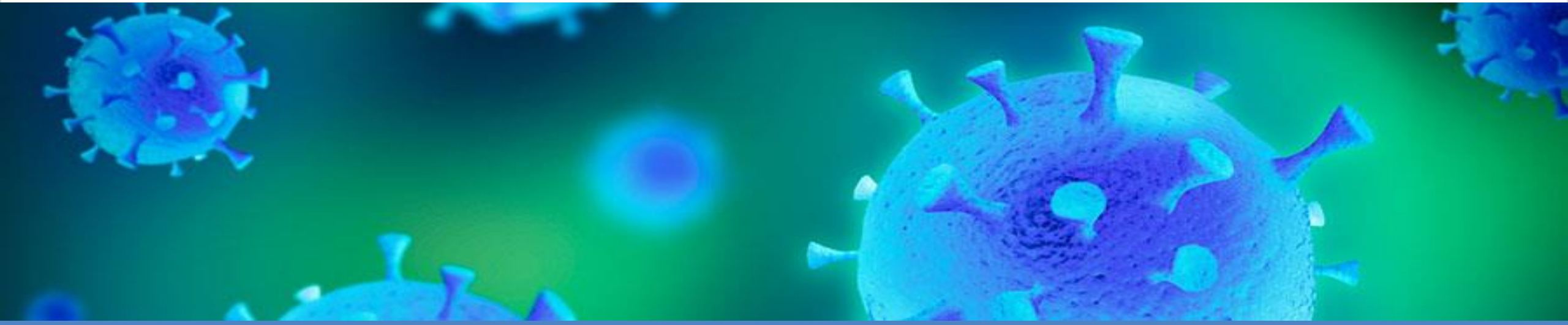
VCHIP / CHAMP / VDH COVID-19 UPDATES



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

VCHIP Vermont Child Health Improvement Program UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

Vermont Chapter INCORPORATED IN VERMONT American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN®

VERMONT ACADEMY OF FAMILY PHYSICIANS

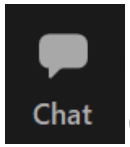
VERMONT DEPARTMENT OF HEALTH

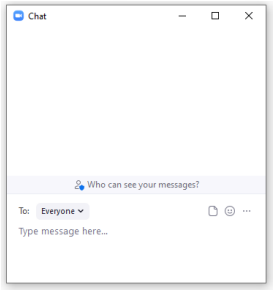
Please bear with us…

Technology Notes – *"Welcome to Zoom!"*

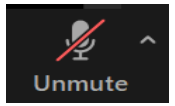
1) **All participants will be muted upon joining the call.**

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.

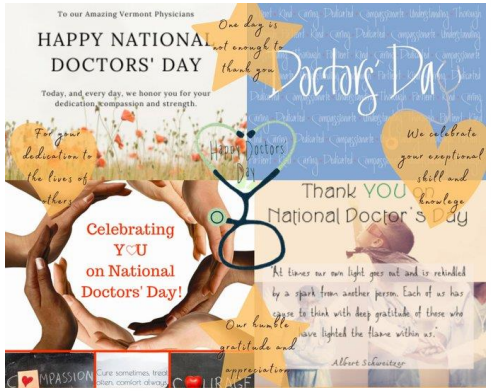
4) We will monitor Chat and review/address questions **after** content presentation
5) If you wish to verbally ask a question, click the microphone on your toolbar 

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

AAP HQ, Itasca, IL (photo courtesy AAP)

- ***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



https://twitter.com/vmsadvocates

[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 – 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

VMS ***COVID Convos*** with Health Commissioner Levine

- ***2022 Schedule***
- **Calls with VDH Commissioner Levine now 1st and 3rd Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 4/7/22**
- Summary: VMS calls are held the first and third Thursdays of the month from **12:30 to 1:00 p.m.**
  - Join Zoom Meeting: https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09
  - **Meeting ID**: 867 2625 3105 **Password**: 540684 **Dial In**: 1-646-876-9923

With Hope for the People of Ukraine & Our World

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

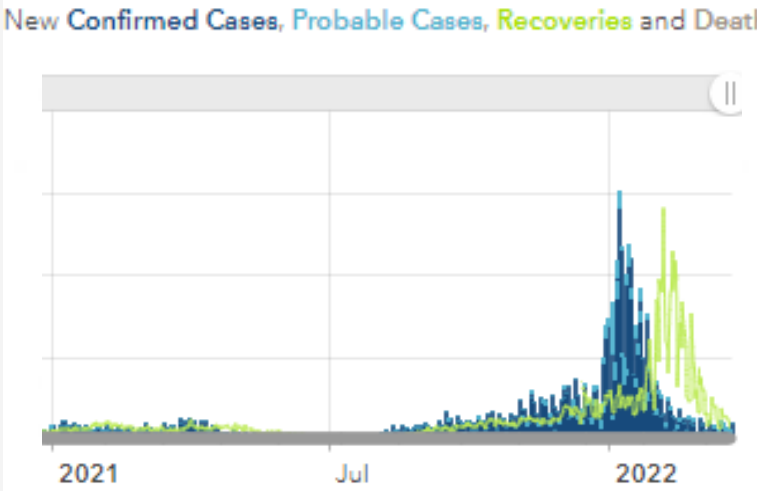
Message from AAP President Moira Szilagyi, MD PhD FAAP – 3/10/22

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/

Situation update

New Cases
209
116,465 Total
Currently Hospitalized
13
Hospitalized in ICU
0
Percent Positive 7-day Avg.
5.5%
New Tests
5,506
3,471,613 Total
Deaths
617
0.5% of Cases
Last Updated: 3/30/2022, 11:28:14 AM



The Case Dashboard is M-F, typically by 1 pm.

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

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

- One year ago: 19,109 **VT** total cases; 73 new/25 hosp.
- U.S. **79.9 million+** cases; **977,179 deaths**
  - https://www.nytimes.com/interactive/2021/us/covid-cases.html (updated 3/30/22)
  - 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

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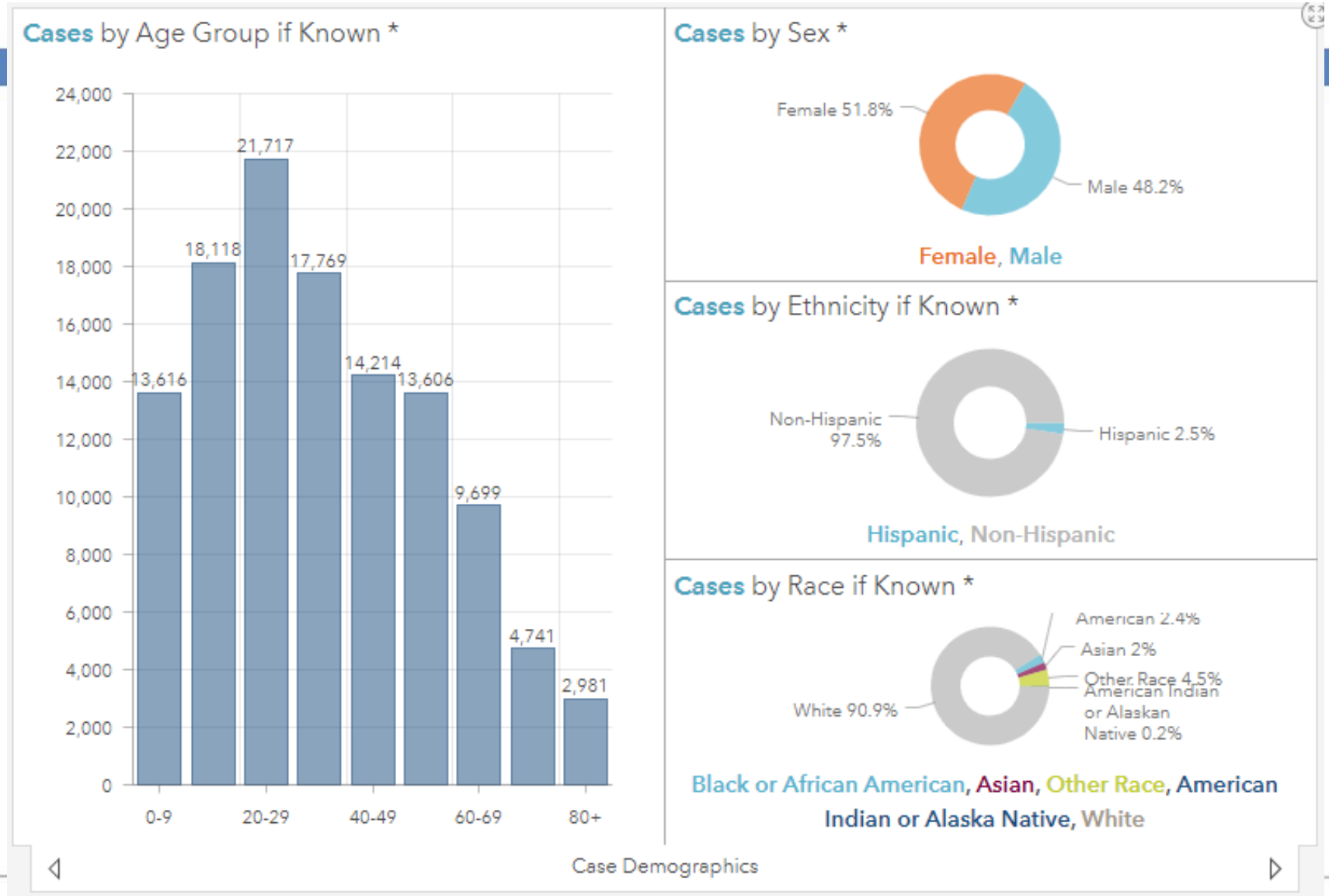
Situation update



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

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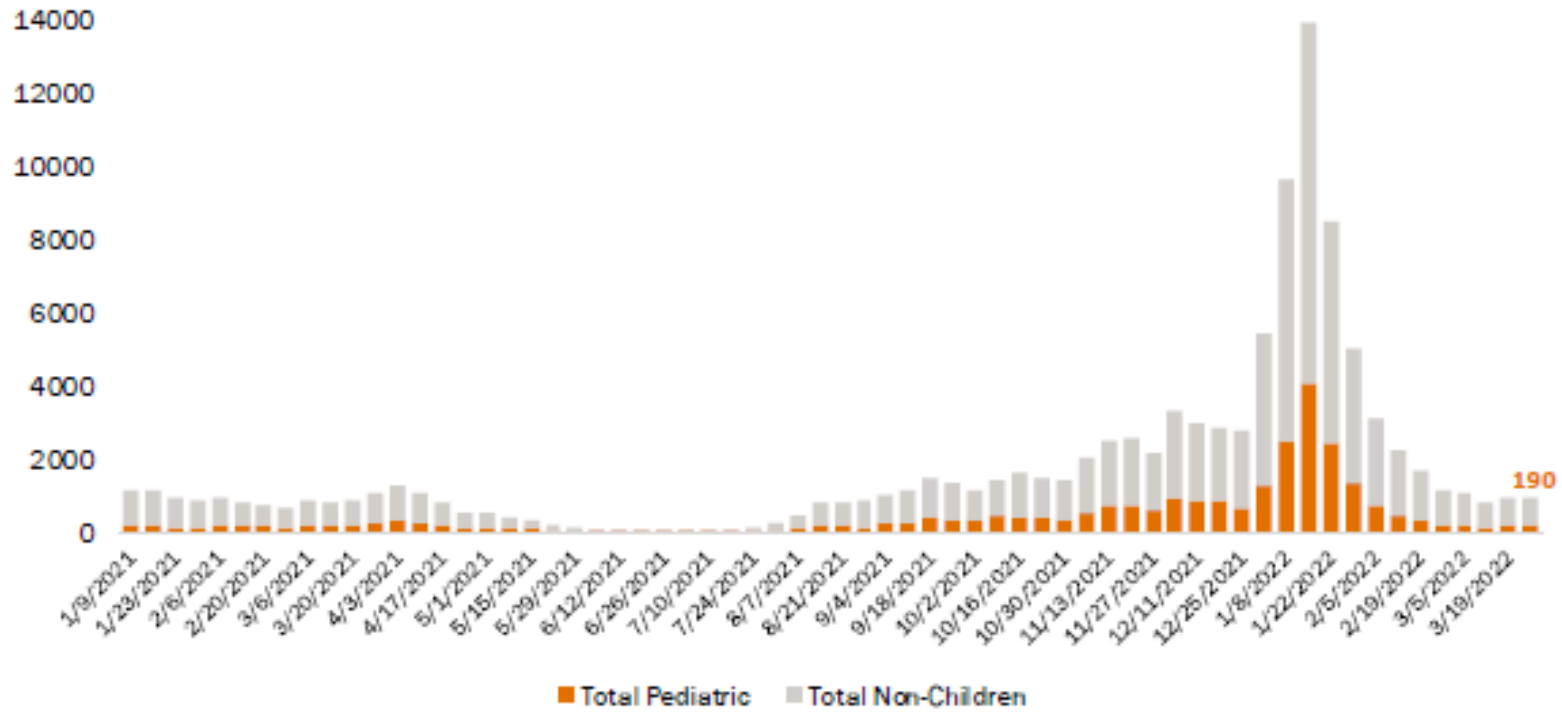
COVID-19 Pediatric Cases

March 28, 2022

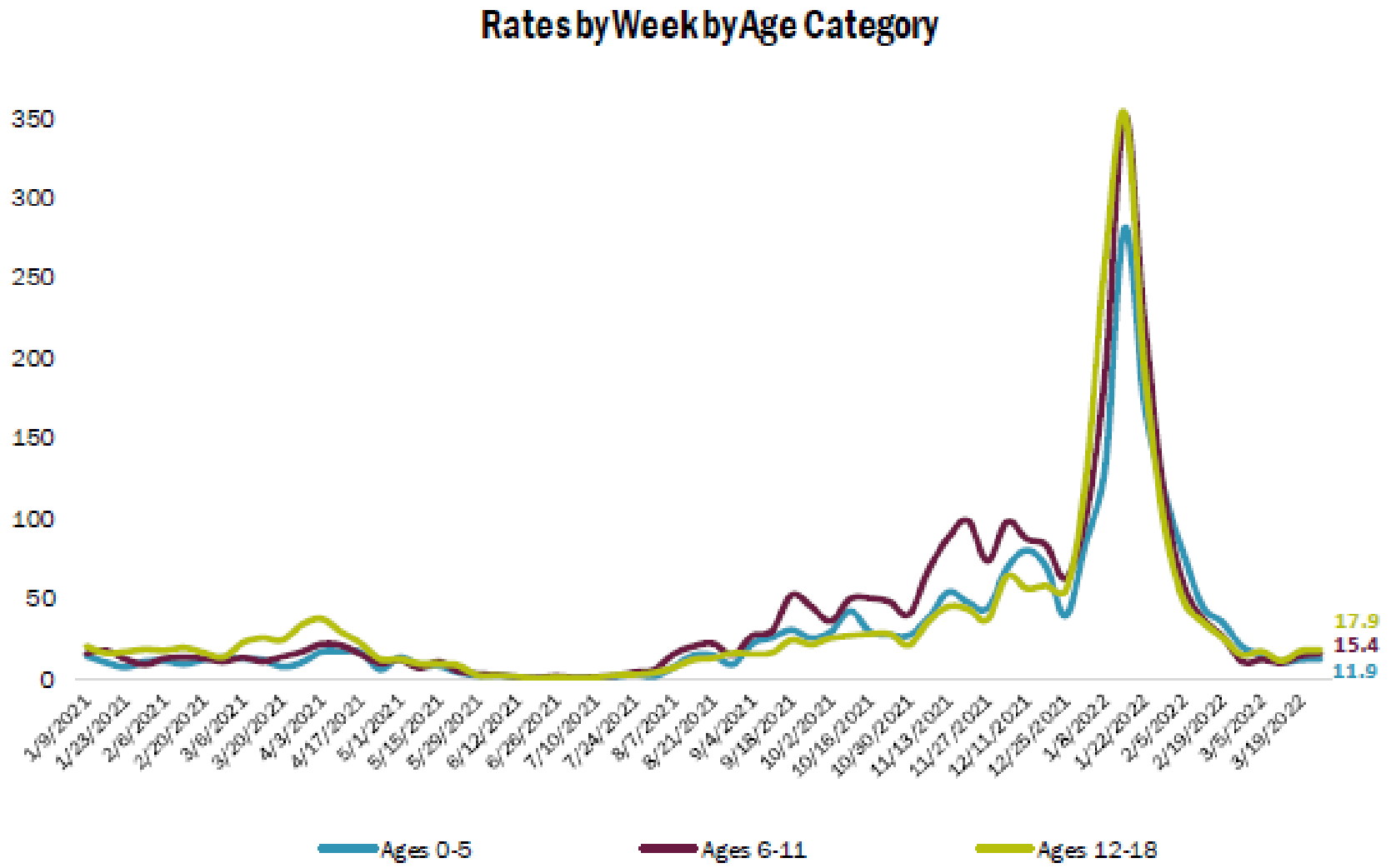
This brief reflects data as of March 26, 2022 (the last complete MMWR week).

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

Number of Cases by Week



COVID-19 Pediatric Cases

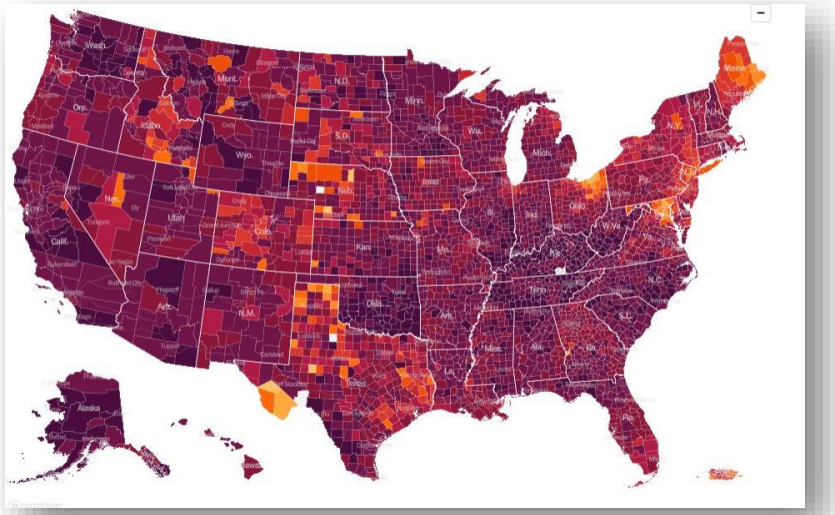


All rates are calculated per 10,000 people. Data is preliminary and subject to change.

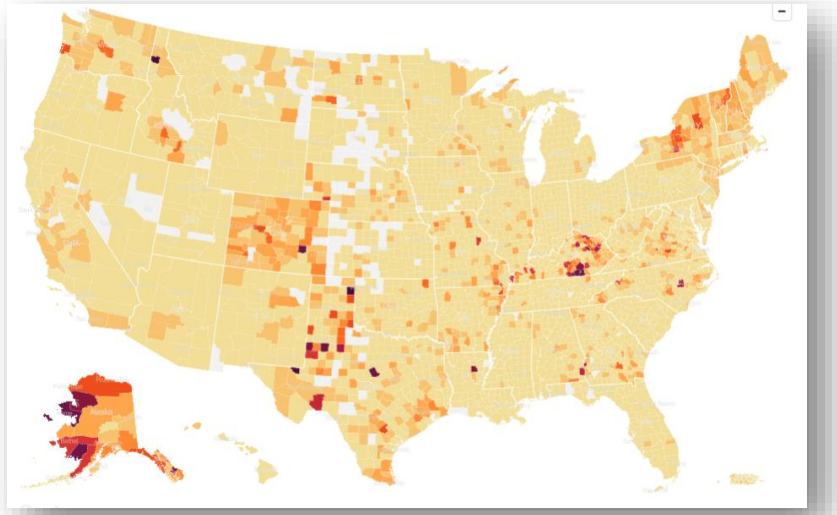
Vermont Educational COVID-19 Data

- ***NOTE***: VT AOE has ***ceased*** data collection for "COVID-19 Cases in VT K-12 Learning Communities While Infectious"
  - Find previous files at: https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf
- VT College & University dashboards:
  - **UVM update** (week of 3/21-3/27): 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)

From the (national) AAP: child COVID-19 cases, 8-week span (slide updated after today's call)



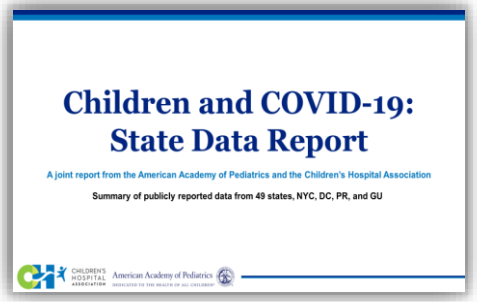
NYT 1.31.22 all ages



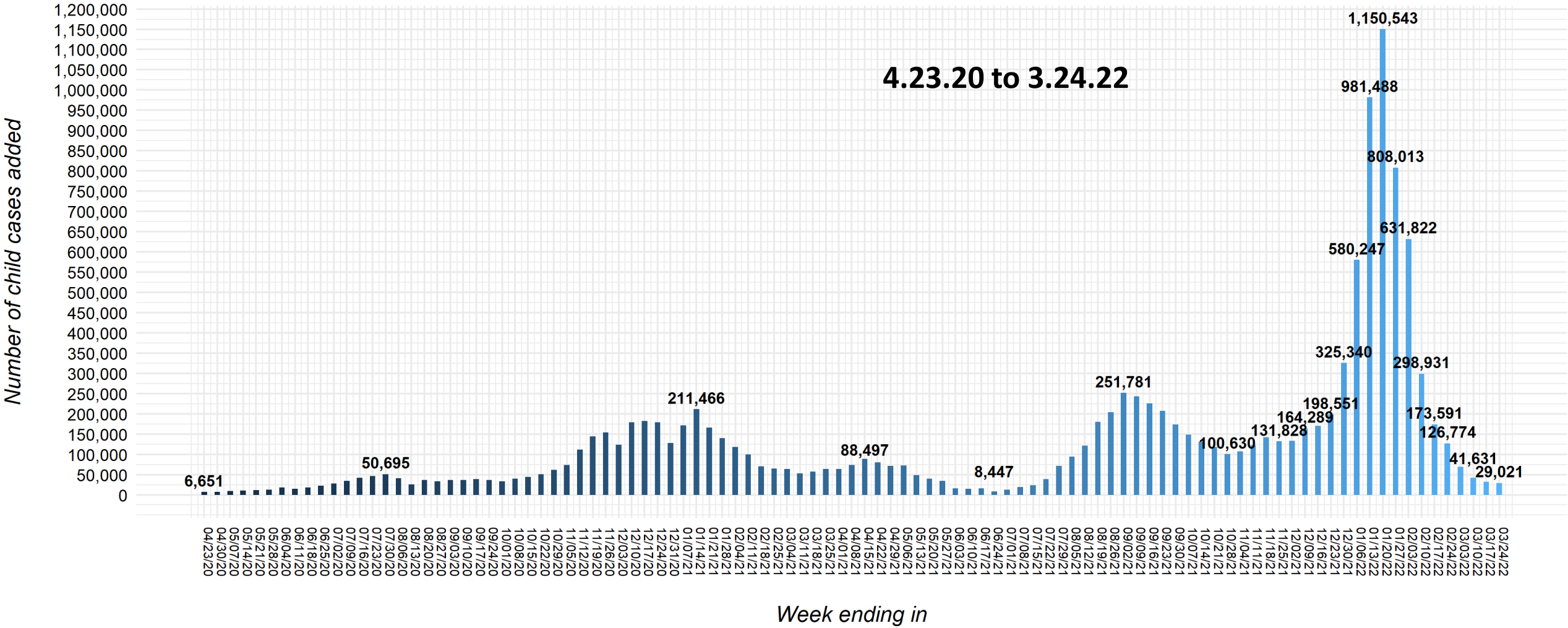
NYT 3.30.22 all ages

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



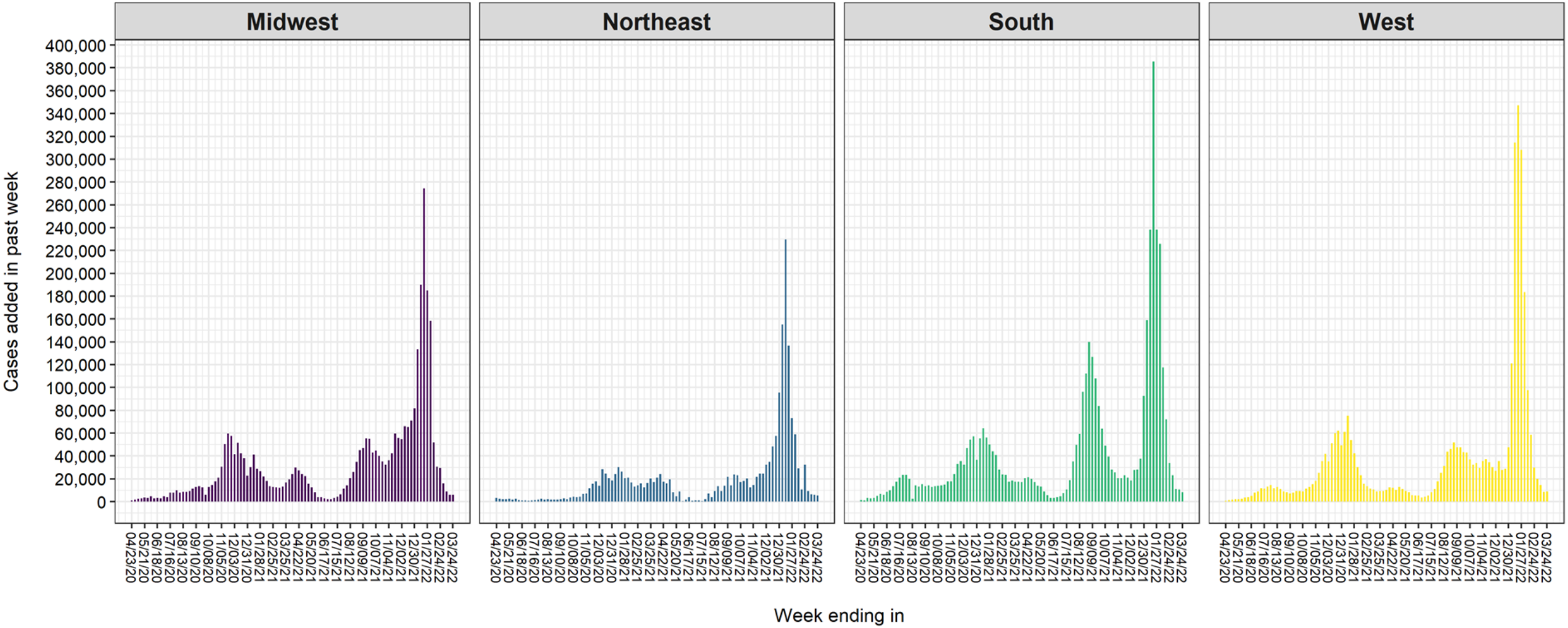
United States: Number of Child COVID-19 Cases Added in Past Week



Source: AAP analysis of publicly available data from state/local health departments
Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22
On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located at https://dshs.texas.gov/coronavirus/AdditionalData.aspx (1,090,744 cumulative child cases as of 2/17/22)
TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)
Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21
Due to available data, HI cumulative child and total cases through 1/13/22
Due to available data and calculations required to obtain MA child cases, 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

4.23.20 to 3.24.22

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



Source: AAP analysis of publicly available data from state/local health departments
Note: Regions are the US Census Regions
Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22
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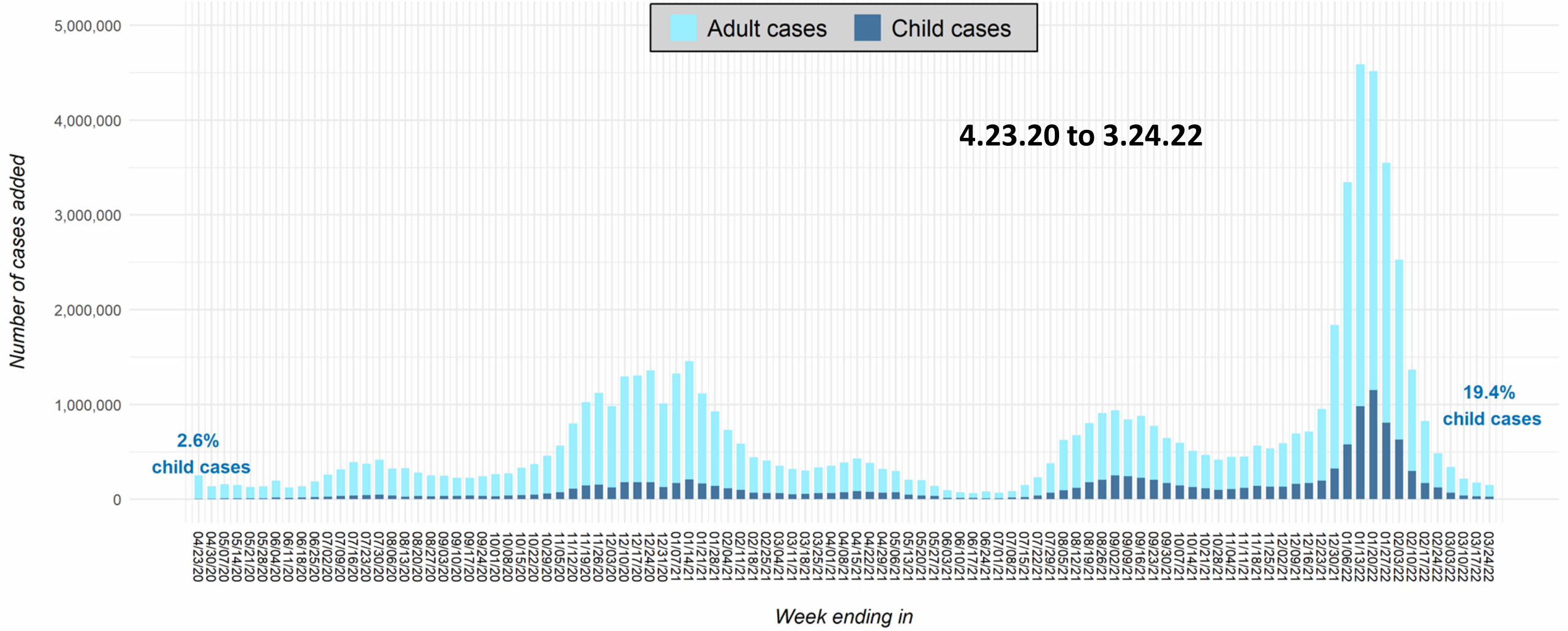
United States: Number of COVID-19 Cases Added in Past Week for Children and Adults



Source: AAP analysis of publicly available data from state/local health departments
Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22
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Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 3.29.22

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.

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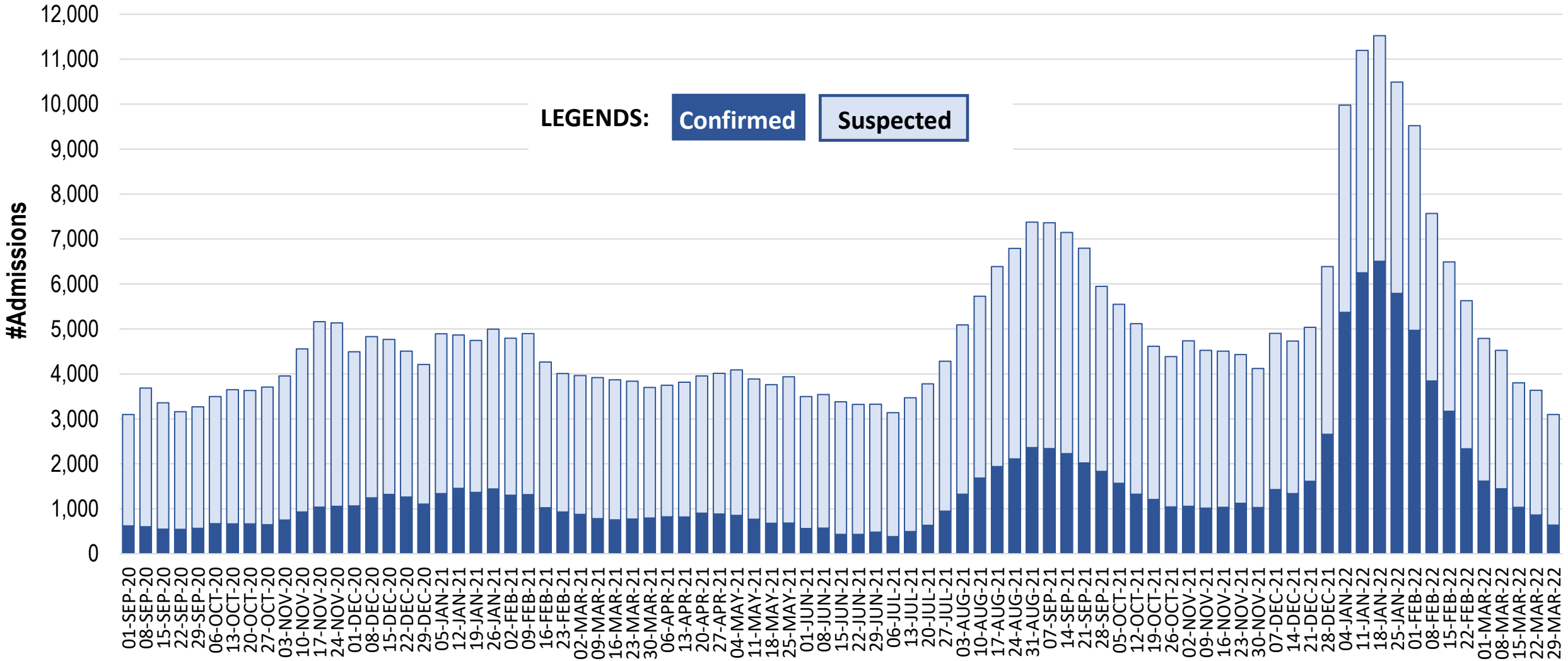
Number of Past-week Confirmed and Suspected COVID-19 Pediatric Hospital Admissions,

50 States and District of Columbia, by Week

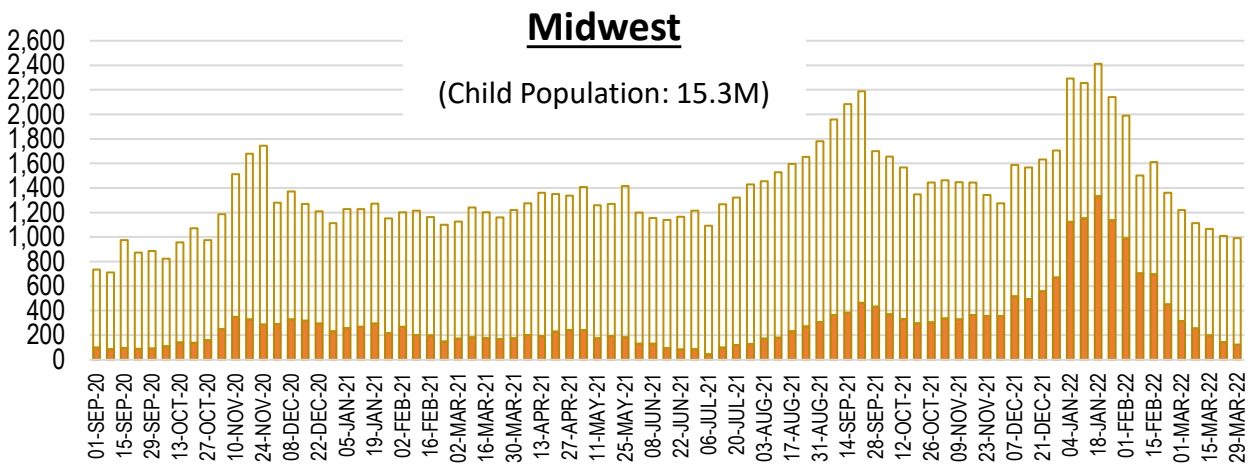
9.1.2020 - 3.29.2022

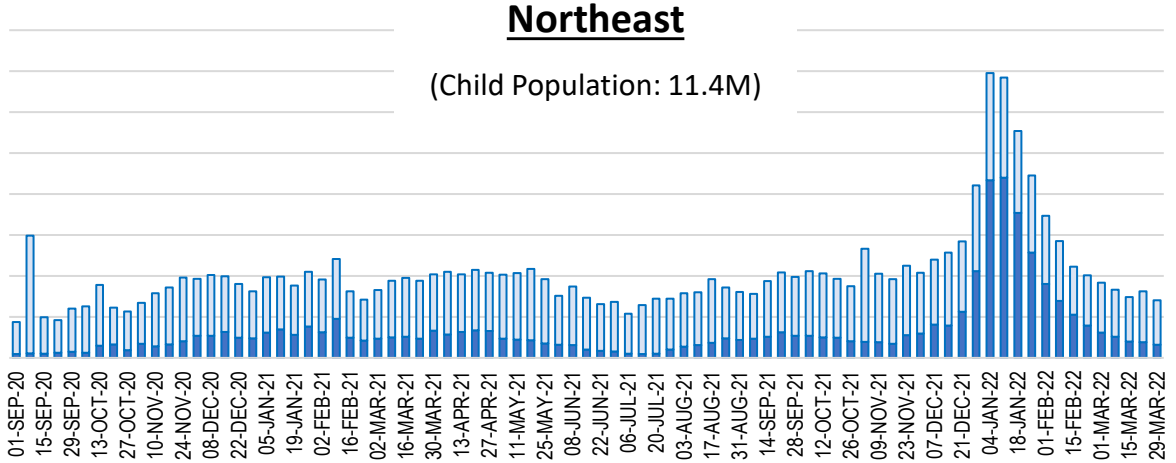


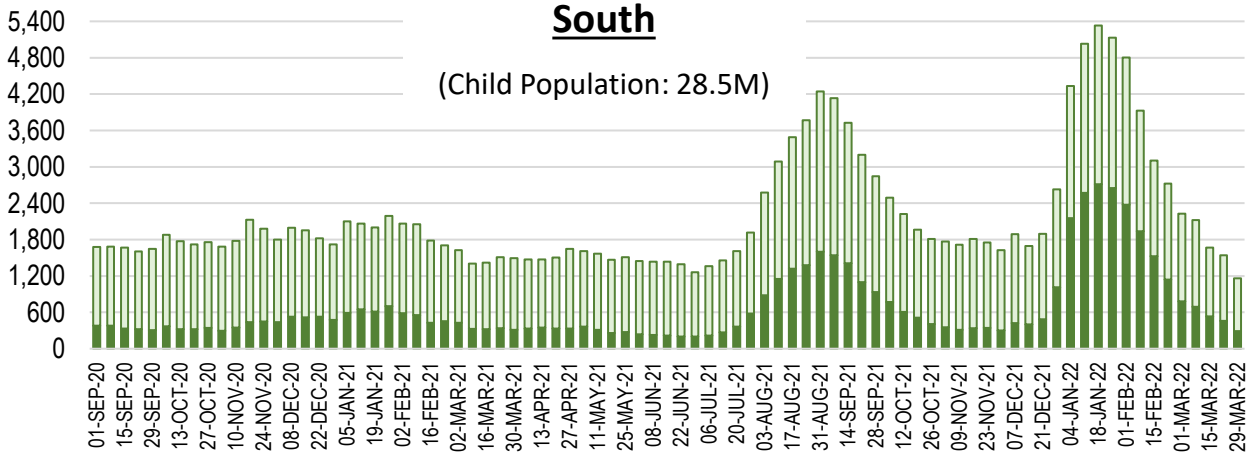
Source: AAP analysis of COVID-19 pediatric admissions based on the "COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries" published by the U.S. Department of Health & Human Services.

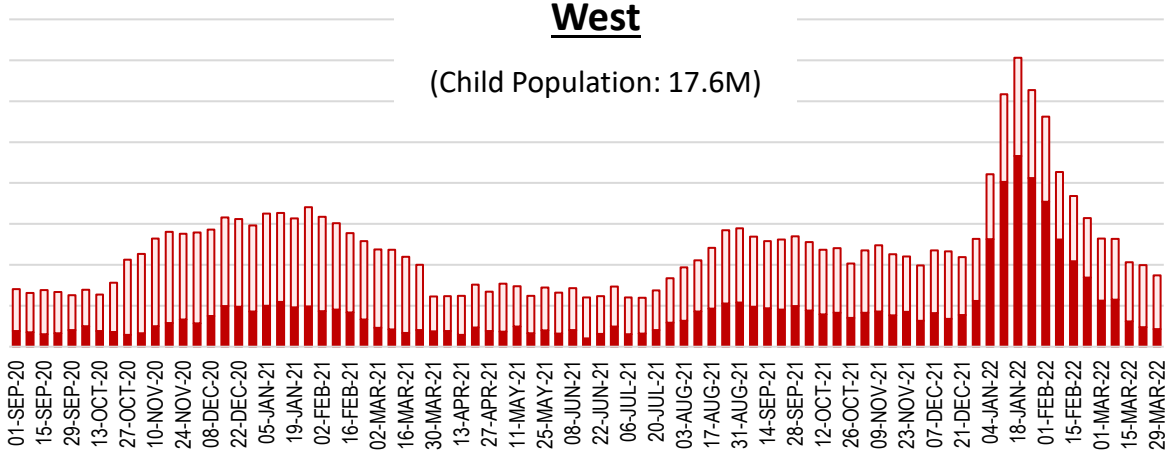
Number of Past-week Confirmed and Suspected COVID-19 Pediatric Hospital Admissions, by Census Region by Week

9.1.2020 - 3.29.2022









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

VDH COVID-19 Vaccine Registration & Sites

GETTING THE COVID-19 VACCINE

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:

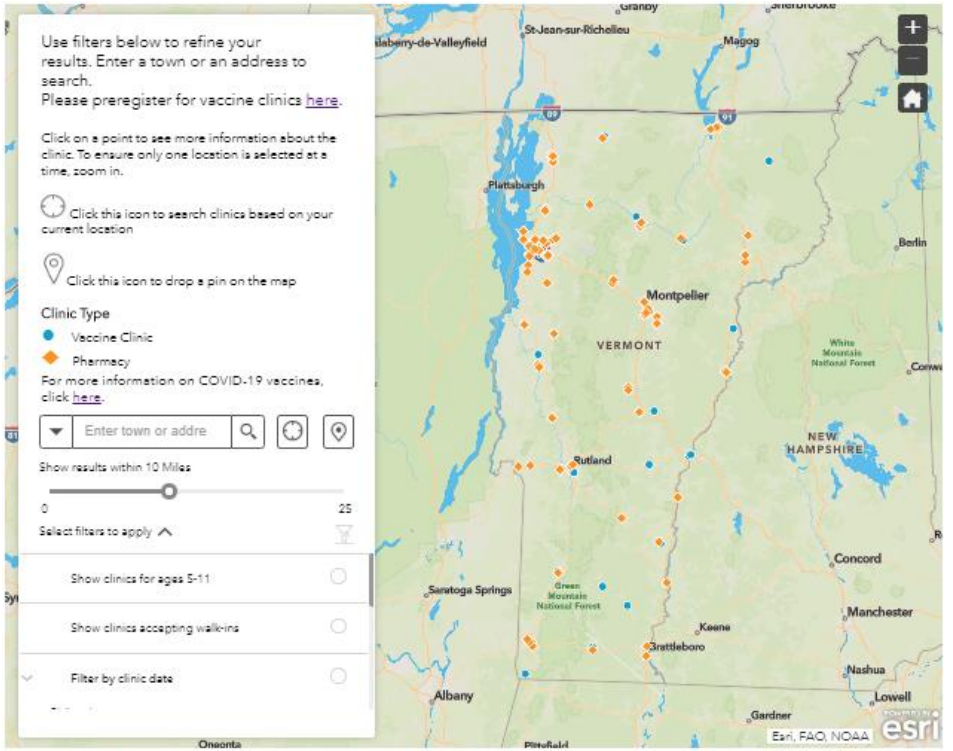
- your Johnson & Johnson vaccine **at least two months ago** or
- your second dose of Pfizer or Moderna vaccine **at least five months ago**

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** | **your health care provider**.



VERMONT DEPARTMENT OF HEALTH

https://www.healthvermont.gov/covid-19/vaccine/getting-covid-19-vaccine

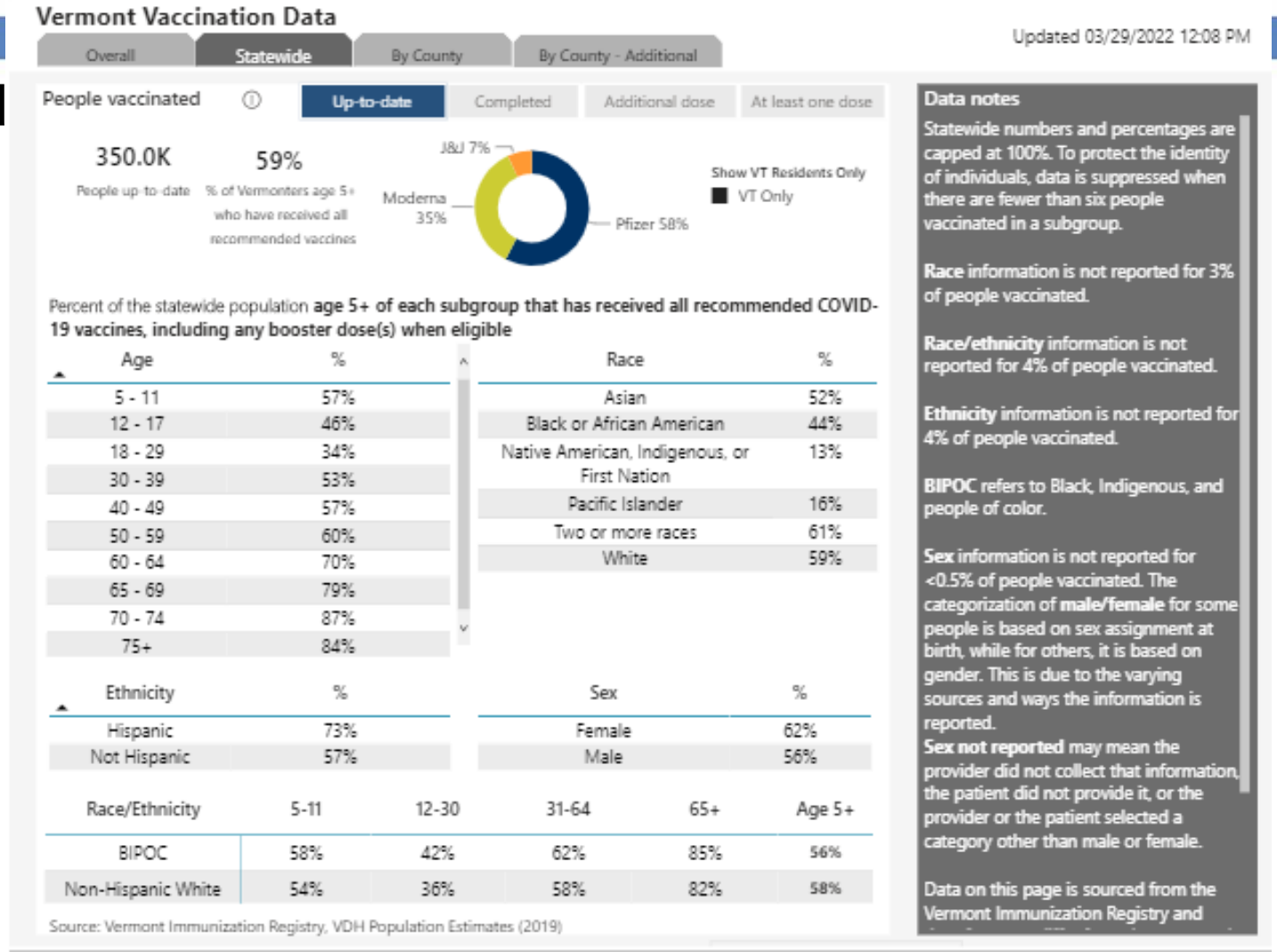
March 30, 2022

VCHIP Vermont Child Health Improvement Program UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE

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)
- https://www.healthvermont.gov/covid-19/ vaccine/ covid-19-vaccine-dashboard
- By Age – Statewide:
  - 5-11 = 57%
  - 12-17 = 46%
  - 18-29 = 34%
  - **VT Age 5+ = 59%**



Vermont Vaccination Data

Overall | Statewide | By County | By County - Additional

Updated 03/29/2022 12:08 PM

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

350.0K — People up-to-date

59% — % of Vermonters age 5+ who have received all recommended vaccines

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	%
5 - 11	57%
12 - 17	46%
18 - 29	34%
30 - 39	53%
40 - 49	57%
50 - 59	60%
60 - 64	70%
65 - 69	79%
70 - 74	87%
75+	84%

Race	%
Asian	52%
Black or African American	44%
Native American, Indigenous, or First Nation	13%
Pacific Islander	16%
Two or more races	61%
White	59%

Ethnicity	%
Hispanic	73%
Not Hispanic	57%

Sex	%
Female	62%
Male	56%

Race/Ethnicity	5-11	12-30	31-64	65+	Age 5+
BIPOC	58%	42%	62%	85%	56%
Non-Hispanic White	54%	36%	58%	82%	58%

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.

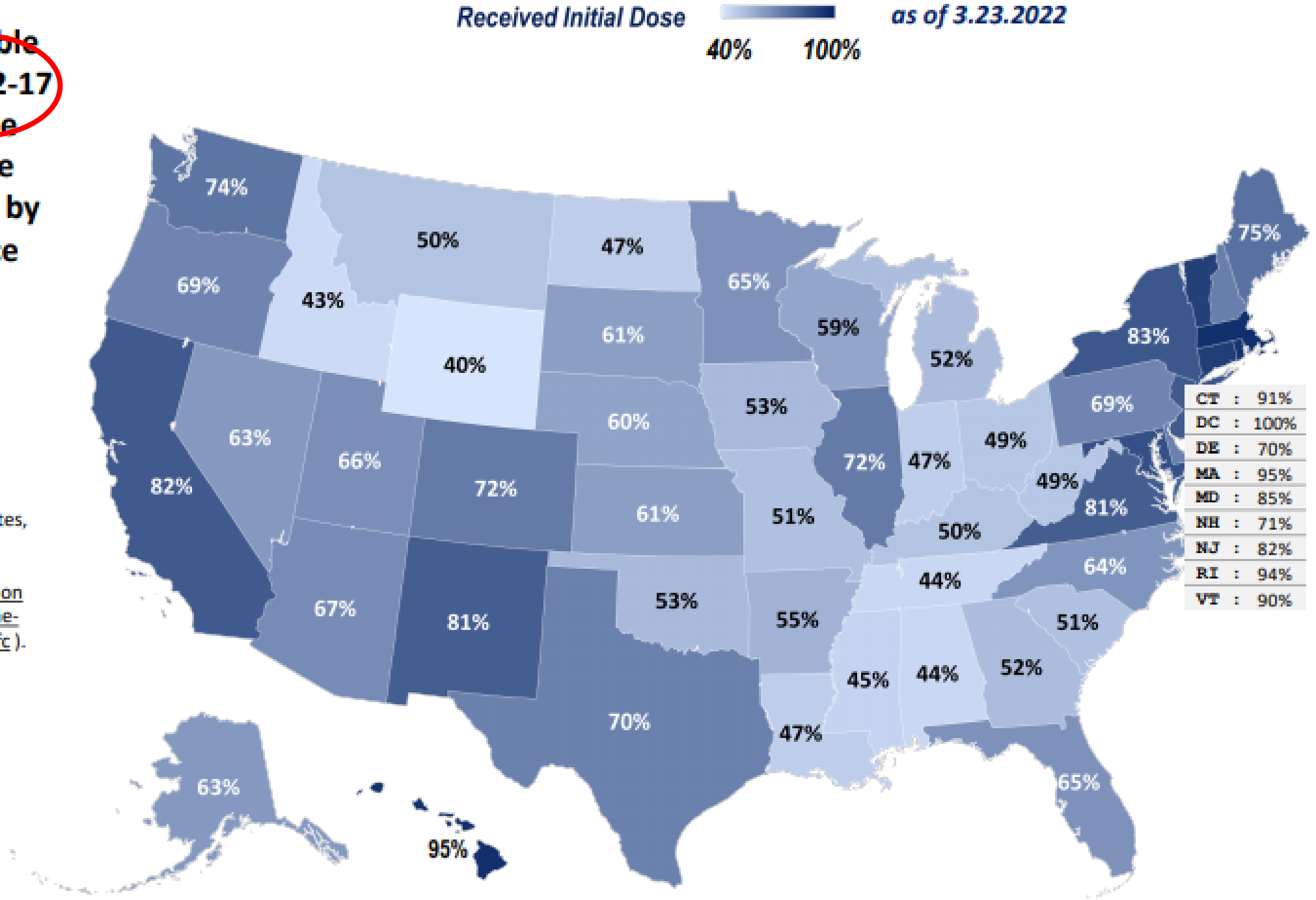
Ethnicity information is not reported for 4% of people vaccinated.

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.

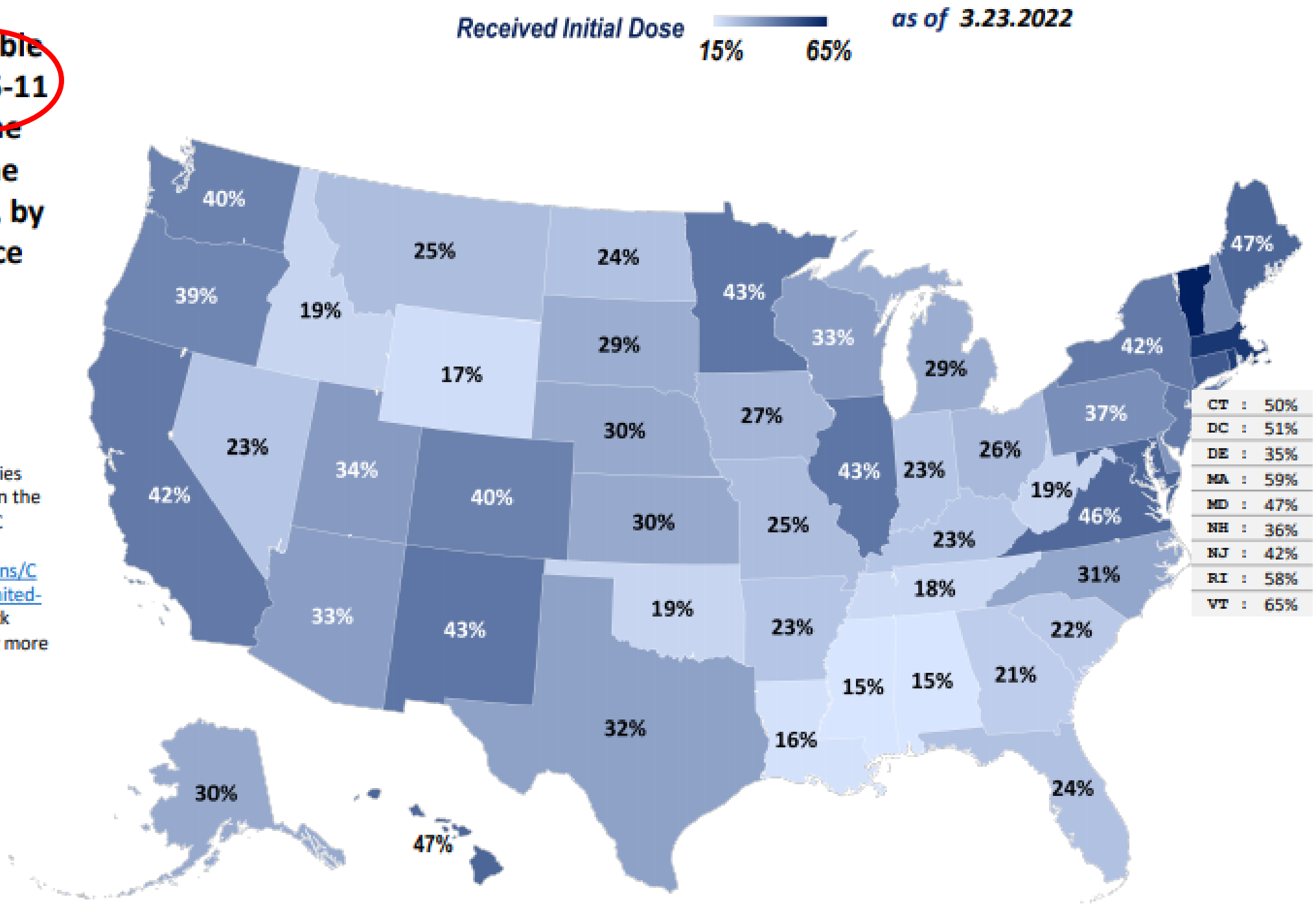
Data on this page is sourced from the Vermont Immunization Registry and

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



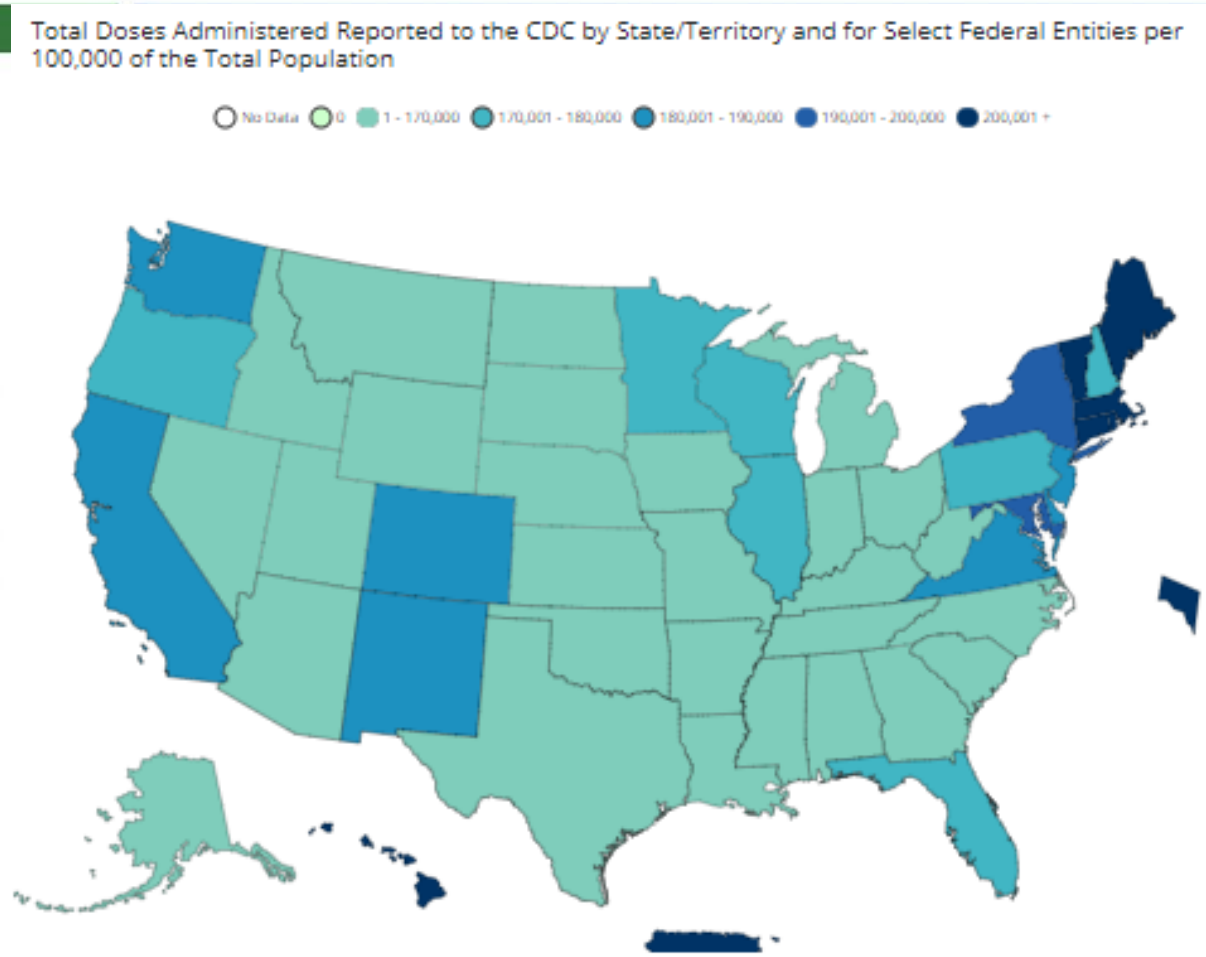
Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc). Check state web sites for additional or more recent information.

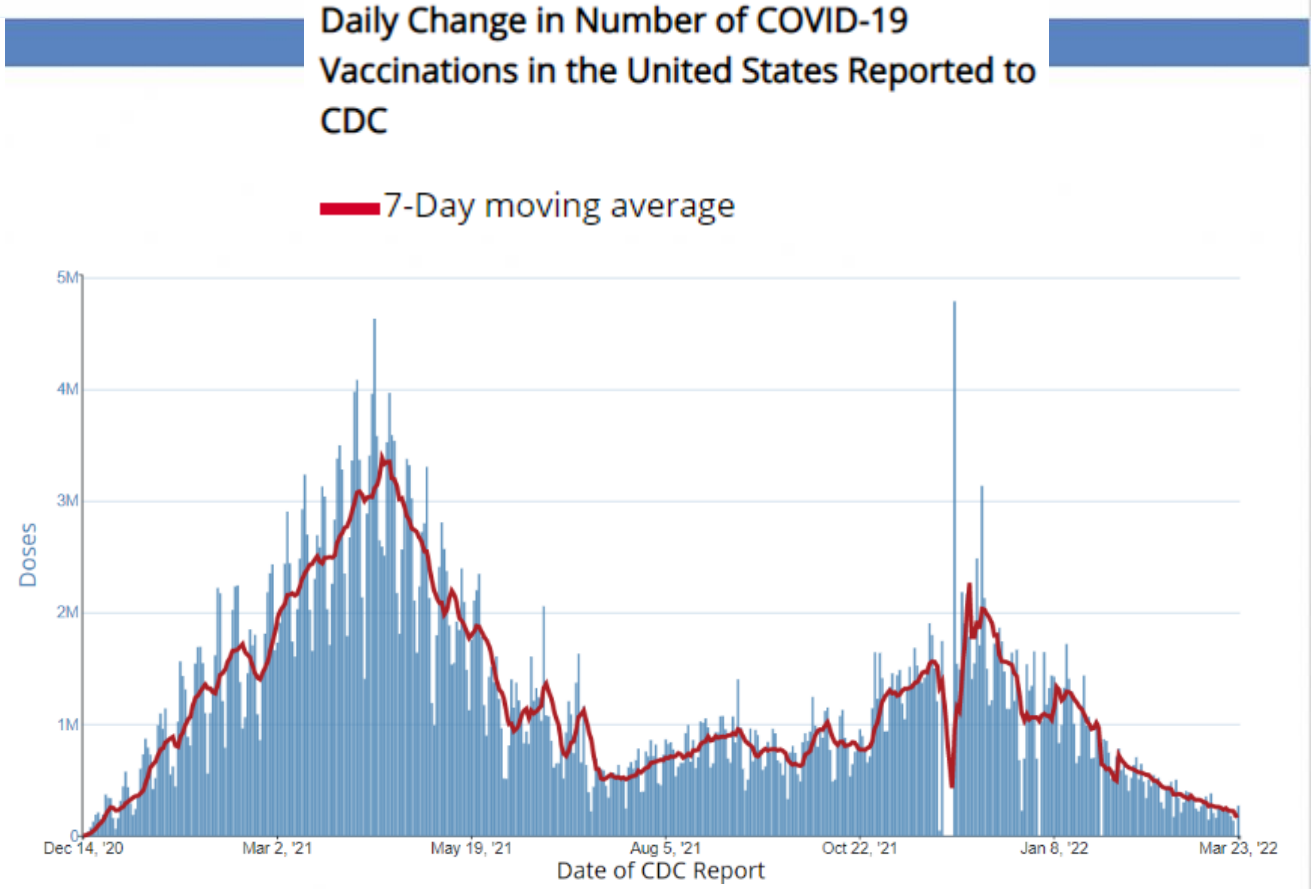
Proportion of Eligible US Children Ages 5-11 Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence



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-Jurisdi/unsk-b7fc). Check state web sites for additional or more recent information.

From the CDC Vaccine Tracker

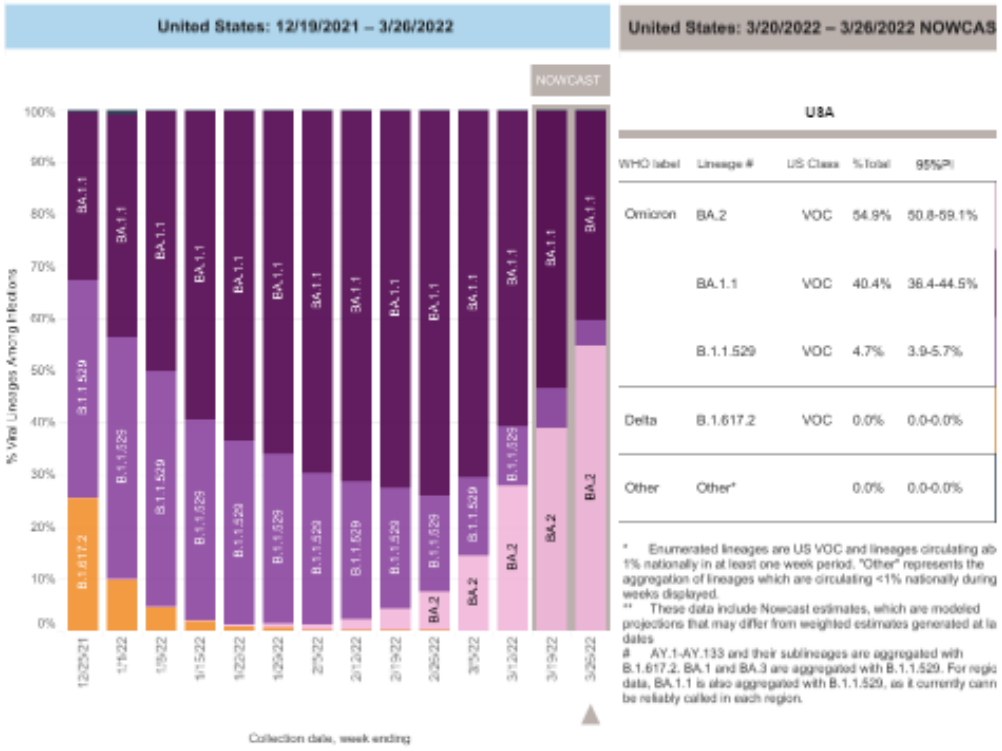


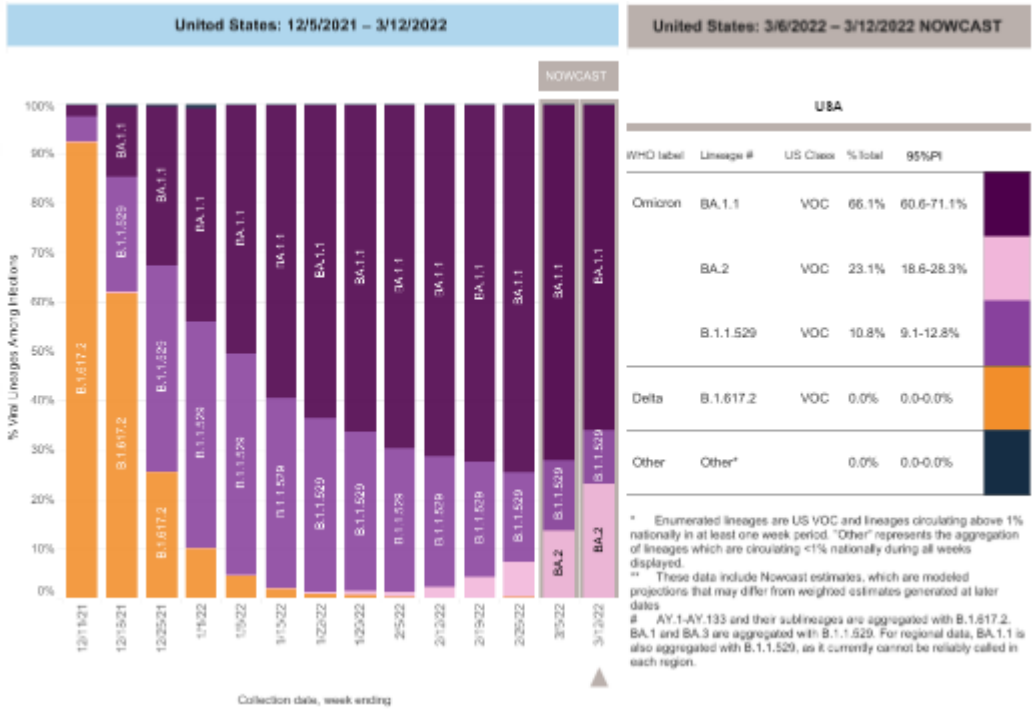


https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html

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

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.

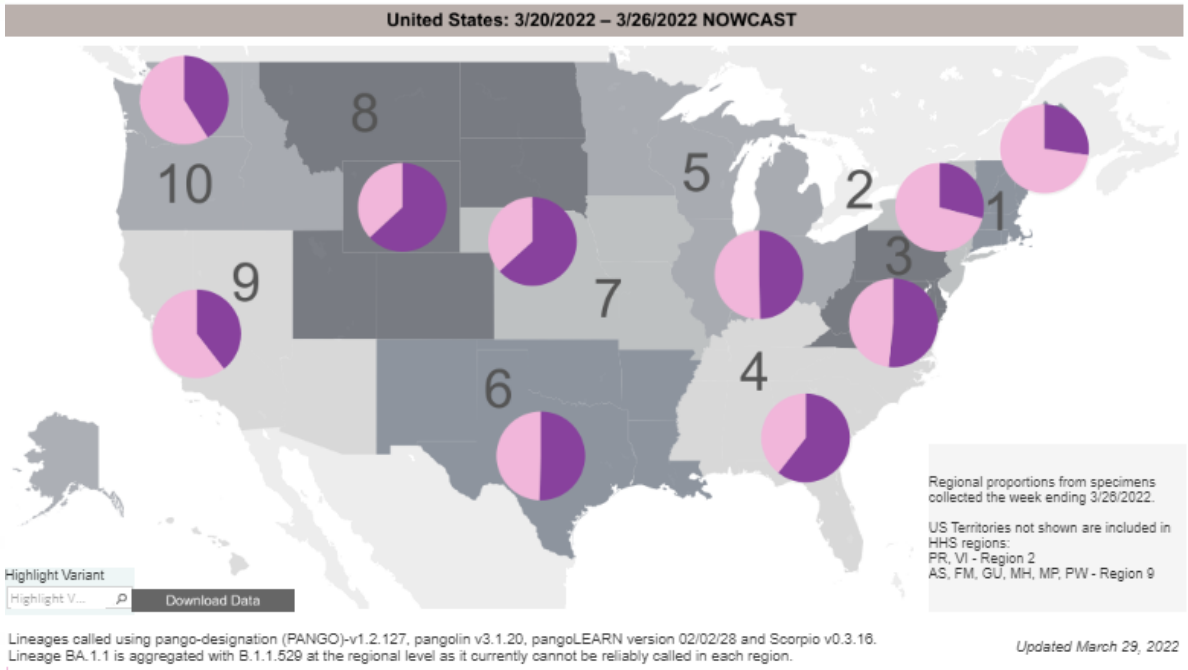
VERMONT DEPARTMENT OF HEALTH

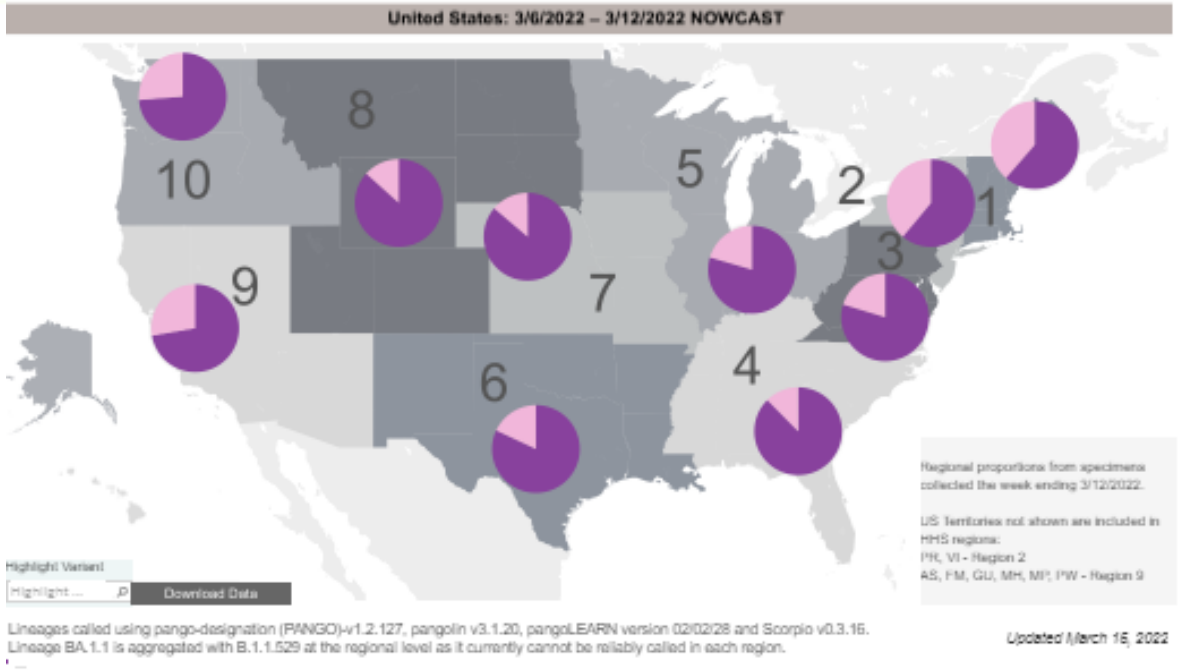
https://covid.cdc.gov/covid-data-tracker/#variant-proportions

March 30, 2022

VCHIP Vermont Child Health Improvement Program UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE

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



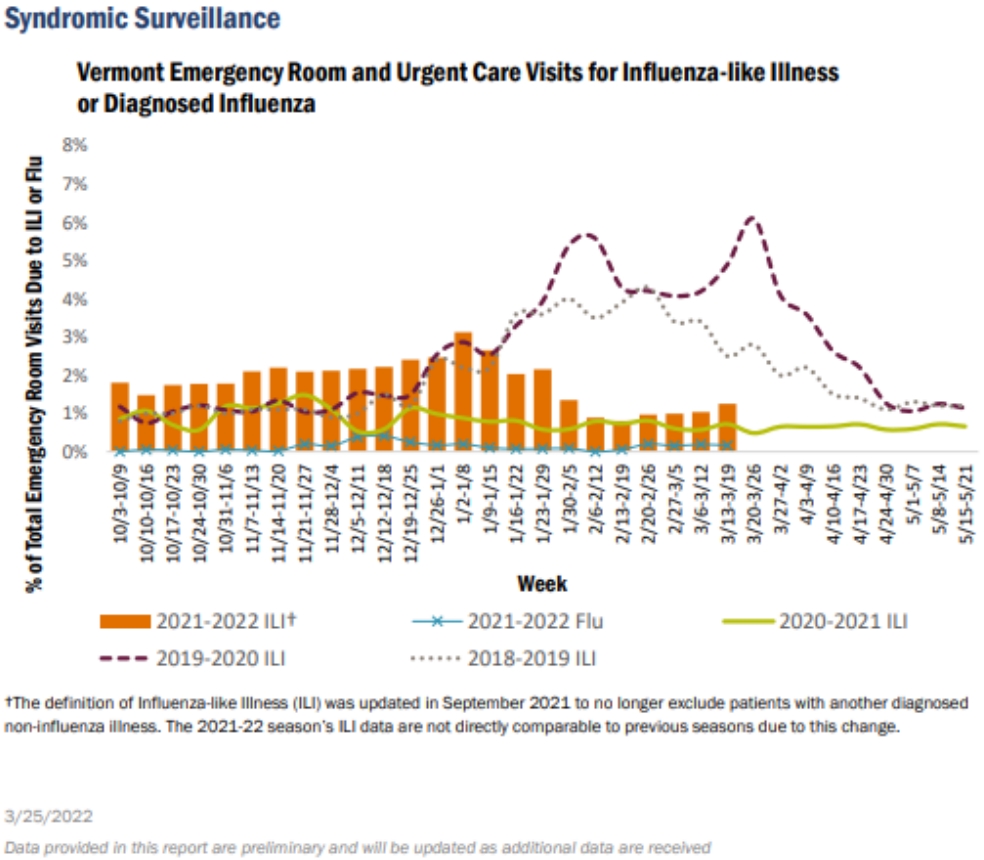


Note: week-to-week comparison in Omicron variant proportion (purple). Map on left is week ending 3/26/22. Note cont'd. emergence of Omicron subvariant BA.2 (LIGHT PURPLE).

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

Don’t Forget Influenza! [This slide updated after today’s call]

- Current Influenza-like Illness (ILI) activity level remains **MINIMAL** in Vermont
- **Now 13 pediatric flu deaths this season**
  - From the CDC: Nationally, influenza activity is increasing in most areas this reporting period. While influenza activity is difficult to predict, the CDC expects it to continue for several more weeks. Majority of viruses detected are influenza A (H3N2).
- Link to VDH weekly surveillance: https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-11.pdf



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:
  - https://www.npr.org/2022/03/09/1085534156/the-pandemic-is-making-americas-maternal-mortality-rate-worse
  - https://www.npr.org/2022/03/28/1089310986/mothers-of-gynecology-honored-in-black-maternal-health-conference-in-montgomery

Practice Opportunity!

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

- VCHIP's **Youth Non-Vaping Team i**s 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**

VERMONT DEPARTMENT OF HEALTH

*Gentzke AS, Wang TW, Cornelius M, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. MMWR Surveill Summ 2022;71(No. SS-5):1–29. DOI: http://dx.doi.org/10.15585/mmwr.ss7105a1

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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:

https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/connecting-with-the-experts/

2nd COVID-19 mRNA Boosters

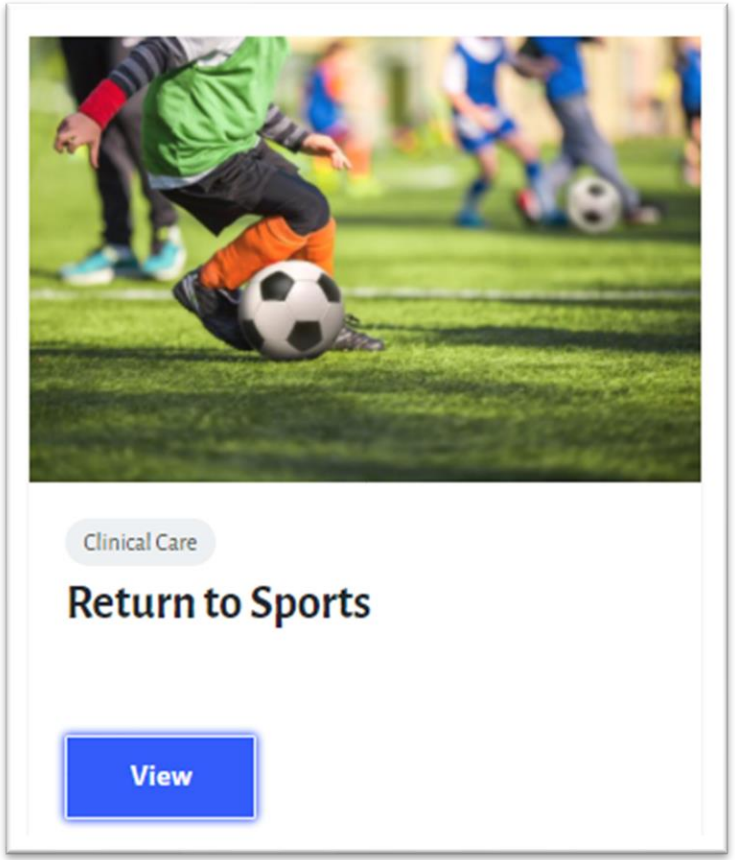
3/29/22: FDA authorized, & CDC recommended, 2nd booster dose of either COVID-19 mRNA vaccines for certain populations:

- 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

AAFP American Academy of Pediatrics ACOG ACP American College of Physicians

March 22, 2022

The Honorable Nancy Pelosi
Speaker
United States House of Representative
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representative
Washington, DC 20515

Dear Speaker Pelosi, Minority Leade
McConnell:

On behalf of the Group of Six, whic
Congress to swiftly appropriate add
patients can continue to access life
are prepared for future COVID-19 v
enacted major legislative packages
these programs have made a positi
these vital efforts needs to continu
robust COVID Supplemental fundin
impact of COVID-19 on our patients
for Disease Control and Prevention
prevalence of the BA.2 variant mak

The members of our six organizatio
pregnant women, adults and elderl
conditions. Each day, our physician

[1] CDC confirms uptick in Covid virus found
confirms-uptick-covid-19-found-wastewat
[2] COVID Data Tracker. Monitoring Variant
https://covid.cdc.gov/covid-data-tracker/

large and small, urban and rural, rich and poor. Our members have been on the frontlines of the COVID-19 pandemic, and they have played an enormous role in achieving the progress we have collectively made to combat COVID-19.

We ask that Congress pass additional fundin
government is not able to effectively respon
emergency (PHE). Sustained and adequate f
public health agencies to support the countr
harmful effects of COVID-19 on patients. Yet
efforts are in jeopardy of not continuing. Ne
vaccines for all patients, in the event that ad
recommended, particularly for elderly and i
higher risk of severe disease or death from C
development and supply of variant-specific
medications can greatly reduce the risk of se
particularly for medically vulnerable individu
Our physicians report that anti-viral medicat
unable to access them. The Biden administra
improve access but without additional funds
purchase new anti-viral treatments when th
the federal government will also not be able
treatments and could run out as soon as late
capacity built up over the preceding months
surveillance programs may have to be disco
leaving the nation unprepared for future var

Another particularly urgent issue is that phy
testing, treatment, and vaccination of their
some of the most vulnerable patients with li
putting additional burden on safety net clini

In addition, it is critical to ensure that there
reduce the risk of new deadly variants, inclu

[3] The White House Fact Sheet: Consequences of Lack
not Act. https://www.whitehouse.gov/briefing-room
of-lack-of-funding-for-efforts-to-combat-covid-19-if-
[4] The White House Fact Sheet: Consequences of Lack
not Act. https://www.whitehouse.gov/briefing-room
of-lack-of-funding-for-efforts-to-combat-covid-19-if-
[5] COVID-19 Claims Reimbursement to Health Care Pro
Administration for the Uninsured. https://www.hrsa.

and therapeutics to countries most in need. Without additional funding support to global and humanitarian aid, efforts to increase COVID vaccination across the world would falter and increase the risk of new COVID variants emerging and spreading.

We urge Congress to take the necessary and immediate steps to avoid the consequences described above. These urgent actions should include robust funding for research and development, manufacturing, and purchase of masks, vaccines, therapeutics, diagnostics, and the supplies needed to administer those vaccines, therapeutics, and diagnostics. As we've seen throughout this pandemic, viruses are unpredictable. Ensuring robust, real-time availability of medical countermeasures and sufficient quantities in the Strategic National Stockpile, including for children and pregnant people, is essential.

Robust Covid Supplemental funding is necessary to maintain the federal government's ongoing response to the COVID pandemic and enable us to proactively respond to the threats of future variants or surges. Without additional funding, patients will not have access to the vaccines, treatments, and testing needed to mitigate the harmful effects of COVID both in the United States and globally. We urge both the House and Senate to quickly consider and pass robust funding legislation to avoid any gap in access to these critical services for our patients and avoid any surge of COVID both here and abroad due to a lack of resources. Thank you for your consideration.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Physicians
American College of Obstetricians and Gynecologists
American Osteopathic Association
American Psychiatric Association

DEDICATED TO THE HEALTH OF ALL CHILDREN®

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

Blueprint for Youth Suicide Prevention

www.aap.org/suicideprevention

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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."*

Tuesday Media Briefing (3/30/22)

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

- SEE modeling slides at: https://dfr.vermont.gov/document/covid-19-modeling-march-29-2022
- 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.

Tuesday Media Briefing (cont'd.)

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 sxs, & 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.

Select Q & A

- **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

Select Q & A (cont'd.)

- **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.

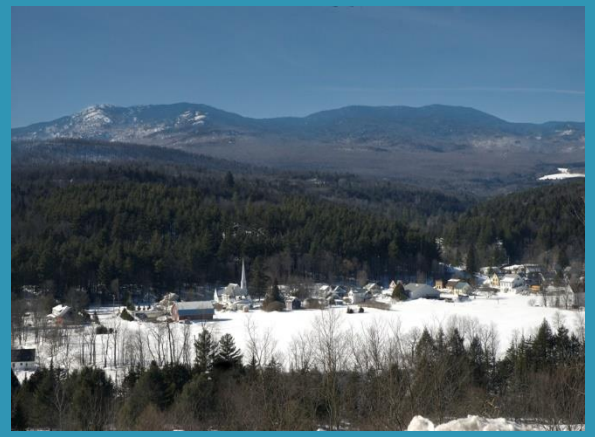
Practice Issues

COVID-19 Vaccine Update *– VDH Immunization Program*

Telemedicine in Rural Vermont *(LCOM Public Health Project)*

Ryan Kelly, Larner College of Medicine, Class of 2025

The University of Vermont
LARNER COLLEGE OF MEDICINE



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*

VERMONT
DEPARTMENT OF HEALTH

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
- www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-second-booster-dose-two-covid-19-vaccines-older-and

Immunization Program Reminders

- VDH has normalized COVID-19 Vaccine Ordering
  - Resource is available: www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-COVID19-Vaccine-Ordering-Guidance.pdf
- 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?

The University of Vermont
LARNER COLLEGE OF MEDICINE

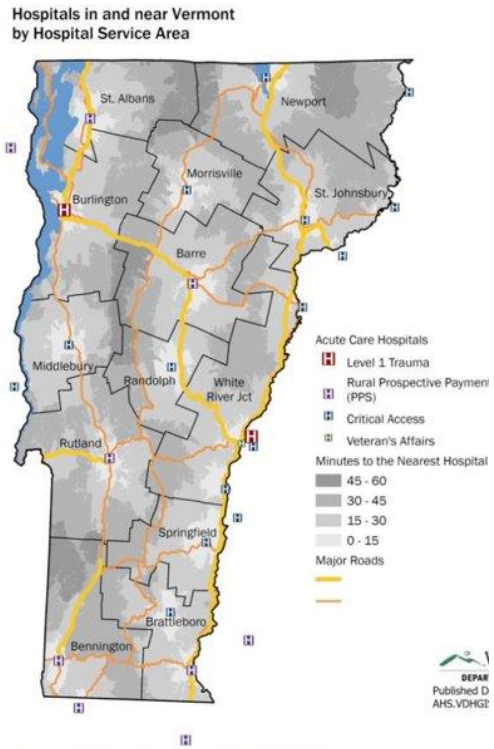
Background

- 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 inequal 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



Source: Vermont Department of Health (2019).

SERVICE OR RESOURCE	CURRENT STATUS
PRIMARY AND PREVENTATIVE CARE	▪ Rural areas contain a lower density of primary care practitioners relative to population size, as well as a lower concentration of safety net services (such as Planned Parenthood). ▪ Rural regions have significantly higher drive times to hospitals and a lower "spatial accessibility index" for elder populations to basic services.[18] ▪ Vermont is currently facing a healthcare workforce crisis, with 36% of licensed physicians over the age of 60. Providers cite aging and physician burnout as primary challenges to workforce retention.[19]
SECONDARY CARE / SPECIALIZED MEDICAL SERVICES	▪ Rural populations—especially elders—have decreased ability to access specialists, such as oncologists, even compared with their ability to access general practitioners. ▪ Telemedicine and telehealth services have been demonstrated to be effective tools for promoting access to both primary *and* specialized care in rural areas of the country.[20 21]

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)

Sources

ClicNortheastern Vermont Regional Hospital Community Health Needs Assessment 2021 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).

*In case you missed it (3/23/22) – **seeking interested practices:***
Vermont Child Psychiatry Access Program (CPAP)

- **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.

Latest VDH Public Health Guidance: Schools

SEE **Sample school illness policy for possible COVID-19 illness** (March, 2022)
https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy_FINAL_March2022.pdf

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

Latest VDH Public Health Guidance: Schools

SEE **Sample school illness policy for possible COVID-19 illness** (March, 2022)
https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy_FINAL_March2022.pdf

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

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https://www.healthvermont.gov/sites/default/files/documents/pdf/SchoolSicknessPolicy_FINAL_March2022.pdf

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

Practice Opportunity!

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

- VCHIP's **Youth Non-Vaping Team i**s 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**

VERMONT DEPARTMENT OF HEALTH

*Gentzke AS, Wang TW, Cornelius M, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. MMWR Surveill Summ 2022;71(No. SS-5):1–29. DOI: http://dx.doi.org/10.15585/mmwr.ss7105a1

VCHIP Vermont Child Health Improvement Program UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE

Reminder:
Health Equity Training from VT Program for Quality in Health Care

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

Save the Date!

Vermont Public Health Association Annual Spring Conference

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

VtPHA Vermont Public Health Association

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

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=K2N4VUYrSHlMQi9XeGVnc3duNTFmZz09
  - NOTE: password (CHAMP) should be imbedded in link (sharing in case needed for any reason. You will not be prompted to enter PW if using link we provided.
- Meeting ID: 941 4279 1300
- Passcode: CHAMP
- One tap mobile
- +16468769923,,94142791300# US (New York)
- +13017158592,,94142791300# US (Washington DC)

Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail:** vchip.champ@med.uvm.edu
  - **What do *you* need** – how can we be helpful (specific guidance)?
- **VCHIP CHAMP VDH COVID-19 website:** https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- Next CHAMP call – ***Wednesday, 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#