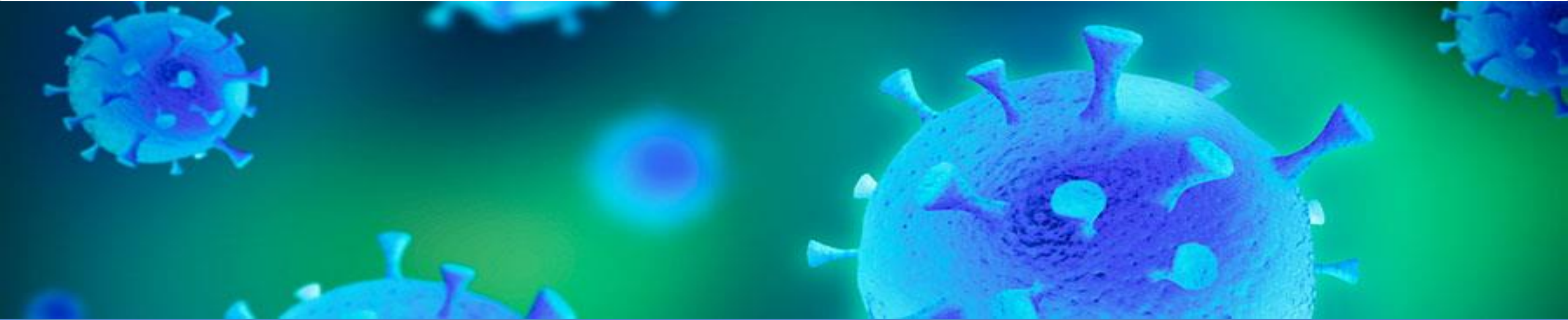


VCHIP / CHAMP / VDH COVID-19 UPDATES



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 23, 2022



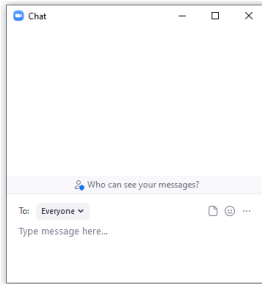
Please bear with us...

Technology Notes – “Welcome to Zoom!”

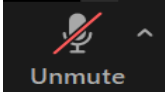
1) **All participants will be muted upon joining the call.**

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

- **Happy 12th Anniversary of the Affordable Care Act!**
- Happy Spring – Happy Mud Season!
 - Also National Puppy Day (Cuddly Kitten Day)
- Coming soon: Black Maternal Health Week (April 11-17)
- Reminder – weekly event schedule:
 - **March 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 Recovery – Strategies to Support Child & Adolescent Mental & Behavioral Health**
- Q & A/Discussion



<https://www.greenmountainclub.org/early-spring-wildflowers-of-vermont/>



Twitter: @JaneLindholm

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

VCHIP-VDH COVID-19 Call Schedule

March calls – currently all *Wednesdays*:

- ❑ **3/2, 3/9, 3/16, 3/23, 3/30**
- ❑ **April:** current plan is to continue on Wednesdays, with the **possible exception of April 20**
- ❑ **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 and 3rd Thursdays



VMS *COVID Convos* with Health Commissioner Levine

- **2022 Schedule**
- **Calls with VDH Commissioner Levine now 1st and 3rd Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 4/7/22**
- **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=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ **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

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



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 – 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/>



Situation update

New Cases

199

115,531 Total

Currently Hospitalized

16

Hospitalized in ICU

2

Percent Positive 7-day Avg.

4.9%

New Tests

6,297

3,449,794 Total

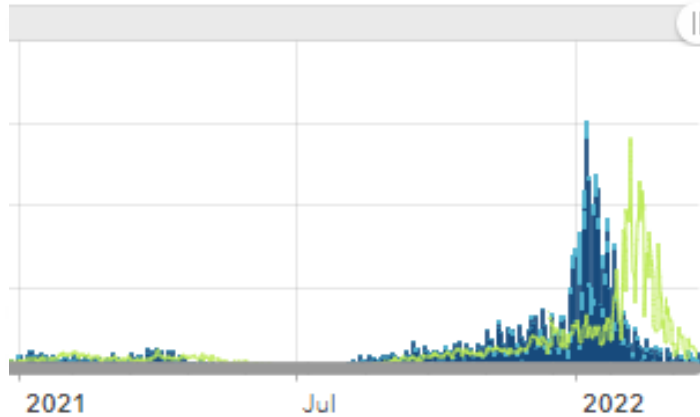
Deaths

614

0.5% of Cases

Last Updated: 3/23/2022, 11:12:46 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: 17,933 VT total cases; 89 new/27 hosp.

U.S. **79.69 million+** cases; **972,010 deaths**

<https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 3/23/22)

Past week: av. 29,288 cases/day (14d. change **-26%**)

6.09 million+ deaths worldwide; 474.0 million+ cases (-6% & +8% 14-day change respectively)

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

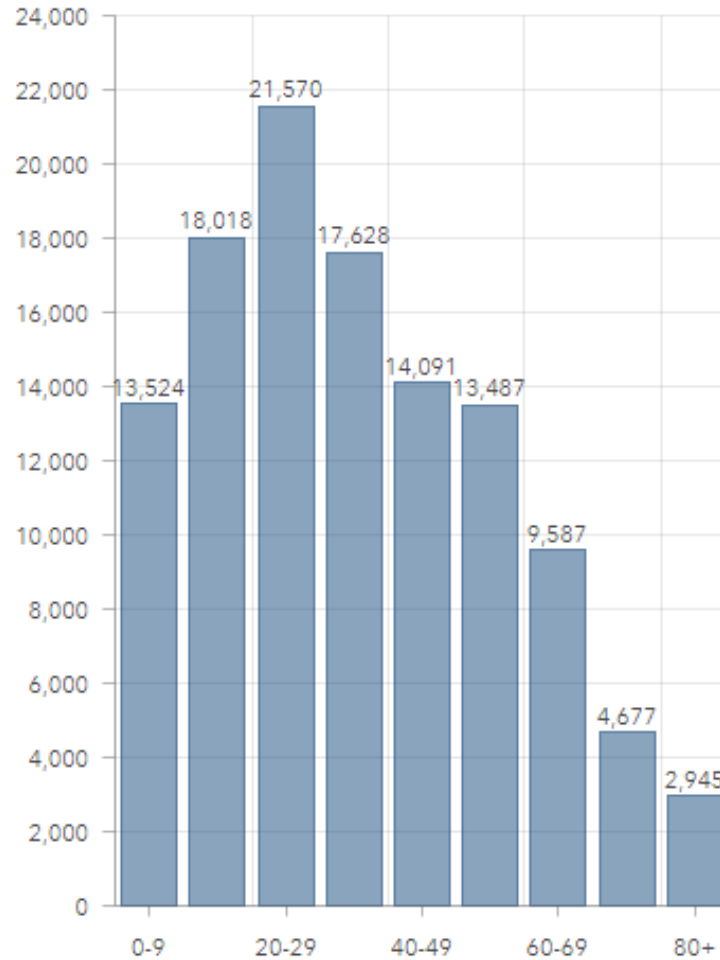
Table of Contents: Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.

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>

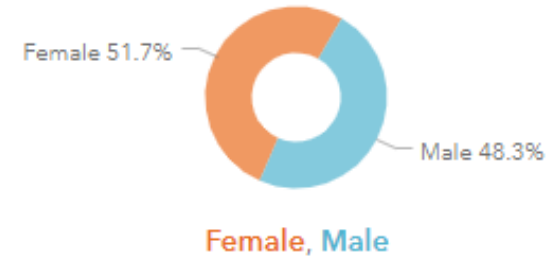
March 23, 2022

Situation update

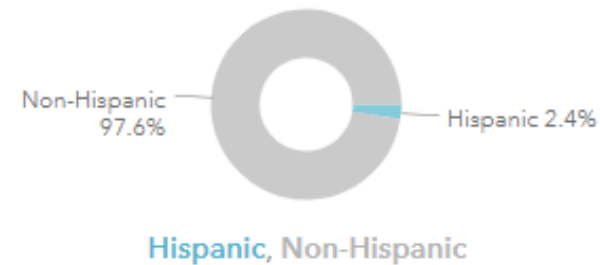
Cases by Age Group if Known *



Cases by Sex *



Cases by Ethnicity if Known *



Cases by Race if Known *



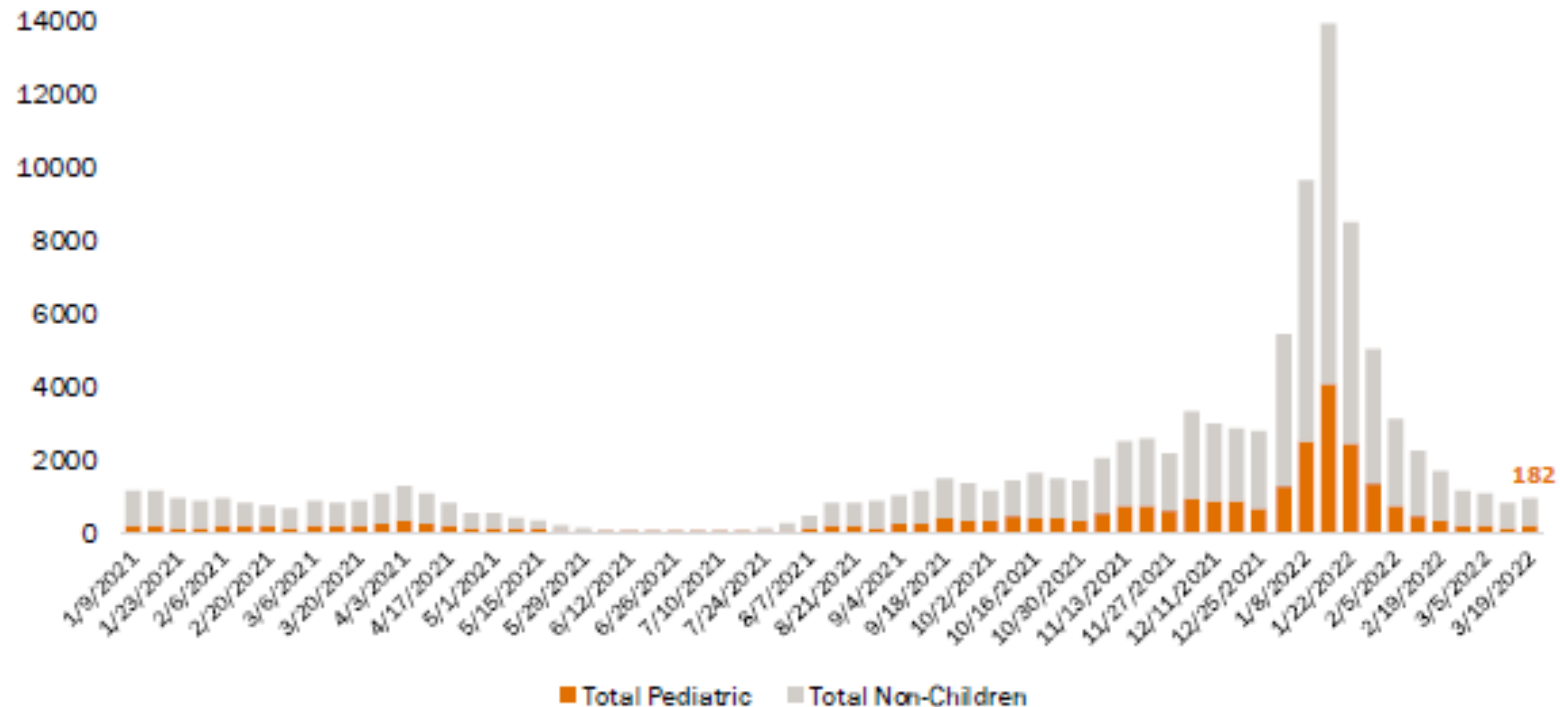
Black or African American, Asian, Other Race, American Indian or Alaska Native, White

Case Demographics

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

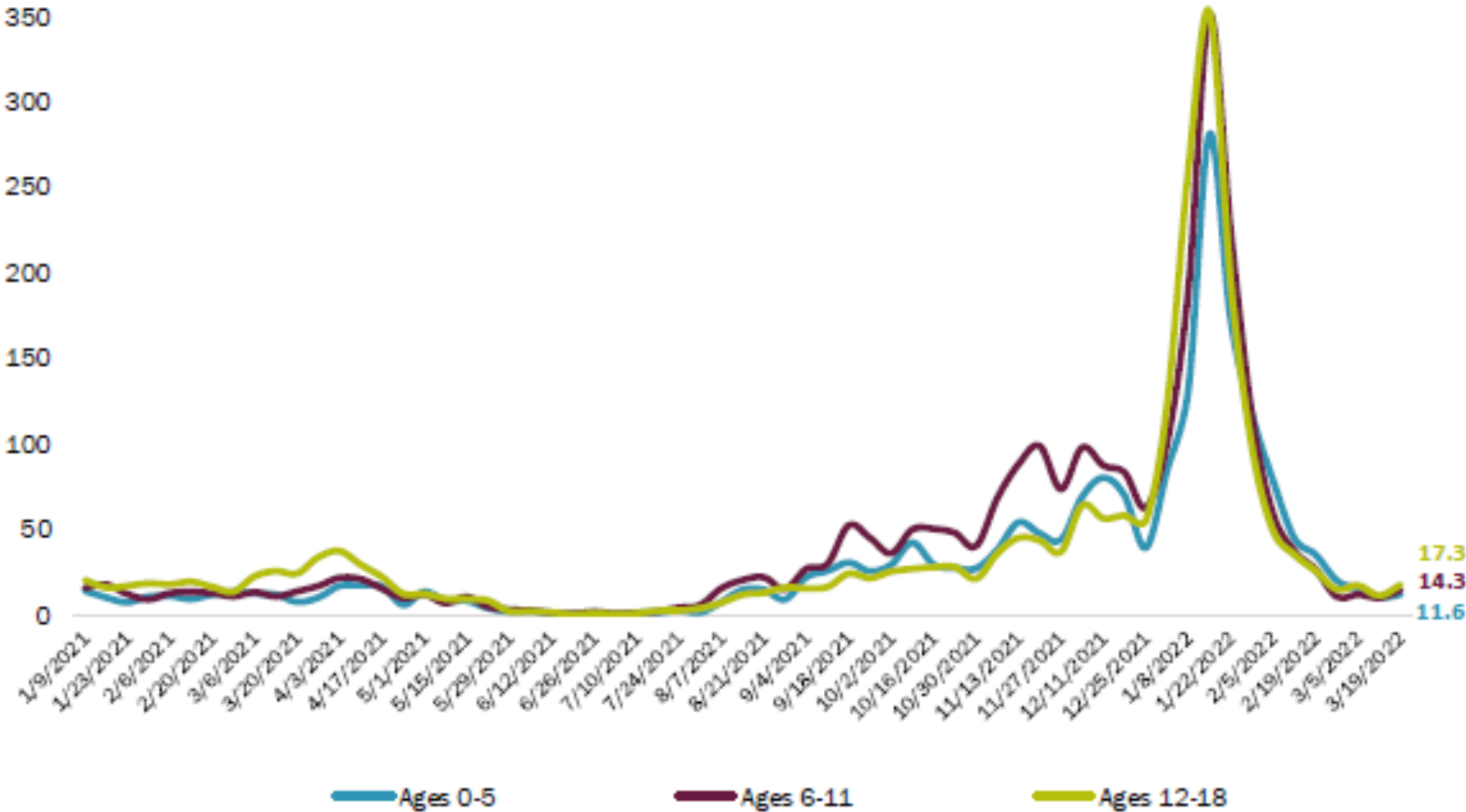
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

Number of Cases by Week



COVID-19 Pediatric Cases

Rates by Week by Age Category



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

March 23, 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 3/14-3/20): 20 pos. tests off campus; 14 on campus; 1 faculty; 1 staff (last week was first week back from Spring Break).
 - **Bennington College** (as of 3/17/22): 1 total active/0 new active cases.
 - **Middlebury College** (as of 3/22/22): 8 new cases; 8 total active (6 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**

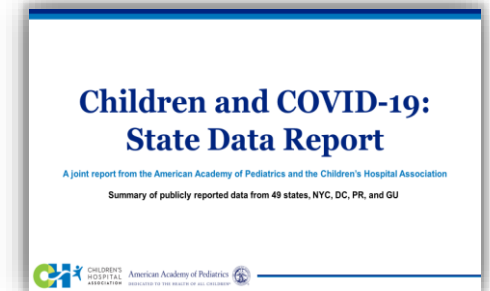
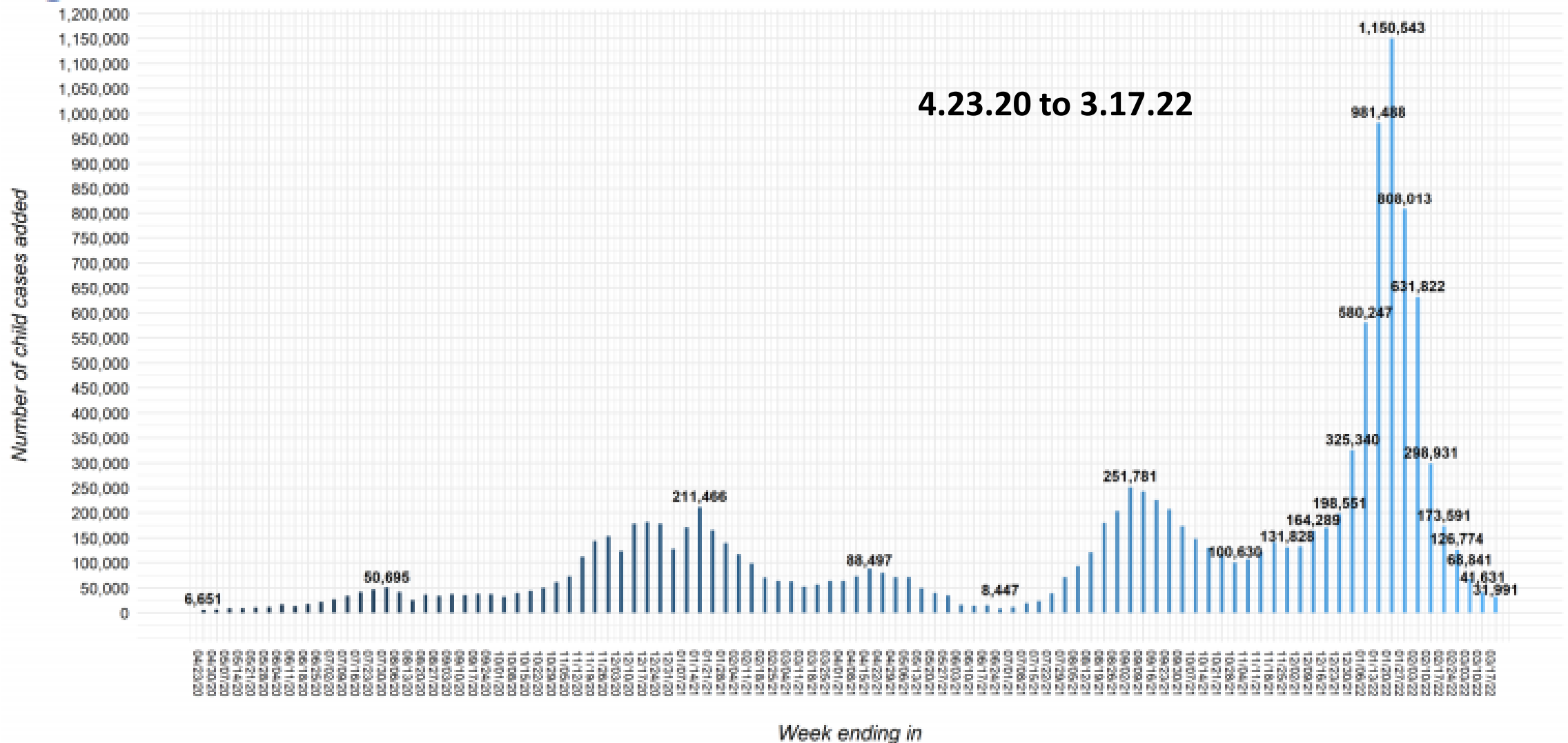


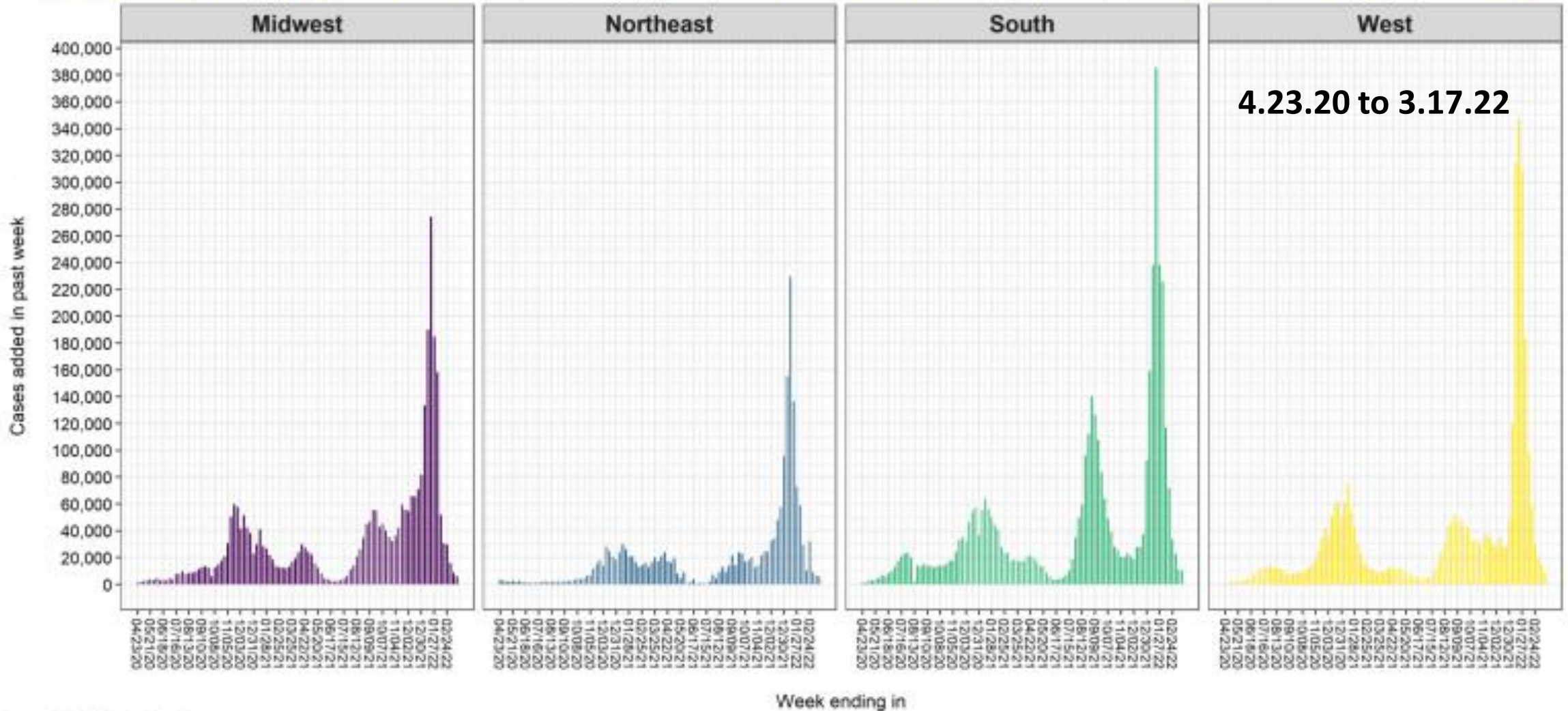
Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week*



* Note: 6 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, 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 [here](#) and in Appendix 3B of this report (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. 2-30%); 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 cases and cumulative cases for all ages through 1/13/22
 Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate
 Due to available data, DC cumulative child cases and total cases through 3/3/22
 Due to available data, MS cumulative child and total cases through 3/10/22
 On 3/17/22, due to available data for NV, there were 571 fewer cumulative child 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/>

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



4.23.20 to 3.17.22

* Note: Regions are the US Census Regions

6 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, MD as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22

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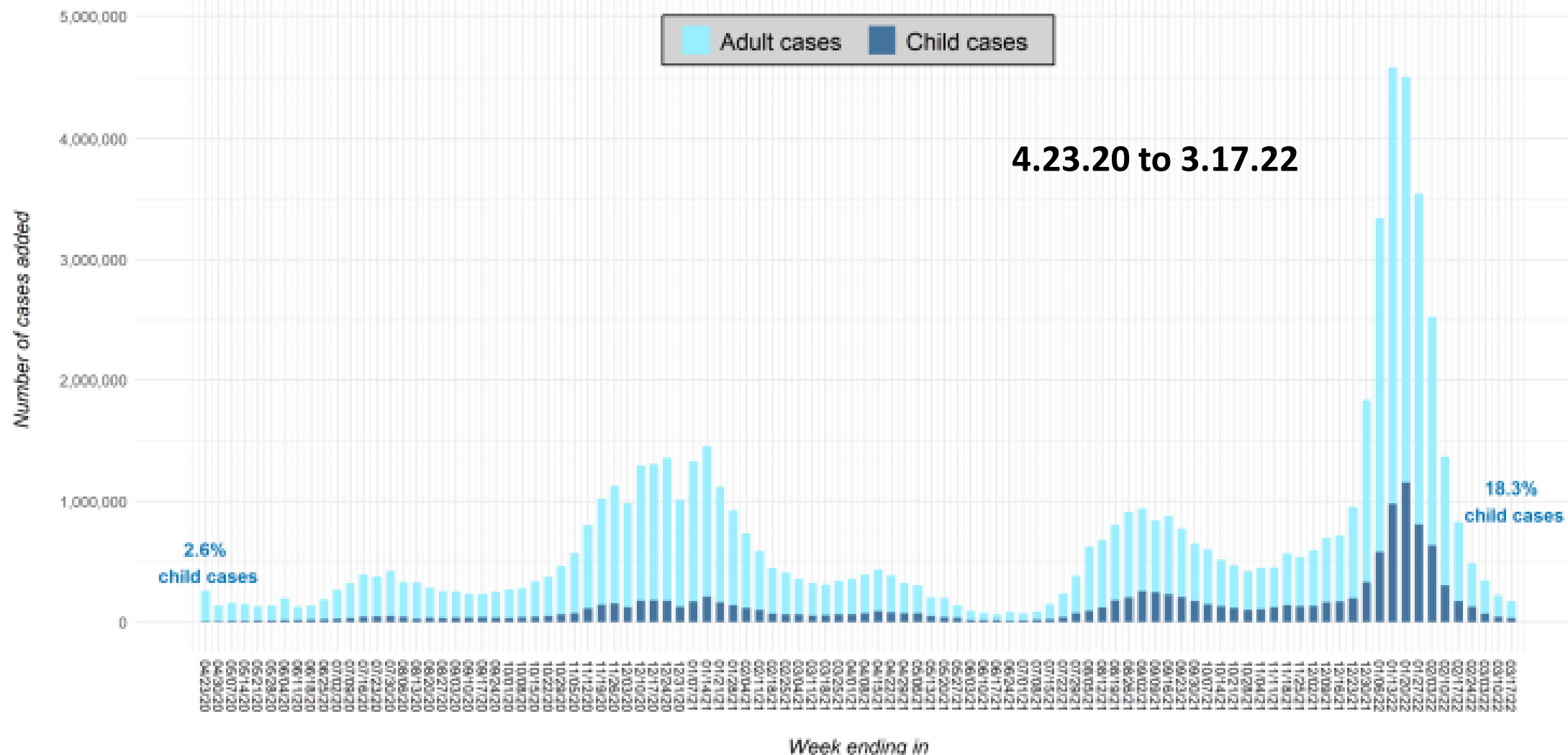
CHILDREN'S HOSPITAL ASSOCIATION

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN



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



* Note: 8 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, 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 [here](#) and in Appendix 3B of this report (1,090,744 cumulative child cases as of 2/17/22);
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<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

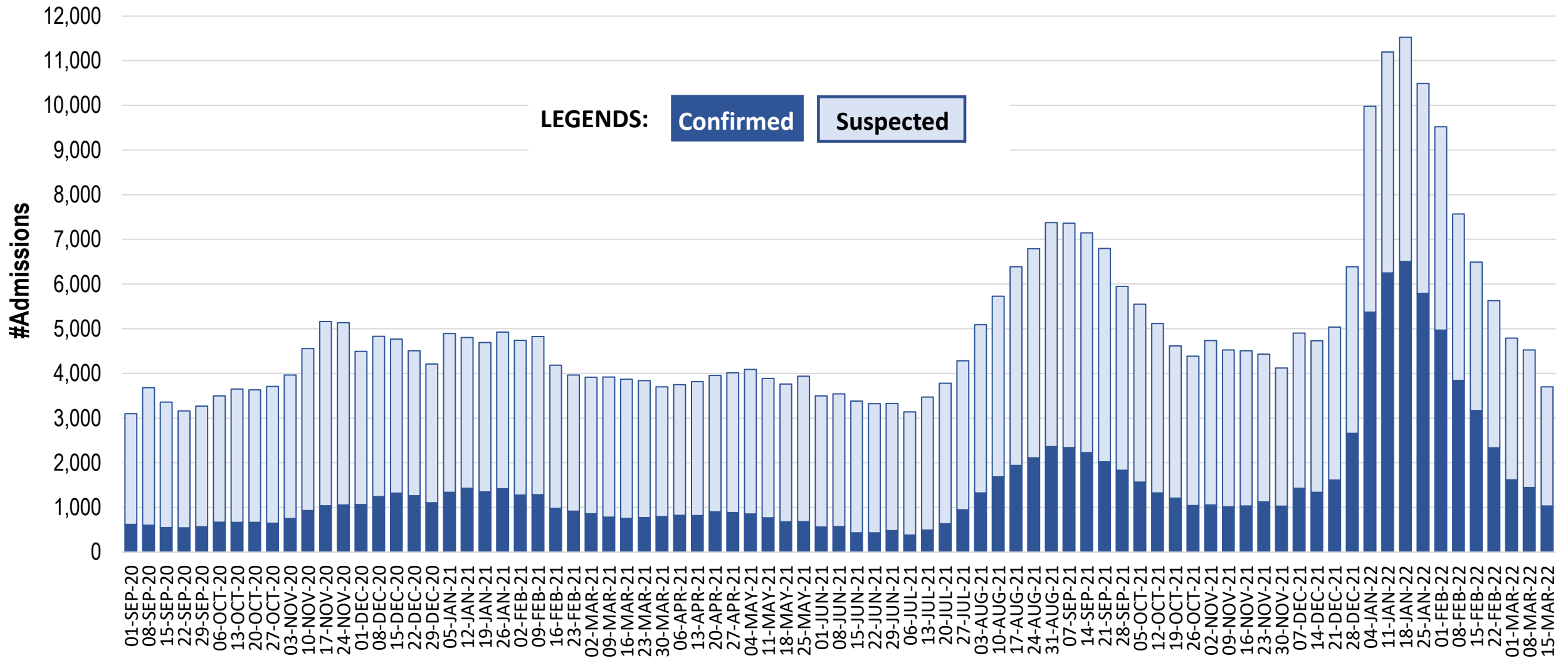
Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 3.15.22

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.



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

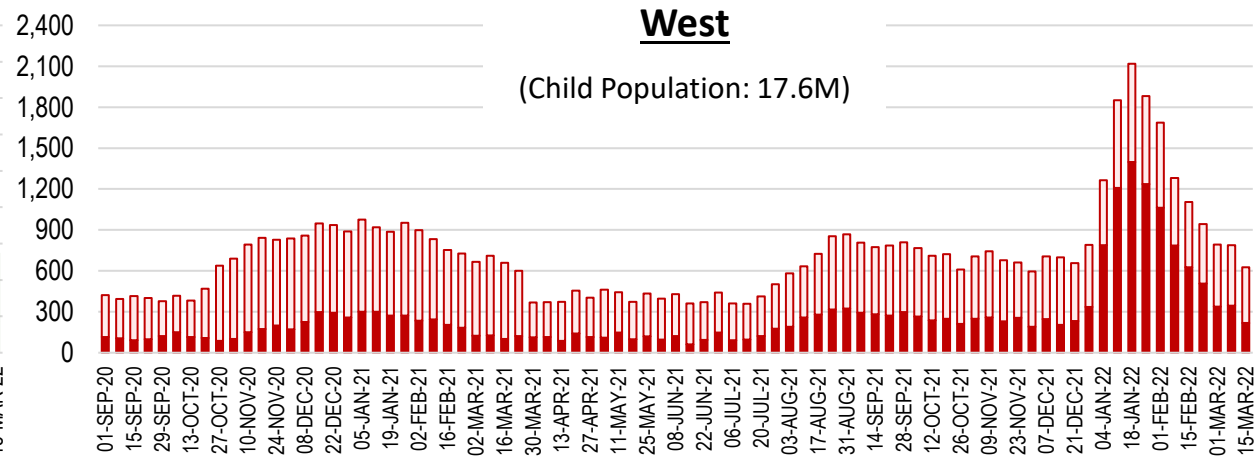
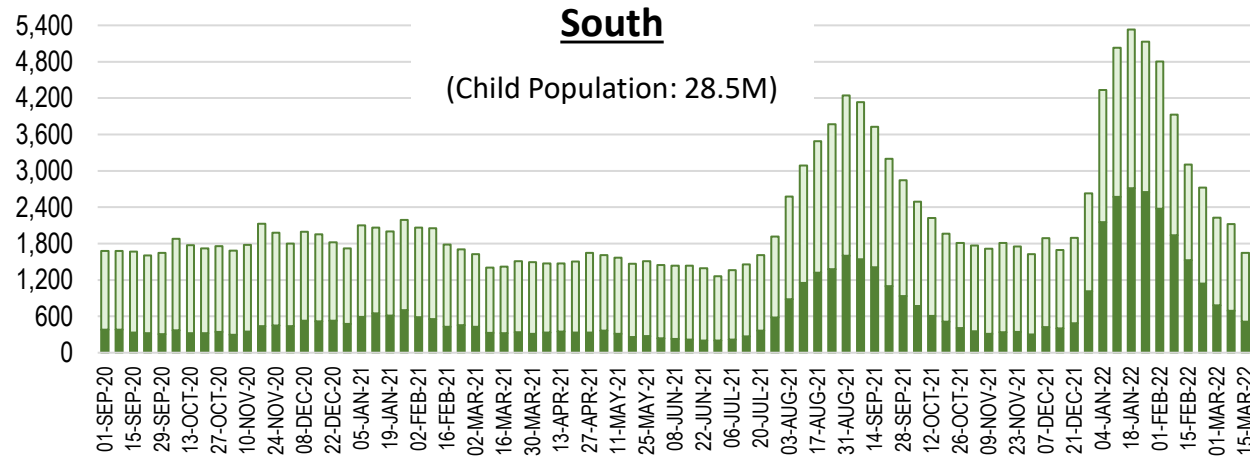
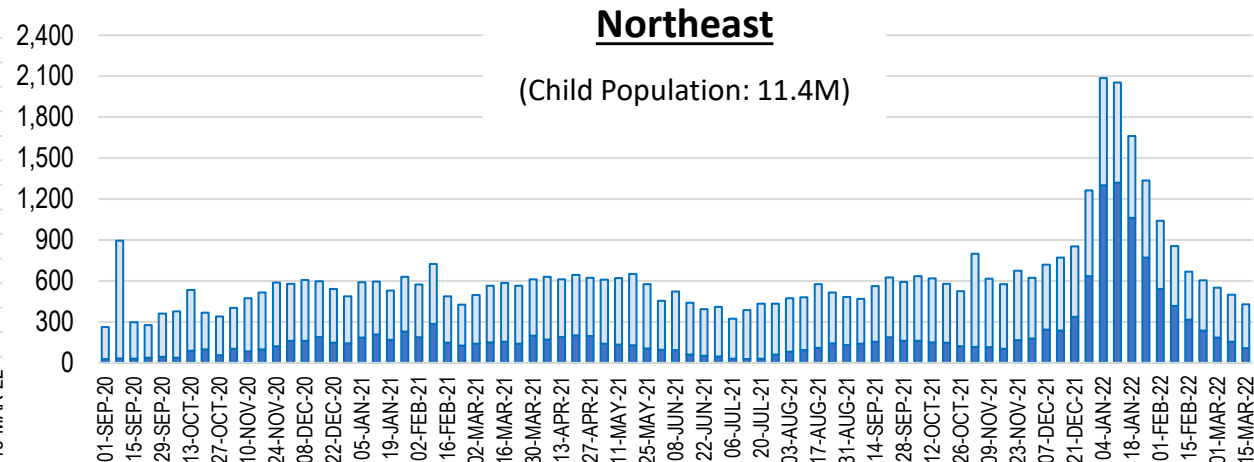
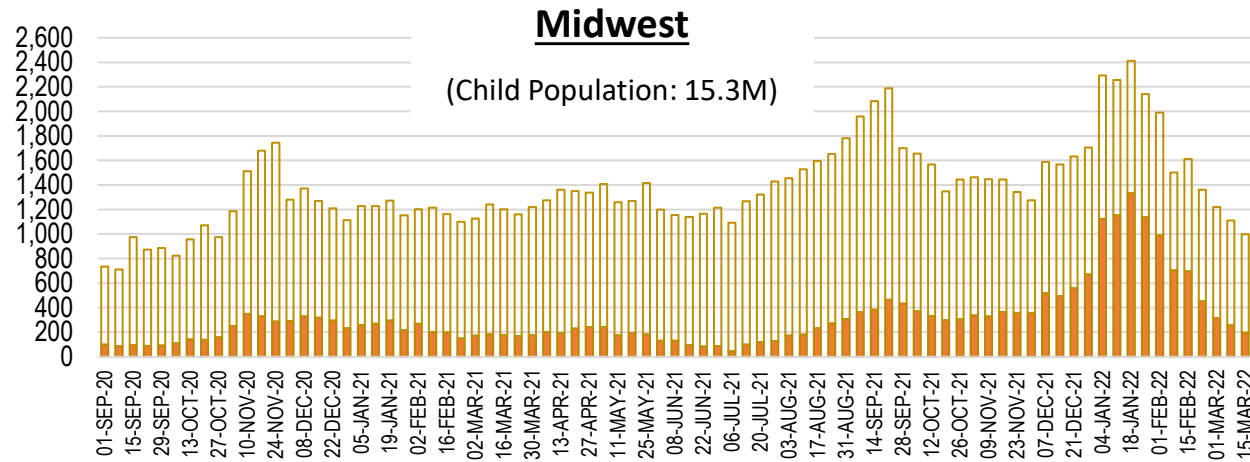
9.1.2020 - 3.15.2022



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!

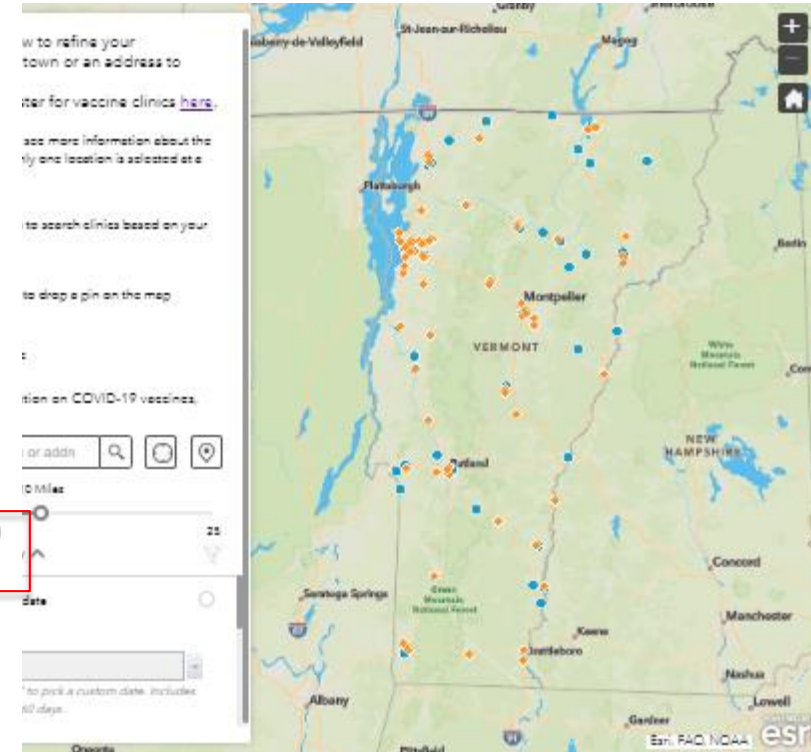
You should get a booster if you are 12 or older and you received:

- 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

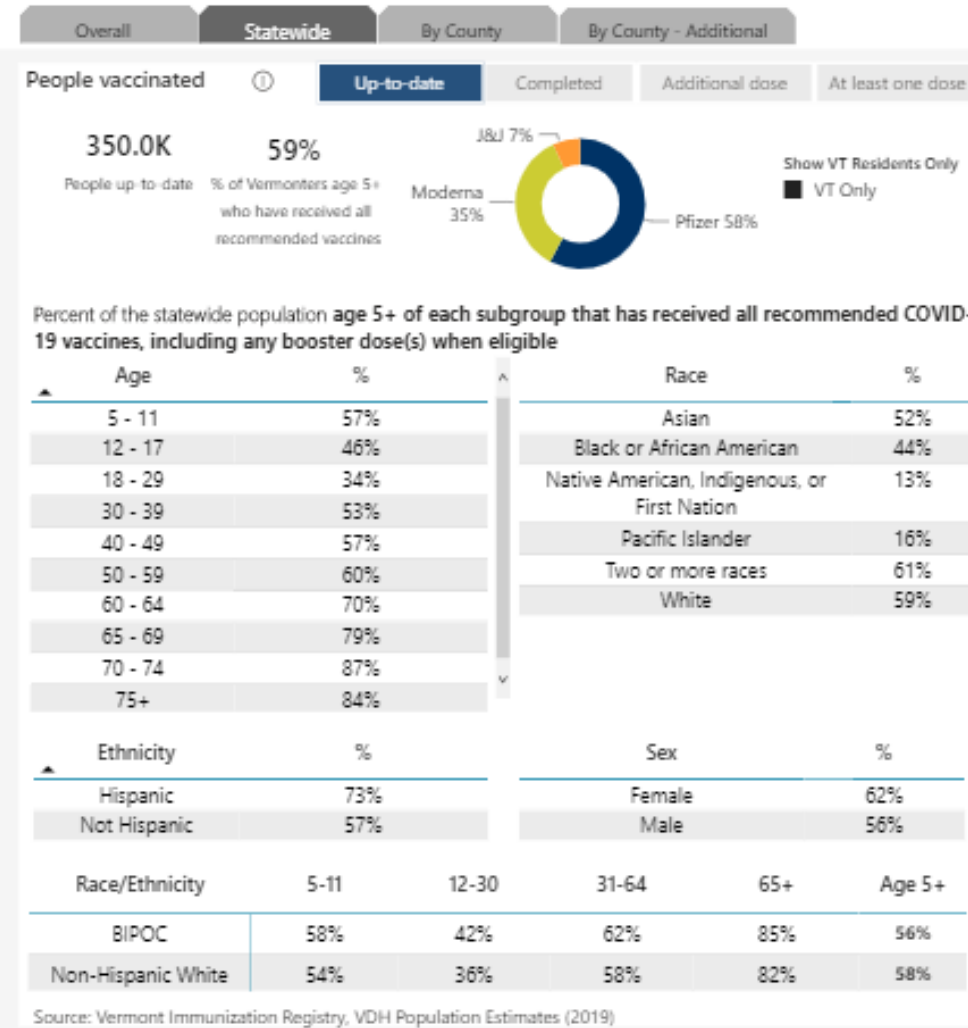


VDH COVID-19 Vaccine Dashboard (“Statewide” view)

[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+ = 59%**

Vermont Vaccination Data



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.

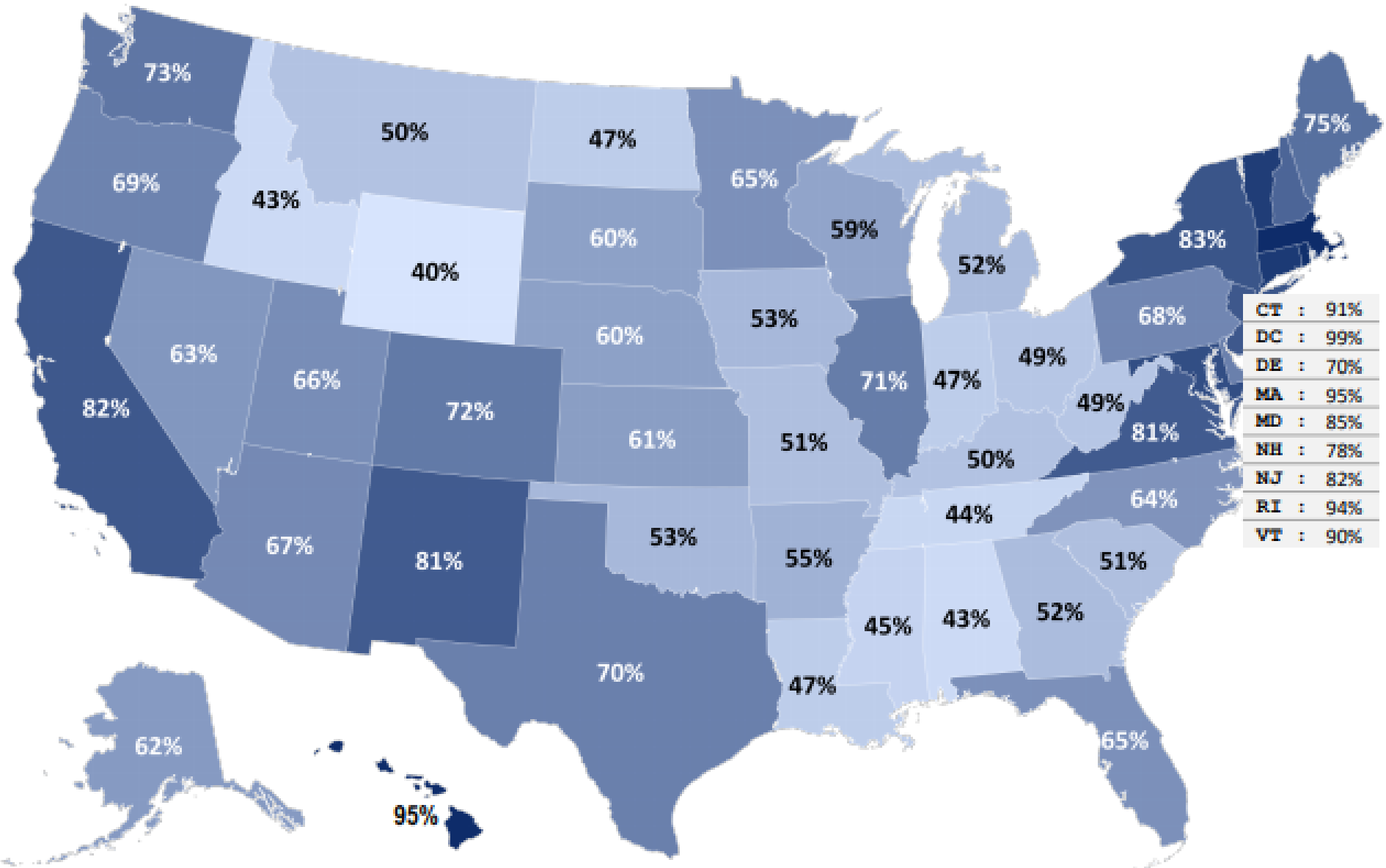
Sex information is not reported for <0.5% of people vaccinated. The categorization of male/female for some people is based on sex assignment at birth, while for others, it is based on gender. This is due to the varying sources and ways the information is reported.

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 3.16.2022
40% 99%

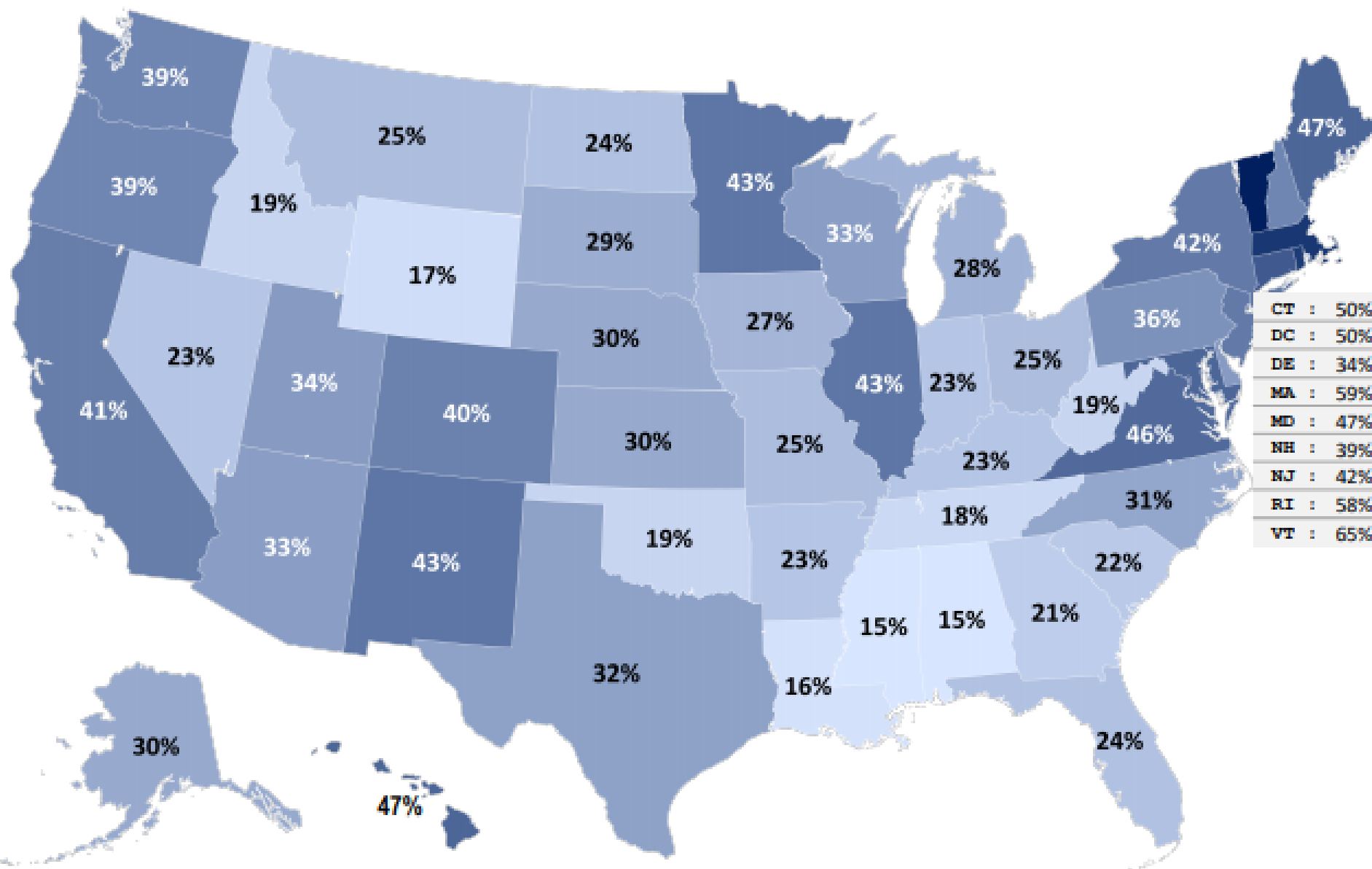


Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). Check state web sites for additional or more recent information.

**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
15% 65%

as of 3.16.2022



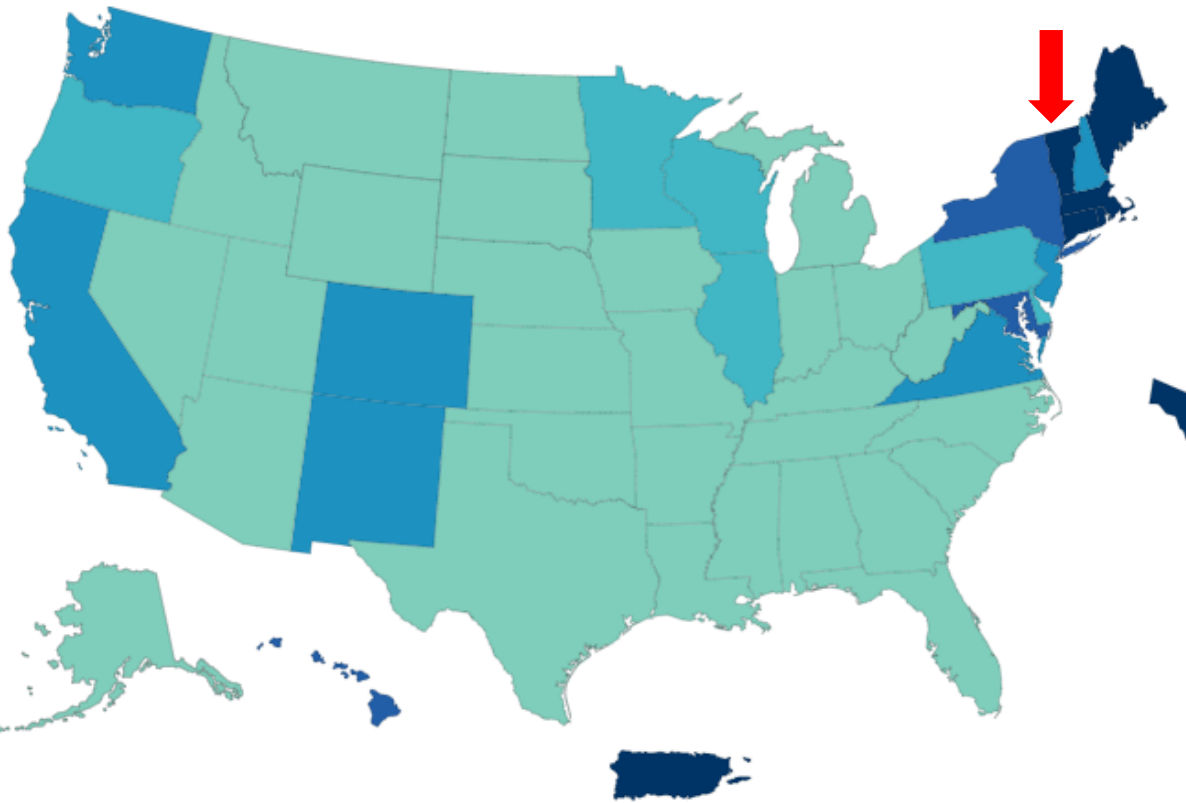
Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). Check state web sites for additional or more recent information.

From the CDC Vaccine Tracker

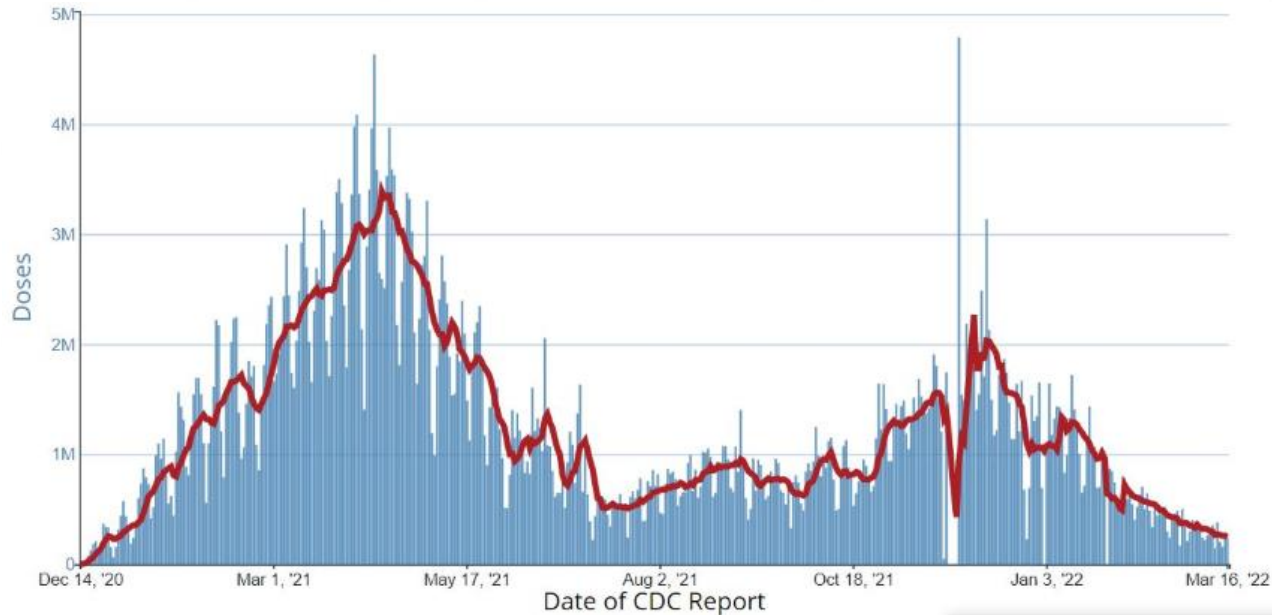
Daily Change in Number of COVID-19 Vaccinations in the United States Reported to CDC

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

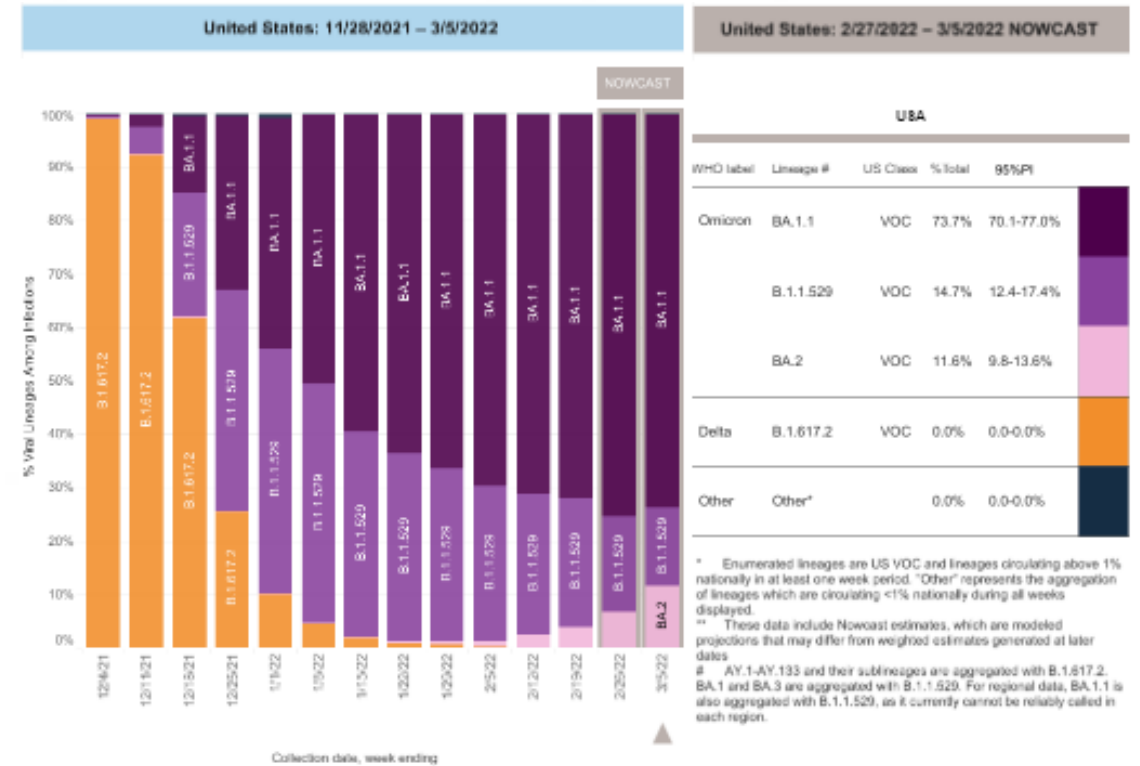
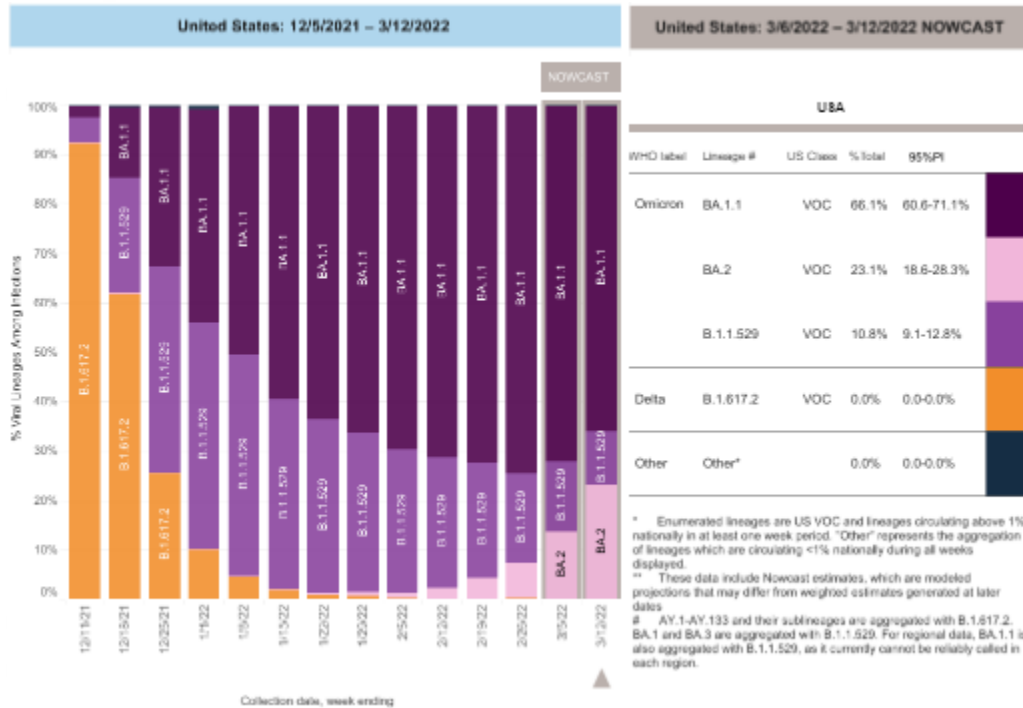


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

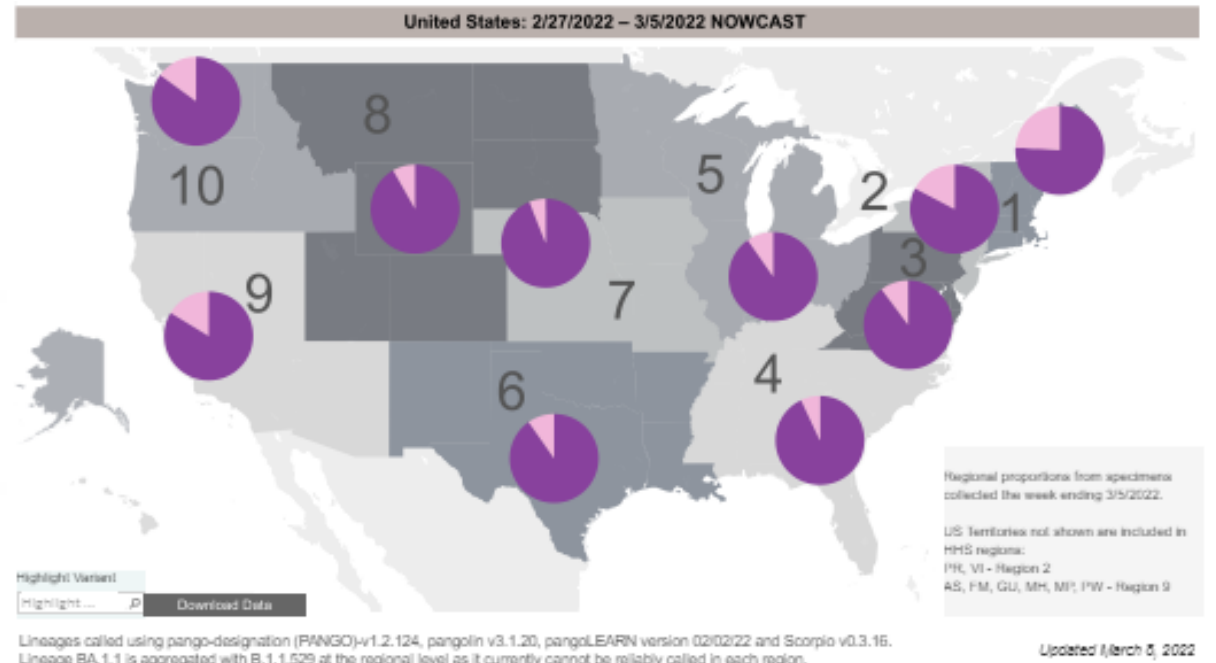
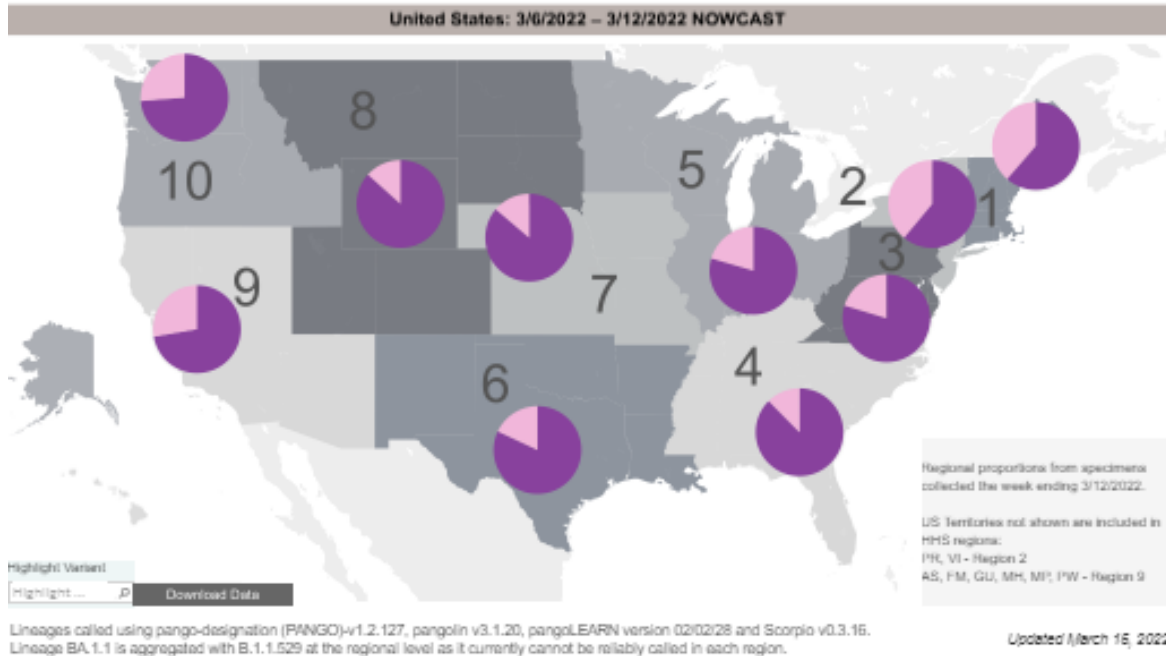
March 23, 2022

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! [This slide updated after today's call]

- Current Influenza-like Illness (ILI) activity level remains **MINIMAL** in Vermont
- **Now 13 pediatric flu deaths this season**
 - ▣ From the CDC: Nationally, influenza activity is increasing in most areas this reporting period. While influenza activity is difficult to predict, the CDC expects it to continue for several more weeks. Majority of viruses detected are influenza A (H3N2).

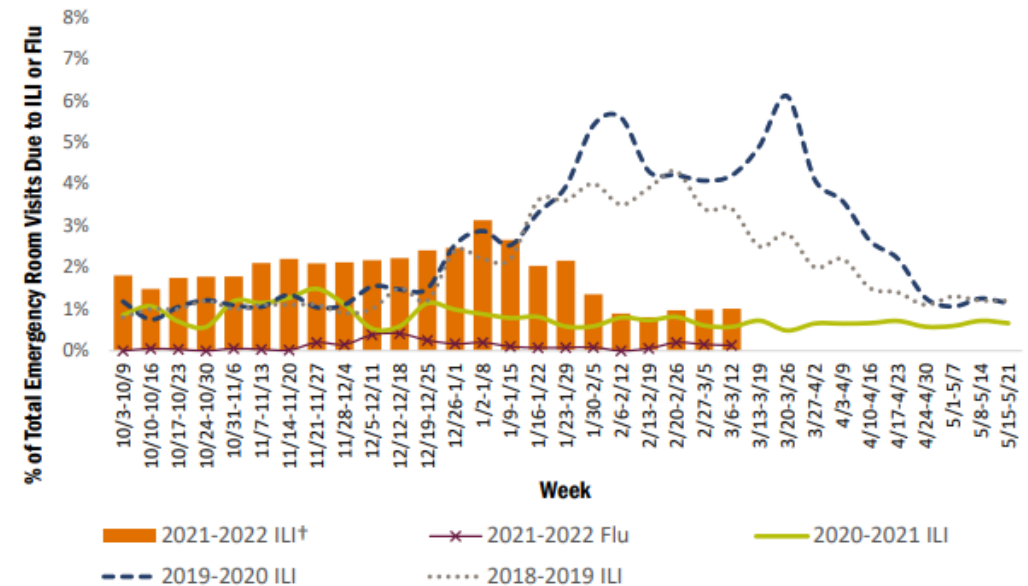
- Link to VDH weekly surveillance:

[https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-](https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-10.pdf)

[Week-10.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-10.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.

3/18/2022

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

In the News

- New York Times: Moderna seeking EUA for its vaccine for children < 6 yo (also studying boosters for all age group <18 yo)...interim clinical trial results showed that vols. had similar immune response to young adults w/dose 1/4 as strong.
 - Said vax only ~44 % effective in preventing symptomatic illness in 6m. – 2 yo & 37% effective in 2-5 yo (expects booster will be necessary for that age group).
 - <https://www.nytimes.com/live/2022/03/23/world/covid-19-mandates-cases-vaccine>
- New York Times – Dr. Tom Frieden: ***The Next Covid Wave Is Probably Already on Its Way*** (3/22/22)
 - *“The most important lesson of the Covid pandemic is that the only constant is change. Variants spread, cases surge and abate, treatments change and knowledge expands...another wave of infections is likely approaching the United States. But we are by no means helpless. We can prepare better, save lives and reduce disruption.”*

In the News

- NPR Fresh Air: ***A doctor reveals the hidden wonders of the human body***
 - ▣ New book: ***The Unseen Body*** by Dr. Jonathan Reisman
 - ▣ <https://www.npr.org/2022/03/16/1086662380/a-doctor-reveals-the-hidden-wonders-of-the-human-body>
 - ▣ ***Thank you, Becca Bell*** (former co-resident of Dr. Reisman's)

Coming Soon

Black Maternal Health Week: April 11-17, 2022

- Founded/led by the **Black Mamas Matter Alliance**
 - ▣ 2022 theme, “Building for Liberation: Centering Black Mamas, Black Families and Black Systems of Care”
 - ▣ Centering Black women’s scholarship, maternity care work, & advocacy across full-spectrum of sexual, maternal, reproductive health care, svcs., programs, initiatives.
- U.S. HHS Office of the Assistant Secretary for Health (OASH) Region 1 (New England) Team event:
 - ▣ Friday, 3/25/22 (2-3 pm): **Improving Maternal Health in the Postpartum Period: Strategies, Models, and the Postpartum Coverage Extension Option**
 - ▣ CMS webinar on improving maternal health during the postpartum period: will describe clinical/social risks that contribute to postpartum morbidity & mortality & strategies to improve postpartum care and outcomes.

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 – 35 courtesy of the American Academy of Pediatrics

Next AAP COVID-19 Town Hall

- Next Town Hall **Thursday, March 31, 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
- 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/>



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 header is a navigation menu with links for Home, News, Membership, Career Resources, Research, Philanthropy, and About the AAP. A large blue banner features the text "COVID-19 Interim Guidance" with a breadcrumb trail: Home / Critical Updates on COVID-19 / COVID-19 Interim Guidance. Below this is a section titled "Featured Guidance" with three cards. The first card, "Testing", is categorized under "Clinical Care" and includes a "View" button. The second card, "Children with Special Health Care Needs", is also under "Clinical Care" and includes a "View" button. The third card, "Safe Schools", is categorized under "Population/Community Health" and includes a "View" button. At the bottom of the page is an "Interim Guidance Disclaimer" stating that the guidance is based on current evidence and will be regularly reviewed, with a note that it will expire on 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

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: KATHARINA

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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

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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 (3/22/22)



Governor Phil Scott

- Today's focus: **housing**. Needs to be on top of our list of priorities. Goal: invest 250m. (in 2 years) for “*creative new approach to fill in the missing middle.*”
 - ▣ Opposes (legislatively proposed) contractor registry and rental registry – concerned that these would ultimately reduce housing stock & home improvement capacity.

Commissioner Josh Hanford, VT Dept. of Housing & Community Development

- VT's housing availability & affordability problem: must build more, fix what we have, don't leave vulnerable neighbors behind; invest in climate resilient homes.



Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine

- ❑ Reminder from last week re: changes to testing program – can now make appt. for rapid take-home tests at many state sites around the state.
 - ❑ Testing critical w/rapidly transmissible variant; available to all; focus on highest risk: those with sx's, exposure, and not vaccinated or up-to-date on vaccine.
- ❑ Today another transition: vaccine clinics. Slowed last spring, then ramped up in fall w/booster & school-age vax available (VT = leader for both).
- ❑ Most ppl have had plenty of opportunity to be vaxxed; state clinic use very low right now.
- ❑ Shifting to vax delivery in health care professional settings and pharmacies, like other vaccines (primary care offices are only places currently seeing small increase in doses administered).

Tuesday Media Briefing (cont'd.)



VDH Commissioner Levine

- ❑ HCPs play crucial role for those with vax questions or need reassurance.
- ❑ Still awaiting info re: vax for kids 6 mos.-4 yrs. To parents: your child will be vaxxed thru pediatrician or family physician when available; will make appt. thru office vs. VDH registration system. If no PCP or for special populations, VDH will continue to fill gaps & work to assure equitable access.
- ❑ If circumstances change, VDH prepared to ramp up vax efforts; will cont. to promote vax & support health care partners in this process.
- ❑ VDH continues to monitor developments re: BA.2 both abroad & in VT. Cannot predict exactly how it will affect us yet: more contagious, & we may see uptick in cases as in Europe.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Levine

- [BA.2 cont'd.] Uncertain whether will be a “slight surge or prolonged tail” – latter is what we’ve seen in VT, though still early.
- Less severe illness in most, so hospitalizations (vs. case counts) will be more meaningful measure.
- Plenty of testing & access to treatment those at highest risk. Best/most important way to be prepared is to make sure vaccines UTD (5+ 2 shots; 12+ boosted).
- Boosters in older adults esp. important:
 - ▣ Latest VT data – % of age group w/all recommended doses/boosters: 65-69 yo = 79%; 70-74 yo = 84%; 75+ yo = 84%. These are highest in U.S. – but when it comes to boosters, need to be even higher. Still have clinics scheduled throughout April.

Practice Issues

COVID-19 Recovery – Strategies to Support Child & Adolescent Mental & Behavioral Health



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A National Emergency In Youth Mental Health

Pending Clinical Issues

- Pediatric flow chart

- Reminder from VT State School Nurse Consultant Kaitlyn Kodzis: *“Schools can follow their communicable disease policies and procedures to inform their school communities of COVID-19 cases in schools. The general notification template may be a useful tool to notify the school community of COVID-19 cases that may have been in school. School nurses and school health staff can refer to the Communicable Disease* section of the School Health Manual for the required and recommended school nurse/ associate school nurse roles.”*

*https://www.healthvermont.gov/sites/default/files/documents/pdf/cyf_06_CommunicableDisease2015.pdf

- Child Care policies

- Return to sports/physical activity

Pediatricians Speaking Out

- From Southern VT AHEC: 3 videos featuring 4 extraordinary physicians
 - (Drs. Kim Kurak, Meghan Gunn, Robert Tortolani, Jasminer Multani): “Advice,” talking about how students should prepare themselves if they’re interested in going into medicine; and “Why Practice Medicine”, and “Why Practice in Vermont,” why each became doctors & chose to work in VT.
 - Link on Southern VT AHEC website: <https://svtahec.com/2022/03/physician-videos/>
- VTDigger commentary – Dr. Ashley Miller: ***Mental health crisis is overwhelming our primary care system*** (3/21/22)
 - <https://vtdigger.org/2022/03/21/dr-ashley-miller-mental-health-crisis-is-overwhelming-our-primary-care-system/>
 - *“I’m writing to implore Vermont’s policymakers to invest in primary care now, as the mental health crisis that is crushing Vermont’s young people is also putting immeasurable strain on our beleaguered primary care health system...Much like mental health, primary care is in crisis. The primary care physician is the backbone of our health care system...But without adequate support, primary care clinicians cannot meet the increasing mental health needs of their patients, young and old.”*

In the News: Children's Mental Health

- ❑ The Washington Post Magazine: *"The children's mental health crisis didn't start with the Pandemic"*
- ❑ *"We Have Essentially Turned a Blind Eye to Our Own Children for Decades – Why we need to stop politicizing children's mental health" – by Judith Warner, March 21, 2022*
- ❑ <https://www.washingtonpost.com/magazine/2022/03/21/childrens-mental-health-crisis-politicization/>



Illustration by Jesse Zhang

VT Pediatricians Advocating for Mental Health Care

- Annual **AAP Advocacy Conference** (virtual) 3/19-3/22/22
- Focus Issue: *ensure that children & adolescents have access to the full continuum of care for mental/behavioral health & address the impact of technology on this population*
- Federal legislation in play (legislative asks – co-sponsor/support for):
- **Supporting Children’s Mental Health Care Access Act** (HR7076/S3864)
 - ▣ Reauthorizes Pediatric Mental Health Care Access Program (HRSA)
- **Youth Mental Health and Suicide Prevention Act** (HR1803/S3628)
 - ▣ Direct funding to schools by SAMHSA for mental health promotion and suicide prevention purposes



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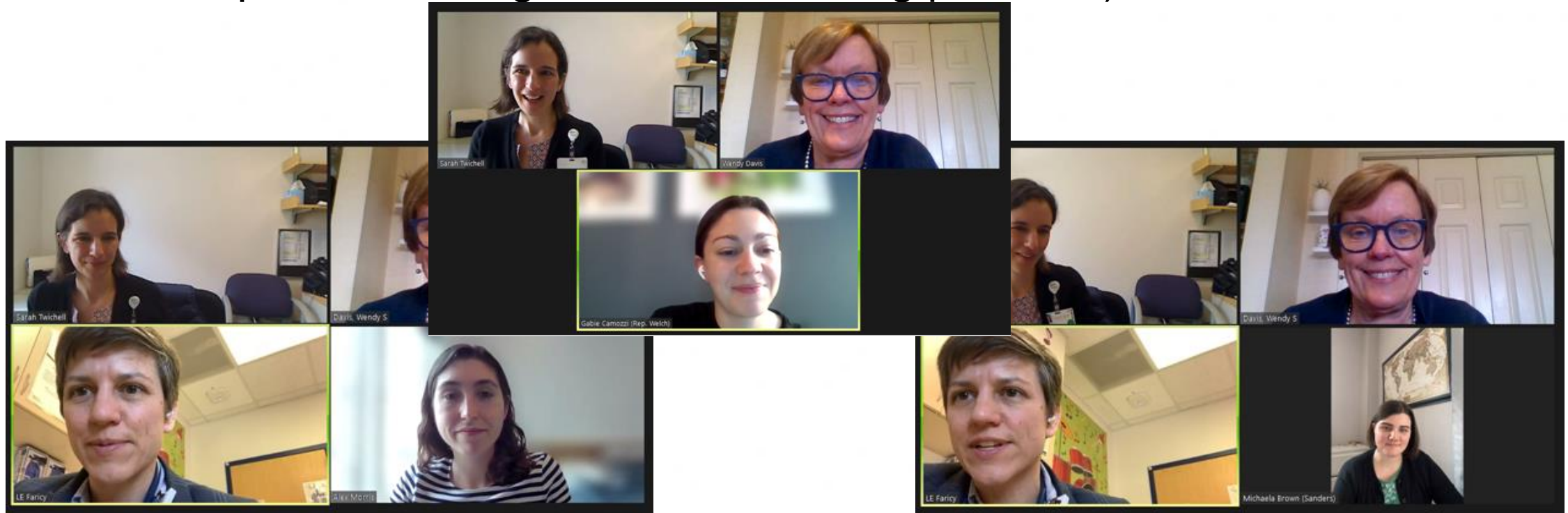


A National Emergency In Youth Mental Health

March 23, 2022

VT Pediatricians Advocating for Mental Health Care

- 3/22/22: Meetings with health staffers at offices of Representative Welch, Senator Leahy, and Senator Sanders – all pledged to review bills (and seemed positive re: alignment with existing positions)



Coming Soon!

Vermont Child Psychiatry Access Program (CPAP)

- ❑ **VT-CPAP:** funded by Pediatric Mental Health Care Access (PMHCA) New Area Expansion grant from the American Rescue Plan Act through the Health Resources and Services Administration (HRSA) supporting an agreement between the Vermont Department of Mental Health and Community Health Centers of Burlington as host of the Vermont Child Psychiatry Access Program.
- ❑ The intent of the VT-CPAP program is to support Vermont primary care providers who are managing patients with behavioral health problems so that those patients can continue to be treated within the practice. This patient group includes children, adolescents and young adults through age 21.
- ❑ Support will be available to providers through telephone consultations with VT-CPAP psychiatrists who can answer questions related to diagnosis, medication management, and psychotherapy recommendations. VT-CPAP providers are available by phone **Monday through Friday from 9am to 4pm, excluding holidays.**

Coming Soon!

Vermont Child Psychiatry Access Program

- The VT-CPAP team will work closely with local Community Mental Health organizations in each practice's catchment area. A Liaison Coordinator (LC) will assist practices by triaging the referral for consultation, responding to any questions that are within the scope of his/her expertise, and forwarding appropriate cases to the VT-CPAP psychiatrist for **same or next-day phone consultation**. The LC can provide linkages to community resources for patients and families for those primary care clinics that currently lack an embedded social worker.

Coming Soon!

Vermont Child Psychiatry Access Program

For complex cases where the provider and consulting psychiatrist agree that a more in-depth evaluation is recommended, the LC may facilitate a tele-psychiatry consultation for the patient/family as long as their insurance is active.

- VT-CPAP is not an emergency/referral service – emergency consultations over the phone or in person are not provided. If a provider calls about a case requiring an emergency intervention, the LC will refer the patient to the most appropriate local emergency service.
- VT-CPAP psychiatrists do not provide ongoing treatment or prescribe medication for patients, but rather provide education and guidance to providers concerning medication and treatment options. For those cases beyond the scope of the provider's practice, the LC will provide recommendations for specialty level resources locally.

Current/Future Efforts to Address Mental Needs of Vermont's Children and Families

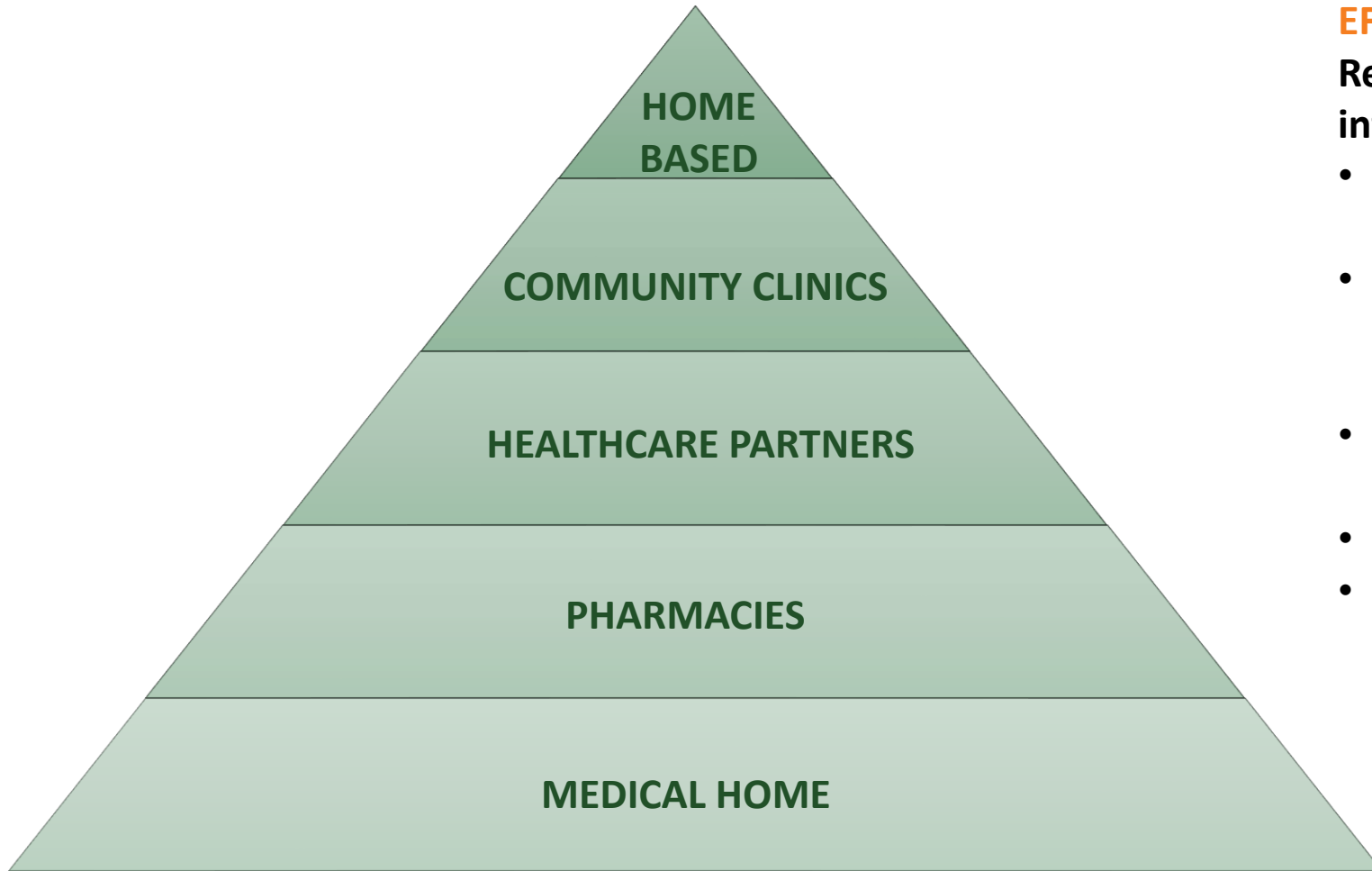
- Child Psychiatry Access Program, including Vermont Center for Children, Youth and Families and Community Health Center Burlington
- Pediatric Mental Health Integration Council group
- Legislative efforts to pay for collaborative care
- UVM Health Network Integrated Care pilots
- And more...



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*

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

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.

Immunization Program Reminders

- Normalized COVID-19 Vaccine Ordering started last week
 - Resource is available:
www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-COVID19-Vaccine-Ordering-Guidance.pdf
 - Training occurred on March 22, 12:15 pm – 1:00 pm. Invitation went out 03/14 to all IZ contacts, please e-mail 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

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

- 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

- 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

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>

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

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

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**
- ❑ **April:** current plan is to continue on Wednesdays, with the **possible exception of April 20**
- ❑ **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 and 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, March 30, 2022 12:15 – 1:00 pm VIA ZOOM!***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – ***April 7 – 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#