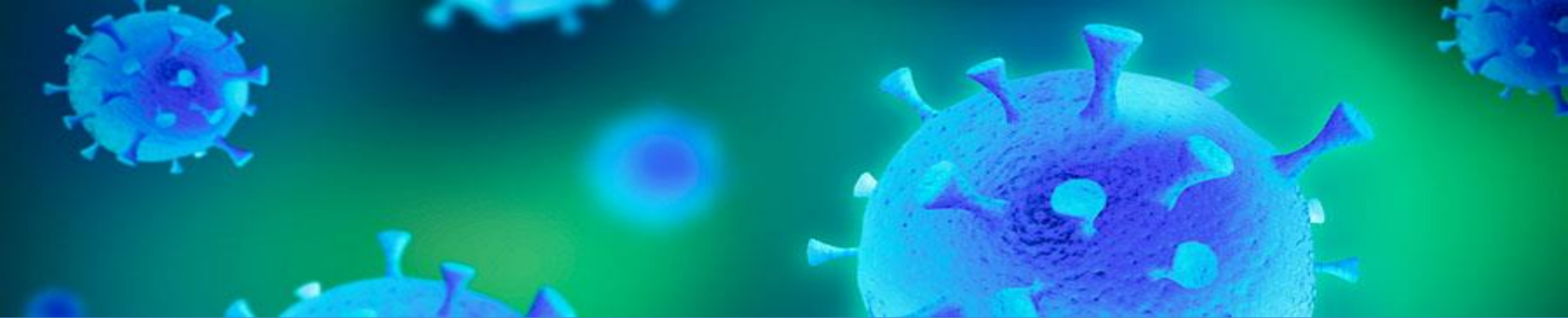


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*

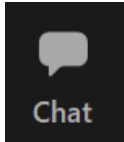
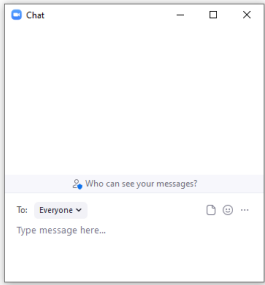
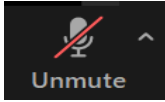
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*

*April 13, 2022*



Please bear with us...

# Technology Notes – “Welcome to Zoom!”

- 1) **All participants will be muted upon joining the call.**
- 2) **Presenters:** Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.
- 3) To ask or respond to a question using the **Chat** box, click  on your toolbar, type your question  and press the *Enter* key on your keyboard to send.
- 4) **We will monitor Chat and review/address questions after content presentation**
- 5) If you wish to verbally ask a question, click the microphone on your toolbar  or press ALT-A to Unmute/Mute.
- 6) If you have technology questions, please directly message **Kelli Joyce, Allison Koneczny, or Angela Zinno.**
- 7) Calls are RECORDED and posted on VCHIP web site for asynchronous review.

# Overview

- Celebrating ***Ramadan, Passover, Easter 2022***
- **Black Maternal Health Week** (April 11 – 15)
  - Please see slides 6 & 7 for additional details and:  
<https://blackmamasmatter.org/bmhw/>
- Reminder – weekly event schedule:
  - **April VCHIP-VDH call calendar** (see next slide) Governor’s Media Briefings generally ***Tuesdays only***; VMS calls with Dr. Levine 1<sup>st</sup> and 3<sup>rd</sup> Thursdays
- Practice Issues: ***Questions from the Field; Testing in Childcare Programs***
- Q & A/Discussion

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



<https://www.lclark.edu/live/news/48350-ramadan-2022>



<https://www.uosh.org/event/Passover2022>



<https://mclvt.org/event/pysanky-ukrainian-egg-workshop-pysanky-for-peace/>

# VCHIP-VDH COVID-19 Call Schedule

## April calls – all *Wednesdays*:

- ❑ Current April call dates: 4/6, 4/13, 4/27. **No call April 20.**
- ❑ **Continuing via Zoom!**
- ❑ Schedule **subject to change** at any time if circumstances warrant!
- ❑ *Please continue to send your feedback re: schedule/topics to [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)*
- ❑ VMS calls w/VDH Comm. Levine now 1<sup>st</sup> and 3<sup>rd</sup> Thursdays



***2 years strong!***

# Results from our real-time poll 4/6/22

Poll question: Based on planned content for May and June calls (and beyond), what is your anticipated availability and preferred call frequency?

- Continue **weekly** schedule (24/62) 39%
- Conduct calls **twice/month** (32/62) 52%
- Conduct calls **monthly** (5/62) 8%
- “I am not likely to attend these calls regularly in the future” (1/62) 2%

*Thank you for your feedback!*

# VCHIP-VDH COVID-19 Call Schedule

## ***May / June / Summer 2022: What we're thinking...***

- ❑ May: calls on **5/4, 5/11, 5/18** (***no call 5/25***) – some specialized content (preventive care catchup; mental/behavioral health care treatment/access; equity/diversity/inclusion)
- ❑ June: two calls only – **6/1 and 6/8**
- ❑ July: one call only **7/20**
- ❑ August: one call only **8/24**
- ❑ Fall, 2022: we REALLY need your input/feedback!
- ❑ Schedule **subject to change** if circumstances warrant!
- ❑ *Please continue to send your feedback re: schedule/topics to [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)*



***2 years strong!***

April 13, 2022

# VMS *COVID Convos* with Health Commissioner Levine

- **2022 Schedule**
- **Calls with VDH Commissioner Levine now 1<sup>st</sup> and 3<sup>rd</sup> Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 4/21/22**
- **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

297

118,993 Total

Currently Hospitalized

33

Hospitalized in ICU

8

Percent Positive 7-day Avg.

10.1%

New Tests

5,258

3,514,128 Total

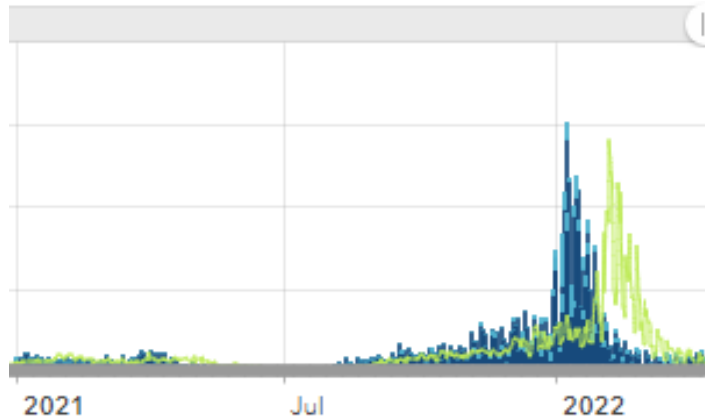
Deaths

623

0.5% of Cases

Last Updated: 4/13/2022, 11:22:35 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>

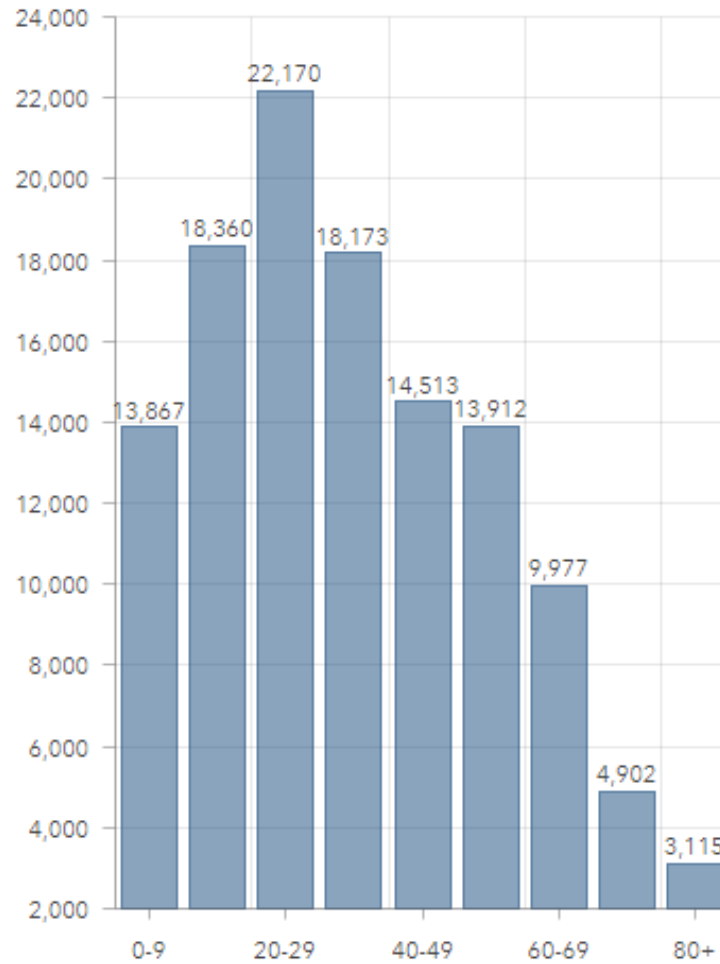
- One year ago: 20,373 VT total cases; 106 new/25 hosp.
- U.S. **80.3 million+** cases; **984,838 deaths**
  - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 4/13/22)
  - Past week: av. 31,567 cases/day (14d. change **+8%**)
  - **6.18 million+ deaths worldwide; 500.8 million+ cases** (-24% & -34% 14-day change respectively)
- **VDH Data Summary** now q.o.week. **3/31/22:**
  - **Table of Contents:** Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.
  - **Vaccine breakthrough cases = 45,146** since Jan. 2021 (~9.3% of fully vaccinated). Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/data-summary>

April 13, 2022

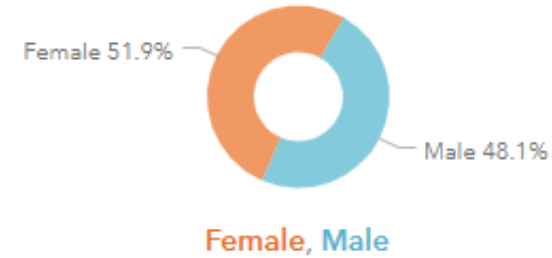


# Situation update

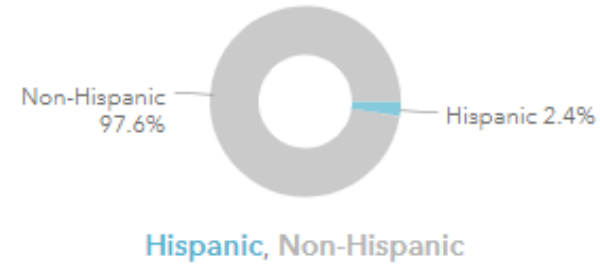
Cases by Age Group if Known \*



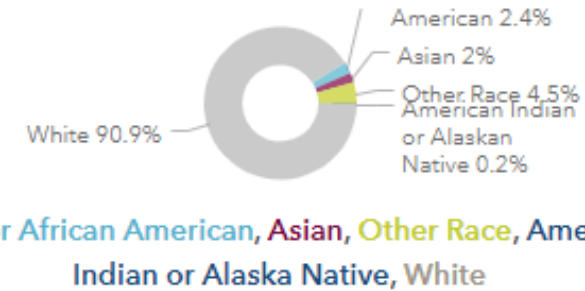
Cases by Sex \*



Cases by Ethnicity if Known \*



Cases by Race if Known \*

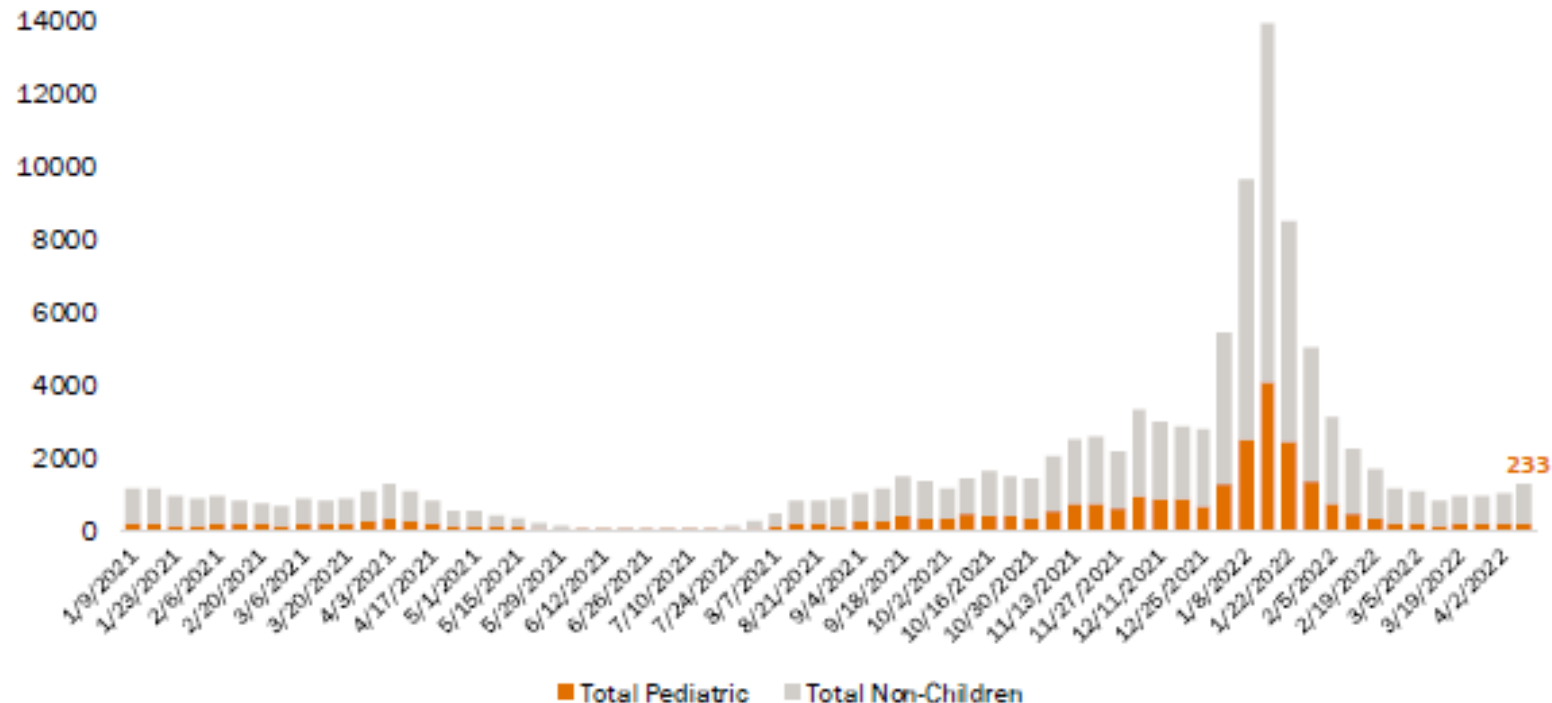


Case Demographics

This brief reflects data as of April 9, 2022 (the last complete MMWR week).

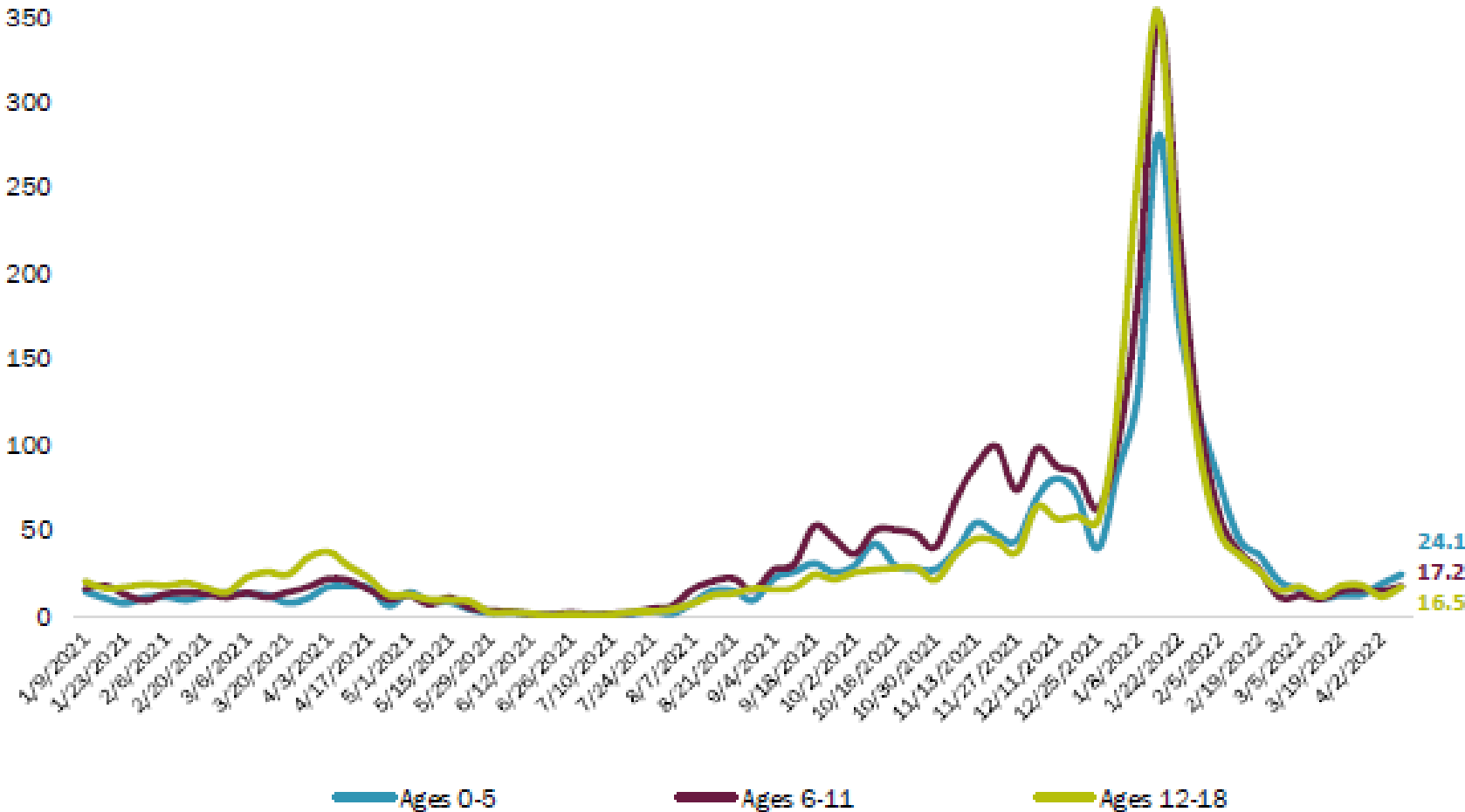
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

## Number of Cases by Week



# COVID-19 Pediatric Cases

Rates by Week by Age Category



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

April 13, 2022

*Happening now!*

# Black Maternal Health Week: April 11-17, 2022

- Founded/led by the **Black Mamas Matter Alliance** (5<sup>th</sup> anniversary)
  - ▣ 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.
  - ▣ <https://blackmamasmatter.org/bmhw/> 
- 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>

*Happening now!*

# Black Maternal Health Week: April 11-17, 2022

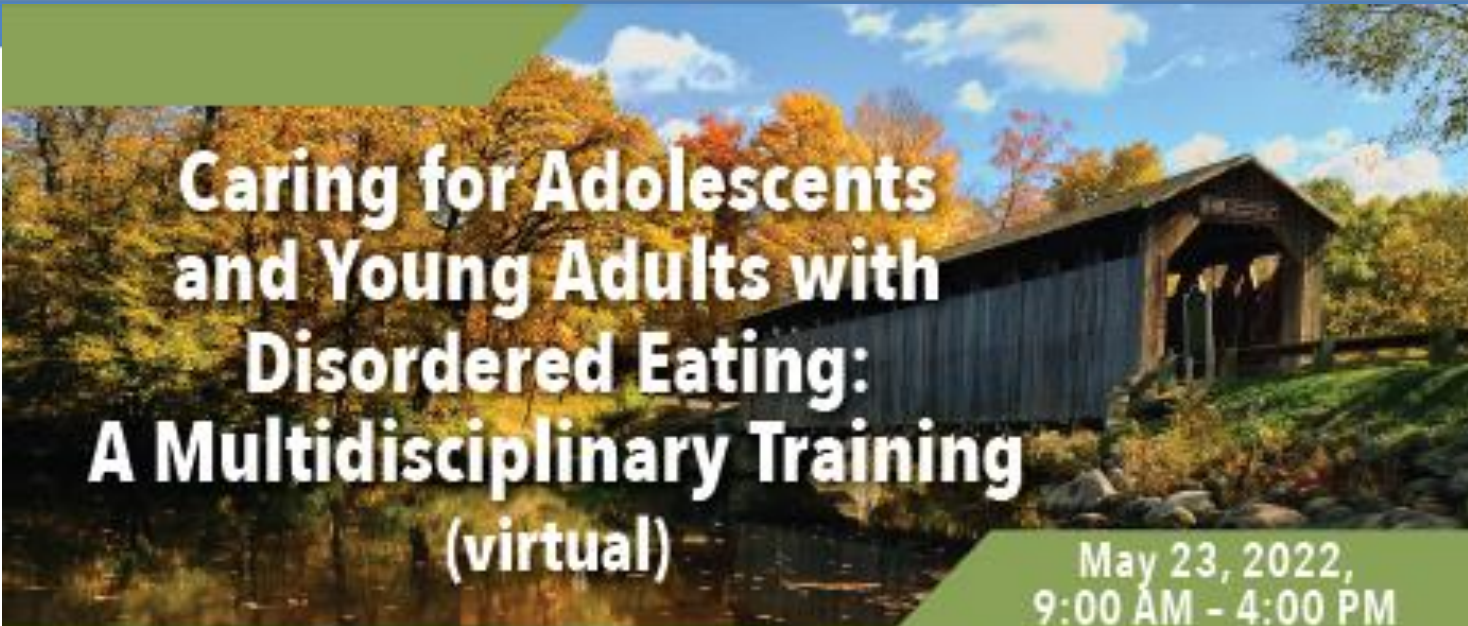
**Goals:** advance birth health equity & disseminate info re: policy/system change efforts aimed at creating environment that supports Black maternal wellness.

**Events** (*thank you, Katy Leffel, RN BSN IBCLC, Nurse Program Coordinator, VDH MCH*):

- April 13: Policy Leaders in Conversation, 1-2pm ET, keynote **VP Kamala Harris**
  - Also: Annual Policy Day – join via Twitter: @blkmamasmatter
  - 1 p.m. ET: screening of mini-documentary “**Thaen’s Journey to Motherhood**”; film follows a mother facing a long history of difficult pregnancies & her care team led by Dr. Jason Vaught, a maternal-fetal medicine doctor. Watch clips from the documentary and register for the screening at <https://www.mommasvoices.org/thaen>
- April 14: Annual Fundraising Day
- April 15: BMH X CLTR: NATAL Virtual Event
- April 16: Centering Black Families X SisterSong BMH Walk in Atlanta, GA
- April 17: Social Media Activation Campaign: Get to Know the Alliance

*Save the date!*

# Caring for Adolescents & Young Adults w/Disordered Eating



**Caring for Adolescents  
and Young Adults with  
Disordered Eating:  
A Multidisciplinary Training  
(virtual)**

May 23, 2022,  
9:00 AM - 4:00 PM

With presenters from the UVMHC Eating Disorder Consultation Clinic,  
The Adams Center, UVM, and panelists from the field.

**LEARNING OBJECTIVES**

By the end of the conference, participants will have:

- Learned how to apply a multi-disciplinary approach to caring for adolescents and young adults with disordered eating
- Identified best practices for case conceptualization, assessment, and intervention to apply in their work
- Distinguished terms and phrasing to use/avoid
- Gained strategies for effective family engagement
- Connected with professionals from their own and other disciplines



Save the date!

# Caring for Adolescents & Young Adults w/Disordered Eating

## AGENDA

- Using a Multidisciplinary Approach in Care
- Case Conceptualization, Assessment, and Brief Overview of Best Practice Treatment Approaches
- The Weight of our Words: Reduce Stigma, Reduce Shame
- Engaging Family in Treatment
- Lived Experiences of Patients and Families
- Panel Discussion of Multidisciplinary Care
- Discipline Break-out Discussions



Register in advance for this meeting at this link (<https://vc.zoom.us/join/joinMeeting/register/tZUed-igrc1pHNBzSjV9Fd1g79Jb0S1wKWwX>) or by scanning the QR code to the left.

After registering, you will receive a confirmation email containing information about joining the meeting.

CE/CME credit approval is pending for LICSW, allied mental health professionals, psychologists, physicians, nurses, physician assistants, and dietitians.



This event is sponsored by the Children's Health Integration Linkage and Detection (CHILD) project with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA grant # 6H795M080234); the Pediatric Mental Health Access Program with funding from the Health Resources and Services Administration (HRSA grant # 6 U49MC44254-01); and the HRSA Title V Maternal and Child Health Services Block Grant.

*This just in...*



## 33RD ANNUAL OUTSTANDING SERVICE AWARDS



Dr. Andrea Green  
*UVM Children's Hospital*  
Outstanding Professional Award

Lifetime Achievement Award: Catherine Simonson, *Howard Center*  
Outstanding Volunteer Award: Judy Ayers, *Janet S. Munt Family Room*  
Gregory S. Packan Children's Advocacy Award: Judy and Doug Merchant,  
*Foster parents with DCF-Family Services*  
Janet S. Munt Prevention Award: Sharon Halnon, *Child Care Resource*  
Outstanding Collaboration Award: Supportive Housing Program, *COTS,*  
*Howard Center, VTDEO*

*You're Invited!*

**APRIL 26, 2022**

**12:00-2:00PM**

Join us online for a live presentation hosted by  
**Dr. Lewis First, UVM Children's Hospital and**  
**Sally Borden, KidSafe Executive Director**

**Ticket Registration**

**[ksawards2022.eventbrite.com](https://ksawards2022.eventbrite.com)**



*This just in...*

## *Legislative Update: Universal School Meals*

**Thank you Hunger Free Vermont, VMS, AAP-VT, VAFP & partners!**

- ❑ S.100, the **Universal School Meals** Bill, was voted out of the House Education Committee late last week! Would ensure 40,000 VT kids don't lose access to meals next year.
- ❑ Thank you, partners, for advocacy with House Education Committee.
- ❑ These next few weeks are critical in getting the bill over the finish line. Next Wednesday (4/20/22), rally planned at State House; details to come soon. HFV will be sharing messaging/communications guide with updated graphics and email templates. Please share with your community to encourage them to come out to the State House in support of USM. We will have free lunch, t-shirts, and live music, and would love your help promoting this event.

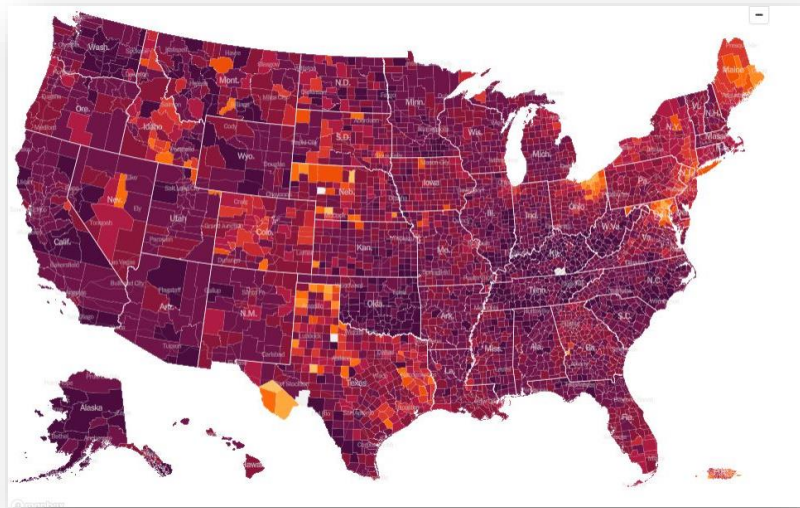
# VDH Updates/Reminders

- Find COVID-19 updates on VDH vaccine page.
  - ▣ <https://www.healthvermont.gov/covid-19/vaccine/getting-covid-19-vaccine>
  - ▣ Registration for state clinics through the Health Department is no longer available; VDH encourages Vermonters to get vaccinated where they get other vaccines (e.g., primary care, pharmacies).
- COVID-19 wastewater monitoring: Burlington continues to see “impressive increase” in the East Plant (serves UVM / UVMMC).
  - ▣ Most UVM specimens that were sequenced during the week of 3/13 (latest data available) at Broad were BA.2.
- Follow VDH weekly influenza surveillance report (SEE slide 34)
  - ▣ NOTE: now includes 3 flu outbreaks (1 high school, 2 LTCFs)
  - ▣ Find definitions at <https://www.healthvermont.gov/disease-control/flu/flu-outbreak-management-resources>

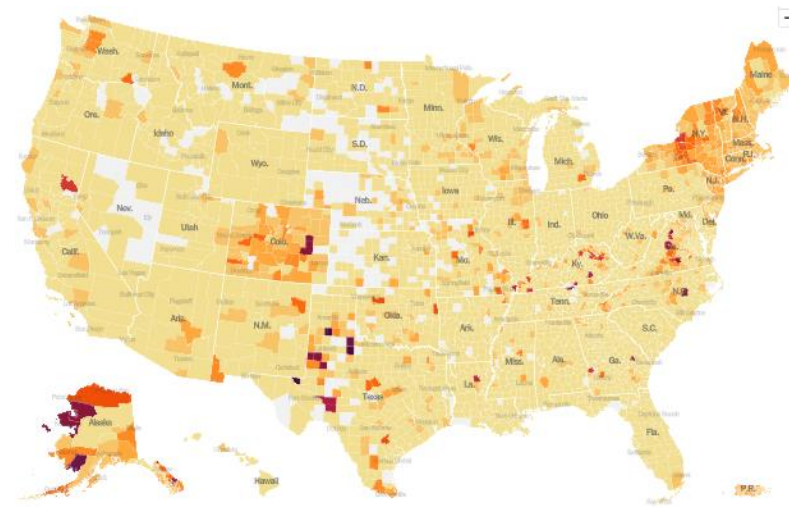
# Vermont Educational COVID-19 Data

- **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 4/4/22-4/10/22): 34 pos. tests off campus; 21 on campus; 1 faculty; 4 staff.
  - **Bennington College** (as of 3/28/22): 2 total active/0 new active cases.
  - **Middlebury College** (as of 4/11/22): 10 new cases; 14 total active (6 students / 8 employees)

## From the (national) AAP



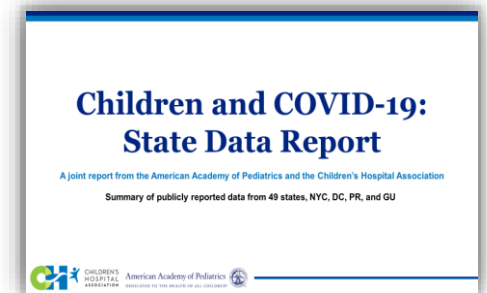
NYT 1.31.22 all ages



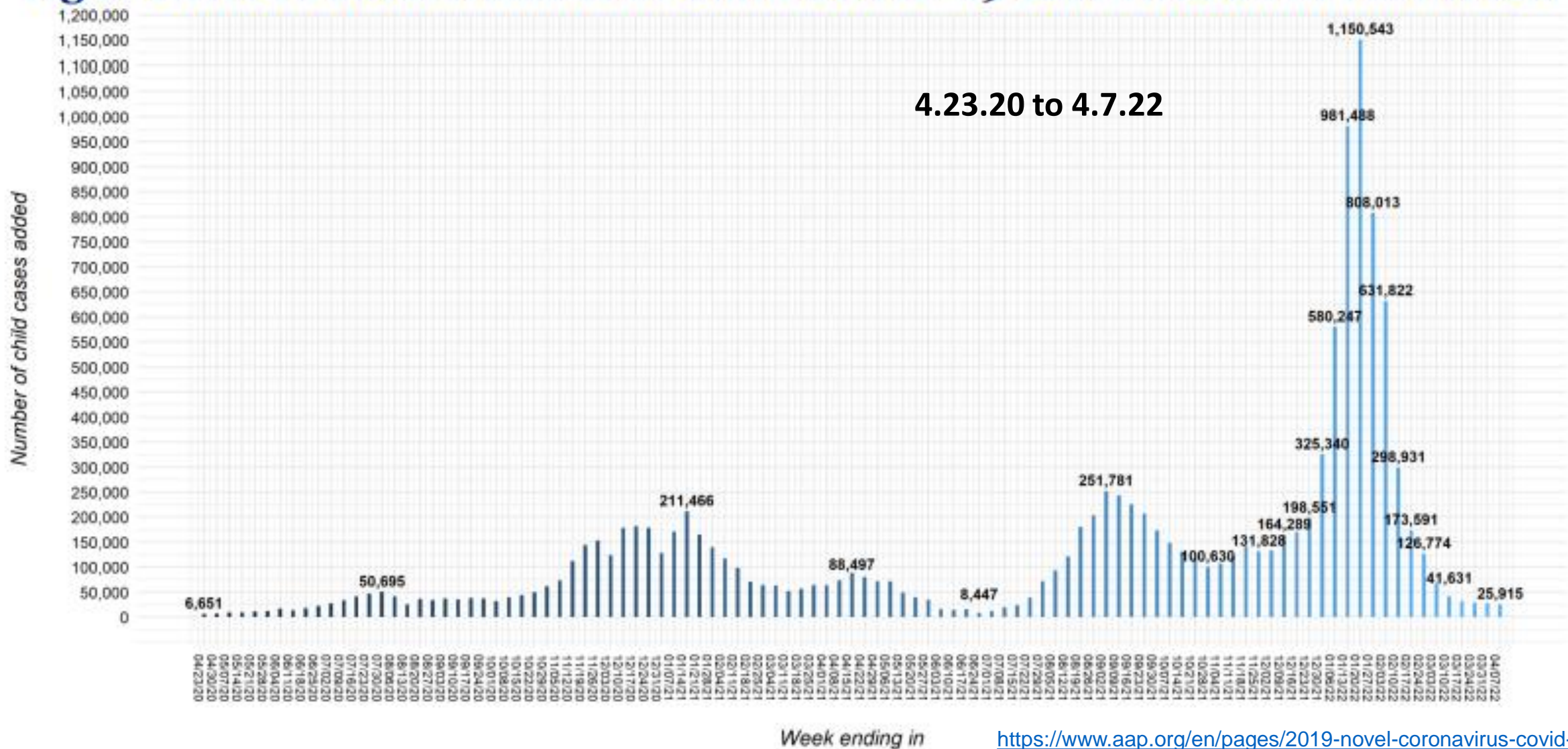
NYT 4.13.22 all ages

**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**



# Fig 6. 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/>

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

On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located [here](#) and in Appendix 3B of this report (1,090,744 cumulative child cases as of 2/17/22);

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

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

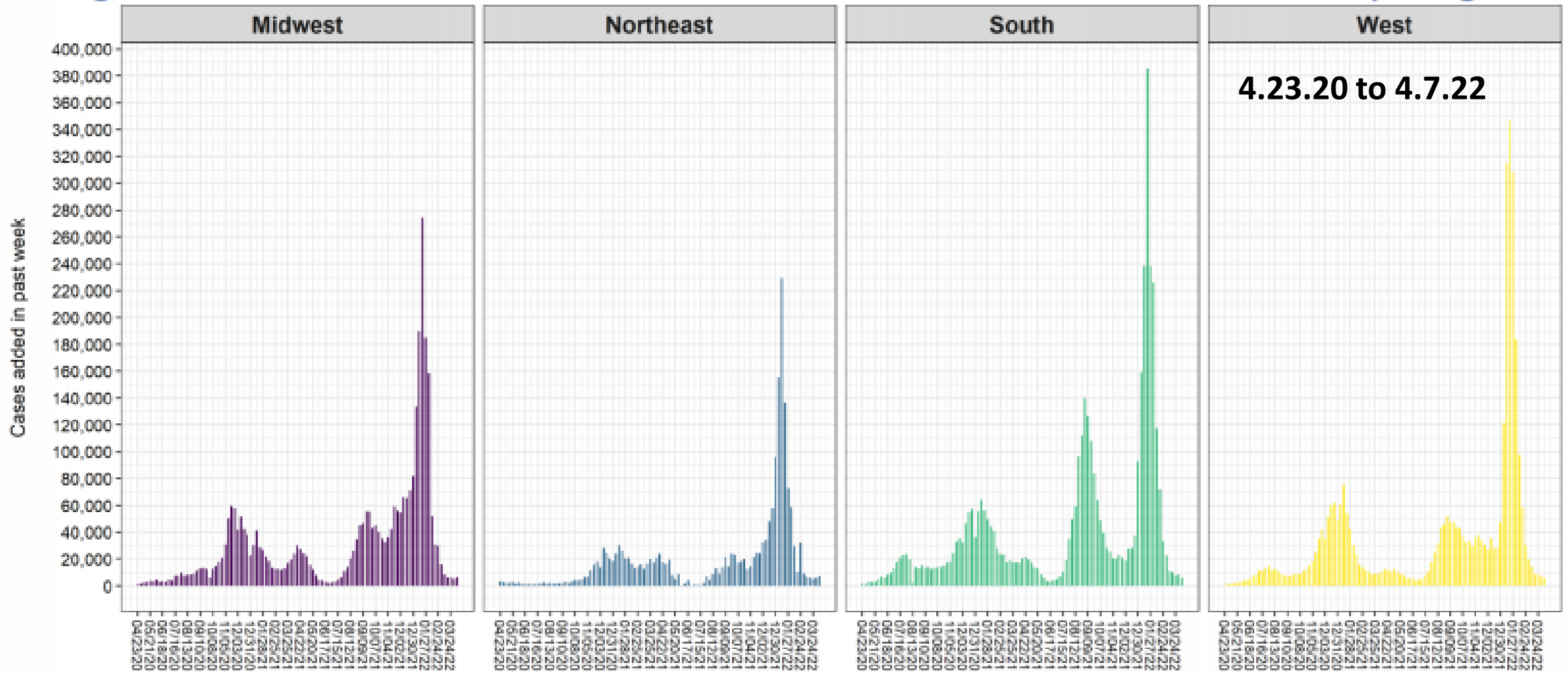
For 4 states, due to available data and changes made to dashboards, cumulative child cases and total cases for all ages are not current: AL through 7/29/21, HI through 1/13/22, DC through 3/3/22, and MS through 3/10/22

On 4/7/22, due to available data for FL, child cases and total cases through 3/31/22

See detail in Appendix: Data from 49 states, NYC, DC, PR and GU

All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

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



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

\* Note: Regions are the US Census Regions

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

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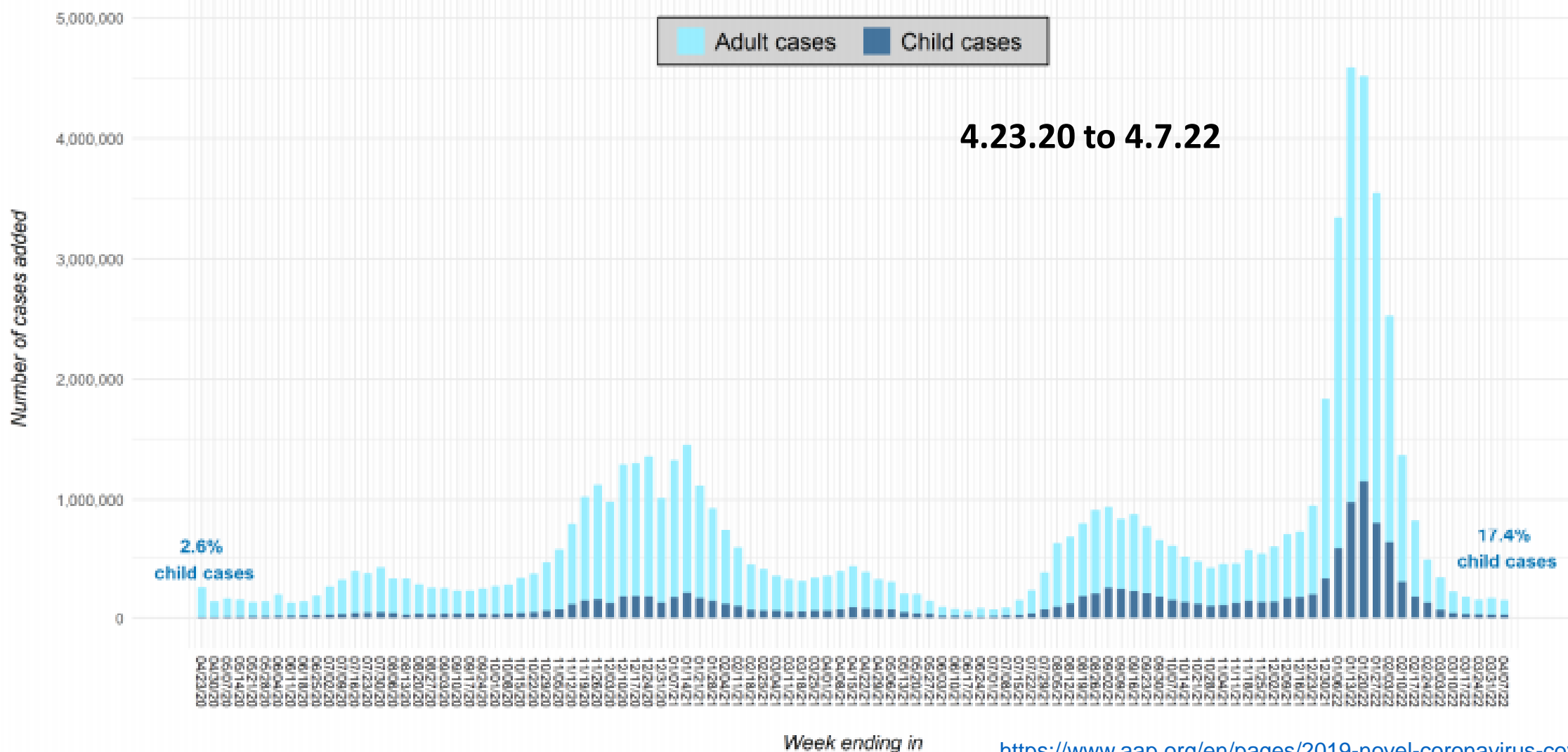


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# Fig 8. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults\*



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

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

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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.

American Academy of Pediatrics

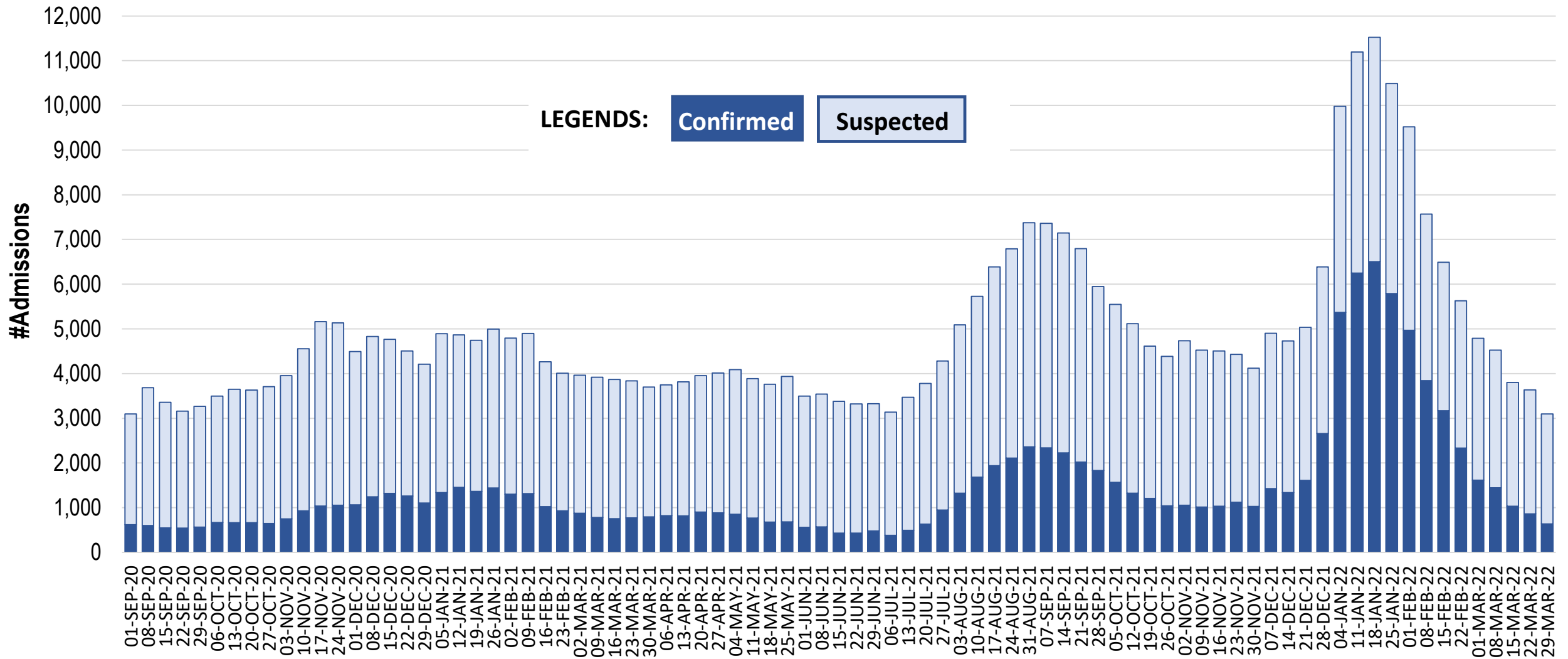
DEDICATED TO THE HEALTH OF ALL CHILDREN®





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

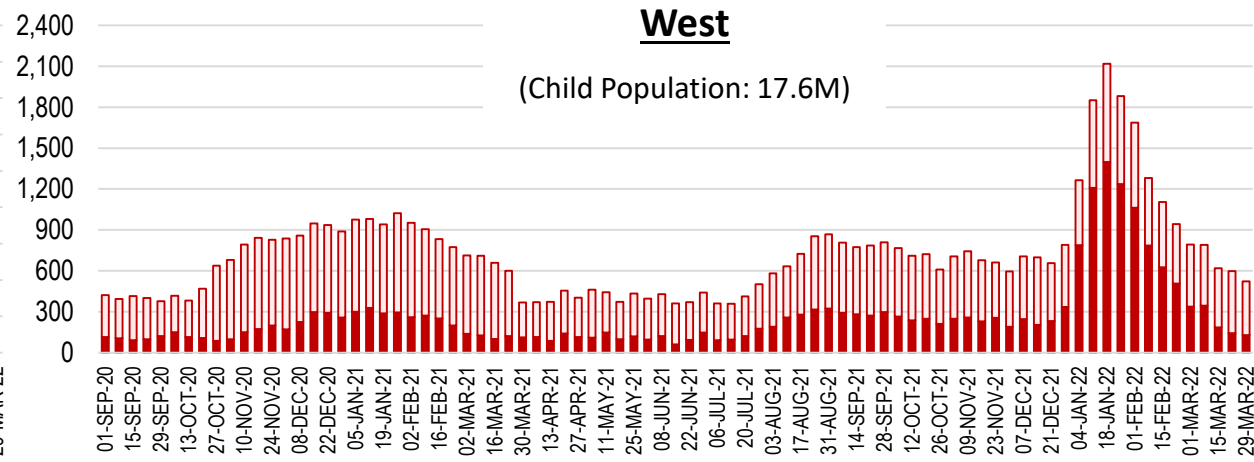
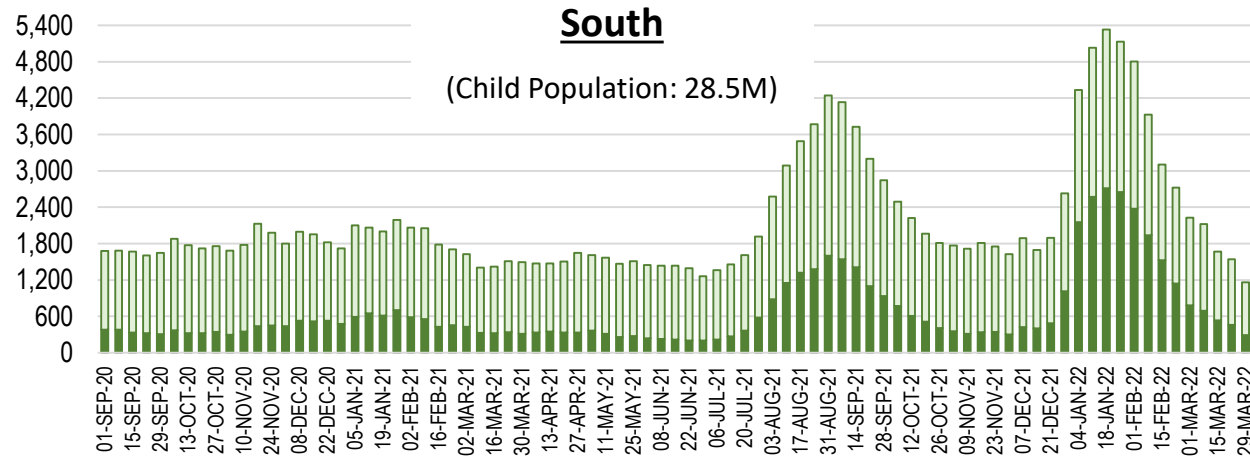
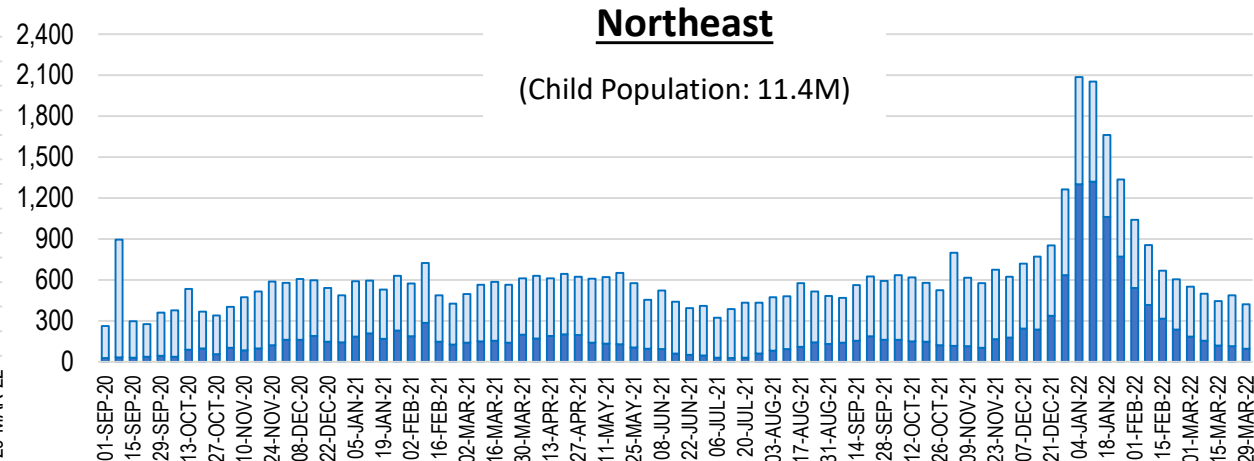
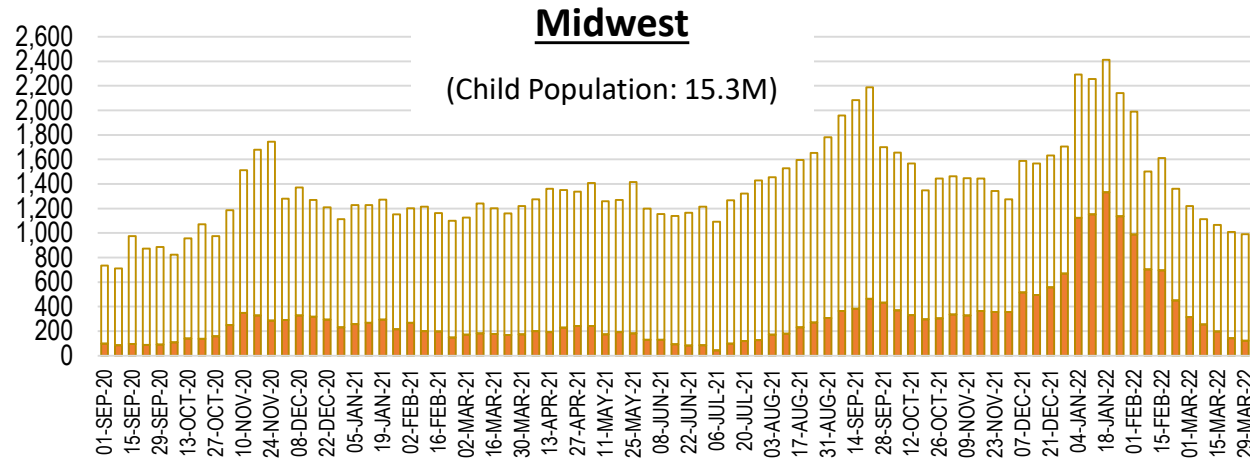
9.1.2020 - 3.29.2022



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 Web Page

## GET YOUR BOOSTER SHOT, FIRST OR SECOND DOSE

**NEW:** Starting April 1, 2022, registration for state clinics through the Health Department will no longer be available. We encourage you to get vaccinated through your health care provider, a pharmacy or anywhere you get other vaccines. The COVID-19 vaccine is still free at any location and widely available across the state, including **second booster doses!** Find a vaccine near you at [Vaccines.gov](https://www.vaccines.gov).

Walk-in vaccine clinics are still being added regularly. See what's new in the list below!

If you cannot get vaccine through any of these options, call the Health Department at 802-863-7240 and select option 8.

› [Walk-in vaccine clinics](#)



If your business or organization would like to host a COVID-19 vaccine clinic contact the state!

## STAY UP TO DATE ON YOUR VACCINES!

Getting vaccinated and staying up to date on vaccines is the best way to protect yourself and others against the worst effects of COVID-19, including serious illness and death. For people 12 and older, being up to date means getting one booster shot. Having this level of protection is important even if risk is low or you've had COVID-19, to stay safe as we live with a changing virus.

Anyone age 12 or older should get a booster at least five months after their second dose of Pfizer or Moderna, or two months after their Johnson & Johnson vaccine. If you are age 18 or older, your booster can be the vaccine type of your choice, no matter which vaccine you got originally. For youth 12 - 17 the booster must be Pfizer.

**NEW:** Certain people may also receive a **second booster dose** at least four months after their first booster:

Find COVID-19  
Vaccines Near You

Visit [Vaccines.gov](https://www.vaccines.gov)

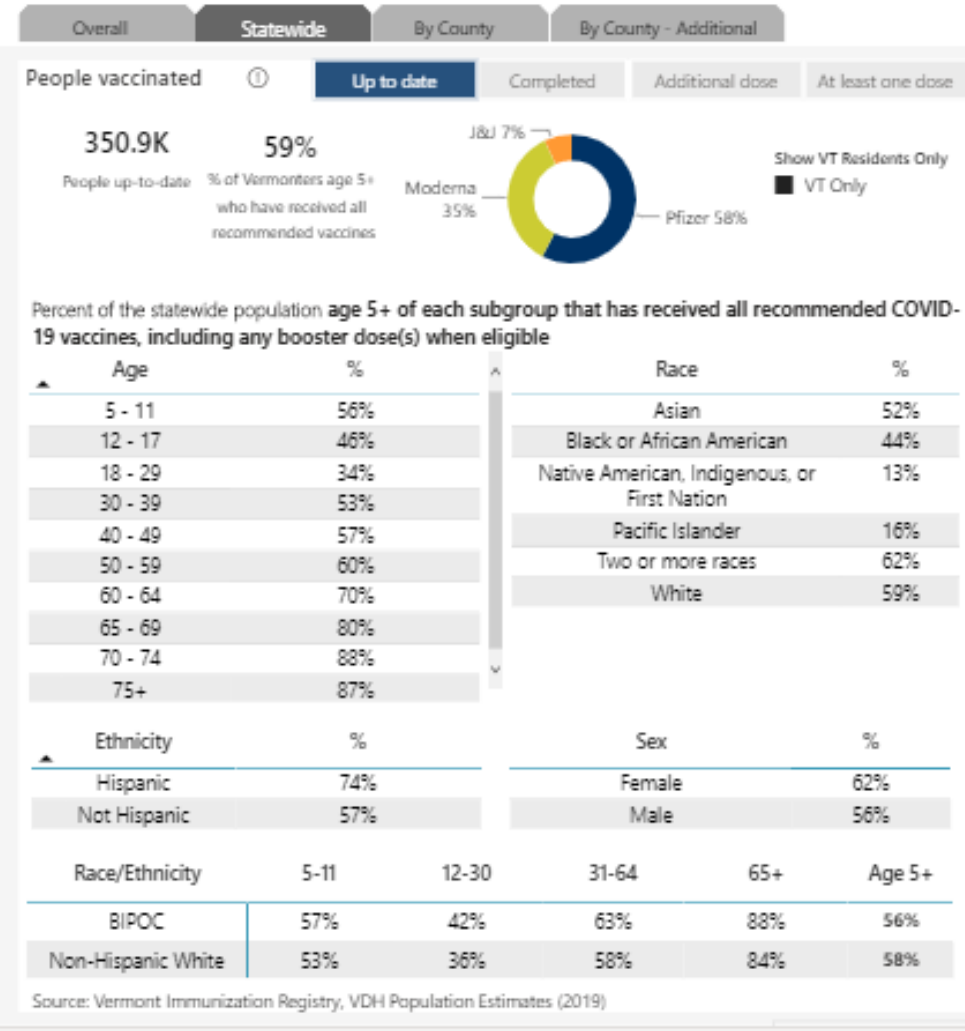
Or Call [1-800-232-0233](tel:1-800-232-0233)

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

[This slide updated following today’s call]

- Dashboard now updated **weekly** on Wednesday; “**UTD**”= % 5+ yo w/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+ = 59%**

## Vermont Vaccination Data



**Data notes**

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

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

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

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


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

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

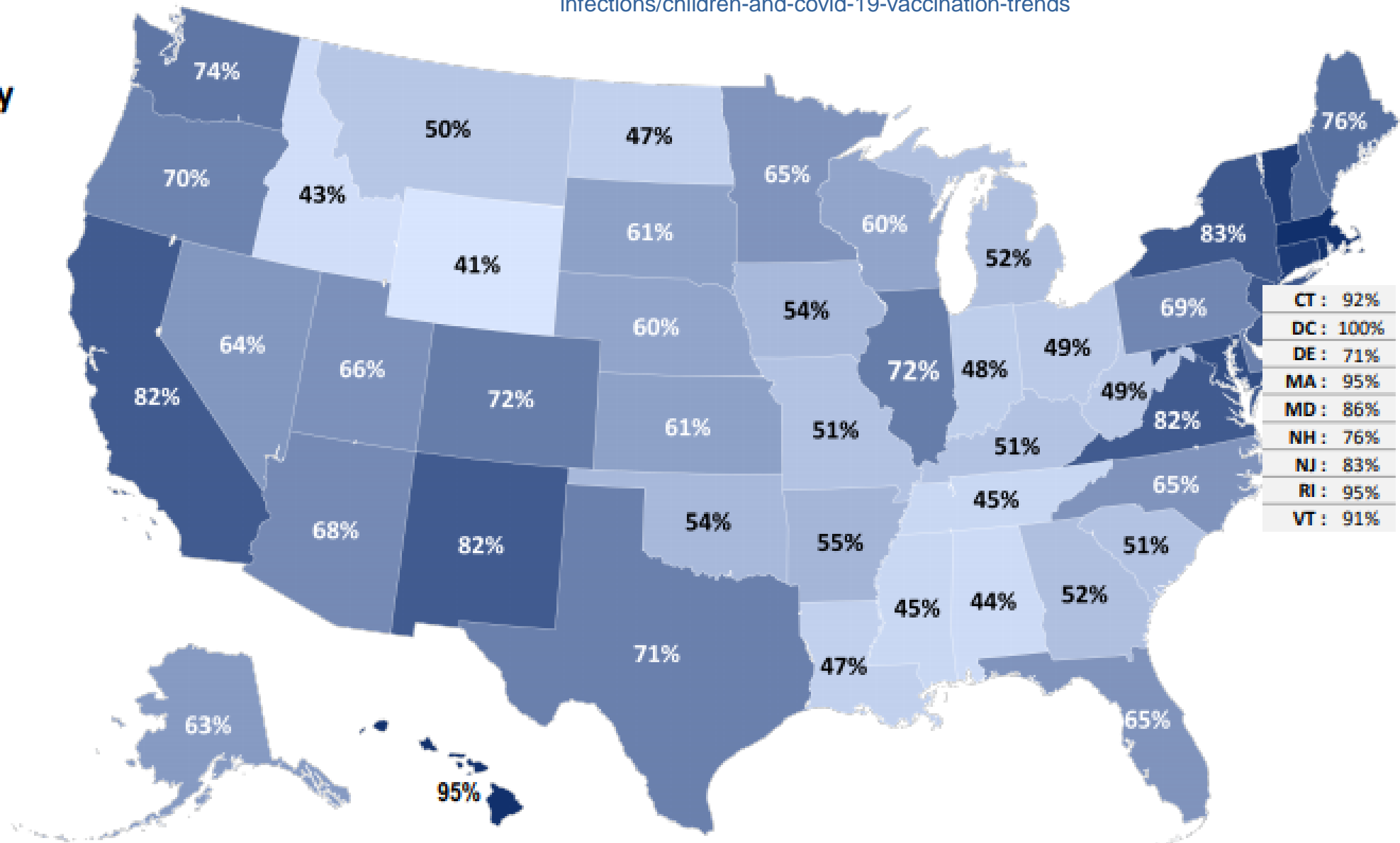
Sex not reported may mean the provider did not collect that information, the patient did not provide it, or the provider or the patient selected a category other than male or female.

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

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


Received Initial Dose  as of 4.6.22  
41% 100%

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends>

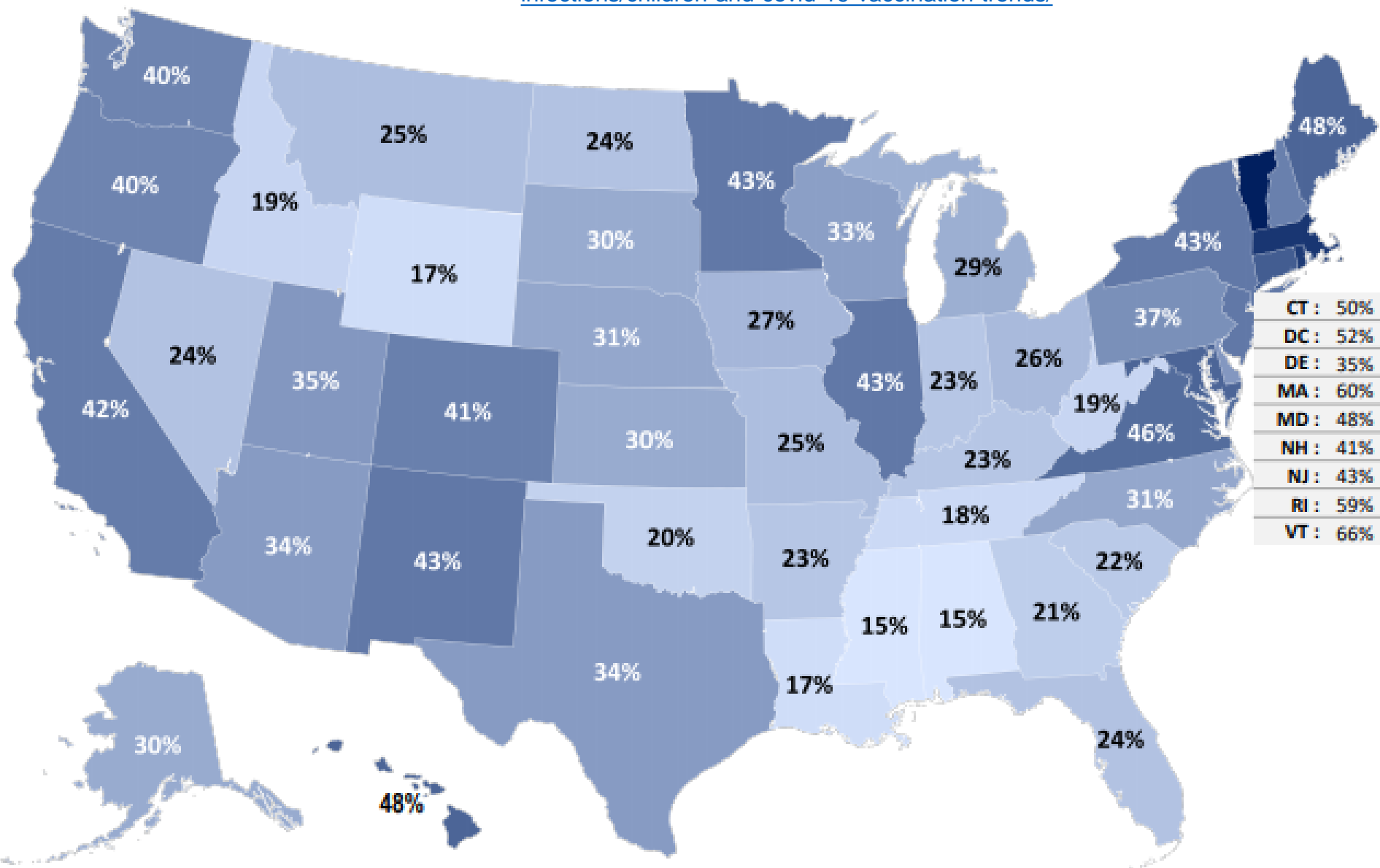


**Source:** AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc> ). Check state web sites for additional or more recent information.

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

Received Initial Dose  as of 4.6.22  
15% 66%

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/>

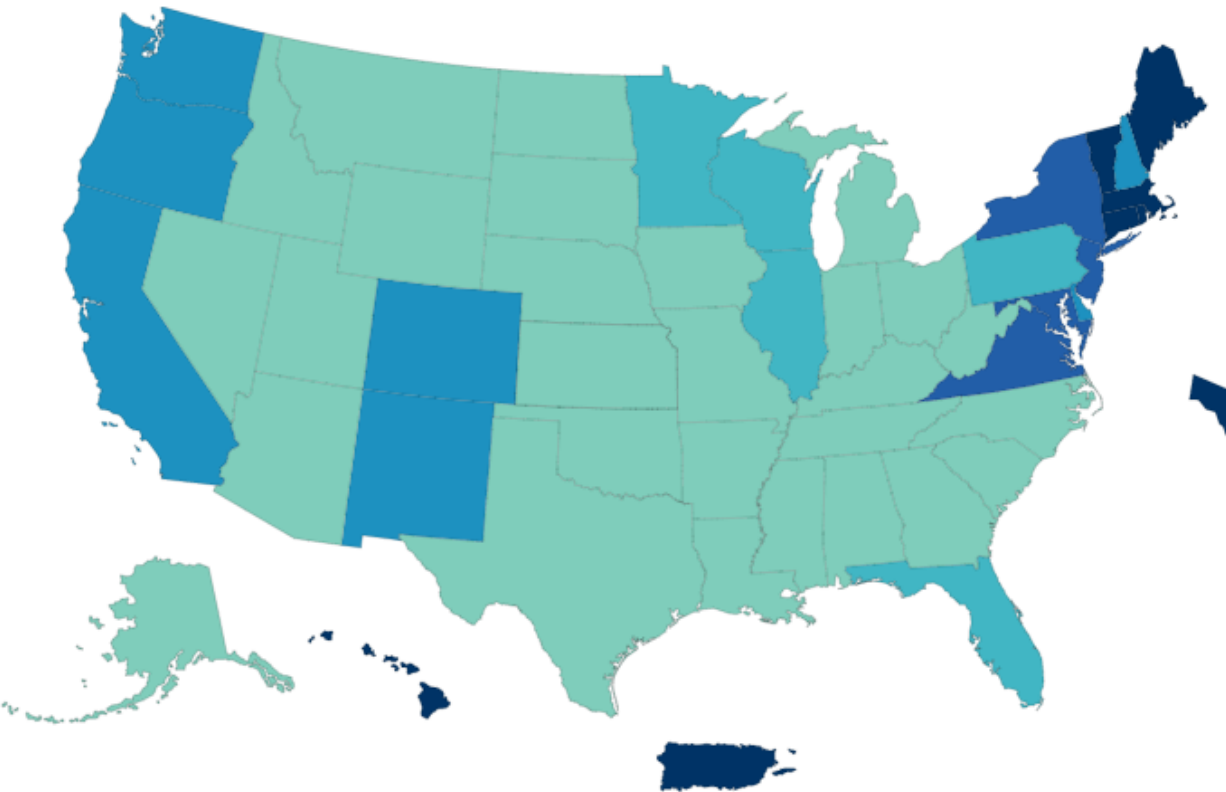


**Source:** AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). Check state web sites for additional or more recent information.

# From the CDC Vaccine Tracker

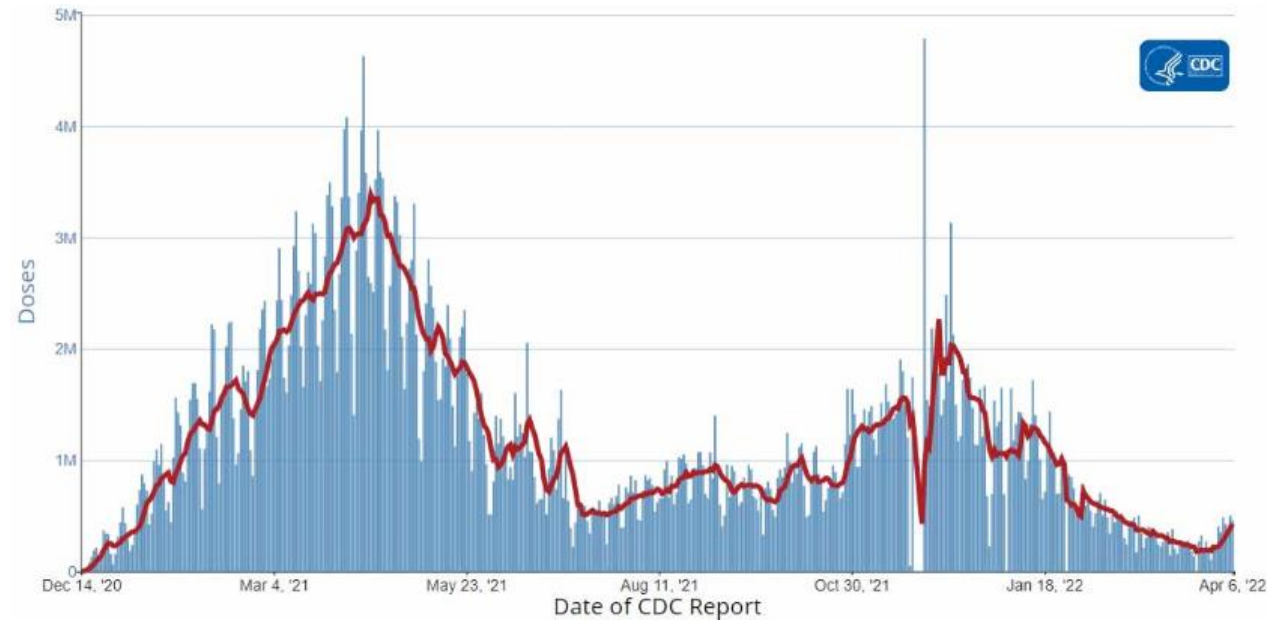
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

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



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

— 7-Day moving average

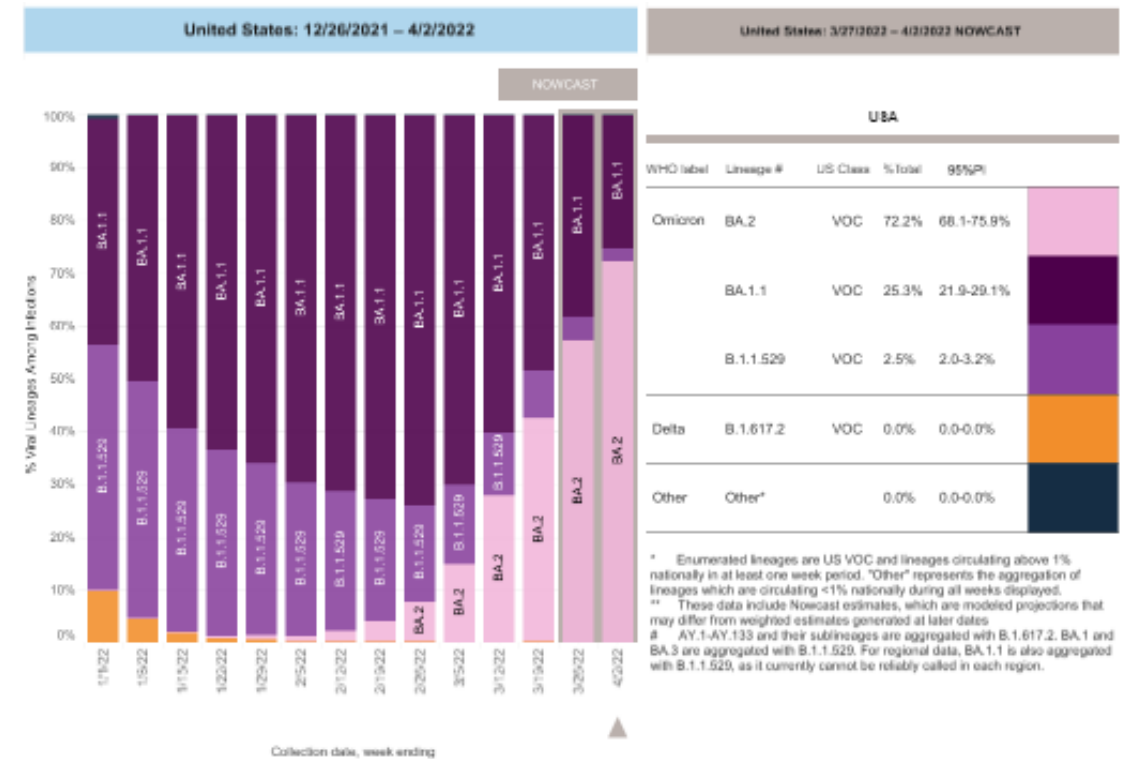
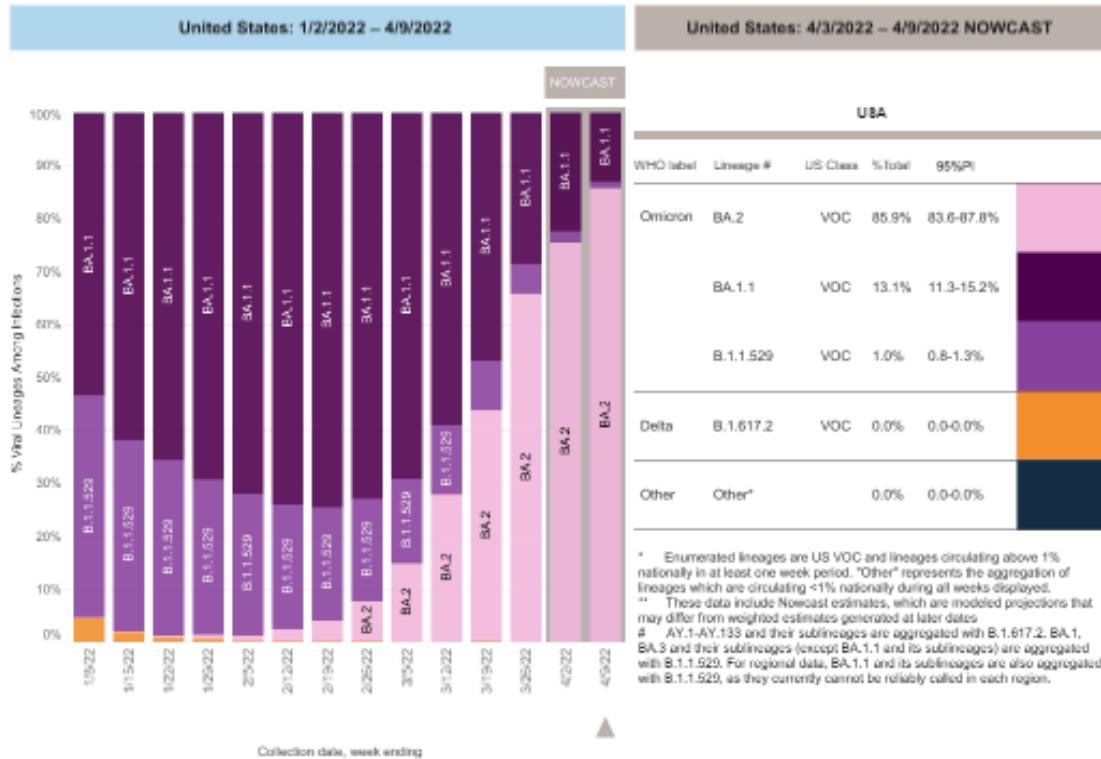


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

April 13, 2022

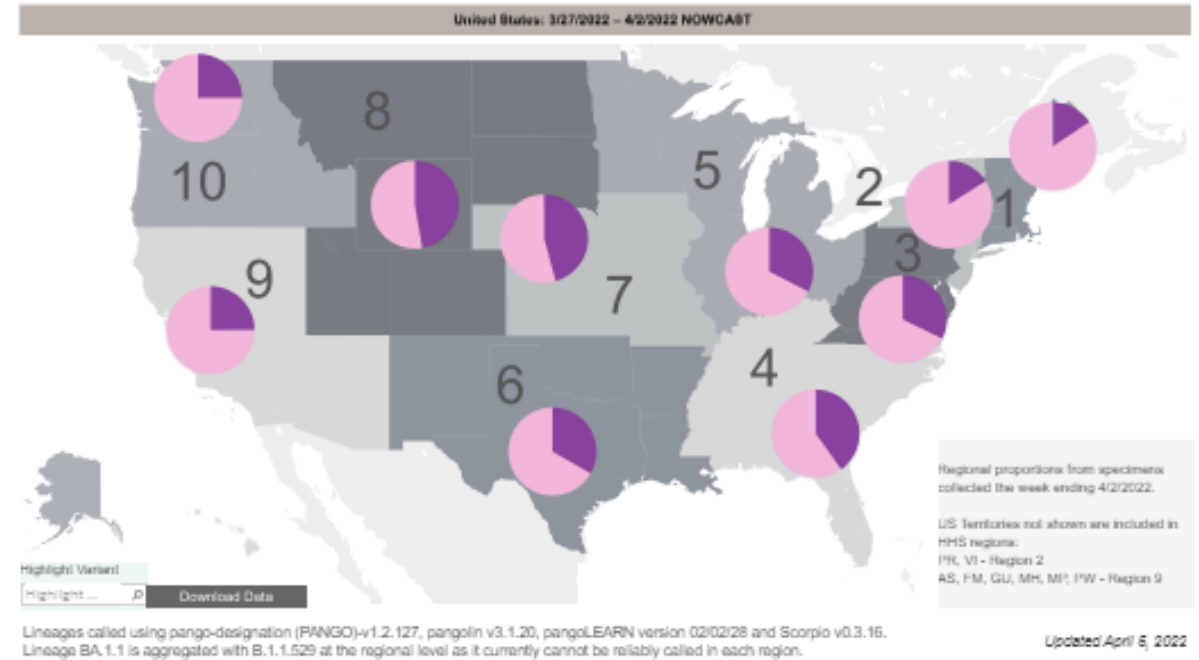
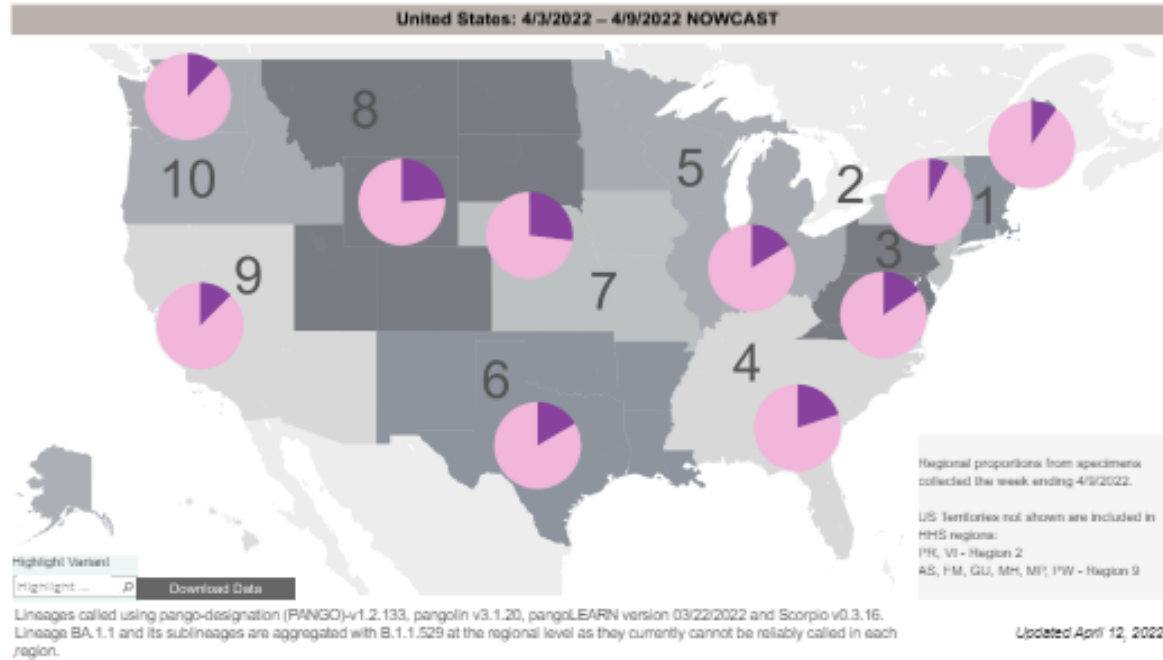
# From the CDC: SARS-CoV-2 Variants in the U.S.



**Note: week-to-week comparison in Omicron variant proportion (purple): far right bar in graph on left is week ending 4/9/22  
 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 4/9/22 (data updated 4/12/22). Note cont'd. emergence of Omicron subvariant BA.2 (LIGHT PURPLE).**

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

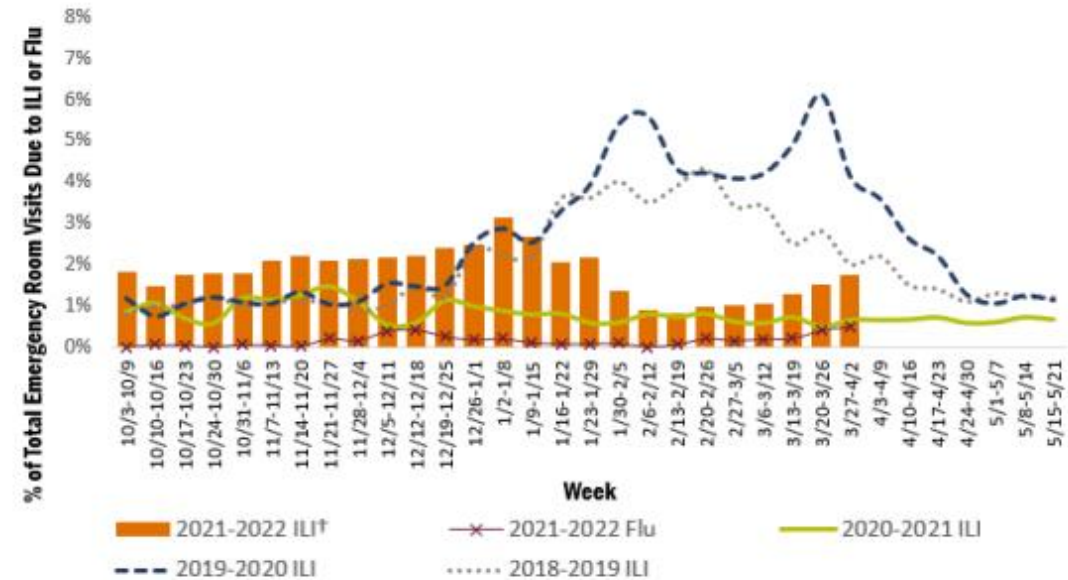
# Don't Forget Influenza!

- The influenza-like illness (ILI) activity level in Vermont remains **minimal**, VDH surveillance is signaling that influenza transmission is **increasing**.
- From the CDC (week ending 4/2): influenza activity increased nationally this week. Activity is highest in the central and south-central regions of the country and is increasing in the northeastern regions.
- **Now 16 pediatric flu deaths** this season
- Link to VDH weekly surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-13.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.

4/8/2022

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

# Practice Opportunity!



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

- VCHIP's **Youth Non-Vaping Team** is facilitating 30-minute lunch and learn sessions
- Dr. LE Faricy is available to **virtually** join your practice for a discussion on youth vaping.
- Ask your questions. Talk about the latest trends. Learn about tools to help your team address youth vaping. Find out what's going on in your schools & community.
- **Contact:**  
**Alyssa.Consigli@med.uvm.edu**

# AAP (National) Updates

*Slides 37 – 41 courtesy of the American Academy of Pediatrics*

# Next AAP COVID-19 Town Hall

- Next Town Hall **Thursday, April 28, 2022 – 8 pm Eastern**
- Session will address the latest related to the COVID-19 pandemic and its impact on children, adolescents, and families – hear from leading experts and connect with your peers
- Expert panelists to be announced
- 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  $\geq 12$  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  $\geq 12$  years of age or Moderna for those  $\geq 18$  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

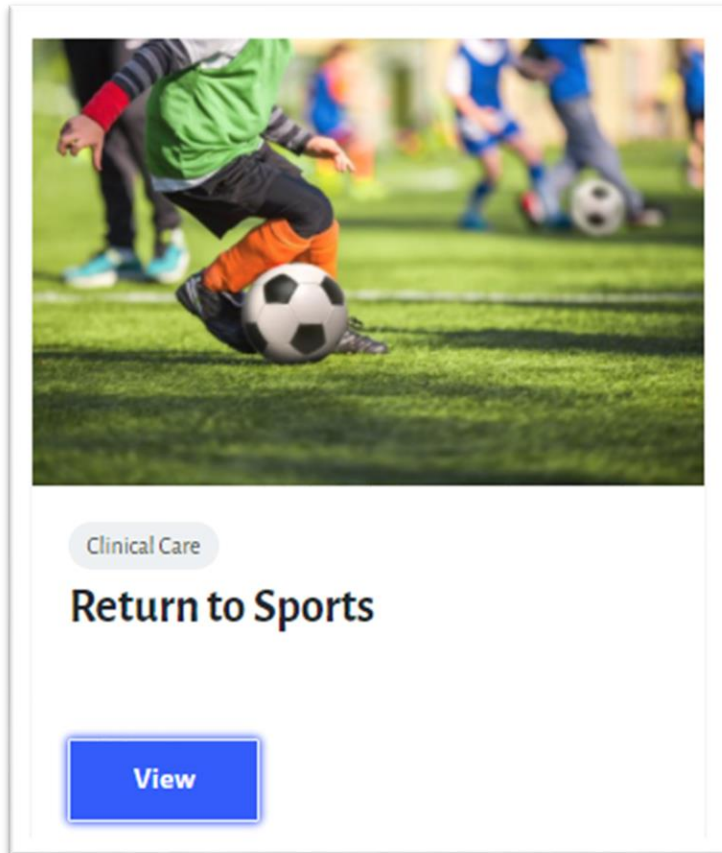


# Interim Guidance on Face Masks and Other Prevention Strategies (Updated 3/23/22)

- 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 reinstating 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



# 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



# In the News [this slide added after today's call]

## From the New York Times:

- COVID News: <https://www.nytimes.com/live/2022/04/13/world/covid-19-mandates-cases-vaccine>
  - ▣ *New Omicron Subvariants Spreading Fast in New York* (BA.2.12 & BA.2)
  - ▣ CDC extended the mask mandate today on planes and public transit for 2 weeks (5 days before set to expire)
  - ▣ Biden administration extended the U.S. coronavirus public health emergency, now >2 years old, for another 90 days (4/13/22). This will maintain a range of health benefits received by some of the most vulnerable Americans during the pandemic, including access to coronavirus tests and telehealth services. [NOTE: Dr. Ashish Jha now serving as White House COVID Response Coordinator]
- *All Children 8 and Older Should Be Screened for Anxiety, US Task Force Says*  
A panel of experts says the latest research supports early intervention for younger kids.  
<https://www.nytimes.com/2022/04/12/well/mind/children-anxiety-screening.html>

*In case you missed it...*

## UVM CH Pediatric Grand Rounds 4/6/22

### ***Youth Friendly & Culturally Responsive Care: A Youth Led Panel***

- Erica Gibson, MD, Associate Professor, Dept. of Pediatrics, UVM LCOM – Division Chief, Adolescent Medicine, UVM Children’s Hospital
- Brianne Smith, Youth Engagement Coordinator, Vermont Afterschool
- Youth Representatives from VT RAYS
- Contact Penny Marchessault for link for asynchronous viewing:  
[Penelope.Marchessault@med.uvm.edu](mailto:Penelope.Marchessault@med.uvm.edu)

*In case you missed it...*

## University of Vermont Scholar Lecture Series

### **“*Combatting Global Infectious Diseases: Vaccines and Human Models*”**

- UVM Graduate College lecture presented (in person) by University Scholar ***Beth D. Kirkpatrick, MD***, April 4, 2022
  - ▣ Professor & Chair, Dept. of Microbiology & Molecular Genetics, LCOM; Dept. of Medicine, Division of Infectious Diseases, attending physician at the UVM MC.
- UVM Vaccine Testing Center, which is now a multi-disciplinary team researching candidate vaccines and vaccine immunology. With the goal of understanding and preventing infectious diseases around the globe (especially in low-income countries), this committed and growing team of investigators performs both investigator-initiated and industry-supported phase I-III human vaccine clinical trials and controlled human infection models
- Recording available for viewing at:

# Tuesday Media Briefing (4/12/22)



## Governor Phil Scott

- ❑ I put forward balanced budget w/initiatives to benefit Vermont.
- ❑ Have been back & forth w/Legislature – typically we find a path forward.
- ❑ This year I proposed major tax relief & infrastructure investment.
- ❑ Significant differences in House budget that need to be addressed before I can support.
- ❑ More money for prevention & tax relief for multiple groups (esp. in context of today's inflation numbers).
- ❑ I've shown that I can veto – but want to work together to find path forward.
- ❑ Opportunity to set VT on a path to a better, stronger future.

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Dr. Mark Levine

- Hopeful signs that we can weather current situation – but we know COVID is not going away. Recent data: up to 50% of Americans may have had Omicron or previous version. But doesn't need to upend our lives. Get vaccinated, stay home when sick, know treatment options, wear mask based on own personal risk (high profile cases in DC and on Broadway recently).
- Based on local data, no need for new mitigation strategies in VT at this time.
- Testing: if using antigen tests, use both in kit at least 24 hrs. apart. If negative but still concerned, test sites offer take-home LAMP tests. Consider these as PCR equivalent – provides a quick result.

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Dr. Mark Levine

- BA.2 driving slight uptick in COVID cases – we continue to monitor data very closely. Not unexpected b/c even more transmissible than Omicron.
  - 29% increase in 7day case average
- Hospitalizations w/sl. increase but nothing like Omicron peak. Very focused on hosps. – most people not experiencing severe disease or needing ICU.
- NH now counting COVID hospitalizations nly where pts. rec'd. meds appropriate for COVID (identifying those in hospital b/c of COVID). VT still lists anyone hospitalized w/associated COVID, but we get weekly report from hospitals: this week [only] 40% labeled with COVID in hospital are there b/c of COVID. Deaths: dramatic drop-off in March compared to preceding 3 months (2 deaths in April). BA.2 will be w/us for a number of weeks.

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Dr. Mark Levine

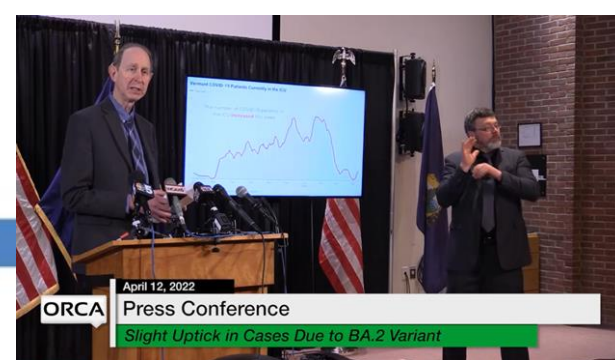
- Have received many questions re: booster shots – emphasize that the **FIRST** booster is actually the most important – good evidence that it protects from serious outcomes. “UTD” includes booster for 12+ yo.
- 2<sup>nd</sup> booster: CDC & FDA **allow** 50+ & immunocompromised 12+ or if only vax is 2 shots J & J. Difference is: you **MAY** get it but not everyone **SHOULD** get it. More beneficial for 65+ or 50-65 w/underlying medical conditions. If <50 yo, consider if immunocompromised or only vax to date is J & J.
- Finally, impact of pandemic on many other aspects of our lives & health... negative effects on substance use.
  - ▣ Latest data: opioid-related fatal ODs in 2021 (#210) incr. by 33% (from #158 in 2020). Fentanyl also major factor in deaths: increased from 88%-93% as a factor (also in white powders advertised as stimulant drugs, like cocaine).



# Tuesday Media Briefing (cont'd.)

## VDH Commissioner Mark Levine

- Had significant decrease in 2019 deaths – have redoubled efforts to promote harm reduction & connect Vermonters w/treatment. Encourage those who use & loved ones to have Narcan – know how to use it, know the signs of OD.
- Encourage all to continue to call 9-1-1 for ODs. We're seeing other substances, e.g., xylazine (animal anesthetic). Narcan may not be effective in fully reversing OD when this xylazine mixed in.
- For more information on harm reduction strategies and where to find free Narcan kits, visit [KnowODVT.com](https://www.knowodvt.com); if interested in learning about harm reduction, treatment, and recovery services in VT, visit [VTHelplink.org](https://www.vthelplink.org).
- Isolation caused by pandemic and stigma may have prevented people from getting needed help. *"You are not alone, help is available, and recovery is possible."*



# Select Q & A

- **Q:** what do you think of the decision in Philadelphia to reinstate the mask mandate? **Governor Scott:** I haven't followed that. Every jurisdiction is going to have to make decisions about what we do. We're in pretty good shape here in Vermont now. **Dr. Levine:** they had much greater than 50% increase in over one week, so they were concerned that they were seeing the beginning of an ascent they were uncomfortable with...they felt there were disproportionate inequities around their city that they had already seen as part of this 2-year pandemic, and they didn't want to subject those populations at highest risk to another surge in cases. If they could prevent that, they felt the density of population and who's in their population would benefit.

# Select Q & A

- **Q:** The NYT has VT as having the highest rate of spread in the country right now. We're already hearing anecdotally about distributions in schools. At what point does the State's posture go from "we're keeping an eye on it" to "we're somewhat concerned about it"? **Dr. Levine:** I'm not sure what that statistic is, the rate of spread. **Governor Scott:** The reported case counts, which not all states report the same as Vermont. **Dr. Levine:** We've had discrepancies in the data before vs. what we have in our database...We'll look at what the CDC community levels look like later this week. At last look, all of Vermont was green except for 4 counties that were yellow, so we'll have to watch how that goes. You try to predict based on where your curve is going what is happening. We're looking at that slope of the curve, which is drastically different from where it was not too many weeks ago when we were in full stage of Omicron. Cases are disruptive. We're focusing on serious outcomes, which is also what the CDC community levels do, so we certainly don't want to see those take off. We'll keep a close eye on that.

# Select Q & A

- **Q:** Are there any discussions right now about changing guidance for schools if there are worries about clusters forming like in New York City? **Dr. Levine:** When clusters form, the best thing that can happen is people identify early and take the right strategy to isolate themselves to not allow the cluster to continue on... In schools, there are no plans to change the strategy of looking at the community the school is in more than focusing attention on the school itself. **Secretary French:** A supt. in the NEK gave me a heads-up that one of the elementary schools is closing. They have cases among their kitchen staff, which would have operational impact on student meals. They were having a dance that involved a lot of the students at the elementary and middle schools & AAU basketball was starting up. Each school will look at the circumstances on community-by-community basis. Schools aren't isolated from their communities...I'm also hopeful. We are seeing cases increase but we are also coming up to April vacation & weather is warming, so I'm optimistic that schools can manage the next few weeks pretty well.

# Practice Issues

*Questions from the Field*

*COVID-19 Testing in Child Care*

*COVID-19 Vaccine Updates*



<https://nyulangone.org/news/what-parents-should-know-about-covid-19-testing-kids>

# Questions from the Field

**Thank you, Kara Cassani, RN** – Orchard School Nurse, South Burlington

- A District nurses has had two elementary-aged siblings, who both had a COVID positive history, recently diagnosed with Type 1 diabetes. A local pediatrician noted that there appears to be emerging research that there is a linkage and increased numbers of individuals after having COVID, the delta variant at this point, and turning on that genetic marker for type 1 diabetes.
- From Dr. Ben Lee, Pediatric Infectious Diseases, UVM CH: there does appear to be evidence of increased incidence of type 1 (and type 2) diabetes during COVID compared to pre-COVID, and some of these diagnoses may be directly related to increased risk following COVID-19.
  - <https://www.cdc.gov/mmwr/volumes/71/wr/mm7102e2.htm#:~:text=SARS%2DCoV%2D2,induce%20newly%20diagnosed%20diabetes.>
  - <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2788283>

# Questions from the Field

***Thank you, Kara Cassani, RN*** – Orchard School Nurse, South Burlington

- Comment: also, just for awareness, there are instances that students are acquiring COVID a second time, within the 90 day period, after having tested positive.
- From Dr. Ben Lee, Pediatric Infectious Diseases, UVM CH: for repeat infections, there definitely seemed to be more frequent re-infections during transition from Delta to Omicron, so during the period of Feb-Mar. Now that Omicron has been predominant since mid-Jan, I suspect that the likelihood of this will drop a bit back to what we typically saw pre-Omicron. But will have to wait and see...

# COVID-19 Testing in Child Care

*Thank you, Katy Leffel , RN BSN IBCLC, Nurse Program Coordinator, VDH MCH*

- MCH working w/CDD (DCF) & VDH testing access team on plan for providing childcare providers w/diagnostic testing so children can stay if they develop non-COVID, mild symptoms while in care. Will preview on LGK webinar tomorrow.
- **Goal** :keep children in childcare when they develop mild symptoms while at the program.
  - Antigen tests provided are intended for children ages 2-5 years while at the program.
  - NOT intended for staff members, school aged children or families.
  - Antigen tests are NOT authorized for children under the age of 2. **There are no further requirements for how these tests must be utilized.** Sample childcare illness policy being finalized for ideas on integrating diagnostic testing into VT childcare programs.



# COVID-19 Testing in Child Care (cont'd.)

*Thank you, Katy Leffel , RN BSN IBCLC, Nurse Program Coordinator, VDH MCH*

- Recommendations in sample policy depend upon access to tests.
- Updates regarding **testing access**: currently working w/CDD to ensure access to tests for **all** childcare programs – **voluntary** option. Plan under development:
  - ▣ Online portal to sign up/order tests (similar to Test for Tots) – but NO program requirements.
  - ▣ Staff members encouraged to obtain tests from the VT state testing sites
- Once the details are finalized, CDD will be sending out more information
- In addition to staff, we encourage families at childcare programs to make an appointment at a State of Vermont testing site to obtain up to eight rapid antigen tests or one LAMP test per appointment for their use at home.

# CDC Recommendation for 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](https://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](https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-second-booster-dose-two-covid-19-vaccines-older-and)

# CDC Schedule: people who are not immunocompromised

**Table 2.** COVID-19 vaccination schedule for people who are **not** moderately or severely immunocompromised\*

Primary series vaccine manufacturer	Age group	Number of doses in primary series	Number of booster doses	Interval between 1st and 2nd primary doses	Interval between primary series and booster dose
Pfizer-BioNTech	5-11 years	2	NA	3 weeks	NA
Pfizer-BioNTech	12 years and older	2	1 <sup>†</sup>	3-8 weeks <sup>†</sup>	At least 5 months <sup>†</sup>
Moderna	18 years and older	2	1 <sup>†</sup>	4-8 weeks <sup>†</sup>	At least 5 months <sup>†</sup>
Janssen	18 years and older	1	1 <sup>†</sup>	NA	At least 2 months <sup>†</sup>

\*For the vaccination schedule for people who are moderately or severely immunocompromised, see [Table 3](#)

<sup>†</sup>All people ages 12 years and older should receive 1 booster dose of a COVID-19 vaccine. Some adults may receive a second booster dose:

- Adults ages 18-49 years: Those who received Janssen COVID-19 Vaccine as both their primary series dose and booster dose may receive an mRNA COVID-19 booster dose at least 4 months after the Janssen booster dose.
- Adults ages 50 years and older: A second mRNA booster dose could benefit people ages 50 years and older, as they are at increased risk for severe COVID-19. People ages 50 years and older may choose to receive a second booster dose, if it has been at least 4 months after the first booster

<sup>†</sup>An 8-week interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years. A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for people who are moderately to severely immunocompromised; adults ages 65 years and older; and in situations in which there is increased concern about [COVID-19 community levels](#) or an individual's higher risk of severe disease.

# Schedule: pts. who are moderately-severely immunocompromised

**Table 3: COVID-19 vaccination schedule for people who are moderately or severely immunocompromised\***

Primary vaccination	Age group	Number of primary vaccine doses	Number of booster doses	Interval between 1st and 2nd dose	Interval between 2nd and 3rd dose	Interval between 3rd and 4th dose
Pfizer-BioNTech	5-11 years	3	NA	3 weeks	At least 4 weeks	NA
Pfizer-BioNTech	12 years and older	3	1*	3 weeks	At least 4 weeks	At least 3 months*
Moderna	18 years and older	3	1*	4 weeks	At least 4 weeks	At least 3 months*
Janssen	18 years and older	1 Janssen, followed by 1 mRNA	1*	4 weeks	At least 2 months	NA*

\*People ages 12 years and older may choose to receive a second booster dose using an mRNA COVID-19 vaccine if it has been at least 4 months after the first booster dose.

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

# 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](http://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](http://www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals)

*Happening now!*

# Black Maternal Health Week: April 11-17, 2022

**Goals:** advance birth health equity & disseminate info re: policy/system change efforts aimed at creating environment that supports Black maternal wellness.

**Events** (*thank you, Katy Leffel, RN BSN IBCLC, Nurse Program Coordinator, VDH MCH*):

- April 13: Policy Leaders in Conversation, 1-2pm ET, keynote **VP Kamala Harris**
  - Also: Annual Policy Day – join via Twitter: @blkmamasmatter
  - 1 p.m. ET: screening of mini-documentary “**Thaen’s Journey to Motherhood**”; film follows a mother facing a long history of difficult pregnancies & her care team led by Dr. Jason Vaught, a maternal-fetal medicine doctor. Watch clips from the documentary and register for the screening at <https://www.mommasvoices.org/thaen>
- April 14: Annual Fundraising Day
- April 15: BMH X CLTR: NATAL Virtual Event
- April 16: Centering Black Families X SisterSong BMH Walk in Atlanta, GA
- April 17: Social Media Activation Campaign: Get to Know the Alliance

*In case you missed it (3/23/22)*

## 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 may 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 will eventually be available by phone M – F from 9 am to 3 pm, excluding holidays.
- ❑ Liaison Coordinator will assist by triaging referral for consultation, responding to questions & forwarding cases to the psychiatrist for **same/next-day phone consultation**, provide linkages to community resources.

# Practice Opportunity!



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

- VCHIP's **Youth Non-Vaping Team** is facilitating 30-minute lunch and learn sessions
- Dr. LE Faricy is available to **virtually** join your practice for a discussion on youth vaping.
- Ask your questions. Talk about the latest trends. Learn about tools to help your team address youth vaping. Find out what's going on in your schools & community.
- **Contact:**  
**Alyssa.Consigli@med.uvm.edu**



# *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!***



# 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](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](https://donate.aap.org) – select “Disaster Recovery”).
  - ▣ **UNICEF:** supports initiatives that provide emergency relief in Ukraine/elsewhere (Ukraine: safeguard rights to safety, health, education, psychosocial support, protection, water and sanitation services: <https://www.unicefusa.org/>)
  - ▣ **MedGlobal:** physician-founded relief organization ([MedGlobal.org](https://medglobal.org)), a humanitarian NGO providing medical care to refugees, internally displaced persons (IDPs), & vulnerable communities around the world. Sent physician-led team to Poland & Moldova to assess refugee needs; may offer future opportunity to volunteer time & expertise. <https://medglobal.org/donate/>



# VCHIP-VDH COVID-19 Call Schedule

## April calls – all *Wednesdays*:

- ❑ Current **April call dates: 4/6, 4/13, 4/27.** **No call April 20.**
- ❑ **Continuing via Zoom!**
- ❑ Schedule **subject to change** at any time if circumstances warrant!
- ❑ *Please continue to send your feedback re: schedule/topics to [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)*
- ❑ VMS calls w/VDH Comm. Levine now 1<sup>st</sup> and 3<sup>rd</sup> Thursdays



***2 years strong!***

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

## Call login information:

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

# Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail:** [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)
  - ▣ **What do you need** – how can we be helpful (specific guidance)?
- **VCHIP CHAMP VDH COVID-19 website:**  
[https://www.med.uvm.edu/vchip/projects/vchip\\_champ\\_vdh\\_covid-19\\_updates](https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates)
- Next CHAMP call – **Wednesday, April 27, 2022 12:15 – 1:00 pm VIA ZOOM!**  
**NO CALL NEXT WEEK (April 20)**
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – ***April 21 – 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#