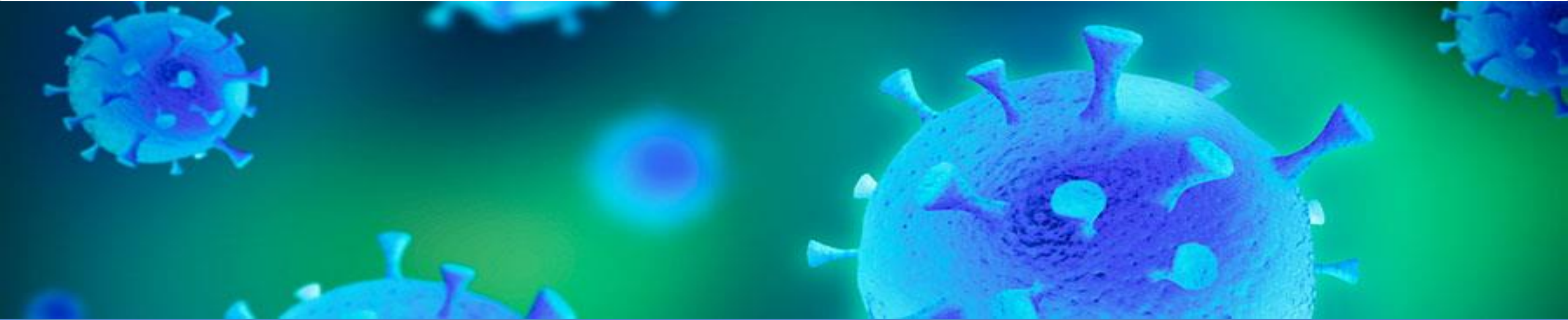


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*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 2, 2022*



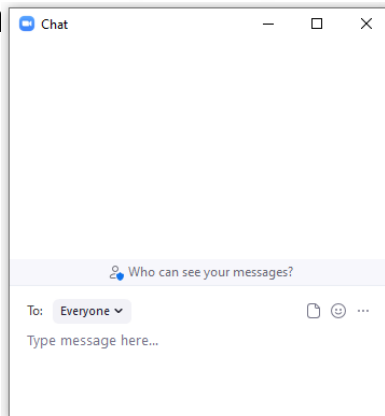
Please bear with us...

# Technology Notes – “Welcome to Zoom!”

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

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

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



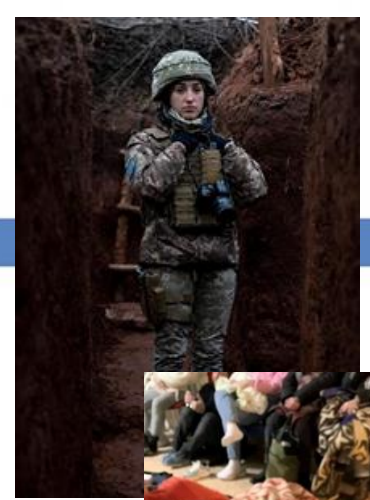
3) If you wish to verbally ask a question, click the microphone on your toolbar to  or press ALT-A to Unmute/Mute.

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

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

# Overview

- **Following the events in Ukraine** – follow Ukraine First Lady *Olena Zelenska* on Instagram [https://www.instagram.com/olenazelenska\\_official/?hl=en](https://www.instagram.com/olenazelenska_official/?hl=en)
  - ▣ To send aid: <https://www.savethechildren.org/us/where-we-work/Ukraine>; <https://www.unicef.org/emergencies/conflict-ukraine-pose-immediate-threat-children>
  - ▣ Mardi Gras continues...with expressions of support for Ukraine
  - ▣ Also World Teen Mental Wellness Day: <https://www.aap.org/suicideprevention>
- **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 (special Congressional Town Hall ***tomorrow***, 3/3)
- **Practice Issues: *Mask Guidance & Pediatric Vaccine Updates***
- **Q & A/Discussion** *[Please note: the COVID-19 situation continues to evolve – so the information we’re providing today may change]*



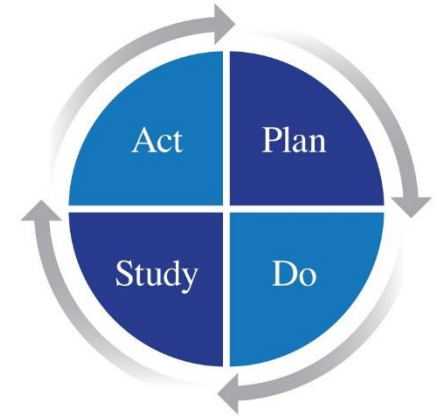
# VCHIP-VDH COVID-19 Call Schedule

## 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



## And now for something completely different...



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

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



# VMS *COVID Convos* with Health Commissioner Levine

- **2022 Schedule**
- **Calls with VDH Commissioner Levine now 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



*Coming tomorrow!*

# Vermont Medical Society

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



# Situation update

New Cases

**262**

112,728 Total

Currently Hospitalized

**30**

Hospitalized in ICU

**2**

Percent Positive 7-day Avg.

**4.7%**

New Tests

**7,266**

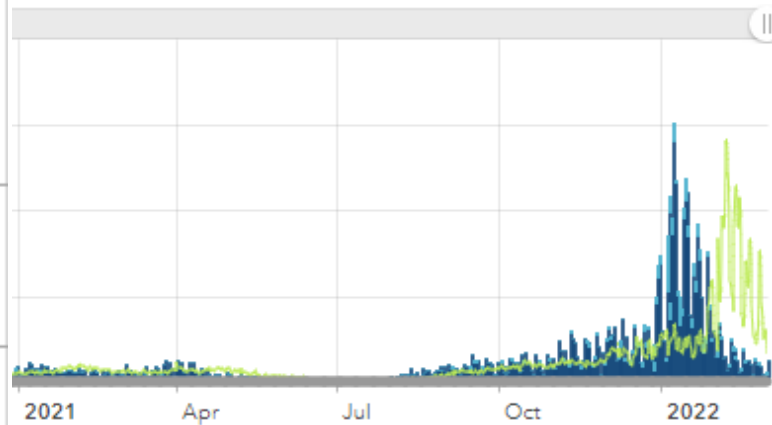
3,375,810 Total

Deaths

**602**

0.5% of Cases

New Confirmed Cases, Probable Cases, Recoveries and Deaths



DATE	CASE COUNT
February 28	101
March 1	262

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

- One year ago: 15,284 VT total cases; 85 new/24 hosp.
- U.S. **78.9 million+** cases; **950,785 deaths**
  - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 3/2/22)
  - Past week: av. 58,985 cases/day (14d. change **-58%**)
  - **5.96 million+ deaths worldwide; 438.4 million+ cases** (-19% & -27% 14-day change respectively)
- VDH Data Summary now q.o.week. **2/18/22: NO Weekly Spotlight topic**
  - **Table of Contents:** Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.
  - **Vaccine breakthrough cases = 40,746** since Jan. 2021 (~8.6% of fully vaccinated). Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/data-summary>

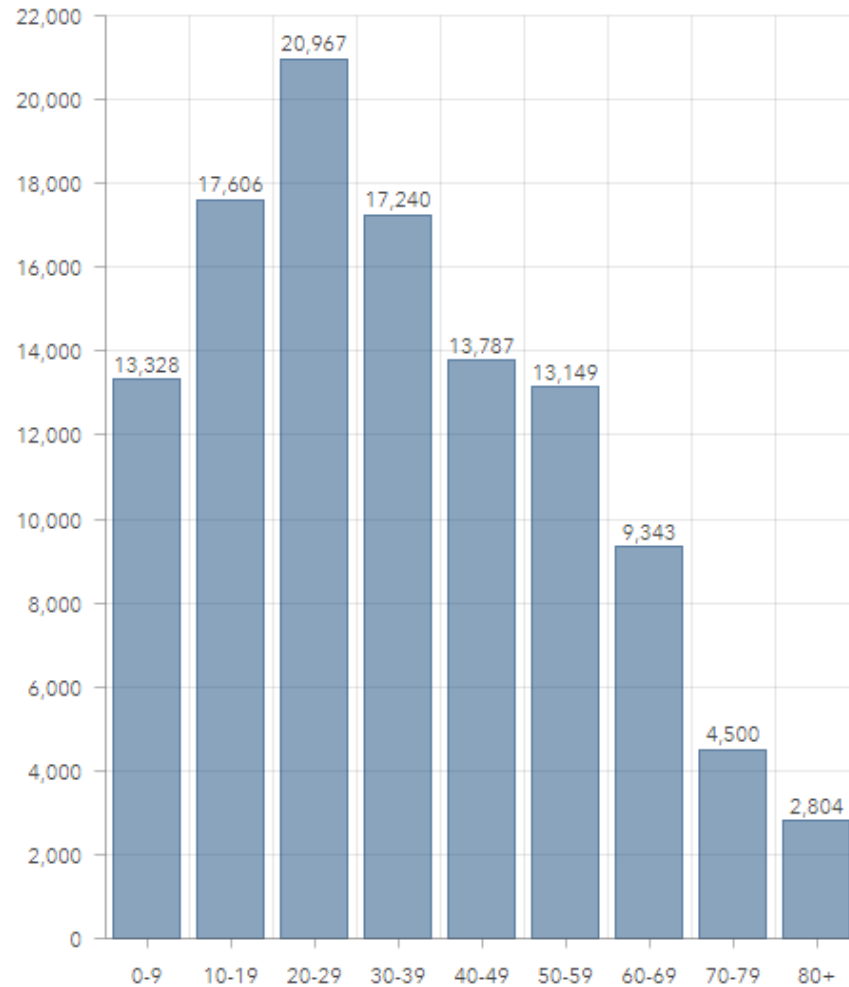
March 2, 2022

Last Updated: 3/2/2022, 11:34:55 AM

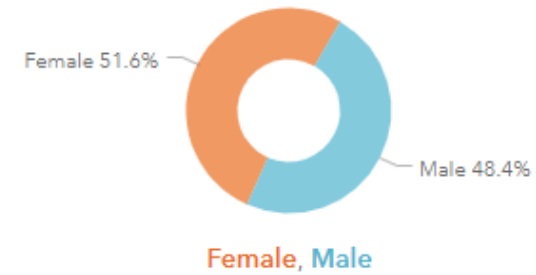


# Situation update

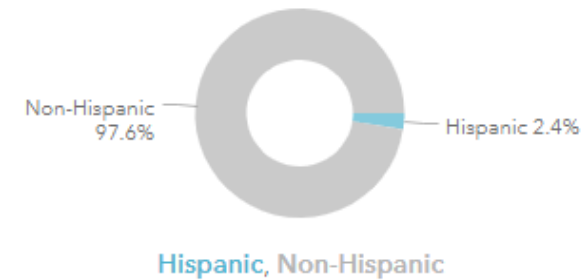
Cases by Age Group if Known \*



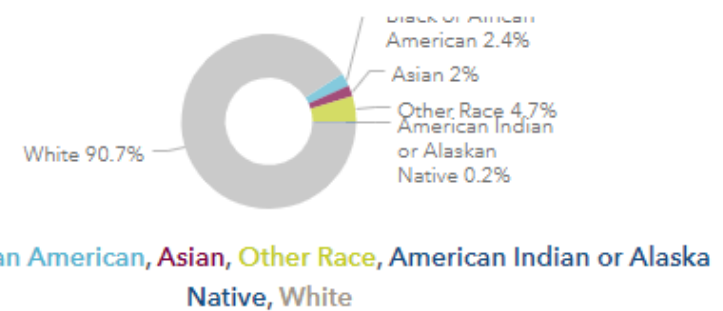
Cases by Sex \*



Cases by Ethnicity if Known \*



Cases by Race if Known \*

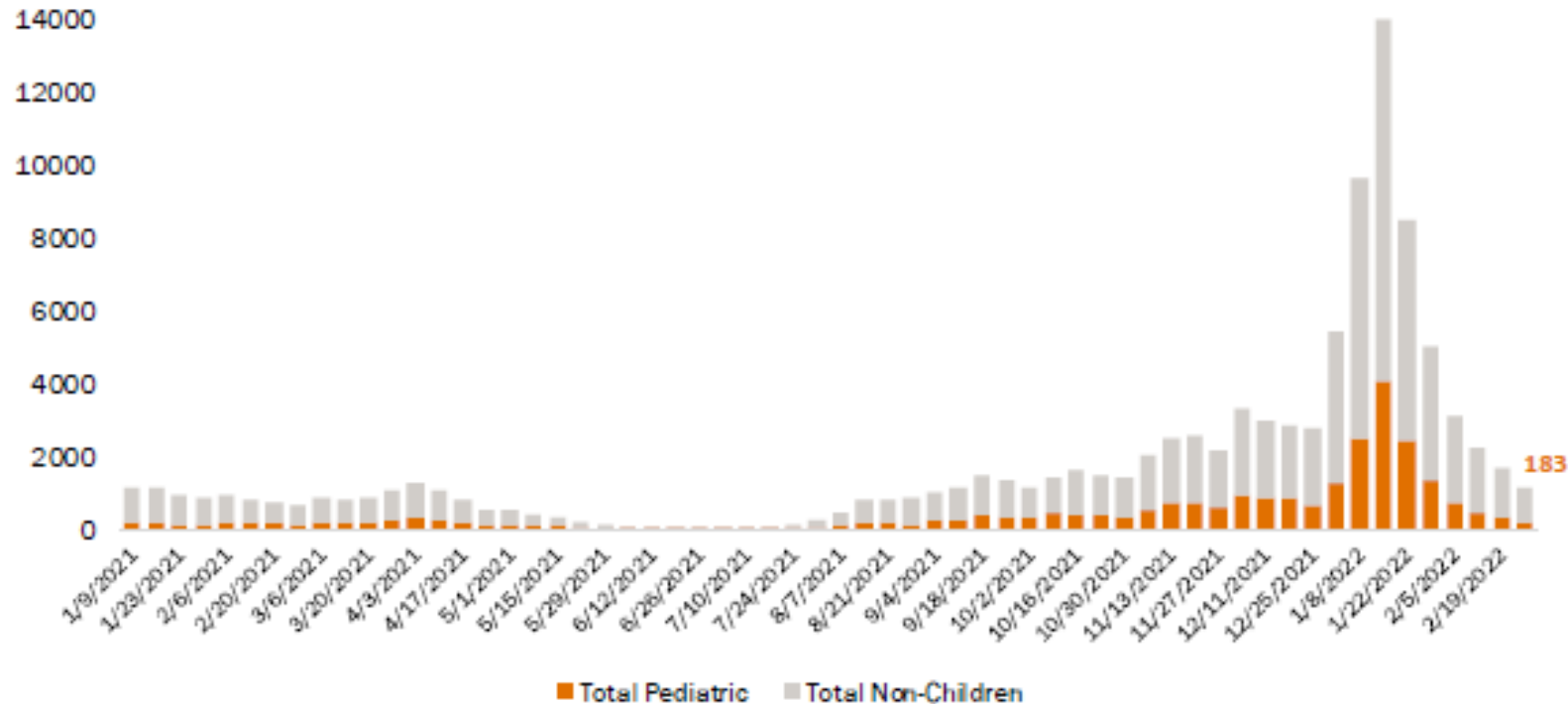


Case Demographics

This brief reflects data as of February 26, 2022 (the last complete MMWR week).

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

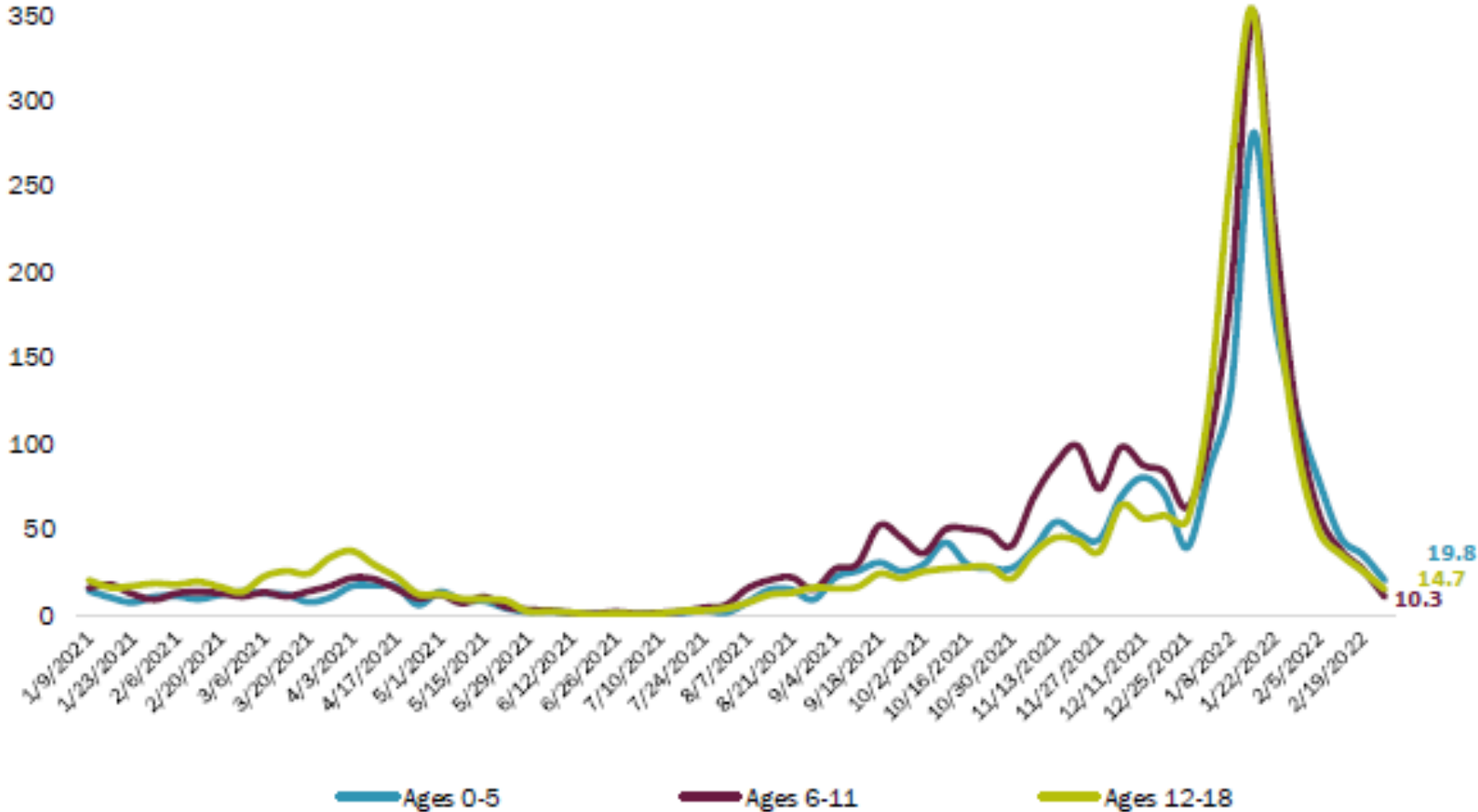
### Number of Cases by Week



**Total Pediatric Cases 2/19/22 = 348**

# 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.

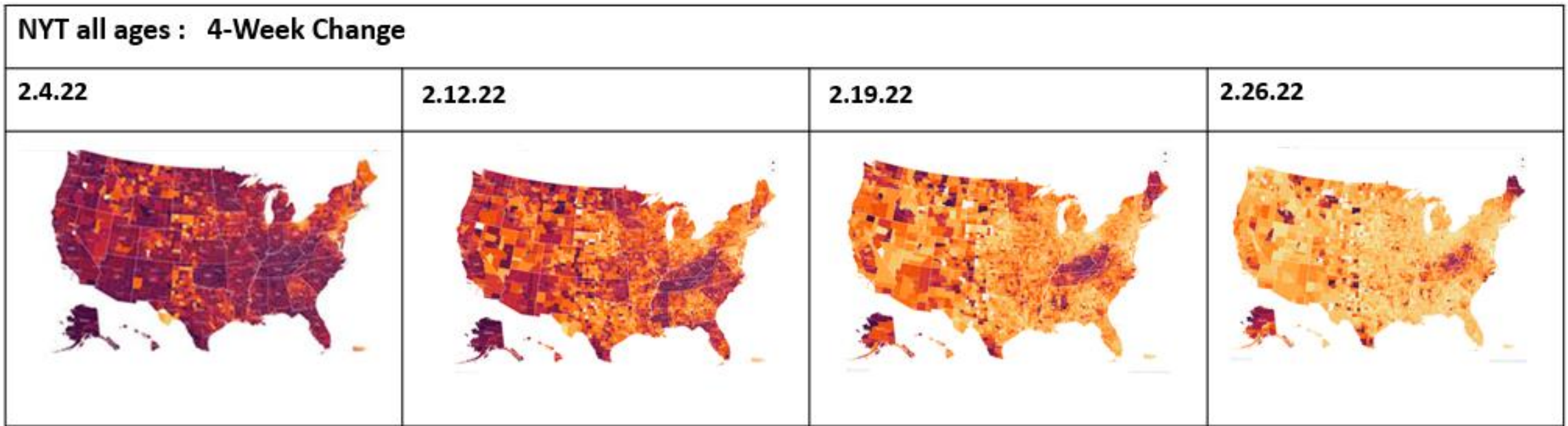
March 2, 2022

# 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 2/21-2/27/22): 31 pos. tests off campus; 40 on campus; 0 faculty; 1 staff.
  - **Bennington College** (as of 2/28/22): 2 total active/0 new active cases.
  - **Middlebury College** (as of 2/28/22): 39 new cases; 74 total active (74 students/0 employees)

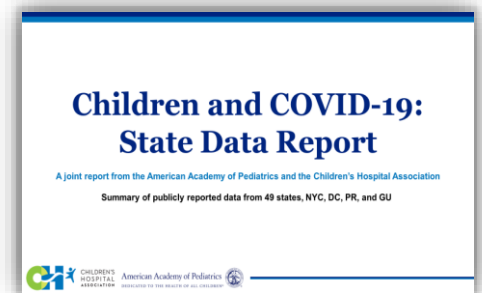


## From the (national) AAP: child COVID-19 cases



As of 2/24/22 – over 12.6M cumulative confirmed child COVID-19 cases

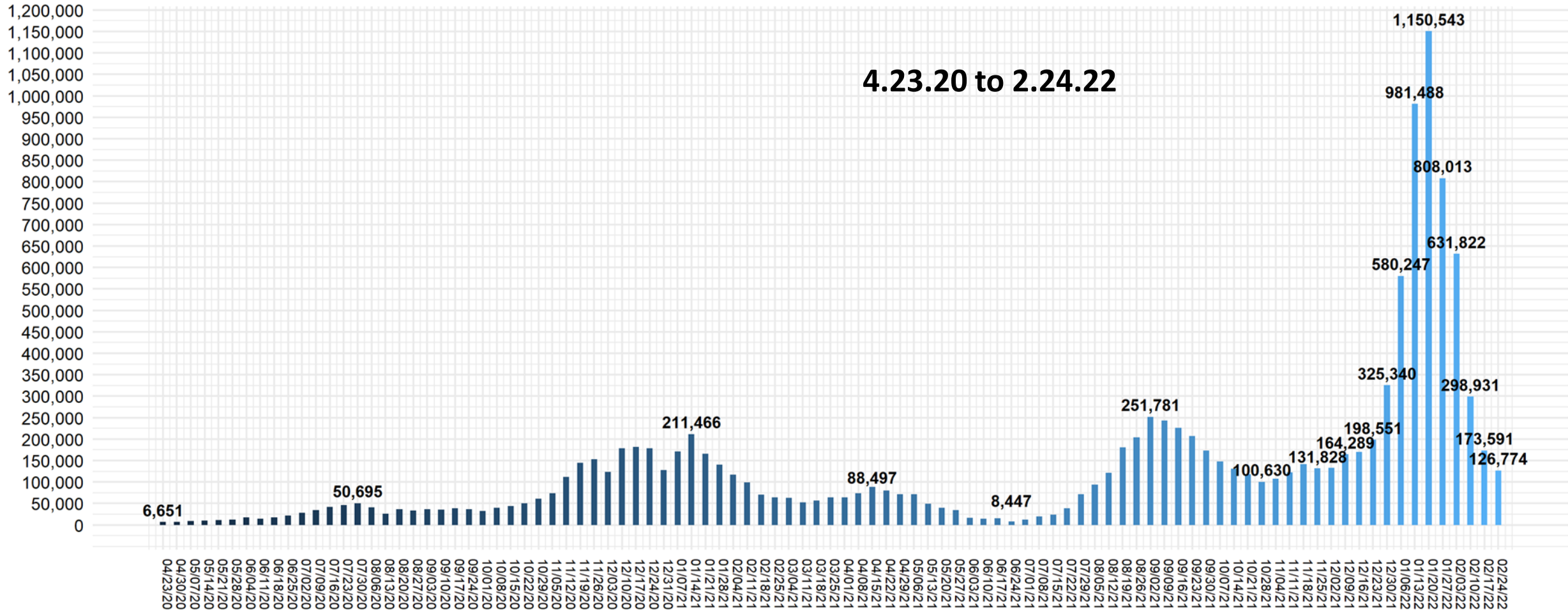
- 127,000 child COVID cases reported week ending 2/24/22
- Cases are down substantially from the 1.1 million peak January 20<sup>th</sup>
- At the same time cases are high, the 29th week above 100,000



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

4.23.20 to 2.24.22

Number of child cases added

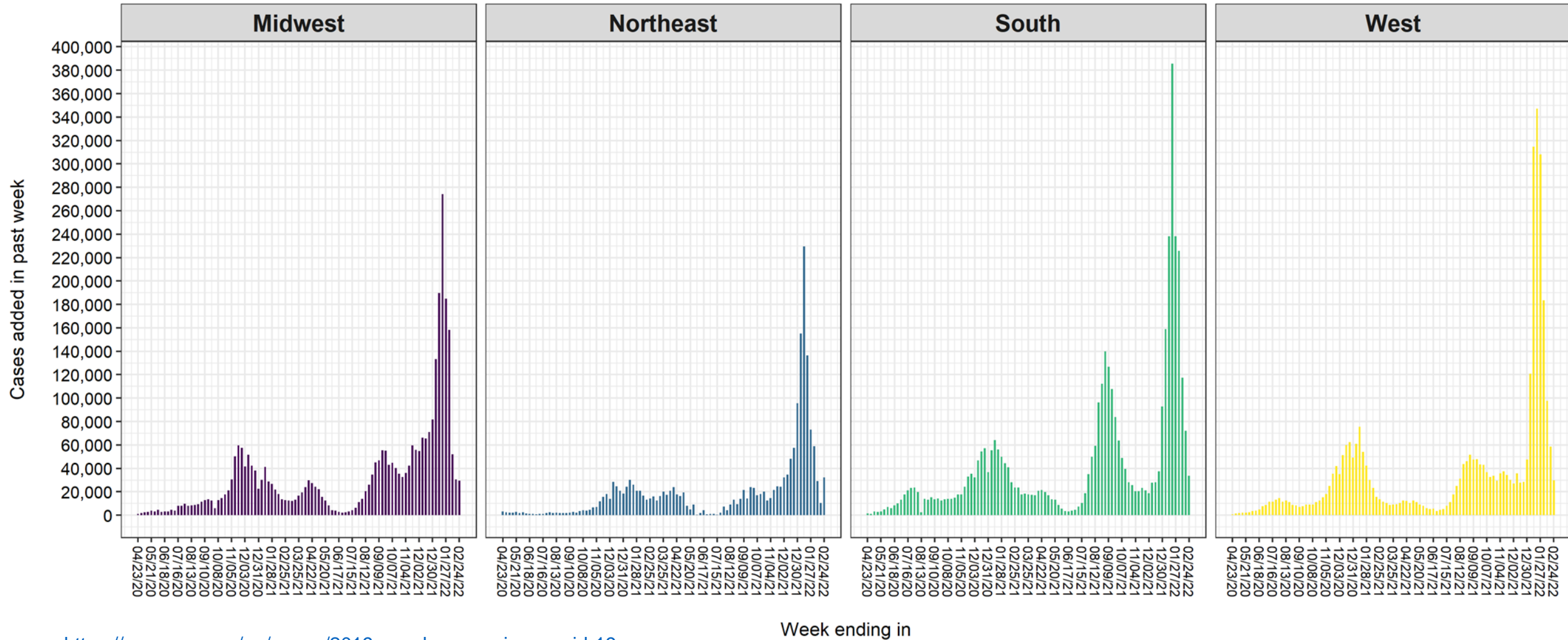


<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

Week ending in

Source: AAP analysis of publicly available data from state/local health departments  
 Note: 5 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21  
 On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (1,090,744 cumulative child cases as of 2/17/22)  
 TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)  
 Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21  
 Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, on 2/24/22, 15,056 cases were added)  
 Due to available data, HI cumulative child and total cases through 1/13/22  
 On 2/24/22, due to available data, IA experienced an increase of 16,091 cumulative child cases  
 On 2/24/22, due to available data, DC and VA cumulative child cases through 2/17/22  
 On 2/24/22, due to available data for KS, there were 903 fewer cumulative child cases

# 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: 5 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21

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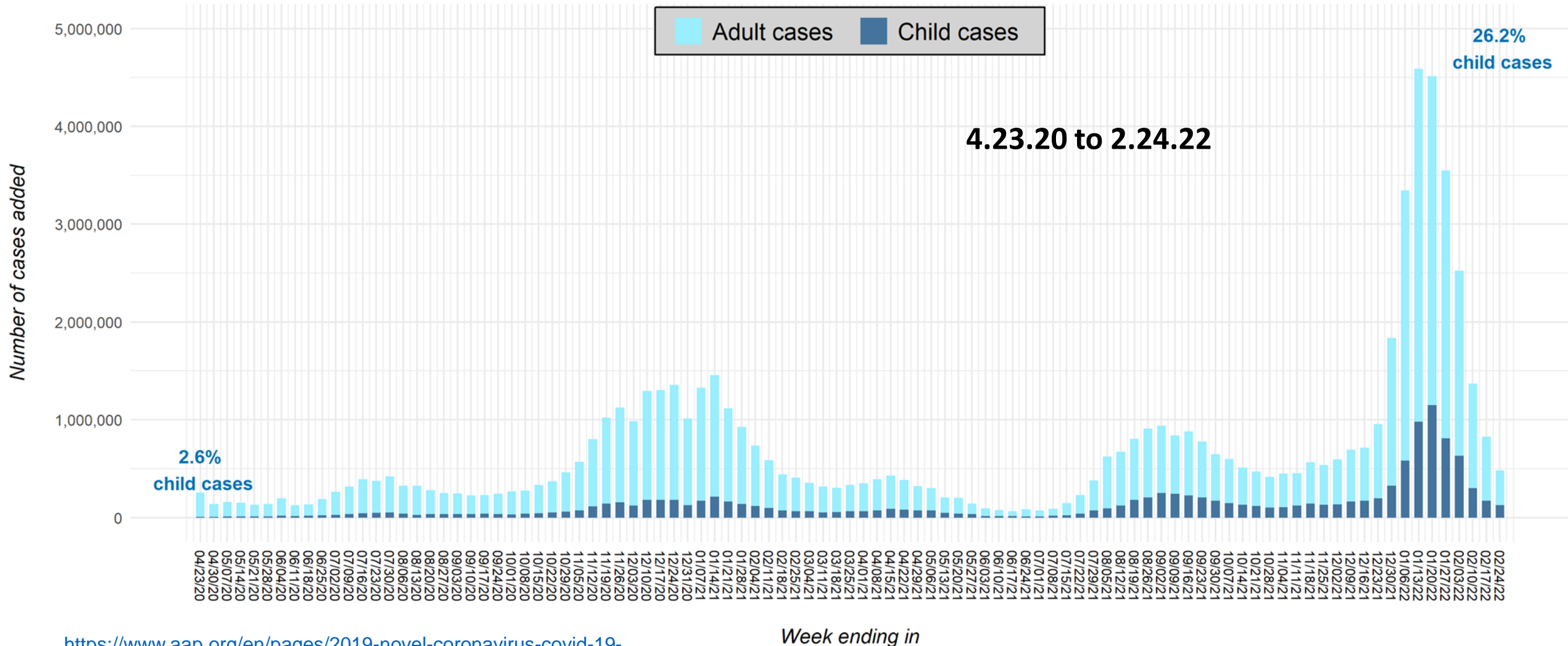
On 2/24/22, due to available data, IA experienced an increase of 16,091 cumulative child cases

On 2/24/22, due to available data, DC and VA cumulative child cases through 2/17/22

On 2/24/22, due to available data for KS, there were 903 fewer cumulative child cases



# 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: 5 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21  
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 On 2/24/22, due to available data for KS, there were 903 fewer cumulative child cases



# 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!

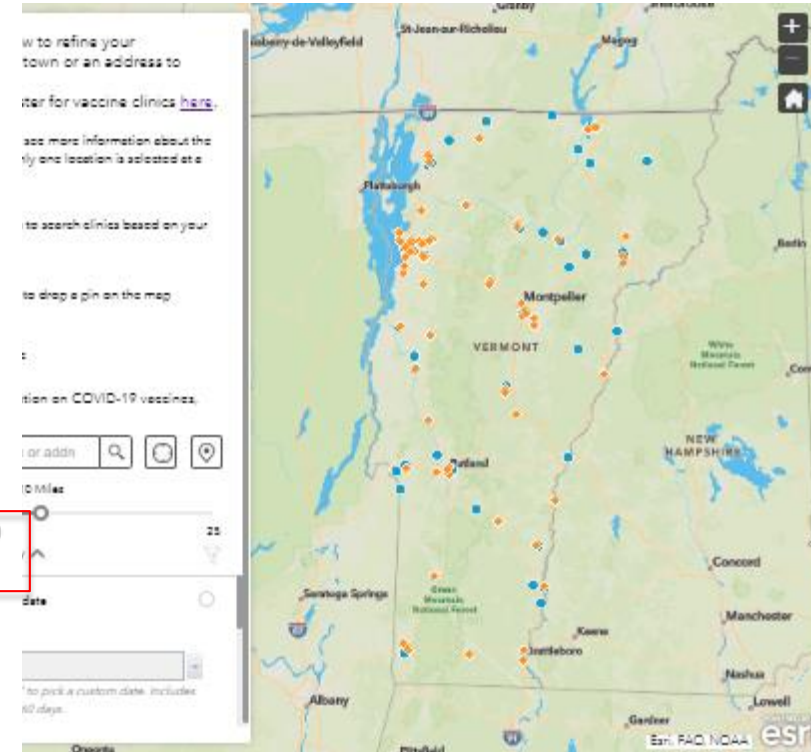
You should get a booster if you are 12 or older and you received:

- 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)

[“Vermont Vaccination Data” 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 = 56%
  - ▣ 12-17 = 45%
  - ▣ 18-29 = 34%
  - ▣ **VT Age 5+ = 58%**

## Vermont Vaccination Data

Overall
Statewide
By County
By County - Additional

Updated 03/02/2022 12:11 PM

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

**345.6K**  
People up-to-date

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

J&J 7%  
Moderna 35%  
Pfizer 58%

Show VT Residents Only  
■ VT Only

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

Age		Race	
Age	%	Race	%
5 - 11	56%	Asian	51%
12 - 17	45%	Black or African American	43%
18 - 29	34%	Native American, Indigenous, or First Nation	13%
30 - 39	53%	Pacific Islander	15%
40 - 49	57%	Two or more races	60%
50 - 59	60%	White	58%
60 - 64	70%		
65 - 69	79%		
70 - 74	85%		
75+	82%		

Ethnicity		Sex	
Ethnicity	%	Sex	%
Hispanic	71%	Female	62%
Not Hispanic	57%	Male	54%

Race/Ethnicity	5-11	12-30	31-64	65+	Age 5+
BIPOC	55%	41%	62%	84%	55%
Non-Hispanic White	53%	36%	58%	81%	57%

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

**Data notes**

Statewide numbers and percentages are capped at 100%. To protect the identity of individuals, data is suppressed when there are fewer than six people vaccinated in a subgroup.

Race information is not reported for 3% of people vaccinated.

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

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

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

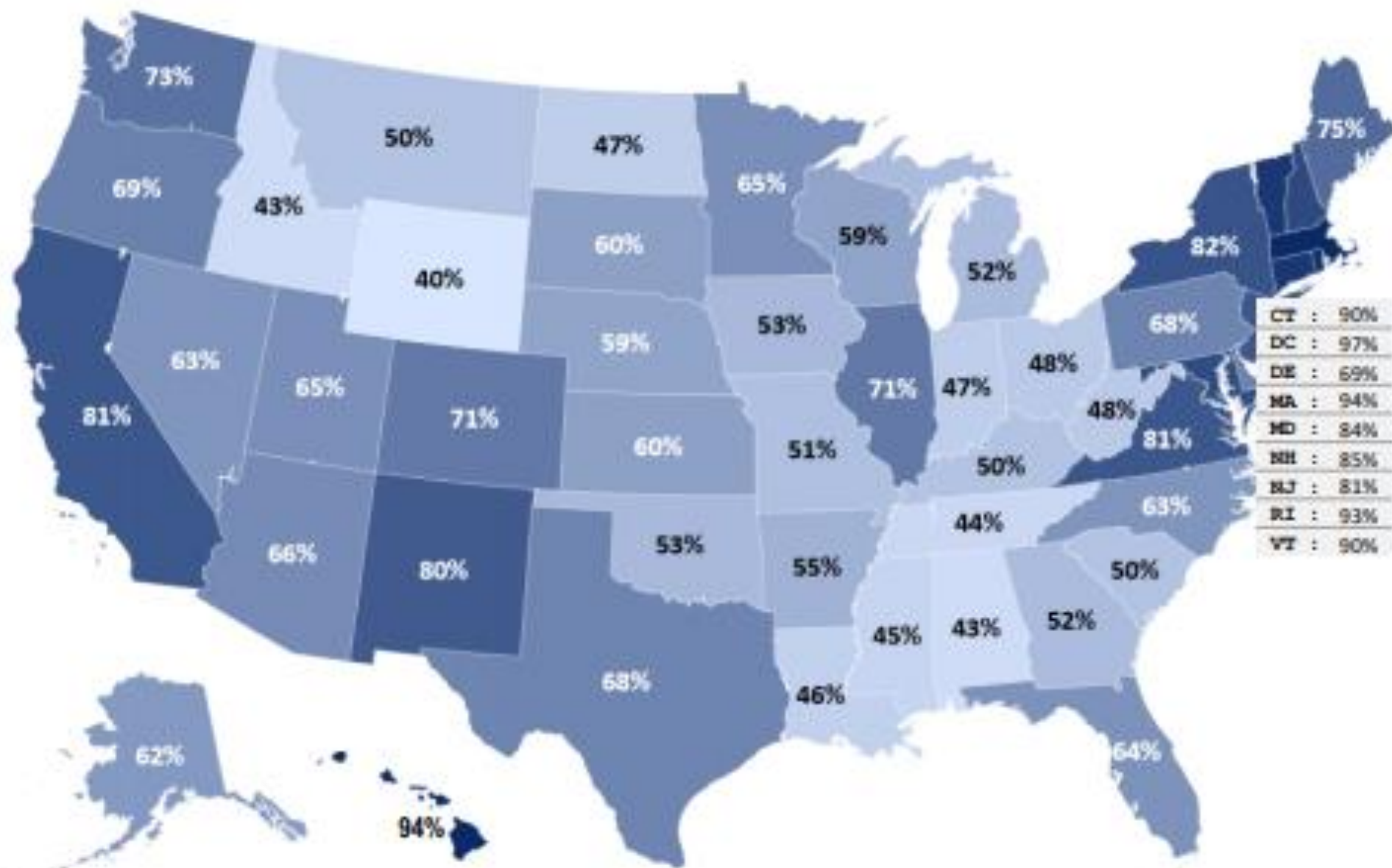
Sex information is not reported for <0.5% of people vaccinated. The categorization of male/female for some people is based on sex assignment at birth, while for others, it is based on gender. This is due to the varying sources and ways the information is reported.

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

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

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

Received Initial Dose as of 2.23.2022



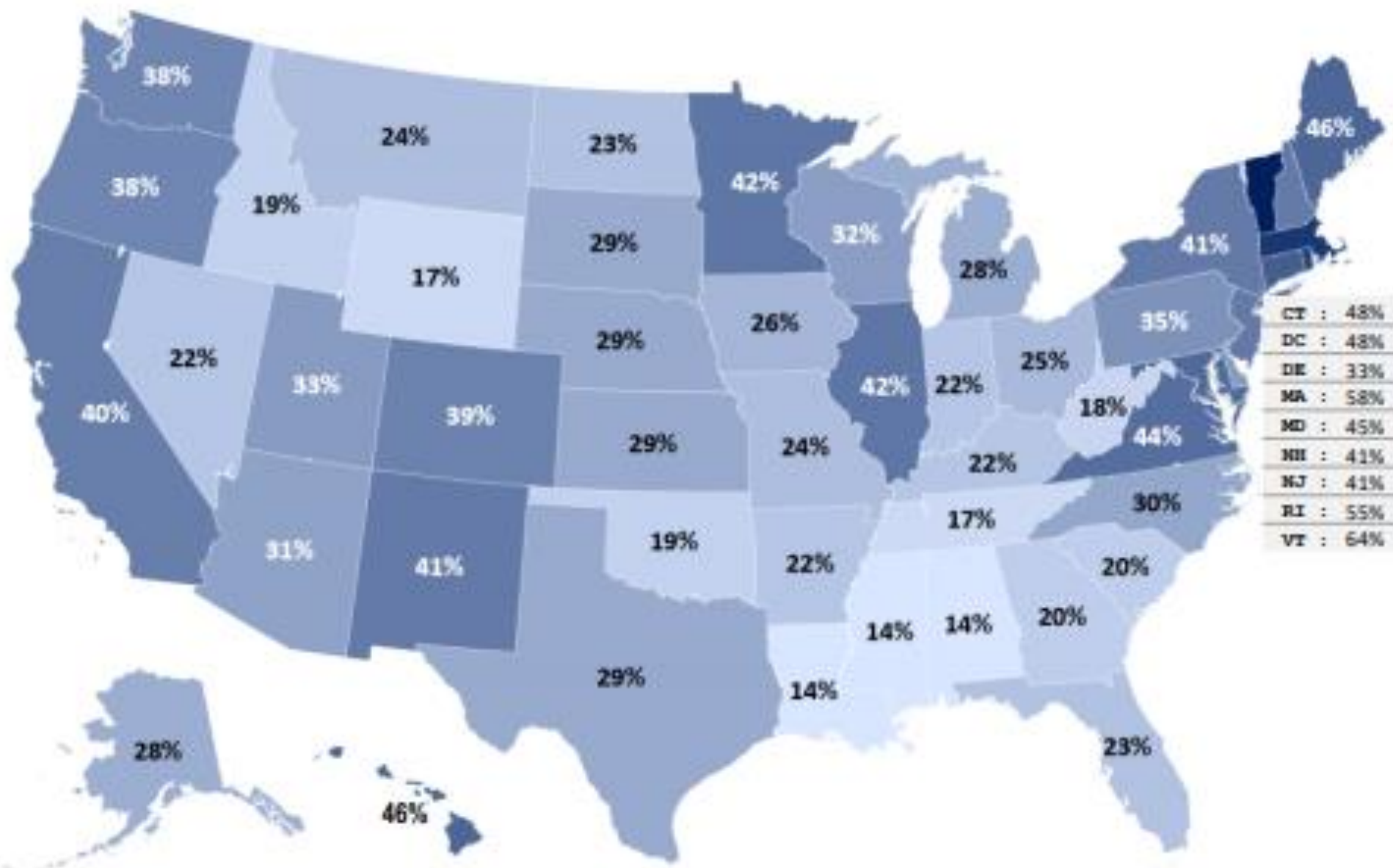
**Source:** AAP analysis of data series titled "COVID-19 Vaccinations in the United States, Jurisdiction". CDC COVID-19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction>). Check state web sites for additional or more recent information.



# 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 2.23.2022

14% 64%

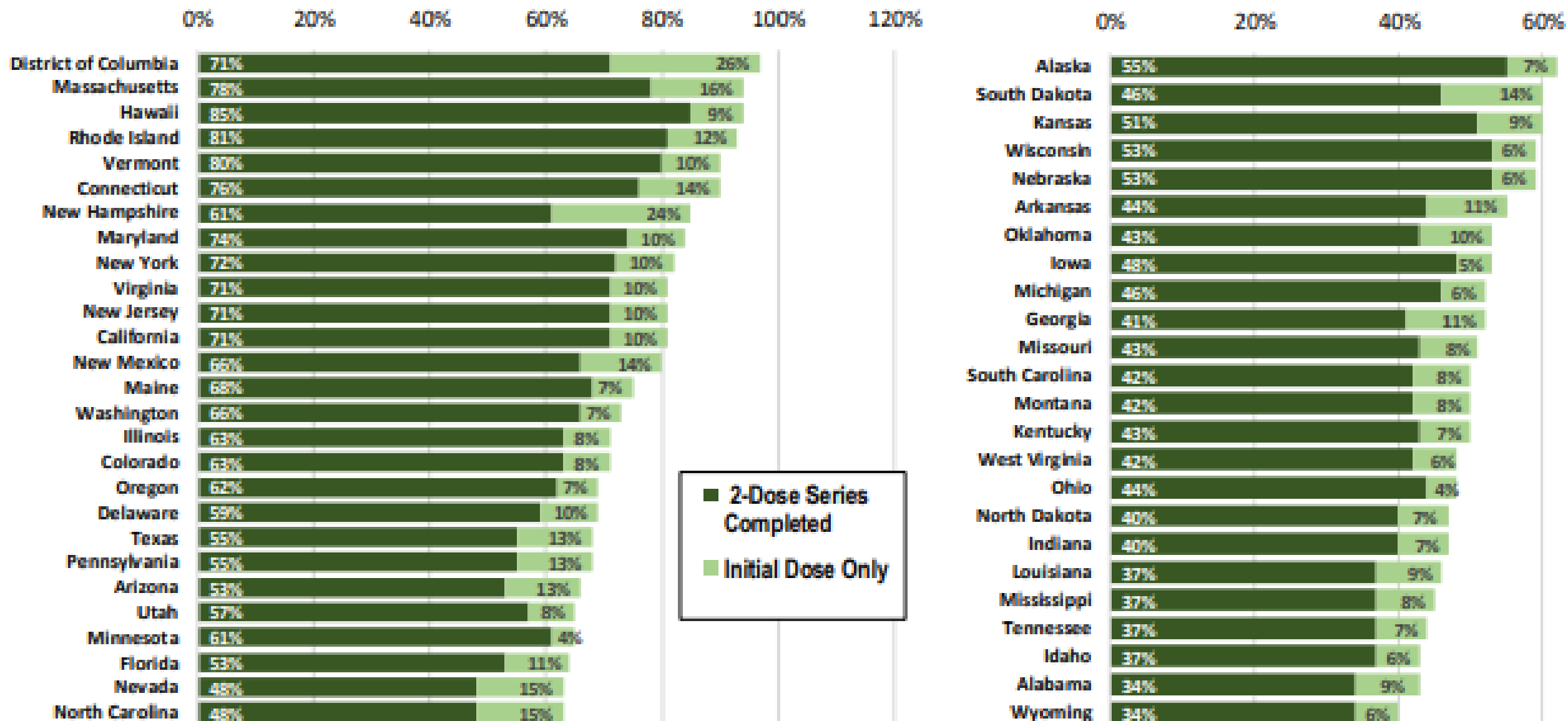


**Source:** AAP analysis of data series titled "COVID-19 Vaccinations in the United States, Jurisdiction". CDC COVID-19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/uns-k-b7fc>). Check state web sites for additional or more recent information.



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

as of 2.23.2022

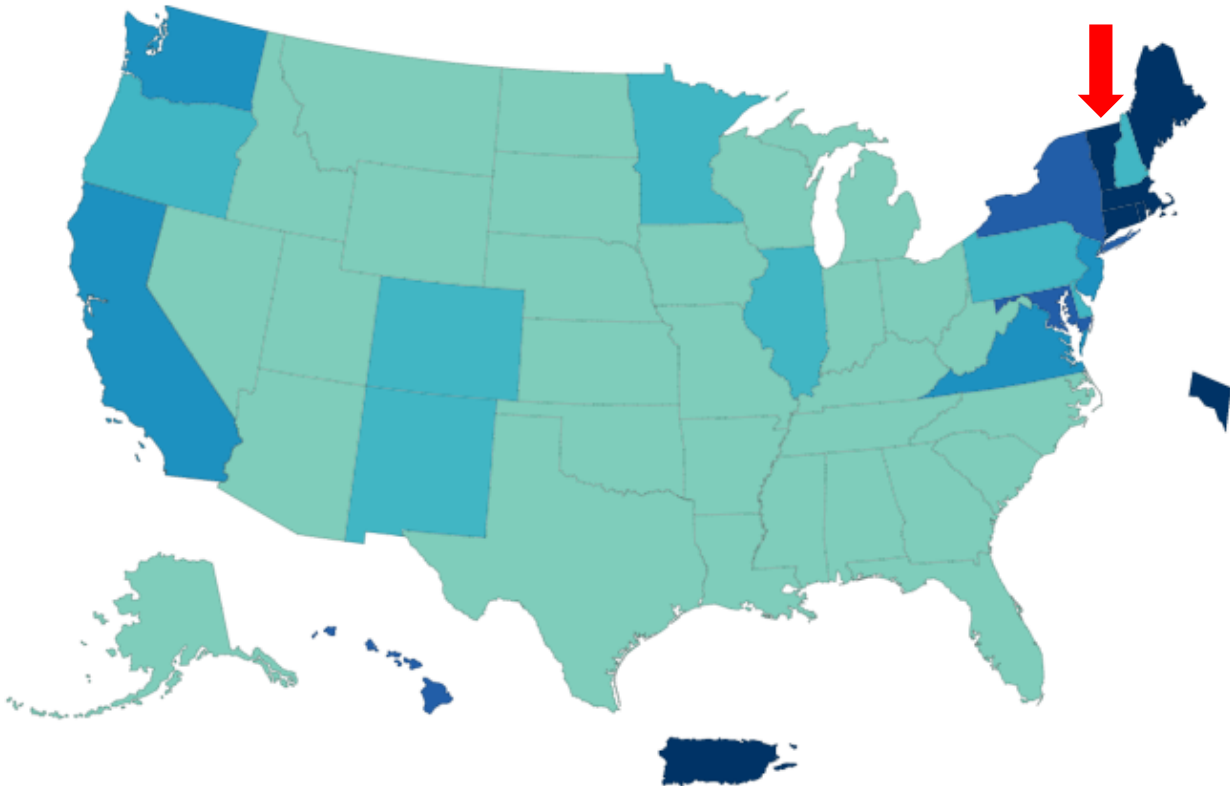


**Source:** AAP analysis of data series titled "COVID-19 Vaccinations in the United States, Jurisdiction". CDC COVID-19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction-b7fc>). Check state web sites for additional or more recent information.

# From the CDC Vaccine Tracker

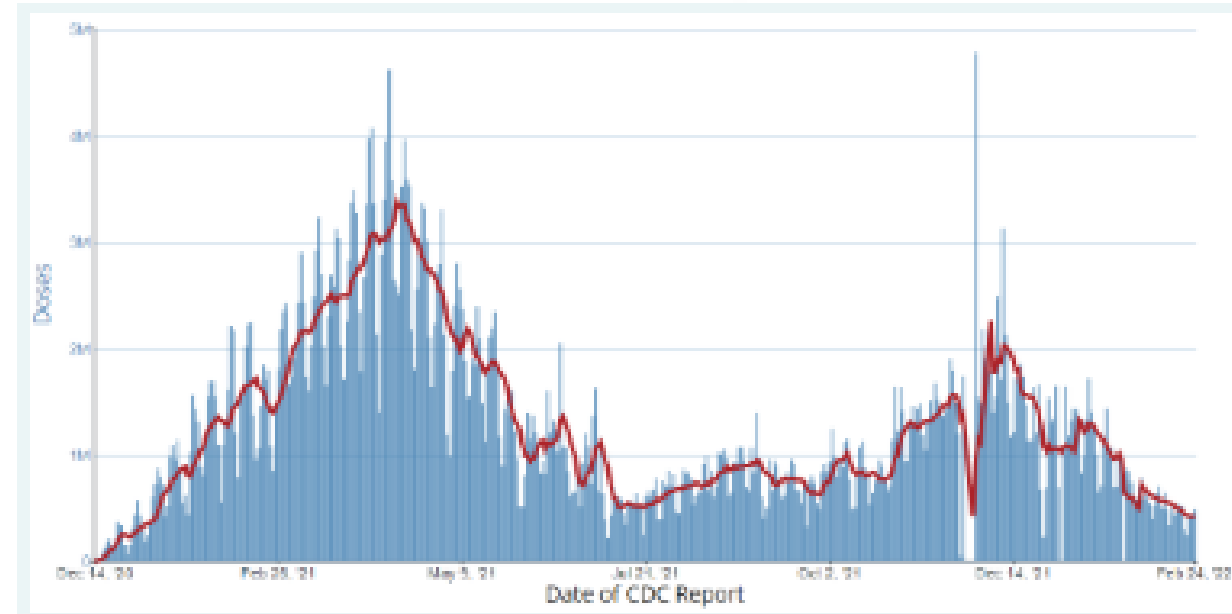
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

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



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

— 7-Day moving average

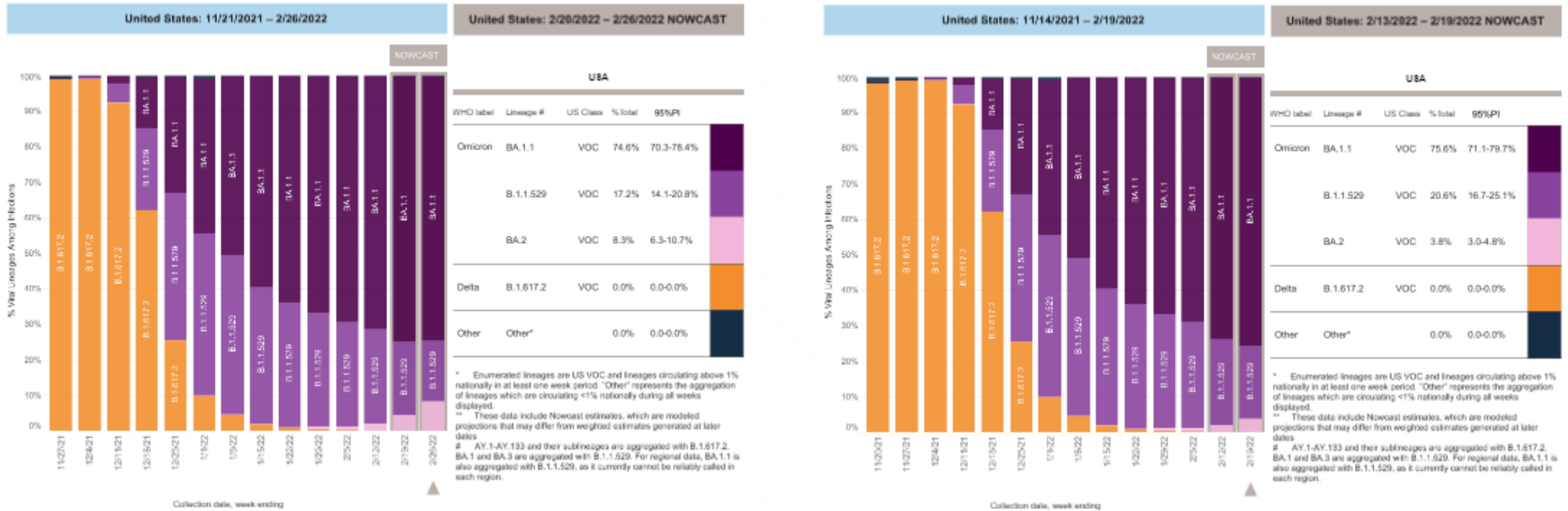


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

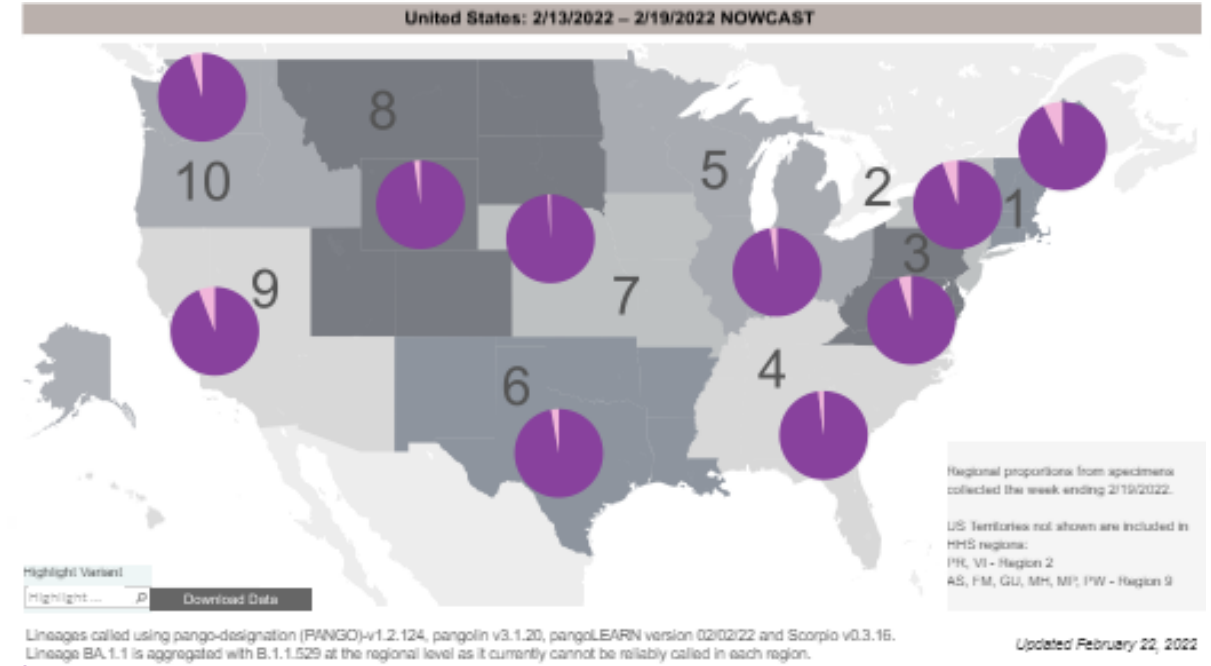
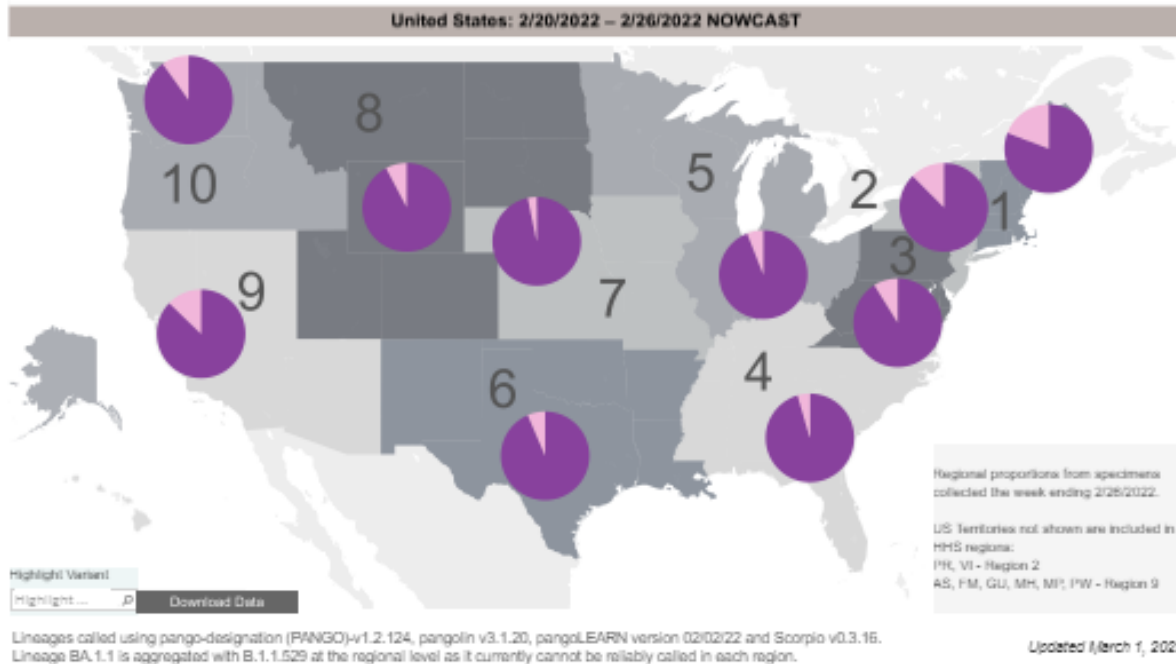
March 2, 2022

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



**Note: week-to-week comparison in Omicron variant proportion (purple): far right bar in graph on left is week ending 2/26/22  
 LIGHTEST PURPLE is Omicron subvariant BA.2.**

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



**Note: week-to-week comparison in Omicron variant proportion (purple). Map on left is week ending 2/26/22. Note emergence of Omicron subvariant BA.2 (LIGHT PURPLE).**

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



# Don't Forget Influenza!

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

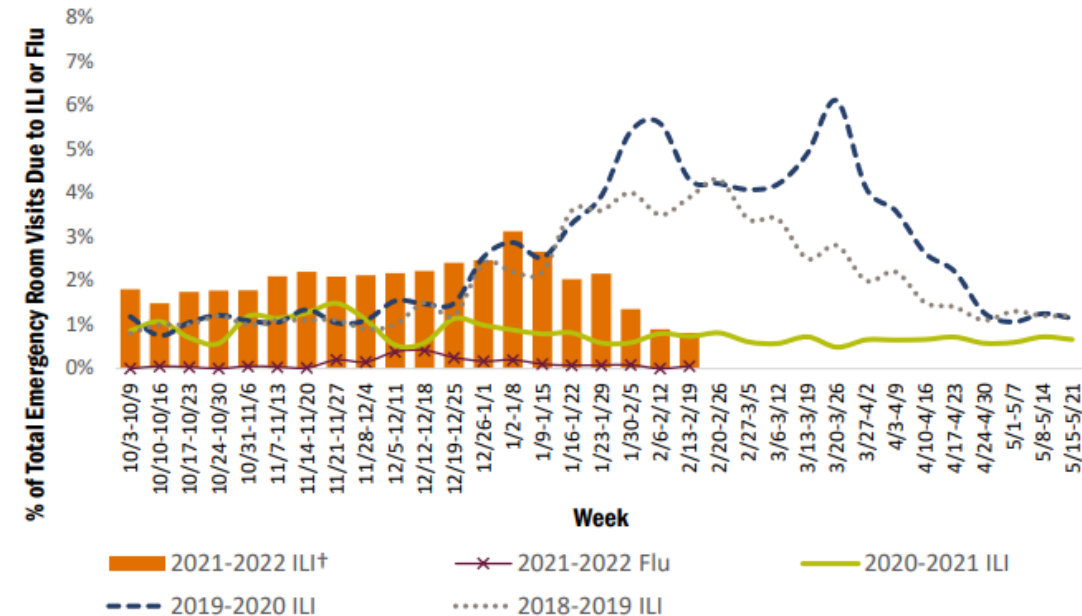
- ▣ Majority = influenza A(H3N2)

- Link to weekly surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-07.pdf>

## Syndromic Surveillance

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



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

# AAP (National) Updates

*Slides 27 – 36 courtesy of the American Academy of Pediatrics – from today's **Chapter Chat** (3/2/22 – added/revised AFTER today's VCHIP-VDH call)*

# Next AAP COVID-19 Town Hall

- Next Town Hall **Thursday, March 3 17, 2022 – 8 pm Eastern**
- Session will address the latest related to the COVID-19 pandemic and its impact on children, adolescents, and families – hear from leading experts and connect with your peers
  - Expert panel: David Kimberlin, MD FAAP (editor AAP Red Book; Sergio Stagno, MD (Peds ID UAB); Ruth Lynfield, MD FAAP (assoc. editor Red Book)
- 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 Community Levels

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

- Reflects new phase of pandemic; helps communities/individuals make decisions based on local context
- Does NOT apply to health care settings
- Based on a combo of 3 metrics:
  - # of COVID cases/100,000 population over past 7 days
  - # of new COVID hospitalizations/100,000 population in the past 7 days
  - % of staffed inpatient beds occupied by COVID-19 patients



# AAP Press Release

- Issued on March 1 in response to updated guidance from CDC
- Importance of keeping the unique needs of children in mind when considering mitigation measures, especially for:
  - Children <5 years of age and currently ineligible for COVID-19 vaccine
  - Children who are immunocompromised and at higher risk for severe COVID-19
  - Unimmunized children
  - Children who have family members who are at higher risk for severe COVID-19
- Importance of supporting children, adolescents, and teachers who choose to continue wearing face masks



# New MMWR on COVID-19 Vaccine Effectiveness in 5-17 Year Olds

- Two doses of COVID-19 vaccine protected against COVID-19 ED and urgent care encounters among children and adolescents
- Vaccine effectiveness was lower during Omicron predominance and decreased with time since vaccination
- Booster dose restored vaccine effectiveness to 81% in 16-17 yo
- Overall 2-dose vaccine effectiveness against COVID-19 associated hospitalization was 73-94%
- Importance of being up to date (including boosters for  $\geq 12$  yo)



# Interim Guidance Revisions

- **COVID-19 Testing**
  - Streamlined format into FAQs
  - Added discussion of serial antigen testing in the setting of symptomatic individuals with known exposure to SARS-CoV-2
  - Incorporated positive antigen testing as confirmatory under conditions of high rates of community spread of SARS-CoV-2
- **Caring for Children and Youth with Special Health Care Needs**
  - Importance of protecting CYSHN who may be a higher risk for severe COVID with emphasis on vaccination and considerations for pre-exposure prophylaxis
  - Increased emphasis on prioritizing in-person learning for CYSHCN, and how to keep CYSHCN safe in in-person learning environments.



# AAP ADVOCACY UPDATE: STATE OF THE UNION

- “The AAP applauds President Biden’s announcements during tonight’s State of the Union address that prioritize mental health and protect the digital privacy and well-being of children and adolescents. Tonight’s historic commitments follow the Academy’s [National Emergency Declaration](#) in children’s mental health issued last fall in response to the impact the pandemic has had on exacerbating the underlying child mental health crisis.
- “Pediatricians are on the front lines of this crisis, providing mental health promotion, screening and treatment to children and adolescents. Any national strategy must recognize the role of pediatric primary care providers to prevent, screen, treat and refer their patients for needed mental health conditions. AAP has also participated in [collaborative conversations](#) about how to create a digital ecosystem that works better for children and families. We echo the president's call for Congress to strengthen protections for children online and stand ready to partner with the White House to hold social media platforms accountable in doing that work. The Academy welcomes tonight’s recognition of children’s mental health as a national priority and look forward to what comes next.”

- Moira Szilagyi, MD, PhD, FAAP, President, American Academy of Pediatrics





# 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  
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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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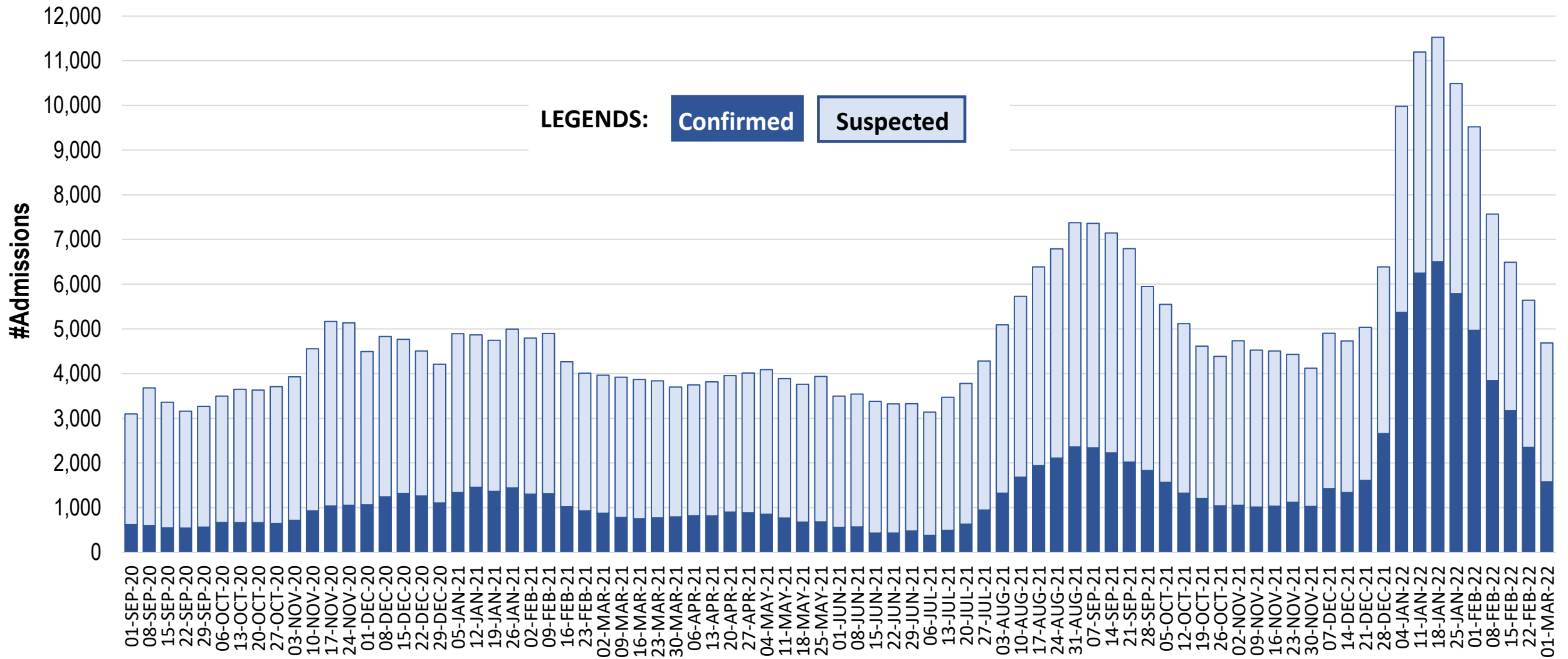
# Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 3.01.22

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

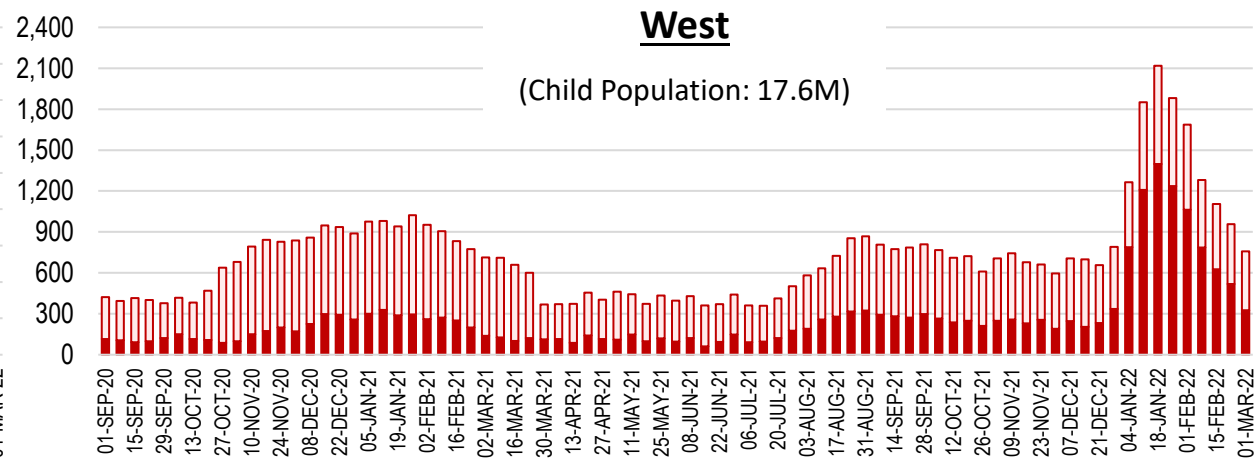
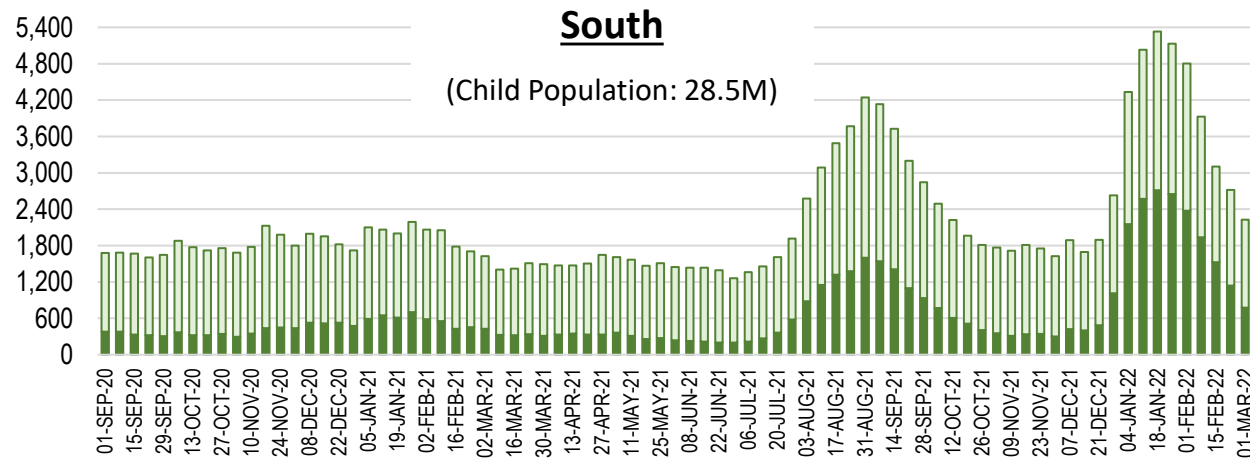
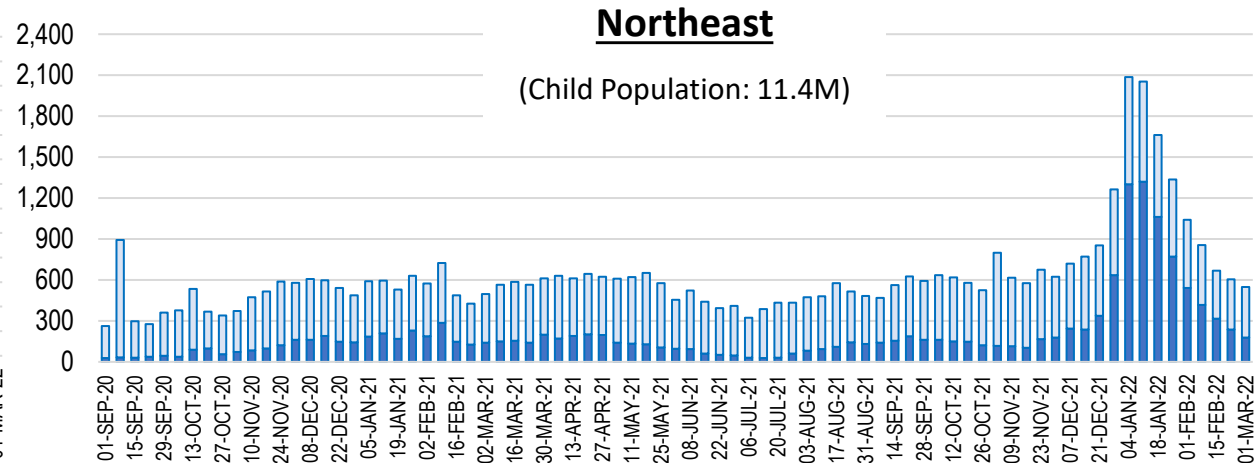
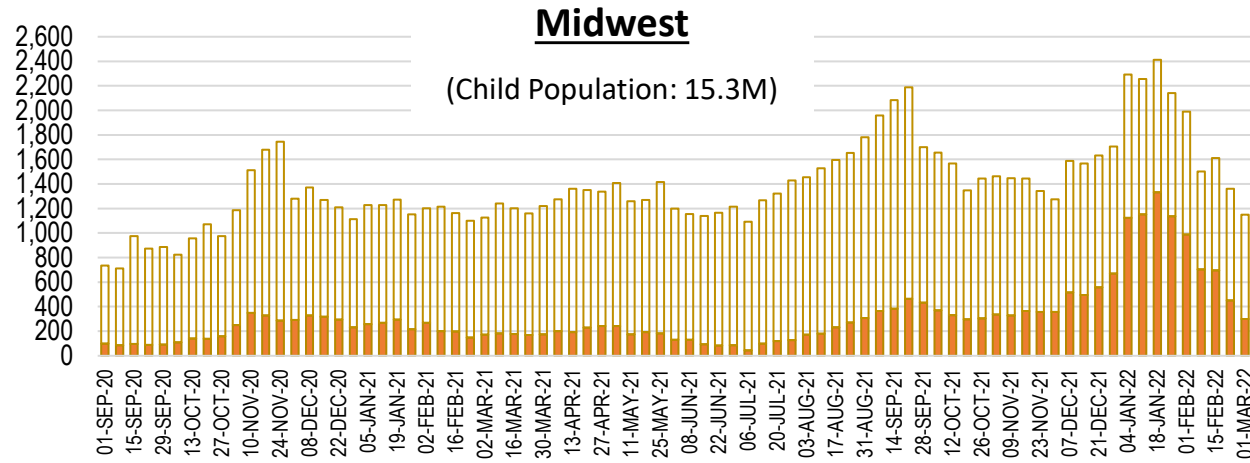
9.1.2020 - 3.1.2022



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 - 3.1.2022



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



# From the CDC / MMWR

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

# From the CDC / MMWR

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

# From the CDC / MMWR

- Effectiveness of COVID-19 Pfizer-BioNTech BNT162b2 mRNA Vaccination in Preventing COVID-19–Associated ED & UC Encounters/Hosps. Among Nonimmunocompromised Children and Adolescents Aged 5–17 Years — VISION Network, 10 States, April 2021–January 2022 (early release 3/1/22)
  - **Already known:** two doses of Pfizer-BioNTech vaccine provided protection against COVID-19 in persons aged 12–17 years during Delta predominance, but data during Omicron predominance and among children aged 5–11 years are lacking.
  - **Added by this report:** two doses protect against COVID-19–associated ED & UC encounters among children/adolescents...vaccine effectiveness (VE) was lower during Omicron predominance and decreased with time since vaccination; a booster dose restored VE to 81% among adolescents aged 16–17 years. Overall, 2-dose VE against COVID-19–associated hospitalization was 73%–94%.
  - **Implications for public health practice:** all eligible children and adolescents should remain up to date with recommended COVID-19 vaccinations, including a booster dose for those aged 12–17 years.

# NO Tuesday Media Briefing this week!



## State of Vermont observance of Town Meeting Day



**VPR Liveblog:** <https://www.vpr.org/vpr-news/2022-03-01/liveblog-for-vermonts-2022-town-meeting-day>

*In case you missed it...*

## AAP-VT Recommendations on Masking in Schools

*Letter from AAP-VT Chapter President Rebecca Bell to VT superintendents, principals, school boards (in response to requests) as recommended approach to masking in schools (2/15/22):*

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

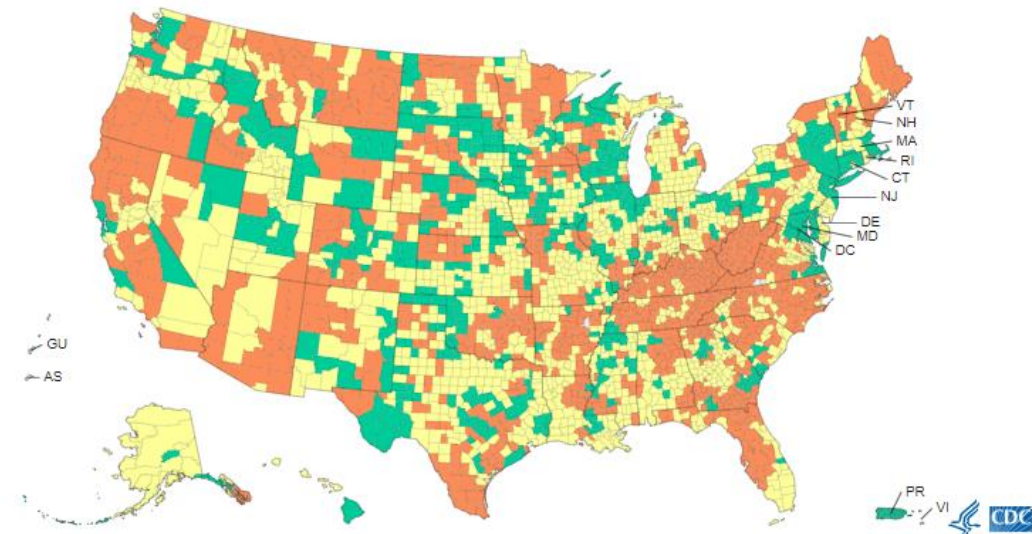


# Updated Approach to *Prevention* (2/25/22)

- <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>
- **COVID-19 Community Levels:** new tool to help communities decide what prevention steps to take based on latest data. Levels can be low/medium/high & are determined by looking at hospital beds usage, admissions, & total number of new COVID-19 cases in an area. Take precautions...based on level in your area.

Low	Medium	High
<ul style="list-style-type: none"><li>• Stay <u>up to date</u> with COVID-19 vaccines</li><li>• <u>Get tested</u> if you have symptoms</li></ul>	<ul style="list-style-type: none"><li>• If you are <u>at high risk for severe illness</u>, talk to your healthcare provider about whether you need to wear a mask and take other precautions</li><li>• Stay <u>up to date</u> with COVID-19 vaccines</li><li>• <u>Get tested</u> if you have symptoms</li></ul>	<ul style="list-style-type: none"><li>• Wear a <u>mask</u> indoors in public</li><li>• Stay <u>up to date</u> with COVID-19 vaccines</li><li>• <u>Get tested</u> if you have symptoms</li><li>• Additional precautions may be needed for people <u>at high risk for severe illness</u></li></ul>

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.



Legend

High

Low

Medium

N/A

*From the AAP (following updated CDC Guidance)*

## New Masking Recommendations for Families

- *“Pediatricians urge state & local policymakers to keep in mind the unique needs of children when considering COVID-19 mitigation measures. For some children—including those too young to be immunized and many with special health care needs—masking will still be an important layer of protection for a while longer.” (AAP President Moira Szilagyi, MD PhD FAAP)*
- AAP advises families to consider these factors in making this decision:
  - ▣ If child is between 2 & 5 yo & currently ineligible for COVID-19 vaccine
  - ▣ If child is immunocompromised & may not have a protective immune response to COVID-19 vaccine or is at high risk for severe illness
  - ▣ If their child is not immunized
  - ▣ If other family members are at higher risk of severe disease or are not immunized
  - ▣ If they live in a community with “high” COVID-19 transmission

# Practice Issues



*Updated Mask Guidance (CDC, AAP)*

*Pediatric Vaccine News & VDH Updates*

*Benjamin Lee, MD FAAP – Pediatric ID, LCOM & UVM CH*

*Monica Ogelby, VDH Immunization Program Manager*

*Meredith Plumpton, VDH IZ Program Nurse Coordinator*

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

## **Effectiveness of the BNT162b2 vaccine among children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant**

Vajeera Dorabawila, PhD<sup>1</sup>, Dina Hoefler, PhD<sup>1</sup>, Ursula E. Bauer, PhD<sup>1</sup>, Mary T. Bassett, MD<sup>1</sup>, Emily Lutterloh, MD<sup>1,2</sup>, Eli S. Rosenberg, PhD<sup>1,2</sup>

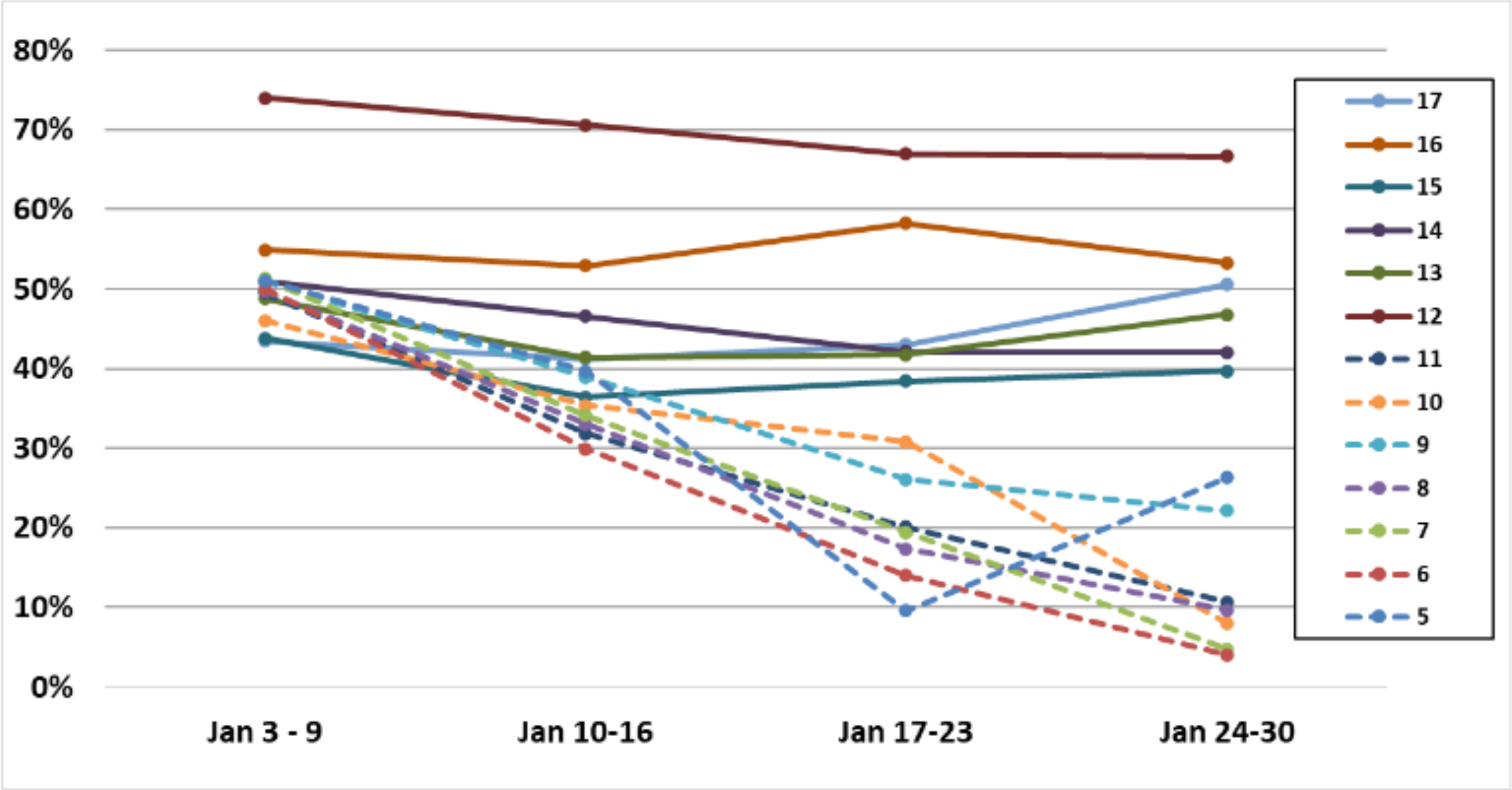
- 5-11 yo children
  - 365,502 fully vaccinated
  - 2 doses at 10 ug/dose
- 12-17 yo children
  - 852,384 fully vaccinated
  - 2 doses at 30 ug/dose
- Dec 13, 2021-Jan 30, 2022 (Delta → Omicron)

# Vaccine effectiveness against infection

- 5-11 yo: 68% (95% CI, 63-72) → 12% (95% CI, 6-16)
- 12-17 yo: 66% (95% CI, 64-67) → 51% (95% CI, 48-54)
- VE during final week
  - 11 yo: 11% (95% CI, -3-23)
  - 12 yo: 67% (95% CI, 62-71)



**Figure 1: Vaccine Effectiveness against Infection, by Week and Year of Age**



# Vaccine effectiveness against hospitalization

- 5-11 yo: 100% (95% CI, -189-100) → 48% (95% CI, -12-75)
  - 0 and 8 hospitalizations during first week and final week
  - Rate per 100K in vaccinated 0.00→0.31 vs in unvaccinated 0.22→0.60
- 12-17 yo: 85% (95% CI, 63-95) → 73% (95% CI, 53-87)
  - 2 and 22 hospitalizations during first week and final week
  - Rate per 100K in vaccinated 0.04→0.37 vs in unvaccinated 0.61→1.36

# Comments

- Vaccine effectiveness waned more rapidly in children 5-11 vs 12-17 against both infection and hospitalization
- Protection against hospitalization remained strong
  - Caveat: Challenging to precisely demonstrate effect sizes for very low incidence outcomes
- Strongly suggests that lower dosing improved reactogenicity profile at cost of antibody durability
- Results not unexpected given knowledge about Omicron, vaccine dose (e.g, Pfizer vs Moderna), dosing interval, need for boosters
- More research needed on optimal dosing strategies



# Vermont Department of Health – Immunization Program

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

# Considerations for 8-week interval in mRNA primary series

- An 8-week interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years.
- A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for:
  - Those 5-11 receiving Pfizer primary series
  - people who are moderately to severely immunocompromised
  - adults ages 65 years and older
  - and others who need rapid protection due to increased concern about community transmission or risk of severe disease.
- Data presented at 02/04 ACIP: [www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-02-04/11-COVID-Moulia-508.pdf](http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-02-04/11-COVID-Moulia-508.pdf)
- During a 02/24 COCA Call, CDC experts present: [https://emergency.cdc.gov/coca/calls/2022/callinfo\\_022422.asp](https://emergency.cdc.gov/coca/calls/2022/callinfo_022422.asp)
  - Updated recommendations on COVID-19 vaccines for people who are moderately or severely immunocompromised,
  - Simplified recommendations for vaccination following receipt of passive antibody therapy, and
  - Summarized recommendations for COVID-19 vaccination by age group.



# COVID-19 Vaccination Schedule – general population

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month
<b>Pfizer-BioNTech</b> (ages 5–11 years)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose (3 weeks after 1 <sup>st</sup> dose)						
<b>Pfizer-BioNTech</b> (ages 12 years and older)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose† (3-8 weeks after 1 <sup>st</sup> dose)					Booster dose‡ (at least 5 months after 2 <sup>nd</sup> dose)	
<b>Moderna</b> (ages 18 years and older)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose† (4-8 weeks after 1 <sup>st</sup> dose)					Booster dose‡ (at least 5 months after 2 <sup>nd</sup> dose)	
<b>Janssen</b> (ages 18 years and older)	1 <sup>st</sup> dose		Booster dose‡ (at least 2 months after 1 <sup>st</sup> dose)					

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#primary-series>

# COVID-19 Vaccination Schedule – Immunocompromised

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month
<b>Pfizer-BioNTech</b> (ages 5–11 years)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose (3 weeks after 1 <sup>st</sup> dose)	3 <sup>rd</sup> dose (at least 4 weeks after 2 <sup>nd</sup> dose)			
<b>Pfizer-BioNTech</b> (ages 12 years and older)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose (3 weeks after 1 <sup>st</sup> dose)	3 <sup>rd</sup> dose (at least 4 weeks after 2 <sup>nd</sup> dose)			Booster dose* (at least 3 months after 3 <sup>rd</sup> dose)
<b>Moderna</b> (ages 18 years and older)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose (4 weeks after 1 <sup>st</sup> dose)	3 <sup>rd</sup> dose (at least 4 weeks after 2 <sup>nd</sup> dose)			Booster dose* (at least 3 months after 3 <sup>rd</sup> dose)
<b>Janssen</b> (ages 18 years and older)	1 <sup>st</sup> dose	2 <sup>nd</sup> (additional) dose <sup>†</sup> using an mRNA COVID-19 vaccine (at least 4 weeks after 1 <sup>st</sup> dose)		Booster dose* (at least 2 months after additional dose)		

[www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#vaccination-people-immunocompromised](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#vaccination-people-immunocompromised)

# COVID-19 Vaccine Ordering

- Starting March 14, COVID-19 vaccine may be ordered any day of the week.
- Weekly COVID-19 reconciliations are no longer required.
- Monthly reconciliations of full vaccine inventory will be expected.
- A training will be provided in mid-March on the new system for practice staff.
- See the February Provider Update for more information:  
<https://mailchi.mp/916acc5c8967/vermont-vaccine-program-update-february-2022>



***In case you missed it***

**SEE: VDH WIC Program presentation on last week's call (2/23/22)**

## **Abbott Recall**

Temporary changes for WIC enrolled Infants

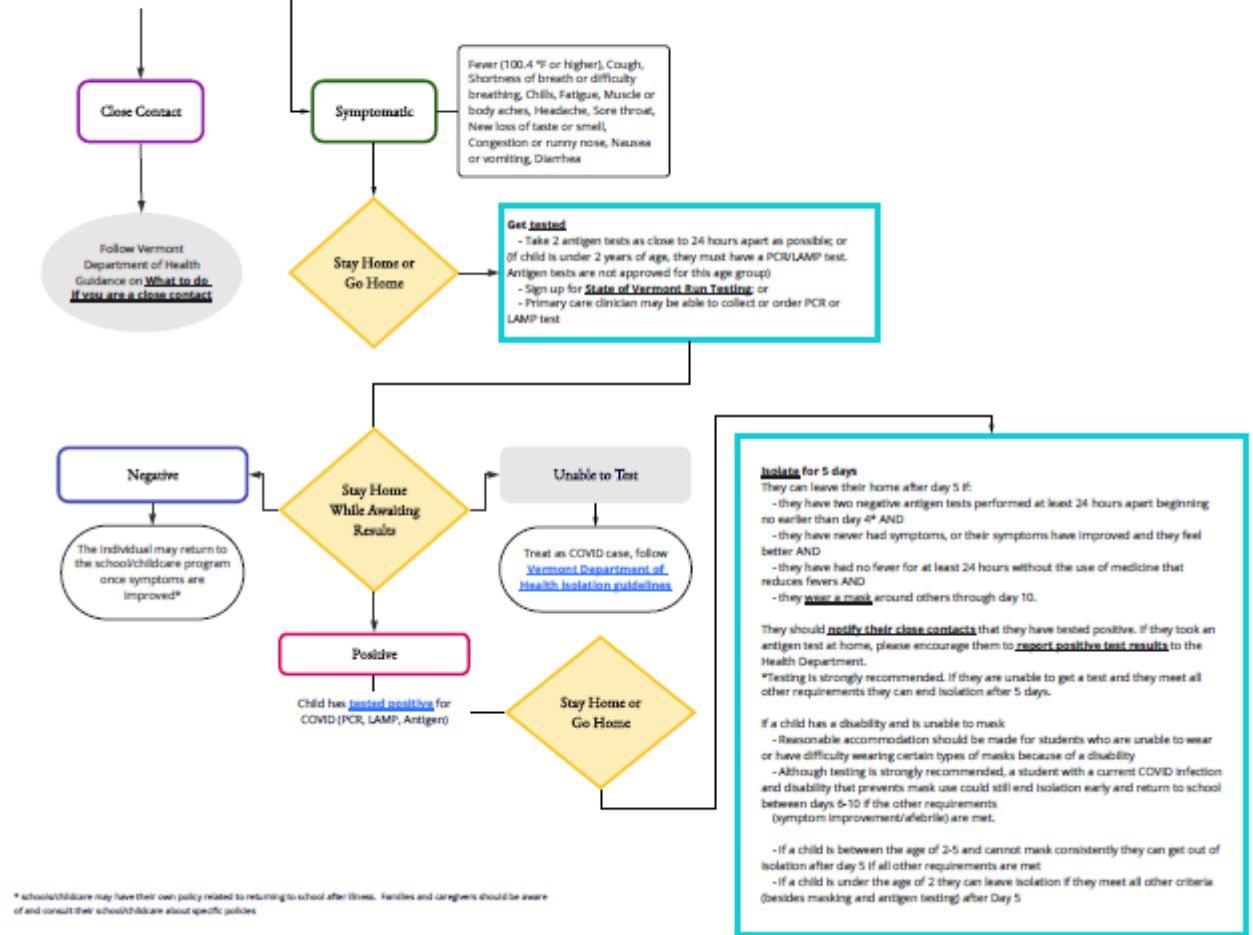
February 23, 2022

In case you missed it...

# FINAL Updated Pediatric Flow Chart

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

COVID Pediatric Flowchart  
Return to School/Childcare



\* school/childcare may have their own policy related to returning to school after illness. Families and caregivers should be aware of and consult their school/childcare about specific policies



Vermont Chapter

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# Important Update (Thank you, Kristen Connolly & Jonathan Flyer)

## Medical Guideline for RTP (Sports/PE) After COVID-19 Infection



Current as of February 10, 2022

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Date of Positive COVID Test: \_\_\_\_\_  
 Date of Symptom Onset: \_\_\_\_\_ N/A if asymptomatic:   
 Date of Last Symptoms: \_\_\_\_\_ N/A if asymptomatic:   
 Date to start Return to Play: \_\_\_\_\_  
 Clinician: \_\_\_\_\_ Office Phone number: \_\_\_\_\_

Corrected version now posted on VCHIP web site

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

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed without findings concerning for myocarditis
<input type="checkbox"/> <b>RETURN TO PLAY:</b> <ul style="list-style-type: none"> <li>• May progress physical activity according to own tolerance once out of isolation</li> <li>• Mask required for ALL activity until 10 full days from +test or symptom onset has passed</li> <li>• Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise</li> </ul>	

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

GUIDANCE	<input type="checkbox"/> No exercise while in isolation <input type="checkbox"/> No exercise until cleared by PCP
SCREENING	<input type="checkbox"/> In-person evaluation by PCP after symptoms resolved and out of isolation <input type="checkbox"/> AHA 14-element screen reviewed without findings concerning for myocarditis <input type="checkbox"/> No concerning cardiac findings on in-office exam <input type="checkbox"/> Normal EKG <input type="checkbox"/> ≥10 days have passed since symptom onset or positive test
<input type="checkbox"/> <b>RETURN TO PLAY:</b> <ul style="list-style-type: none"> <li>• May progress physical activity according to own tolerance once cleared to begin return to play</li> <li>• Start no sooner than 10 days from symptom onset or positive test</li> </ul>	

# Important Update (Thank you, Kristen Connolly & Jonathan Flyer)

## Medical Guideline for RTP (Sports/PE) After COVID-19 Infection

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

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed without findings concerning for myocarditis <input type="checkbox"/> Out of isolation and ≥1 day symptom-free (excluding loss of taste/smell)
<input type="checkbox"/> <b>RETURN TO PLAY:</b> <ul style="list-style-type: none"> <li>• Minimum 2 days of increase in physical activity (ie. one light practice, one normal practice)</li> <li>• No games before day 3</li> <li>• Mask required for ALL activity until 10 full days from +test or symptom onset has passed</li> <li>• Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise</li> </ul>	

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

GUIDANCE	<input type="checkbox"/> No exercise while in isolation <input type="checkbox"/> No exercise until cleared by PCP
SCREENING	<input type="checkbox"/> In-person evaluation by PCP after symptoms resolved and out of isolation <input type="checkbox"/> AHA 14-element screen reviewed without findings concerning for myocarditis <input type="checkbox"/> No concerning cardiac findings on in-office exam <input type="checkbox"/> Normal EKG <input type="checkbox"/> ≥10 days have passed since symptom onset or positive test
<input type="checkbox"/> <b>RETURN TO PLAY:</b> <ul style="list-style-type: none"> <li>• Start no sooner than 10 days from symptom onset or positive test</li> <li>• Minimum 4 days gradual increase in physical activity (ie, 1 light cardio workout, 2 light practices, 1 full practice)</li> <li>• No games before day 5</li> <li>• Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise</li> </ul>	

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

# Important Update (Thank you, Kristen Connolly & Jonathan Flyer)

## Medical Guideline for RTP (Sports/PE) After COVID-19 Infection

### 14-Element AHA Screening Checklist

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

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

# In the News

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

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

*Coming tomorrow!*

# Vermont Medical Society

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





# From the Vermont Medical Society

## Legislative Update

### Bills in motion

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

# *From the Vermont Medical Society*

## Legislative Update (cont'd.)

### **Bills in motion**

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

*Coming Soon:*

## Health Equity Training from VT Program for Quality in Health Care

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

# *Save the Date!*

## Vermont Public Health Association Annual Spring Conference

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



# 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





# 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 9, 2022 12:15 – 1:00 pm VIA ZOOM!***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – ***Thursday, March 17 – 12:30-1:00 p.m.***
- **Join VMS Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkJuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
  - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#