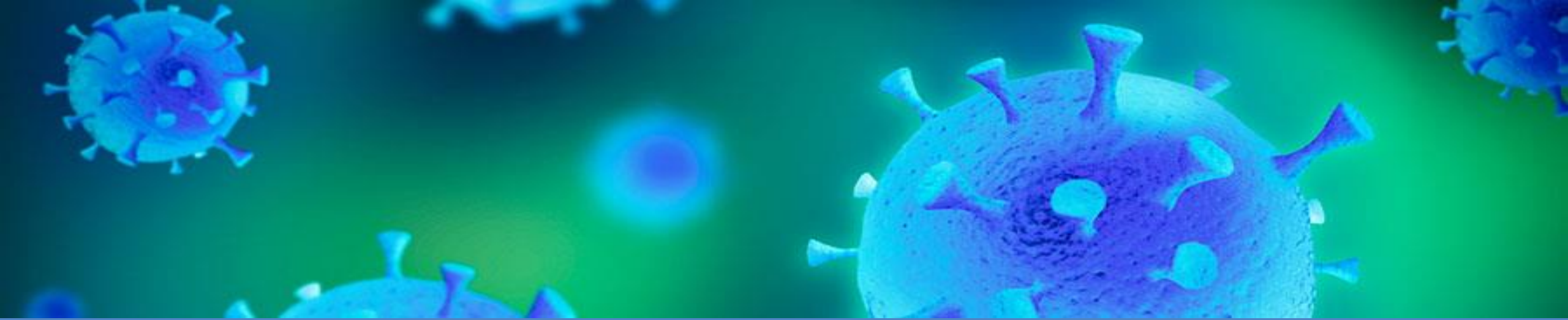


# VCHIP / CHAMP / VDH COVID-19 UPDATES

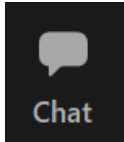
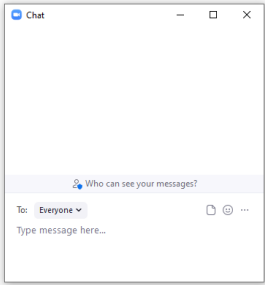
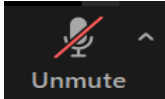


*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*April 27, 2022*



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 **World Immunization Week!**
  - WHO (4/24-30/22) Goal: a **“Long Life for All”**
- Also: Holocaust Remembrance Day
- Reminder – weekly event schedule:
  - **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: **Pediatric Acute Severe Hepatitis of Unknown Origin & Possible Association with Adenovirus; Pediatric COVID-19 Vaccine Update**
- Q & A/Discussion



<https://www.cdc.gov/globalhealth/immunization/world-immunization-week/index.html>

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

# 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 27, 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 5/5/22**
- **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 [NOTE: This slide updated after today's call]

New Cases

424

123,062 Total

Currently Hospitalized

55

Hospitalized in ICU

9

Percent Positive 7-day Avg.

12.9%

New Tests

5,514

3,565,232 Total

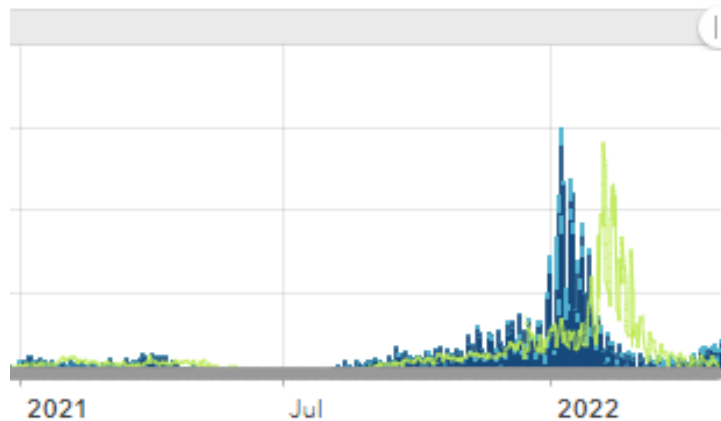
Deaths

630

0.5% of Cases

Last Updated: 4/27/2022, 2:10:11 PM

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.

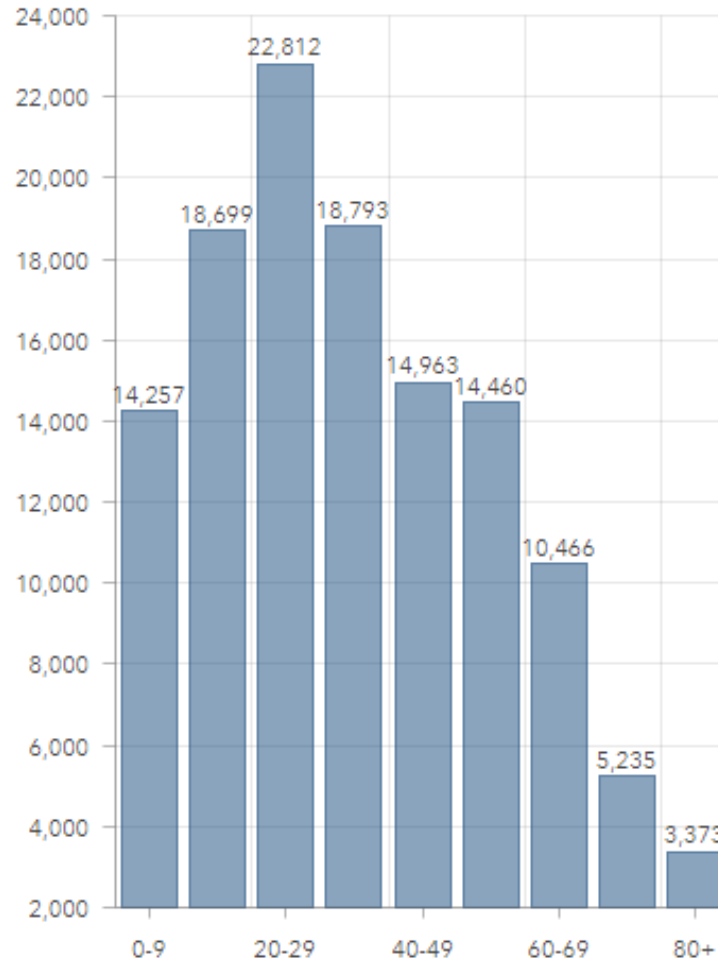
<https://www.healthvermont.gov/covid-19/current-activity/case-dashboard>

- One year ago: 22,675 VT total cases; 59 new/19 hosp.
- U.S. **80.998 million+** cases; **990,367 deaths**
  - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 4/27/22)
  - Past week: av. 50,791 cases/day (14d. change **+61%**)
  - **6.22 million+ deaths worldwide; 510.8 million+ cases** (-17% & -35% 14-day change respectively)
- VDH **Data Summary** now q.o.week. **4/14/22:**
  - **Table of Contents:** Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.
  - **Vaccine breakthrough cases = 46,764** since Jan. 2021 (~9.6% of fully vaccinated). Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/data-summary>

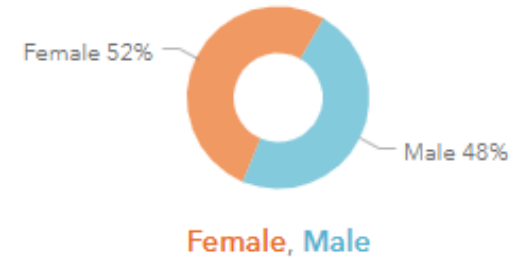
April 27, 2022

# Situation update

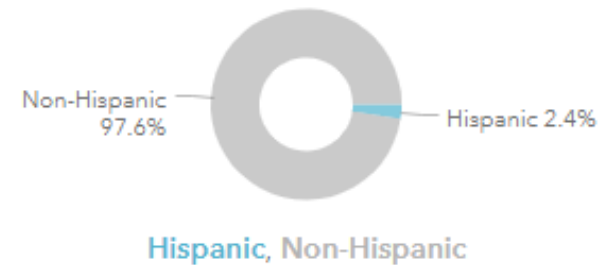
Cases by Age Group if Known \*



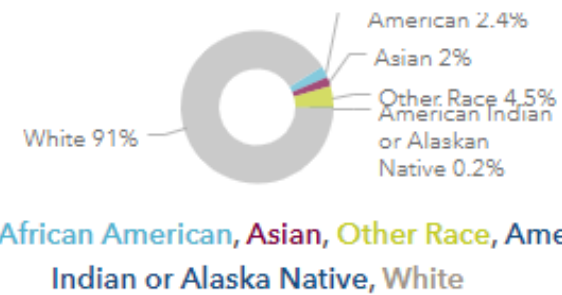
Cases by Sex \*



Cases by Ethnicity if Known \*



Cases by Race if Known \*

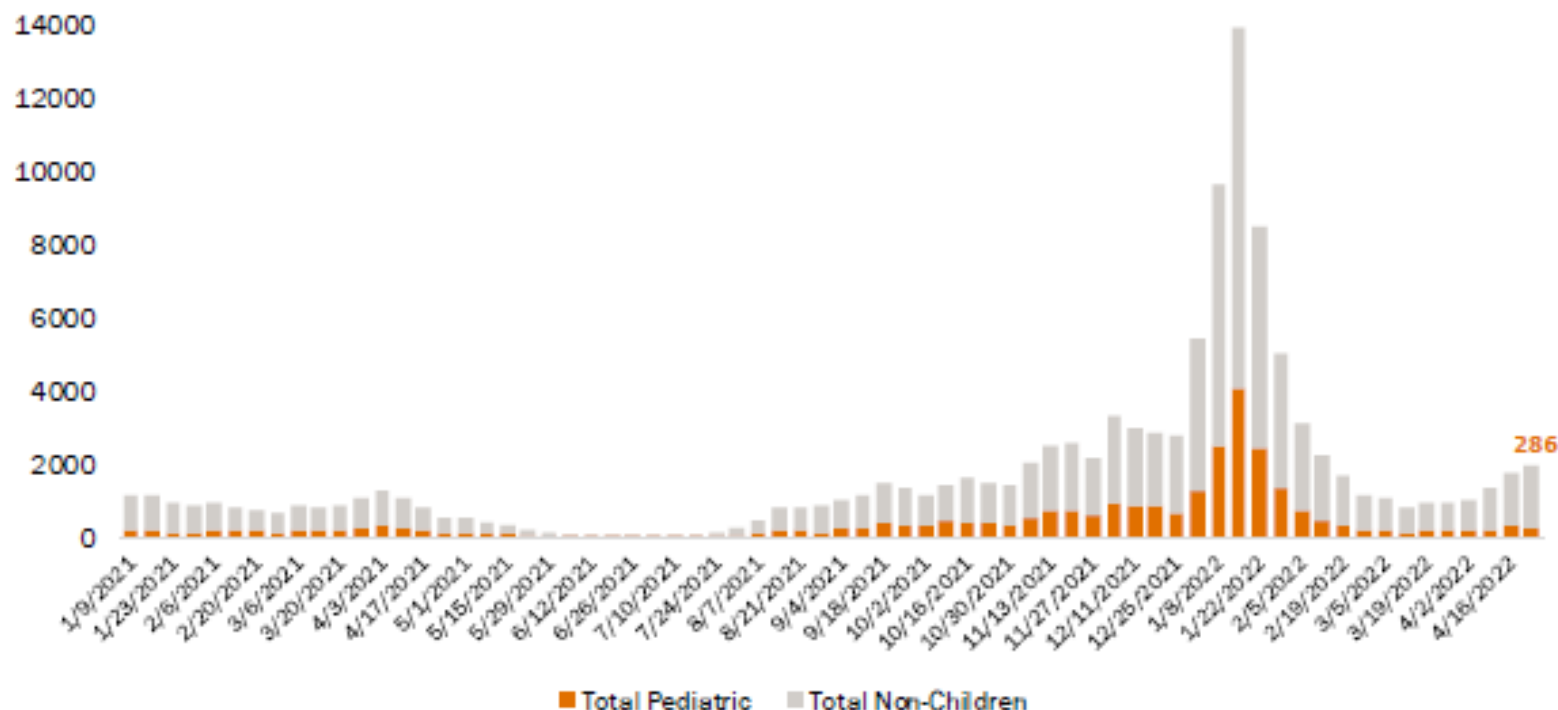


Case Demographics

This brief reflects data as of April 23, 2022 (the last complete MMWR week).

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

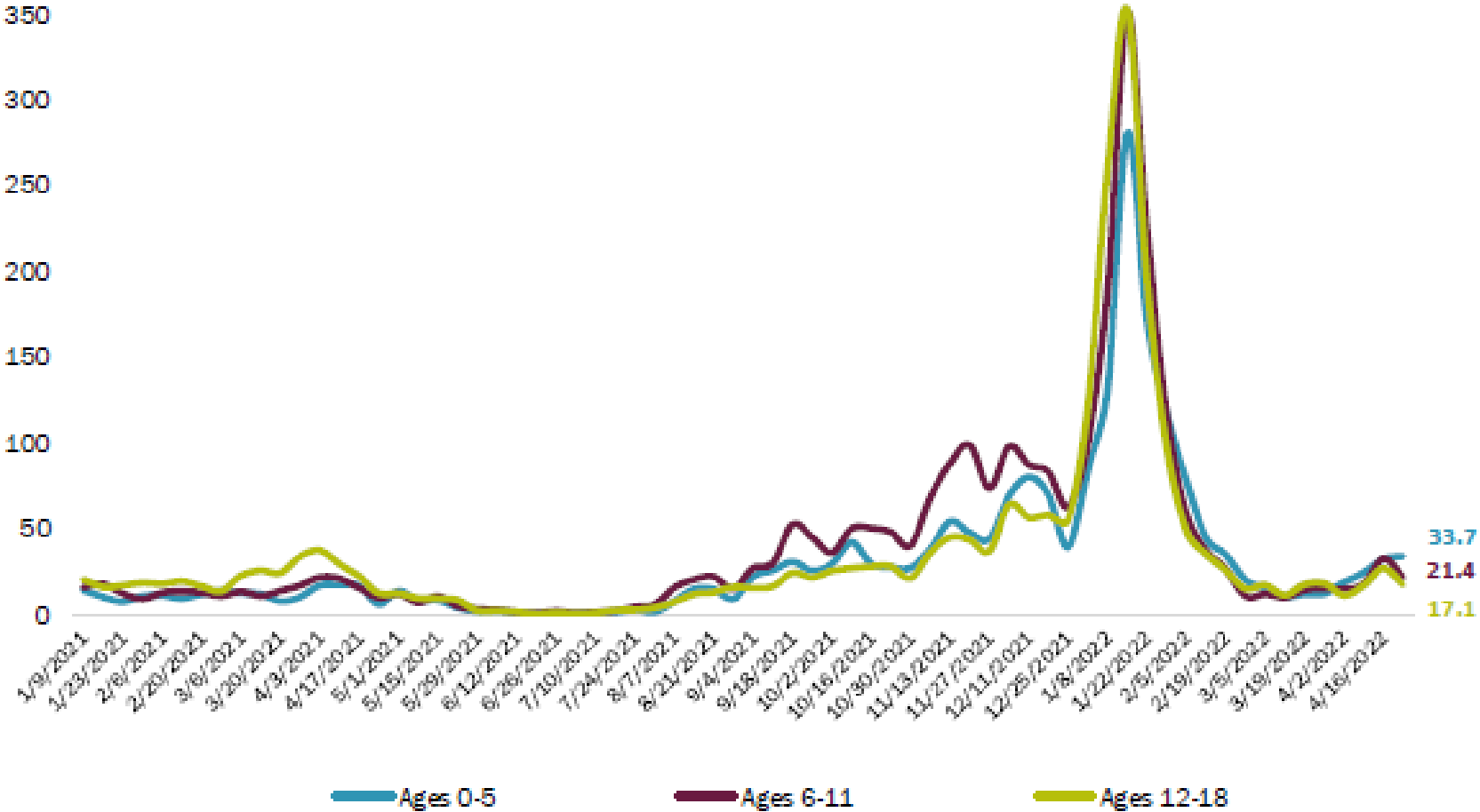
## Number of Cases by Week





# COVID-19 Pediatric Cases

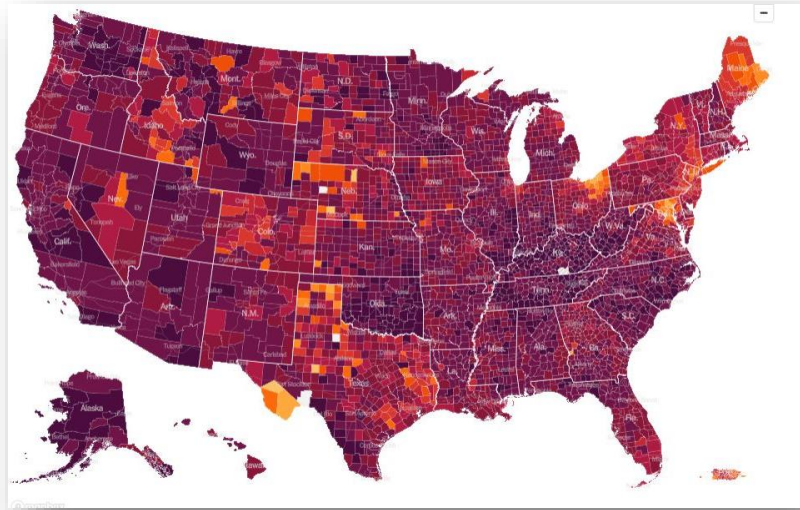
Rates by Week by Age Category



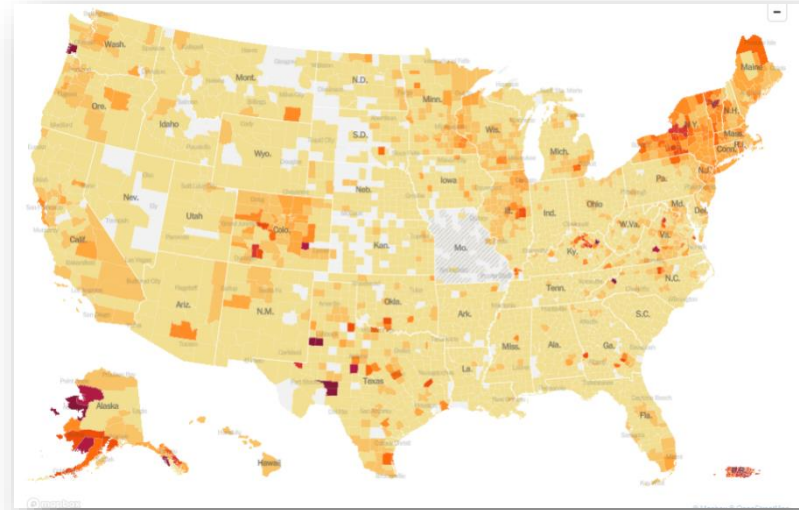
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

April 27, 2022

## Heat map: 11-week span



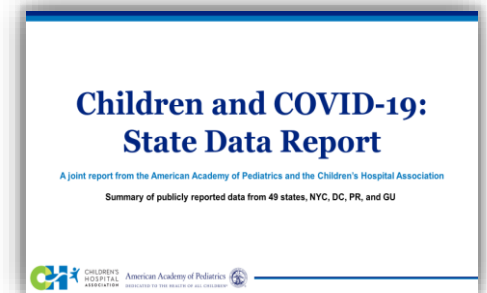
NYT 1.31.22 all ages



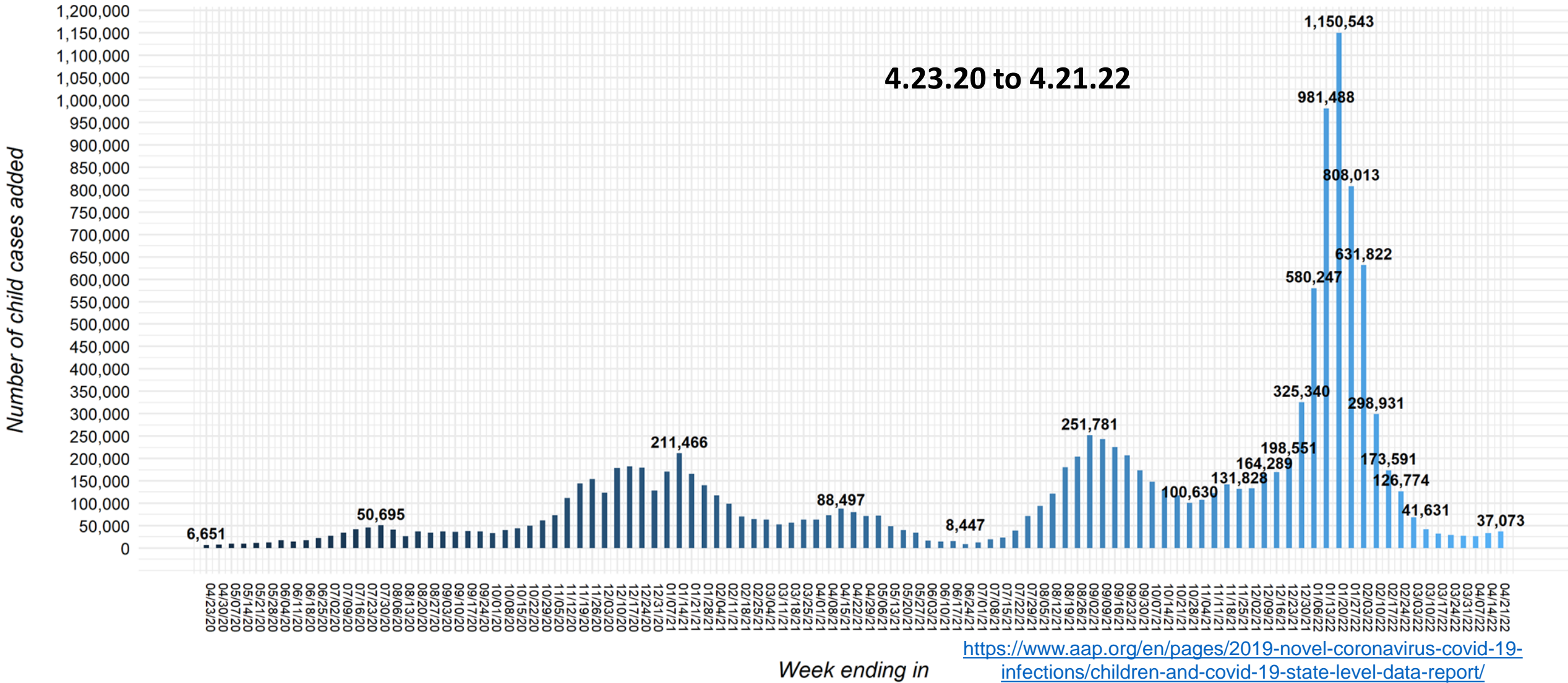
NYT 4.23.22 all ages

**As of 4/21/22 – over 12.9M cumulative confirmed child COVID-19 cases**

- **37,000 child COVID cases reported week ending 4/21/22**
- **Cases are down substantially from the 1.1 million peak January 20**
- **Almost 124,000 cases have been added in the past 4 weeks**



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

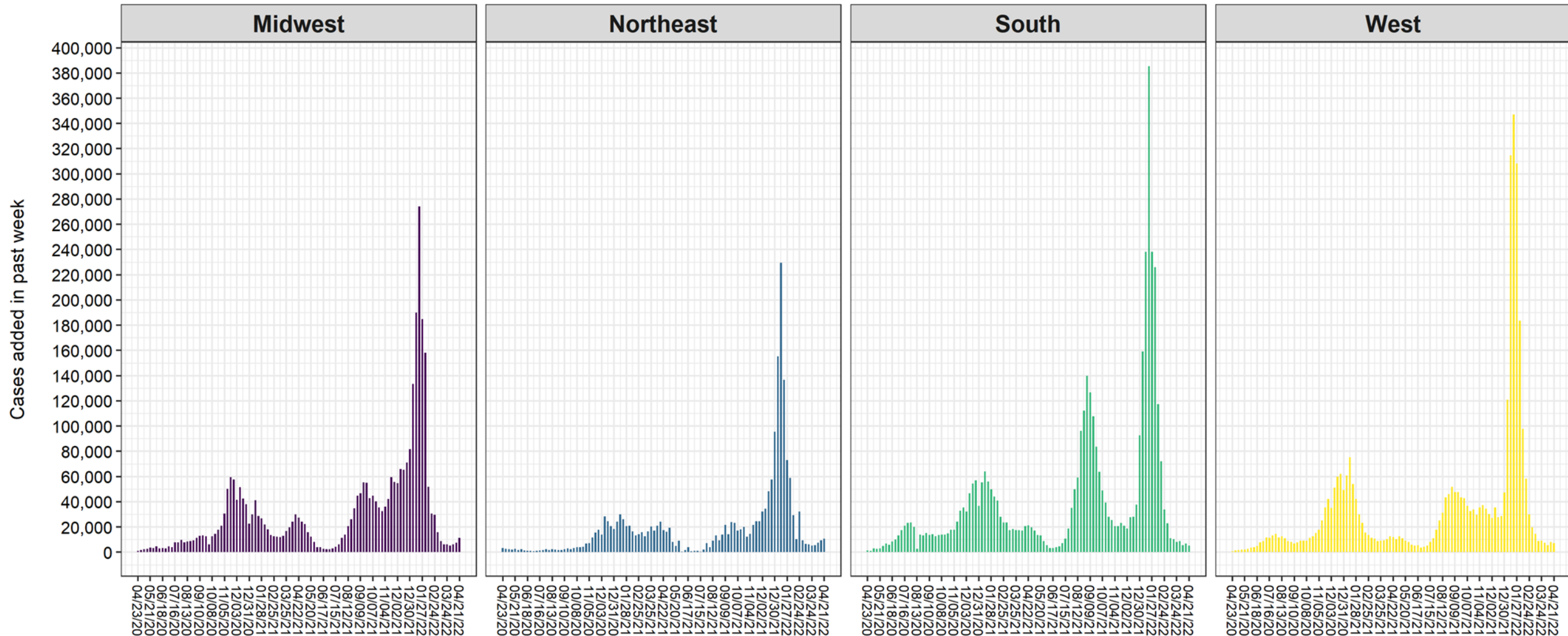


<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

Source: AAP analysis of publicly available data from state/local health departments  
 Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22  
 On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (1,090,744 cumulative child cases as of 2/17/22)  
 TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)  
 Due to available data and 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 4/21/22, due to available data for FL, child cases and total cases through 4/14/22

4.23.20 to 4.21.22

# United States: Child COVID-19 Cases Added in the 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/>

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

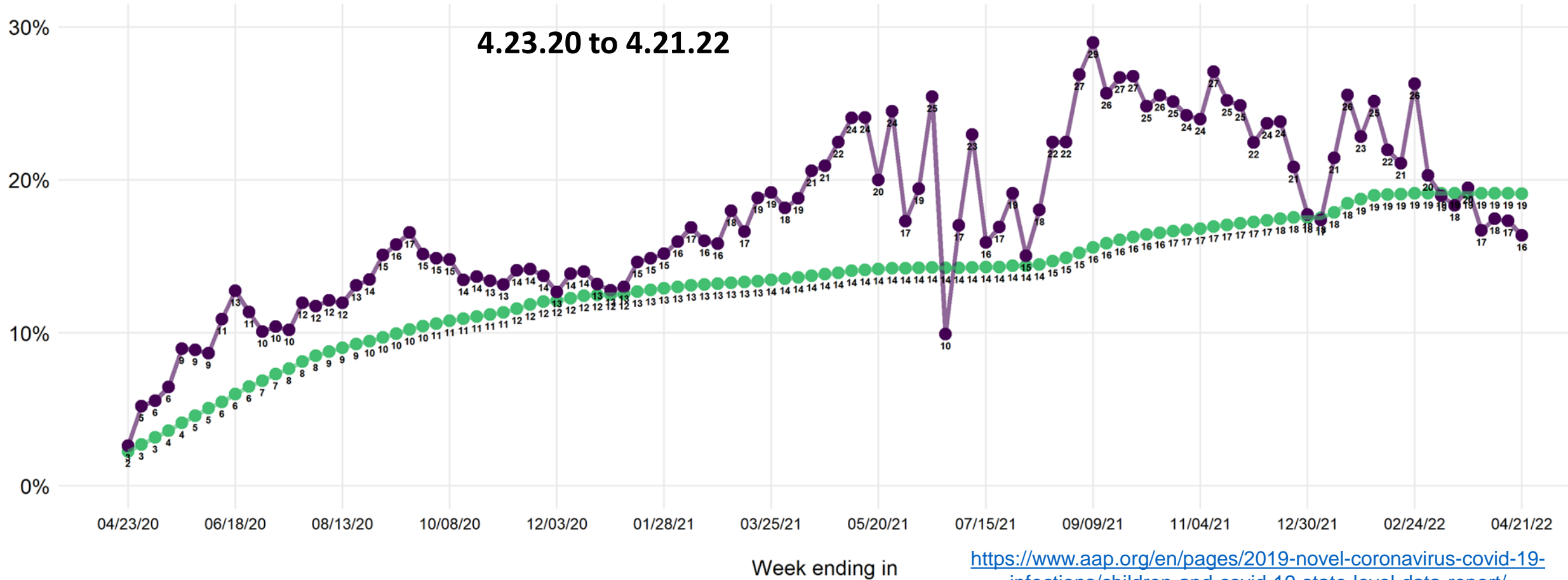
Note: Regions are the US Census Regions

Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22  
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On 4/21/22, due to available data for FL, child cases and total cases through 4/14/22

# United States: Percent of COVID-19 Cases that were Children: Cases Added in Past Week and Cumulative

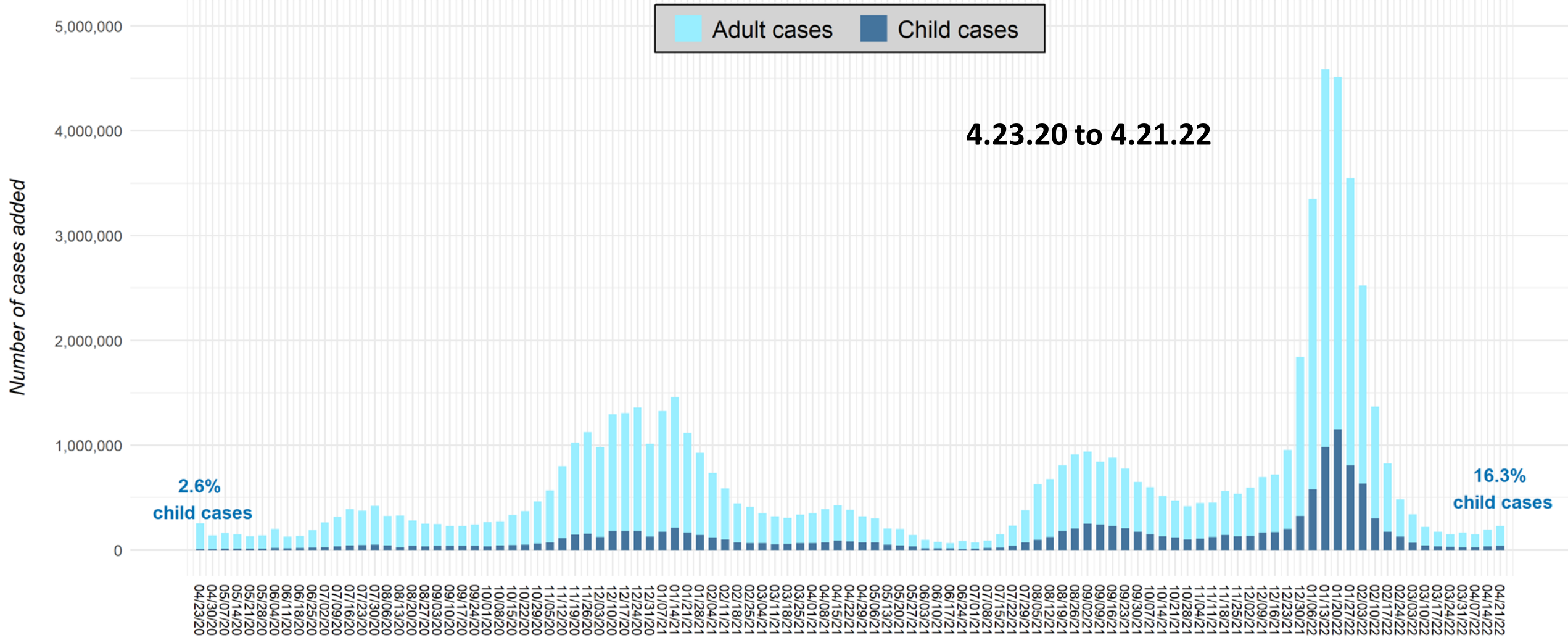
● Percent children, cases reported in past week ● Percent children, cumulative



<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: Analysis excludes data from AL and MO due to change in definition of 'child' case  
 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)  
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 On 4/21/22, due to available data for FL, child cases and total cases through 4/14/22

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



Week ending in

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

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

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On 4/21/22, due to available data for FL, child cases and total cases through 4/14/22

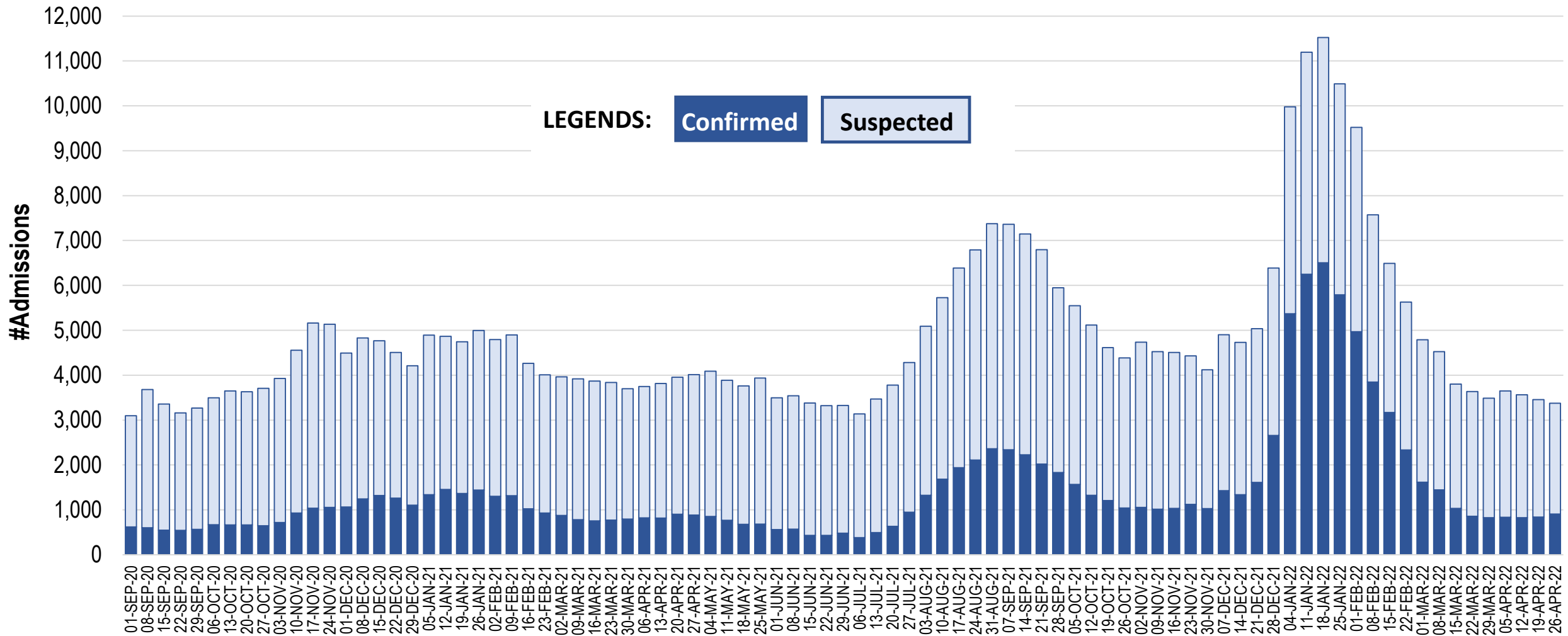
# Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 4.26.22

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



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

9.1.2020 - 4.26.2022

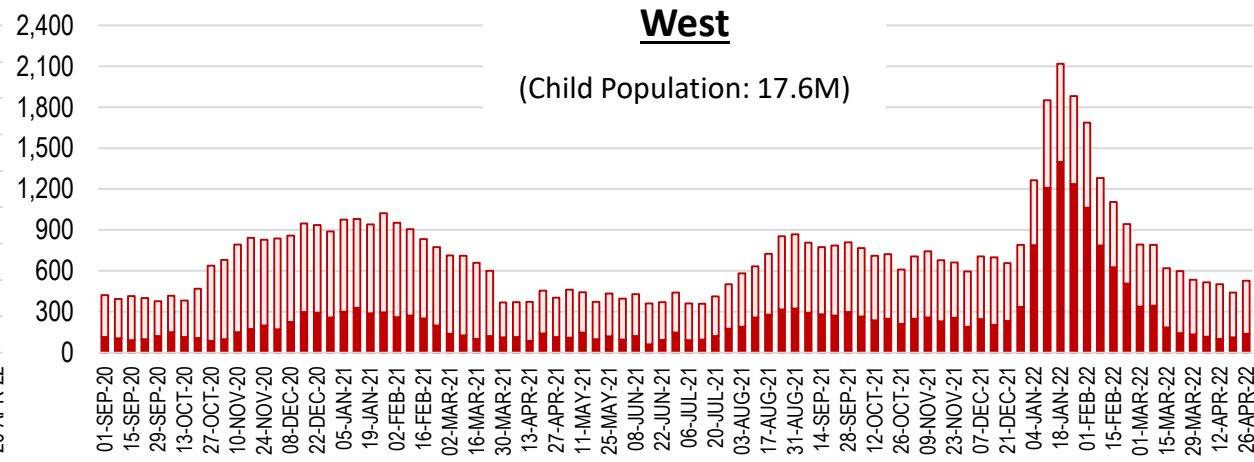
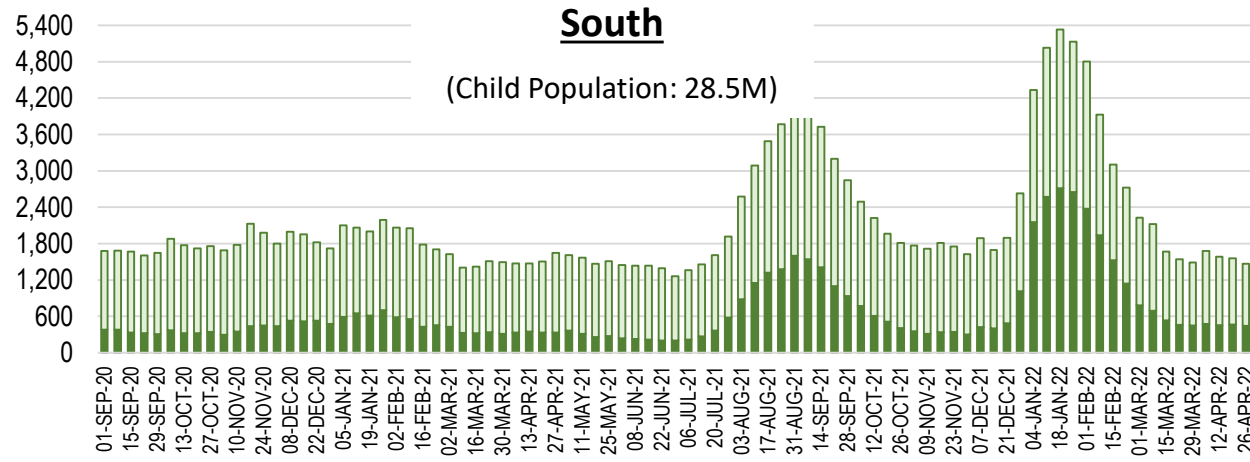
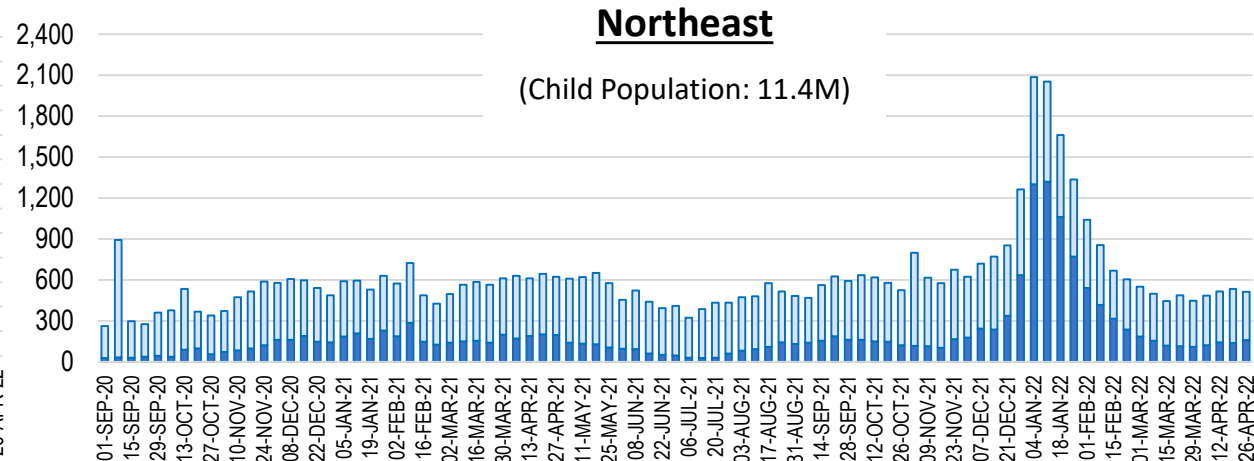
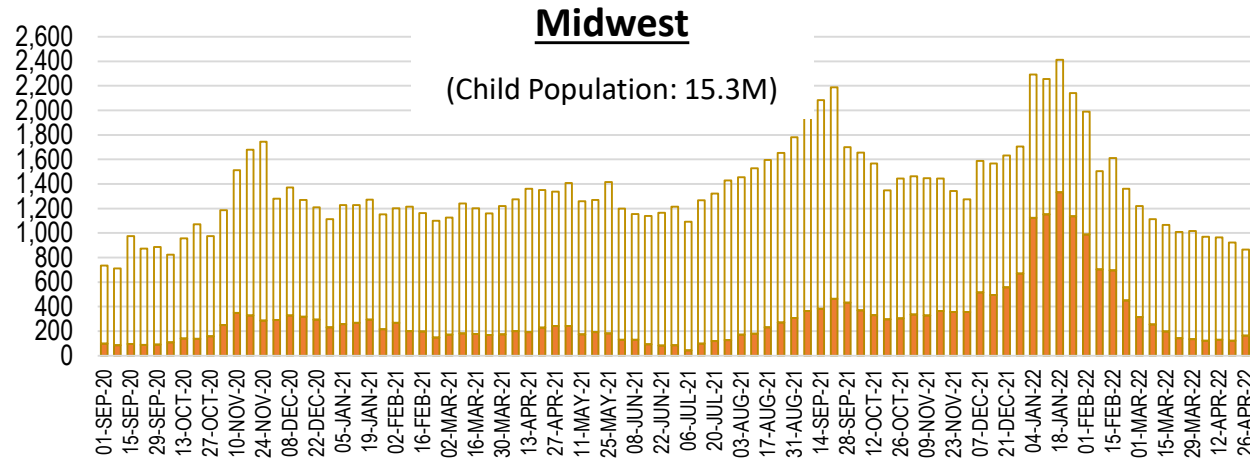


Source: AAP analysis of COVID-19 pediatric admissions based on the “COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries” published by the U.S. Department of Health & Human Services.



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

9.1.2020 - 4.26.2022



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> )

# Vermont Educational COVID-19 Data [updated *after* today's call]

- **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 4/18-4/24/22): 27 pos. tests off campus; 18 on campus; 2 faculty; 9 staff.
  - **Bennington College** (as of 4/27/22): 41 total active/12 new active cases.
  - **Middlebury College** (as of 4/25/22): 2 new cases; 4 total active (active cases: 0 students / 4 employees)

# From the CDC / MMWR

Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2020–21 School Year *Weekly* / April 22, 2022 / 71(16);561–568 (<https://www.cdc.gov/mmwr/volumes/71/wr/mm7116a1.htm>)

- ❑ **Already known:** state IZ programs conduct annual K vaccination assessments to monitor school entry vaccination coverage with all state-required vaccines.
- ❑ **Added by this report:** for the 2020–21 school year, coverage was approx. 94% for all required vaccines, approximately one percentage point lower than the previous school year. The exemption rate remained low at 2.2%.
- ❑ **Implications for public health practice:** disruptions caused by COVID-19 reduced reported enrollment, school response rates, & documentation for 2020–21 school year. Schools & IZ programs can increase follow-up with undervaccinated students to reduce the impact of COVID-19–associated disruptions on vaccination coverage to protect students during the return to in-person learning.

# From the CDC / MMWR

- Hospitalizations of Children Aged 5–11 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 2020–February 2022 *Weekly* / April 22, 2022 / 71(16);574-581 (<https://www.cdc.gov/mmwr/volumes/71/wr/mm7116e1.htm>)
- **Already known:** COVID-19 can cause severe illness in children. Children aged 5–11 years became eligible for COVID-19 vaccination on November 2, 2021.
- **Added by this report:** during Omicron predominance (December 19, 2021–February 28, 2022), COVID-19–associated hospitalization rates in children aged 5–11 years were approximately twice as high among unvaccinated as among vaccinated children. Non-Hispanic Black children represented the largest group of unvaccinated children. Thirty percent of hospitalized children had no underlying medical conditions, and 19% were admitted to an intensive care unit. Children with diabetes and obesity were more likely to experience severe COVID-19.
- **Implications for public health practice:** increasing COVID-19 vax coverage among ages 5–11 yo, esp. among racial/ethnic minority groups disproportionately affected by COVID-19, can prevent COVID-19–associated hospitalization & severe outcomes.

# From the CDC / MMWR

## **Seroprevalence of Infection-Induced SARS-CoV-2 Antibodies — United States, September 2021–February 2022** *Weekly* / April 26, 2022 / 71(17)

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7117e3.htm>

- As of February 2022, approximately 75% of children and adolescents had serologic evidence of previous infection with SARS-CoV-2, w/approx. 1/3 becoming newly seropositive since December 2021. The greatest increases in seroprevalence during September 2021–February 2022, occurred in age groups with the lowest vax coverage; proportion of the U.S. population fully vaccinated by April 2022 increased with age (5–11, 28%; 12–17, 59%; 18–49, 69%; 50–64, 80%; and ≥65 years, 90%). Lower seroprevalence in adults aged ≥65 years (at greater risk for severe illness from COVID-19), might also be related to the increased use of additional precautions with increasing age.

***SEE ALSO SLIDE 40 (from the AAP)***

Postponed – Coming soon...

# Emergency Medical Services for Children Case Review

- Cases involving Children with Special Health Needs
- New date: May 24, 2022
- New Zoom link to follow! [Thank you, **Dr. David Nelson**, Ped EM at UVM CH]

April is Autism Awareness Month! We will be reviewing cases that involve children and youth with special healthcare needs. Please join us!

[Link to April EMS-C Case Review - Children with Special Health Needs](#)



# *Congratulations to our Vermont School Nurse Colleague!*

***Sophia Boyle (a.k.a. Soph) Hall***, 2022 Winner of:

- ▣ Lead School Nurse/ COVID19 Coordinator, Kingdom East School District/School Nurse Miller's Run School
- ▣ Immediate Past President, VSSNA
- ▣ **National Award, Outstanding School Nurse Administrator**
- ▣ **VSSNA Vermont School Nurse Administrator of the Year**



*Coming soon!*

## 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 available)
- Recognition of **Public Health Champions**
  - ▣ VT Health Commissioner Dr. Mark Levine, for his dedication and leadership to Vermonters during the Covid 19 pandemic, his work toward addressing health equity, & his vision of the future of VT’s PH systems during recovery from Covid 19.
  - ▣ Wendy Walsh, RN, VDH Public Health Nurse for 44 years of service to Vermonters and most recently as the co-lead of the VDH Outbreak Prevention and Response Team
  - ▣ The Vermont National Guard COVID-19 Mapping team for their work in ensuring that Covid-19 information reached communities effectively and in a timely manner, thus minimizing the risk of new outbreaks.

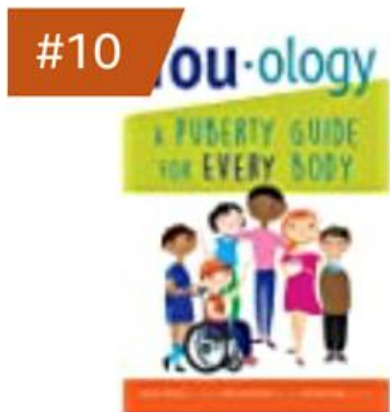




*From the AAP*

## A New Book About Puberty: You-Ology

- AAP published book, ***You-ology***, hit #10 on the Amazon best seller list this week!
- Authors: Melisa Holmes, MD, FACOG; Trish Hutchison, MD, FAAP; Kathryn Lowe, MD, FAAP
- NPR story: <https://www.npr.org/sections/health-shots/2022/04/23/1094260259/a-new-puberty-guide-for-kids-aims-to-replace-anxiety-with-self-confidence>



You-ology: A Puberty Guide for  
EVERY Body

*In case you missed it (4/27/22)...*

## Combined Peds/Family Med Grand Rounds *today*

Khan Family Fund New Americans' Health Lectureship: ***“Working with Community to Build Health Equity for Children in Immigrant Families”***

- **Andrea Green, MD** – Professor of Pediatrics, UVM Larner College of Medicine; Director, Pediatric New American Clinic & the Building Stronger Families Clinic, UVM Children’s Hospital; recipient KidSafe Collaborative 2022 ***Outstanding Professional Award***
- Contact Penny Marchessault for link for asynchronous viewing:  
[Penelope.Marchessault@med.uvm.edu](mailto:Penelope.Marchessault@med.uvm.edu)



The graphic is a light blue rectangular box with rounded corners. At the top left is the KidSafe Collaborative logo, which includes a stylized orange figure. To its right, the text '33RD ANNUAL OUTSTANDING SERVICE AWARDS' is written in a bold, dark blue, sans-serif font. Below the logo is a circular portrait of Dr. Andrea Green with a yellow border. To the right of the portrait, her name and title are listed: 'Dr. Andrea Green', 'UVM Children's Hospital', and 'Outstanding Professional Award'. On the right side of the graphic, the phrase 'You're Invited!' is written in a large, cursive, teal font. Below this, the date 'APRIL 26, 2022' and the time '12:00-2:00PM' are displayed in a bold, dark blue, sans-serif font.

KidSafe Collaborative 33RD ANNUAL OUTSTANDING SERVICE AWARDS


*You're Invited!*

APRIL 26, 2022  
12:00-2:00PM

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

*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.

# 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

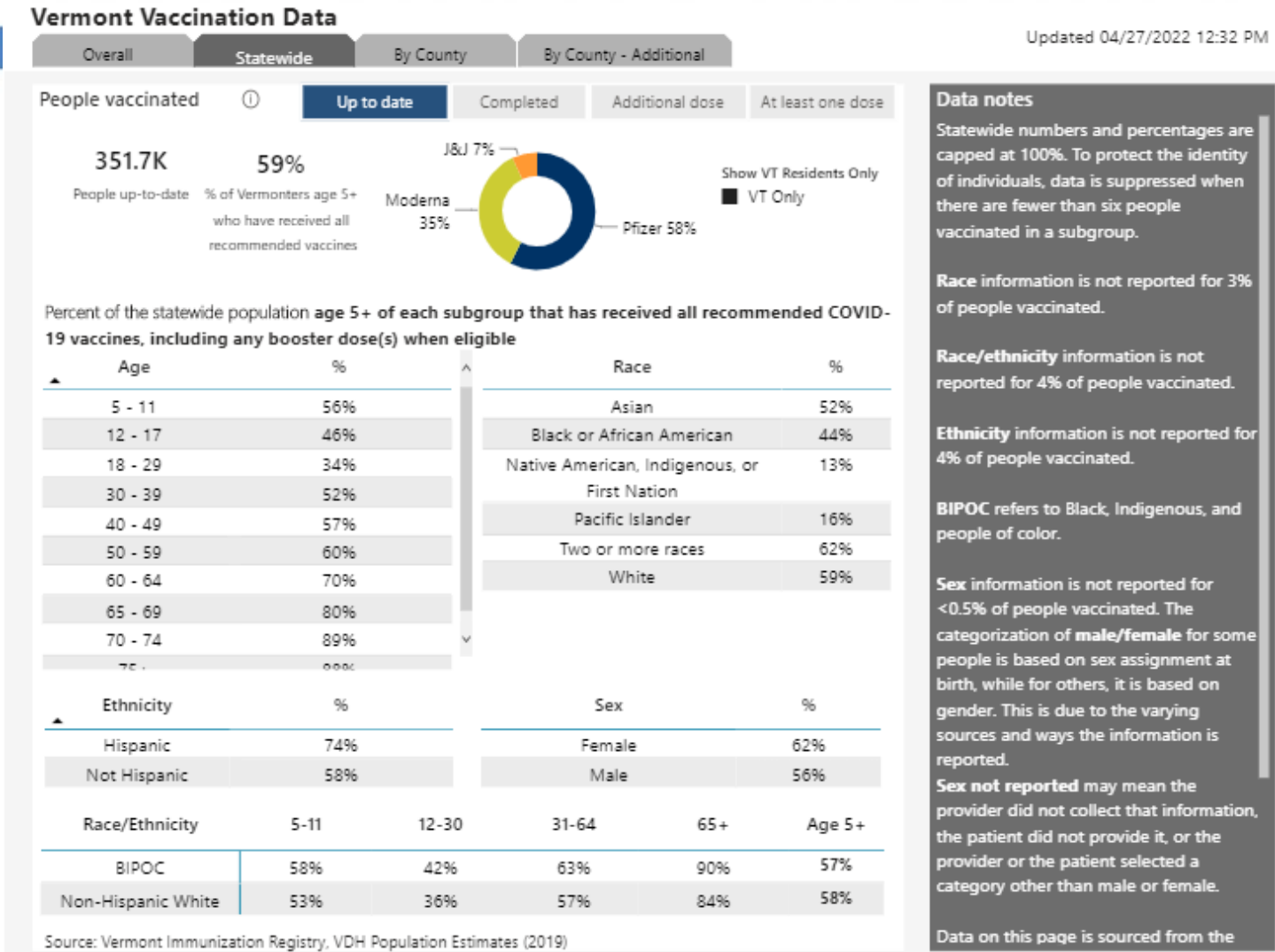
Visit [Vaccines.gov](https://www.vaccines.gov)

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


WE CAN DO THIS | CDC | Vermont State Seal

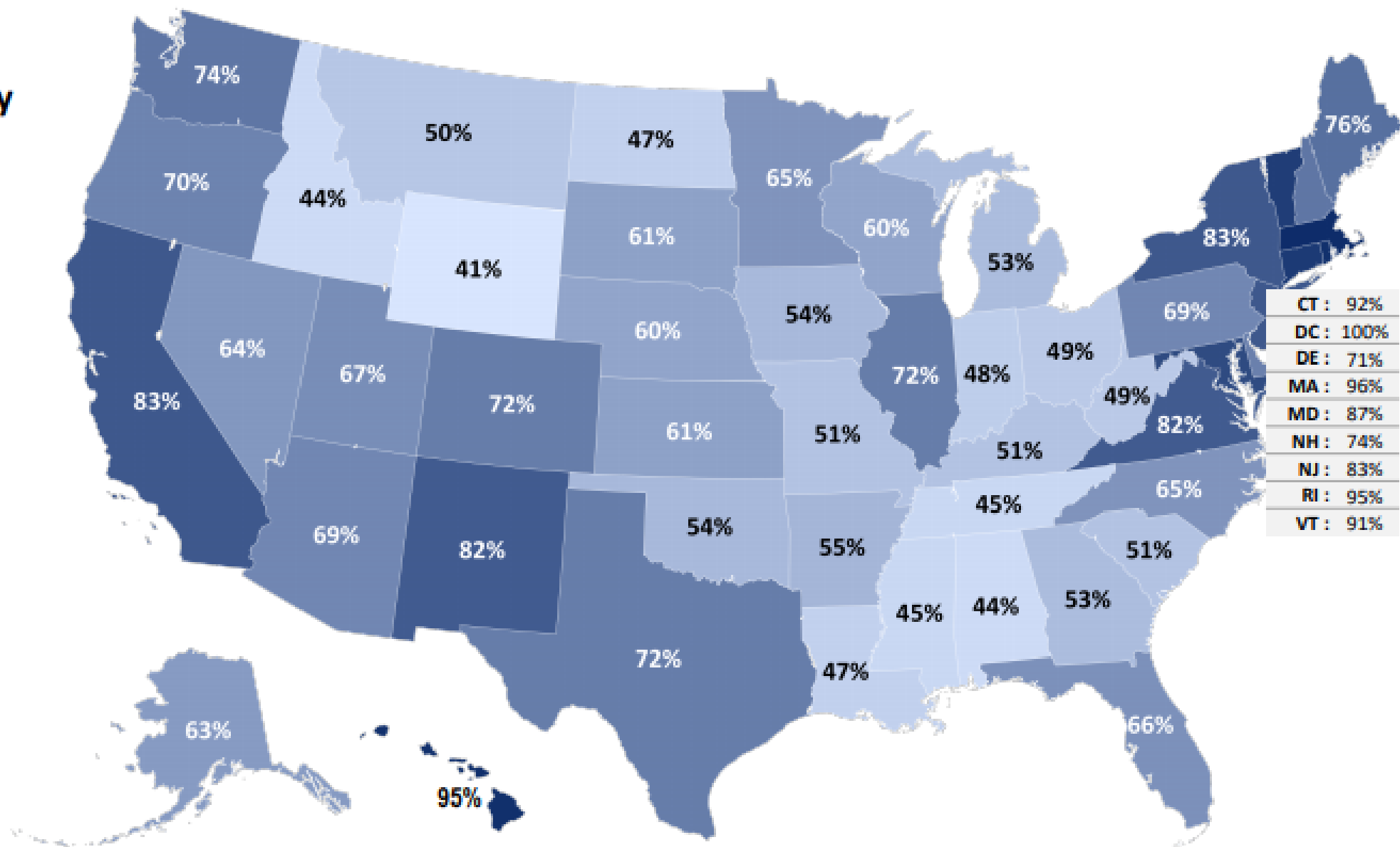
# VDH COVID-19 Vaccine Dashboard (“Statewide” view)

- 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%**



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

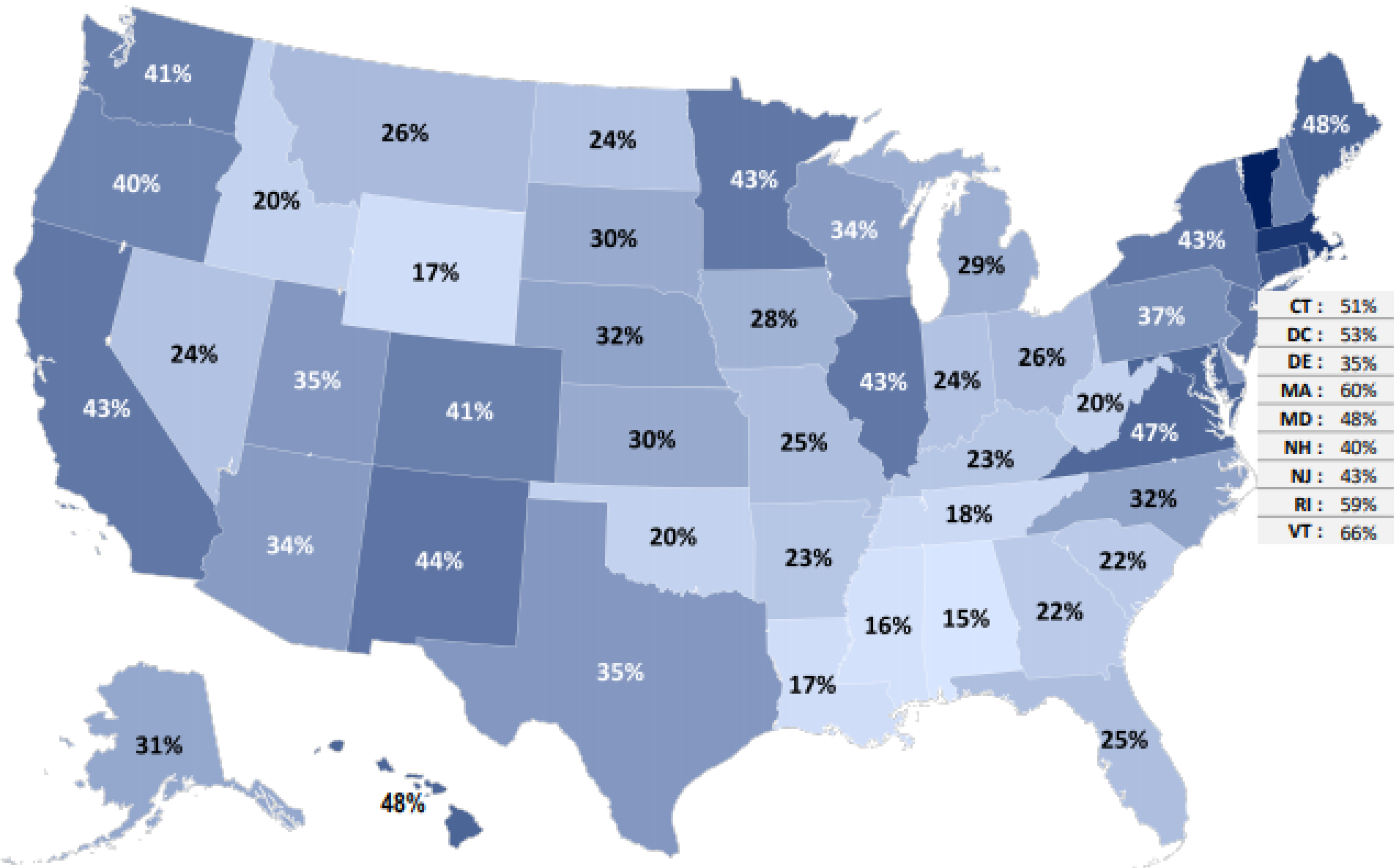
Received Initial Dose  as of 4.20.22  
41% 100%



**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/Vaccination/s/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 4.20.22  
 15% 66%



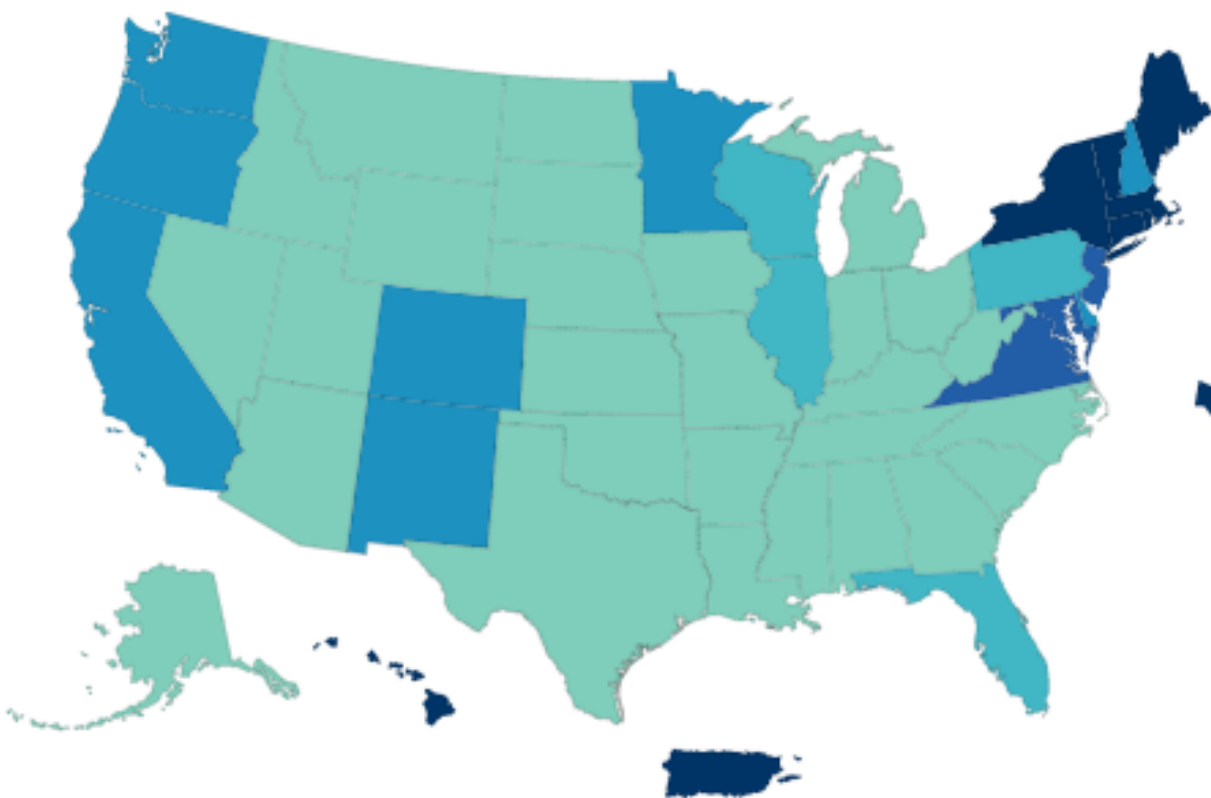
**Source:** AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/C OVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc> ). Check state web sites for additional or more recent information.



# From the CDC Vaccine Tracker

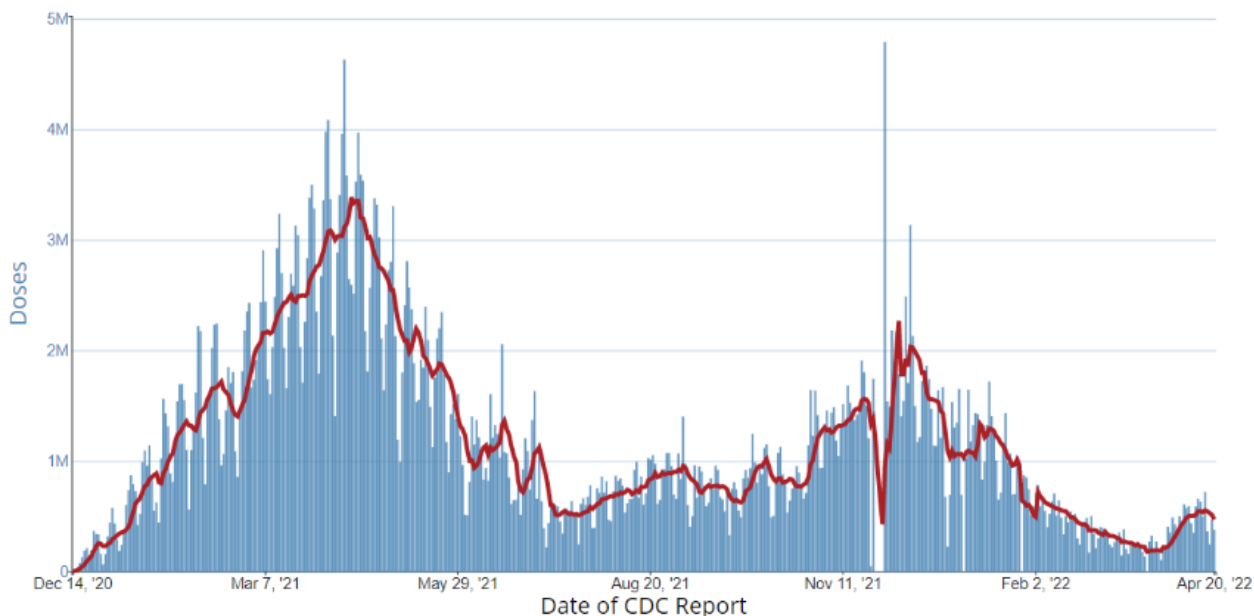
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

○ 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

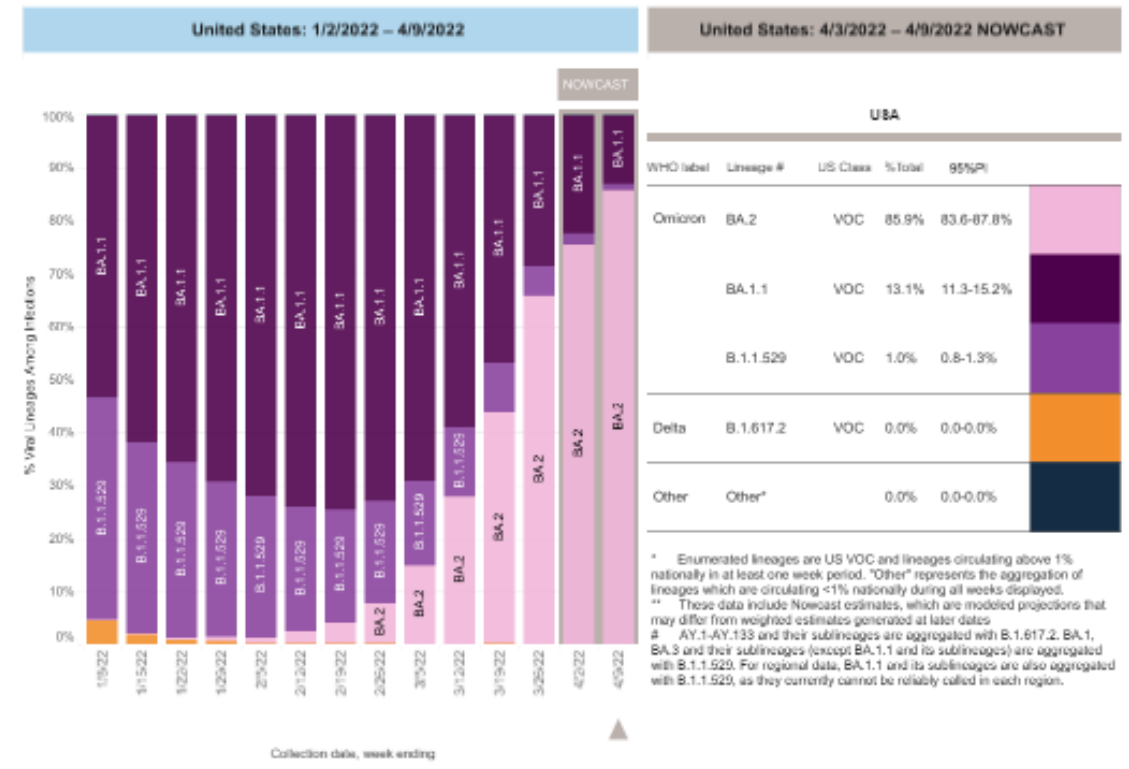
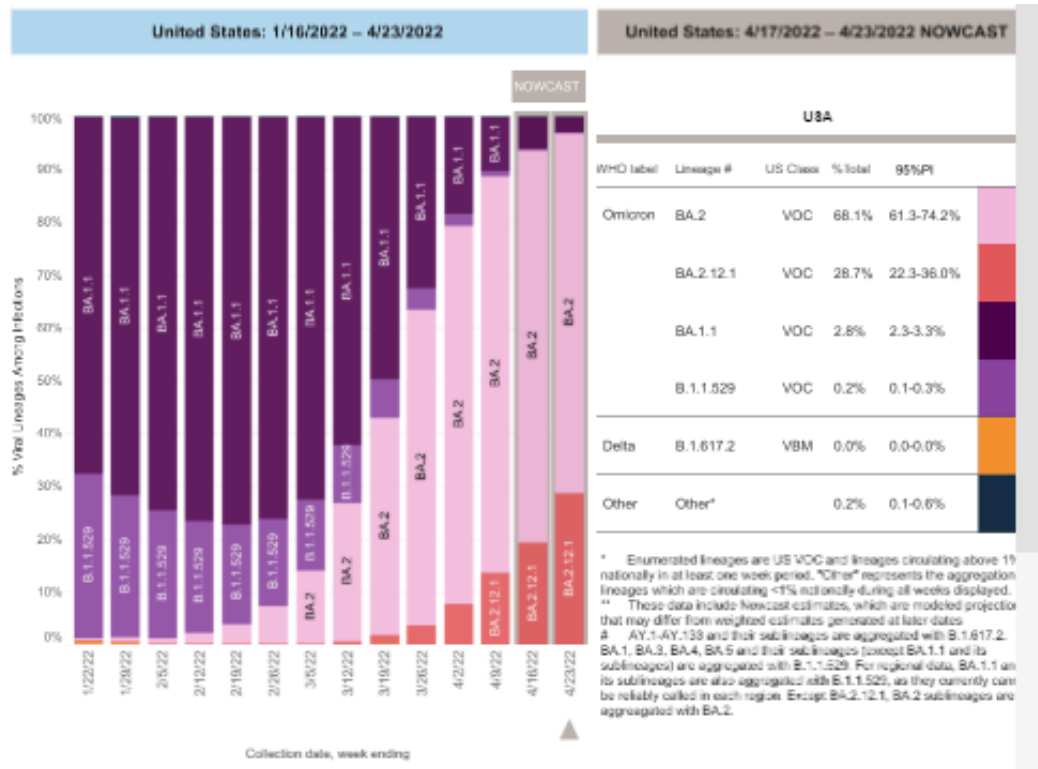


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

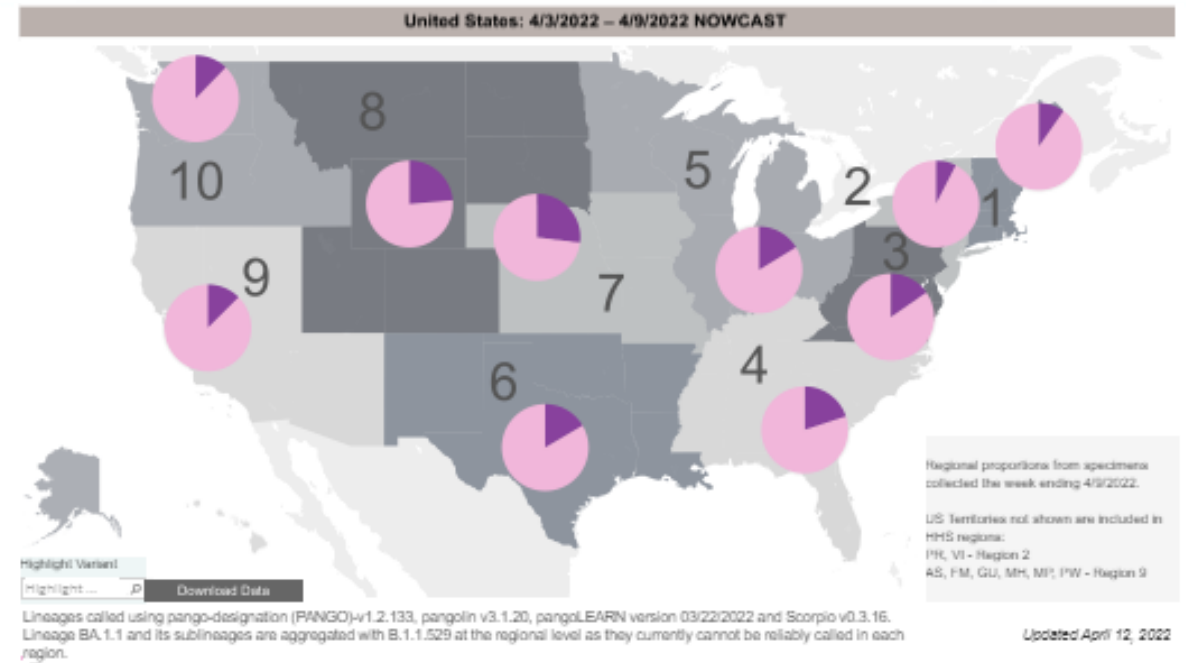
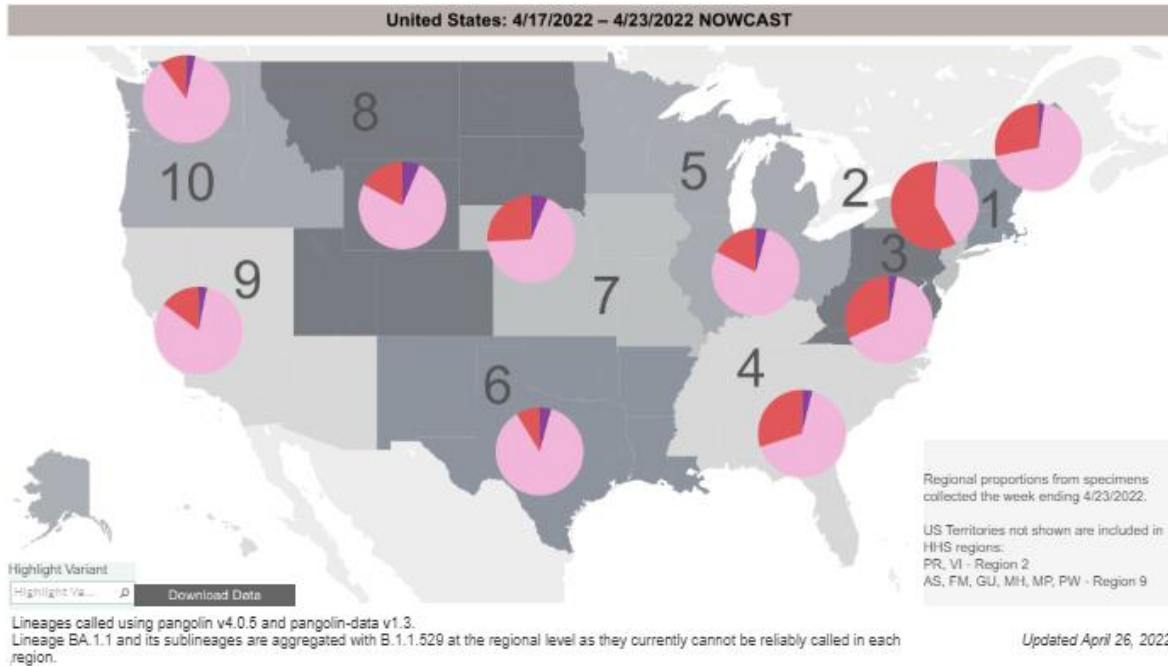
April 27, 2022

# 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 4/23/22. LIGHTEST PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1.**

# 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 4/23/22 (data updated 4/26/22). LIGHT PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1.**

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

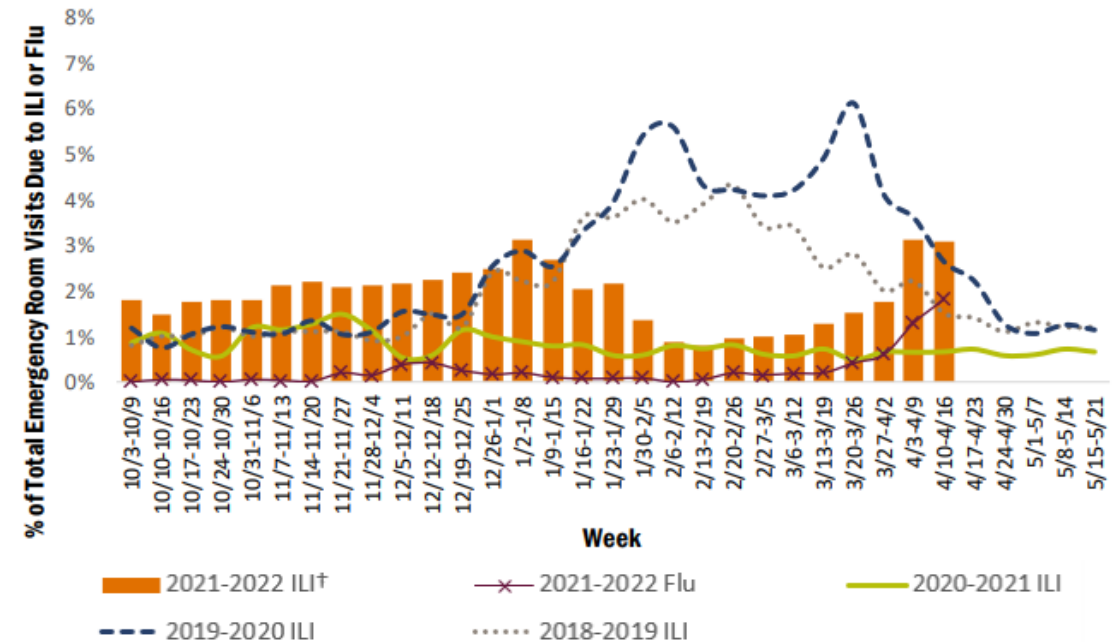
# Don't Forget Influenza!

- The CDC-calculated influenza-like illness (ILI) activity level in Vermont this reporting period remains **minimal**.
- From the CDC (week ending 4/16): Influenza activity varies by region. Activity is highest in the northeast, south-central and mountain regions of the country.
- **Now 22 pediatric flu deaths this season**
- Link to VDH weekly surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-15.pdf>

## Syndromic Surveillance

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



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

# AAP (National) Updates

*Slides 38 – 43 courtesy of the American Academy of Pediatrics  
(from today's **Chapter Chat**)*

# 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: Drs. James Campbell and Lisa Costello
- 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/>



# COVID-19 Vaccine Updates

- Pfizer has submitted an EUA application to the FDA for booster dose for children ages 5-11 years.
- Per [Pfizer press release](#) on April 14, based on data from Phase 2/3 clinical trial in 5-11 year olds:
  - Data from a subanalysis show a 36-fold increase in SARS-CoV-2 Omicron neutralizing titers following a booster (third) dose
  - A booster (third) dose of the Pfizer-BioNTech COVID-19 Vaccine increased neutralizing antibodies by 6-fold against the SARS-CoV-2 wild-type strain



# MMWR: Seroprevalence of Infection – Induced SARS-CoV-2 Antibodies – US, September 2021-February 2022

- National commercial laboratory seroprevalence study examining infection-induced antibodies (anti-nucleocapsid) to SARS-CoV-2

	Sept – Dec 2021	Dec 2021 – Feb 2022
Overall Seroprevalence	33.5%	57.7%
0-11 Year Olds	44.2%	75.2%
12-17 Year olds	45.6%	74.2%

- As of February 2022, approximately 75% of children and adolescents had serologic evidence of previous infection with SARS-CoV-2
- About 1/3 became newly seropositive since December 2021
- See also: AAP News Article





# COVID-19 Therapeutics

- FDA approved Veklury (Remdesivir) to include pediatric patients 28 days of age and older weighing at least 3 kg with positive results of direct SARS-CoV-2 viral testing, who are:
  - Hospitalized, or
  - Not hospitalized and have mild-to-moderate COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death.
- First approved COVID-19 treatment for children < 12 years of age.
- See also: AAP News Article: *FDA approves COVID-19 treatment for children under 12*



# CDC Health Alert Network (HAN) Health Advisory

- HAN issued on April 25: Updated Information on Availability and Use of Treatments for Outpatients with Mild to Moderate COVID-19 Who are at Increased Risk for Severe Outcomes of COVID-19
  - Overview of currently available and recommended therapeutics (preferred therapies include Paxlovid and Remdesivir)
  - Systemic corticosteroids are not recommended to treat patients with mild to moderate COVID who do not require supplemental oxygen
  - Antibacterial therapy is not recommended unless there is another indication
  - Importance of staying up-to-date on COVID-19 vaccination



# CDC Health Alert Network (HAN) Health Advisory

## HAN issued on April 21: Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Etiology

- Cluster of 9 children identified with hepatitis and adenovirus infection in AL from October 2021 – February 2022
  - All 5 cases that were sequenced had adenovirus type 41 infection
  - 2 patients received liver transplant, none died
- Cases of pediatric hepatitis in children who tested negative for hepatitis viruses A,B,C,D, and E also recently reported in the UK, including some with adenovirus infection.
- Recommend that clinicians consider adenovirus testing for pediatric patients with hepatitis with unknown etiology and that cases be reported to state public health and CDC



# Tuesday Media Briefing (4/26/22)



## Governor Phil Scott

- ❑ Speaking from the “Vermont’s Largest Job Fair,” Champlain Valley Expo (hosted by Associated General Contractors of Vermont (AGC-VT))
- ❑ Focus on workforce development – speakers also included:
  - ❑ Matthew Barewicz, Department of Labor
  - ❑ Michael Harrington, Commissioner Department of Labor
  - ❑ Lindsay Kurrle, Secretary of Commerce and Community Development
- ❑ VTDigger coverage: <https://vtdigger.org/2022/04/26/final-reading-mind-the-workforce-gap/>
- ❑ Find VT Medical Society notes from this briefing here: <https://vermontmedicalsociety51665.wildapricot.org/resources/Call%20Notes%20from%20Press%20Conference%20-%20April%2026th.pdf>

# VMS Convo with Health Commissioner Levine

Notes from 4/22/22 Conversation:

<https://vermontmedicalsociety51665.wildapricot.org/resources/VAHHS%20Call%20Notes%20with%20Commissioner%20of%20Health%20-%20April%2022nd.pdf>

***Thank you, Vermont Medical Society!***

# Practice Issues

*Pediatric Acute Severe Hepatitis of Unknown Origin &  
Possible Association with Adenovirus*

*Pediatric COVID-19 Vaccine Update*





## Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Etiology (April 21, 2022)

- Cluster of children with hepatitis & adenovirus infection – *“possible association between pediatric hepatitis and adenovirus infection is currently under investigation.”*
  - ▣ November 2021: UAB/Children’s of Alabama notified CDC of 5 ped. pts. w/significant liver injury (3 w/acute failure) & tested pos. for adenovirus. Case finding: 4 addtl. pts. (total = 9 thru Feb 2022). Prev. healthy. Two pts. required liver transplant; no deaths.
  - ▣ Five sequenced had adenovirus type 41; in 2 pts., neg. by quant. PCR but both pos. when whole blood retested.
- For pediatric pts. with hepatitis of unknown etiology: consider adenovirus testing & report such cases to state public health authorities & to CDC.
  - ▣ NAAT (e.g., PCR) is preferred; may be performed on resp., stool/rectal swab, blood.

## Multi-Country – Acute, severe hepatitis of unknown origin in children

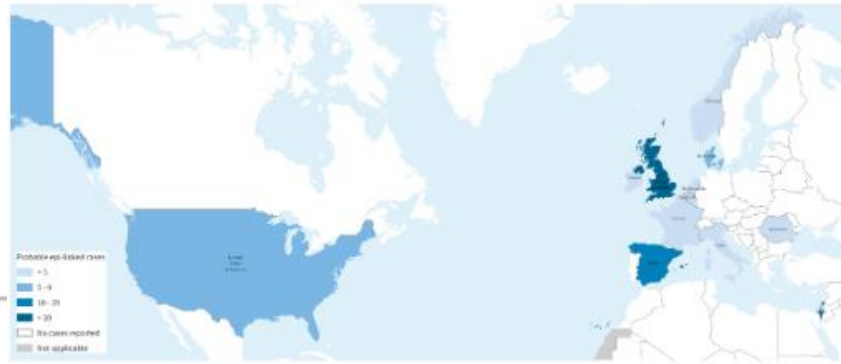
- Preceded by publication re: cases in U.K. & Northern Ireland (4/15/22)
  - *“While adenovirus is a possible hypothesis, investigations are ongoing for the causative agent.”*
  - As of April 21: at least 169 cases reported from 11 countries in WHO European Registry & one country in WHO Region of the Americas.
  - **Clinical syndrome:** acute hepatitis w/markedly elevated liver enzymes (AST or ALT >500 IU/L); many cases w/GI sxs (abd. pain, D, V) & jaundice; most did not have fever. Common causes acute viral hepatitis (hep A, B, C, D and E) **not** detected in any cases. Intl. travel/ links to other countries not identified to date.
  - Cases in 1 month – 16 yo. **17** pts. (~10%) required liver transplantation; at least 1 death.
- <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON376>



# From the World Health Organization/WHO Disease Outbreak News (4/23/22)

## Multi-Country – Acute, severe hepatitis of unknown origin in children (cont'd.)

- Adenovirus detected in at least 74 cases, and of the number of cases with information on molecular testing, 18 have been identified as F type 41.
- SARS-CoV-2 identified in 20 cases of those that were tested.
- Nineteen were detected with a SARS-CoV-2 and adenovirus co-infection.
- <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON376>



The designation and the presentation of the material in this publication do not imply the endorsement of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borders between countries which have not yet been agreed.

Data Source: World Health Organization, United Kingdom Health Security Agency  
Epidemiology and Global Health Emergency Programme  
Map Produced: 15/04/2022  
Version: 1.0

World Health Organization  
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# Vermont Department of Health – Immunization Program

Monica Ogelby, MSN, RN – *Immunization Program Manager*  
Merideth Plumpton, RN - *Nurse Program Coordinator*  
Meghan Knowles – *Provider Communication & Training Coordinator*

# COVID Vaccine for under age 5

- We anticipate vaccine in June (Moderna and Pfizer)
- What we are asking from your office:
  - Have a plan to administer these vaccines and manage increased demand
  - Considerations for plans & communication with patients/families (based on VDH Immunization Program COVID-19 vaccine experience to date):
    - Will vaccine be administered at special clinics and/or through regularly scheduled appointments?
    - Will there be a different protocol for scheduling appointments?
    - Call volume may increase (esp. once vaccine available) – does your office system need to be adjusted to handle the increased call volume?
    - VDH supports setting/conveying reasonable expectations for families

# COVID Vaccine for under age 5

- What VDH is doing
  - Ensuring access for all families
  - Hosting clinics for WIC participants
    - WIC clients will be able to schedule with us or PCP offices; information will be shared via Vermont Immunization Registry
  - Coordinating with Pharmacies that will offer vaccine to age 3+
- How can we help PCP offices?
  - Provide resource guide for front office staff
  - Provide written communication to share with families
  - Once vaccine(s) are approved we will provide materials and training

# 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)

*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

*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.

# 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 27, 2022



# 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, May 4, 2022 12:15 – 1:00 pm VIA ZOOM!**
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine: **May 5 – 12:30-1:00 p.m.**
- **Join VMS Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
  - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#