

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 9, 2022

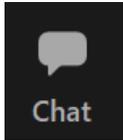


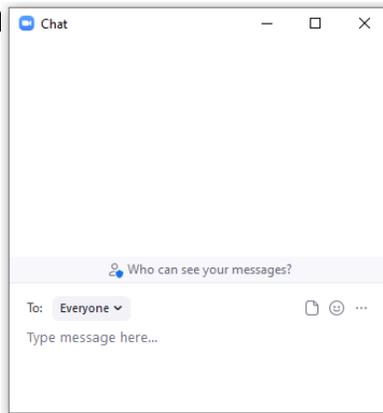
Please bear with us...

Technology Notes – “Welcome to Zoom!”

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

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

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



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

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

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

Overview

- (Still) **Celebrating International Women's Day (3/8/22)**
- Options for aid to Ukraine children and families
 - <https://www.savethechildren.org/us/where-we-work/Ukraine>;
<https://www.unicef.org/emergencies/conflict-ukraine-pose-immediate-threat-children>; <https://unitedhelpukraine.org/about-us>
- Reminder – weekly event schedule:
 - **March VCHIP-VDH call calendar** (see next slide); Gov. Media Briefings generally **Tuesdays only**; VMS calls with Dr. Levine 1st & 3rd Thursdays (special Congressional Town Hall **tomorrow**, 3/3)
- Practice Issues: **Pediatric Vaccine Updates & Evolving Vermont COVID-19 Public Health Guidance**
- Q & A/Discussion

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



<https://twitter.com/who>

VCHIP-VDH COVID-19 Call Schedule

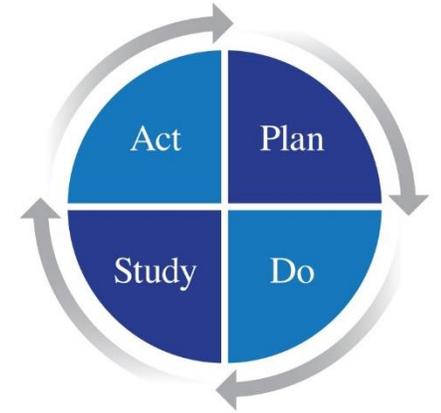
March calls – currently all *Wednesdays*:

- ❑ 3/2, 3/9, 3/16, 3/23, 3/30
- ❑ **Continuing via Zoom!**
- ❑ Schedule **subject to change** at any time if circumstances warrant!
- ❑ *Please continue to send your feedback re: schedule/topics to vchip.champ@med.uvm.edu*
- ❑ VMS calls w/VDH Comm. Levine now 1st and 3rd Thursdays



Approaching our 2-year anniversary!

And now for something completely different...



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

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

VMS *COVID Convos* with Health Commissioner Levine

- **2022 Schedule**
- **Calls with VDH Commissioner Levine now 1st and 3rd Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 3/17/22**
- **Summary: VMS calls are held the first and third Thursdays of the month from 12:30 to 1:00 p.m.**
 - **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdIJ2ZG4yQT09>
 - **Meeting ID: 867 2625 3105 Password: 540684 Dial In: 1-646-876-9923**



DR. MARK LEVINE
COMMISSIONER OF
HEALTH

VMS COVID Convos
1st and 3rd Thursday

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

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



Situation update

New Cases

195

113,651 Total

Currently Hospitalized

18

Hospitalized in ICU

4

Percent Positive 7-day Avg.

4.1%

New Tests

6,071

3,403,329 Total

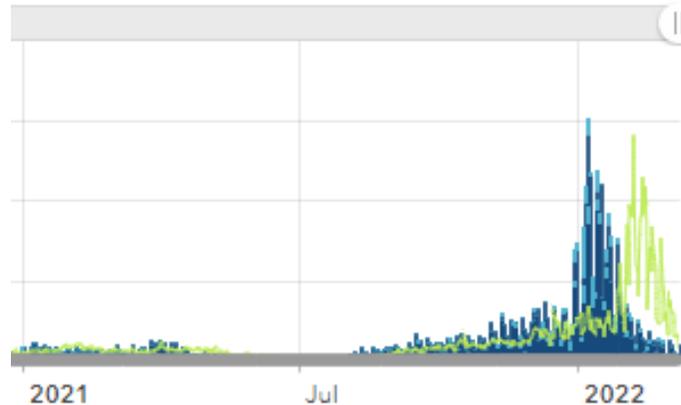
Deaths

608

0.5% of Cases

Last Updated: 3/9/2022, 11:11:22 AM

New Confirmed Cases, Probable Cases, Recoveries and Deaths



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

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

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

One year ago: 16,286 VT total cases; 87 new/30 hosp.

U.S. **79.2 million+** cases; **960,687 deaths**

<https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 3/9/22)

Past week: av. 40,133 cases/day (14d. change **-51%**)

6.01 million+ deaths worldwide; 449.6 million+ cases (-26% & -10% 14-day change respectively)

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

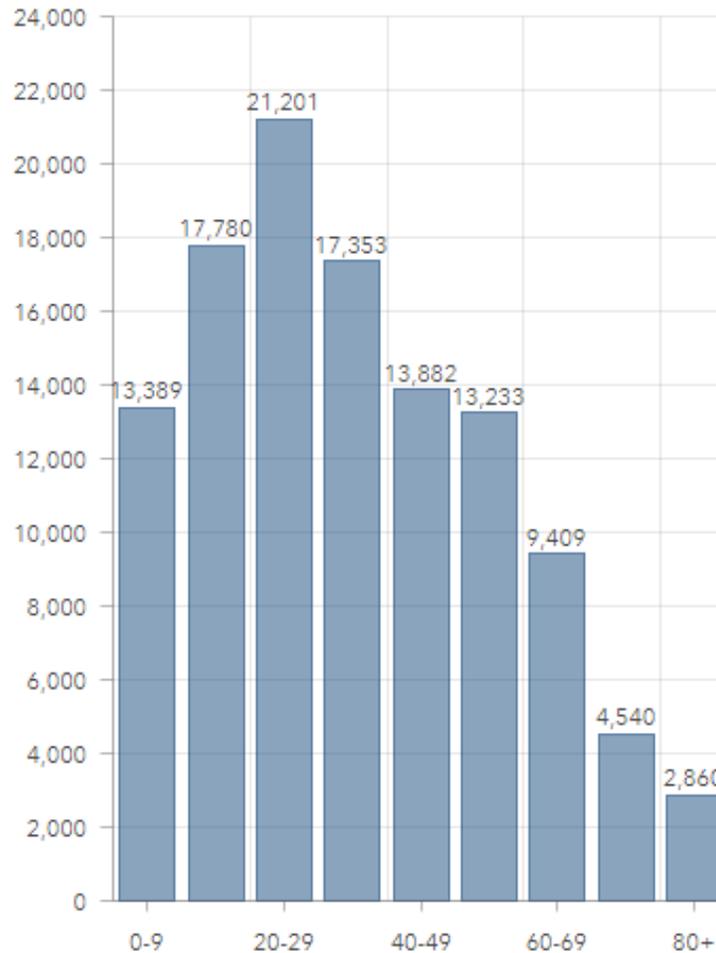
Table of Contents: Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.

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

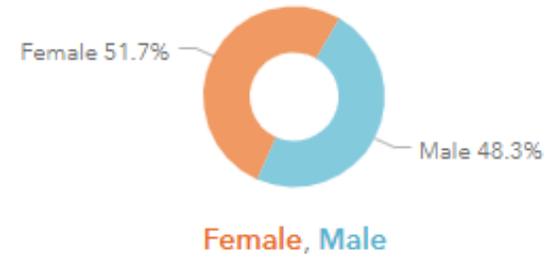
March 9, 2022

Situation update

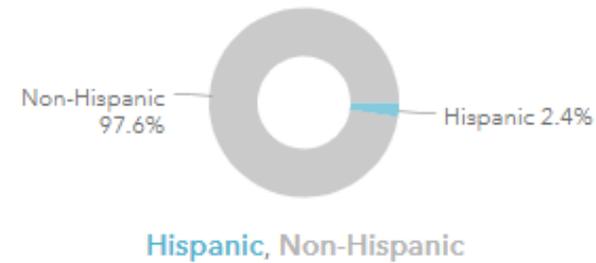
Cases by Age Group if Known *



Cases by Sex *



Cases by Ethnicity if Known *



Cases by Race if Known *



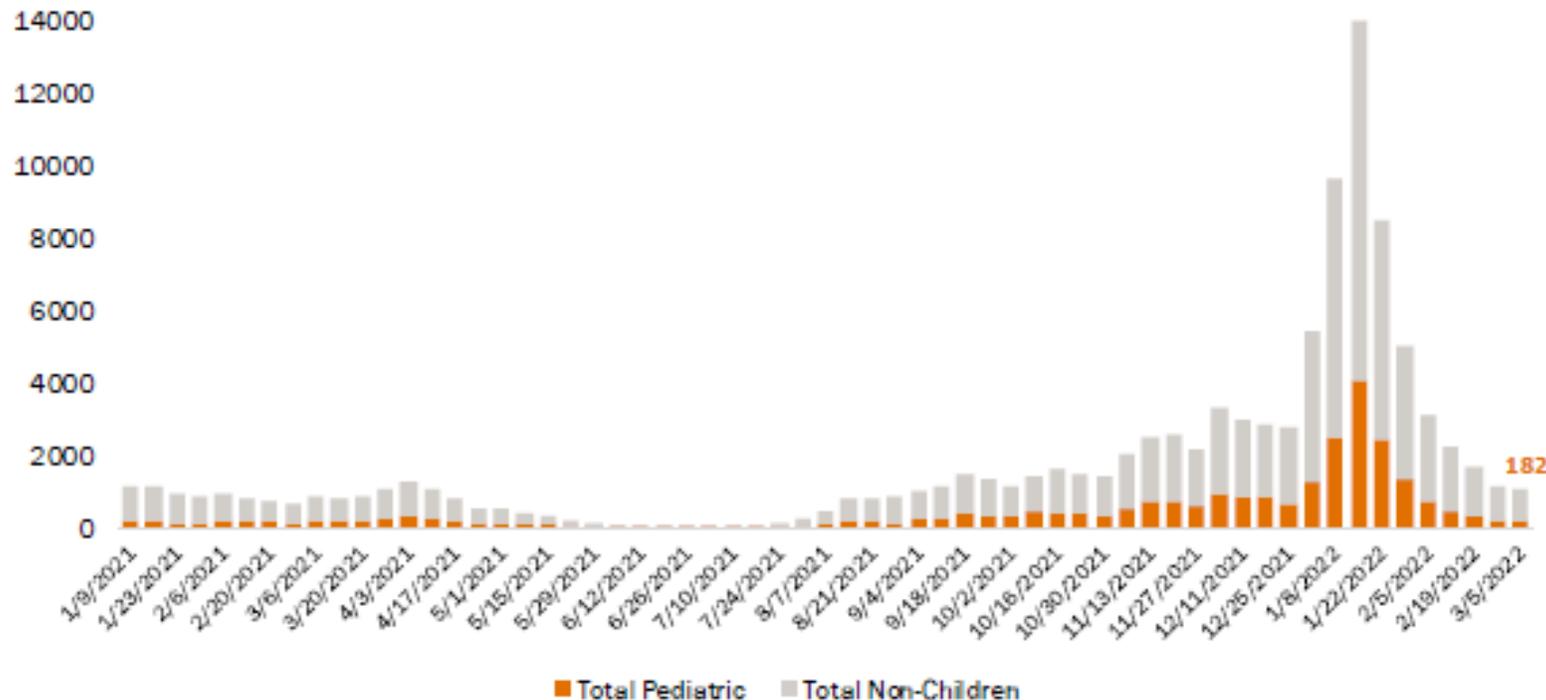
Black or African American, Asian, Other Race, American Indian or Alaska Native, White

Case Demographics

This brief reflects data as of March 5, 2022 (the last complete MMWR week).

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

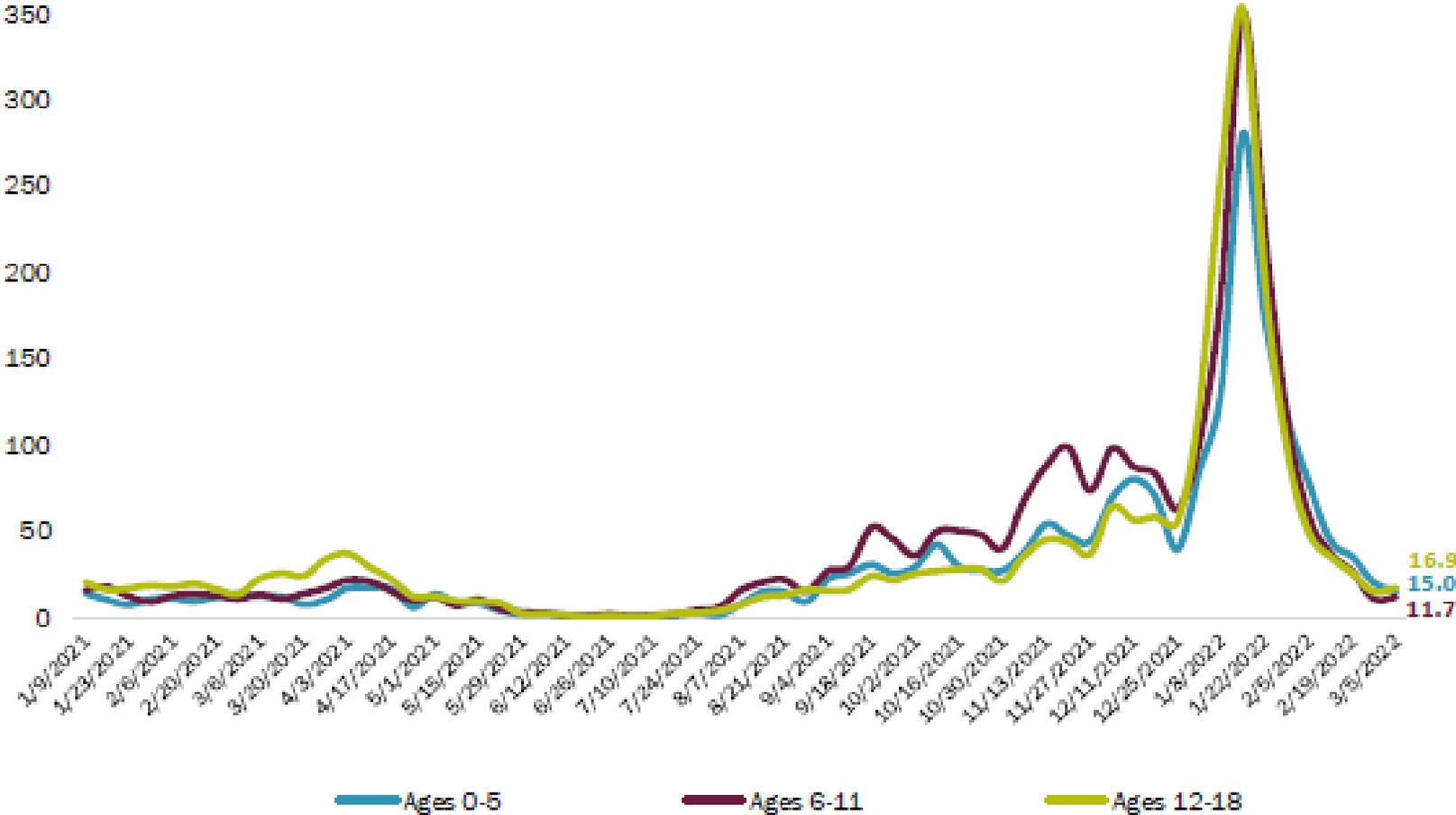
Number of Cases by Week



Total Pediatric Cases 2/19/22 = 348

COVID-19 Pediatric Cases

Rates by Week by Age Category



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

March 9, 2022

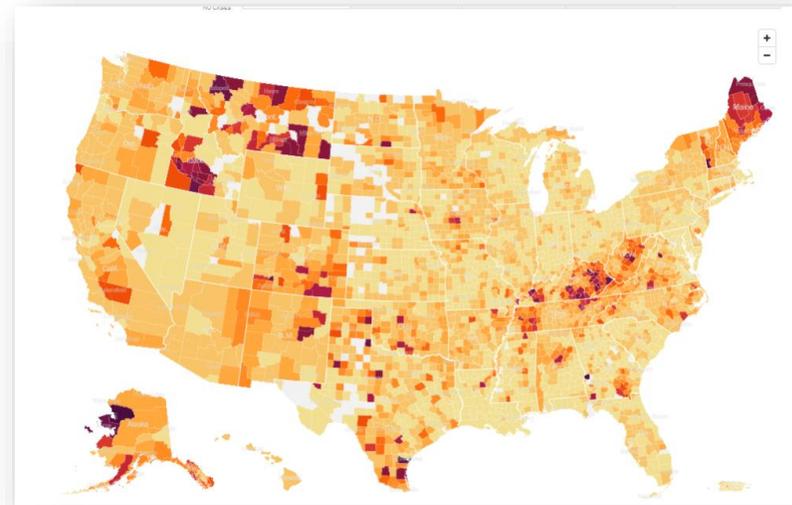
Vermont Educational COVID-19 Data

- **NOTE:** VT AOE has **ceased** data collection for “COVID-19 Cases in VT K-12 Learning Communities While Infectious”
 - Find previous files at:
<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
- VT College & University dashboards:
 - **UVM update** (week of 2/28-3/6/22): 44 pos. tests off campus; 63 on campus; 0 faculty; 0 staff.
 - **Bennington College** (as of 3/8/22): 3 total active/2 new active cases.
 - **Middlebury College** (as of 3/8/22): 103 new cases; 135 total active (128 students/7 employees)

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



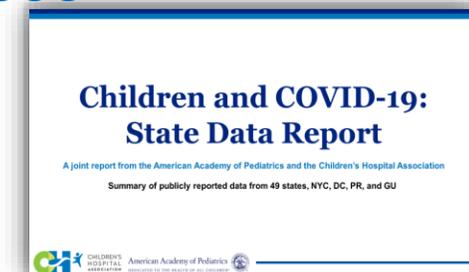
NYT 2.9.22 all ages



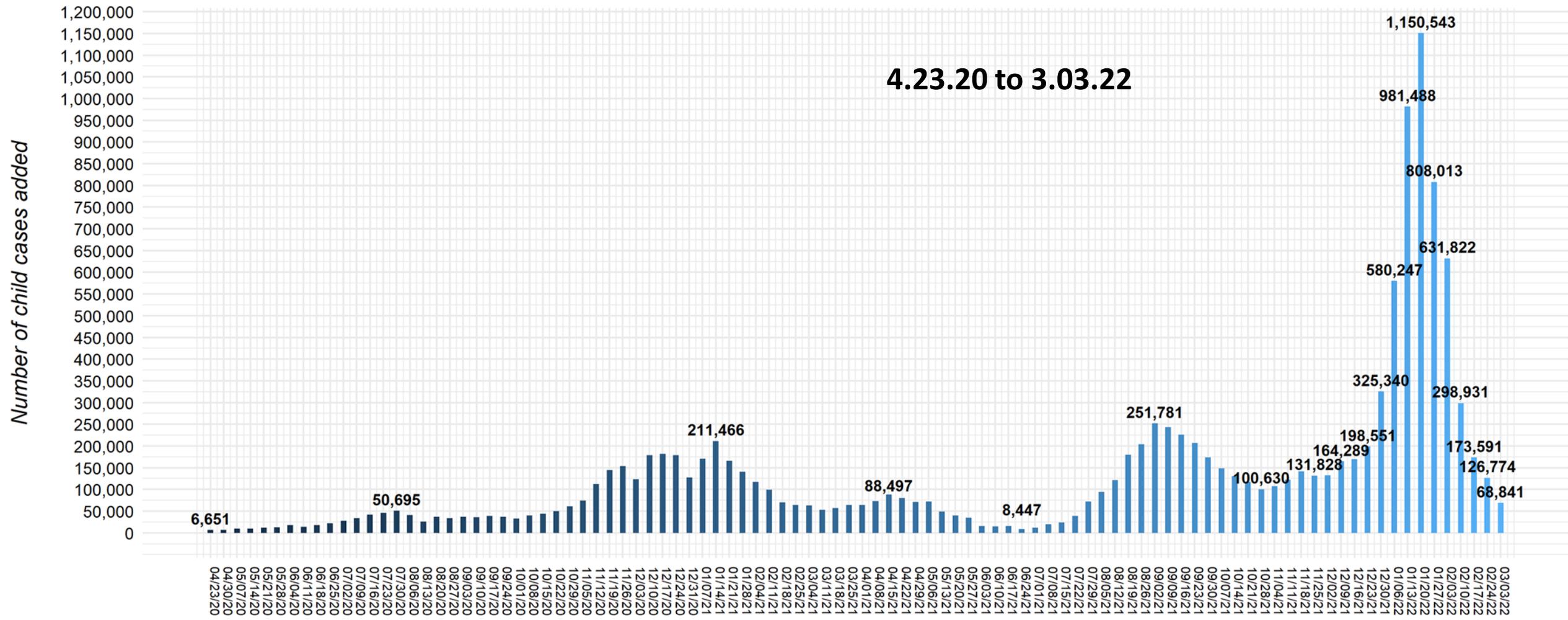
NYT 3.8.22 all ages

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

- 69,000 child COVID cases reported week ending 3/3/22
- Cases are down substantially from 1.1 million peak January 20
- **This is the first week since early August 2021 that added cases below 100,000**



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



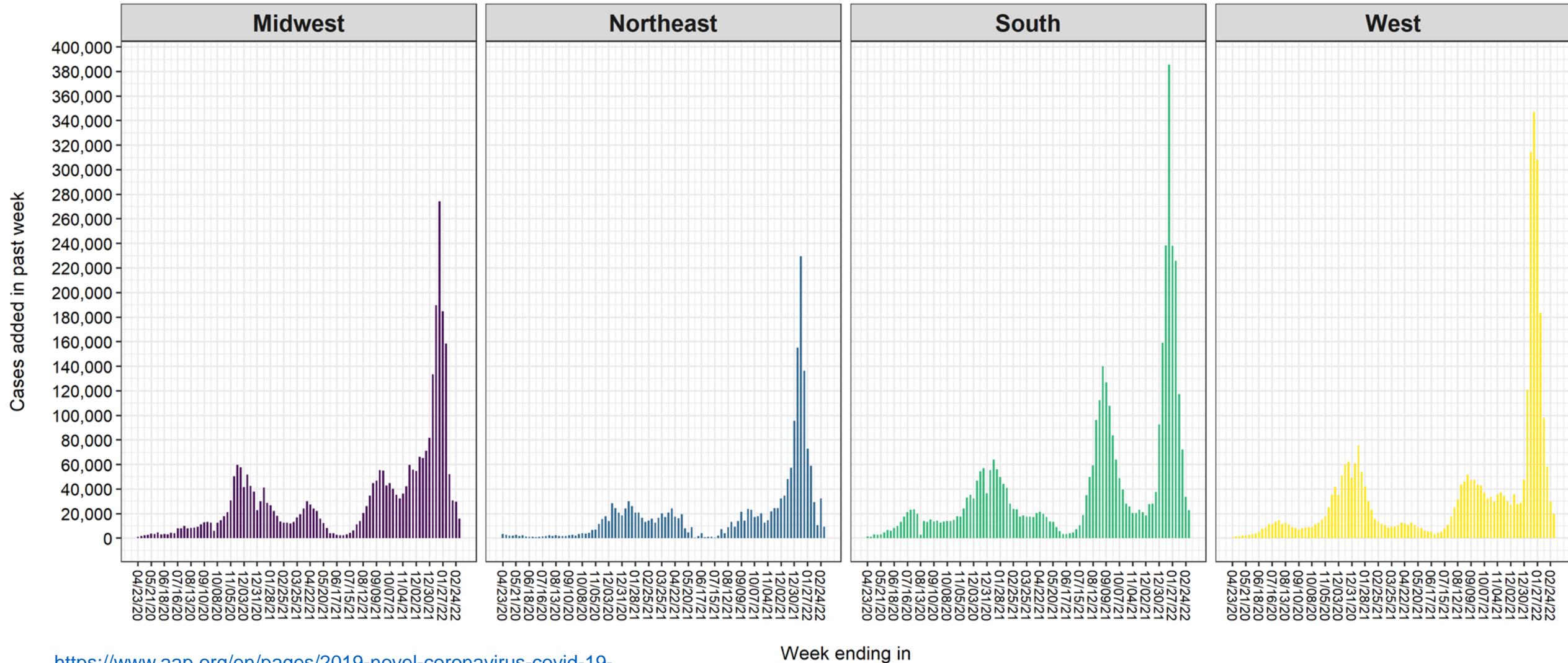
<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

Week ending in

Source: AAP analysis of publicly available data from state/local health departments
 Note: 5 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21
 On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (1,090,744 cumulative child cases as of 2/17/22)
 TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)
 Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21
 Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate
 Due to available data, HI cumulative child and total cases through 1/13/22
 On 3/3/22, due to available data for SC, there were 416 fewer cumulative child cases

4.23.20 to 3.03.22

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



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

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

Note: Regions are the US Census Regions

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

On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (1,090,744 cumulative child cases as of 2/17/22)

TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)

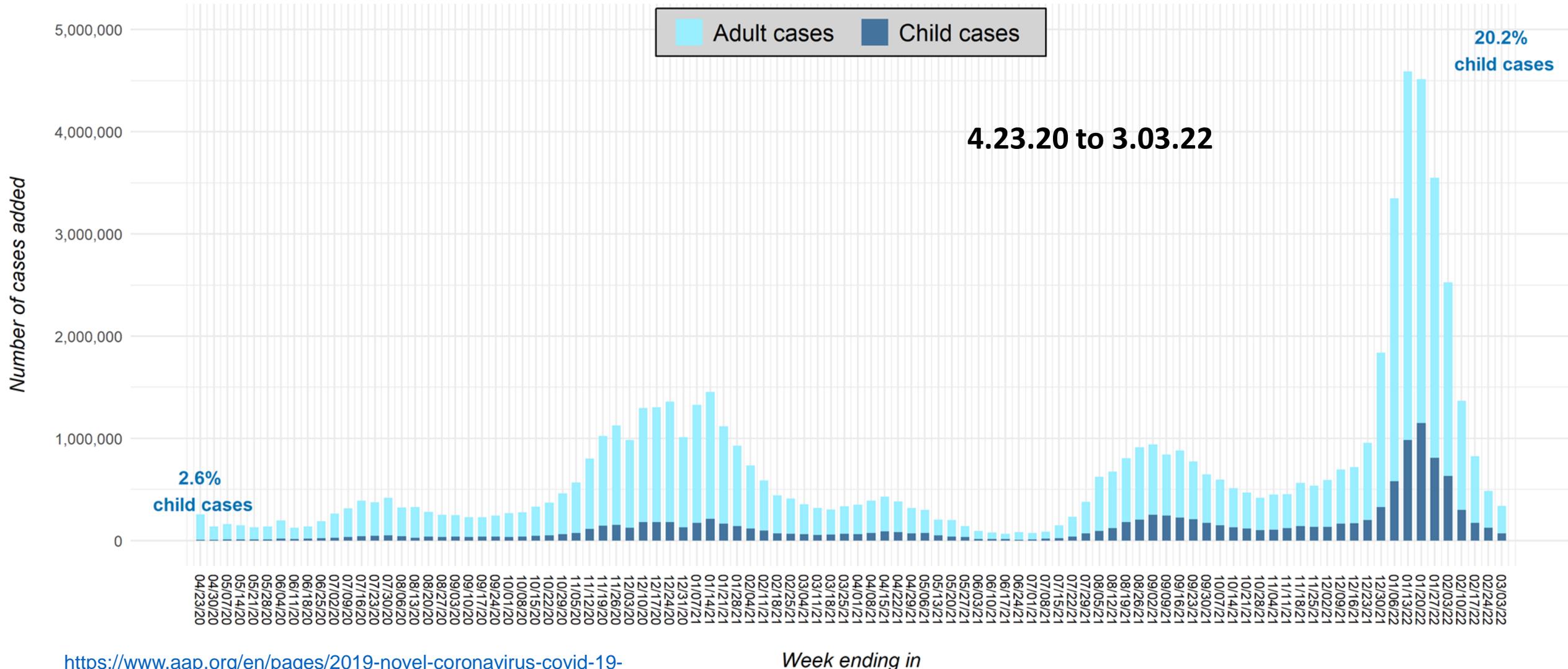
Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21

Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate

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

On 3/3/22, due to available data for SC, there were 416 fewer cumulative child cases

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



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

Week ending in

Source: AAP analysis of publicly available data from state/local health departments
 Note: 5 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21
 On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (1,090,744 cumulative child cases as of 2/17/22)
 TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)
 Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21
 Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate
 Due to available data, HI cumulative child and total cases through 1/13/22
 On 3/3/22, due to available data for SC, there were 416 fewer cumulative child cases

VDH COVID-19 Vaccine Registration & Sites

GETTING THE COVID-19 VACCINE

[Find out about vaccines for children ages 5 to 11](#) ➔

GET THE MOST PROTECTION WITH A BOOSTER SHOT!

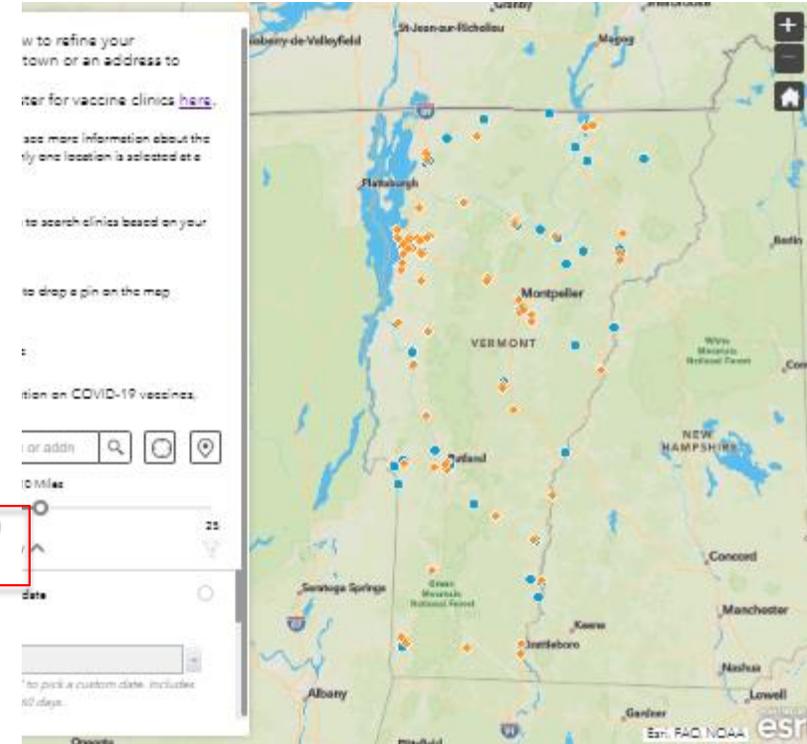
You should get a booster if you are 12 or older and you received:

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

If you are age 18 or older, your booster can be the vaccine type of your choice: Pfizer, Moderna or Johnson & Johnson, no matter which vaccine you got originally. For youth 12 - 17 the booster must be Pfizer.

[See Frequently Asked Questions about boosters](#) ➔

WHERE TO GET YOUR BOOSTER SHOT, FIRST OR SECOND DOSE



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

[This slide updated after today’s call]

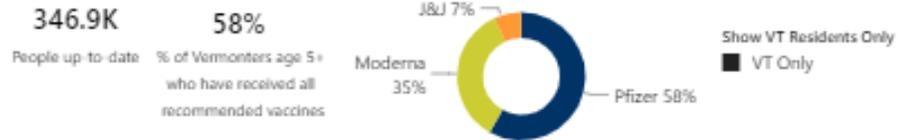
- Daily updates Monday-Friday; now shows “**UTD**” (% 5+ yo with all recommended vaccine doses)
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide:
 - ▣ 5-11 = 56%
 - ▣ 12-17 = 46%
 - ▣ 18-29 = 34%
 - ▣ **VT Age 5+ = 58%**

Vermont Vaccination Data

Updated 03/09/2022 12:08 PM

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

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



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

Age	%	Race	%
5 - 11	56%	Asian	52%
12 - 17	46%	Black or African American	43%
18 - 29	34%	Native American, Indigenous, or First Nation	13%
30 - 39	53%	Pacific Islander	16%
40 - 49	57%	Two or more races	60%
50 - 59	60%	White	58%
60 - 64	70%		
65 - 69	79%		
70 - 74	86%		
75+	82%		

Ethnicity	%	Sex	%
Hispanic	72%	Female	62%
Not Hispanic	57%	Male	55%

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

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

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

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

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

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

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

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

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

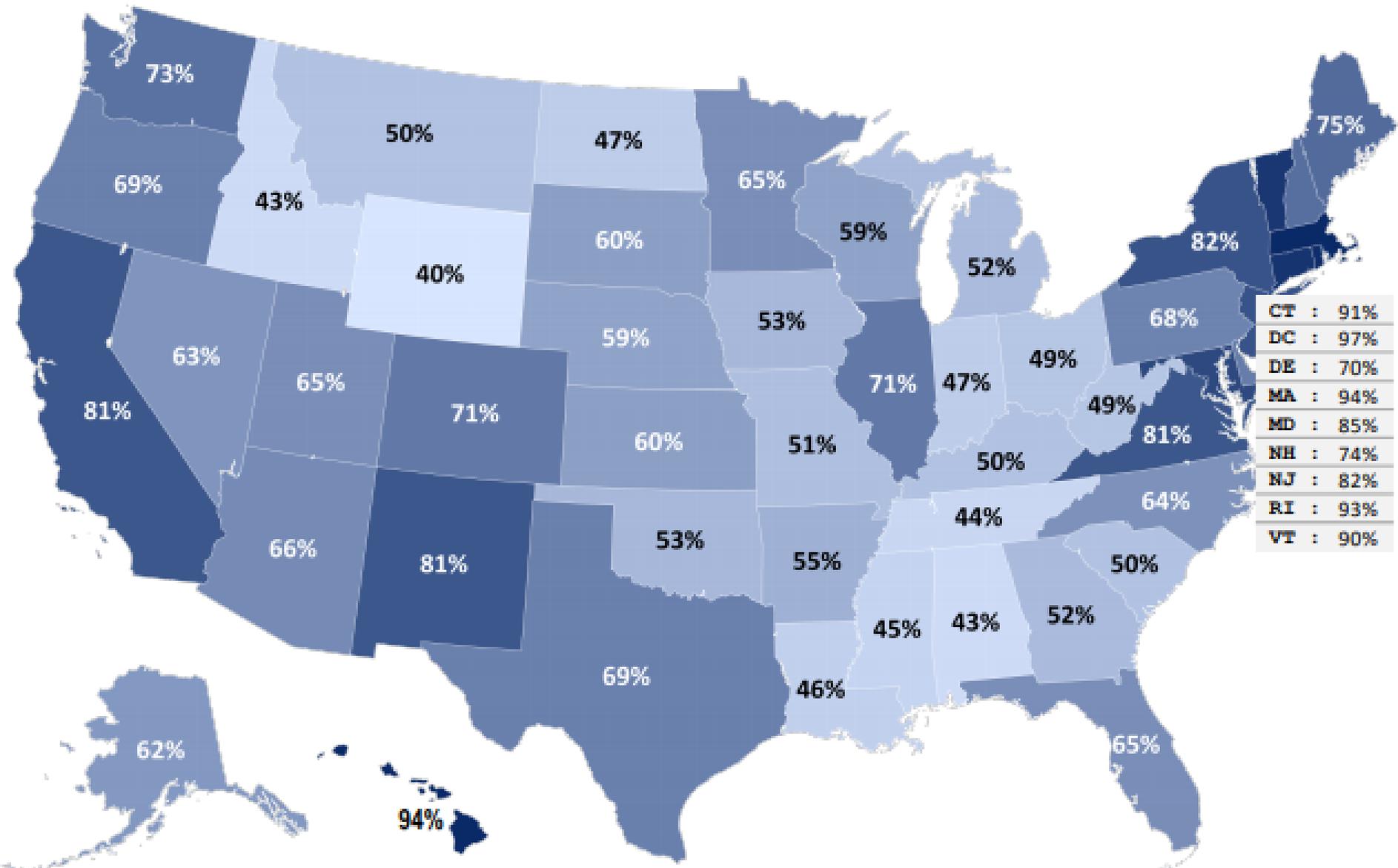
Data on this page is sourced from the Vermont Immunization Registry and

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

Received Initial Dose



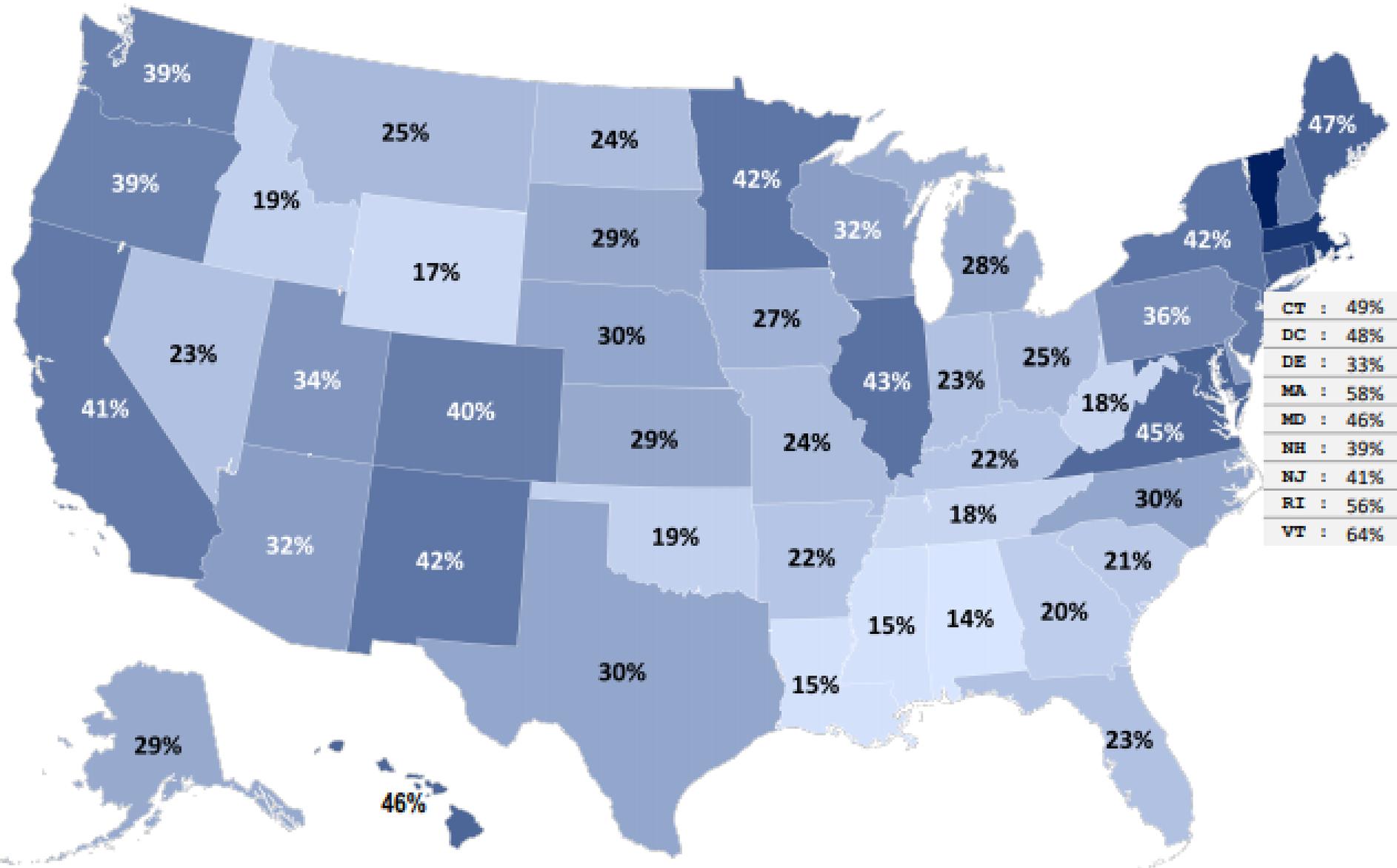
as of 3.2.2022



Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). New Hampshire revised the state's cumulative count 12-17 year-old recipients of initial dose by 9.6K this week. Check state web sites for additional or more recent information.

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

Received Initial Dose as of 3.2.2022
 14% 64%



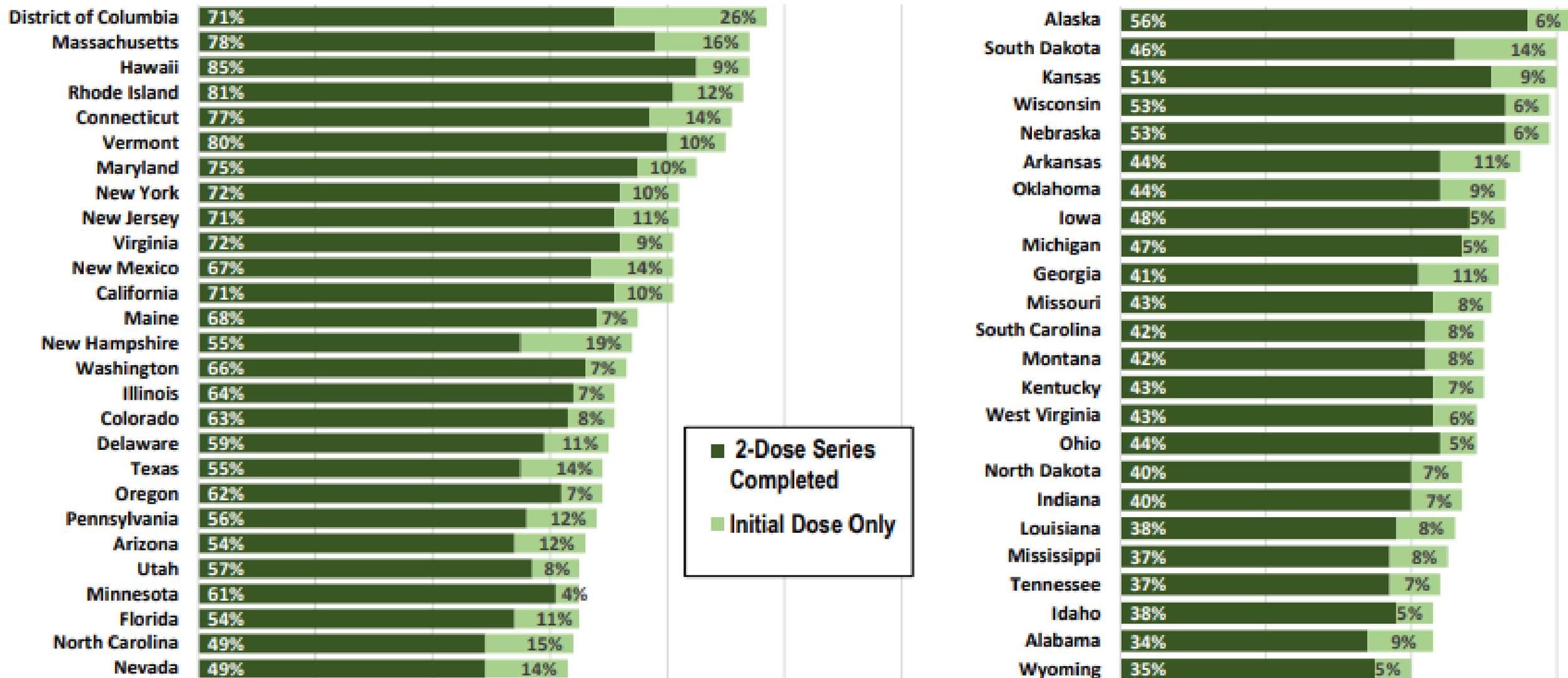
Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). New Hampshire revised the state's cumulative count of 5-11 year-old recipients of initial dose by 2.7K this week. Check state web sites for additional or more recent information.

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

as of 3.2.2022

0% 20% 40% 60% 80% 100% 120%

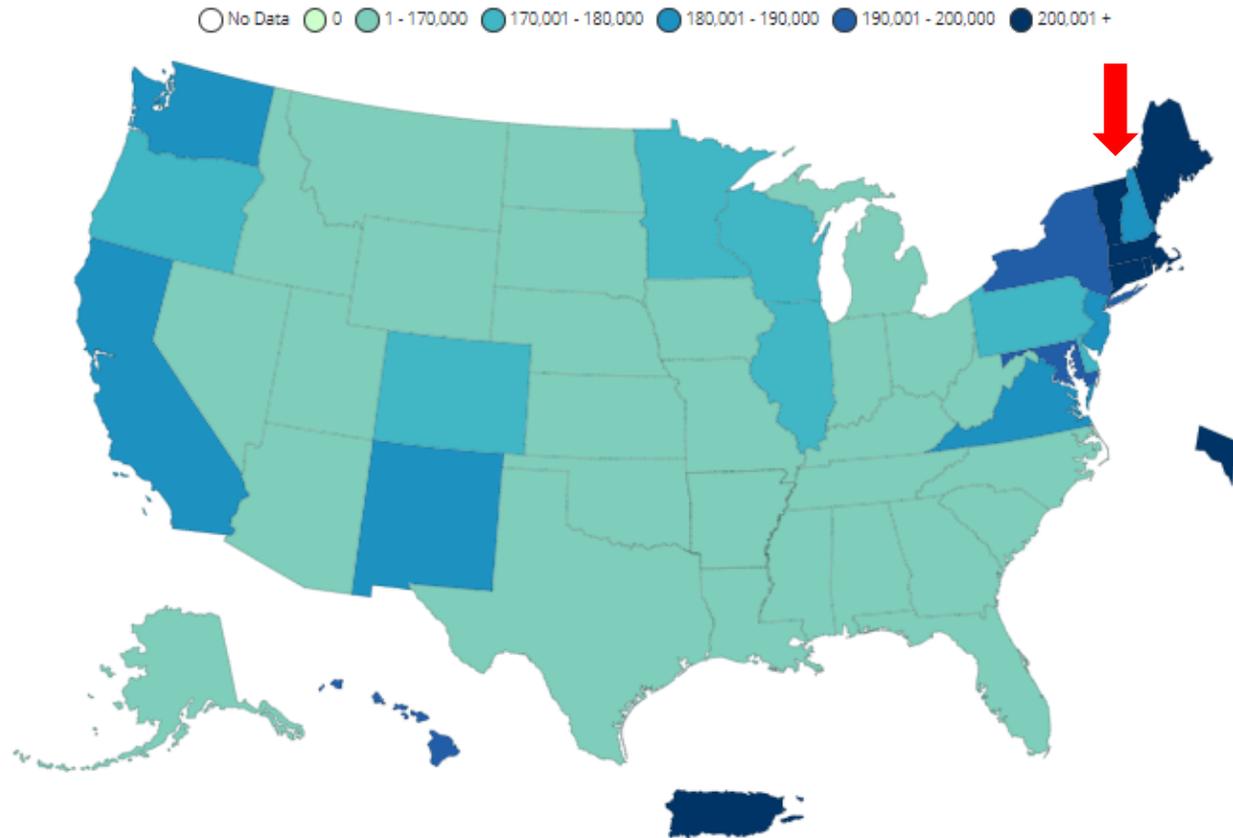
0% 20% 40% 60%



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-Jurisd/uns-k-b7fc>). Check state web sites for additional or more recent information.

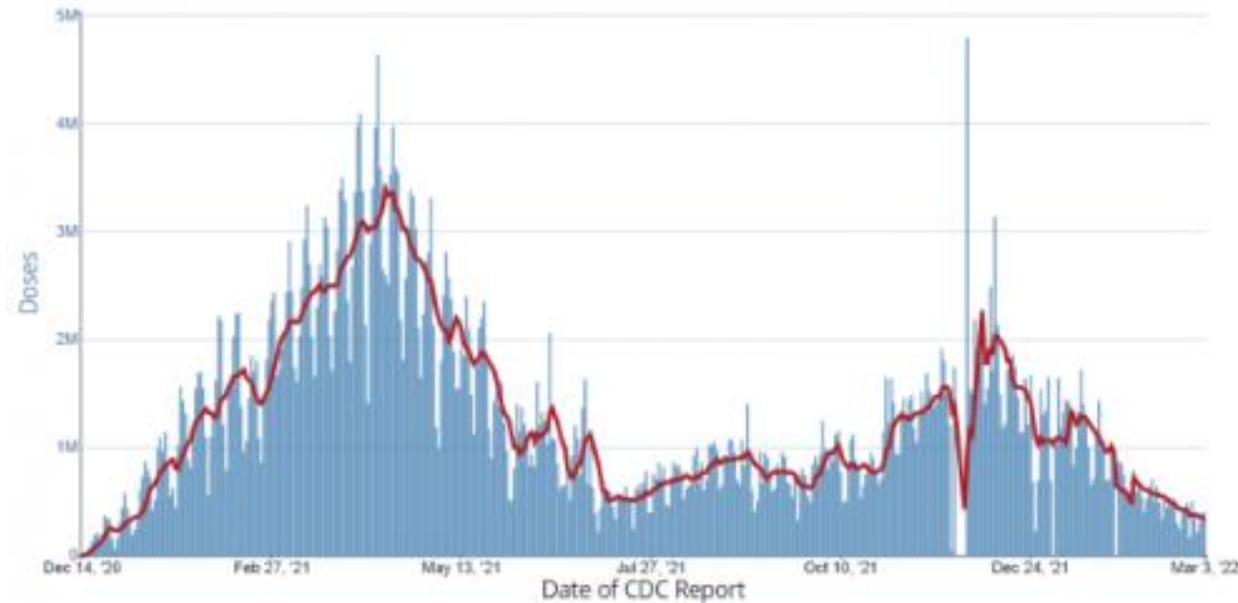
From the CDC Vaccine Tracker

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



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

7-Day moving average

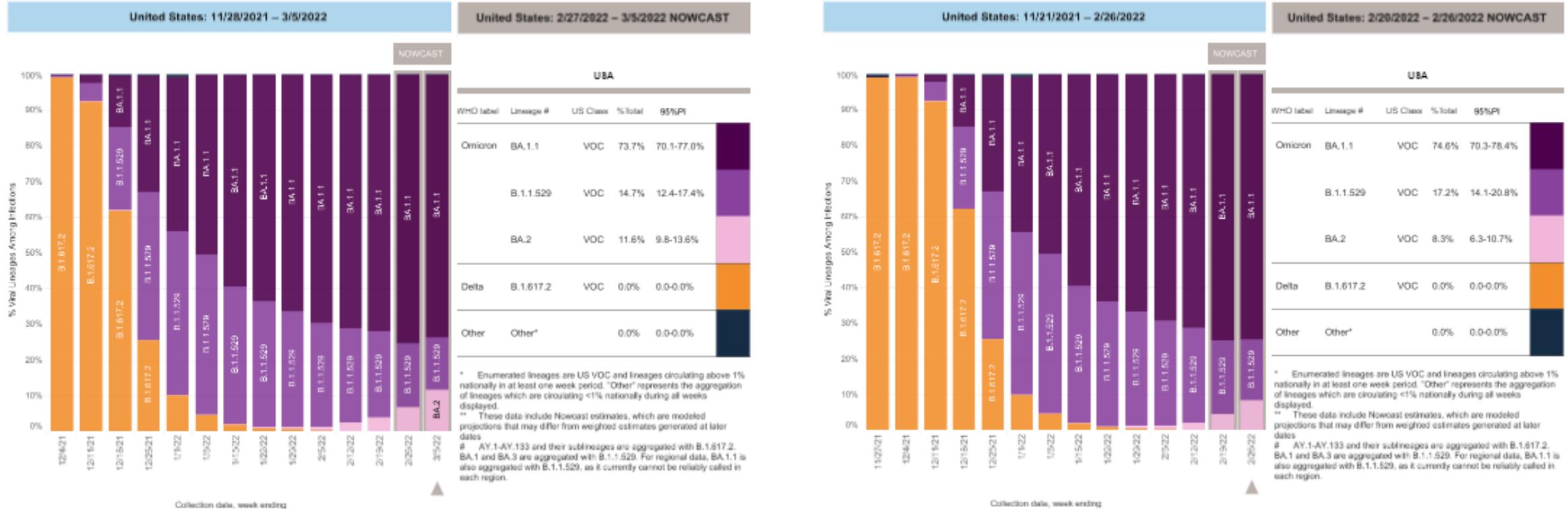


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

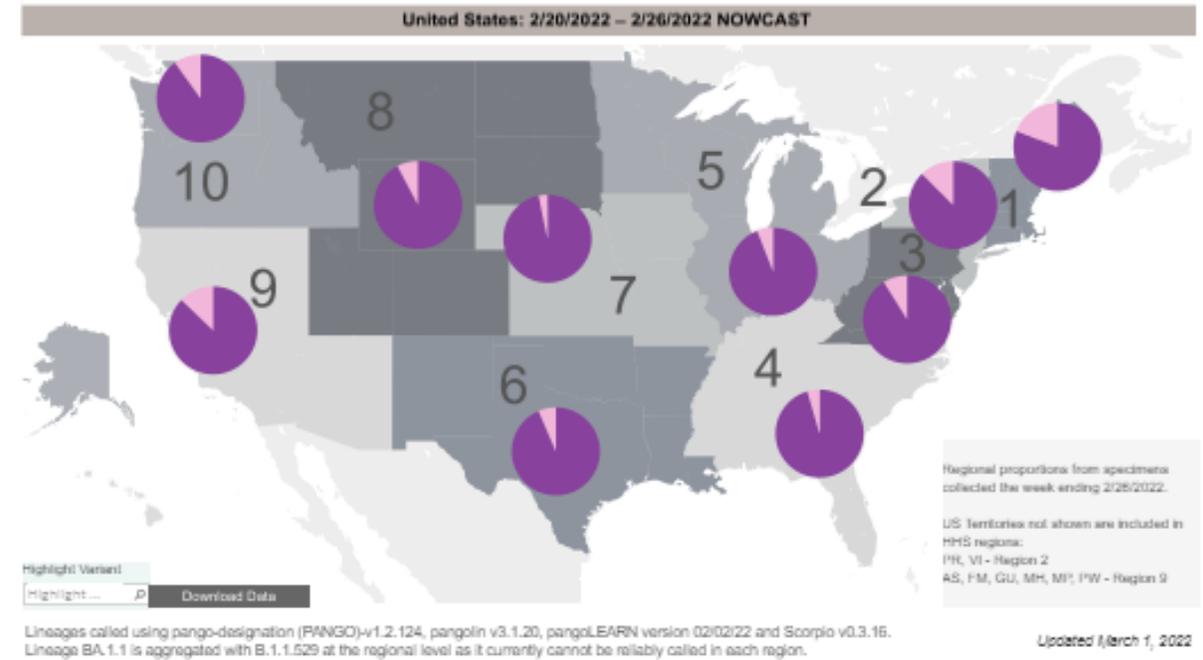
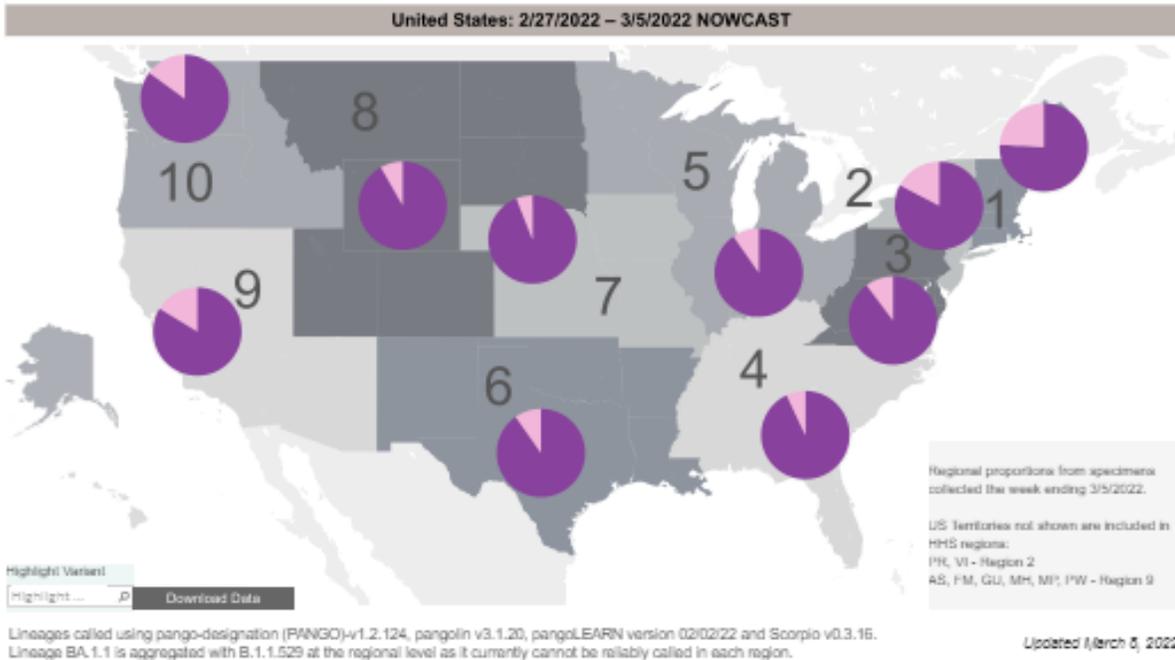
March 9, 2022

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 3/5/22
 LIGHTEST PURPLE is Omicron subvariant BA.2.**

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



Note: week-to-week comparison in Omicron variant proportion (purple). Map on left is week ending 3/5/22. Note cont'd. emergence of Omicron subvariant BA.2 (LIGHT PURPLE).

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

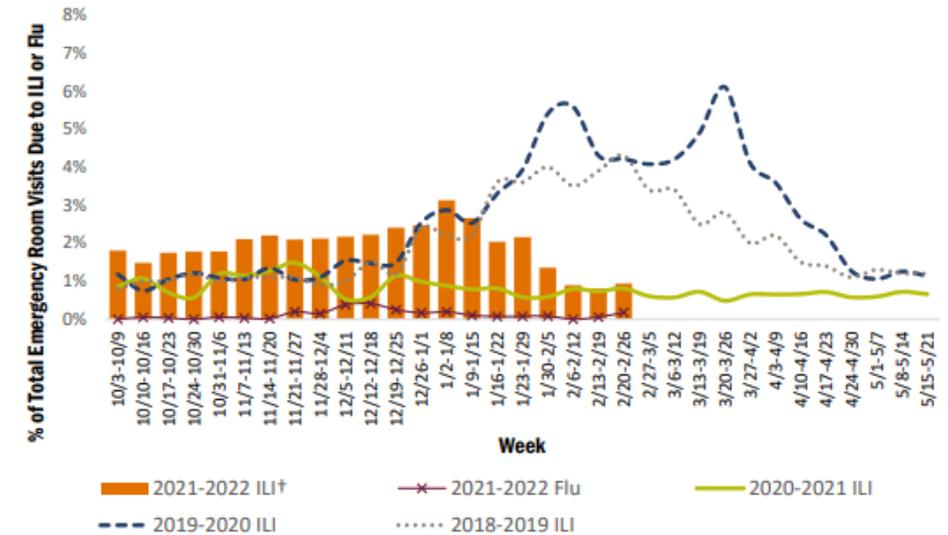
Don't Forget Influenza!

- Current Influenza-like Illness (ILI) activity level remains **MINIMAL** in Vermont
- **Now 8 pediatric flu deaths this season**
 - ▣ From the CDC: nationally, sporadic influenza activity continues across the country. In some areas, influenza activity is increasing.
- Link to VDH weekly surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-08.pdf>

Syndromic Surveillance

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



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

3/4/2022

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

AAP (National) Updates

Slides 26 – 35 courtesy of the American Academy of Pediatrics – from today's

***Chapter Chat** (3/9/22 – added/revised AFTER today's VCHIP-VDH call)*

Next AAP COVID-19 Town Hall

- Next Town Hall **Thursday, March 17, 2022 – 8 pm Eastern**
- Session will address the latest related to the COVID-19 pandemic and its impact on children, adolescents, and families – hear from leading experts and connect with your peers
- 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/>



Source Control (Face Masks) in Health Care Settings

CDC COVID-19 Community Levels does not apply to health care settings. Instead, follow [Infection Prevention and Control Recommendations for Health Care Personnel](#)

- Generally safest to implement universal source control in health care settings but allowances can be considered for facilities located in counties with low to moderate community transmission for those who are up to date on COVID-19 vaccination.
 - Could choose not to use source control when in well-defined areas that are restricted from patient access.
- Potential for OSHA fines exist if not following recommended guidance in [states that follow federal OSHA regulations](#) (about half of states).



Interim Guidance Revisions

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



Interim Guidance Forecast

In Revision

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

The screenshot shows the American Academy of Pediatrics website. At the top, there is a search bar labeled "Search All AAP" and a navigation menu with links for "Home", "News", "Membership", "Career Resources", "Research", "Philanthropy", and "About the AAP". The main heading is "COVID-19 Interim Guidance" with a sub-link "Home / Critical Updates on COVID-19 / COVID-19 Interim Guidance". Below this, there is a section titled "Featured Guidance" with three cards:

- Testing** (Clinical Care): Includes a "View" button.
- Children with Special Health Care Needs** (Clinical Care): Includes a "View" button.
- Safe Schools** (Population/Community Health): Includes a "View" button.

At the bottom, there is an "Interim Guidance Disclaimer" stating: "The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in June 30, 2022 unless otherwise specified."

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

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

For more information:

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

svandeman@fcaap.org

Florida Chapter of the American Academy of Pediatrics

March 7, 2022

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

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

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

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Congress Reaches Spending Deal

- Bipartisan Fiscal Year 2022 spending agreement reached last night
- Congress must pass by the weekend to avoid a shutdown
- Highlights:
 - \$5 million in first-time funding for the **Pediatric Subspecialty Loan Repayment Program**
 - \$11 million for the **Pediatric Mental Health Care Access Grants** (+\$1 million)
 - \$27.5 million for **global vulnerable children** (+\$2.5 million)
 - \$25 million for **gun violence research prevention** (flat funding)
 - Fix to **synthetic nicotine** e-cigarette loophole



Blueprint for Youth Suicide Prevention

Blueprint for Youth Suicide Prevention

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



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

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

PHOTO: KATHARINA

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



American
Foundation
for Suicide
Prevention

Youth Suicide Prevention: A Call to Action

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

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



www.aap.org/suicideprevention

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



Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 3.08.22

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

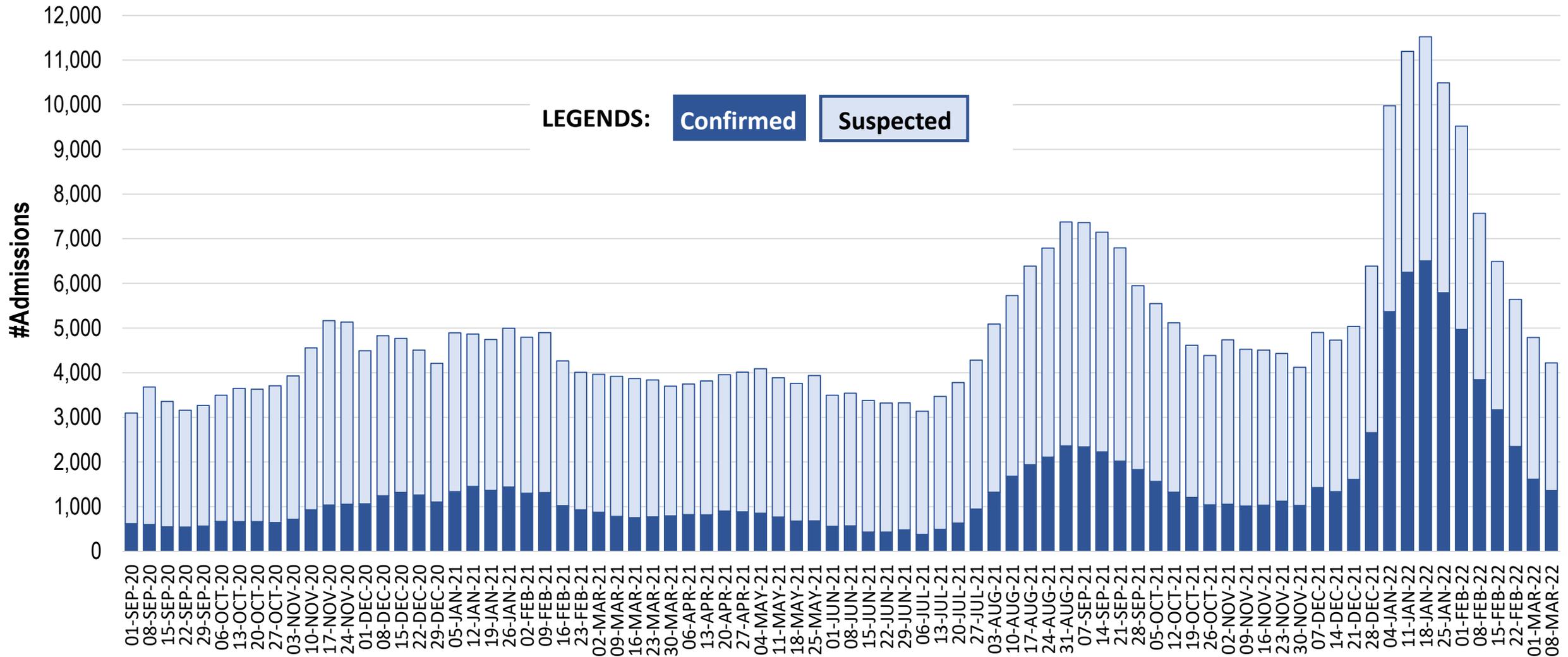
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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

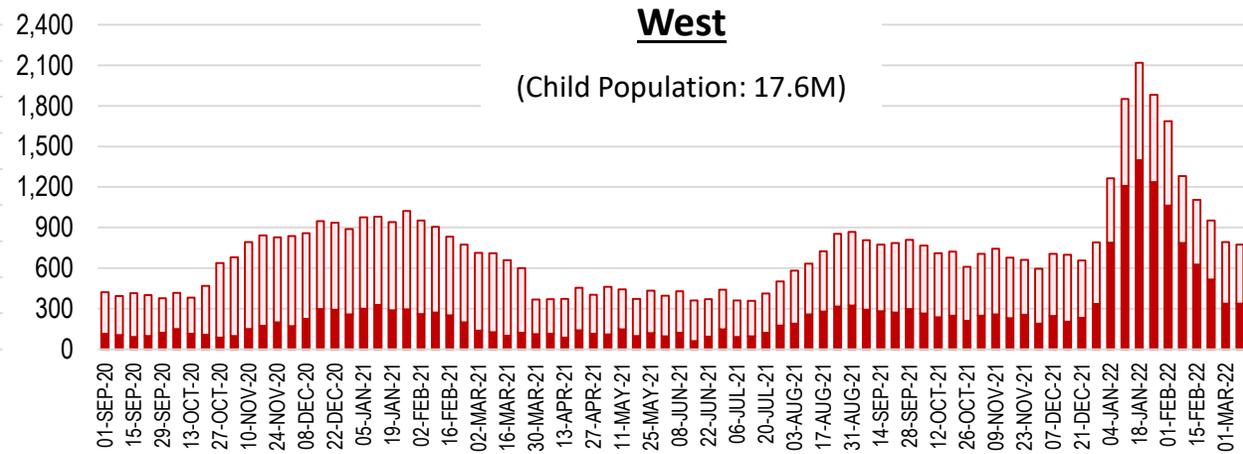
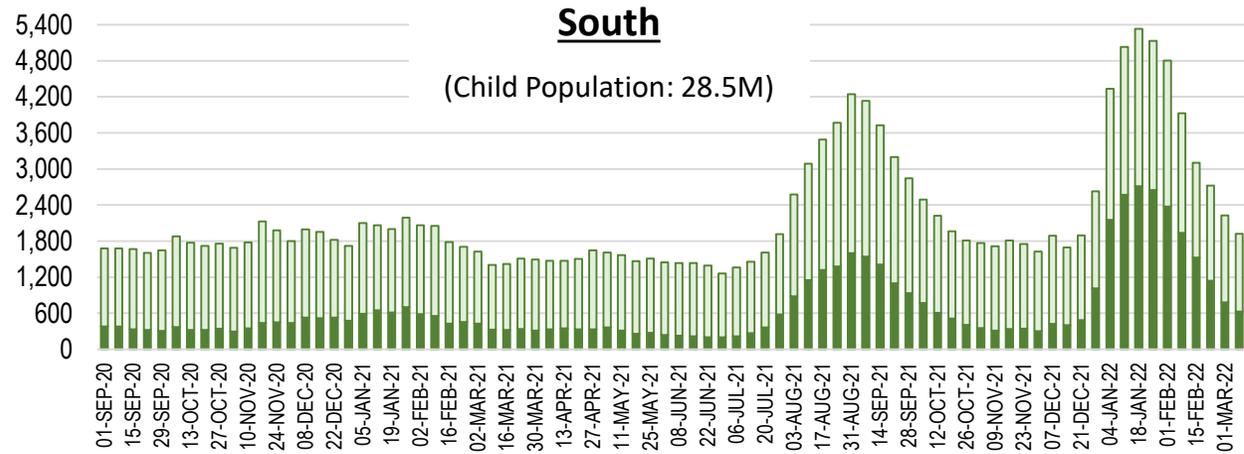
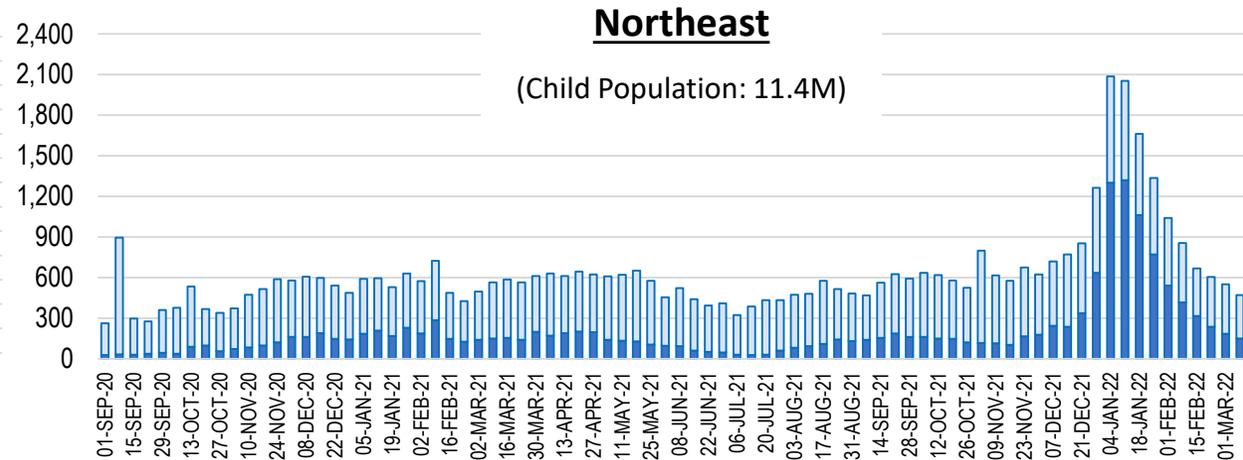
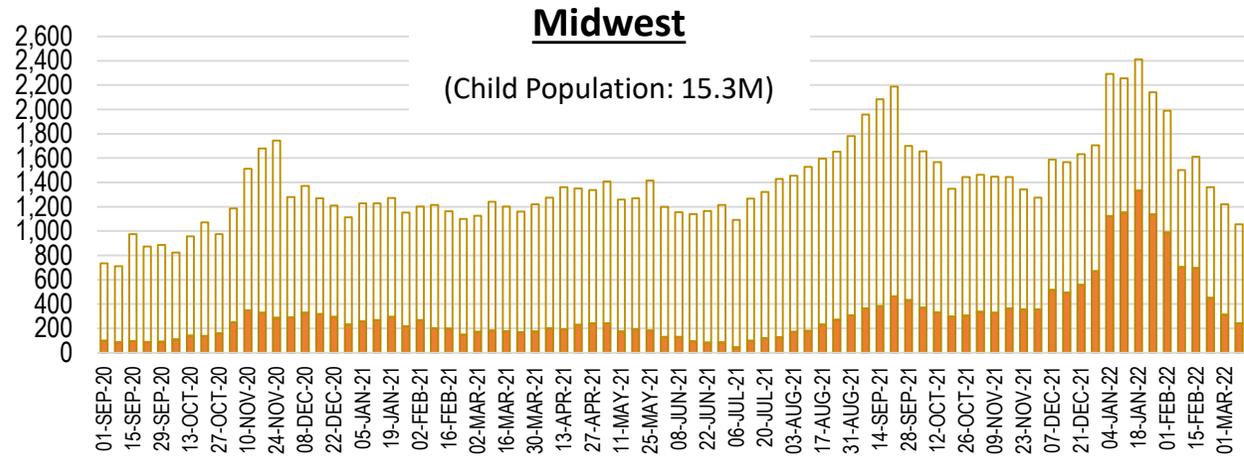
9.1.2020 - 3.8.2022



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 - 3.8.2022



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

From the CDC / MMWR

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

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

From UVM CH Pediatric Medical Staff Meeting

Thank you, Dr. Lewis First!

- UVM MC residents have requested recognition to become unionized (350 residents/fellows) <https://vtdigger.org/2022/03/07/amid-widespread-workforce-unrest-uvm-medical-center-residents-form-a-union/>
 - ▣ UVM HN responded with request to work w/Natl. Labor Relations Board re: election.
 - ▣ ~15% U.S. programs are unionized (some CHs included). Anticipate visible union activity in the weeks ahead.
- SOV DMH RFP for freestanding pediatric/adolescent inpt. (10-bed) psychiatric unit & wraparound svcs. SOV reportedly interested in UVM MC response.
- Also approval for **Pediatric Palliative Care Svc.** (this fall: inpt. & outpt. svcs.)
- Dr. Erica Gibson – request for feedback regarding **planned training on eating disorders:**
 - ▣ May 23, 2022 – 9 a.m. – 12 noon. Virtual – to be **recorded** for asynchronous viewing.

Addressing Eating Disorders in Vermont Youth

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

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

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

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

TYPE INTO CHAT TO ME, OR EMAIL ME AT ERICA.GIBSON@UVMHEALTH.ORG

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

Tuesday Media Briefing (3/8/22)



Governor Phil Scott

- 90m. surplus in Education Fund – Governor has requested 45m. Returned to taxpayers & remainder dedicated to work force education in Vermont Career & Technical Education (CTE) Centers
- Continuing to advocate for use of one-time federal (ARPA) funding to invest in housing, climate change, water/sewer infrastructure, broadband, economic recovery (Budget Adjustment Act)

Tuesday Media Briefing (cont'd.)



VT AOE Secretary Dan French

- CTE Centers play critical role in our education system – investment in them is investment in our future.
- 3 priorities:
 - ▣ Construction/rehab experiential learning program & revolving loan fund to support direct work on construction projects, including residential housing.
 - ▣ 28m. grant program to upgrade facilities: expand classrooms, applied learning spaces, etc.
 - ▣ 5m. for “just-in-time,” innovative work force training & summer training (extend high school, training boot camps).

Tuesday Media Briefing (cont'd.)



VT AOE Secretary Dan French

Updated COVID recommendations for schools:

- ❑ Go-live date is 3/14/22
- ❑ Broader strategy is to have schools operating under same recommendations as those for general public.
- ❑ This is transition week for many districts – several are moving to “mask optional” **before** 3/14.
- ❑ Hope shift in mitigation recommendations will free capacity to address **education recovery** work. Plan to use federal funds – gearing up at state level.
- ❑ Focus areas: academic learning needs & supporting social-emotional needs of students and staff.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine

- Thanked State Epidemiologist Patsy Kelso for update at briefing 3/3/22 – *“one many who have stepped up to shoulder much work.”*
- COVID situation cont. to improve both national/VT (esp. re: severe illness)
- CDC metrics to focus on severe disease in future.
- With VT at lower risk (hi vax rates, pop. immunity, access to testing), VDH preparing to update PH guidance
- Beginning 3/14/22, decision to mask up to each person based on own circumstances, personal risk assessment, & health needs – different for everyone. *“Totally OK to be cautious & make decisions at own pace. I ask all to be supportive of these personal choices & not judge anyone who chooses to keep a mask on.”*

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine

- ❑ Still a good idea to keep mask w/you; urge you to keep masks/home test kits.
- ❑ Also 3/14/22: will simplify isolation/quarantine recommendations.
 - ❑ If positive, stay home & isolate X 5d. If a close contact & not UTD on vaccines, don't need to quarantine but should get tested. Testing still rec. if sxs/exposed. I continue to urge VTers to stay UTD on vax & boosters. Science clear on this-I urge you to follow it.
- ❑ VDH will cont. surveillance for disease trends, monitor outbreaks in vulnerable populations; be on the watch for new variants.
- ❑ Make sure you know if you're at higher risk – critical to access treatment quickly. List continues to be updated – consult CDC list or talk to HCP (same conditions as for vaccine priority; more have been added).
- ❑ Visit VDH treatment page: <https://www.healthvermont.gov/covid-19/symptoms-sickness/treatment-covid-19>

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine

- ❑ White House **Test to Treat** Program: get tested & if positive & treatment appropriate for you, you may Rx from HCP that can be filled in one location, including pharmacy-based clinics & FQHCs.
- ❑ “Very interesting model of care” – however, not yet aware of any VT pharmacies that are eligible; feds haven’t notified any CHCs re: participation at this time.
- ❑ Meantime, most VTers should be able to get tested & receive Rx for treatment PCP or other health care settings.

[Editorial note: we are hearing that provider offices do ***not*** know where treatment doses are readily available.] Link provided in chat to locate antivirals: <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>

Select Q & A (3/8/22)

- **Q:** Home test kit expiration? Levine: new federal opportunity to order kits. FDA may be considering whether expiration dates might be extended. *“Our office will look into it.”*
- **Q:** FL legislation re: masks & vaccines [intended to give parents discretion over school-aged children during pandemic by forbidding school boards from requiring COVID vaccines or masks for students]? **Q:** FL Gov. DeSantis chiding students for wearing masks? Levine: to paraphrase Gov. Scott last week (re: TX and gender-affirming care): *“Vermont is not Florida... We & pediatric community at large agree vaccines are the best way to protect against serious illness/outcomes... berating kids trying to make choices best for them or those around them not very sound public health policy & probably not a good parenting policy, either.”*

Select Q & A (cont'd.)

Q: This week is 2-yr. anniversary of declaration of VT state of emergency – what lessons have you learned?

- **Governor Scott:** (“Wow!”) never expected pandemic would last 2 yrs. Lessons learned: understand we don’t have all the answers individually; continue to have to learn from others (e.g., watched other states & learned from their mistakes). We started these press briefings – well over 100-150 over past 2 yrs. Leveled w/VTers & tried to tell them what was going on – give the good news & the bad. Listened to the scientists, watched the data, tried to do what was best collectively for VTers...Give as much information as you can but do what you think is right – not what is politically right or what people are asking for all the time, but do what’s right based on information received & rely on health experts.

Select Q & A (cont'd.)

Q: This week is 2-yr. anniversary of declaration of VT state of emergency – what lessons have you learned?

- **Commissioner Levine:** as a human race learned humility. This event hadn't happened in a century – pandemic of this proportion & virus never around to infect human beings before. Relying on science & data I would have thought would have been natural – but we live in divisive times. Lesson learned: the impact of misinformation – so leaders need to be as transparent as possible. Basic tenet of PH is frequent and accurate communication – not only telling people what they want to hear but what they need to hear. This is a cause of stress across the world & cert in our country – need to understand what that stress has done to people.

In case you missed it...

AAP-VT Recommendations on Masking in Schools

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

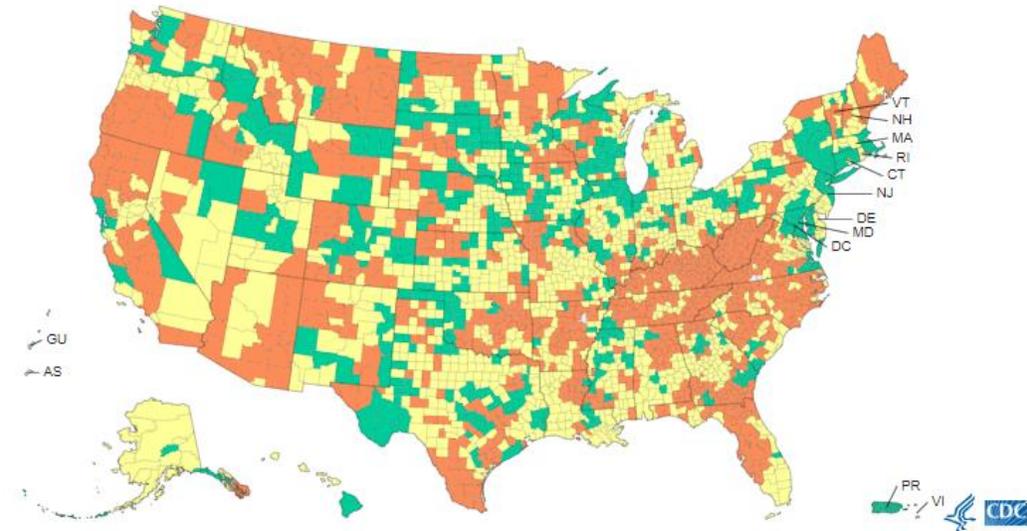
- Students & staff should follow VDH masking recommendations for the general public; currently, recommends masking in public indoor settings regardless of vaccination status. If the VDH changes recs in community, schools should mirror those recommendations.
- In the school environment should continue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

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

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

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

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



Legend

High

Low

Medium

N/A

From the AAP (following updated CDC Guidance)

New Masking Recommendations for Families

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

Practice Issues



VDH Immunization Program Pediatric Vaccine Update

Meredith Plumpton, VDH IZ Program Nurse Coordinator

Monica Ogelby, VDH Immunization Program Manager

Meghan Knowles, VDH IZ Program Provider Communication & Training Coordinator

Evolving Vermont COVID-19 Public Health Guidance



Vermont Department of Health – Immunization Program

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

Ordering Starting March 14

- Practices may place COVID-19 vaccine orders **any day of the week**.
- Practices must begin **reconciling their entire vaccine inventory (including COVID-19 vaccine) monthly**.
- Weekly reconciliations of COVID-19 vaccine inventory are **no longer required**.

Order COVID-19 vaccine monthly as needed. Order all other vaccines on schedule.

Reconcile all inventory monthly but place routine vaccine orders on schedule, not more frequently. Staying on your order schedule helps prevent delays in vaccine shipments. Ordering schedules are located in VIMS, under the comments section.

VIMS Updates for COVID-19-Only Ordering

The VIMS system will be updated soon, with the intent to streamline COVID-19 vaccine ordering. A March 22 training will include all VIMS system updates.

Comments	<i>Comments should include changes in delivery or contact information as well as reasons for exceptions to quantities, schedules, etc.</i>
Practice Comments	
IZ Comments	<input type="text"/>
IZ Internal Comments	<input type="text"/>
Order Schedule	Quarterly: Feb, May, Aug, Nov, days 16-31

More details on the Normalization of COVID-19 vaccine ordering will go out later this week.

Recent Communication

Program updates available on the Vaccine Information for Health Care Professionals Page:
www.healthvermont.gov/disease-control/immunization-providers#vvpupdate

February Provider Update: mailchi.mp/916acc5c8967/vermont-vaccine-program-update-february-2022

Immunization Program 2/18/2022 Provider Call:

- Slide deck: www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-VVP-OfficeHours-02.18.2022.pdf
- Recording: www.youtube.com/watch?v=CN4TqqIrdOE

Evolving VT COVID-19 Public Health Guidance

- With VT shift from testing protocols for illness sxs & schools, request your feedback re: managing pediatric population with mild symptoms.
- Preliminary considerations:
 - ▣ Continue to support the message: stay at home when sick and return when you have symptom improvement.
 - ▣ (Re-)empower school nurses to use their pre-pandemic infectious disease protocols & clinical decision making to determine who shouldn't come to/should be sent home from school
- Should we supply school nurses/delegates with LAMP testing (poss. Ag tests) for rapid testing of children who arrive at school with mild symptoms (not encouraged but happens) or develop mild symptoms while at school?
 - ▣ Students with mild symptoms who test negative can remain in school
- PCR testing in PCP/other practices? What are issues & how can we prepare for it now?"

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



COVID-19 Recommendations Update

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

General Guidance

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

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

COVID-19 Testing Programs

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

Masking

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



In case you missed it

**SEE: VDH WIC Program presentation on
2/23/22**

Abbott Recall

Temporary changes for WIC enrolled
Infants

February 23, 2022

Thank you, VMS!

Vermont Medical Society

- **2022 Virtual Congressional Town Hall**

- Success!**

- **Thursday, March 3, 12:30 – 1:30 pm**

- VMS conversation on federal health policy with representation from the offices of:

- ▣ Senator Patrick Leahy; Senator Bernie Sanders; Representative Peter Welch

- Via Zoom (no registration required):
<https://vtmd.org/vms-2022-advocacy-daymonth/>



Coming Soon:

Health Equity Training from VT Program for Quality in Health Care

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

Save the Date!

Vermont Public Health Association Annual Spring Conference

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



VCHIP-VDH COVID-19 Call Schedule

March calls – currently all *Wednesdays*:

- ❑ 3/2, 3/9, 3/16, 3/23, 3/30
- ❑ **Continuing via Zoom!**
- ❑ Schedule **subject to change** at any time if circumstances warrant!
- ❑ *Please continue to send your feedback re: schedule/topics to vchip.champ@med.uvm.edu*
- ❑ VMS calls w/VDH Comm. Levine now 1st and 3rd Thursdays



Approaching our 2-year anniversary!

VCHIP-VDH COVID-19 Update Calls – now via **ZOOM!**

Call login information:

- ❑ Topic: *CHAMP VDH COVID-19 Call*
- ❑ Join Zoom Meeting
 - ❑ <https://uvmcom.zoom.us/j/94142791300?pwd=K2N4VUYrSHIMQi9XeGVnc3duNTFmZz09>
 - ❑ NOTE: password (CHAMP) should be imbedded in link (sharing in case needed for any reason. You will not be prompted to enter PW if using link we provided.
- ❑ Meeting ID: 941 4279 1300
- ❑ Passcode: CHAMP
- ❑ One tap mobile
- ❑ +16468769923,,94142791300# US (New York)
- ❑ +13017158592,,94142791300# US (Washington DC)

Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail:** vchip.champ@med.uvm.edu
 - ▣ **What do you need** – how can we be helpful (specific guidance)?
- **VCHIP CHAMP VDH COVID-19 website:**
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- Next CHAMP call – ***Wednesday, March 16, 2022 12:15 – 1:00 pm VIA ZOOM!***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – ***Thursday, March 17 – 12:30-1:00 p.m.***
- **Join VMS Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684
 - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#