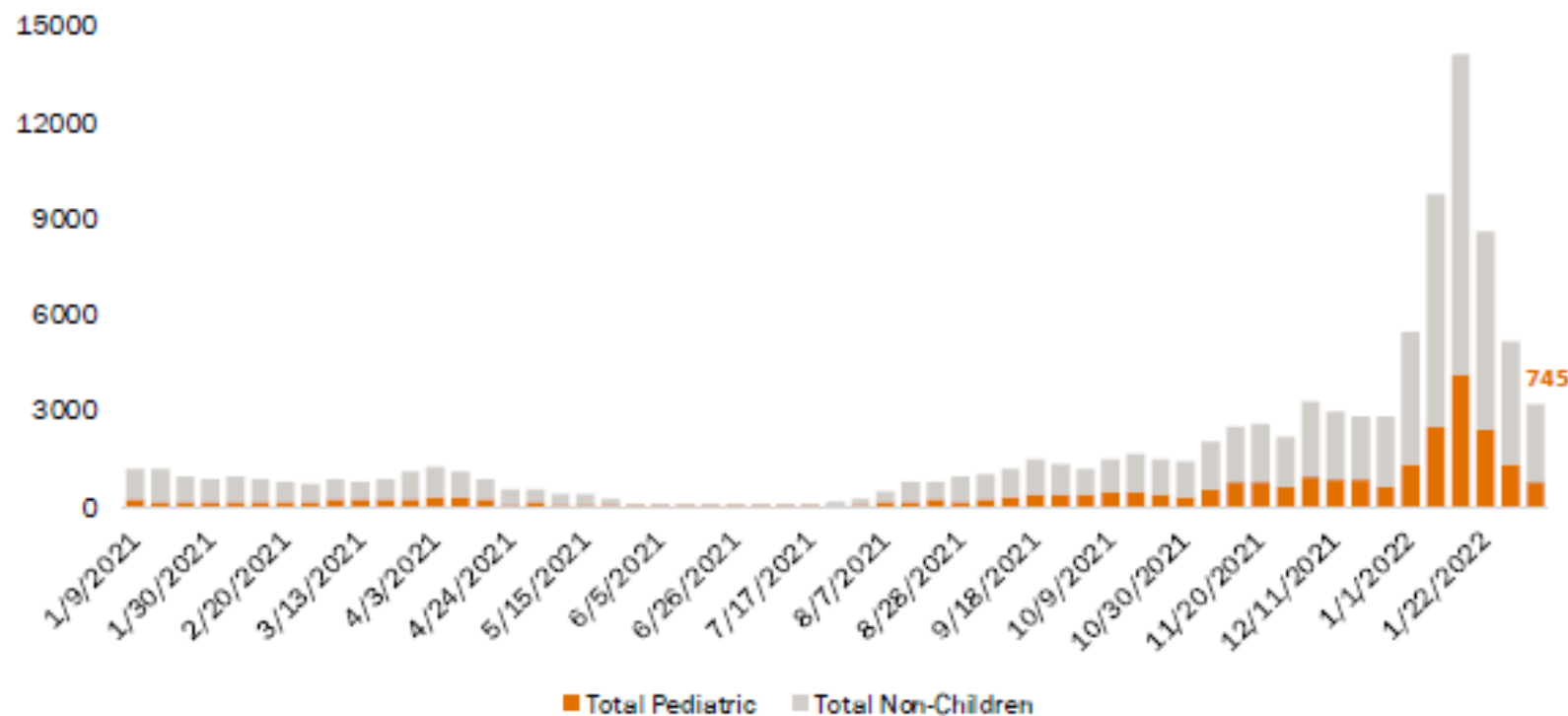
Case Demographics





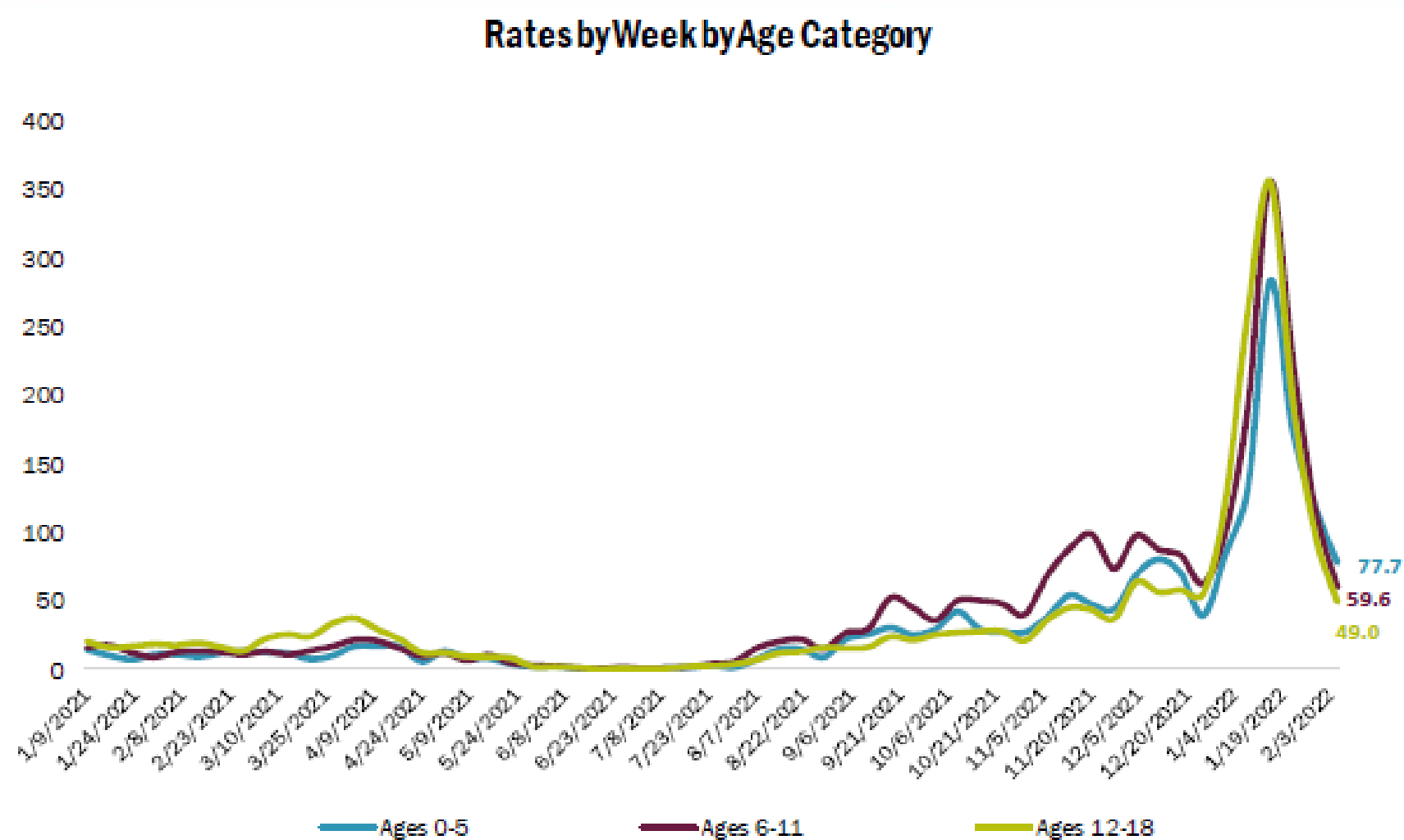
Feb 7, 2022

Number of Cases by Week



February 9, 2022

COVID-19 Pediatric Cases



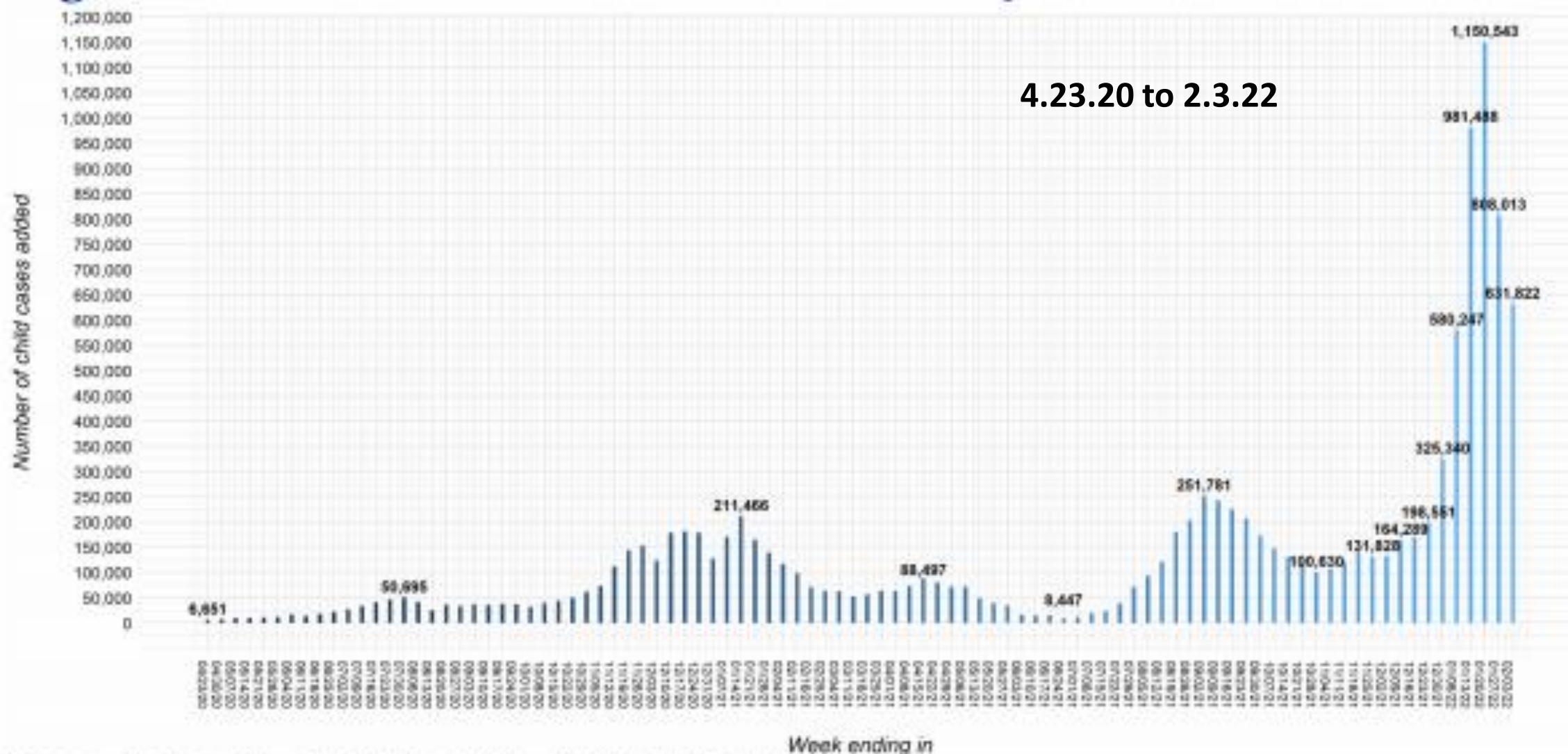
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

February 9, 2022

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 1/31/-2/6/22): 41 pos. tests off campus; 34 on campus; 3 faculty; 4 staff.
 - ▣ **Bennington College** (as of 2/7/22): 1 total active/0 new active cases.
 - ▣ **Middlebury College** (as of 2/7/22): 57 new cases; 35 total active (35 students/0 employees)

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



* Note: 5 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/11/20, WV as of 8/13/21

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

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

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 2/3/22, HI cumulative child cases and total cases through 1/13/22

As of 2/3/22, NE cases by age are again available and included for 6/24/21 through 2/3/22, resulting in an increase of 53,569 child cases and 220,489 total cases

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

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

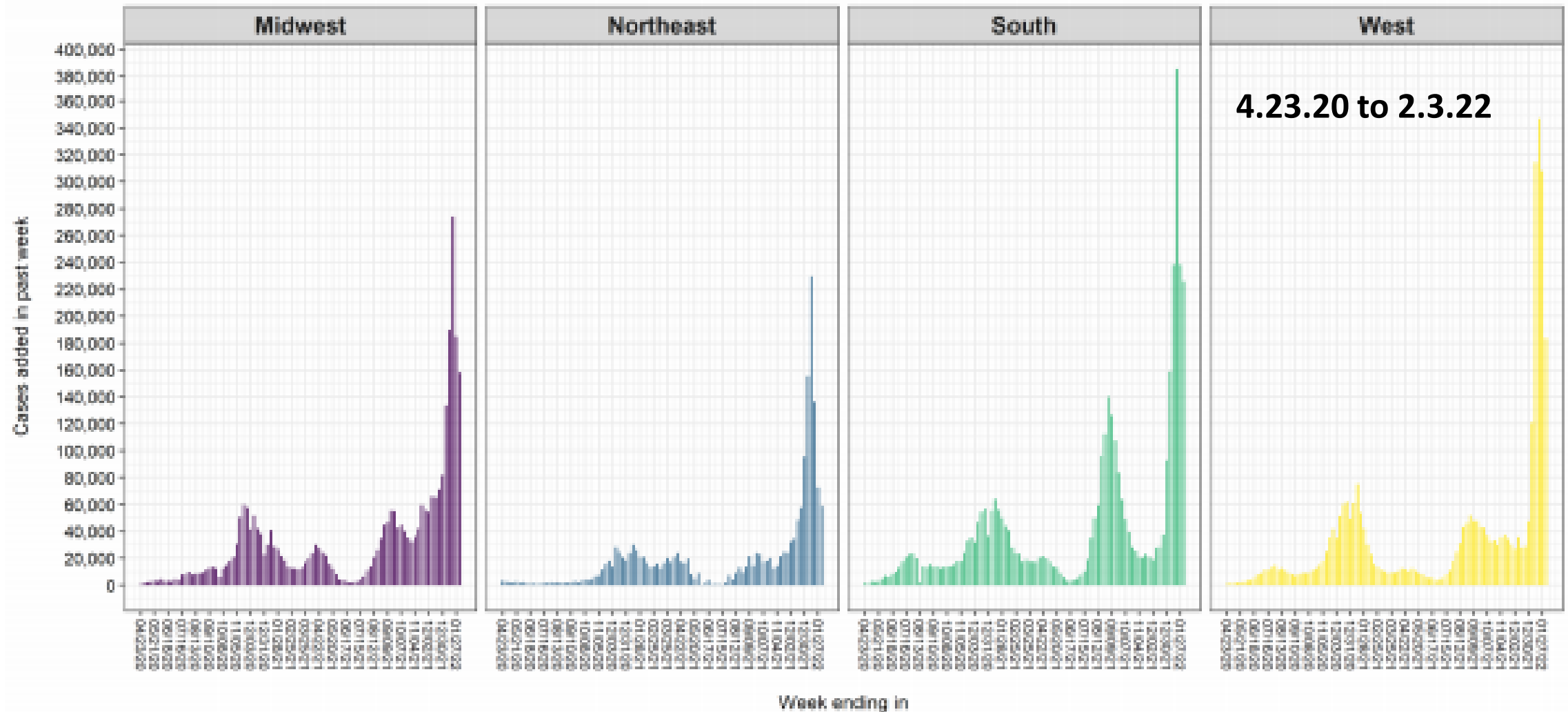
<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>



American Academy of Pediatrics
COMMITMENT TO THE QUALITY OF ALL CHILDREN



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



* Note: Regions are the US Census Regions

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

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

TX previously reported age for only a small proportion of total cases each week (eg. 3-20%); these cumulative cases through 8/26/21 are included (7,754)

Due to available data and changes made to dashboard, AL cumulative cases through 2/29/21

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On 2/3/22, HI cumulative child cases and total cases through 1/13/22

As of 2/3/22, NE cases by age are again available and included for 8/24/21 through 2/3/22, resulting in an increase of 53,569 child cases and 226,489 total cases

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

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

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

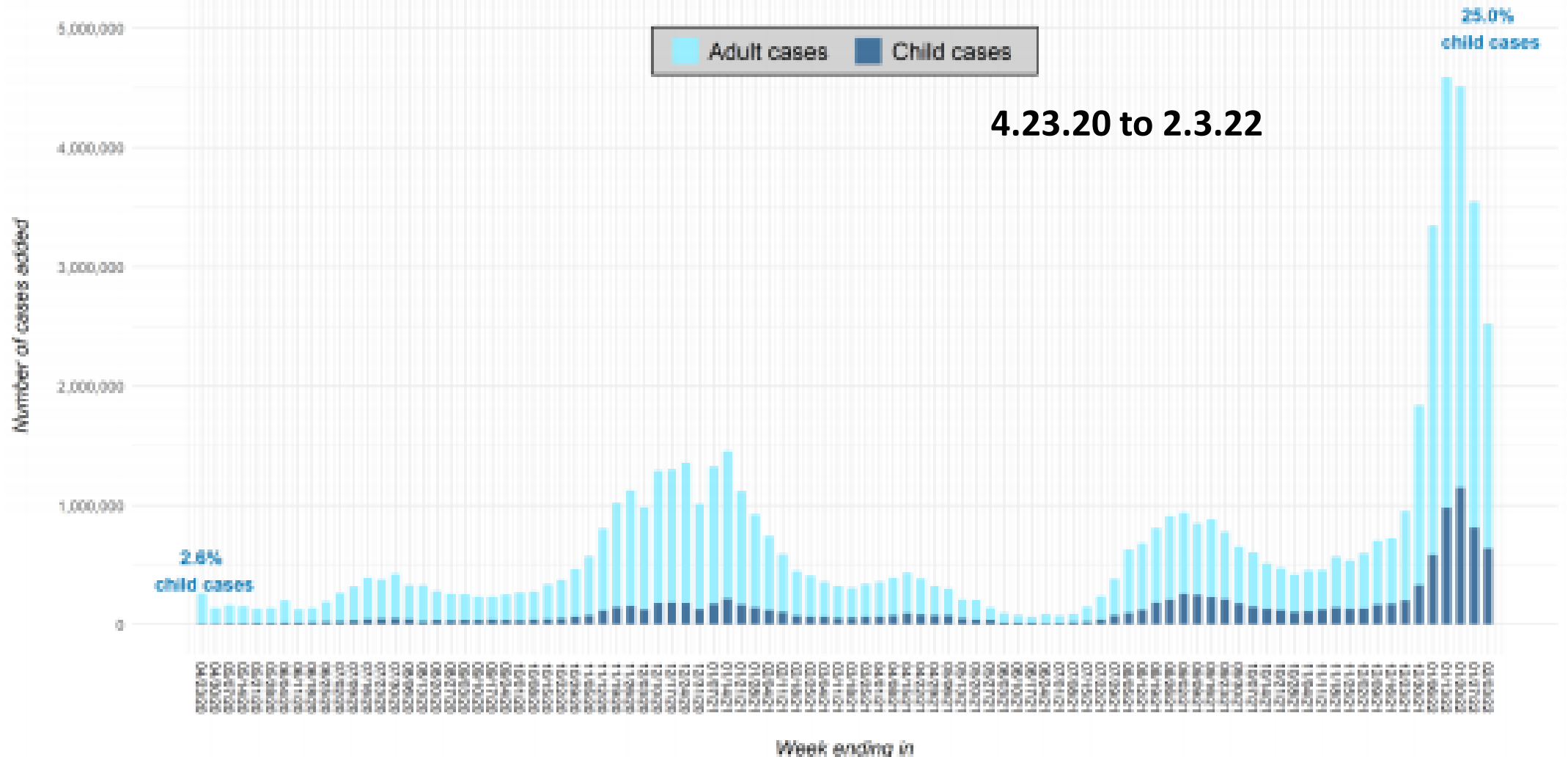


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Fig 8. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults*



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

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

TX previously reported age for only a small proportion of total cases each week (eg. 3-35%); these cumulative cases through 8/26/21 are included (7,754)

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

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

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



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VDH COVID-19 Vaccine Registration & Sites

GETTING THE COVID-19 VACCINE

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

GET THE MOST PROTECTION WITH A BOOSTER SHOT!

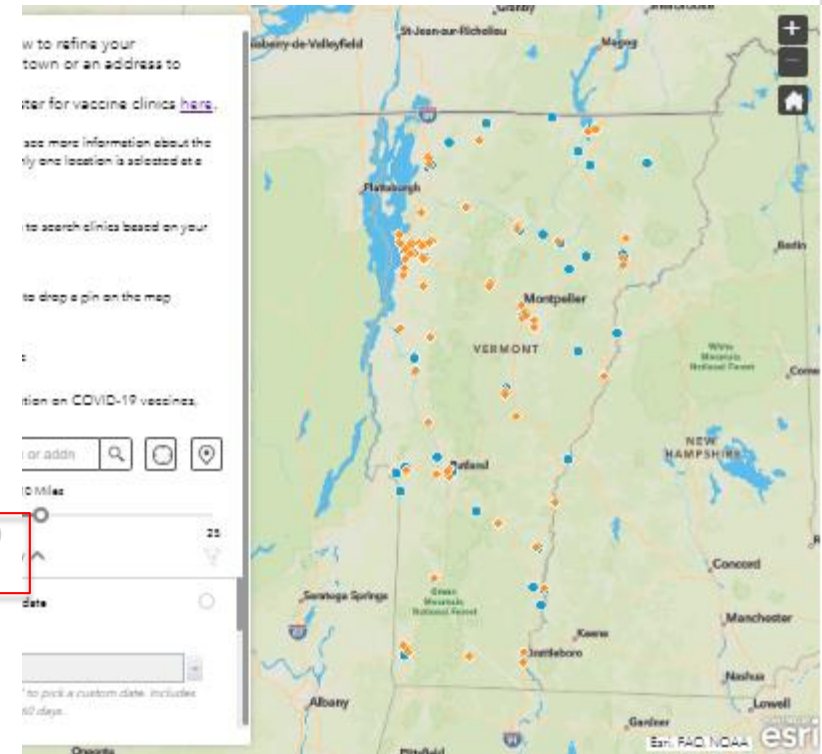
You should get a booster if you are 12 or older and you received:

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

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

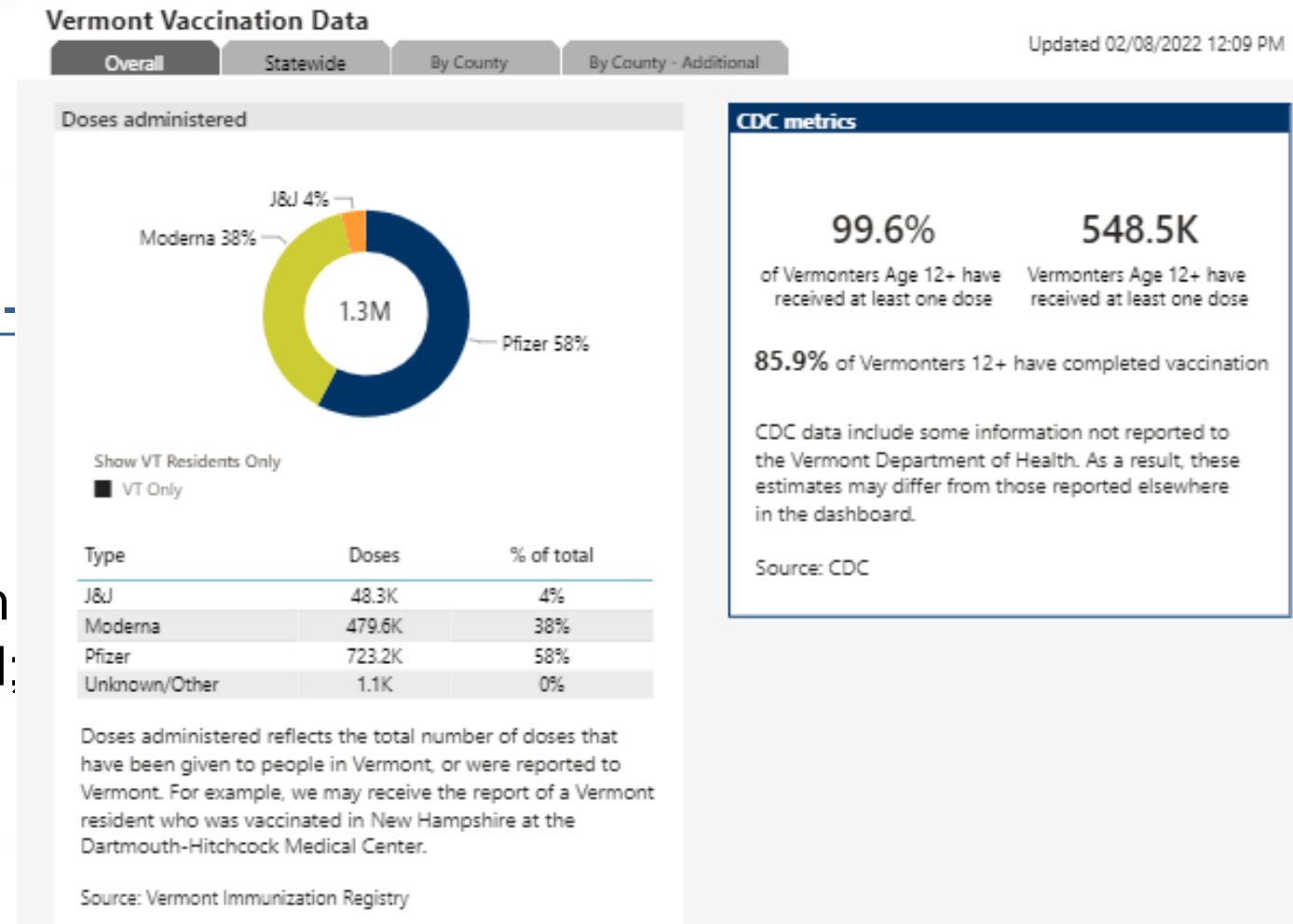
See [Frequently Asked Questions](#) about boosters [▶](#)

WHERE TO GET YOUR BOOSTER SHOT, FIRST OR SECOND DOSE



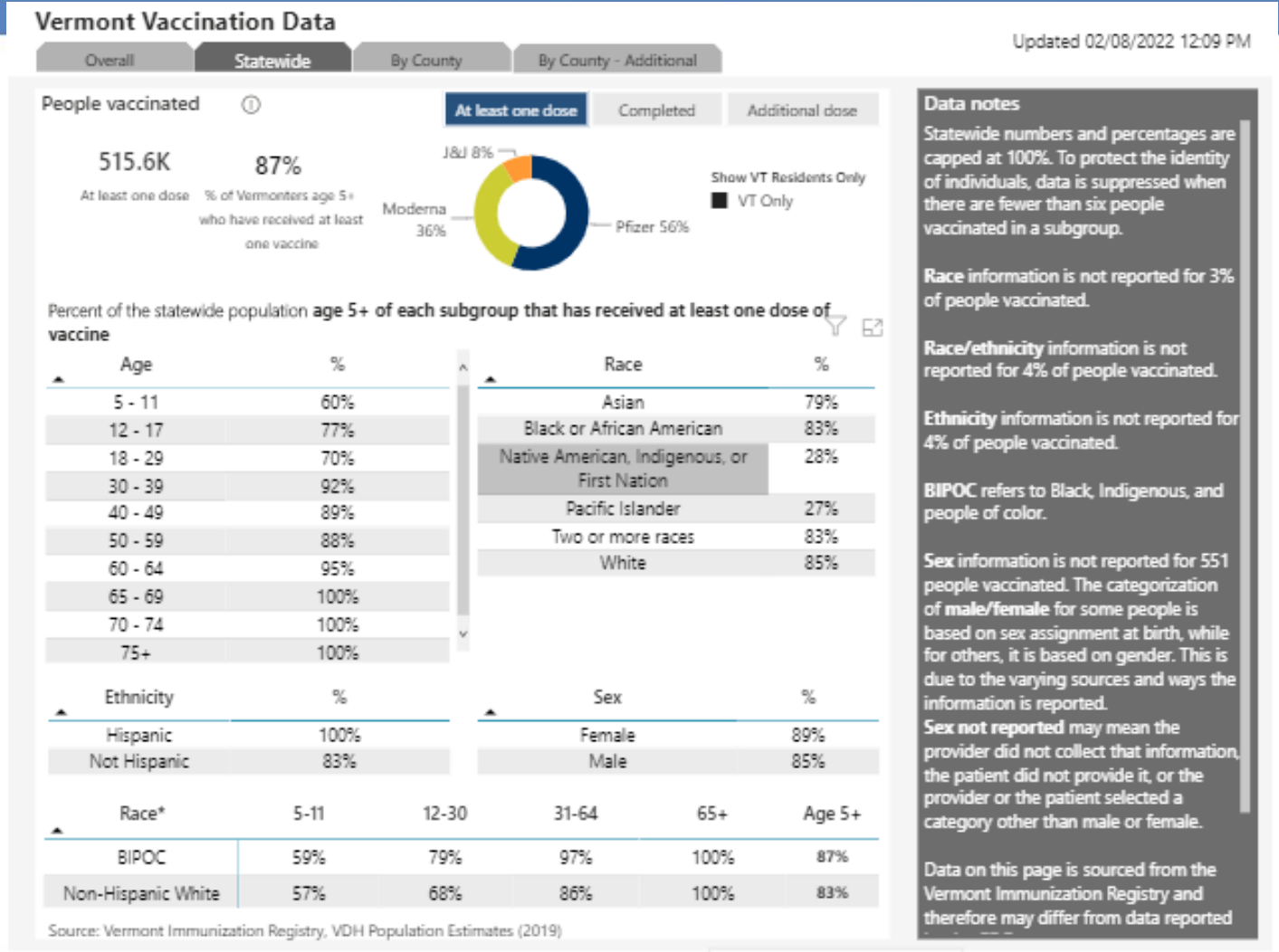
VDH COVID-19 Vaccine Dashboard ("Overall" view: 2/8/22)

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



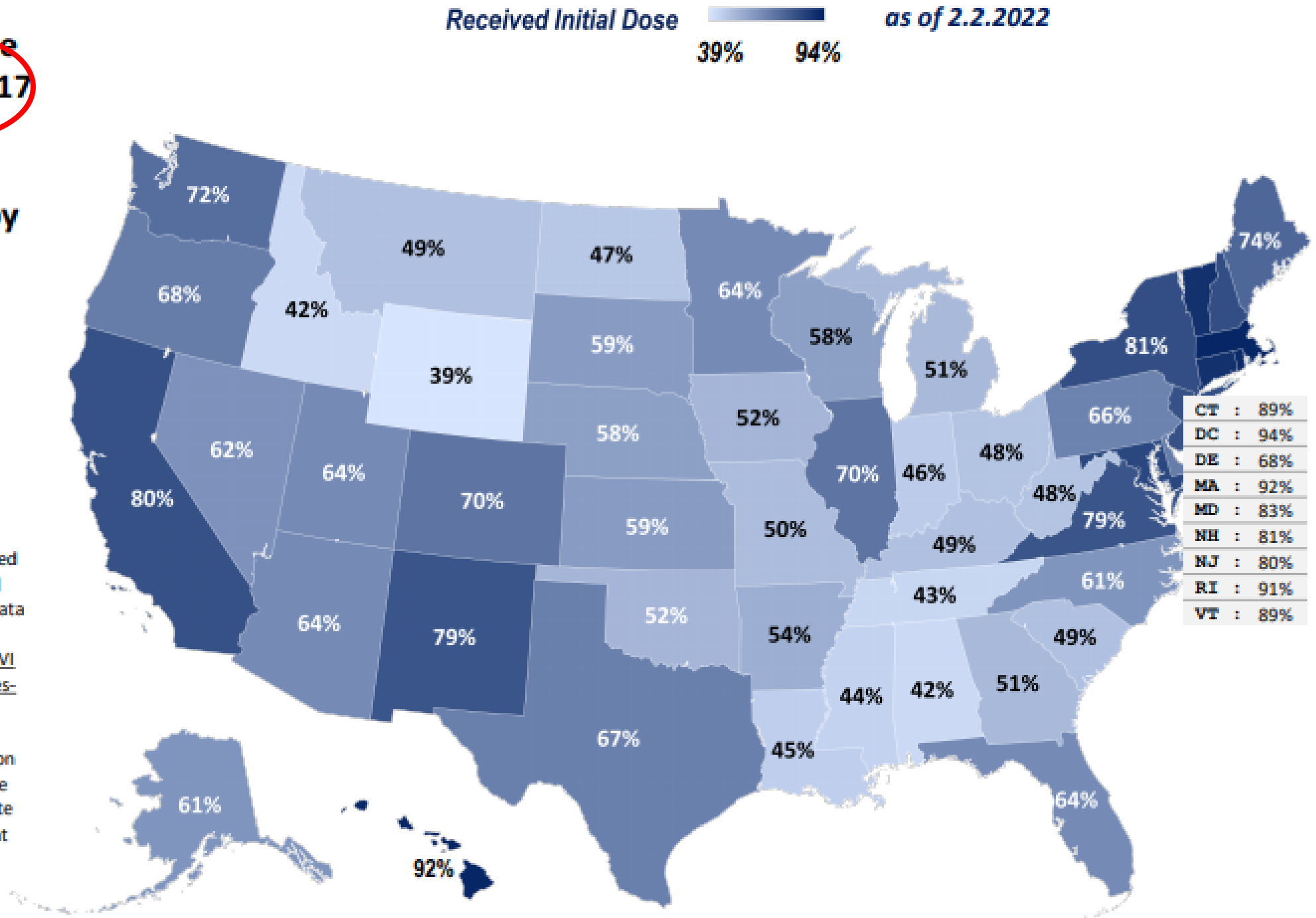
VDH COVID-19 Vaccine Dashboard (“Statewide” view)

- Daily updates Tuesday thru Saturday
- Data = counts reported by end prev. day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide (≥ 1 dose):
 - ▣ 5-11 = 60% (59% on 2/1/22)
 - ▣ 12-17 = 77% (76% on 2/1/22)
 - ▣ 18-29 = 70% (69% on 2/1/22)
 - ▣ **VT Age 5+ = 87% (87% on 2/1/22)**



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-Jurisdiction/unsk-b7fc>). ~ Age information was provided with Idaho data since 1.25.2022. Inclusion of this information added 67K initial dose recipients to the 12-17 group as of 2.2.2022. Check state web sites for additional or more recent information.



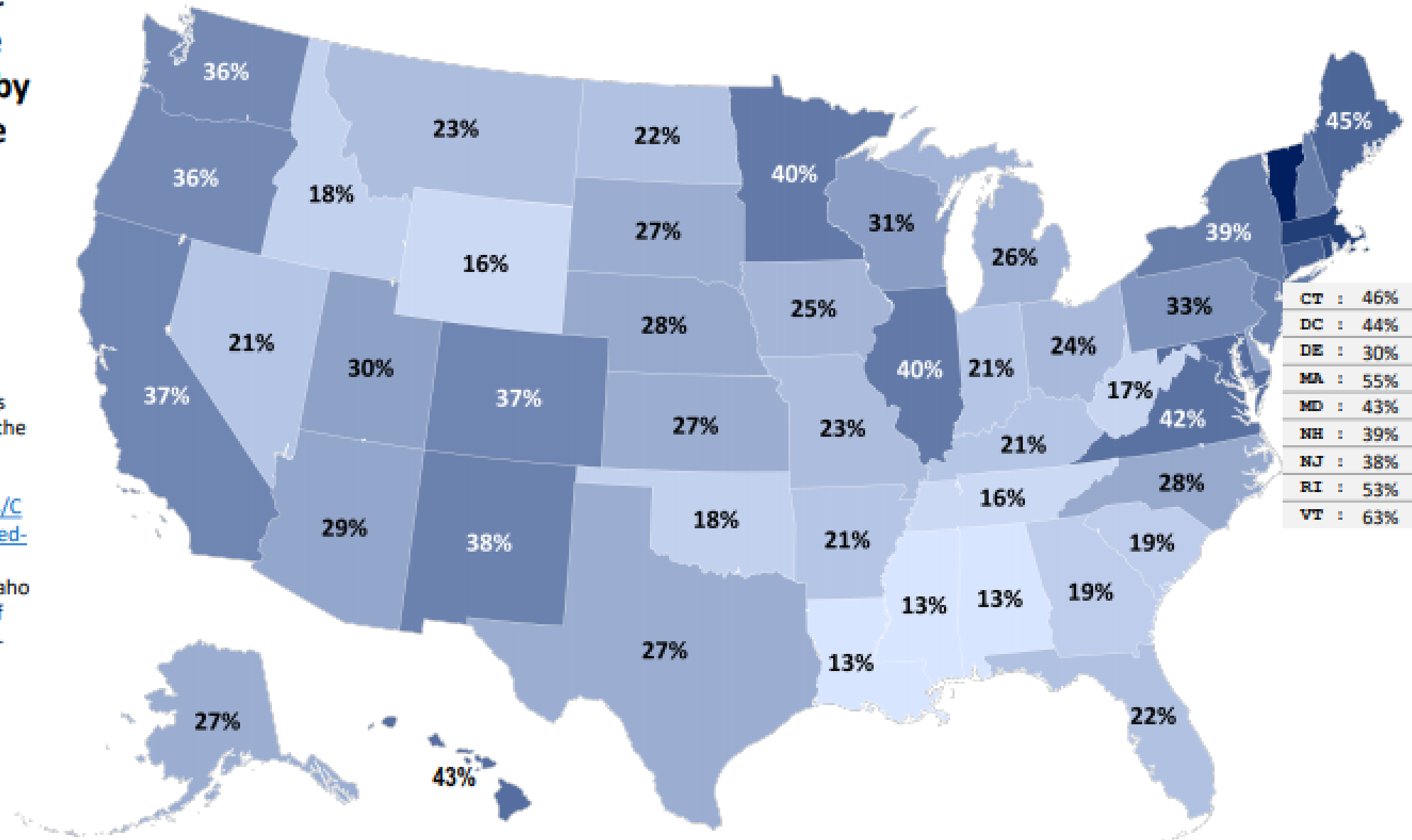
Proportion of Eligible US Children Ages 5-11 Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence

Received Initial Dose

13%

63%

as of 2.2.2022~

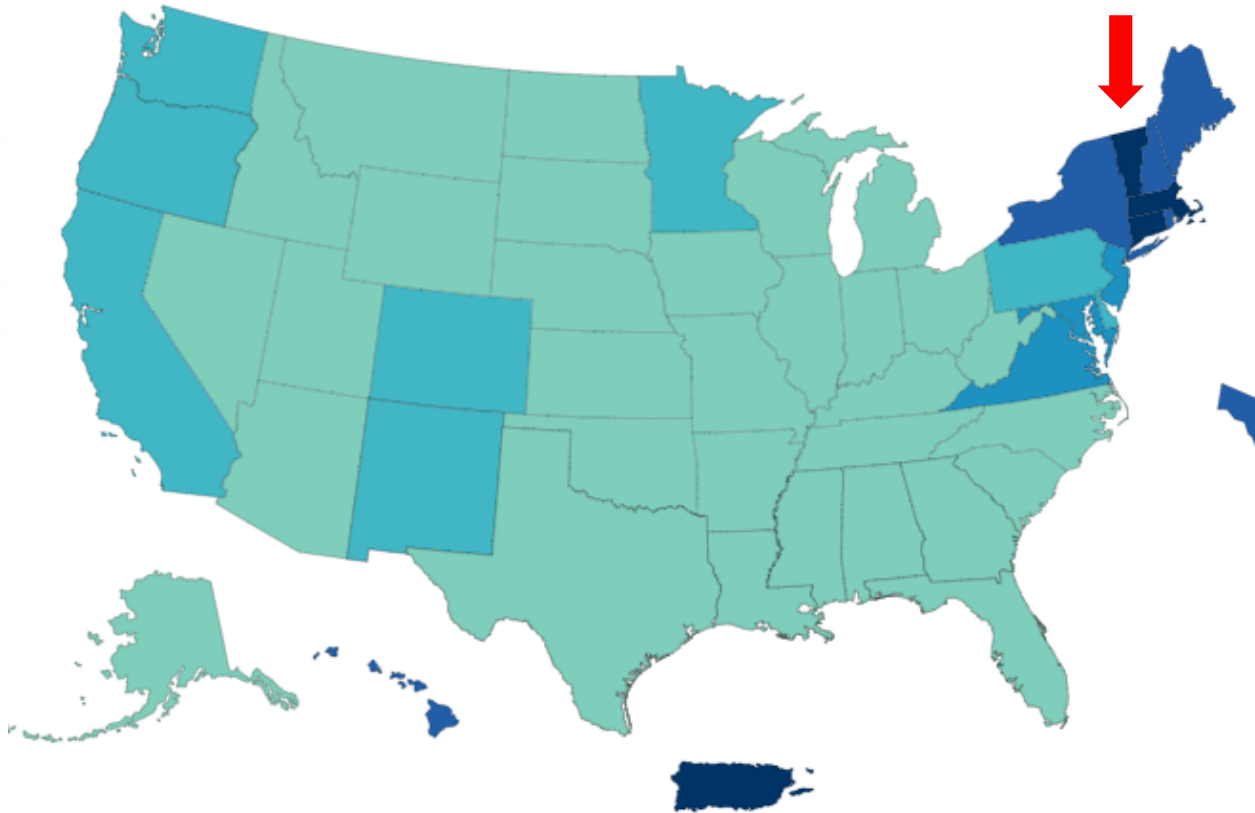


Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). ~ Age information was provided with Idaho data since 1.25.2022. Inclusion of this information added 31K initial-dose recipients to the 5-11 age group. Check state web sites for additional or more recent information.

From the CDC Vaccine Tracker

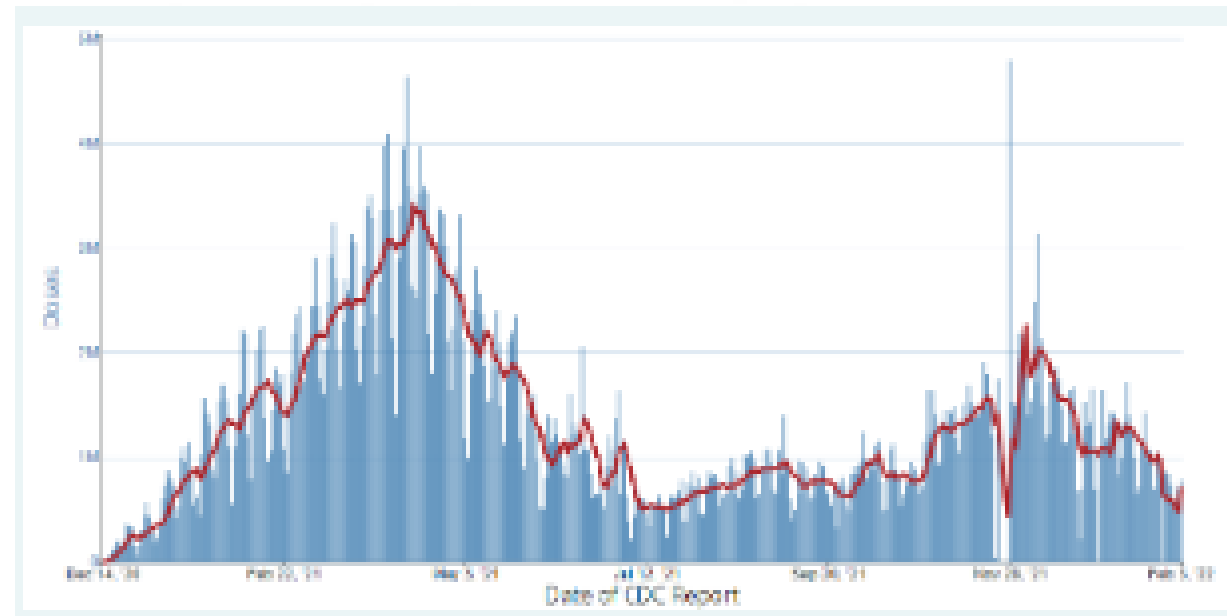
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

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



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

— 7-Day moving average

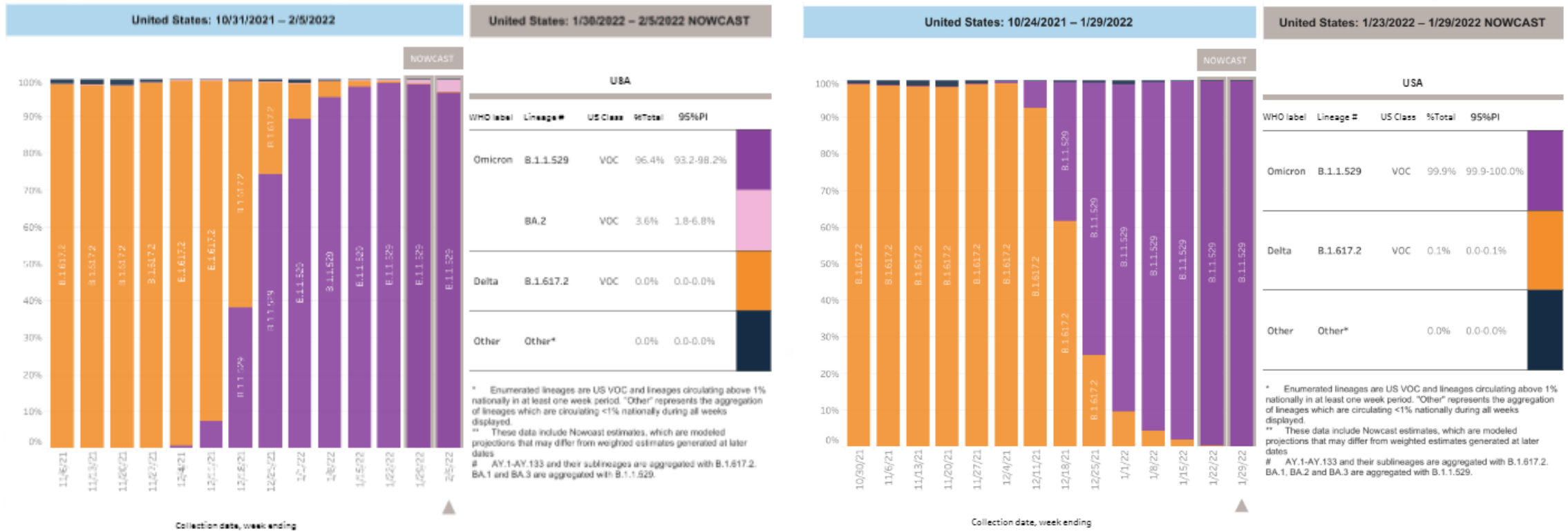


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

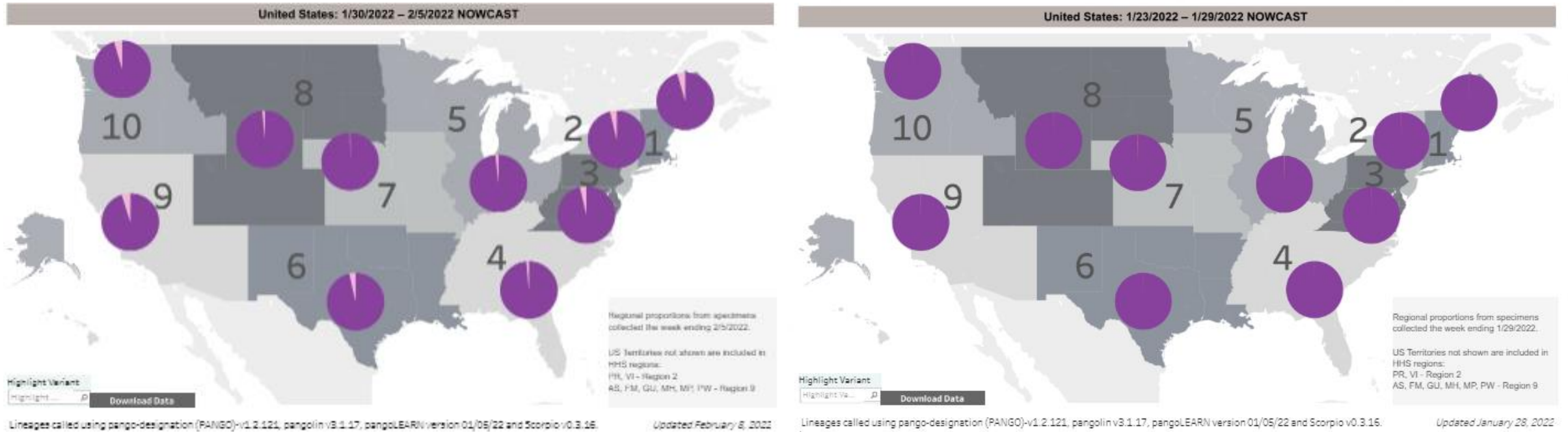
February 9, 2022

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 2/5/22 LIGHT 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 2/5/22. Note emergence of Omicron subvariant BA.2 (LIGHT PURPLE) in map on left.

Don't Forget Influenza!

- Current Influenza-like Illness (ILI) activity level remains **MINIMAL** in Vermont
- **5** pediatric flu **deaths** this season
 - ▣ U.S. flu activity decreasing in recent wks. but remains elevated above baseline activity. While influenza activity is difficult to predict, the CDC expects it to continue for several more weeks.

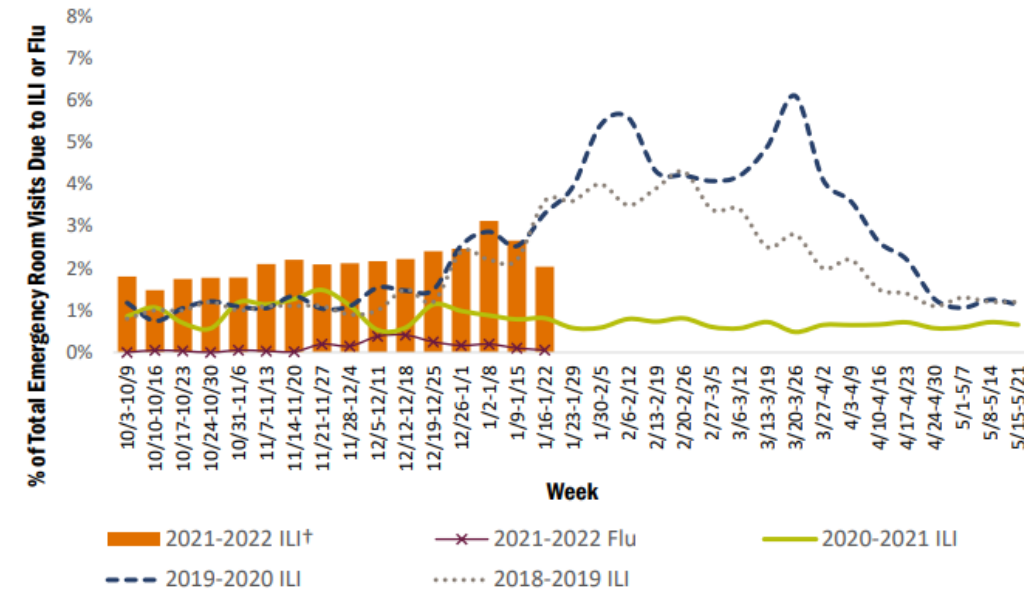
- ▣ Majority = influenza A(H3N2)

- Link to weekly surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-03.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.

1/28/2022

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

AAP (National) Updates

Slides 26 – 37 courtesy of the American Academy of Pediatrics – from today's Chapter Chat (2/9/22)

Slides 28-37 added after today's call

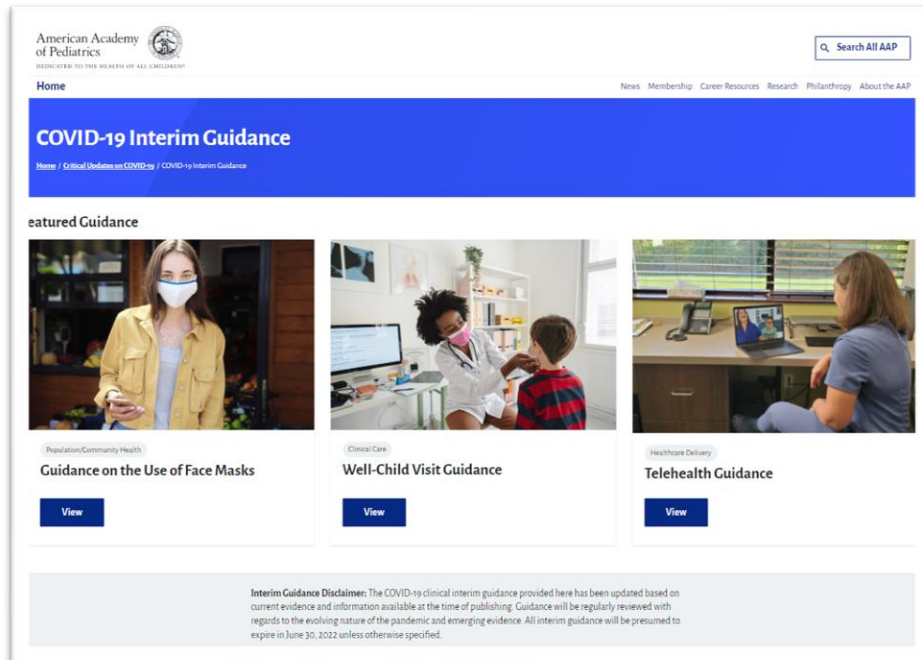
Next COVID-19 Town Hall

- Next Town Hall **Thursday, February 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 panelists to include COVID/vaccine experts
- 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/>



AAP Interim Guidance Updates

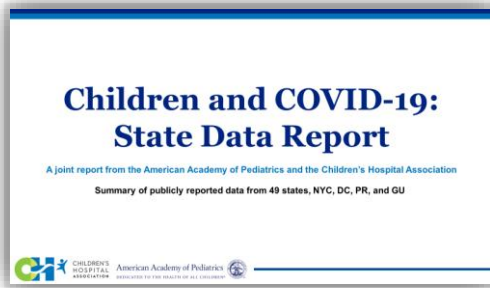


Recently Released

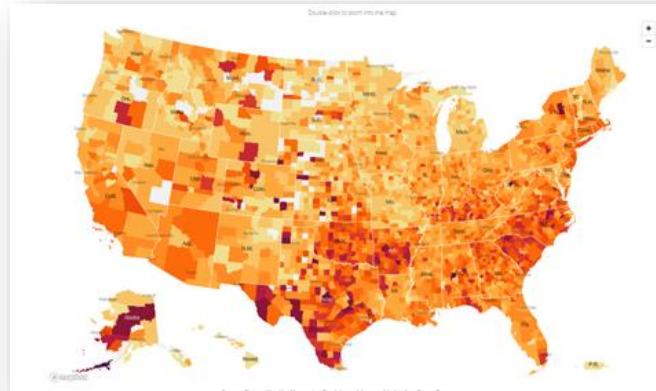
- Return to Sports
- Safe Schools
- Caring for Patients During Episodes of Surge

In Revision

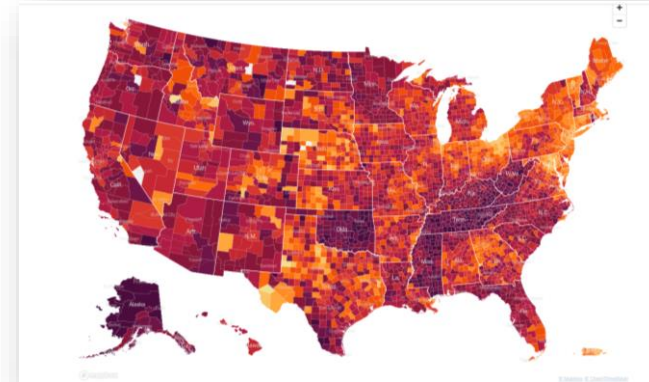
- Testing
- Therapeutics
- Acute Illness



Report posted Mondays on AAP.org



NYT 2.9.21 all ages



NYT 2.9.22 all ages

As of 2/03/22 – 12,042,870 cumulative confirmed child COVID-19 cases

- **In the past week over 630,000 cases were reported**
- **Down from the 1.1 million cases reported the week ending January 20th; but over double the peak level of the Delta surge in 2021**
- **An increase of roughly 1.4 million new cases in the past 2 weeks**

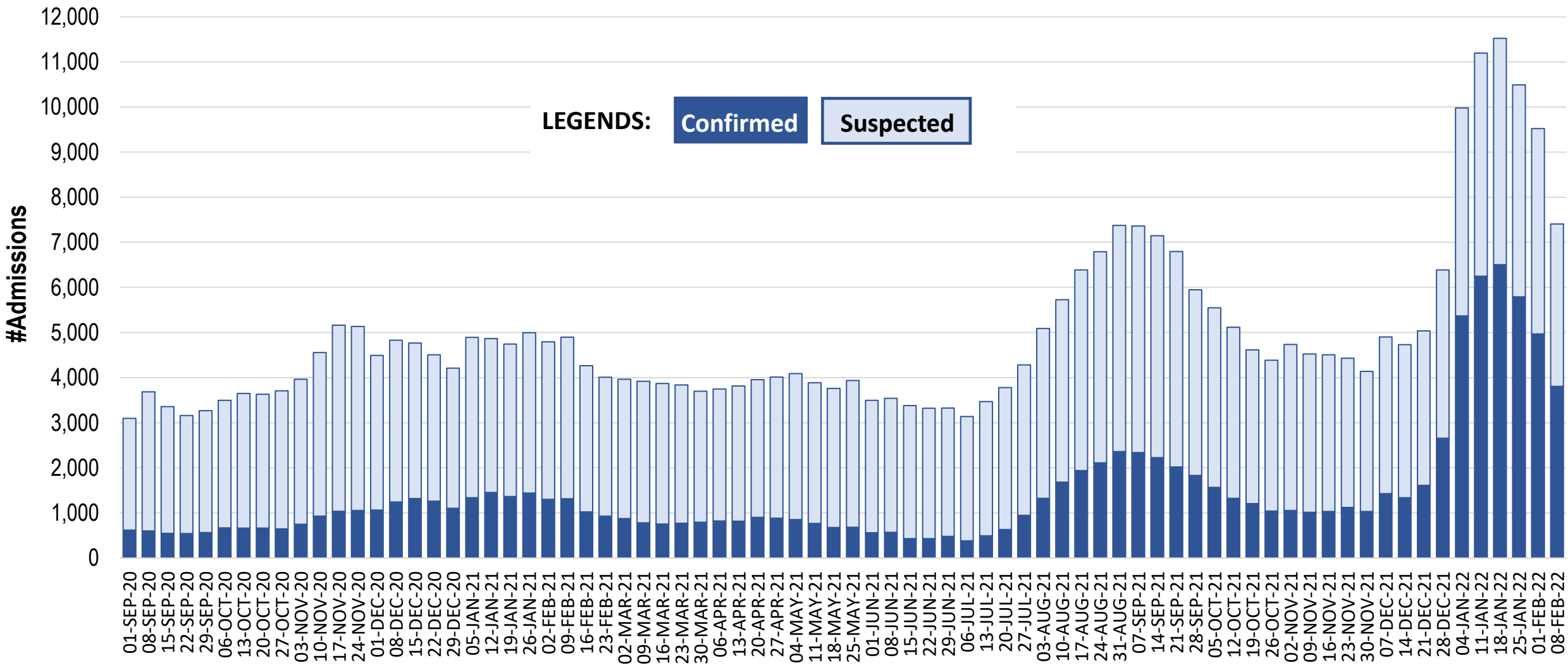
Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 2.8.22

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.



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

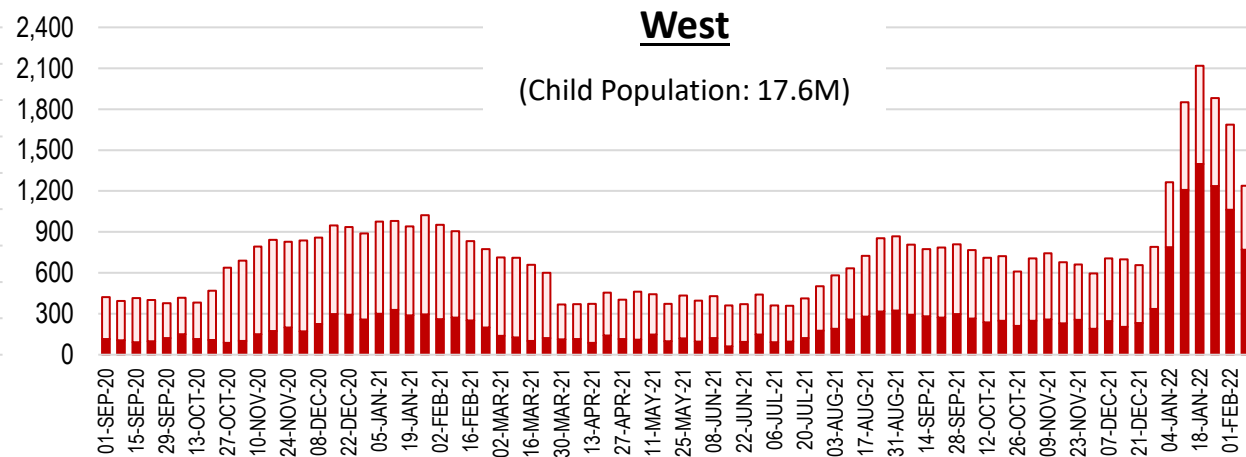
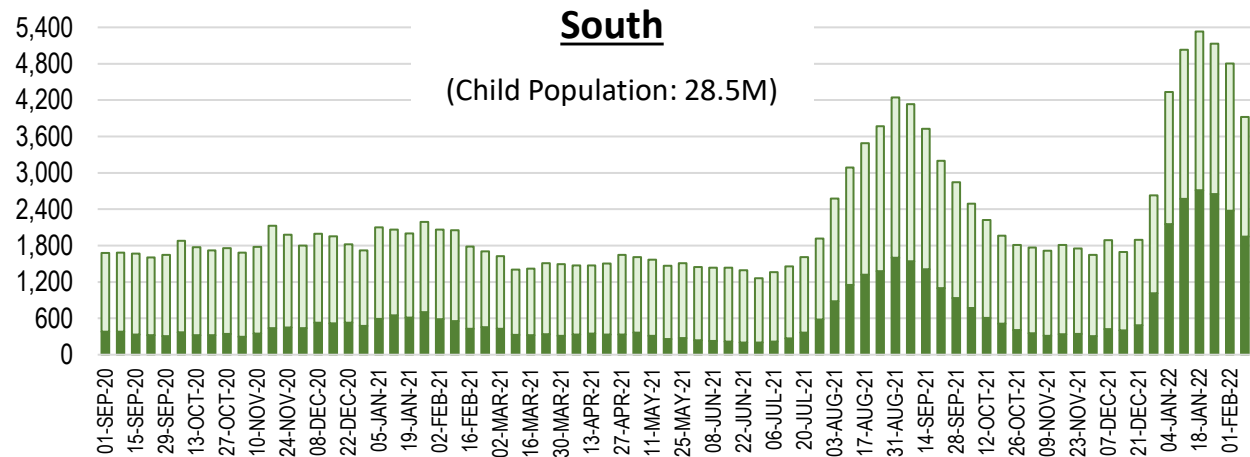
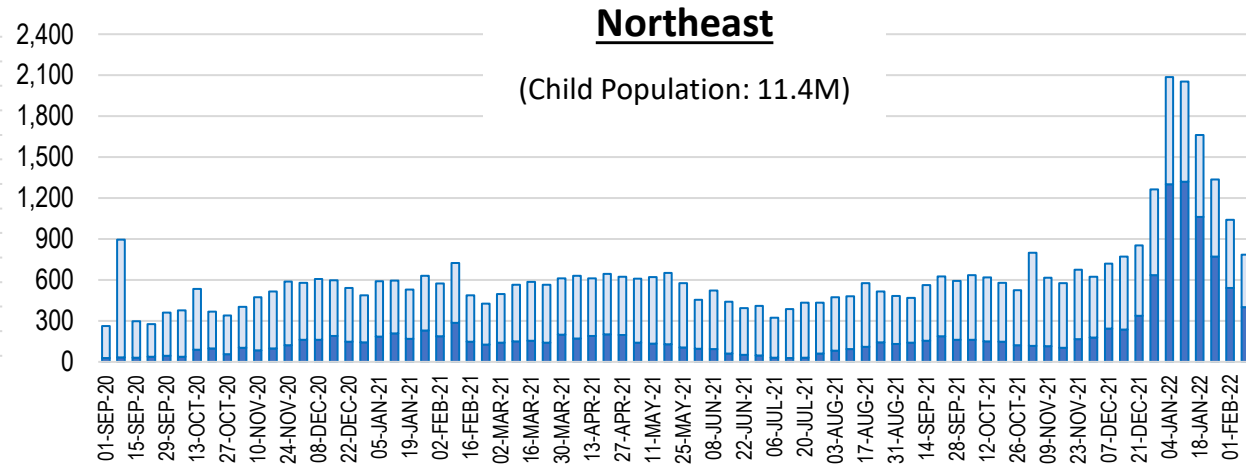
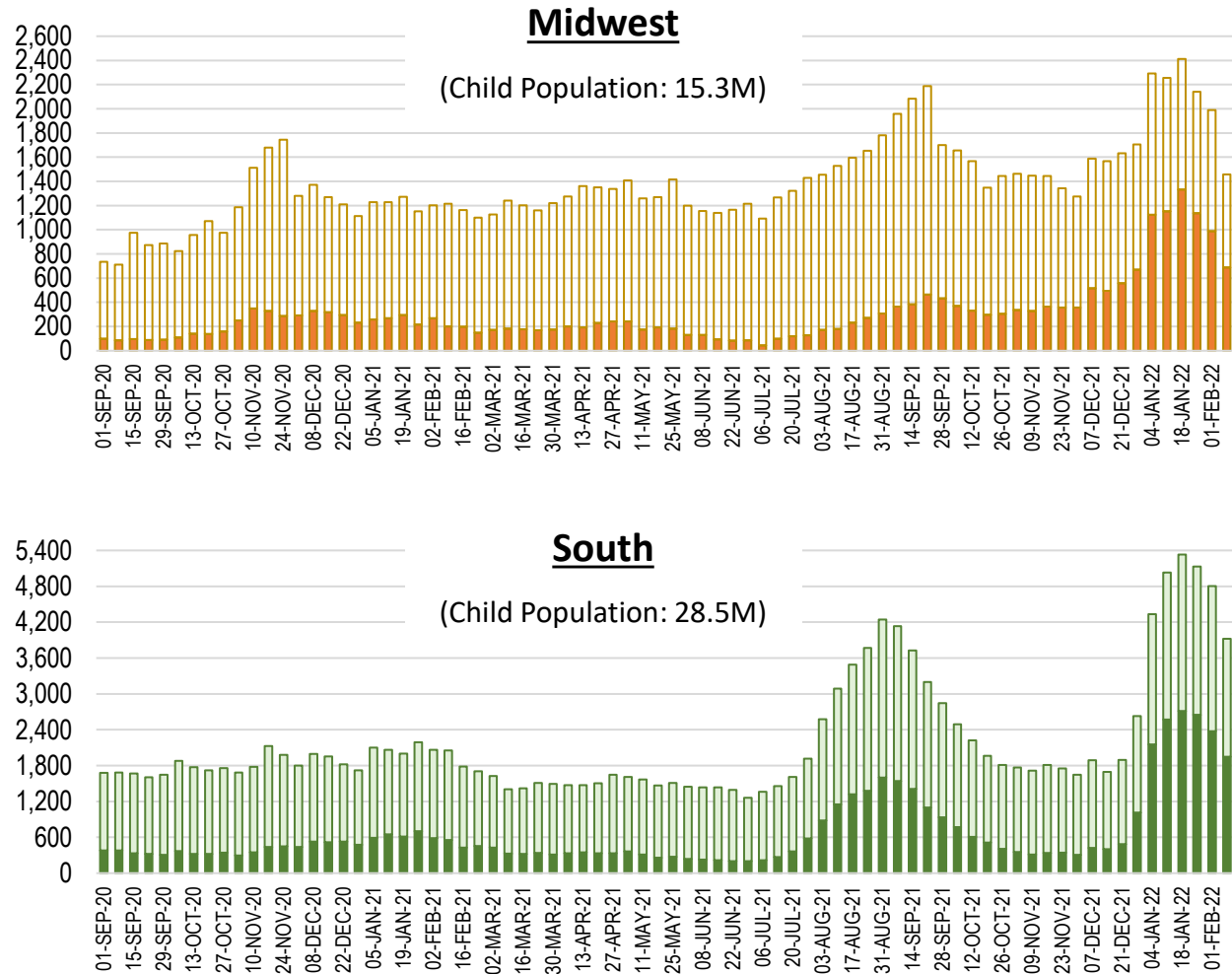
9.1.2020 - 2.8.2022



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 - 2.8.2022



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>)

February 4 ACIP Meeting

- Voted on the BLA approved Moderna Spikevax for persons ≥ 18 years of age
- Discussion about risk of myocarditis/pericarditis and question about increasing interval between Dose 1 and Dose 2 of mRNA vaccine to 8 weeks.
 - Canadian data showed decreased cases of myocarditis/pericarditis with longer interval (≥ 8 weeks)
 - Longer interval may also increase immunogenicity and vaccine effectiveness
 - No vote, but likely to be discussed at a future meeting



Updates to CDC Clinical Considerations for COVID Vaccines

- Also discussed during February 4 ACIP Meeting
- Modify Emergency Use Instructions for moderately to severely immunocompromised people:
 - Shorter booster interval after mRNA primary series from 5 months to 3 months
 - Additional dose of mRNA vaccine 28 days after a Janssen primary dose, then a booster dose at least 2 months after additional dose (any COVID vaccine, but preference for mRNA)
 - Revaccination for certain sub-groups (Recipients of HCT, CAR-T-cell, or other B-cell depleting therapies who received doses of COVID-19 vaccine prior to or during treatment should be revaccinated for doses received before or during treatment.)
 - Case-by-case clinical decision making
- No deferral period for COVID-19 vaccine following passive antibody products, except Evusheld (pre-exposure prophylaxis), which should be deferred at least 2 weeks after vaccination



COVID-19 Vaccine Updates

- FDA VRBPAC meeting on February 15 to discuss EUA of the Pfizer-BioNTech COVID-19 vaccine in 6 months - 4 year olds
- ACIP meeting on February 17
- Need to review data
- [CDC Operational Planning Guide for 6 months – 4 years](#) recently released
 - 6 month – 4 year product will be maroon cap and similar storage/handling requirements as purple cap product for 5-11 yo



Information for Families

New and updated articles on
HealthyChildren.org

- [How to Talk to Your Child about Their Positive COVID-19 Test](#)
- [COVID-19 Testing and Kids: What you Should Know](#)
- [COVID Vaccine Checklist for Kids Age 5-11](#)
- [Are there shortages of infant formula due to COVID-19?](#)

New printable flyer, available on the
[COVID-19 toolkit](#):

Protecting your child with the COVID-19 vaccine

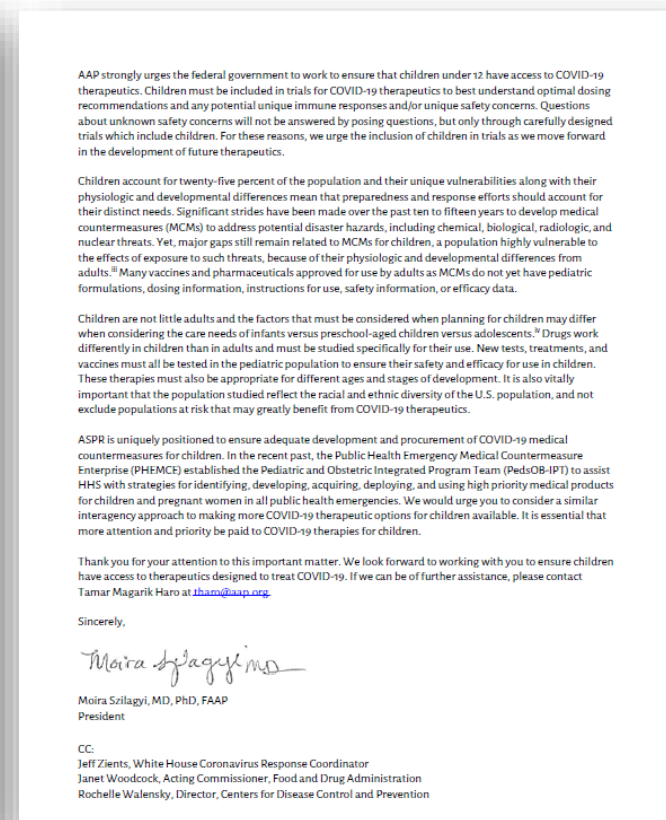
The American Academy of Pediatrics
recommends COVID-19 vaccines for
all eligible children 5 years and older.

Millions of kids and teens already
have been safely vaccinated.



AAP Advocacy on COVID Therapeutics for Children

- Letter to ASPR last week raising concerns that “children, especially children younger than 12, lag dangerously behind adults for COVID-19 therapeutic treatment options.
- Calls for:
 - Inclusion of children in trials for therapeutics
 - Interagency approach to making more options for children available



WEBINAR ANNOUNCEMENT:

MEDICAID REDETERMINATIONS AT THE END OF THE PUBLIC HEALTH EMERGENCY (PHE)

Special Guest:

Tricia Brooks, MBA

Research Professor, Georgetown Center for Children and Families
Commissioner, Medicaid and CHIP Payment and Access Commission

Tuesday, February 15, 2022

3:30pm-4:30pm Central

Registration in Chat!



American Academy of Pediatrics

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VT Clinicians in the News



- From Kaiser Health News: ***In Super-Vaxxed Vermont, Covid strikes – but packs far less punch.*** Featuring Drs. Rebecca Bell, Trey Dobson, Tim Lahey, Ben Lee
 - Dr. Bell: *“I have to remind people that cases don’t mean disease, and I think we’re seeing that in Vermont...We have a lot of cases, but we’re not seeing a lot of severe disease and hospitalization...I have not admitted a vaccinated child to the hospital with covid.”*
 - Dr. Lee: *“It’s something beyond just the size...There is a sense of communal responsibility here that is a bit unique.”*
 - <https://khn.org/news/article/in-super-vaxxed-vermont-covid-strikes-but-packs-far-less-punch/>
 - <https://www.burlingtonfreepress.com/story/news/2022/02/01/post-pandemic-vermont-could-model-living-covid/9296200002/>

VT Clinicians in the News (cont'd.)

NEW this evening – WCAX News:

- ***“COVID vaccinations for youngest kids could help stressed families”***
- Featuring Becca Bell, MD FAAP

<https://www.wcax.com/2022/02/09/covid-vaccinations-youngest-kids-could-help-stressed-families>



(Pediatric) COVID-19 Issues in the News

New Omicron subvariant BA.2

- Spreading rapidly in parts of Asia & Europe; now dominant in Denmark. Impact/potential for surge TBD? <https://www.nytimes.com/2022/02/07/world/europe/omicron-subvariant-ba-2.html>

Masking requirements

- Recent news of states dropping school mask mandates: MA (2/28), NJ, CT, DE, OR, (?) IL; NY & CA considering
 - <https://www.npr.org/2022/02/09/1079456073/states-are-ending-mask-mandates-is-that-a-good-idea-for-school-students>
 - <https://www.nytimes.com/2022/02/08/briefing/mask-mandates-covid-new-jersey.html?searchResultPosition=1>
 - <https://www.nytimes.com/2022/02/08/health/covid-mask-restrictions.html>

COVID-19 Vaccine for younger children: not without controversy (AAP natl. response)

- <https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-statement-on-covid-19-vaccine-for-children-under-5/>

NEW COVID-19 Resources from VDH & VT AOE

VDH Health Advisory:

- <https://www.healthvermont.gov/sites/default/files/documents/pdf/HAN-Prioritizing-Patients-for-CV-19-Therapeutics.pdf>

From Vermont AOE

- <https://education.vermont.gov/documents/covid19-jan-2020-protocol-flowchart>

Thank you, Kaitlyn Kodzis! (VT State School Nurse Consultant)

VT Immunization Advisory Council Meeting (2/8/22)

Vermont Statutes Online:

<https://legislature.vermont.gov/statutes/section/18/021/01131>; Title 18: Health, Ch. 021 : Communicable Diseases; Subch. 004 : Immunization (Cite as: 18 V.S.A. § 1131)

□ **§ 1131. Vermont Immunization Advisory Council**

- (a) ...created...for the purpose of providing education policy, medical, & epidemiological expertise & advice to VDH re: IZ safety/schedules.
- (b) Membership: rep of VT BMP (appointed by Gov.); Secys. AHS & Education or designees; State epidemiologist; practicing pediatrician (appointed by Gov.); reps of public & independent schools, appointed by the Governor; any others deemed necessary by the Commissioner.
- (c) Powers/duties: review/make recs. re: IZ schedule school/child care attendance; provide any other advice requested by VDH Commissioner.
- (e) Meetings: no < once/yr.; select chair from among members at the first meeting.

Majority constitutes quorum.

VT Immunization Advisory Council Meeting (cont'd.)

Vermont Statutes Online:

<https://legislature.vermont.gov/statutes/section/18/021/01131>; Title 18: Health, Ch. 021 : Communicable Diseases; Subchapter 004 : Immunization (Cite as: 18 V.S.A. § 1131)

- ❑ **Meeting February 8, 2022**
- ❑ Moderated by AOE Secretary French: “organizational meeting.”
- ❑ Membership & categories of representation in process of being confirmed.
- ❑ The need to discuss the role of COVID-19 vaccine by the Council was referenced but not fully discussed; no action considered or taken.

Coming Soon!

Vermont Medical Society – February is *Advocacy Month*

□ 2022 Virtual Health Care Policy Town Hall

■ Monday, February 14, 12 – 1 pm

■ Join VT legislative leaders: Senate Pres Pro Tem Becca Balint; House Speaker Jill Krowinski; Sen. Health & Welfare Comm. Chair Ginny Lyons; House Human Services Comm. Chair Ann Pugh; House Health Care Comm. Chair Bill Lippert

■ Share insights re: current health policy issues in pandemic context; apply your medical expertise to help lead evidence-based health care policy change in Vermont..

□ Via Zoom (no registration required) – see tonight's email or <https://vtmd.org/vms-2022-advocacy-daymonth/>



Coming Soon!

Vermont Medical Society

- ❑ **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 will head 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.

Tuesday Media Briefing (2/8/22)



Governor Phil Scott

- ❑ Congrats RCS on silver medal: bib #14 – 14th state. Thanks the whole family for continuing to inspire us.
- ❑ COVID trends moving in right direction – not much to add.
- ❑ Working w/Legislature re: 51m. (ARPA capital funds) proposal to expand wireless & cell service across VT – *“time to bring VT into the 21st century”*; benefits economic development & public safety for VTers and tourists.

Tuesday Media Briefing (cont'd.)



VT Dept. of Public Service Commissioner June Tierney

- Planning for 100 new cell towers in VT; expansion mobile & wireless.
- Will impact public safety, transportation, education, the economy.
"Fundamentally about equity, as well."
- Have and will conduct drive tests to identify/confirm gaps.
- Anticipate robust community engagement process for tower sites prior to site selection. *"Respect for the will of communities will be the north star of planning process."*
- Public safety data: most e911 are from cell phones. 75% in 2021 were from mobile wireless. 14% are abandoned – presumably b/c service dropped.

Tuesday Media Briefing (cont'd.)



VT AHS Interim Secretary Jenney Samuelson

- ❑ Pandemic has exposed gaps in our care system. This week helping to make MH & other care/services more available to VTers. The need to deliver care remotely during the pandemic exposed lack of universal hi-quality cell service.
- ❑ Governor's proposal to improve cell service & wireless access is key for AHS clients/staff.
- ❑ Hospital bed availability stable & less staff absent. VT hospitals experienced serious stress but did better than elsewhere in U.S.
- ❑ Today 58% 12+ UTD on vax. We recognize it can be hard to plan to get an additional dose – want to make vaccines easy/accessible.

Tuesday Media Briefing (cont'd.)



VT AOE Secretary Dan French

- More stability in school operations
- Important to continue to make progress with vaccine coverage.
- Reaching stability in both supply/demand for Test at Home kit availability.
- This week independent schools are now included and can place orders for test kits.
- Working on Assurance Testing Program for school staff in response to requests when we announced conclusion of surveillance testing.
 - Will provide 2 tests/staff member/week to provide assurance. Kits will be distributed to school districts and participation will be entirely voluntary. Hope to launch soon.

Tuesday Media Briefing (cont'd.)



VT DFR Commissioner Mike Pieciak

- ❑ Trends in VT have continued to improve: 7d.average <400 cases/day. Down 41% this week & 79% since mid-January peak.
- ❑ Testing down this week; case decreases outpacing testing decrease. May not be capturing all at-home tests.
- ❑ Also decrease in LTCF outbreaks & college campus cases.
- ❑ U.S. cases declining: 46% for the nation; 39% in New England.
- ❑ Forecast for VT : cont'd. case decrease thru February into March. May still see 100-200 cases/day but improvement will continue.
- ❑ Fatalities: total = 558; 13 to date in February.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine:

- *“As Omicron subsides, it’s reasonable to look ahead at future of COVID with hope. Just a year ago, many of us had little-no defense against virus & were eagerly awaiting our turn for vaccine.”* Virus has changed but power of vax still strong; we’ve learned a lot re: evolving virus & protection.
- Being vaccinated means UTD w/booster.
- Real-time data demonstrates higher protection against serious illness, hosp., d. Impact across all ages & health status.
- Our rates help keep VTers protected & out of hospital – better positioned to meet whatever the virus might present us with in the near or not-distant future. For those not vaccinated, I don’t believe it’s skepticism but time/convenience – and we still have vaccine clinics around the state.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine:

- If you've gotten your booster, please help spread the word to friends & family
- ~64% PCPs in VT are administering vaccine.
- Health care system has been huge key to our vaccine success.
- In closing, amount of virus may be going down, but Omicron still here & still very contagious.
- *"We know the virus is not going away. But vaccine & boosters can help protect us all."*



Practice Issues: **Vermont Department of Health –Immunization Program**

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

COVID-19 vaccine for those 6 months through 4 years - Vermont implementation

- ~26,000 total patients in this age group
- Medical homes will be the primary vaccinators
 - Pharmacies can only vaccinate age 3 and older, and few are participating for these ages
 - Community clinics are going to be very limited
 - Offices of Local Health will focus on vaccinating WIC participants and families and will conduct equity clinics. WIC families accounts for ~8,000 individuals in this age range.
 - See 02.08.2022 memo:
www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-Memo-02.07.22-Provider-Preparation-6m-4y-COVID19-Vaccine.pdf

COVID-19 vaccine for those 6 months through 4 years -Timeline

- VRPAC scheduled on 2/15: www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-advisory-committee-meeting-discuss-request-authorization-pfizer
- ACIP will likely meet 02/17. This is not yet scheduled.
- Resources for vaccine are not available until EUA approval.
- Immunization Program will host a training 02/18, pending ACIP vote.
- Ordering of this vaccine starts TODAY (by 3pm)
 - There will be the opportunity to order next week (02/16), though vaccine will arrive around the same time.
 - If at all possible, PLEASE place your initial orders TODAY. It helps with planning. Your practice will know how much vaccine it will receive and when by the end of this week.




COVID-19 Vaccine for those 6 months through 4 years-Ordering Guidance (Maroon cap)

- Maroon Cap will be available in VIMS today
- 10 doses per vial / 100 dose (or multiples of 100 doses) minimum direct shipment
- **Orders today from the distributor may be delivered as early as 2/21**
 - 2/21 is a Federal Holiday – you must be able to receive vaccine on 2/21 if ordering from the distributor this week
 - Please note in VIMS practice comments in VIMS if you will be closed/cannot receive vaccine on 2/21
- You can order less than 100 doses!
 - **Orders of less than 100 doses will be delivered by our vaccine depot beginning on the week of 2/28**
 - Direct distributor shipments are preferred/encouraged for practices that can accommodate 100 dose minimum orders
- Please order what you anticipate administering within **two weeks** of receiving the vaccine.
- Depending on the statewide volume of vaccine requests, the distribution team may reach out to increase or decrease your order size depending on supply availability
- Current COVID-19 Vaccine Ordering Guidance now available online:

www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-emailed-COVID19-Ordering-Guidance.pdf

Pfizer-BioNTech COVID-19 Vaccine Products

**PRELIMINARY – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/APPROVAL;
CDC DOCUMENT – SHARED FOR JURISDICTIONAL PLANNING PURPOSES ONLY**

	Current Products		Future Product
Age Indications ^a	12 years and older	5 through 11 years	6 months through 4 years ^d
Vial Cap Color and Label with Color Border	GRAY 	ORANGE 	MAROON 
Preparation	Do Not Dilute	Dilute Before Use	Dilute Before Use
Amount of Diluent Needed per Vial ^b	Do Not Dilute	1.3 mL	2.2 mL
Dose Volume/Dose	0.3 mL/30 mcg	0.2 mL/10 mcg	0.2 mL/3 mcg
Doses per Vial	6 doses per vial	10 doses per vial (after dilution)	10 doses per vial (after dilution)
Storage Conditions			
ULT Freezer (-90°C to -60°C) ^c	9 months	9 months	9 months
Freezer (-25°C to -15°C)	DO NOT STORE	DO NOT STORE	DO NOT STORE
Refrigerator (2°C to 8°C)	10 weeks	10 weeks	10 weeks
Room Temperature (8°C to 25°C)	12 hours prior to first puncture (including any thaw time)	12 hours prior to first puncture (including any thaw time)	12 hours prior to first puncture (including any thaw time)
After First Puncture (2°C to 25°C)	Discard after 12 hours	Discard after 12 hours	Discard after 12 hours

^a Use the appropriate product based on the age of the recipient.

^b Diluent: Sterile 0.9% Sodium Chloride Injection, USP. Do not use bacteriostatic 0.9% Sodium Chloride Injection or any other diluent.

^c Regardless of storage condition, vaccines should not be used after 9 months from the date of manufacture printed on the vial and cartons.

^d The vaccine is currently under emergency use authorization review by the Food and Drug Administration (FDA) for children 6 months through 4 years old.

Pfizer website will have updated chart once EUA is available: www.cvdvaccine-us.com

Pfizer Training – now includes Maroon Cap info!

Pfizer Vaccines US Medical Affairs hosts **frequent** Medical Updates & Immunization Site Training for All Healthcare Providers.

In addition to medical updates, sessions will focus on vaccine storage, handling, and administration of vaccines all vaccine formulations. These sessions will be updated to reflect new information and changes that evolve. Updates will be identified at the start of each session and explained during each presentation.

For a list of training sessions, including links and instructions for registration, visit the Pfizer training website

<https://www.pfizermedicalinformation.com/en-us/medical-updates>

Recent Provider Outreach

- There will be a heavy dependency on the Medical Home for administration
 - Start thinking about how you want to vaccinate this population.
 - Please reach out to us if you are concerned.
- Immunization Program has been contacting practices the last few days to assess plans and offer assistance
 - Making efforts to speak with every practice that sees more than 500 kids in this age range.
 - Calls have been overwhelmingly positive.
 - Purpose of calls was to assess planning and offer support where needed.
 - All practices that see ANY kids in this age range should make attempts to carry this vaccine.
 - Future outreach is planned for smaller offices.

What can the Immunization Program do to help you?

Mailing from Immunization Program

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

- One or two large posters for placement in your entrance or waiting room to every office. [COVID19-AskVaccinePoster11x17](#)
- A batch of handouts designed for parents and caregivers who may be hesitant for their child to receive the vaccine (VCVP enrolled only). [COVID-19 Vaccine in Children - Parent Handout](#)

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



Vermont Chapter

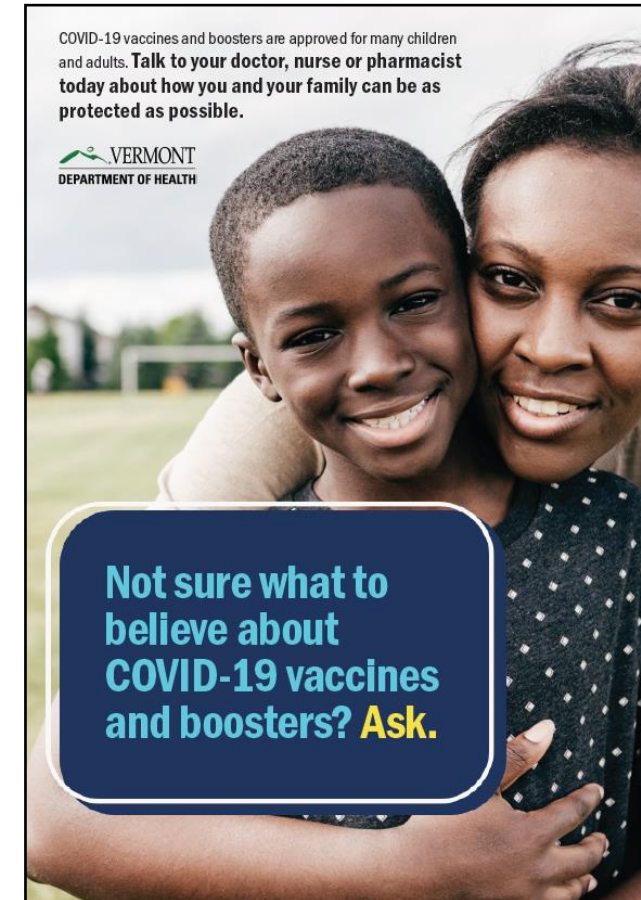
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What Families with Children Should Know About COVID-19 Vaccines



AAP Grant Extension!

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- Extension of monetary cap per practice up to \$10,000 (from \$5,000)
- Will apply to COVID-19 or Flu clinics held through the end of 2022
- <http://www.aapvt.org/news/aapvt-chapter-still-accepting-grant-applications-flu-and-covid-19-vaccines>
- If would like to apply for the grant, please complete the application (either in [word](#) or [pdf](#) form) and email back to Birdie Pauley at BPauley@vtmd.org

Immunization Communication

- Ordering guidance comes from AHS.VDHCovidVaxDistribution@vermont.gov prior to ordering on Wednesday.
- [Vaccine Information for Health Care Professionals | Vermont Department of Health](#) for links to provider updates, recent communications, and recorded meetings
 - Immunization Program 01/25/2022 Provider Call
 - Video: <https://youtu.be/7z-XOckRuAQ>
 - Slide deck: www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-VVP-OfficeHours-01.25.2022.pdf

In case you missed it: slides 66-73 reposted here from presentation on 2/2/22

Practice Issues

Updated “Return to Play” Guidance

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

Kristen Connolly, MD FAAP – Timber Lane Pediatrics



February 9, 2022



1. [COVID-19 Interim Guidance: Return to Sports and Physical Activity \(aap.org\)](#)
2. [2022-01-21 RTP algorithm.pdf \(aap.org\)](#)

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

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

- ***Over the past year, the AAP has provided quarterly updates— and now after recent CDC isolation changes.***
- ***Rates of myocarditis due to COVID remain low (0.5-3%).***



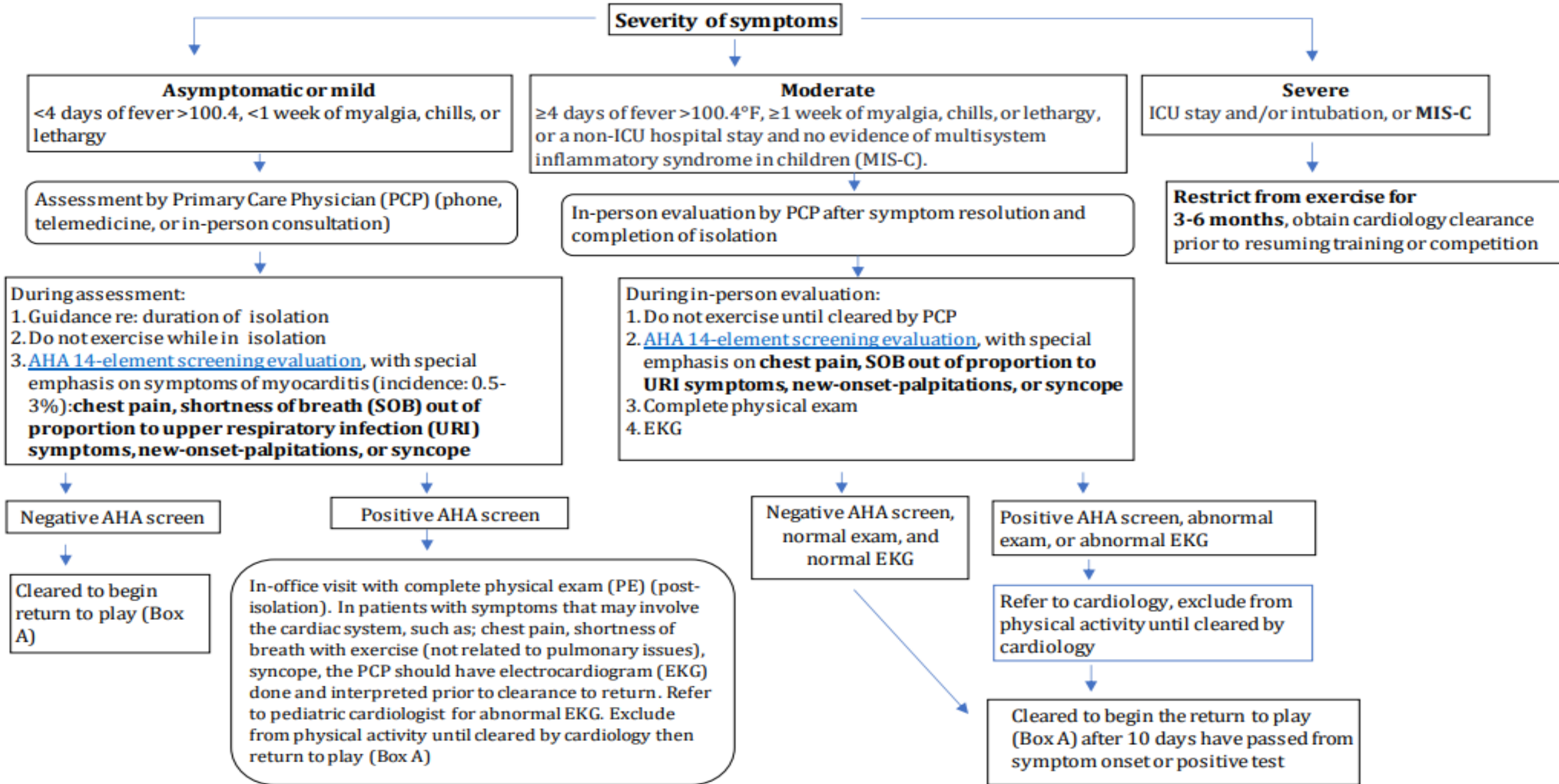
General Teamwork Reminder: RTP

The Return-to-Play protocols based upon national recommendations to increase safety and minimize risk. Return-to-Play does not impact a student's ability to return to school. Return-to-Play should be a teams-based discussion between the parent and medical provider. Return-to-Play is not the responsibility of the school nurse.

Continued team-based care between school nurses and pediatric medical homes is encouraged. School nurses should advocate for families of students post-COVID-19 infection to communicate with their medical home before returning to activity.



AAP Algorithm



BOX A

BOX A: Additional Guidance on Returning to Play *(Note: if the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID19 disease history should be documented.)*

When should children and adolescents return to play?

- 1) Completed isolation and minimum amount of symptom free time has passed
- 2) Can perform all activities of daily living
- 3) No concerning signs/symptoms
- 4) Physician clearance has been given, if indicated

At what pace should children and adolescents return to play?

- 5) <12yo: progress according to own tolerance
- 6) 12+: gradual return to physical activity



- Asymptomatic / Mild symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), 2 days of increase in physical activity (i.e. one light practice, one normal practice), no games before day 3. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.
- Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), and a minimum of 4 days of gradual increase in physical activity (one light cardio workout on own, two light practices, one full practice), no games before day 5. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.

When should children and adolescents pause return to play?

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

Still the Same

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



Quick Hits!

Illness Category

- **Asymptomatic/mild:**
 - Does not need in person visit
 - Can be medically evaluated after 5 days of isolation
 - RTP is shorter (now 2 days instead of 7) and modified
- **Moderate:**
 - Can be medically evaluated after 5 days of isolation, + in person exam and EKG
 - RTP progression can start after 10 days
 - RTP is shorter (now 4 days instead of 7) and modified (see Box A)

Age Category

- **<12yrs: RTP as tolerated**
- **≥ 12**
- **Asymptomatic/Mild: 2 day RTP**
- **Moderate: 4 day RTP**

Parents/caregivers: Monitor RTP

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1. [COVID-19 Interim Guidance: Return to Sports and Physical Activity \(aap.org\)](https://www.aap.org/COVID-19/interim-guidance-return-to-sports-and-physical-activity)
2. [2022-01-21 RTP algorithm.pdf \(aap.org\)](https://www.aap.org/COVID-19/2022-01-21-rtp-algorithm)



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LARNER COLLEGE OF MEDICINE

General Practice

1 Document → Age Based

1. Guidance
2. Screening

↓ Paperwork

↑ Workflow



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Current as of February 1, 2022

MEDICAL GUIDELINE FOR RETURN-TO-PLAY 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: ☐

☐ <12yo ASYMPTOMATIC/MILD or MODERATE symptoms:

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed and negative
<input type="checkbox"/> RETURN TO PLAY: <ul style="list-style-type: none"> 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 ASYMPTOMATIC/MILD symptoms

(<4 days fever >100.4F, <1 week myalgia, chills, or lethargy)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed and negative
<input type="checkbox"/> RETURN TO PLAY: <ul style="list-style-type: none"> 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 without evidence of MIS-C)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
	<input type="checkbox"/> No exercise until cleared by PCP
SCREENING	<input type="checkbox"/> In-person evaluation by PCP after symptoms resolved and out of isolation
	<input type="checkbox"/> Normal physical exam, AHA 14-element screen, and EKG
	<input type="checkbox"/> >10 days have passed since symptom onset or positive test
<input type="checkbox"/> RETURN TO PLAY: <ul style="list-style-type: none"> Minimum 4 days of gradual increase in physical activity (ie. one light cardio workout, two light practices, one full practice) No games before day 5 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 	

Clinician: _____ Office Phone number: _____

Guidelines are based on national recommendations (<https://www.aspc.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 team-based discussion between patient/caregiver and medical provider with continued team-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.

Screening

1. **Bolded**
2. **Non-bolded**

14-Element AHA Screening Checklist

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Chest pain/tightness/pressure related to exertion |
| <input type="checkbox"/> | <input type="checkbox"/> | Unexplained syncope or near-syncope (not including vasovagal cause) |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive exertional, unexplained shortness of breath/fatigue or new onset palpitations with exercise |
| <input type="checkbox"/> | <input type="checkbox"/> | New heart murmur on exam or persistent tachycardia |
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation) |
| <input type="checkbox"/> | <input type="checkbox"/> | History of elevated systemic blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior restriction from participation in sports |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior cardiac testing ordered by a physician |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of premature death <50yrs due to heart disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability due to heart disease in a close relative <50yo |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | History of heart murmur (excluding innocent/resolved murmurs) |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical stigmata of Marfan Syndrome |
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormal brachial artery blood pressure in sitting position on exam |

14-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**. Positive screening on non-bolded elements of the checklist may prompt cardiology referral, however these concerns are unlikely to be related to COVID19.

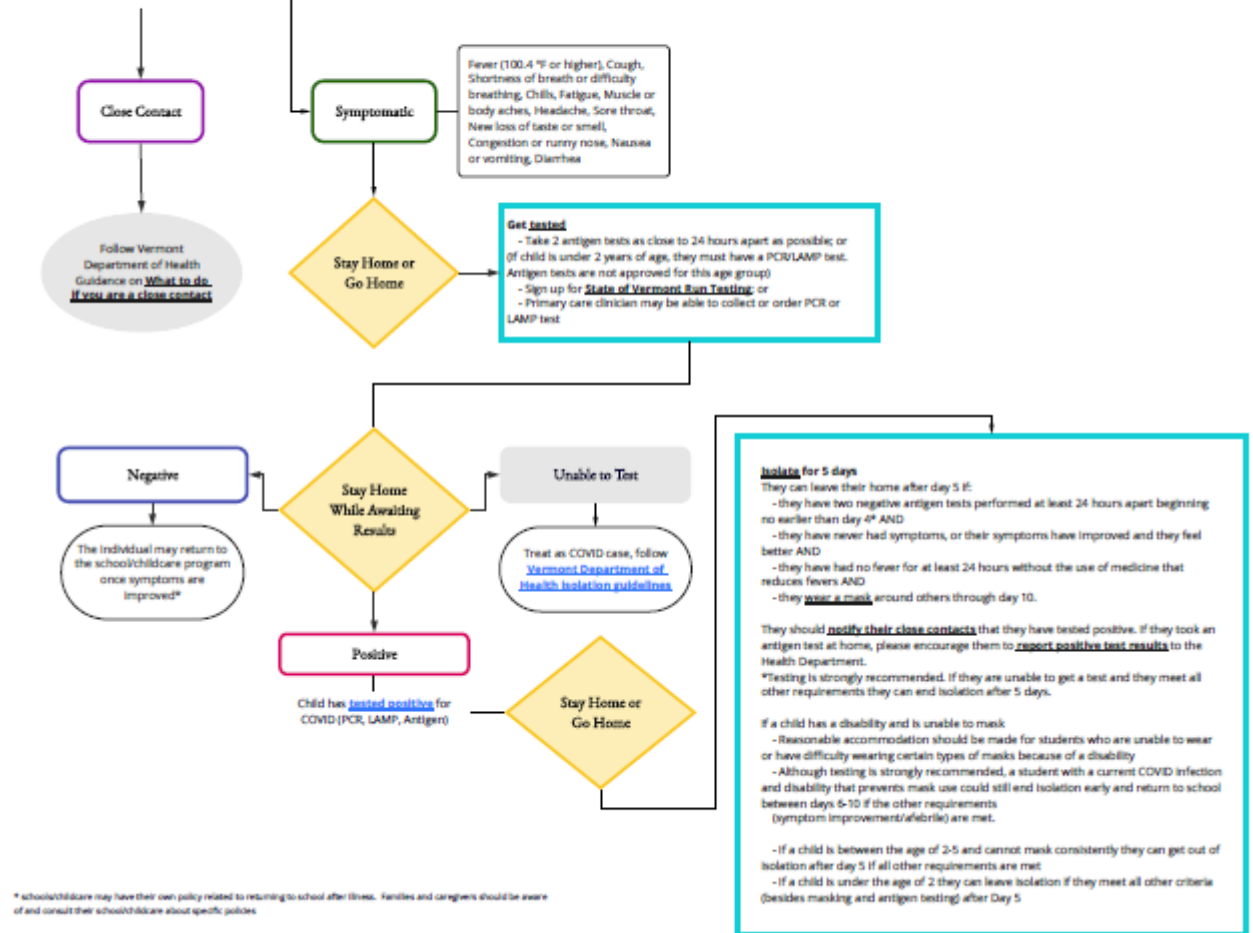


In case you missed it...

FINAL Updated Pediatric Flow Chart

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

COVID Pediatric Flowchart Return to School/Childcare



From the VDH MCH School Health Team

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

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

NEW from VDH Oral Health Office

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

Black History Month Education Resources (Families/Teachers)



- *Thank you, Melissa Kaufold!* [https://www.vermontpbs.org/kids-education/?ct=t\(BLACK-HISTORY-MONTH-PROGRAMMING-20220201\)](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 calls: currently all **Wednesdays**:

- ❑ **2/2, 2/9, 2/16, 2/23/22**
- ❑ We recognize that February school vacation weeks may affect your ability to participate!
- ❑ **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=K2N4VUYrSHIMQi9XeGVnc3duNTFmZz09>
 - ❑ NOTE: password (CHAMP) should be imbedded in link (sharing in case needed for any reason. You will not be prompted to enter PW if using link we provided.
- ❑ Meeting ID: 941 4279 1300
- ❑ Passcode: CHAMP
- ❑ One tap mobile
- ❑ +16468769923,,94142791300# US (New York)
- ❑ +13017158592,,94142791300# US (Washington DC)

Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail:** vchip.champ@med.uvm.edu
 - ▣ **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, February 16, 2022 12:15 – 1:00 pm VIA ZOOM!**
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – **Thursday, February 17 – 12:30-1:00 p.m.**
- **Join VMS Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684
 - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,0#,,540684#