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 30, 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 Kelli Joyce, Allison Koneczny, or Angela Zinno.

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

- **Happy National Doctors’ Day!** (Thank you, teams & partners!)
- March 31 is **International Transgender Day of Visibility**
  - AAP flies the transgender flag at headquarters this week
- March 29, 2022: the Emmett Till Anti-Lynching Act signed into law by President Biden – makes lynching a federal hate crime
- Reminder – weekly event schedule:
  - March-April VCHIP-VDH call calendar (see next slide); Gov. Media Briefings generally **Tuesdays only**; VMS calls with Dr. Levine 1st and 3rd Thursdays
- Practice Issues: **COVID-19 Vaccine Update; LCOM Public Health Project on Rural Telehealth**
- Q & A/Discussion [Please note: the COVID-19 situation continues to evolve – so the information we’re providing today may change]
March calls – all *Wednesdays*:

- 3/2, 3/9, 3/16, 3/23, 3/30
- Current plan for *April* is to continue on *Wednesdays*, except for April 20. *April call dates*: 4/6, 4/13, 4/27.
- 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 1\(^{st}\) and 3\(^{rd}\) Thursdays

*2 years strong!*

March 30, 2022
**VMS COVID Convos** with Health Commissioner Levine

- **2022 Schedule**
  - Calls with VDH Commissioner Levine now 1\textsuperscript{st} and 3\textsuperscript{rd} 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=VkVuNTJ1ZFQ2R3diSVdqkJ2ZG4yQT09](https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqkJ2ZG4yQT09)
  - Meeting ID: 867 2625 3105  Password: 540684 Dial In: 1-646-876-9923
War in Ukraine reminder that children…always disproportionately impacted by associated morbidity & mortality…subjected to extreme trauma and suffering.


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

Message from AAP President Moira Szilagyi, MD PhD FAAP – 3/10/22
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), 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/
March 30, 2022

One year ago: 19,109 VT total cases; 73 new/25 hosp.

U.S. 79.9 million+ cases; 977,179 deaths


Past week: av. 29,253 cases/day (14d. change -9%)

6.13 million+ deaths worldwide; 485.1 million+ cases (-7% & -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

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
Situation update

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

March 30, 2022
This brief reflects data as of March 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
- Total Non-Children
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 30, 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:

**VT College & University dashboards:**

- **UVM update** (week of 3/21-3/27): 24 pos. tests off campus; 9 on campus; 3 faculty; 3 staff.
- **Bennington College** (as of 3/28/22): 2 total active/0 new active cases.
- **Middlebury College** (as of 3/28/22): 15 new cases; 15 total active (15 students / 0 employees)
As of 3/24/22 – over 12.8M cumulative confirmed child COVID-19 cases

- 29,000 child COVID cases reported week ending 3/24/22
- Cases down substantially from the 1.1 million peak January 20
- First week since July 2021 that added cases <30,000
United States: Child COVID-19 Cases Added in the Past Week, by Region

4.23.20 to 3.24.22

Midwest

Northeast

South

West

Cases added in past week

Week ending in

Source: AAP analysis of publicly available data from state/local health departments
Note: Regions are the US Census Regions
6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/21/21, WA as of 3/12/22
On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located at https://dshs.texas.gov/coronavirus/AdditionalData.aspx (1,090,744 cumulative child cases as of 2/17/22)
TX previously reported age for only a small proportion of total cases each week (eg. 2-20%); these cumulative cases through 6/26/21 are included (7,754)
Due to available data and changes made to dashboard, AL cumulative cases through 7/24/21
Due to available data, HI cumulative child and total cases through 1/13/22
Due to available data and calculations required to obtain MA child cases, 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 3/24/22, due to available data for FL, child cases and total cases through 3/17/22
On 3/24/22, due to available data for ND, there were 252 fewer cumulative child cases
United States: Number of COVID-19 Cases Added in Past Week for Children and Adults

4.23.20 to 3.24.22

Number of cases added

2.6% child cases

19.4% child cases

Source: AAP analysis of publicly available data from state/local health departments

Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 9/12/21, WA as of 3/10/22

On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located at https://data.texas.gov/coronavirus/AdditionalData.aspx (1,690,744 cumulative child cases as of 2/17/22)

TX previously reported age for only a small proportion of total cases each week (eg, 2-25%); these cumulative cases through 8/26/21 are included (7,754)

Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21

Due to available data, HI cumulative child and total cases through 1/13/22

Due to available data, 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 8/10/22

On 3/24/22, due to available data for FL, child cases and total cases through 3/17/22

On 3/24/22, due to available data for ND, there were 292 fewer cumulative child cases
Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 3.29.22

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

LEGENDES: Confirmed Suspected

Number of Past-week Confirmed and Suspected COVID-19 Pediatric Hospital Admissions, by Census Region by Week

Northeast
(Child Population: 11.4M)

Midwest
(Child Population: 15.3M)

South
(Child Population: 28.5M)

West
(Child Population: 17.6M)

VDH COVID-19 Vaccine Registration & Sites

GETTING THE COVID-19 VACCINE

NOTE: This page copied 3/30/22 at 9 p.m.

Find out about vaccines for children ages 5 to 11 and children under 5.

Booster Update: On March 29, the U.S. Food and Drug Administration authorized a second booster dose of either the Pfizer-BioNTech or the Moderna COVID-19 vaccines for people 50 years of age and older and certain immunocompromised individuals. Read the press release. The CDC has also updated its recommendations. You can check with your health care provider or pharmacy to get vaccinated.

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

Use the map to find a site near you! Prefer a text listing? See Vaccine Clinics listing. Make an appointment for your vaccine through a pharmacy, the Health Department, or your health care provider.


March 30, 2022
Starting **today** (3/30/22): dashboard will be updated **weekly** on Wed.; “UTD” = % 5+ yo w/all recommended vaccine doses


By Age – Statewide:
- 5-11 = 57%
- 12-17 = 46%
- 18-29 = 34%
- VT Age 5+ = 59%

---

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

[This slide will be updated after today’s call]

- **Starting today (3/30/22): dashboard will be updated weekly on Wed.; “UTD” = % 5+ yo w/all recommended vaccine doses**
- By Age – Statewide:
  - 5-11 = 57%
  - 12-17 = 46%
  - 18-29 = 34%
  - VT Age 5+ = 59%
Proportion of Eligible US Children Ages 12-17 Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence

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


Map showing the proportion of children by state. As of 3.9.2022, the range is 15% to 65%.
From the CDC Vaccine Tracker

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

March 30, 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 3/26/22
LIGHTEST PURPLE is Omicron subvariant BA.2.

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

March 30, 2022
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 3/26/22. Note cont’d. emergence of Omicron subvariant BA.2 (LIGHT PURPLE).

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

March 30, 2022
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).

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, services, programs, initiatives.

- Related programs:
Practice Opportunity!

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

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.*

---

AAP (National) Updates

Slides 31 – 37 courtesy of the American Academy of Pediatrics
[Updated from today’s AAP Chapter Chat, following today’s call]
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
- Panelists: **Shaquita Bell, MD FAAP**, immediate past chair of AAP Committee on Native American Child Health; and **Bonnie Maldonado, MD FAAP**, chairperson of AAP Committee on Infectious Diseases.
- Find previous recordings on AAP COVID-19 Town Hall webpage:
2nd COVID-19 mRNA Boosters

3/29/22: FDA authorized, & CDC recommended, 2nd booster dose of either COVID-19 mRNA vaccines for certain populations:

- Individuals 50 years or older at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine
- Individuals ≥ 12 years of age with certain immune deficiencies at least 4 months after receipt of a first booster dose
  - Those who have undergone solid organ transplantation or living with conditions that are considered to have an equivalent level of immunocompromise
  - Pfizer for those ≥ 12 years of age or Moderna for those ≥ 18 years of age
- Adults who received Janssen COVID-19 vaccine for primary series and booster at least 4 months ago may now receive a 2nd booster using mRNA vaccine
Interim Guidance on Face Masks and Other Prevention Strategies (Updated 3/23/22)

• Accounts for changing epidemiology and revised CDC guidance
• Specifically points out pediatric populations who continue to remain at higher risk of COVID-19 illness where continued use of face masks might be beneficial (e.g., unvaccinated, immunocompromised, CYSHCN)
• Recommends that high quality, well-fitting masks be made available to all who remain vulnerable
• Supports continued mask use by children, adolescents, and teachers even in areas of low community risk
• Supports flexibility in reinstituting face mask requirements as community levels and conditions warrant
Interim Guidance on Return to Sports and Physical Activity (Updated 3/24/22)

- Incorporates updated CDC recommendations on community levels and face masks
COVID-19 SUPPLEMENTAL REQUEST

- White House request for $22 billion not acted on by Congress
- At risk:
  - HRSA uninsured fund for testing, treatment, and vaccination
  - Booster doses for all Americans and variant-specific vaccines
  - Therapeutics allocations to states and territories
GUN VIOLENCE PREVENTION RESEARCH FUNDING

- Firearms remain a leading cause of mortality for children
- Research a longstanding AAP priority after 1996 restrictions
- Since FY20- $25m for CDC and NIH, a push for $50m
- Progress, but a clear need for more
- Generations lost- rebuilding rather than resuming
Suicide and suicidal behavior among young and young adults is a major public health crisis. Suicide is the 3rd 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 the 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.

**Blueprint for Youth Suicide Prevention**

*American Academy of Pediatrics*

DEDICATED TO THE HEALTH OF ALL CHILDREN®

**Youth Suicide Prevention: A Call to Action**

Suicide is complex (too often preventable). Pediatric health clinicians, adults working with youth in schools and community settings, families, and peers can play a critical role in detecting and supporting youth at risk for suicide.

Youth and young adults should grow, thrive, and live long, healthy lives. However, among youth is the highest rate of deaths from suicide in 2022. AAP partnered with the American Academy of Child and Adolescent Psychiatry and Children’s Hospital Association to declare a national emergency in childhood and adolescent mental health. This disorder really is a call to action: pediatric health clinicians and other adults who work with youth can make a difference.

More than ever, there is an urgent need for national leadership and partnerships to advance youth suicide prevention.

www.aap.org/suicideprevention
Pediatricians Speaking Out

- WCAX story on staying home when sick: Dr. Leah Costello
  - https://www.wcax.com/2022/03/29/regular-sicknesses-creep-back-into-schools/

- *Pediatrics* article on behavioral health integration in (MA) FQHCs; accompanying blog post by Dr. Lewis First

- 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.”
Governor Phil Scott

- Acknowledging rising fuel costs – consider efficiency upgrades. Proposed budget includes 80m. – area of agreement in House budget. SEE DCF web site for weatherization assistance & check w/your utility for programs/incentives.

- Transportation: investment in electric vehicles & charging infrastructure (state incentives, utility rebates & federal tax credits). SEE: https://www.driveelectricvt.com/

- VT Agency of Transportation making greener travel options available. SEE: https://www.connectingcommuters.org/

- Pitch for my tax relief pkg.: impact >¼ taxpayers. Deductions for student loan interest; remove for military pensions; expand EITC & child care tax credit; 275. rebate to taxpayers “because you overpaid.”
Tuesday Media Briefing (cont’d.)

VDH Commissioner Mark Levine

- FDA authorized 2nd boosters for Pfizer & Moderna (“I think they just knew this would alter the briefing”) for all 50+ yo and additional booster for 12+ w/certain immune deficiencies. VDH will review quickly & update info/guidance as needed.
- BA.2 making up increasingly high %age cases: >72% New England & close to 55% across U.S. Cases not growing exponentially – good sign.
- VT past 7d. case average = 131 (11% increase past 7d. & 13% incr. past 14d.)
- Past week cases 109< previous week; epi curve quite stable/prolonged a little by BA.2. Testing decreased 5.5% but stable.
- Expect new cases to remain low in coming wks.; some uncertainty w/BA.2 but not wide variation in predictions. Hosps. steady/low(down 87% from Omicron peak; ICU down 94% since peak.)
VDH Commissioner Levine

- Number of deaths in March is 1/5 level of each of 3 preceding months.

- BA.2 more contagious than Omicron (which was more than Delta) but less severe for most & VTers highly vaccine-protected. Cont. to strongly rec. evaluate your risk, stay UTD on vax, get tested if sx, & consider risk of others.

- Easing of restrictions doesn’t mean COVID gone – but risk is lower for all.

- BA.2 has changed monoclonal Ab treatment: sotrovomab no longer used in our region due to concern re: effectiveness; feds not shipping to states w/higher prevalence BA.2. But other treatments still available: bebtelovimab & Paxlovid.

- Vaccine delivery: shift to pharmacies & HCPs. State clinics with v. low uptake recently. Starting 4/1/22 walk-in only (no appts thru VDH reg. system). May add new clinics on smaller community level scale. Hopeful pandemic waning but 2 yrs exper & heartbreak says must stay ready for any curveballs.
Q: 3 VT counties classified as high spread by the CDC’s new guidance – refresh CDC guidance is from the CDC and whether any changes are needed? Gov. Scott: VT not going with CDC per county approach due to intrastate travel – we are so intertwined b/c such a small state. Dr. Levine: Community levels use # new cases/100K, new adm./100K, % hosp. specifically for COVID. Created system to work for whole country but works better in some places than others. Small states with rural cos. like VT have more unpredictable/variable case rates in these cos. (starts w/cases per 100K) – may just be a few cases that changes the color on map. We have few counties that meet criteria, & they have small pop. – so small # cases leads to very high rate. Hosps: if # of staffed beds decreases (e.g. due to decreased traveling nurses), & number of COVID cases same, looks like increase in hosp. rate. We believe looking statewide at the data provides more consistency in recommendations, especially across counties with highly mobile populations. Cautions not to panic. New way of living with the pandemic will reply on more trend data and our statewide data
Q: One school district went back to masking; state house keeping masks in committee rooms – should VTers change behavior? Dr. Levine: ppl should change behavior in whatever ways are good for them. But recs for schools shouldn’t be so labile based on one piece of data. Secy. French: problematic to operationalize in VT schools due to small cos. – need to greater stability. I told supts. defer to VDH re: applying in VT.

Q: Over past several wks., VT cases/capita rising: #2 per NYT today? Dr. Levine: still not clear why the NYT data looks different. Orig. was because a # of cases added back retrospectively in data cleanup, but that should no longer be the reason. We’re clearly on decreasing trend & few cases being reported. Doesn’t make a lot of sense & is inconsistent w/lowest hosp. rate & amongst lowest death rate, cases don’t fit that mold. If we ignore DC, we are #1 state for testing. So, we know a lot more about cases than other states because we are finding them.
COVID-19 Vaccine Update – VDH Immunization Program

Telemedicine in Rural Vermont (LCOM Public Health Project)
Ryan Kelly, Larner College of Medicine, Class of 2025
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
CDC Recommends Additional Boosters

• Anyone 50 and older may get a second booster of Pfizer or Moderna, 4 months after the last dose.
• Anyone 12 and older who are immunocompromised may get a second booster 4 months after the last dose.
  • 12 through 17, Pfizer only
  • 18+, Moderna or Pfizer
• All adults who received a primary vaccine and booster dose of Janssen at least 4 months ago may now receive a second booster dose using an mRNA COVID-19 vaccine.
  • www.cdc.gov/media/releases/2022/s0328-covid-19-boosters.html
Immunization Program Reminders

• VDH has normalized COVID-19 Vaccine Ordering

• Communications, Trainings, and Provider Updates are all available on our Website: www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals
Telemedicine in Rural Vermont

Can Telemedicine be used to improve access to healthcare in rural VT?
Background

• First year medical students at Larner College of Medicine (LCOM) at the University of Vermont pair up with local community organizations to complete public health projects.

  • Community Organization: Vermont Department of Health, Rural Health Programs

  • Goal: To address inequities in healthcare created from unequal access to care within rural communities in the state of Vermont.
Meet the Team

• First year Medical Students:
  • Lindsay Aldrich
  • Jack Braidt
  • Jackson Burke
  • Ryan Kelly
  • Kelly Knight
  • Elizabeth O’Neill
  • Virginia Ramirez
  • Gabriela Sarriera-Valentin

• Faculty Advisor
  • Dr. Paula Tracy

• Community Advisor
  • Luca Fernandez
Unique Challenges to Vermont

• Many Vermonters need to travel long distances to receive the care they need.

• This limits access to equitable care for all Vermonters, particularly those in rural areas.
  • Leads to worsened health, cost and outcomes

• COVID-19 has increased the use of telemedicine nationally.
  • Telemedicine could alleviate many of the problems caused by the physician shortage in the state.
Assessing Telehealth as a Modality for Equity

• Build upon “Evaluation of the Connectivity Care Packages Project”, previous project run by John Olson and Dr. Tom Delaney

• Assess the attitudes of providers, patients and policymakers on telemedicine

• Determine if burden of disease and access to healthcare in rural Vermont can be eased with the use of telemedicine

• Gauge the type of care that patients/providers feel comfortable receiving/providing

• What are the obstacles within the state of Vermont that may prevent use of Telehealth to increase equity
  • Insurance!
Methods

• Focused Interviewing
  • Policy makers
    • What legislation from COVID is here to stay? What will be removed and why? What are barriers to certain legislation passing?

• Surveys
  • Patients and clinicians
    • Quality
    • Access
    • Challenges to implementation
  • Gathering all data through the perspective of location
Next Steps

• Meeting Notes:
  • Sending clinician survey through weekly email
  • Sending patient survey though same email
    • Please consider sending it patients, adding it to portal “intake” documentation, or printing and having in office space

• Contact: Ryan Kelly (ryan.kelly@med.uvm.edu)
The Patient Protection and Affordable Care Act (ACA) of 2010 required all not-for-profit hospitals in the United States to conduct a community health needs assessment (CHNA) at least every three years (beginning in 2012).
VT-CPAP: funded by Pediatric Mental Health Care Access (PMHCA) New Area Expansion grant from the ARPA via HRSA. VT DMH & Community Health Centers of Burlington will host of the Vermont Child Psychiatry Access Program.

Intent: support VT PCPs in managing patients with behavioral health problems so they can continue to be treated within the practice. 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.

Liaison Coordinator will assist by triaging referral for consultation, responding to ?s & forwarding cases to the psychiatrist for same/next-day phone consultation, provide linkages to community resources.
SEE Sample school illness policy for possible COVID-19 illness (March, 2022)

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

- 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)

Resources

- COVID-19 | Vermont Department of Health (healthvermont.gov)
- What to Do if You Test Positive for COVID-19 | Vermont Department of Health (healthvermont.gov)
- What to Do if You Are a Close Contact | Vermont Department of Health (healthvermont.gov)
- Getting the COVID-19 Vaccine | Vermont Department of Health (healthvermont.gov)
- COVID-19 Resource Center | Agency of Education (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

March 30, 2022
Practice Opportunity!

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

---

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.*

---

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](https://www.vpqhc.org/healthequitytrainings)

March 30, 2022
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 – all Wednesdays:

- 3/2, 3/9, 3/16, 3/23, 3/30
- Current plan for April is to continue on Wednesdays, except for April 20. April call dates: 4/6, 4/13, 4/27.
- 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

2 years strong!

March 30, 2022
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)
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, April 6, 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=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09

Meeting ID: 867 2625 3105 / Password: 540684
One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#