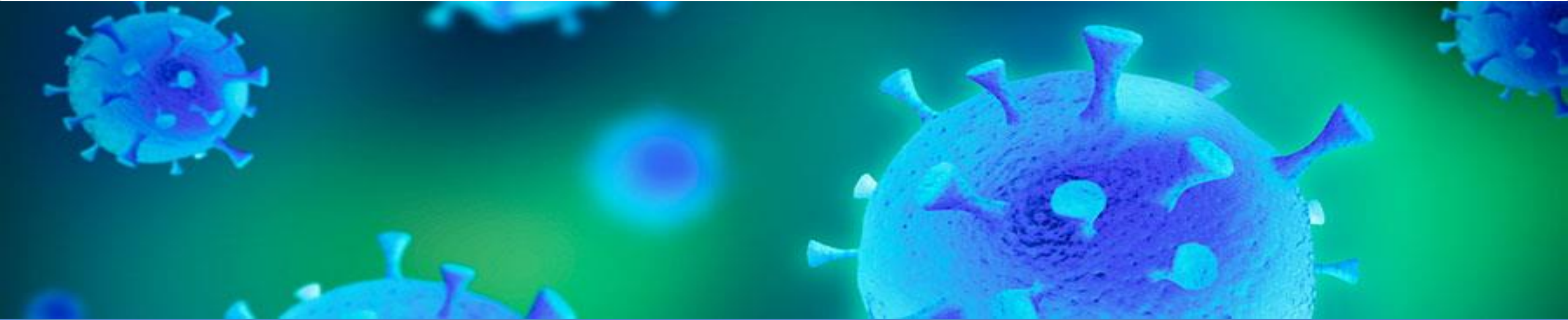


VCHIP / CHAMP / VDH COVID-19 UPDATES



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

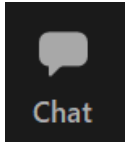
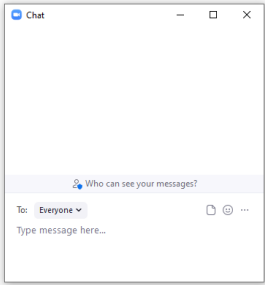
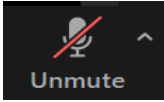
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH

April 6, 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



AN INITIATIVE OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

<https://nphw.org/Themes-and-Facts>

- Celebrating ***National Public Health Week!***
 - ▣ *With profound gratitude to our VT Public Health Colleagues!*
- April is ***Child Abuse Prevention Month***
- Reminder – weekly event schedule:
 - ▣ **April VCHIP-VDH call calendar** (see next slide); Governor’s Media Briefings generally ***Tuesdays only***; VMS calls with Dr. Levine 1st and 3rd Thursdays
- Practice Issues: ***Wednesday Potpourri***
- Q & A/Discussion



Community:
Collaboration and
Resilience



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

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*
- ❑ VMS calls w/VDH Comm. Levine now 1st and 3rd Thursdays



2 years strong!

VMS *COVID Convos* with Health Commissioner Levine

- **2022 Schedule**
- **Calls with VDH Commissioner Levine now 1st and 3rd Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 4/7/22**
- **Summary: VMS calls are held the first and third Thursdays of the month from 12:30 to 1:00 p.m.**
 - ▣ **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=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

219

117,529 Total

Currently Hospitalized

25

Hospitalized in ICU

3

Percent Positive 7-day Avg.

7.4%

New Tests

4,174

3,491,783 Total

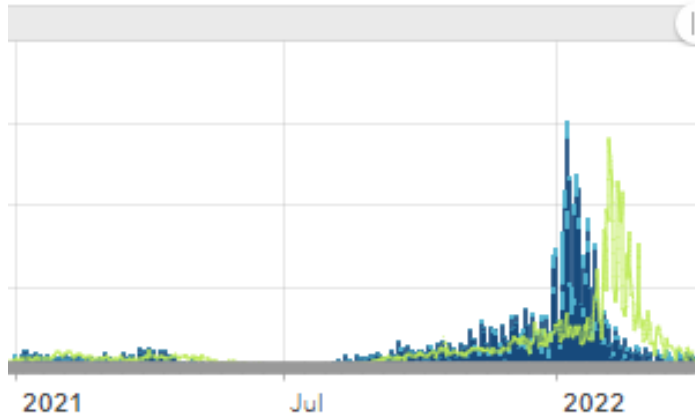
Deaths

620

0.5% of Cases

Last Updated: 4/6/2022, 11:54:53 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. **80.1 million+** cases; **981,112 deaths**

<https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 4/6/22)

Past week: av. 28,693 cases/day (14d. change **-1%**)

6.15 million+ deaths worldwide; 493.6 million+ cases (-30% & -29% 14-day change respectively)

VDH **Data Summary** now q.o.week. **3/31/22:**

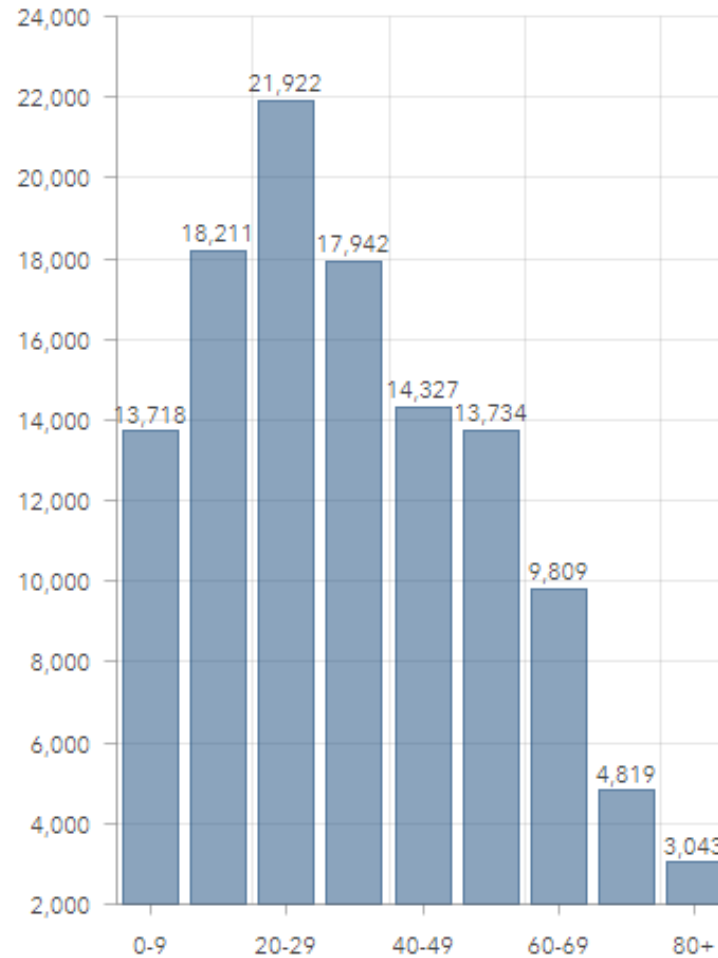
Table of Contents: Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.

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>

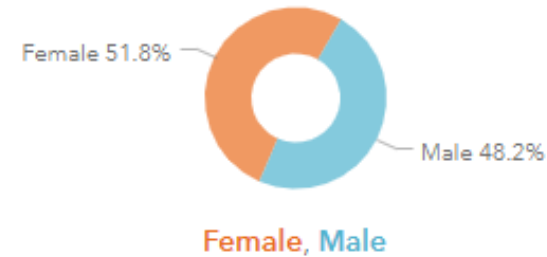
April 6, 2022

Situation update

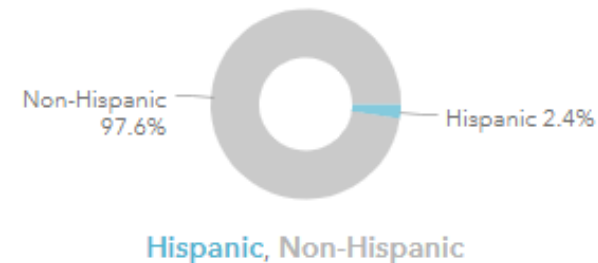
Cases by Age Group if Known *



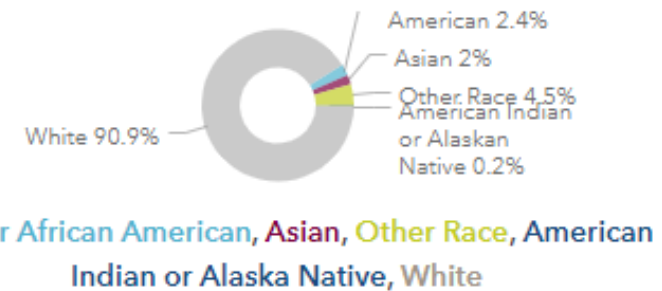
Cases by Sex *



Cases by Ethnicity if Known *



Cases by Race if Known *

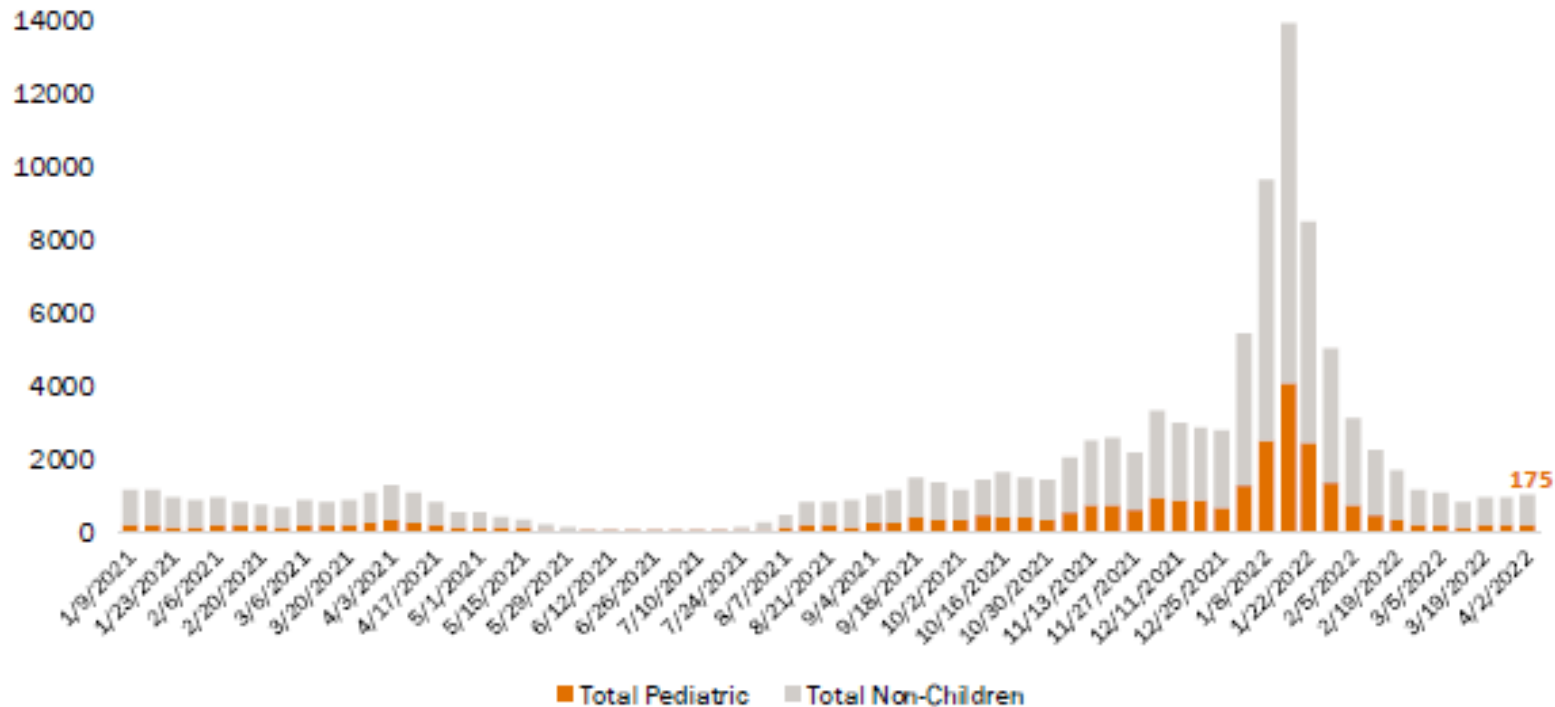


Case Demographics

This brief reflects data as of April 2, 2022 (the last complete MMWR week).

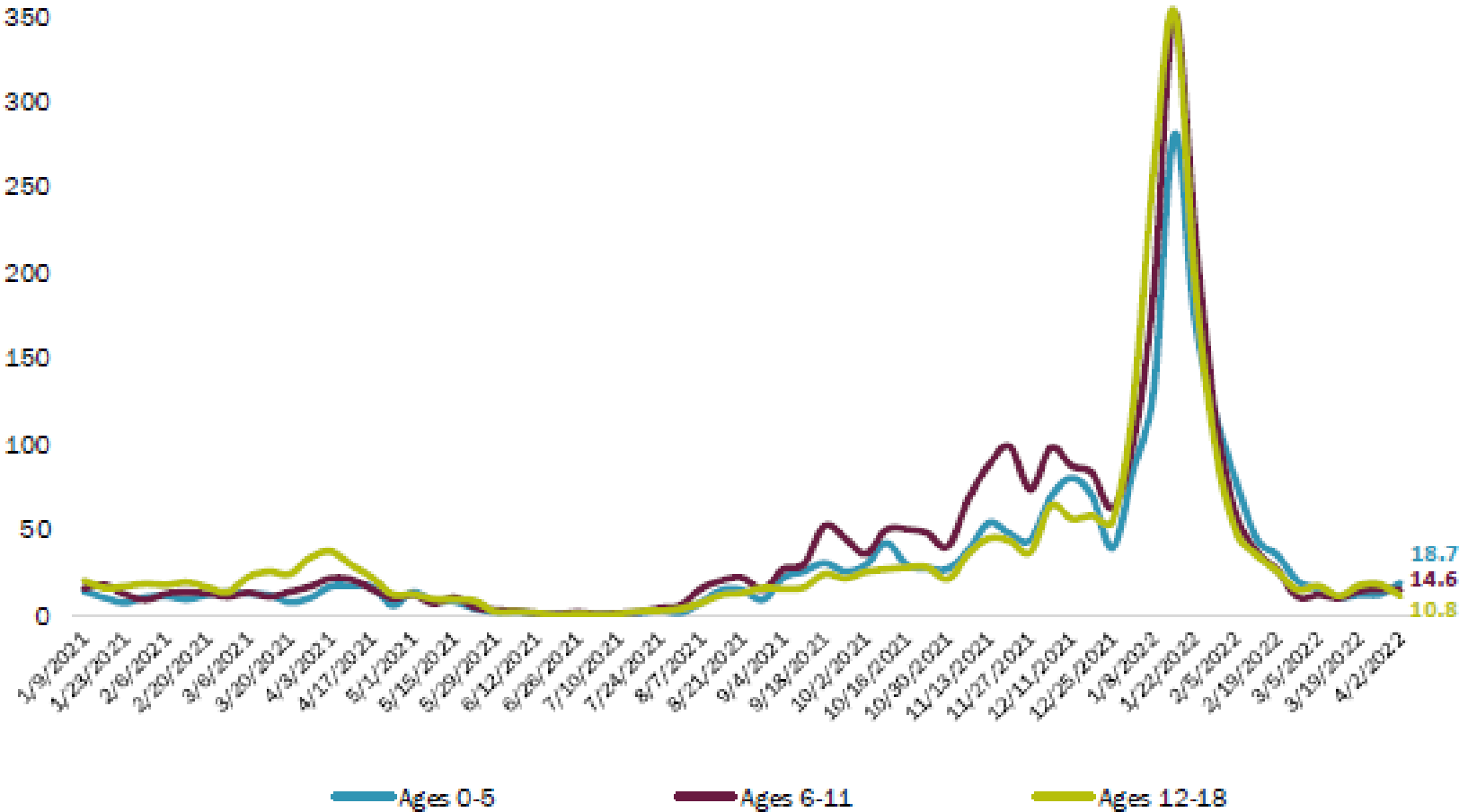
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

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 6, 2022

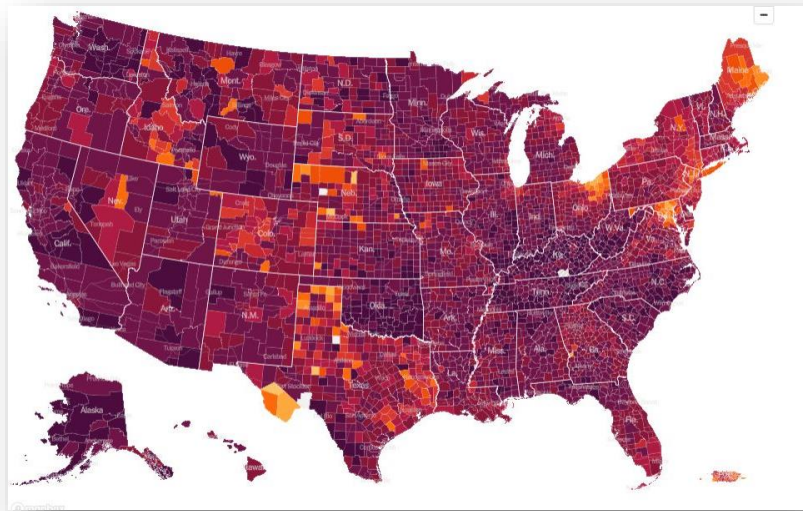
VDH Updates/Reminders

- 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, and we're encouraging 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
 - NOTE: not yet captured (based on report date), but to be included in next report, are 3 flu outbreaks (2 or more ill individuals: 1 high school, 2 LTCFs)
 - Find definitions at <https://www.healthvermont.gov/disease-control/flu/flu-outbreak-management-resources>

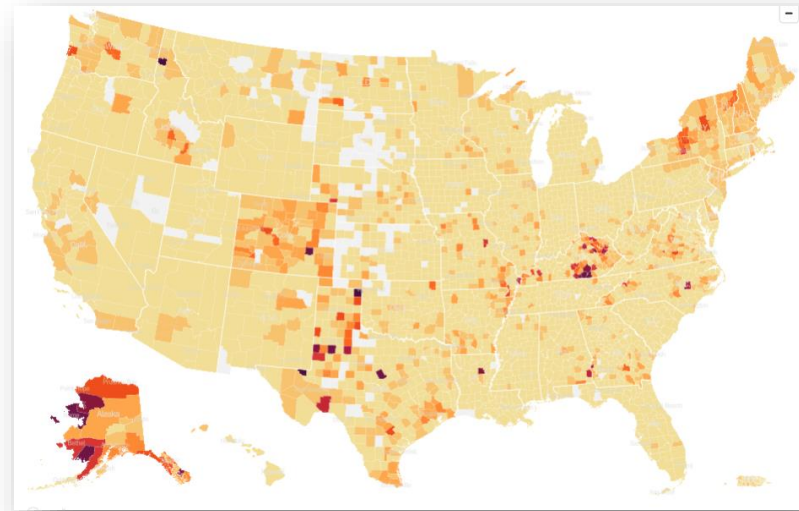
Vermont Educational COVID-19 Data

- **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 3/28-4/3/22): 30 pos. tests off campus; 18 on campus; 1 faculty; 8 staff.
 - **Bennington College** (as of 3/28/22): 2 total active/0 new active cases.
 - **Middlebury College** (as of 4/4/22): 2 new cases; 2 total active (0 students / 2 employees)

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



NYT 1.31.22 all ages



NYT 3.30.22 all ages

As of 3/24/22 – over 12.8M cumulative confirmed child COVID-19 cases

- **29,000 child COVID cases reported week ending 3/24/22**
- **Cases down substantially from the 1.1 million peak January 20**
- **First week since July 2021 that added cases <30,000**

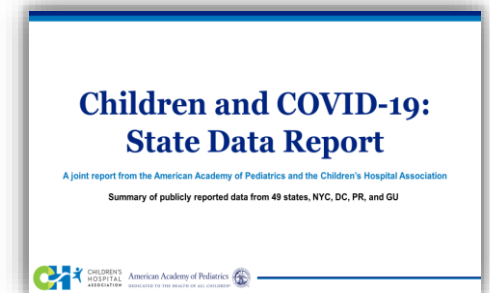
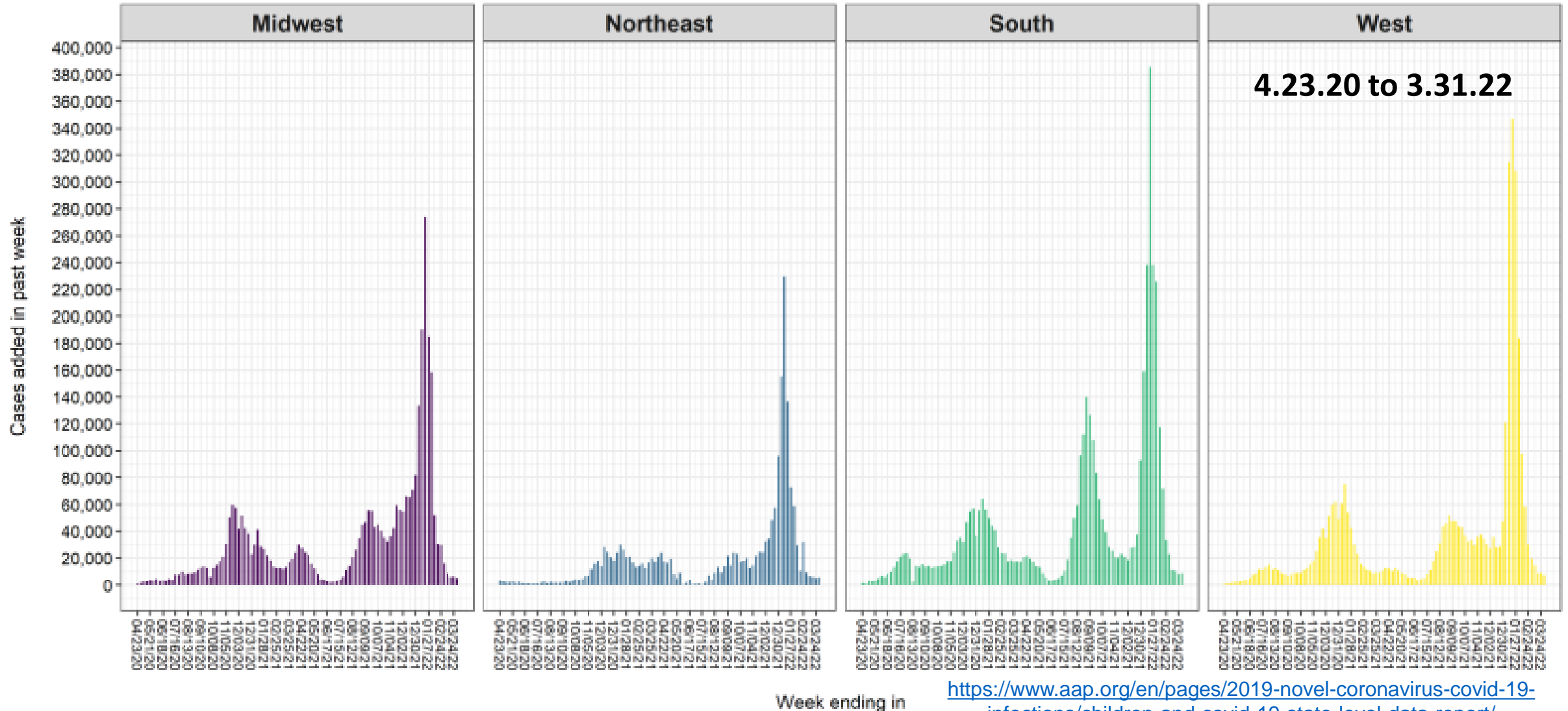


Fig 7. United States: Child COVID-19 Cases Added in Past Week, by Region*



<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 8/12/21, 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 8/29/21 are included (7,754)

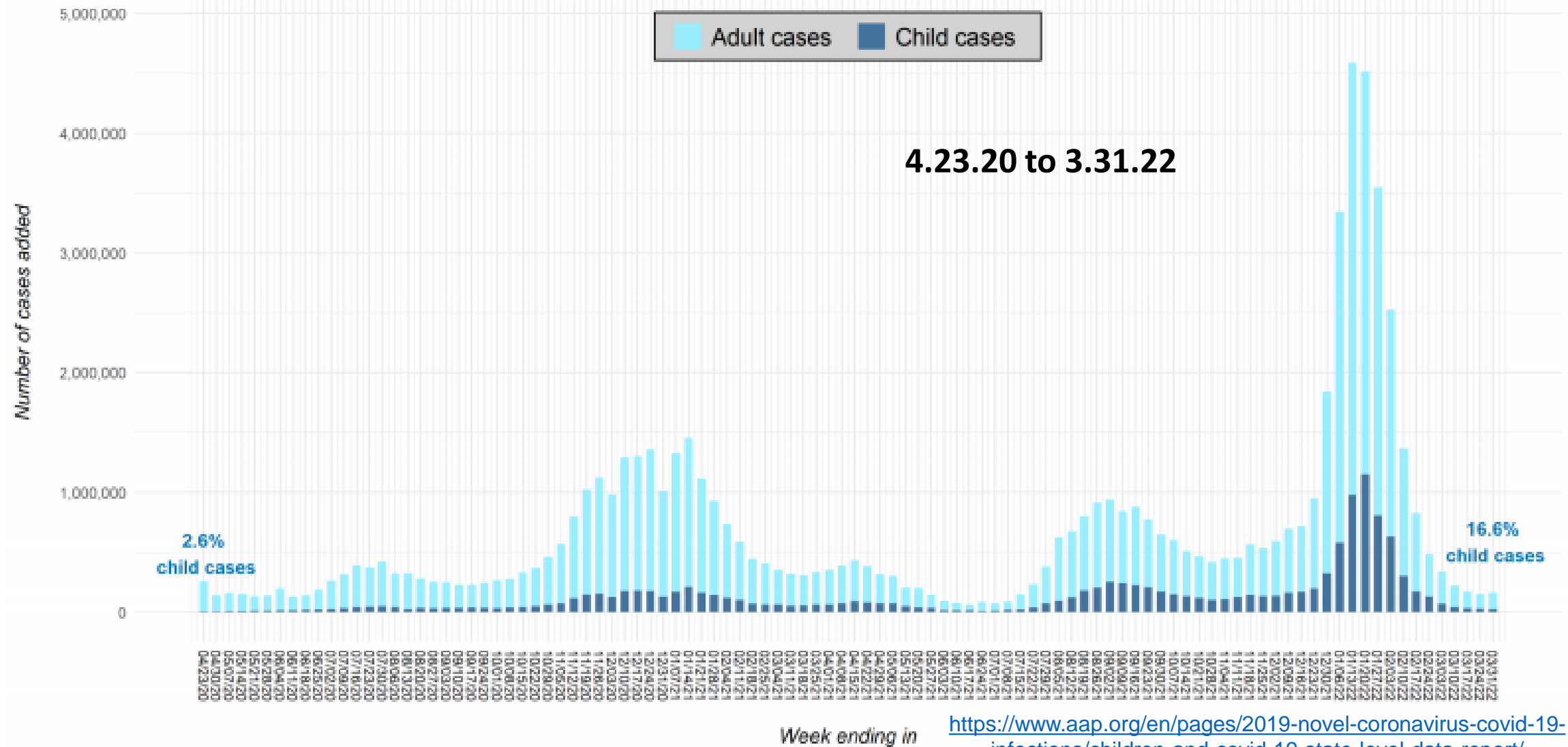
Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate

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

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 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

On 2/17/22, TX released new data that is NOT included in cumulative case counts or figures but located [here](#) and in Appendix 38 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. 2-30%); these cumulative cases through 8/28/21 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 3/9/22, and MS through 3/10/22

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

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CHILDREN'S
HOSPITAL
ASSOCIATION

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



Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 3.29.22

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.

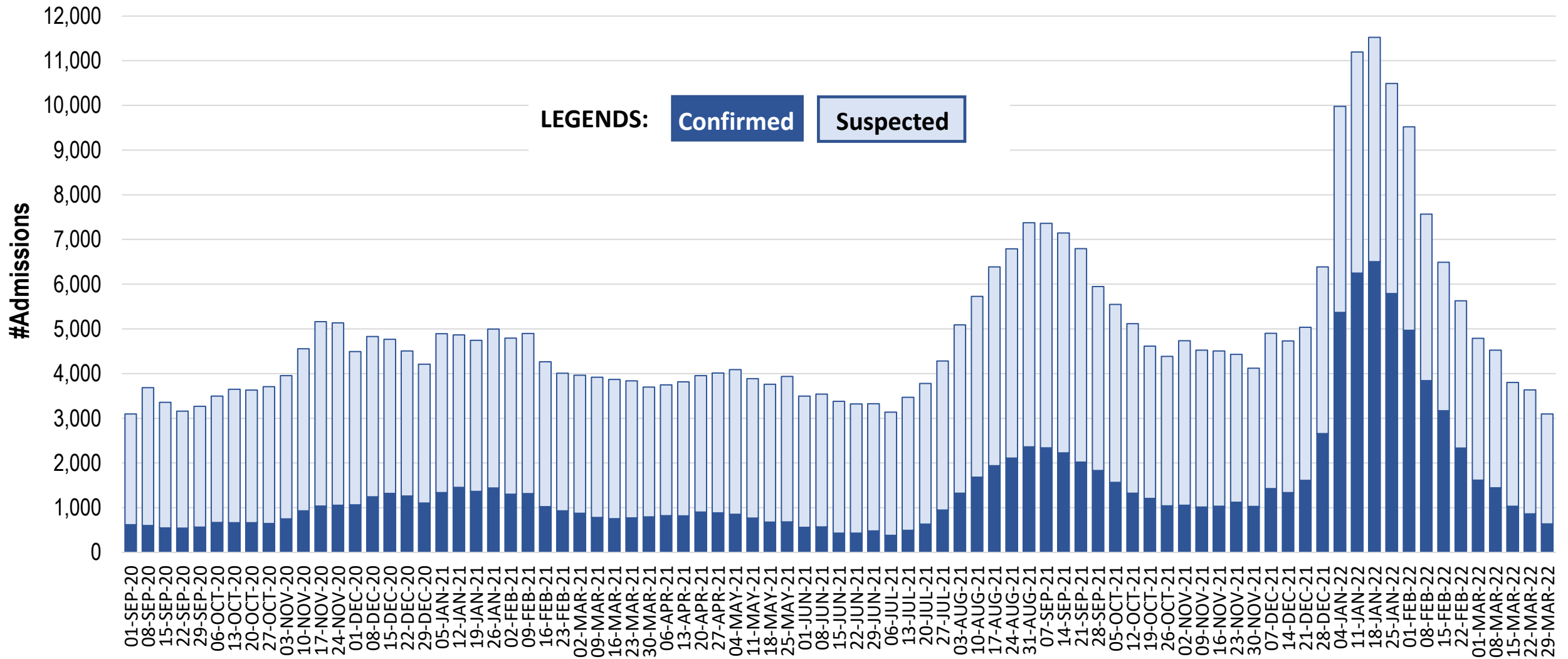
American Academy of Pediatrics

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

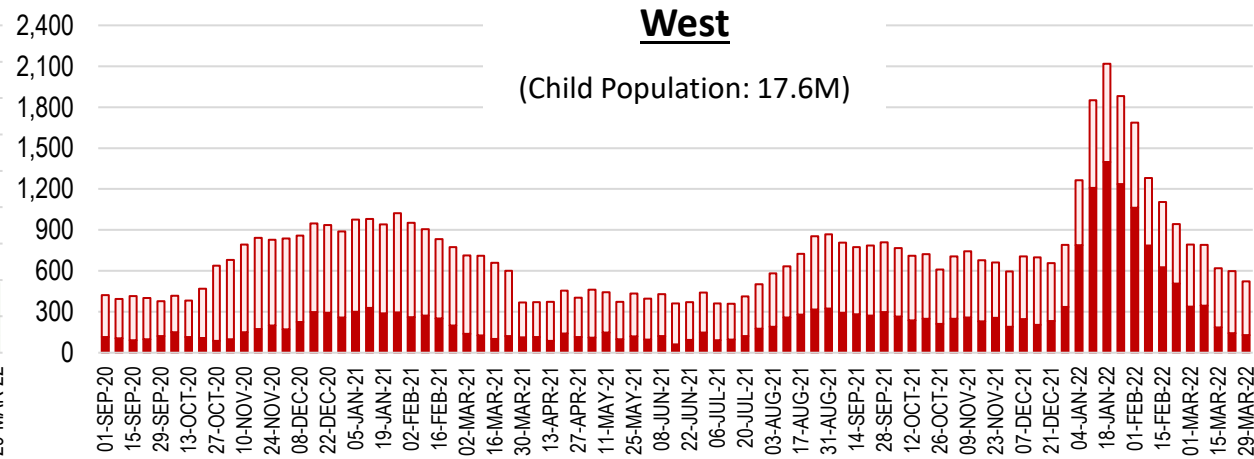
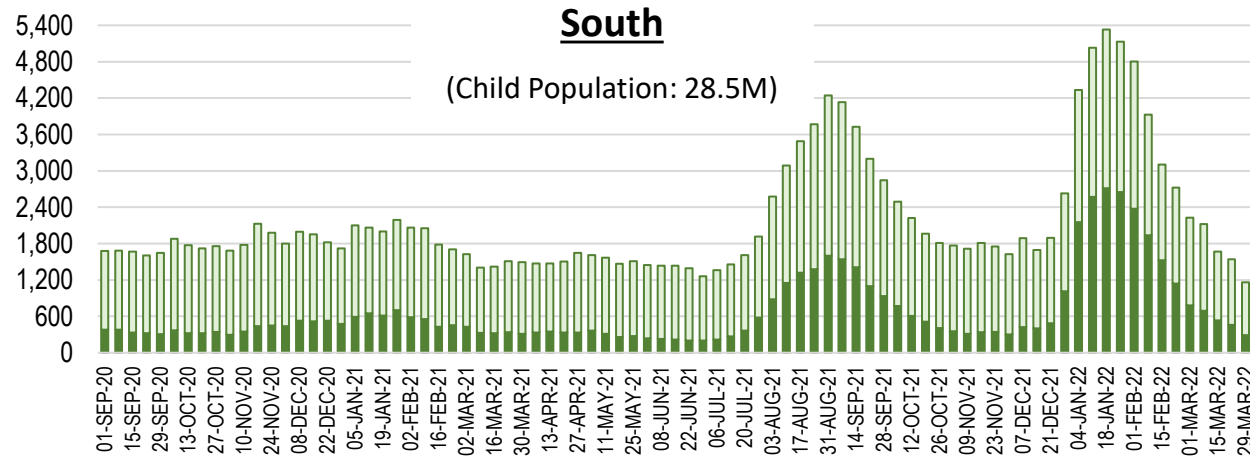
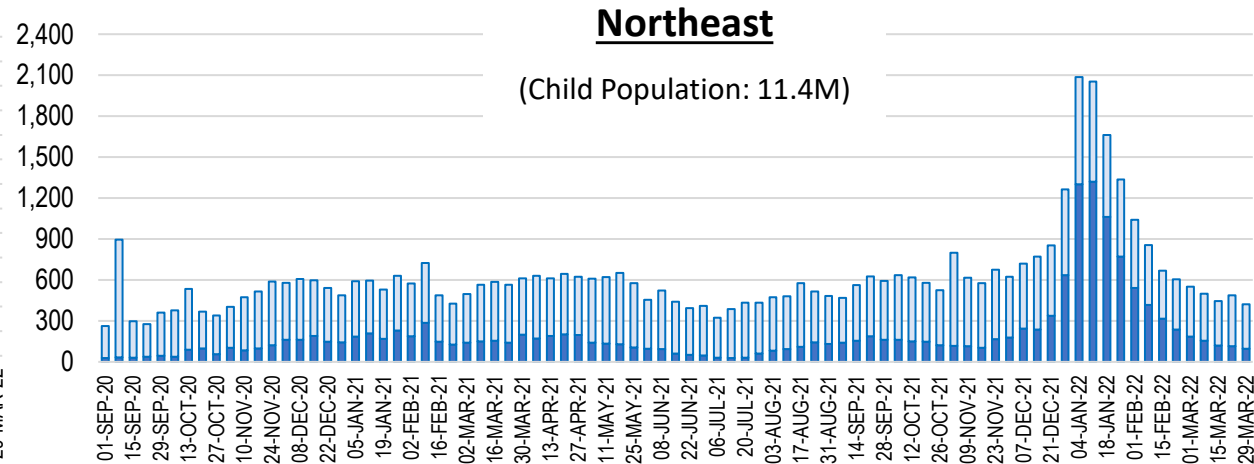
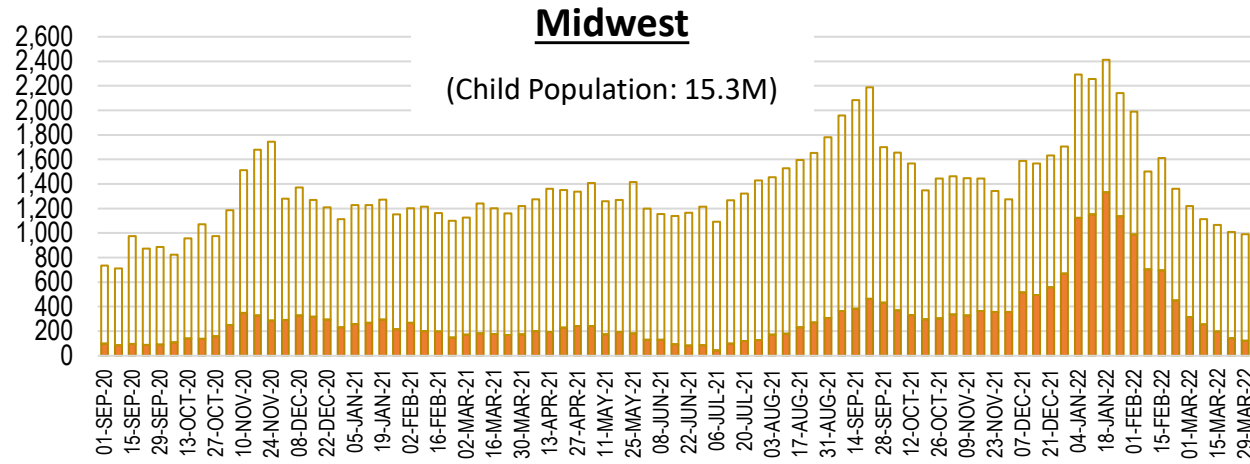
9.1.2020 - 3.29.2022



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)

NOTE: This page copied 4/6/22 at 11 a.m.

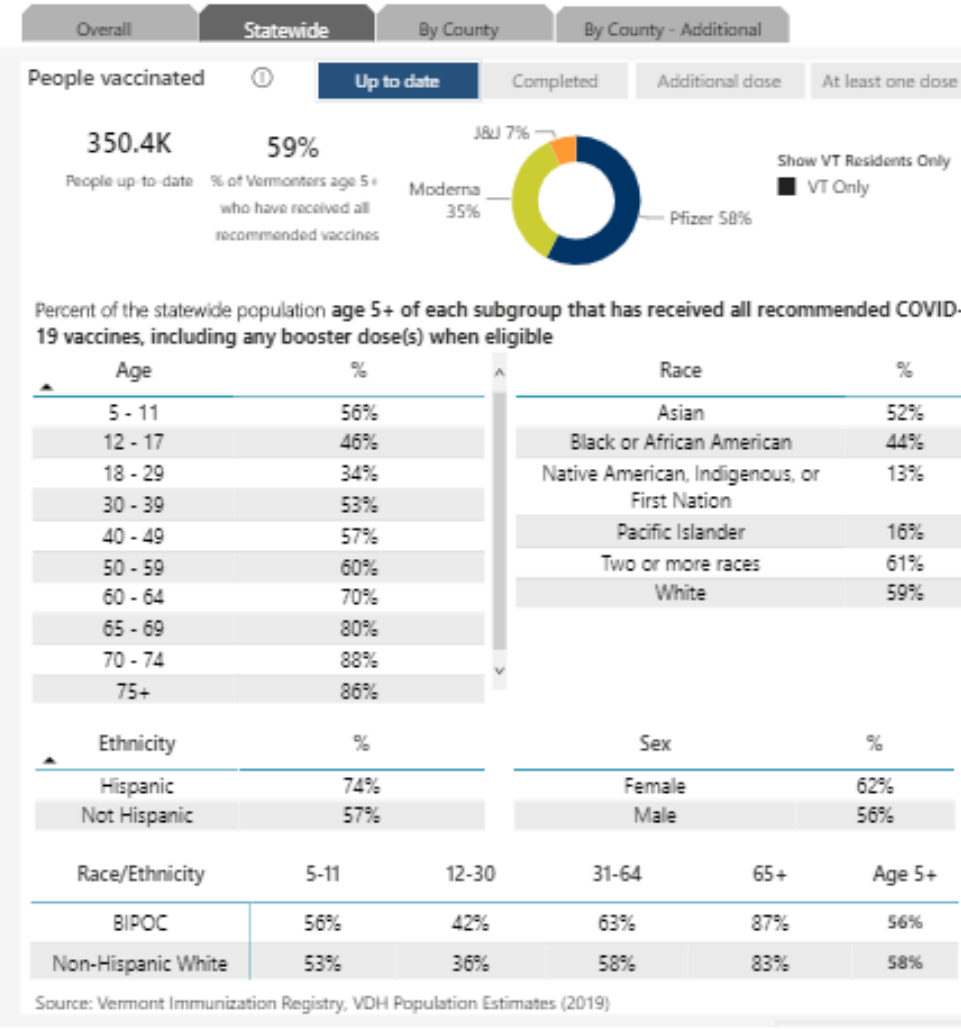
VDH COVID-19 Vaccine Dashboard (“Statewide” view)

[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

Updated 04/06/2022 12:32 PM



Data notes

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

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

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

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

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

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

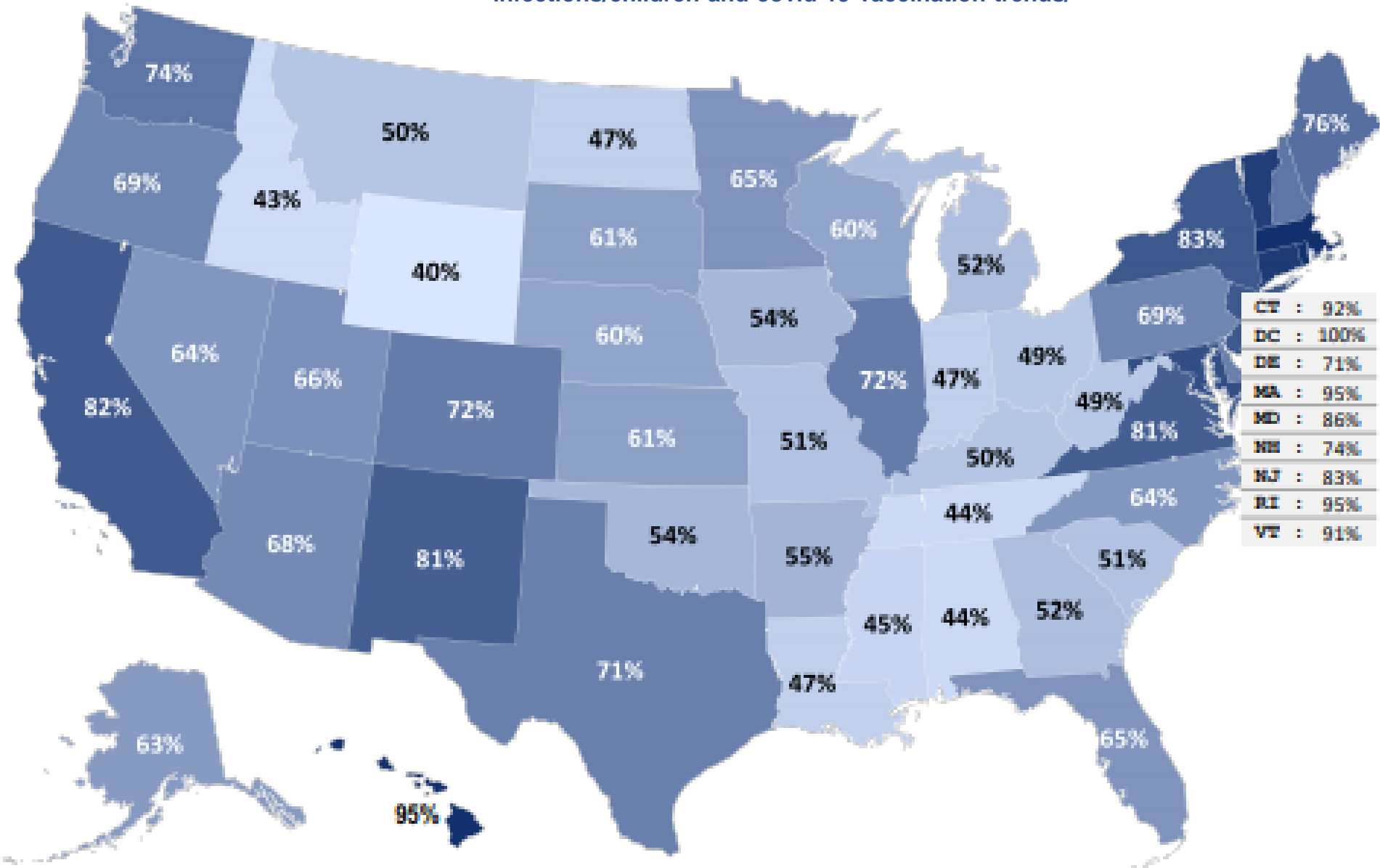
Sex not reported may mean the provider did not collect that information, the patient did not provide it, or the provider or the patient selected a category other than male or female.

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

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

Received Initial Dose  as of 3.30.2022
40% 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/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**

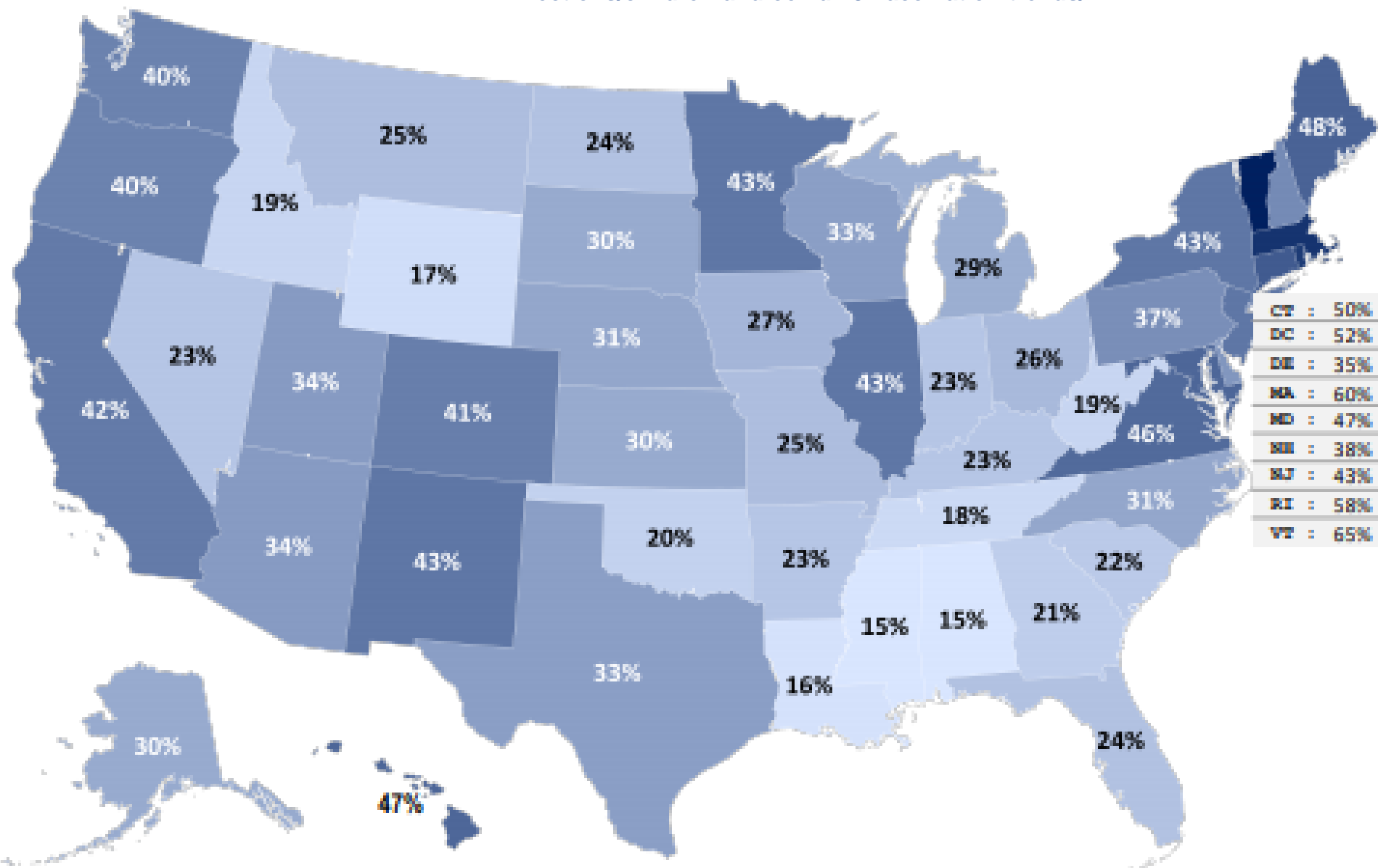
Source: AAP analysis of data series titled "COVID-19 Vaccinations in the United States, Jurisdiction". CDC COVID-19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). Check state web sites for additional or more recent information.

Proportion of Eligible Children



as of 3.30.2022

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

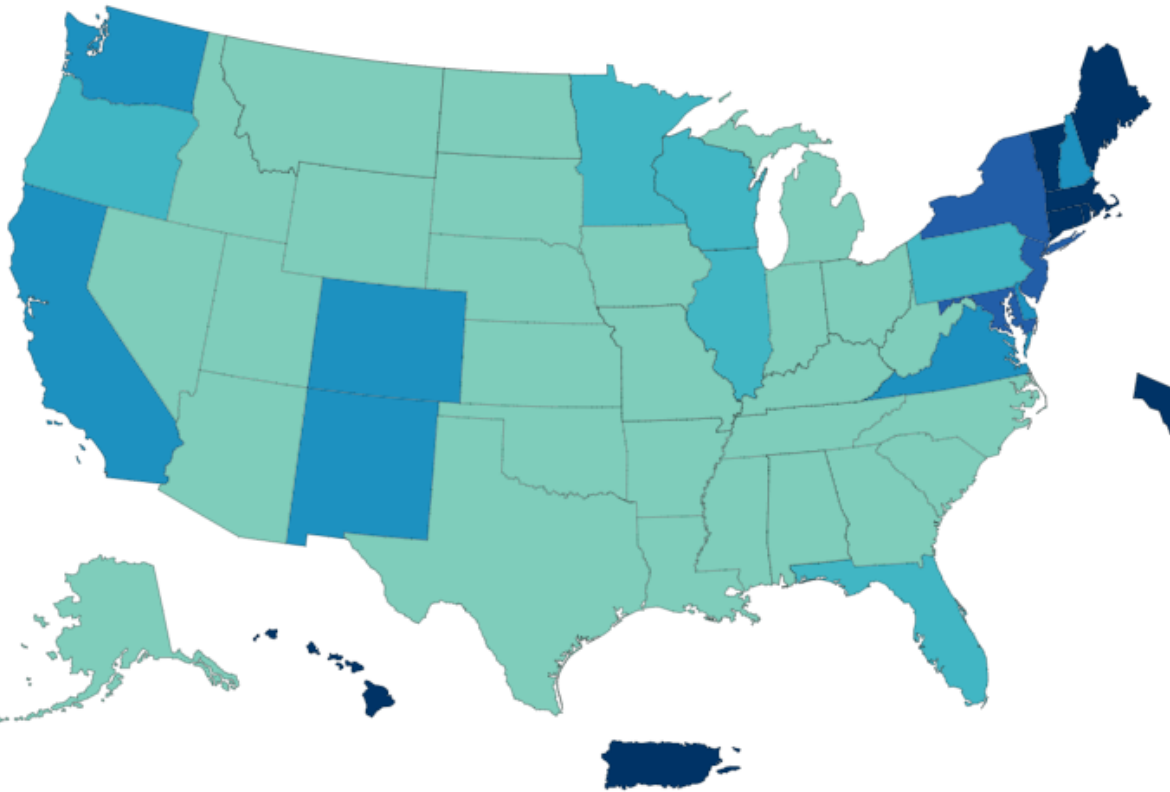


From the CDC Vaccine Tracker

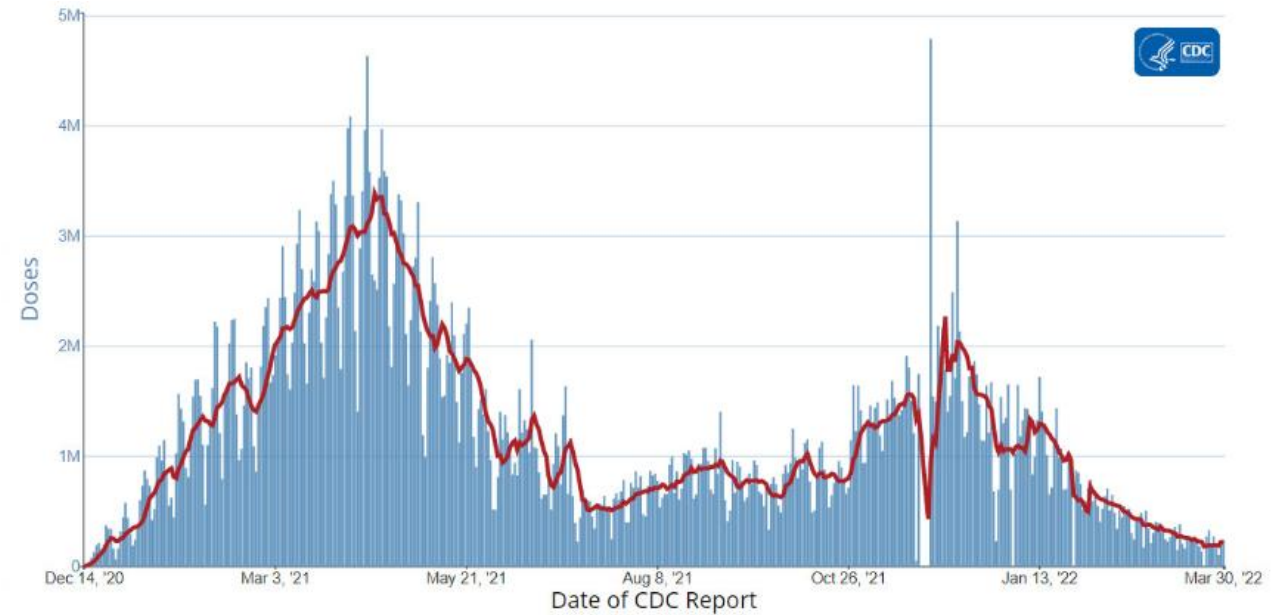
Daily Change in Number of COVID-19 Vaccinations in the United States Reported to CDC

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 +



— 7-Day moving average



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

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

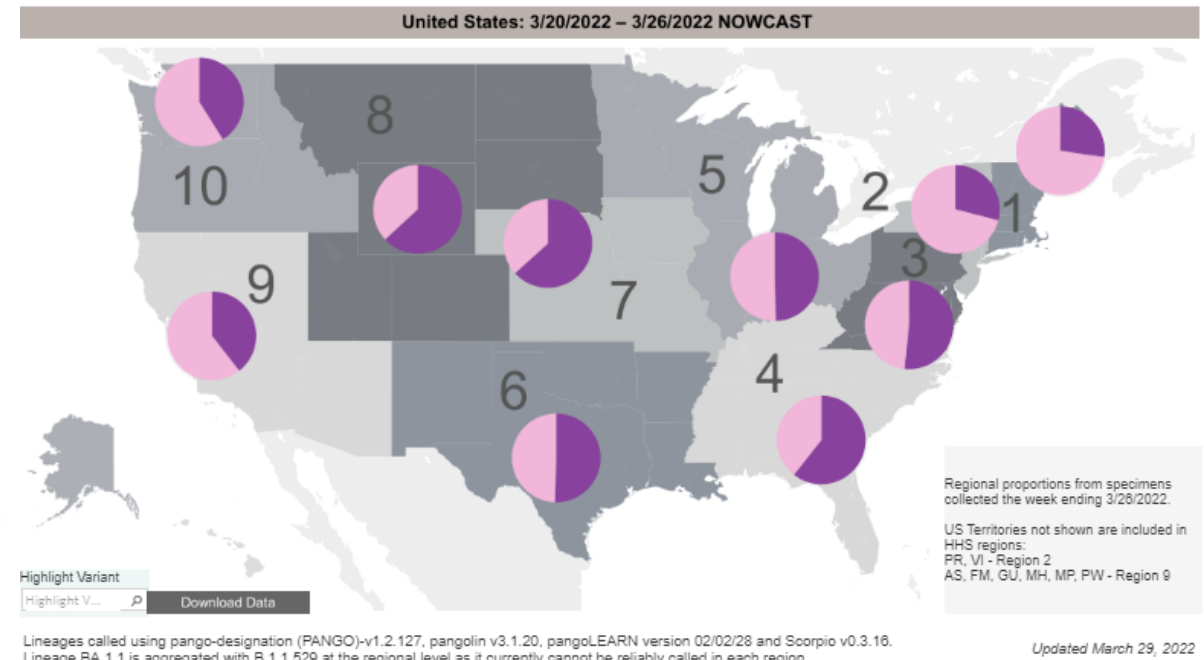
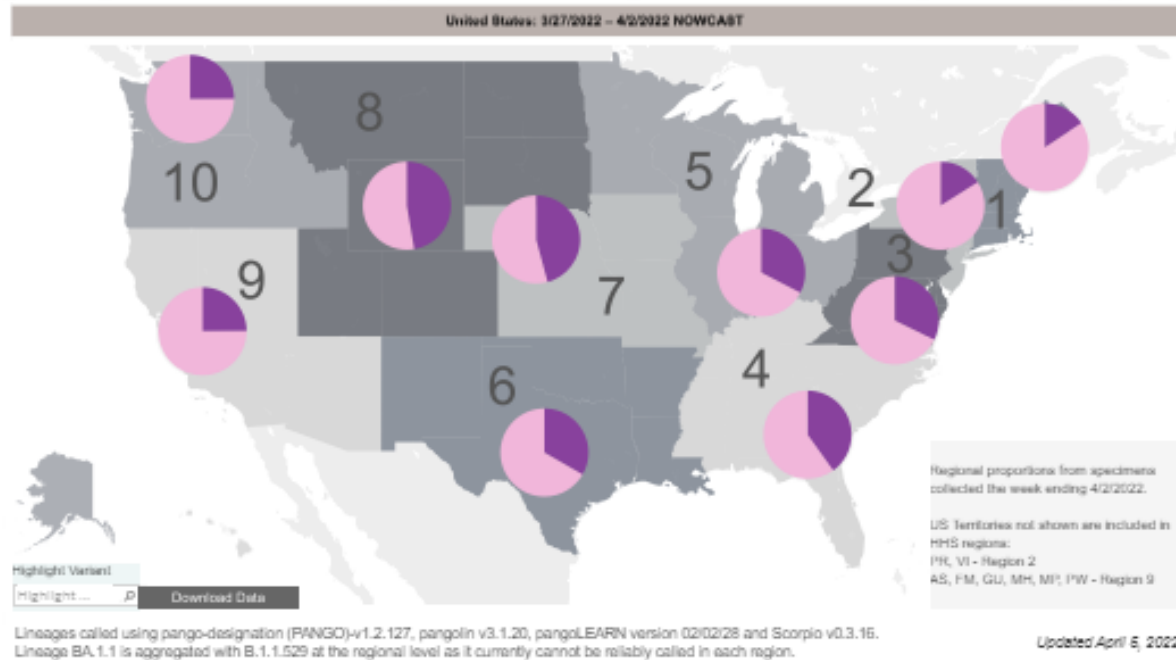
April 6, 2022

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 4/2/22
 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 4/2/22 (data updated 4/6/22). Note cont'd. emergence of Omicron subvariant BA.2 (LIGHT PURPLE).

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

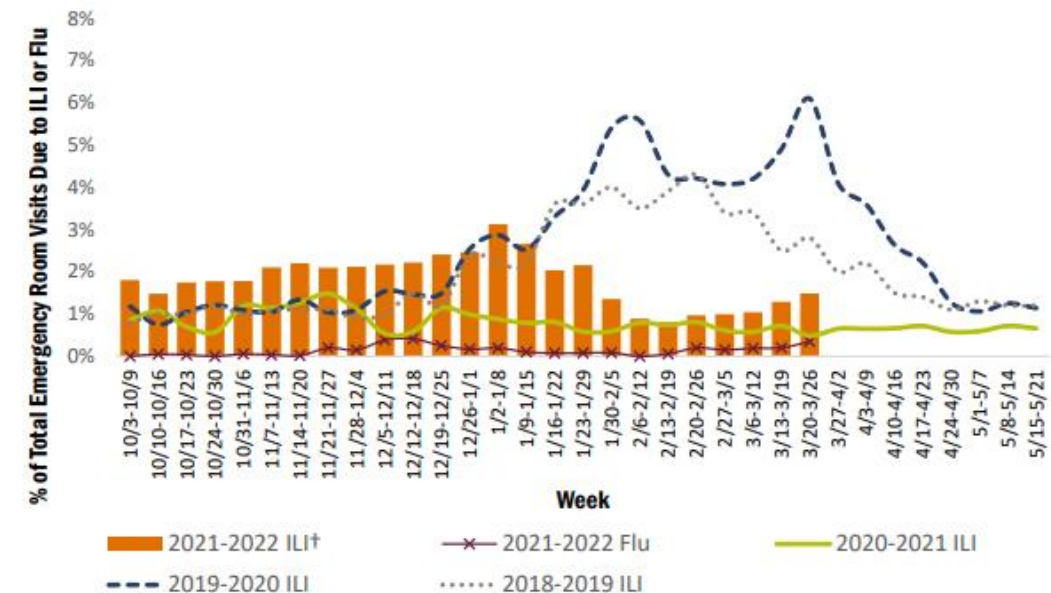
Don't Forget Influenza! [This slide updated after today's call]

- The influenza-like illness (ILI) activity level in Vermont remains **minimal**, VDH surveillance is signaling that influenza transmission is **increasing**.
- From the CDC: influenza activity is still highest in central & south-central U.S. regions but appears to be declining slightly. Influenza activity is increasing in the northeast & northwest regions.
- **Now 14 pediatric flu deaths this season**
- Link to VDH weekly surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-12.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.

4/1/2022

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

Coming Soon

Black Maternal Health Week: April 11-17, 2022

- Founded/led by the **Black Mamas Matter Alliance**
 - ▣ 2022 theme, “Building for Liberation: Centering Black Mamas, Black Families and Black Systems of Care”
 - ▣ Centering Black women’s scholarship, maternity care work, & advocacy across full-spectrum of sexual, maternal, reproductive health care, services, programs, initiatives.
- Related programs:
 - ▣ <https://www.npr.org/2022/03/09/1085534156/the-pandemic-is-making-americas-maternal-mortality-rate-worse>
 - ▣ <https://www.npr.org/2022/03/28/1089310986/mothers-of-gynecology-honored-in-black-maternal-health-conference-in-montgomery>

Practice Opportunity!



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

- VCHIP's **Youth Non-Vaping Team** 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 30 – 36 courtesy of the American Academy of Pediatrics

[Updated slides from today's Chapter Chat not available]

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 ≥ 12 years of age with certain immune deficiencies at least 4 months after receipt of a first booster dose
 - Those who have undergone solid organ transplantation or living with conditions that are considered to have an equivalent level of immunocompromise
 - Pfizer for those ≥ 12 years of age or Moderna for those ≥ 18 years of age
- Adults who received Janssen COVID-19 vaccine for primary series and booster at least 4 months ago may now receive a 2nd booster using mRNA vaccine

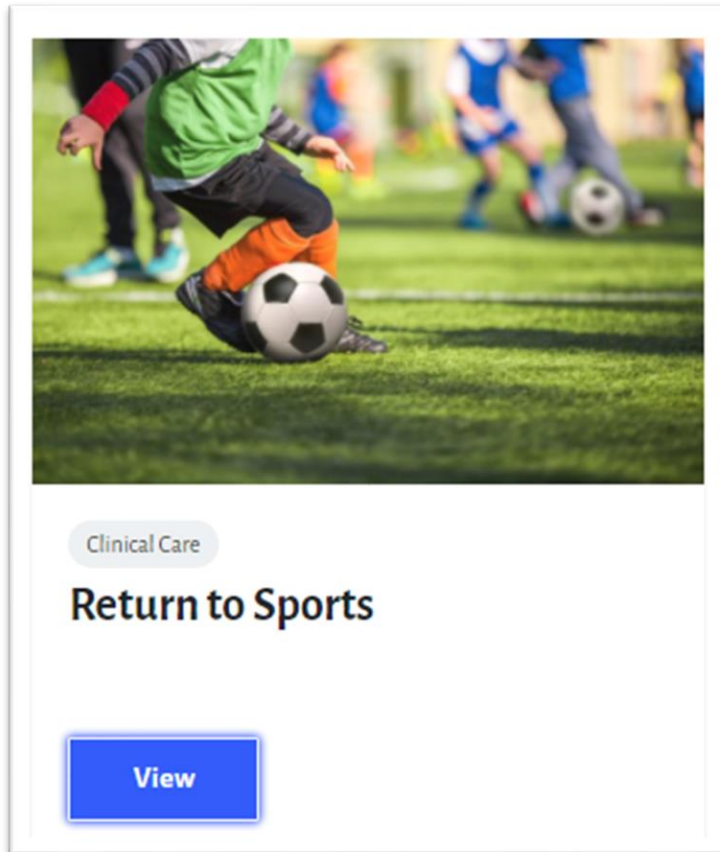


Interim Guidance on Face Masks and Other Prevention Strategies (Updated 3/23/22)

- Accounts for changing epidemiology and revised CDC guidance
- Specifically points out pediatric populations who continue to remain at higher risk of COVID-19 illness where continued use of face masks might be beneficial (e.g., unvaccinated, immunocompromised, CYSHCN)
- Recommends that high quality, well-fitting masks be made available to all who remain vulnerable
- Supports continued mask use by children, adolescents, and teachers even in areas of low community risk
- Supports flexibility in 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



COVID-19 SUPPLEMENTAL REQUEST

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

AAFP American Academy of Family Physicians
American Academy of Pediatrics
ACOG The American College of Obstetricians and Gynecologists
ACP American College of Physicians
Leading Internal Medicine Inspiring Lives

March 22, 2022

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

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

Dear Speaker Pelosi, Minority Leader
McConnell:

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

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

¹ CDC confirms uptick in Covid virus found
confirms-uptick-covid-19-found-wastewa
² COVID Data Tracker: Monitoring Variant I
<https://covid.cdc.gov/covid-data-tracker/>

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

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

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

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

³ The White House Fact Sheet: Consequences of Lack
not Act. <https://www.whitehouse.gov/briefing-room/policy-statements/2022/03/22/20220322-01/>
⁴ The White House Fact Sheet: Consequences of Lack
not Act. <https://www.whitehouse.gov/briefing-room/policy-statements/2022/03/22/20220322-02/>
⁵ COVID-19 Claims Reimbursement to Health Care Pro
Administration for the Uninsured. <https://www.hrsa.gov/covid-19-claims-reimbursement/>

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

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

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

Sincerely,

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

A
DEDICATED TO THE HEALTH OF ALL CHILDREN®

GUN VIOLENCE PREVENTION RESEARCH FUNDING

- Firearms remain a leading cause of mortality for children
- Research a longstanding AAP priority after 1996 restrictions
- Since FY20- \$25m for CDC and NIH, a push for \$50m
- Progress, but a clear need for more
- Generations lost- rebuilding rather than resuming



Blueprint for Youth Suicide Prevention

Blueprint for Youth Suicide Prevention

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



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

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

PHOTO: KATHARINA

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



American
Foundation
for Suicide
Prevention

Youth Suicide Prevention: A Call to Action

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

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



www.aap.org/suicideprevention

American Academy of Pediatrics

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

- ❑ **VT-CPAP:** funded by Pediatric Mental Health Care Access (PMHCA) New Area Expansion grant from the ARPA via HRSA. VT DMH & Community Health Centers of Burlington will host of the **Vermont Child Psychiatry Access Program.**
- ❑ Intent: support VT PCPs in managing patients with behavioral health problems so they 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.

Let's pause for a poll...

Requesting Your Feedback re: Call Content/Frequency!

- ❑ VCHIP team is planning for future call content and frequency
- ❑ Will continue our focus on all pediatric pandemic response content, including vaccine development and administration
- ❑ Also anticipate continued increase in content related to addressing youth mental & behavioral health care (e.g., VT CPAP) & other topics related to COVID “recovery” phase
- ❑ Based on above & thinking about May, June and beyond, what is your anticipated availability and preferred call frequency?
 - ▣ Continue weekly schedule (subject to change as conditions warrant)
 - ▣ Conduct calls twice/month
 - ▣ Conduct calls monthly
 - ▣ I am not likely to attend these calls regularly in the future

April is Child Abuse Prevention Month



From the UVM Children's Hospital Child Safe Program:

- **What:** help plant a pinwheel garden in recognition of this month
- **When:** gather Thursday (4/7/22) at 12:30 pm (rain or shine)
- **Where:** main entrance of UVM MC, Burlington – pinwheels will be planted on the green in front of main entrance (near flagpole).
- **Who:** everyone is welcome!

For more **national** information, visit:

- <https://www.childwelfare.gov/topics/preventing/preventionmonth/>

From the VT Public Health Association

Prevention Works! VT

- ❑ **Prevention Day 2022 - April 7, 2022, 9am-2pm**
- ❑ **Celebrating Community Through Collaboration**
- ❑ Opportunity to bring together youth, prevention organizations, and supporters to educate decision makers and to celebrate the substance misuse prevention community in Vermont. This year, Prevention Day will be held in collaboration with the OVX (Our Voices Xposed) Statehouse Rally.
- ❑ See tonight's email for activities from 9:00 am to 2:00pm

In case you missed it...

UVM CH Pediatric Grand Rounds **today** (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

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 (4/5/22)



Governor Phil Scott

- [Dr. Levine not available today]
- Importance of making investments to strengthen economy statewide. Budget surplus provides opportunity for economic development: proposed 100m. to VT Legislature to support communities, employers, employees (housing, sewer, water, wastewater improvements). to build housing.
- 30m. for Grand List enhancement programs where most needed (50m. for capital investments – help small businesses/non-profits survive/recover/grow); 20m. Business assistance loans (focus on hospitality, agriculture, arts).
- House-passed budget did not include; deferred to Senate.

Tuesday Media Briefing (cont'd.)



Dept. of Economic Development Comm. Joan Goldstein

- ❑ Capital investments would augment program currently under way. Program had >100 applications for w/>90m.: child care, performing arts, museums, improve food distribution, hospitality, restaurants/breweries,
- ❑ Grand List enhancement programs support municipalities who need help to expand tax base. VT Tax Dept. says >1/2 towns have stagnating/declining Grand List. Money facilitates development/redevelopment of commercial or multi-unit dwellings. Also proposed forgivable loan program to be administered by VT Economic Development Authority.
- ❑ Also requested 6m. for recruitment incentives, creation of recruitment marketing/relocation network; 6m. For brownfields cleanup (addresses contamination but also adds jobs, housing, hotel rooms).

Select Q & A

- **Q:** Seems that COVID cases ticking up slightly – self-reported cases ticking up – what’s your assessment? Gov. Scott: not surprising – didn’t expect COVID was going to disappear. COVID is here to stay for a while – we need to manage. Not surprised by any slight increase – fairly flat, so I think we’re doing OK.
- **Q:** mixed message re: 2nd boosters – CDC/Washington say good idea for >50 – is that VDH message? Gov. Scott: I’m in that boat. I’m contemplating whether I should or not...it seems like it has a shelf life. I’m going to determine whether I have mine now or wait till later in summer/fall so better protected when we come back indoors. Message I’m hearing is no harm in having it but in most cases not necessary...right now, cases in U.S. pretty flat, so I don’t see the need – I’m pretty well protected right now – if I happened to get it, it’s fairly mild...I probably will wait a bit.
- Taxes to fund universal school meals? Gov. Scott: NO – in this time of unprecedented surplus, we’re not going to increase taxes now.

Select Q & A

- **Q:** last week AOE Secy. French spoke out in opposition to Districts setting their own mask policies. CDC now “reversed course” re: 3 VT cos. w/high level community transmission. Any final thoughts re: whether Districts should be able to put forward own policies? What barometers will you use re: whether polices should be reinstated, in the context of shifting testing policies, hospitalized patients testing pos. for COVID-19, etc.? Secy. French: I recommended following public health guidance...this is not a time when we need volatility, but a time to defer to VDH for recommendations. VDH has been very successful in formulating those throughout the pandemic.
- **Q:** any tracking re: whether school-age cases rising locally? Secy. French: it’s about the trends – we get regular updates on regional data. Right now think trends are v. manageable w/recs in place.

Select Q & A

- **Q:** appears self-reported Ag tests rose this week – in testing kit giveaway, are there specific instructions or parameters that might influence self-reporting?
State Epidemiologist Dr. Patsy Kelso: first, CDC didn't "reverse course" – they recalculate [community spread] weekly & showed those counties were at lower levels. We know w/at-home tests used more frequently, less reliant on case reporting – that's why those levels were developed – they factor in case reporting AND hospitalizations. Positive cases past 3 weeks reflects COVID still around – same thing not happening w/hospitalizations. We know BA.2 in VT for a couple of weeks. Hopeful we won't see dramatic surge or increase in hospitalizations to point that it strains the hospital system.

Practice Issues

*Wednesday Potpourri:
Questions from the Field
COVID-19 Vaccine Updates*



Question from the Field

- Thanks to Libby McDonald (UVM Children's Primary Care) & BHS nurses for thinking about **where to document child's COVID-19 diagnosis for school nurses and return to play** – considered using sports pre-participation form but these are not submitted to schools throughout the year
- Response from Kaitlyn Kodzis, VT State School Nurse Consultant (VDH):
 - ▣ *Putting a student's COVID history would be more appropriate as part of the health history form for the provider instead of on the sports clearance form. Then, provider can take appropriate steps in addressing possible cardiac concerns in the child.*
 - ▣ *Return-to-Play is not the school's responsibility nor required for the State, & if put on sports clearance form, it may be interpreted as such. Clearance form indicates that student is cleared, cleared with restrictions, or not cleared. If more detailed hx & PE indicated restrictions related to COVID, could simply list in "not cleared" or "cleared w/restrictions" section of the form. Also: frequency for form completion is not dictated. So, some student may not have clearance form completed for a few years, or they may get COVID after the start of the season or in a new season.*

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
- 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 [†]	3-8 weeks [†]	At least 5 months [†]
Moderna	18 years and older	2	1 [†]	4-8 weeks [†]	At least 5 months [†]
Janssen	18 years and older	1	1 [†]	NA	At least 2 months [†]

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

[†]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

[†]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>

COVID-19 Vaccine Updates (cont'd.)

- FDA Vaccines and Related Biological Products Advisory Committee (**VRBAC**) meeting **today** (4/6/22) to discuss the future of vaccine and planning for emerging variants – VDH Immunization Program staff will monitor and share relevant information on next week's VCHIP-VDH COVID-19 update call.
- Per VRBAC web page: “the committee will meet in open session to discuss considerations for use of COVID-19 vaccine booster doses and the process for COVID-19 vaccine strain selection to address current and emerging variants.

<https://www.fda.gov/advisory-committees/vaccines-and-related-biological-products-advisory-committee/2022-meeting-materials-vaccines-and-related-biological-products-advisory-committee>

Immunization Program Reminders

- VDH has normalized COVID-19 Vaccine Ordering
 - Resource is available:
www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-COVID19-Vaccine-Ordering-Guidance.pdf
- Communications, Trainings, and Provider Updates are all available on our Website:
www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals

More Potpourri

- From The New Yorker: *The Mystifying Rise of Child Suicide*
 - ▣ <https://www.newyorker.com/magazine/2022/04/11/the-mystifying-rise-of-child-suicide>
- NYT: *A New Covid Mystery – Why haven't cases started rising again in the U.S.?* (David Leonhardt, 4/6/22)
 - ▣ <https://www.nytimes.com/2022/04/06/briefing/covid-cases-us-omicron-subvariant.html>
- NYT: *Israeli Study Says Second Booster Protects Against Omicron Infection But Wanes Fast*
 - ▣ <https://www.nytimes.com/live/2022/04/05/world/covid-19-mandates-cases-vaccine>

- Fleming Museum (UVM) exhibit of interest – “*Unpacked: Refugee Baggage*” (thru 5/6/22)

MENU

FLEMING MUSEUM OF ART

UNPACKED: Refugee Baggage



Mohamad Hafez, *Badr Family*, 2017. Mixed media, Dimensions variable. Credit nelsonimaging.com

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



With Hope for the People of Ukraine & Our World

- AAP coordinating w/International Pediatric Association to support colleagues in Ukraine & in countries caring for refugees...expect long recovery period. For immediate action, consider donations:
 - ▣ **AAP Disaster Recovery Fund:** supports children in harm after any disaster, worldwide (donate.aap.org – select “Disaster Recovery”).
 - ▣ **UNICEF:** supports initiatives that provide emergency relief in Ukraine/elsewhere (Ukraine: safeguard rights to safety, health, education, psychosocial support, protection, water and sanitation services: <https://www.unicefusa.org/>)
 - ▣ **MedGlobal:** physician-founded relief organization ([MedGlobal.org](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/>



In case you missed it...

Pediatricians Speaking Out

- WCAX story on staying home when sick: Dr. Leah Costello
 - ▣ <https://www.wcax.com/2022/03/29/regular-sicknesses-creep-back-into-schools/>
- ***Pediatrics*** article on behavioral health integration in (MA) FQHCs; accompanying blog post by Dr. Lewis First
- VTDigger commentary – Dr. Ashley Miller: ***Mental health crisis is overwhelming our primary care system*** (3/21/22)
 - ▣ <https://vtdigger.org/2022/03/21/dr-ashley-miller-mental-health-crisis-is-overwhelming-our-primary-care-system/>
 - ▣ *“I’m writing to implore Vermont’s policymakers to invest in primary care now, as the mental health crisis that is crushing Vermont’s young people is also putting immeasurable strain on our beleaguered primary care health system...Much like mental health, primary care is in crisis. The primary care physician is the backbone of our health care system...But without adequate support, primary care clinicians cannot meet the increasing mental health needs of their patients, young and old.”*

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!***



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*
- ❑ VMS calls w/VDH Comm. Levine now 1st and 3rd 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
 - ▣ **What do you need** – how can we be helpful (specific guidance)?
- **VCHIP CHAMP VDH COVID-19 website:**
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- Next CHAMP call – **Wednesday, April 13, 2022 12:15 – 1:00 pm VIA ZOOM!**
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – **April 7 – 12:30-1:00 p.m.**
- **Join VMS Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684
 - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#