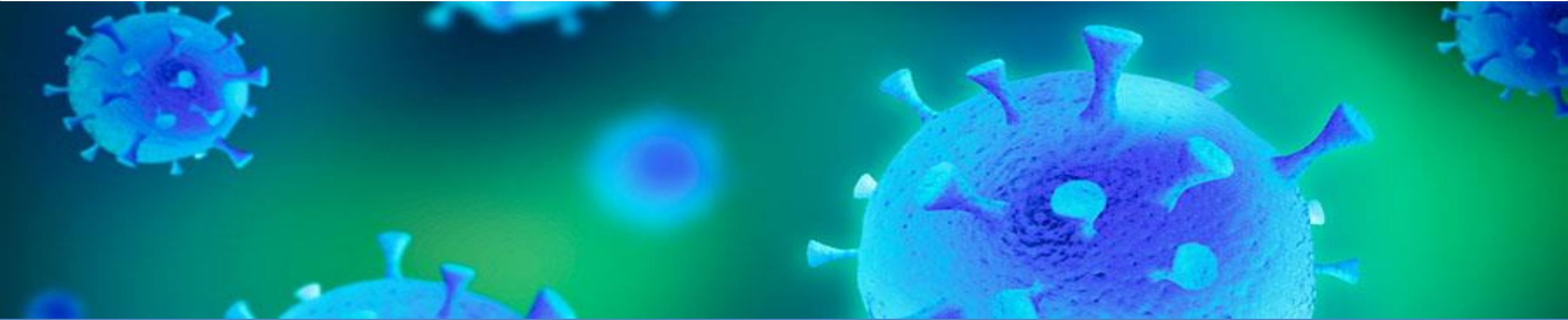


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*March 16, 2022*



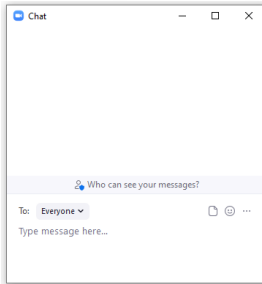
Please bear with us...

# Technology Notes – “Welcome to Zoom!”

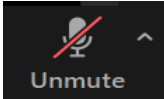
1) **All participants will be muted upon joining the call.**

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.



4) **We will monitor Chat and review/address questions after content presentation**

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

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

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

# Overview

- With **gratitude** for this community, two years in!
  - ▣ Today is our 229<sup>th</sup> call!
- **Purim** begins this evening
  - ▣ Purim celebrated as a day of heroism by Queen Esther and triumph by Jewish people over their fearsome enemy, Haman.
- Reminder – weekly event schedule:
  - ▣ **March VCHIP-VDH call calendar** (see next slide); Gov. Media Briefings generally **Tuesdays only**; VMS calls with Dr. Levine 1<sup>st</sup> & 3<sup>rd</sup> Thursdays)
- Practice Issues: **Updated State of Vermont COVID-19 Public Health Guidance & VDH Immunization Program Update**
- Q & A/Discussion

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



<https://www.nationalgeographic.com/family/article/building-an-attitude-of-gratitude-in-children-coronavirus>

# Thank You, CHAMP Team & Partners!

- Vy Cao
- Ginny Cincotta
- Wendy Davis, MD FAAP
- Breena Holmes, MD FAAP
- Kelli Joyce
- Allison Koneczny
- Chris Pellegrino
- Avery Rasmussen
- Angela Zinno
- Rebecca Bell, MD FAAP
- Benjamin Lee, MD FAAP
- William Raszka, MD FAAP
- Stephanie Winters, Honorary FAAP



# Thank You, VDH & VSSNA Partners!



## VDH Maternal & Child Health

- Ilisa Stalberg, Director
- Kaitlyn Kodzis, State School Nurse Consultant
- Meghan Knowles, IZ Prog.
- Katy Leffel, MCH Nurse Prog. Coordinator
- Shari Levine
- Molly McClintock
- Monica Ogelby, IZ Prog. Dir.
- Merideth Plumpton, IZ Prog. Nurse Coordinator
- Nathaniel Waite

## VDH Epi Team

## VSSNA Leadership

- Becca McCray, President
- Soph Hall, Past President
- Kelly Landwehr, President-Elect
- Amy Ridzon, Secretary
- MaryAnn Runge, Treasurer
- Clayton Wetzel, NASN Director/Webmaster

# With Hope for the People of Ukraine & Our World

- War in Ukraine reminder that children...always disproportionately impacted by associated morbidity & mortality...subjected to extreme trauma and suffering.
- SEE AAP policy statement: “The Effects of Armed Conflict on Children” re: direct & indirect effects of armed conflict & recommendations for clinical practice, systems strengthening & advocacy.
  - ▣ Guidance re: **talking to children about traumatic events**, see HealthyChildren.org article & two AAP Voices blog posts (Sherri Alderman and Dipesh Navsaria) on the toll that armed conflicts and separation from parents take on infants and young children.
- AAP’s Immigrant Health Toolkit may be helpful in supporting families who are refugees or have family in areas of conflict:  
[https://downloads.aap.org/AAP/PDF/cocp\\_toolkit\\_full.pdf](https://downloads.aap.org/AAP/PDF/cocp_toolkit_full.pdf)



# With Hope for the People of Ukraine & Our World

- AAP coordinating w/International Pediatric Association to support colleagues in Ukraine & in countries caring for refugees...expect long recovery period. For immediate action, consider donations:
  - ▣ **AAP Disaster Recovery Fund:** supports children in harm after any disaster, worldwide ([donate.aap.org](https://donate.aap.org) – select “Disaster Recovery”).
  - ▣ **UNICEF:** supports initiatives that provide emergency relief in Ukraine/elsewhere (Ukraine: safeguard rights to safety, health, education, psychosocial support, protection, water and sanitation services: <https://www.unicefusa.org/>)
  - ▣ **MedGlobal:** physician-founded relief organization ([MedGlobal.org](https://medglobal.org)), a humanitarian NGO providing medical care to refugees, internally displaced persons (IDPs), & vulnerable communities around the world. Sent physician-led team to Poland & Moldova to assess refugee needs; may offer future opportunity to volunteer time & expertise. <https://medglobal.org/donate/>



# VCHIP-VDH COVID-19 Call Schedule

## March calls – currently all *Wednesdays*:

- ❑ 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](mailto:vchip.champ@med.uvm.edu)*
- ❑ VMS calls w/VDH Comm. Levine now 1<sup>st</sup> and 3<sup>rd</sup> Thursdays



***Our 2-year anniversary!***



# VMS *COVID Convos* with Health Commissioner Levine

- **2022 Schedule**
- **Calls with VDH Commissioner Levine now 1<sup>st</sup> and 3<sup>rd</sup> 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=VkVuNTJ1ZFQ2R3diSVdqdIJ2ZG4yQT09>
  - **Meeting ID: 867 2625 3105 Password: 540684 Dial In: 1-646-876-9923**



DR. MARK LEVINE  
COMMISSIONER OF  
HEALTH

**VMS COVID Convos**  
1st and 3rd Thursday

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

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

# Situation update

New Cases

216

114,535 Total

Currently Hospitalized

14

Hospitalized in ICU

5

Percent Positive 7-day Avg.

4.2%

New Tests

5,884

3,426,220 Total

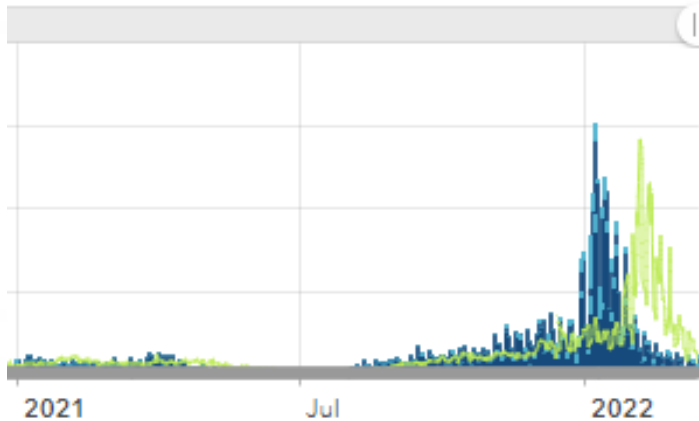
Deaths

609

0.5% of Cases

Last Updated: 3/16/2022, 11:19:48 AM

New Confirmed Cases, Probable Cases, Recoveries and Deaths



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/case-dashboard>

One year ago: 17,047 VT total cases; 53 new/24 hosp.

U.S. **79.4 million+** cases; **965,434 deaths**

<https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 3/16/22)

Past week: av. 32,094 cases/day (14d. change **-46%**)

**6.05 million+ deaths worldwide; 461.6 million+ cases** (-37% & -12% 14-day change respectively)

VDH **Data Summary** now q.o.week. **3/3/22:**

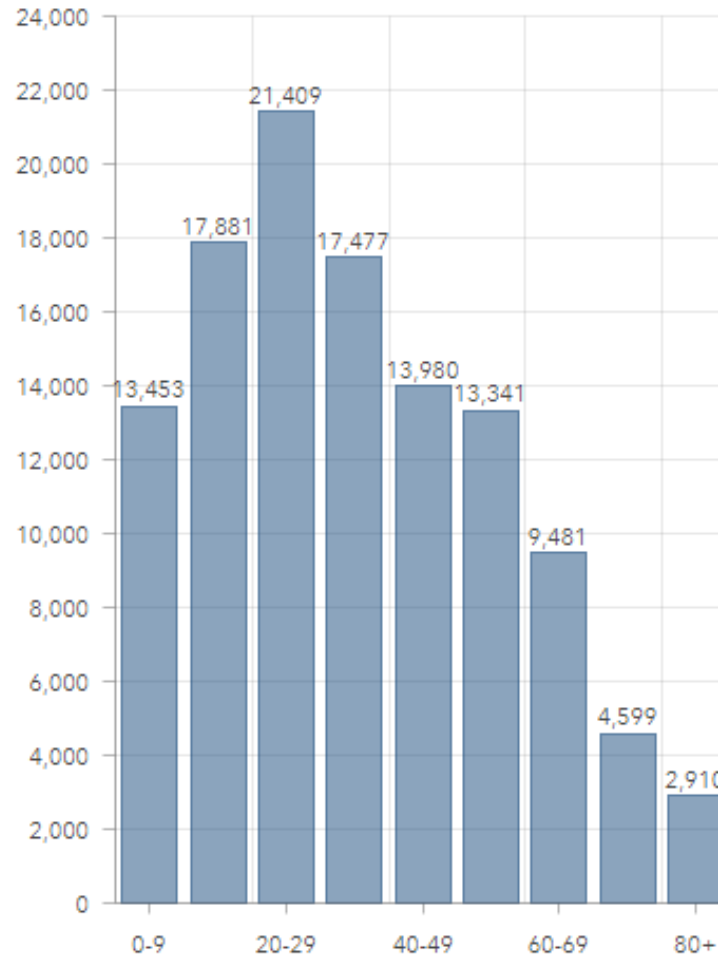
**Table of Contents:** Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.

**Vaccine breakthrough cases = 42,642** since Jan. 2021 (~8.9% of fully vaccinated). Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/data-summary>

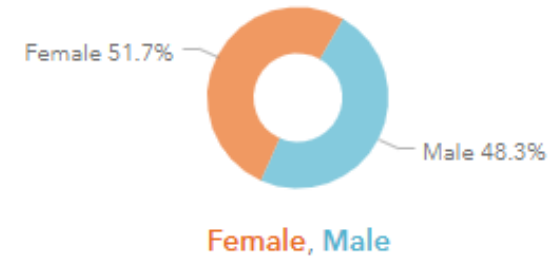
March 16, 2022

# Situation update

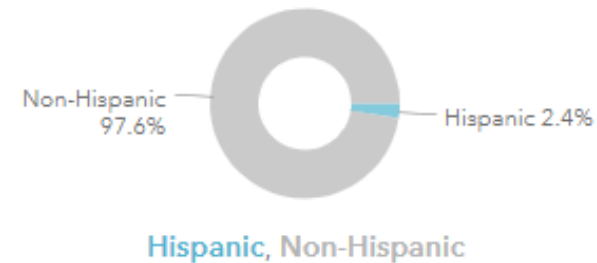
Cases by Age Group if Known \*



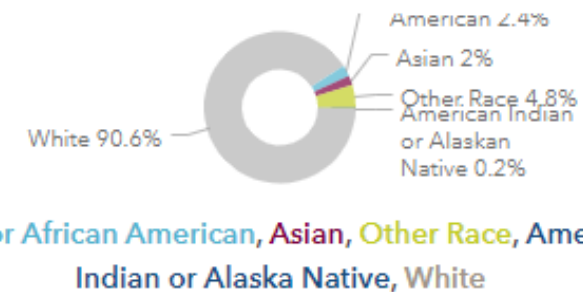
Cases by Sex \*



Cases by Ethnicity if Known \*



Cases by Race if Known \*

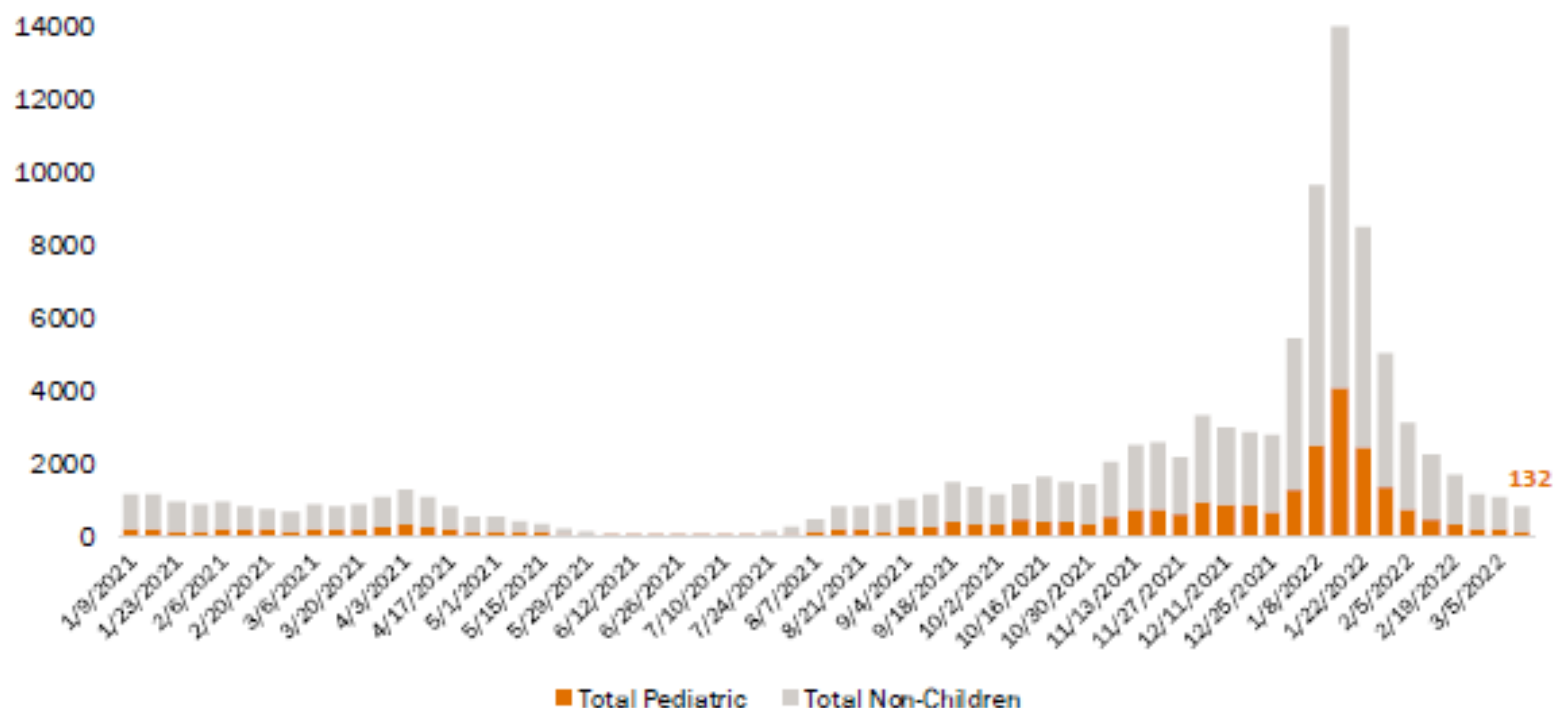


Case Demographics

This brief reflects data as of March 12, 2022 (the last complete MMWR week).

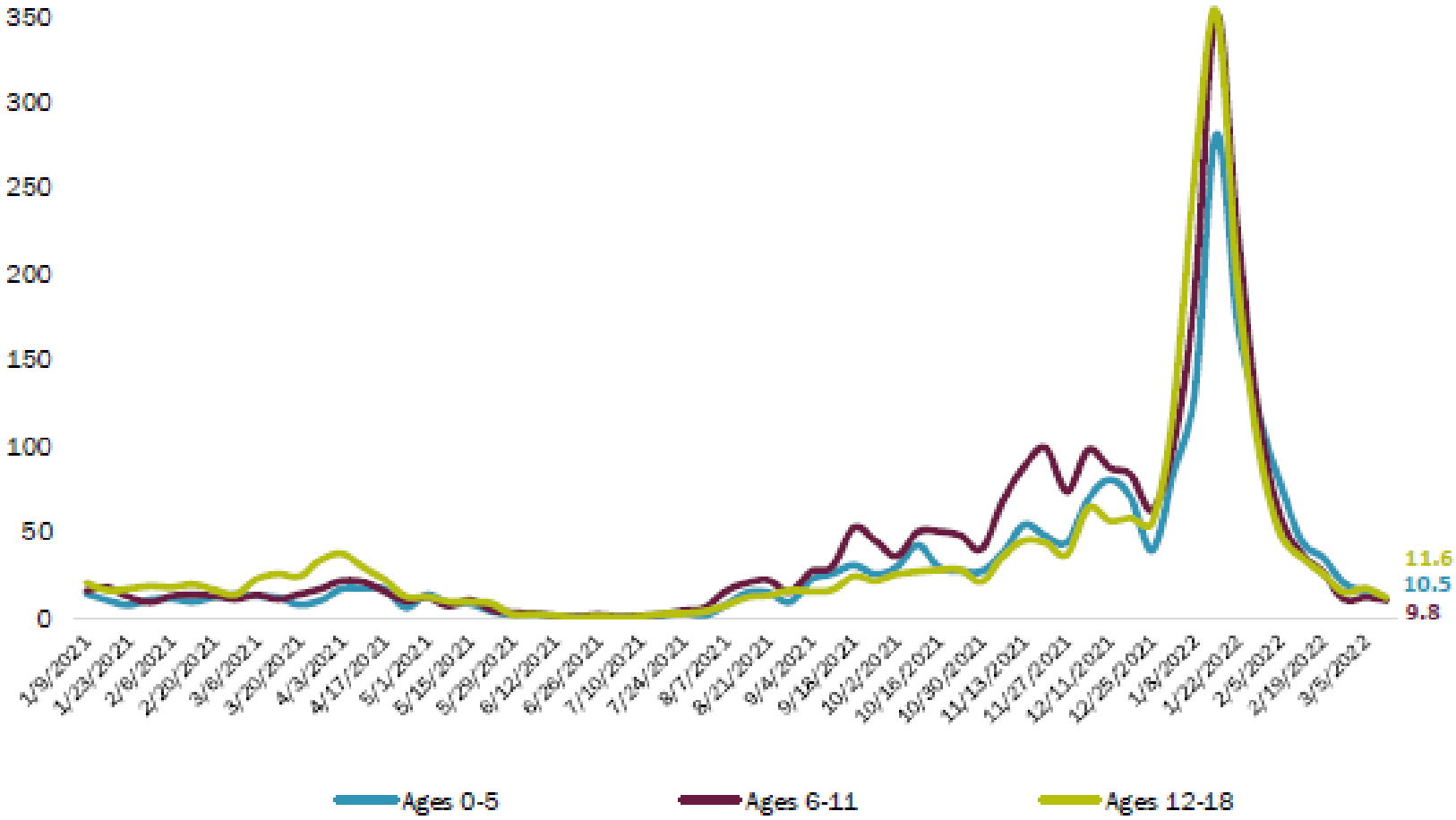
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

## Number of Cases by Week



# COVID-19 Pediatric Cases

Rates by Week by Age Category



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

March 16, 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 3/7-3/13): 2 pos. tests off campus; 0 on campus; 1 faculty; 0 staff (note: UVM was on **spring break** last week).
  - **Bennington College** (as of 3/8/22): 3 total active/2 new active cases.
  - **Middlebury College** (as of 3/14/22): 25 new cases; 67 total active (65 students/ 2 employees)

## From the (national) AAP: child COVID-19 cases (4-week span)



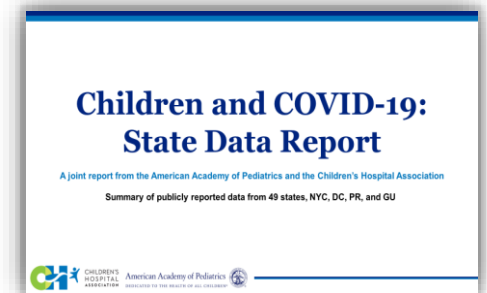
NYT 2.12.22 all ages



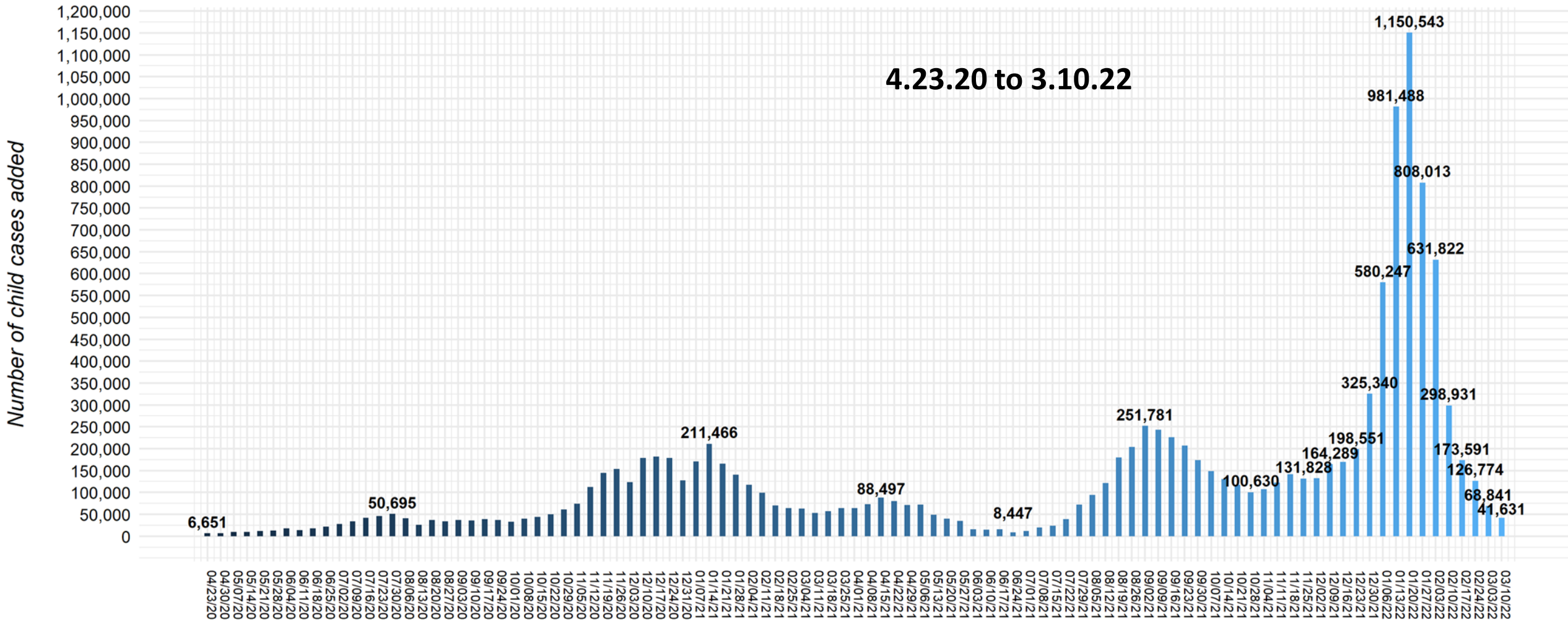
NYT 3.13.22 all ages

**As of 3/10/22 – over 12.7M cumulative confirmed child COVID-19 cases**

- **41,000 child COVID cases reported week ending 3/10/22**
- **Cases down substantially from 1.1 million peak 1/20/22**
- **First week since July 2021 that added cases were below 50,000**



# 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/>

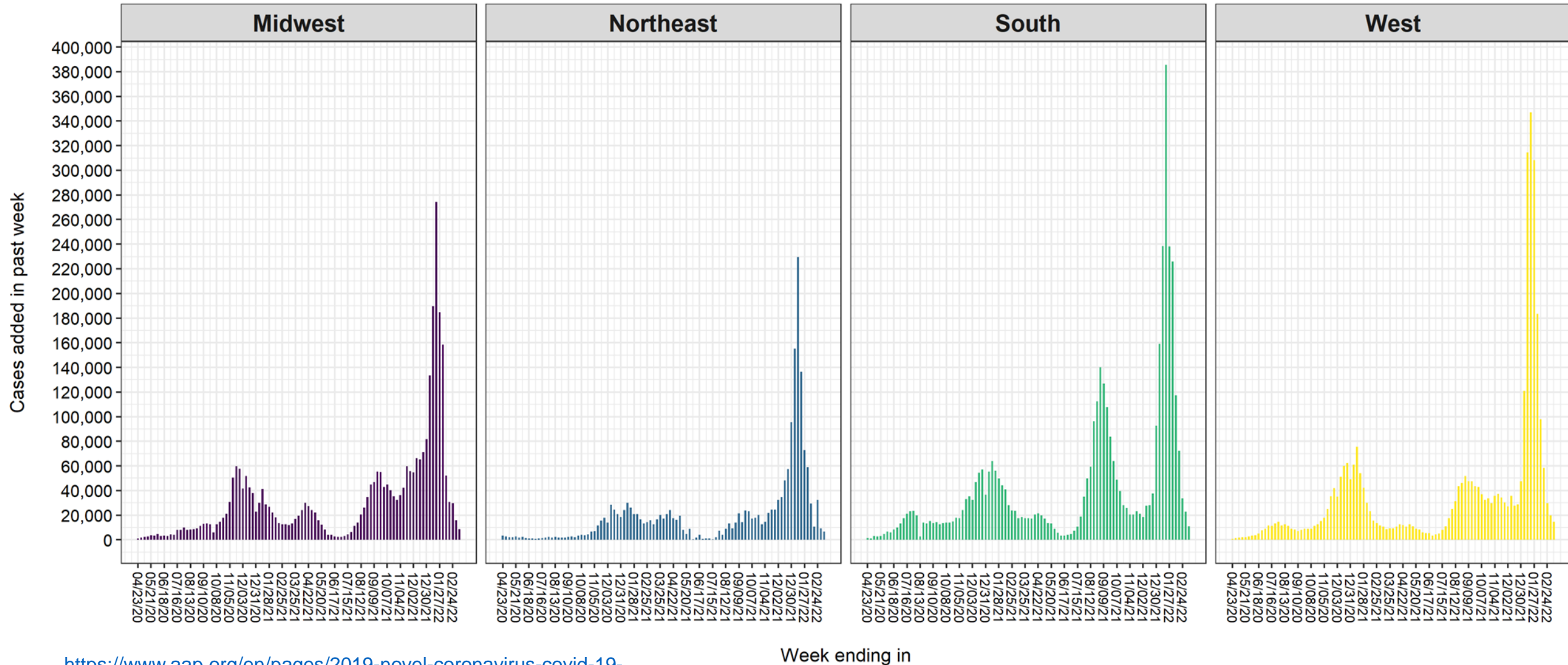
Week ending in

Source: AAP analysis of publicly available data from state/local health departments  
 Note: 6 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, WA as of 3/10/22  
 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, HI cumulative child and total cases through 1/13/22  
 Due to available data and calculations required to obtain MA child cases, cumulative child cases through 3/3/22  
 On 3/10/22, due to available data for DC, cumulative child cases through 3/3/22



4.23.20 to 3.10.22

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



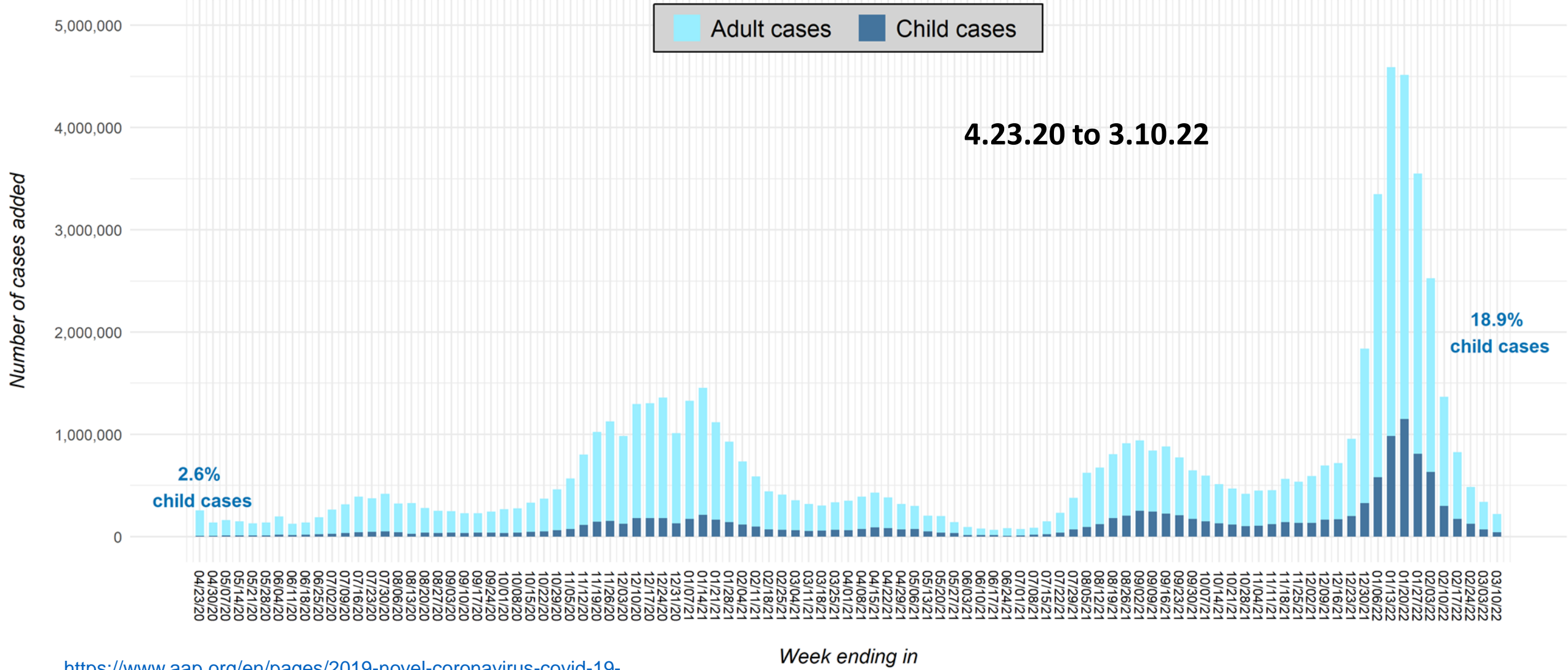
<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

Source: AAP analysis of publicly available data from state/local health departments  
Note: Regions are the US Census Regions

Note: 6 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, WA as of 3/10/22  
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Due to available data and calculations required to obtain MA child cases, cumulative child cases through 3/3/22  
On 3/10/22, due to available data for DC, cumulative child cases through 3/3/22

# 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  
 Note: 6 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, WA as of 3/10/22  
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 Due to available data and calculations required to obtain MA child cases, cumulative child cases through 3/3/22  
 On 3/10/22, due to available data for DC, cumulative child cases through 3/3/22

# Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 3.15.22

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.

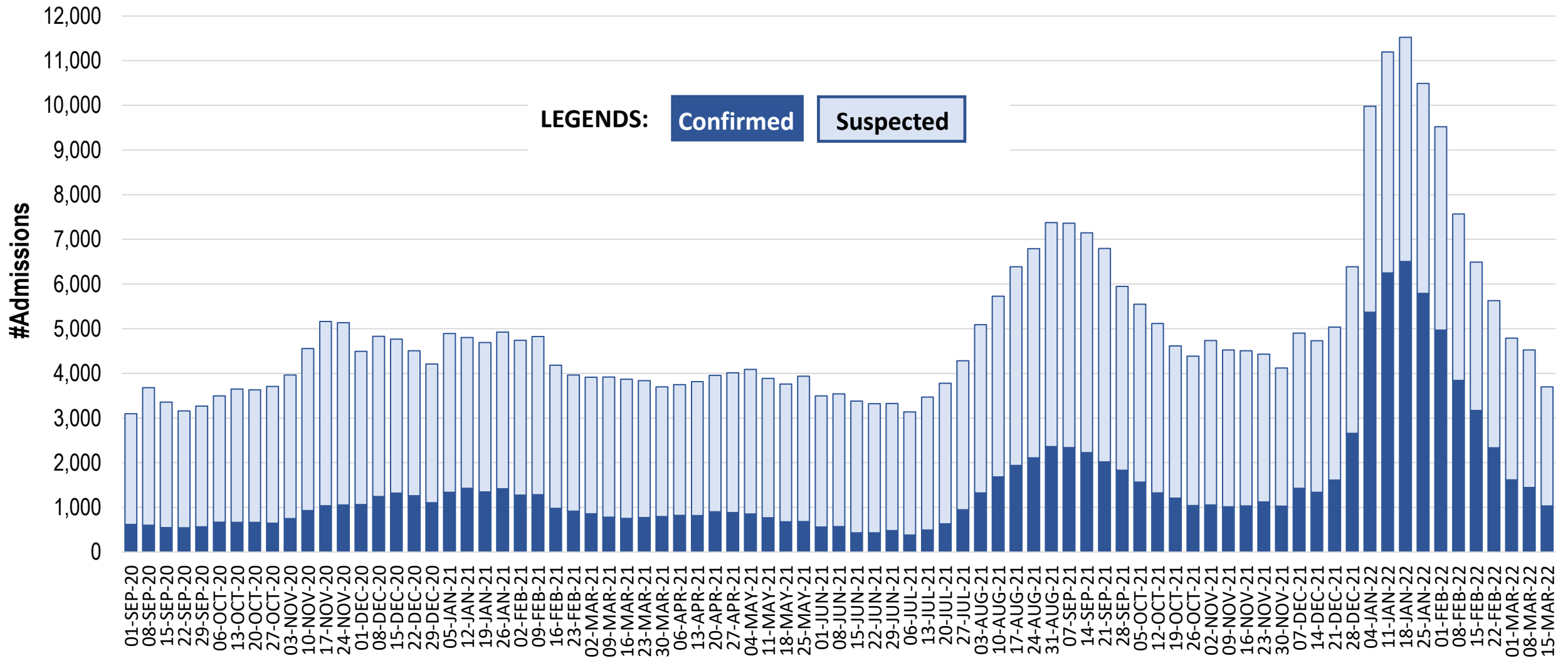
American Academy of Pediatrics

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

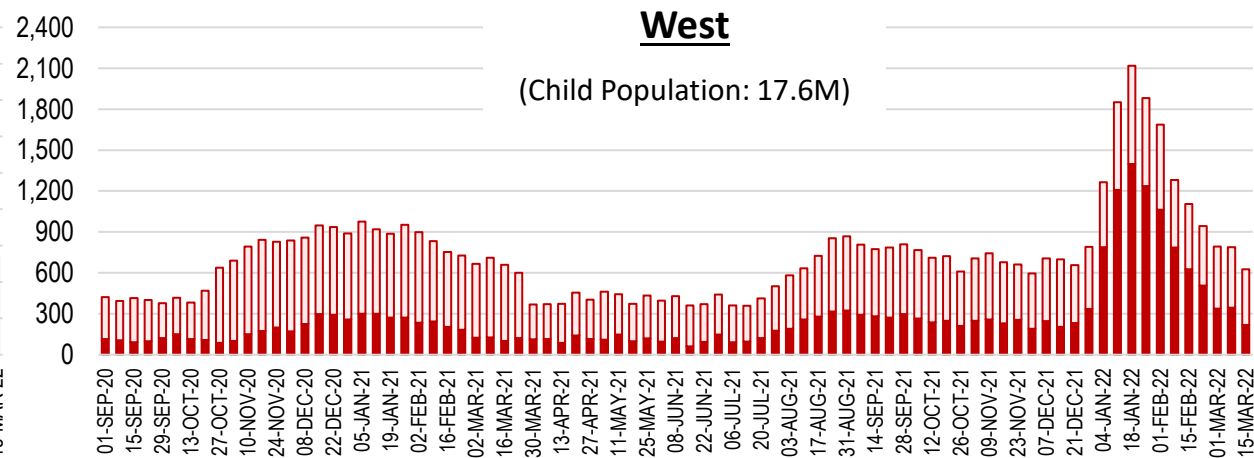
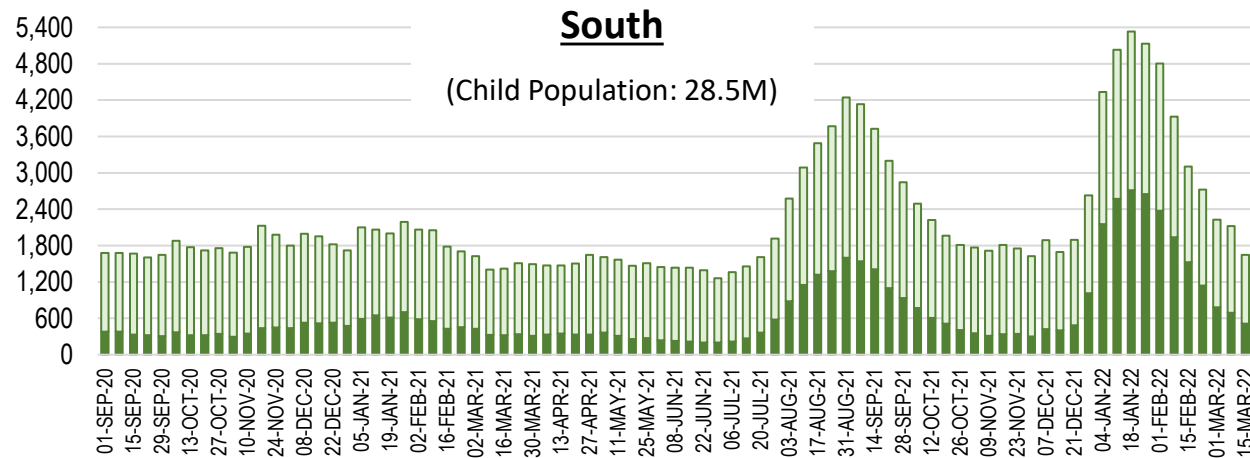
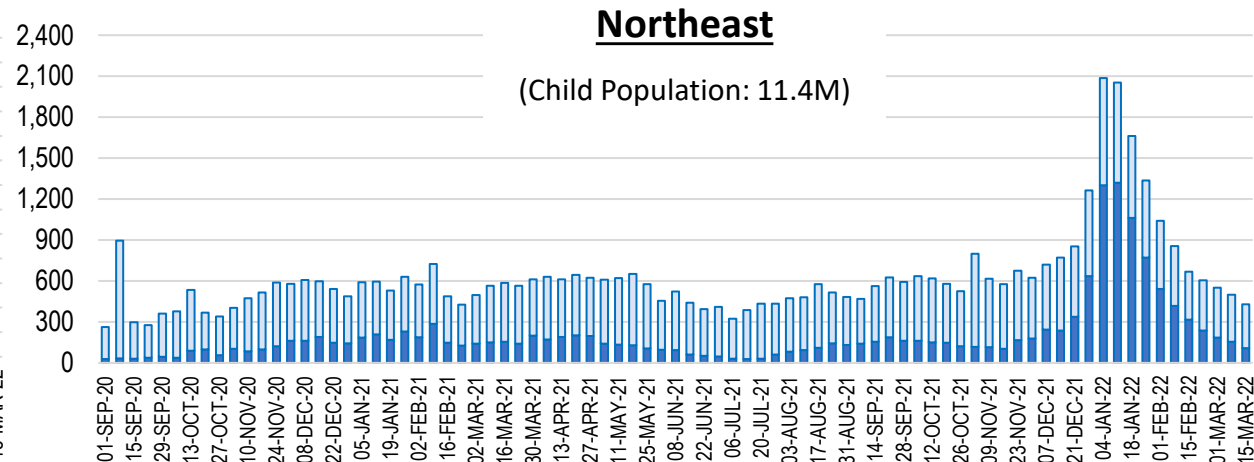
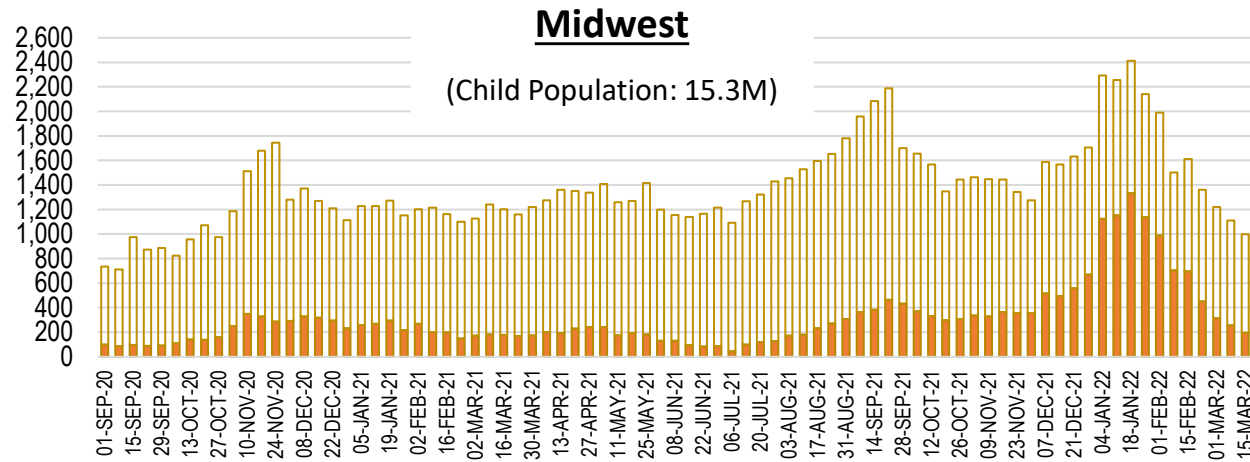
9.1.2020 - 3.15.2022



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 - 3.15.2022



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> )

# 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!

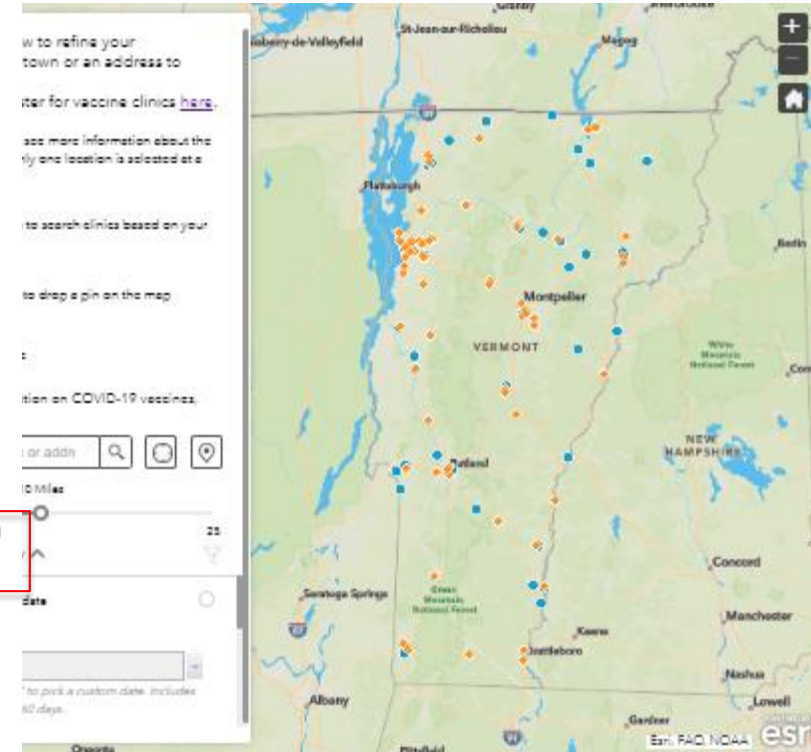
You should get a booster if you are 12 or older and you received:

- 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 (“Statewide” view)

[This slide updated after today’s call]

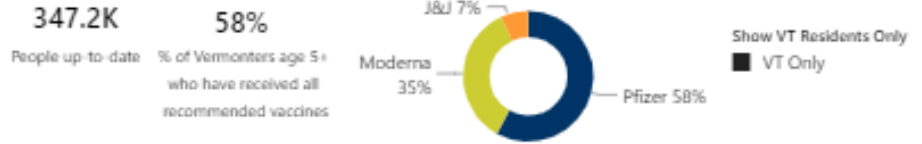
- Daily updates Monday-Friday; now shows “**UTD**” (% 5+ yo with all recommended vaccine doses)
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide:
  - ▣ 5-11 = 57%
  - ▣ 12-17 = 46%
  - ▣ 18-29 = 34%
  - ▣ **VT Age 5+ = 58%**

## Vermont Vaccination Data

Updated 03/16/2022 12:07 PM

Overall **Statewide** By County By County - Additional

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



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	%	Race	%
5 - 11	57%	Asian	52%
12 - 17	46%	Black or African American	43%
18 - 29	34%	Native American, Indigenous, or First Nation	13%
30 - 39	53%	Pacific Islander	16%
40 - 49	57%	Two or more races	61%
50 - 59	60%	White	58%
60 - 64	70%		
65 - 69	79%		
70 - 74	86%		
75+	82%		

Ethnicity	%	Sex	%
Hispanic	73%	Female	62%
Not Hispanic	57%	Male	55%

Race/Ethnicity	5-11	12-30	31-64	65+	Age 5+
BIPOC	57%	41%	62%	84%	55%
Non-Hispanic White	54%	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.

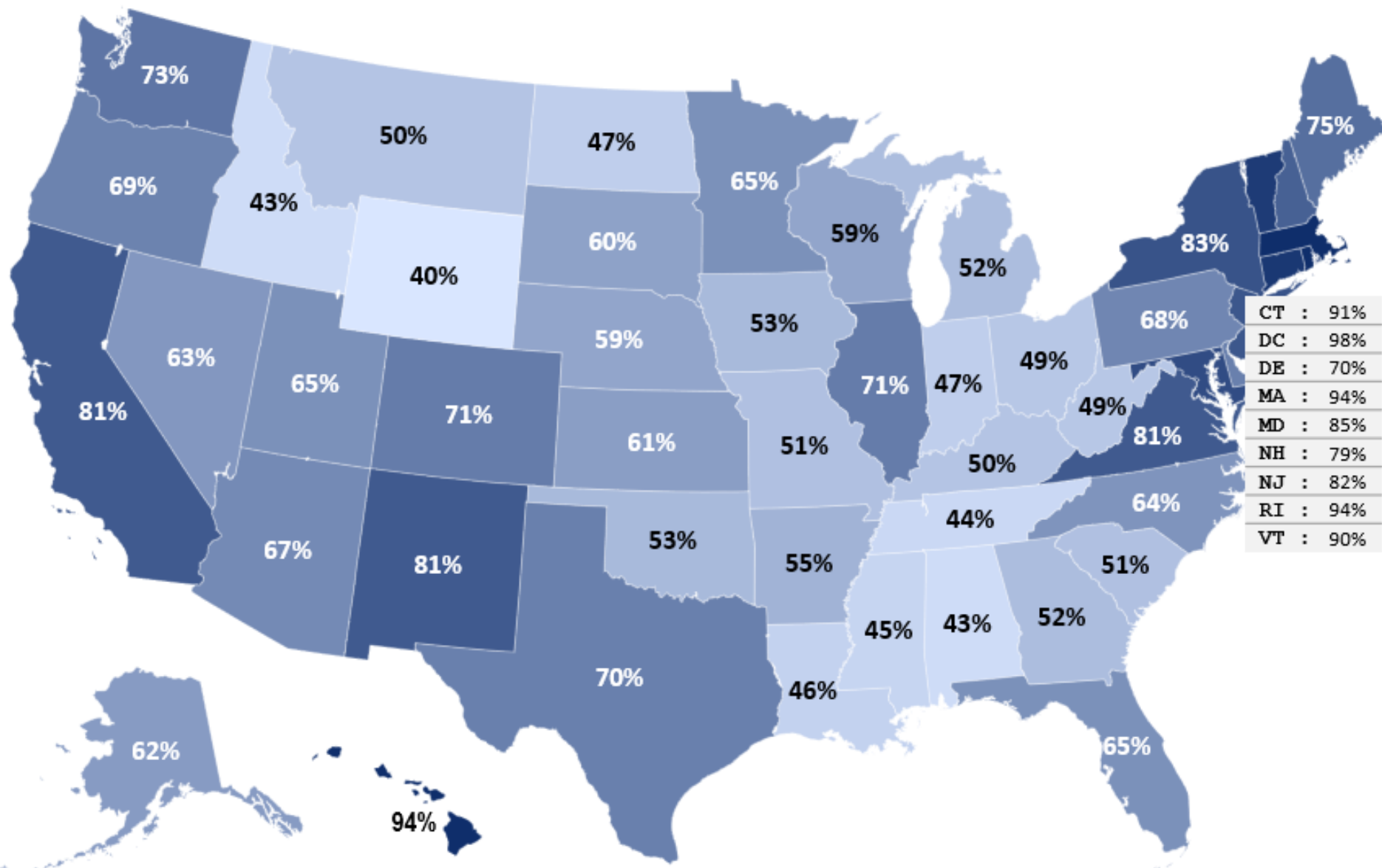
Sex not reported may mean the provider did not collect that information, the patient did not provide it, or the provider or the patient selected a category other than male or female.

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

Received Initial Dose as of 3.9.2022

40% 98%

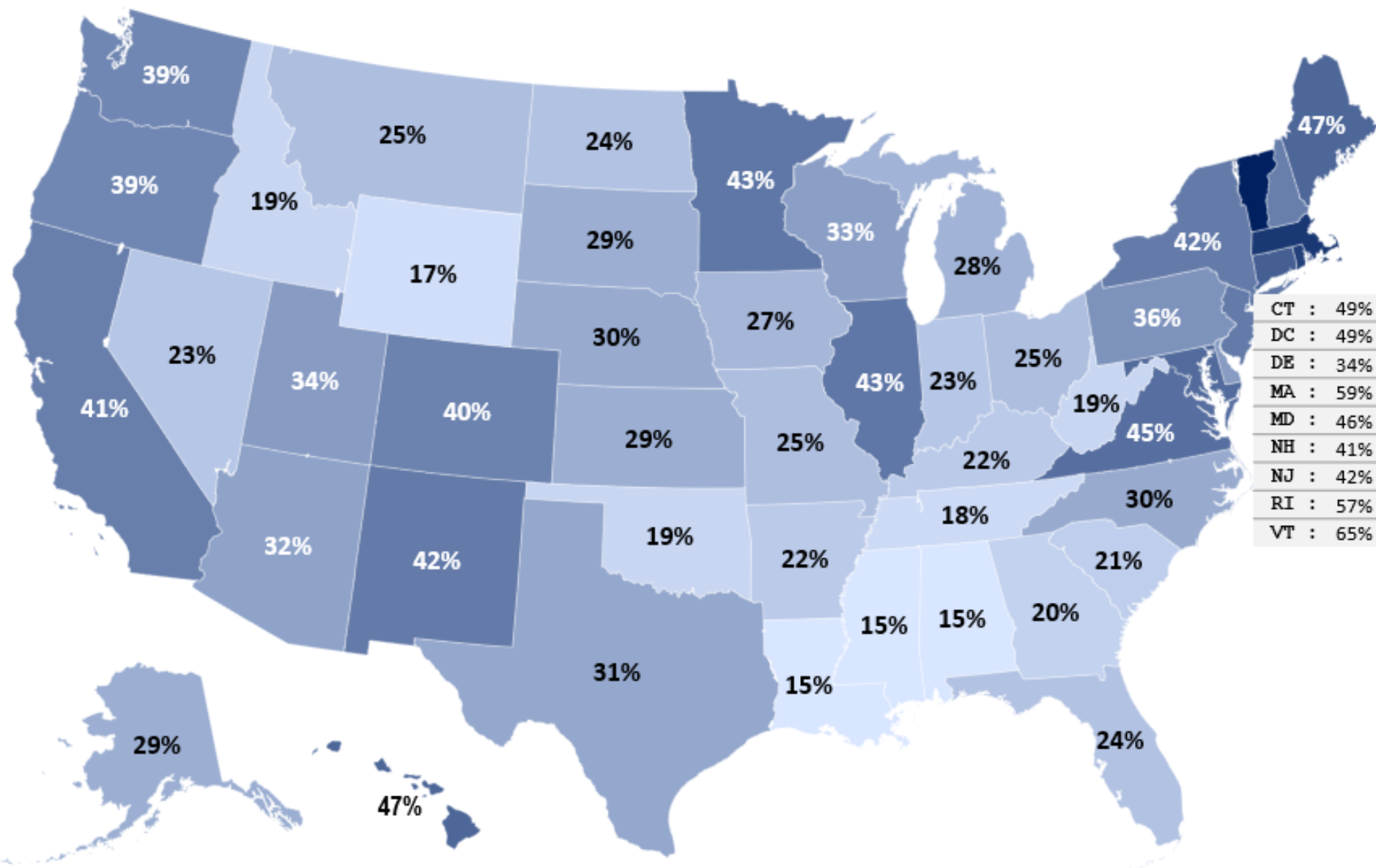


Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc> ). Check state web sites for additional or more recent information.



**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  as of 3.9.2022  
15% 65%



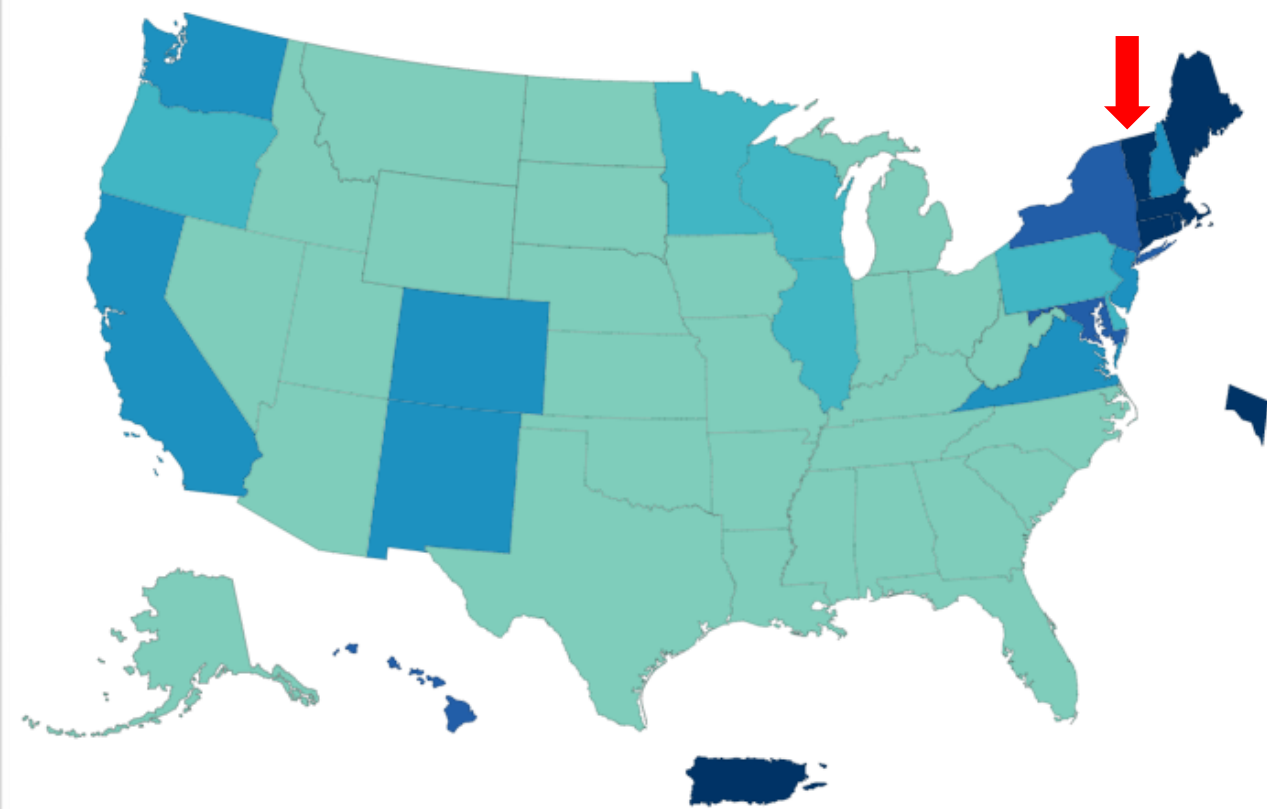
Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc> ). Check state web sites for additional or more recent information.

# From the CDC Vaccine Tracker

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

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 +



— 7-Day moving average

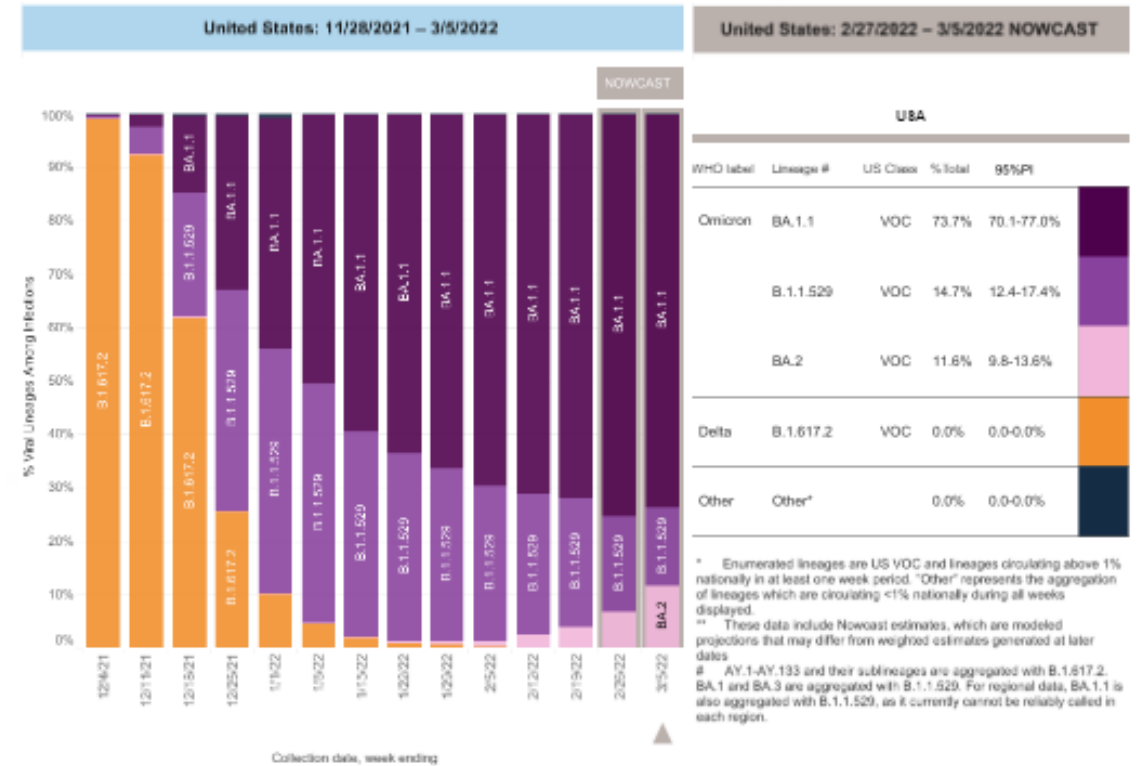
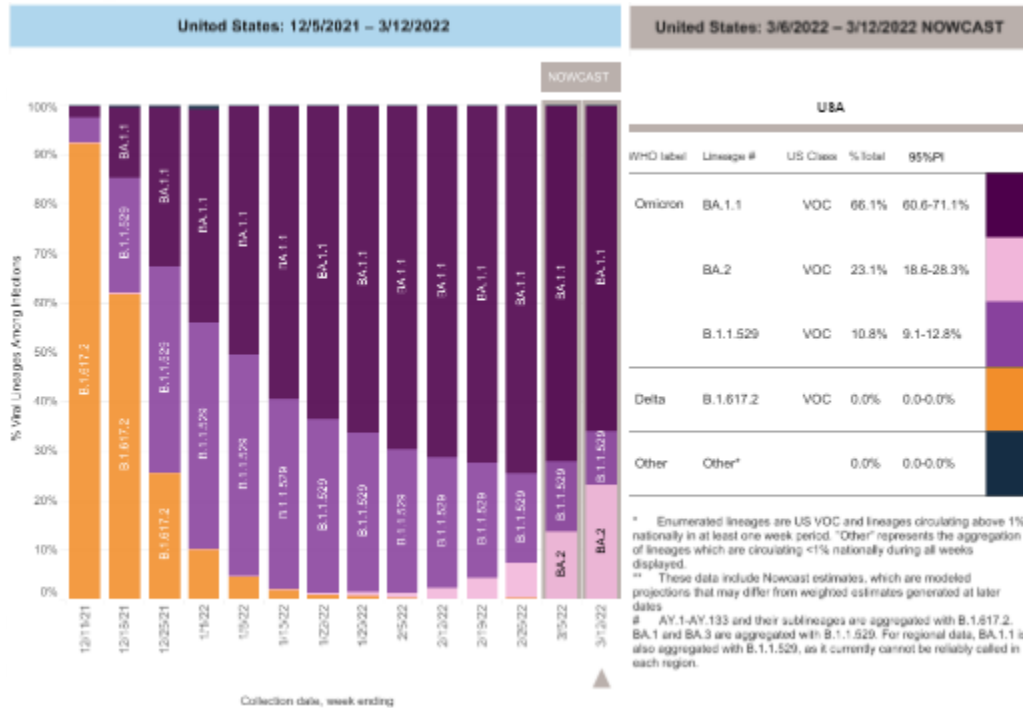


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

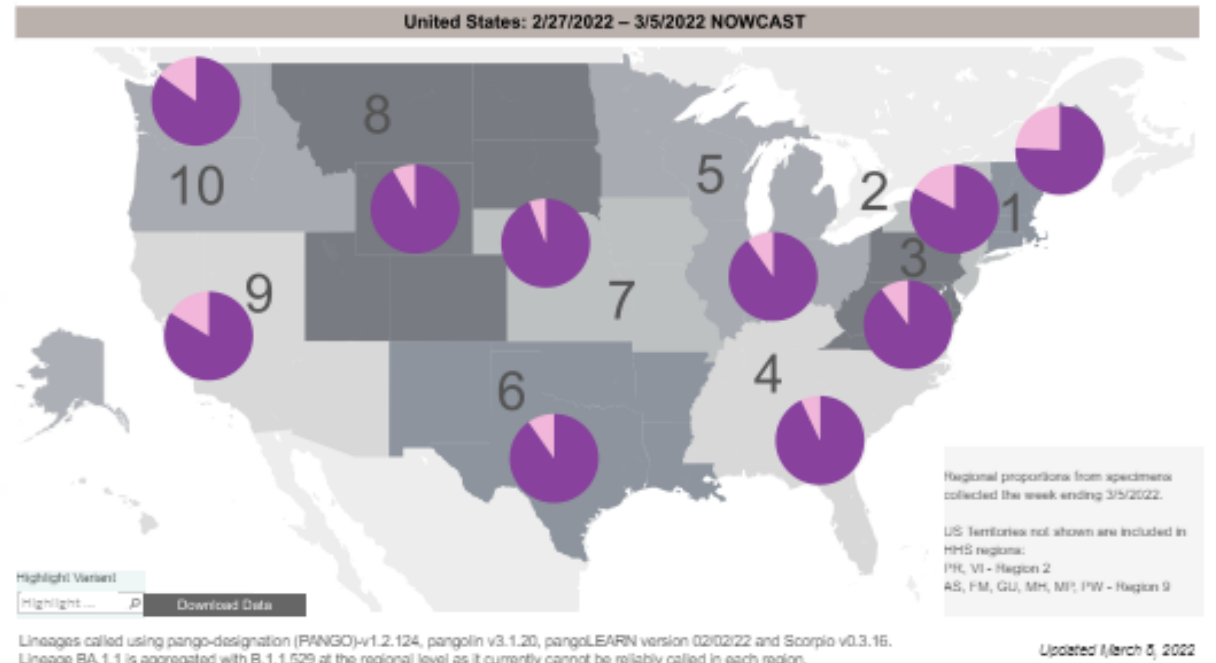
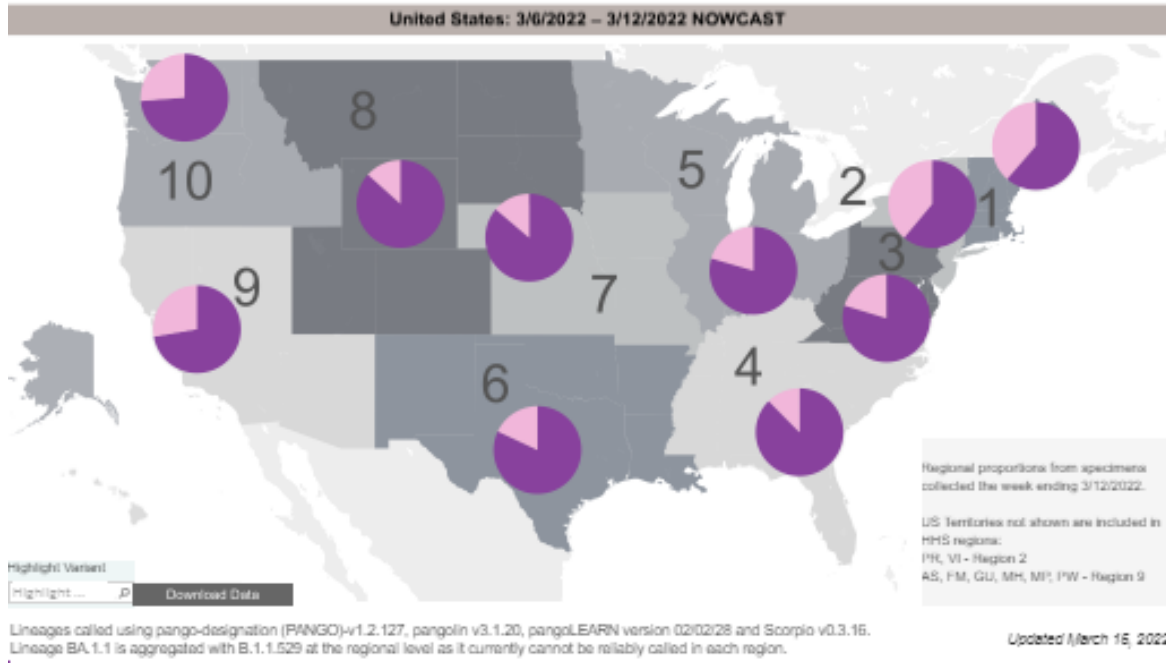
March 16, 2022

# 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 3/12/22  
 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 3/12/22. Note cont'd. emergence of Omicron subvariant BA.2 (LIGHT PURPLE).**

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

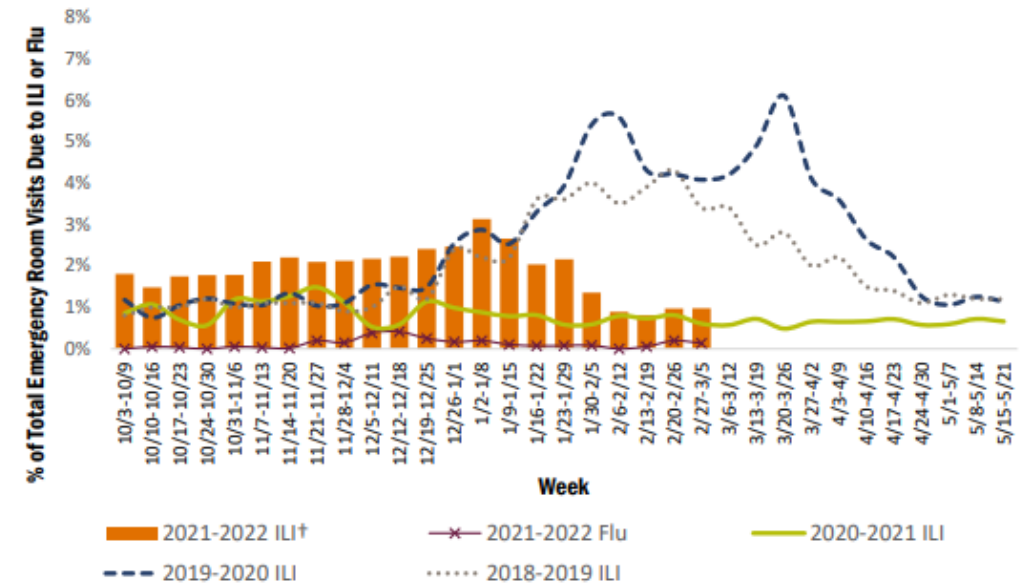
# Don't Forget Influenza!

- Current Influenza-like Illness (ILI) activity level remains **MINIMAL** in Vermont
- **Now 10 pediatric flu deaths this season**
  - ▣ From the CDC: influenza activity is increasing in most of the country. Majority of viruses detected are influenza A (H3N2).
- Link to VDH weekly surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-09.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.

3/11/2022

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

# Practice Opportunity!



In 2021, approximately one in 10 U.S. middle and high school students had used a tobacco product during the preceding 30 days. E-cigarettes were the most commonly used tobacco product in 2021.\*

- VCHIP's **Youth Non-Vaping Team** is facilitating 30-minute lunch and learn sessions
- Dr. LE Faricy is available to **virtually** join your practice for a discussion on youth vaping.
- Ask your questions. Talk about the latest trends. Learn about tools to help your team address youth vaping. Find out what's going on in your schools & community.
- **Contact:**  
**Alyssa.Consigli@med.uvm.edu**

# AAP (National) Updates

*Slides 32 – 36 courtesy of the American Academy of Pediatrics  
(added/revised after today's VCHIP-VDH call)*

# Next AAP COVID-19 Town Hall

- Next Town Hall **Thursday, March 17, 2022 – 8 pm Eastern**
- **Expert Panelists:** Drs. Bonnie Maldonado, Sara Bode, Carol Weitzman
- 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
- 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 COVID Data Tracker – Variant Proportions

- [CDC](#) conducts genomic surveillance of circulating SARS-CoV-2 variants
- Page includes Nowcast, a model that estimates more recent proportions of circulating variants.
- Week ending 3/12/22
  - Omicron BA.1.1            66.1%
  - Omicron B.1.1.529        10.8%
  - Omicron BA.2             23.1%
- Also includes estimates of weighted proportions of variants by state/jurisdiction



# Interim Guidance Forecast

## In Revision

- Therapeutics
  - Addition of bebtelovimab
  - Updated information Evusheld with revised EUA authorizing a higher dose
- Return to Sports
- Face Masks

The screenshot shows the American Academy of Pediatrics website. At the top left is the logo and tagline "DEDICATED TO THE HEALTH OF ALL CHILDREN". A search bar labeled "Search All AAP" is at the top right. Below the navigation bar, a blue banner reads "COVID-19 Interim Guidance" with a breadcrumb trail: "Home / Critical Updates on COVID-19 / COVID-19 Interim Guidance". Underneath, a section titled "Featured Guidance" contains three cards: "Testing" (Clinical Care), "Children with Special Health Care Needs" (Clinical Care), and "Safe Schools" (Population/Community Health). Each card has a "View" button. At the bottom, a disclaimer states: "Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in June 30, 2022 unless otherwise specified."

# FCAAP Statement Regarding the COVID-19 Vaccine and Florida's Children

Posted on [March 7 2022](#) by [fcaap-editor](#)

For more information:

Scott VanDeman, Communications Coordinator // 850-224-3939, ext. 1005 //

[svandeman@fcaap.org](mailto:svandeman@fcaap.org)

Florida Chapter of the American Academy of Pediatrics

March 7, 2022

**Tallahassee** – Following a COVID-19 roundtable convened by Florida Governor Ron DeSantis where Surgeon General Joseph Ladapo recommended against the COVID-19 vaccine for “healthy children,” the Florida Chapter of the American Academy of Pediatrics (FCAAP), which represents more than 2,500 pediatricians across the state, spoke out in support of the COVID-19 vaccine for all eligible children ages 5 and older in Florida.

“The COVID-19 vaccine is our best hope for ending the pandemic,” said FCAAP President Lisa Gwynn, DO, MBA, MSPH, FAAP. “The Surgeon General’s comments today misrepresent the benefits of the vaccine, which has been proven to prevent serious illness, hospitalizations and long-term symptoms from COVID-19 in children and adolescents, including those who are otherwise healthy. The evidence is clear that when people are vaccinated, they are significantly less likely to get very sick and need hospital care. There is widespread consensus among medical and public health experts about the life-saving benefits of this vaccine.”

The American Academy of Pediatrics (AAP) and FCAAP both recommend that all eligible children 5 years and older and adults get the COVID-19 vaccine as soon as they can.

“The American Academy of Pediatrics continues to recommend the COVID-19 vaccine as the best way to protect every eligible child from COVID-19. Children can get sick from COVID, and some get very sick,” said AAP President Moira Szilagyi, MD, PhD, FAAP. “Vaccines have the power to stop epidemics. Children make up a significant part of our population, and vaccinating children must be part of our strategy to control this virus so it cannot continue to spread.”

“The virus is still circulating in Florida,” said Dr. Gwynn. “The vaccine offers children the best opportunity to remain in school for in person learning, which is vital to their mental and emotional health, as well as allowing them to fully engage in all of the activities that are so important to their health and development. It is irresponsible to advise parents not to vaccinate their children against this virus.”

American Academy of Pediatrics

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# Blueprint for Youth Suicide Prevention

## Blueprint for Youth Suicide Prevention

[Home](#) / [Patient Care](#) / [Blueprint for Youth Suicide Prevention](#)



Suicide and suicidal behavior among young and young adults is a major public health crisis. Suicide is the 2nd leading cause of death among young people 10-24 years of age in the United States (US), and rates have been rising for decades.

The American Academy of Pediatrics (AAP) and American Foundation for Suicide Prevention (AFSP), in collaboration with experts from the National Institute of Mental Health (NIMH), created this Blueprint for Youth Suicide Prevention as an educational resource to support pediatric health clinicians and other health professionals in identifying strategies and key partnerships to support youth at risk for suicide.

PHOTO: KATHARINE

American Academy  
of Pediatrics



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American  
Foundation  
for Suicide  
Prevention

### Youth Suicide Prevention: A Call to Action

Suicide is complex but often preventable. Pediatric health clinicians, adults working with youth in school and community settings, families, and peers can play a critical role in identifying and supporting youth at risk for suicide.

Youth and young adults should grow, thrive, and live long, healthy lives. However, among youth in the US who die, over 25% die from suicide. In 2021, AAP partnered with the American Academy of Child and Adolescent Psychiatrists and Children's Hospital Association to [declare a national emergency](#) in child and adolescent mental health. This sobering reality is a call to action: pediatric health clinicians and other adults who work with youth can make a difference. Now more than ever, there is an urgent need for national leadership and partnerships to advance youth suicide prevention.



[www.aap.org/suicideprevention](http://www.aap.org/suicideprevention)

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# From the CDC / MMWR

## SARS-CoV-2 Incidence in K-12 School Districts with Mask-Required Versus Mask-Optional Policies – Arkansas, August-October 2021 (*Early Release 3/8/22*)

- ❑ **Already known about this topic:** Masks are impt. part of a multicomponent prevention strategy to limit transmission of SARS-CoV-2. Some school jurisdictions required masks in K-12 schools fall 2021, while others did not.
- ❑ **Added by this report?** In AR during Aug-Oct 2021, districts with universal mask requirements had a 23% lower incidence of COVID-19 among staff members and students compared with districts without mask requirements.
- ❑ **Implications for public health practice:** masks remain an important part of a multicomponent approach to prevent COVID-19 in K–12 settings, especially in communities with high levels of COVID-19.

# From the CDC / MMWR

- Hospitalization of Infants and Children Aged 0-4 Years with Lab-Confirmed COVID-19 – COVID-NET, 14 States, Mar 2020–Feb 2022 (*Early Release 3/15/22*)
- **Already known about this topic:** COVID-19 can cause severe illness in infants and children, including those aged 0–4 years who are not yet eligible for COVID-19 vaccination.
- **Added by this report?** During Omicron variant predominance beginning in late Dec 2021, U.S. infants and children aged 0-4 were hospitalized at approximately 5X rate of previous peak during Delta variant predominance. Infants aged <6 mos had highest rates of hospitalization, but indicators of severity (e.g., respiratory support) did not differ by age group.
- **Implications for public health practice:** impt. strategies to prevent COVID-19 infants/young children include vaccination of currently elig. populations: e.g., pregnant women, family members, & caregivers of infants & young children.

# Tuesday Media Briefing (3/15/22)



## Governor Phil Scott

- Congratulations to UVM Men's Basketball team on conference championship – VT will be watching Thursday (vs. AR) – *“we know you'll make us proud.”*
- White House call: Walensky – improving hosp. data; in contact w/European counterparts. Fauci: BA2 a bit more transmissible but not more severe/no more “immune evasion” than orig. Omicron. May see U.S. case uptick in a few weeks – will be manageable. Cutting monoclonals distribution to states by 30% b/c Congress did not authorize addtl. funds – VT has good supply.
- Past week 2-yr. anniversary of pandemic – 3/13/20: declared State of Emergency, shut schools, closed businesses & told people to stay home/safe. VT led the way past 2 yrs. – well-positioned we move into new phase.
- Important to pause/reflect on toll taken: Sat., 3/19 is anniversary 1<sup>st</sup> VT COVID death: ordering flags to half-staff. As we transition to new phase can't forget what we've gone thru.

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Mark Levine

- Continue on theme of progress – about 2 years since pandemic became a reality for most in VT. Lived w/variety of emotions: anxiety, isolation, illness, & for some, loss. Some communities impacted more than others. Need to use lessons learned as we move forward w/recovery as a state. Huge strides in public health: vaccines, easy access to testing, new life-saving treatments – all important to keeping us all safe/healthier.
- Balance vigilance around virus & living w/fewer disruptions to our lives, both while trying to get back to overall better physical & mental health.
- Virus still here & will be w/us for some time to come, so following recommendations critical to protect self & others.



# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Mark Levine – **PH Guidance Updates:**

- ❑ If you **test positive**, isolate X 5d. If you're a **close contact**, you do NOT need to quarantine – but get tested if not vaxxed or not UTD on vax. Any **close contact** should get tested if you develop sx's regardless of vax status.
- ❑ Consider your own circumstances & risk in deciding re: additional precautions, including masking around others indoors.
- ❑ Know if you are at higher risk for severe illness – helps inform decisions about risk – & continue to respect decisions/needs of others around you.
- ❑ Important to not let our guard down – VDH will continue public health monitoring/surveillance & remain aware of national/intl. developments.
- ❑ Keep masks & rapid tests – VDH prepared to change if situation changes.

# Tuesday Media Briefing (cont'd.)

VDH Commissioner Mark Levine

## Changes to testing:

- ❑ Rationale: decreased demand; PCR results often not quick enough w/highly transmissible variant. If rapid home test positive, allows quick action: **isolate, tell close contacts, access treatment if appropriate.**
- ❑ Effective March 16: when making appt. at VDH test sites, choose from (take-home) rapid Ag or LAMP tests; OR, PCR still offered for those who need it (for now): e.g, child <2 yo or if result letter needed for travel.
- ❑ Changing case #s mean not testing as often (e.g., around social gatherings); testing only recommended w/sxs; unvaxxed close contact (or not UTD).
- ❑ **Testing:** <https://www.healthvermont.gov/covid-19/testing>
- ❑ **Where To Get Tested:** <https://www.healthvermont.gov/covid-19/testing/where-get-tested>



# Select Q & A

- **Q:** Wastewater monitoring: CDC web site shows some significant increases (VT) last 15d. – will you continue to monitor, and implications? Governor Scott: seeing this across the U.S. but hosp. & ICU #s coming down; bodes well for strains being less severe & supports vaccine efficacy. Commissioner Levine: seven sites getting up & running in VT (using infusion of CDC grant money). Working to determine if more communities interested. This reflects viral copies/liter of wastewater; not a lot of standardization to understand what levels mean – we will watch trends. Even in BTV where seeing increase & more BA2, haven't seen impact on case or hospitalization rates.

# Practice Issues

## *Updated Vermont COVID-19 Public Health Guidance* *VDH Immunization Program Pediatric Vaccine Update*

*Meredith Plumpton, VDH IZ Program Nurse Coordinator*

*Monica Ogelby, VDH Immunization Program Manager*

*Meghan Knowles, VDH IZ Program Provider Communication &  
Training Coordinator*



# Latest VDH Public Health Guidance: Schools

## SEE **Sample school illness policy for possible COVID-19 illness** (March, 2022)

[https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy\\_FINAL\\_March2022.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy_FINAL_March2022.pdf)

### □ NEt

- School nurses may use LAMP or antigen tests to test symptomatic individuals in school
  - Schools will require consent from families to do in-school testing
    - If a student does not have written consent to do in-school testing, the school nurse may call the parent or guardian to obtain verbal consent to perform in-school testing.
    - If the parent does not consent to in-school testing, the symptomatic student will need to be sent home. It is recommended that symptomatic students undergo COVID-19 testing. If COVID-19 testing is not done, the student may return to school if their symptoms have improved, and they have been fever-free for 24+ hours without the use of medication.
  - If the LAMP or antigen test is positive for COVID-19, the student or staff will be required to be sent home. The student should be placed in an isolation room and wear a mask until they are picked up by a parent or guardian. VDH guidance for [isolation](#) should be followed.
  - If the LAMP or antigen test is negative, but the clinical symptoms are indicative of another potential illness and they are not well enough to learn or participate, the student or staff should be sent home from school. A student may be required to wear a mask while awaiting pick up from school to prevent spread of illness to others. This decision should be made by the school nurse based upon clinical decision-making.
  - If the LAMP or antigen test is negative, and the student or staff is presenting with mild symptoms (i.e., runny nose or headache) that may be attributable to another diagnosis (i.e., allergies) the student or staff may return to class. This decision should be made by the school nurse based upon clinical decision-making.
  - If antigen tests are used as a diagnostic tool on a symptomatic student or staff in school, a second test should be sent home with the student or staff so it may be repeated before the start of school the next day by the parent or guardian, or the staff member. However, testing is not required to attend school.
  - In general, COVID re-infection within 90 days of original infection is rare. LAMP tests should not be used on people who have tested positive for COVID-19 within the past 90 days. Newly symptomatic students or staff who have had COVID-19 in the past 90 days may use an antigen test.

# Latest VDH Public Health Guidance: Schools

## SEE **Sample school illness policy for possible COVID-19 illness** (March, 2022)

[https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy\\_FINAL\\_March2022.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy_FINAL_March2022.pdf)

- Return to school post COVID-19 infection
  - A student or staff member may return to school after their 5 days of [isolation](#) if their symptoms have improved and they have been fever-free for 24+ hours without the use of medication
- Return to school after a non-COVID-19 related illness
  - A student or staff member may return to school if their symptoms have improved, and they have met school criteria for that illness (e.g., it has been more than 24 hours without fever, diarrhea, or vomiting).
- If a student does not attend school due to illness, their parent/guardian may access LAMP or rapid antigen tests by picking them up at school. The parent/guardian can perform 1 LAMP test or 2 antigen tests on the symptomatic student. Antigen tests should be taken as close to 24 hours apart as possible. These tests can also be used for testing symptomatic individuals, or close contacts in the home who may not be fully up to date with their vaccinations. Parents/guardians may contact a Primary Care Provider or state testing site to access PCR testing.
- Schools should continue to have access to isolation spaces if a student needs to isolate due to illness.
- School nurses should follow CDC's [Infection Control](#) recommendations for healthcare providers while in the health office.

# Latest VDH Public Health Guidance: Schools

**SEE Sample school illness policy for possible COVID-19 illness** (March, 2022)

[https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy\\_FINAL\\_March2022.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy_FINAL_March2022.pdf)

## Resources

- [COVID-19 | Vermont Department of Health \(healthvermont.gov\)](https://www.healthvermont.gov)
- [What to Do if You Test Positive for COVID-19 | Vermont Department of Health \(healthvermont.gov\)](https://www.healthvermont.gov)
- [What to Do if You Are a Close Contact | Vermont Department of Health \(healthvermont.gov\)](https://www.healthvermont.gov)
- [Getting the COVID-19 Vaccine | Vermont Department of Health \(healthvermont.gov\)](https://www.healthvermont.gov)
- [COVID-19 Resource Center | Agency of Education \(vermont.gov\)](https://www.vermont.gov)
- [VCHIP 2022 COVID Return-to-Play](#)
- [VCHIP 2022 Return-to-Play Algorithm](#)

***Thank you, Kaitlyn Kodzis, VDH State School Nurse Consultant, and Team!***

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

# VT COVID-19 Public Health Guidance (Child Care)



## COVID-19 Recommendations Update

The State of Vermont is updating its COVID-19 recommendations for prevention and mitigation for Vermonters. The update will be a transition from school-based and child care-specific recommendations to general health guidance for all Vermonters as issued by the Vermont Department of Health. These recommendations will take effect Monday, March 14th, 2022.

### General Guidance

Effective March 14th, there will be no child care-specific COVID-19 prevention and mitigation recommendations issued by the State of Vermont. Child care programs should encourage their staff and families to follow the [Vermont Department of Health's recommendations for all Vermonters](#) (this website should be updated by March 14th). The Vermont Department of Health will update these recommendations as public health circumstances warrant.



# VT COVID-19 Public Health Guidance (Child Care)

## COVID-19 Testing Programs

The [Tests for Tots COVID-19 testing program](#) will be phased out at a date not yet determined, in favor of children, families, and staff accessing the same testing programs provided to all Vermonters. In the meantime, we will be making changes to the Tests for Tots program guidance, which will be effective March 14th. These updates will include changes to the quarantine and isolation guidance. Additionally, it is anticipated that the masking requirement in Tests for Tots will be removed, effective March 14th.

## Masking

For programs not participating in Tests for Tots, the decision to wear a mask continues to be up to individual programs to make in partnership with their families. For programs that do not require masks, individual families may continue to have their children mask. We encourage providers to work with children and families in their programs to support these varied decisions.

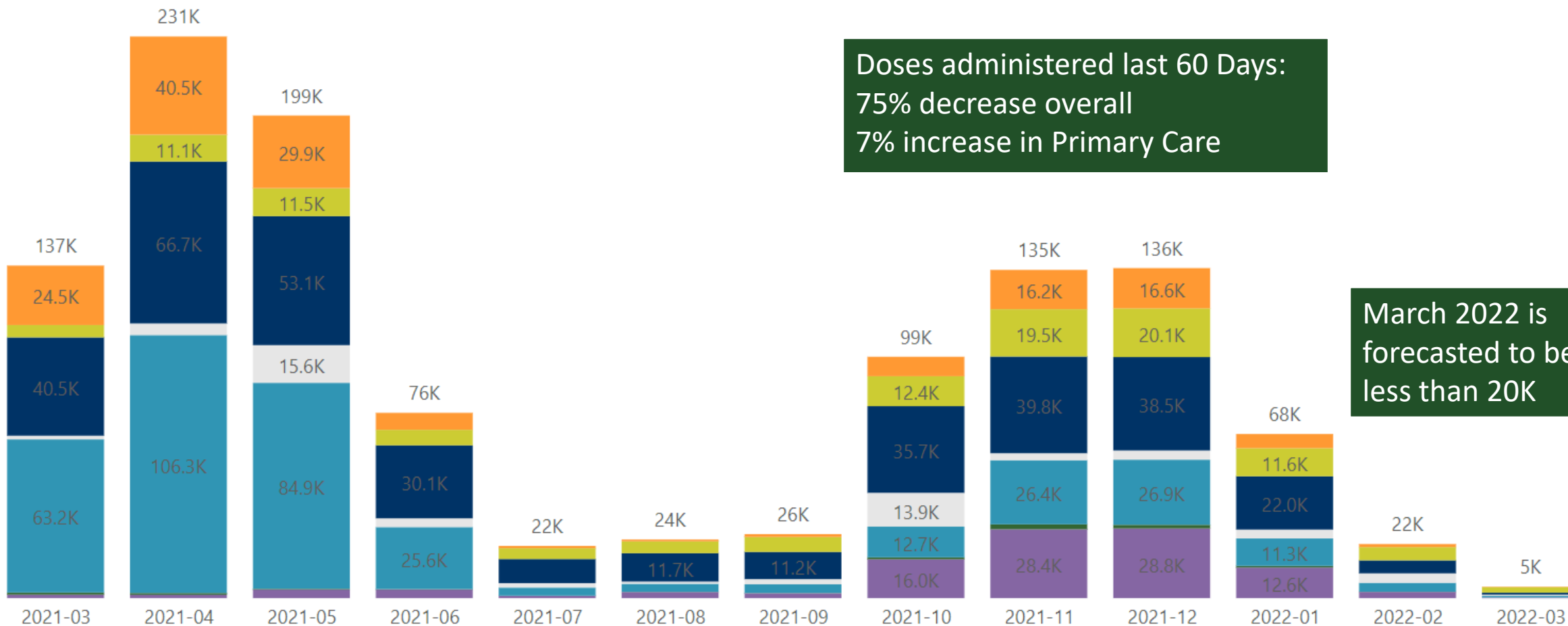


# Vermont Department of Health – Immunization Program

Monica Ogelby, MSN, RN – *Immunization Program Manager*  
Merideth Plumpton, RN - *Nurse Program Coordinator*  
Meghan Knowles – *Provider Communication & Training Coordinator*

# ADMINISTRATIONS BY MONTH/WEEK, BY FACILITY TYPE AS OF 3/8/22

● EMS ● Home Health ● Hospital ● Other ● Pharmacy ● Primary care ● Public health



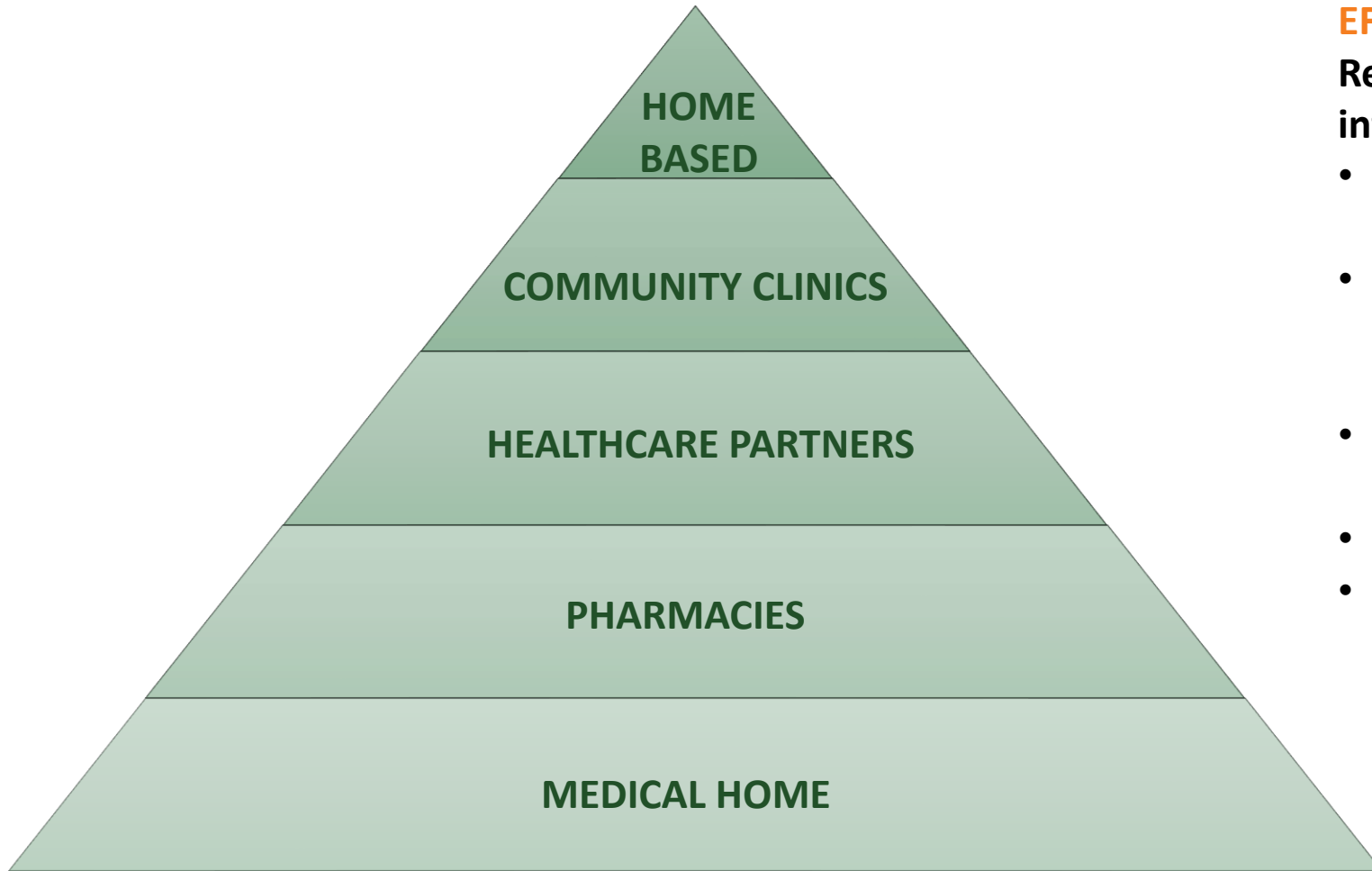
Doses administered last 60 Days:  
75% decrease overall  
7% increase in Primary Care

March 2022 is forecasted to be less than 20K

Note: VTNG is included in Other. A small number of doses administered in Other will be redistributed to Primary Care.



# FUTURE STATE OF COVID VACCINE ADMINISTRATION



## EFFECTIVE APRIL 1

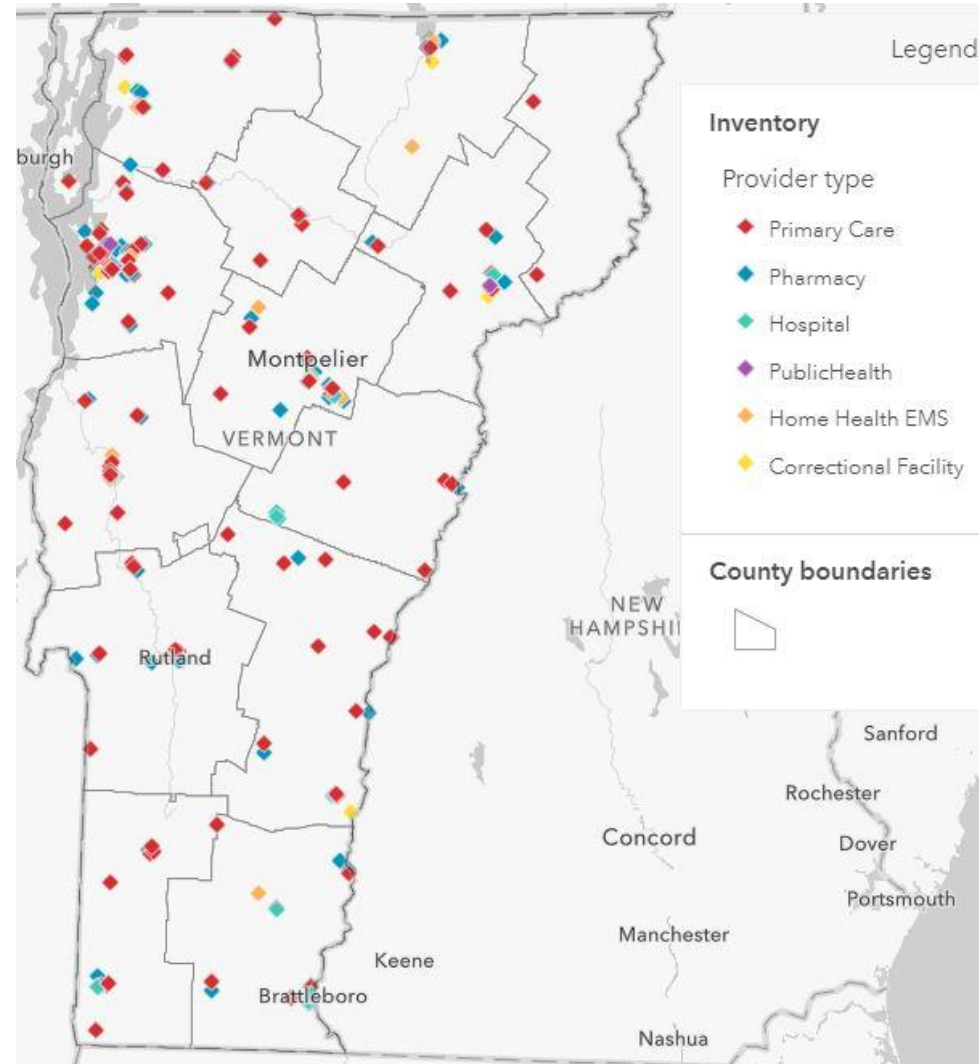
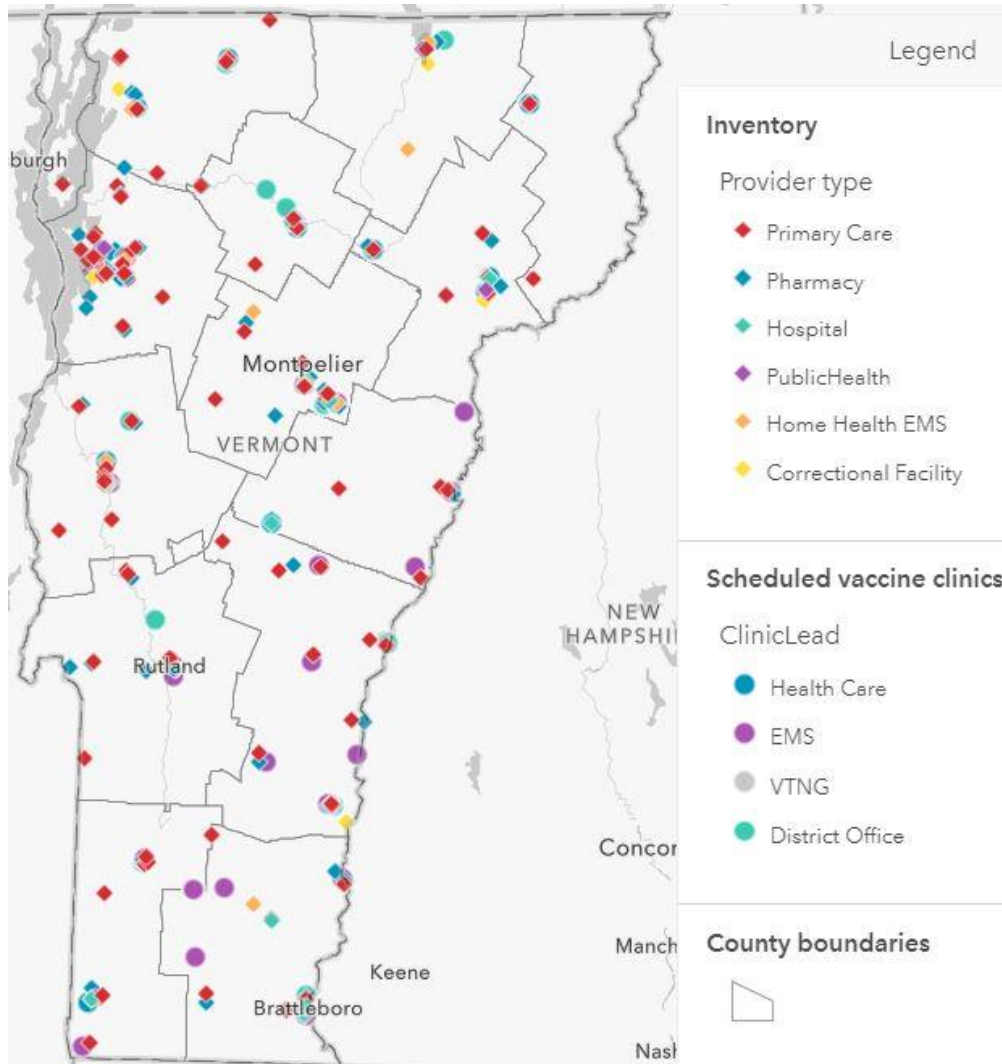
### Return to an improved pre-pandemic infrastructure of vaccine administration:

- Primary care and pharmacies as foundational vaccinators
- Healthcare partners (inc. hospitals and health centers) providing some vaccine to patients on a small scale
- Community clinics will include place-based, equity clinics and gap filling
- Eliminate mass vaccine community clinics
- Repurpose remaining EMS and VTNG to support this infrastructure

## MEDICAL HOME READINESS

- Out of **189** Primary Care Practices, 143 (76%) carry and administer COVID-19 vaccine
- The remaining 46 (24%) have either declined to carry COVID-19 vaccine specifically, or do not carry any vaccines
  - 27 do not carry any vaccines at all (not VCVP/VAVP enrolled)
  - 19 do receive other vaccines but have declined to carry COVID-19 vaccine
    - Blend of naturopaths and very small provider practices

# VACCINE ACCESS WITH CLINICS VS. WITHOUT CLINICS



Data source for vaccine map is from VIMS inventory and TIBERIUS.

## PLAN FOR 6 MONTHS UP TO 5 YEARS PRIMARY SERIES

- Approval for this age group coming soon.
- Communications toolkit for providers are in development to include talking points, social media and printed materials for proactive outreach to all patients.
- 21,931 kids age 6m-4 are associated with these 60 practices already committed to administering vaccine.
- 16 facilities serving 607 patients this age, have arranged to refer to partner practices
- Outreach and planning efforts continue.
- Both funding to support efforts and/or staffing support are available to practices.

District	As of 2/25/22	Total*	PCPs planning to administer to < 5 yo		
	# of PCPs serving 6m-4**	# of 6m-4 associated with PCPs	# of PCPs	# of 6m-4 patients	% of total 6m-4yos in district
Barre	13	2149	2	1516	71%
Bennington	12	1751	5	1679	96%
Brattleboro	11	1426	3	1197	84%
Burlington	31	8137	15	7273	89%
Middlebury	13	1611	4	1456	90%
Morrisville	7	1095	6	1045	95%
Newport	5	999	2	742	74%
Rutland	11	2081	2	1516	73%
Springfield	7	1095	3	696	64%
St. Albans	11	2132	6	2063	97%
St. Johnsbury	5	1131	5	1131	100%
WRJ	11	1694	7	1617	95%
Total overall	137	25227	60	21,931	87%

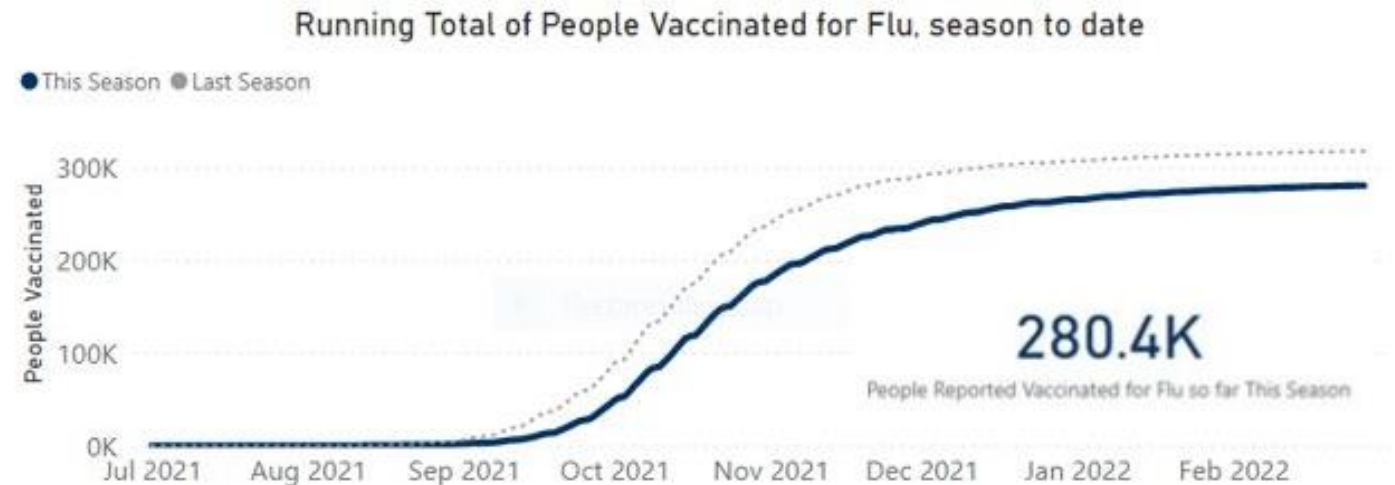
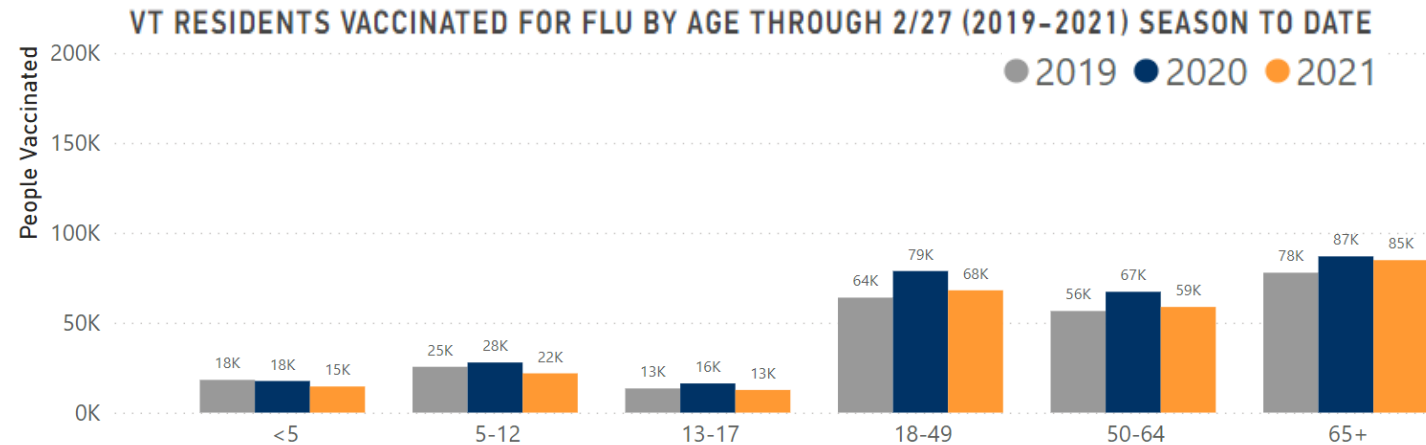
\*This number comes from the 2/16/2022 IMR report on 5-11-year-old COVID-19 vaccination coverage

\*\*In this table, the primary care providers counted are those specifically identified as family medicine or pediatric practices according to VDH COVID-19 enrollment.

## PLANNING FOR SEASONAL VACCINE

- In the 2021-2022 flu season
  - of Vermonters 18 years old or younger – almost 90% of them received their flu vaccine at a primary care office.
  - of Vermonters older than age 18 – about 42% of them received their flu vaccine at a pharmacy and another 43% received their flu vaccine at a primary care office.
- Hospitals were the next largest vaccinator, vaccinating about 6% of Vermonters.
- Information of where one received a flu vaccine is missing for about 8% of Vermonters.
- Approximately 100K people/month are vaccinated during peak demand
- **There is no indication that this is a likely CDC recommendation at this time**

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# Immunization Program Reminders

- Normalized COVID-19 Vaccine Ordering started this week
  - Resource is available:  
[www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-COVID19-Vaccine-Ordering-Guidance.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-COVID19-Vaccine-Ordering-Guidance.pdf)
  - Training will occur on March 22, 12:15 pm – 1:00 pm. Invitation went out yesterday (03/14) to all IZ contacts, please e-mail [AHS.VDHImmunizationProgram@vermont.gov](mailto:AHS.VDHImmunizationProgram@vermont.gov) if you would like it sent again.

Communications, Trainings, and Provider Updates are all available on our Website:  
[www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals](http://www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals)

# Practice Opportunity!



In 2021, approximately one in 10 U.S. middle and high school students had used a tobacco product during the preceding 30 days. E-cigarettes were the most commonly used tobacco product in 2021.\*

- VCHIP's **Youth Non-Vaping Team** is facilitating 30-minute lunch and learn sessions
- Dr. LE Faricy is available to **virtually** join your practice for a discussion on youth vaping.
- Ask your questions. Talk about the latest trends. Learn about tools to help your team address youth vaping. Find out what's going on in your schools & community.
- **Contact:**  
**Alyssa.Consigli@med.uvm.edu**

# Addressing Eating Disorders in Vermont Youth

- Eating Disorders Consult Clinic receiving many referrals; working on increasing staffing.
- VT Department of Mental Health seeks collaboration on work force development (and is supporting with some funding).
- Dr. Gibson planning full day **virtual** training (May, 2022) to be recorded for subsequent viewing.

# Addressing Eating Disorders in Vermont Youth (cont'd.)

- Current list of topics under consideration:
- Please send feedback on additional topics you would like to see covered to:  
[erica.gibson@uvmhealth.org](mailto:erica.gibson@uvmhealth.org)

Medical Provider Survey: What topics do you want to learn more about?

TYPE INTO CHAT TO ME, OR EMAIL ME AT [ERICA.GIBSON@UVMHEALTH.ORG](mailto:ERICA.GIBSON@UVMHEALTH.ORG)

1. Recognition
2. Diagnosis
3. Initial medical evaluation: vitals, labs, studies, etc...
4. Medical monitoring: vitals, labs, studies, etc...
5. When to refer to the ER or for medical admission for medical stabilization
6. Referral to outpatient multidisciplinary providers: individual therapy, family therapy, RDs, others
7. Specific eating disorders? Anorexia, Bulimia, Binge Eating...
8. Eating disorders that involve purging/self induced vomiting?
9. Levels of care:
  - a. Outpatient multidisciplinary care in the home setting
  - b. Intensive Outpatient Programs (IOP): virtual and out of state
  - c. Partial Hospitalization Programs (PHP): virtual and out of state
  - d. Residential Treatment Programs: out of state
  - e. Inpatient Eating Disorder Programs: out of state
10. Goals of Outpatient multidisciplinary care in the home setting
11. Coordinating multidisciplinary outpatient care
12. When to refer to higher levels of care
13. Understanding multidisciplinary approaches
  - a. Mental health provider approaches to care
  - b. RD approaches to care
14. Other? \_\_\_\_\_

## Reminder:

# 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!***



# VCHIP-VDH COVID-19 Call Schedule

## March calls – currently all *Wednesdays*:

- ❑ 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](mailto:vchip.champ@med.uvm.edu)*
- ❑ VMS calls w/VDH Comm. Levine now 1<sup>st</sup> and 3<sup>rd</sup> Thursdays



***Approaching our 2-year anniversary!***

# 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](mailto:vchip.champ@med.uvm.edu)
  - ▣ **What do you need** – how can we be helpful (specific guidance)?
- **VCHIP CHAMP VDH COVID-19 website:**  
[https://www.med.uvm.edu/vchip/projects/vchip\\_champ\\_vdh\\_covid-19\\_updates](https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates)
- Next CHAMP call – ***Wednesday, March 23, 2022 12:15 – 1:00 pm VIA ZOOM!***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – ***tomorrow, March 17 – 12:30-1:00 p.m.***
- **Join VMS Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkJuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
  - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#