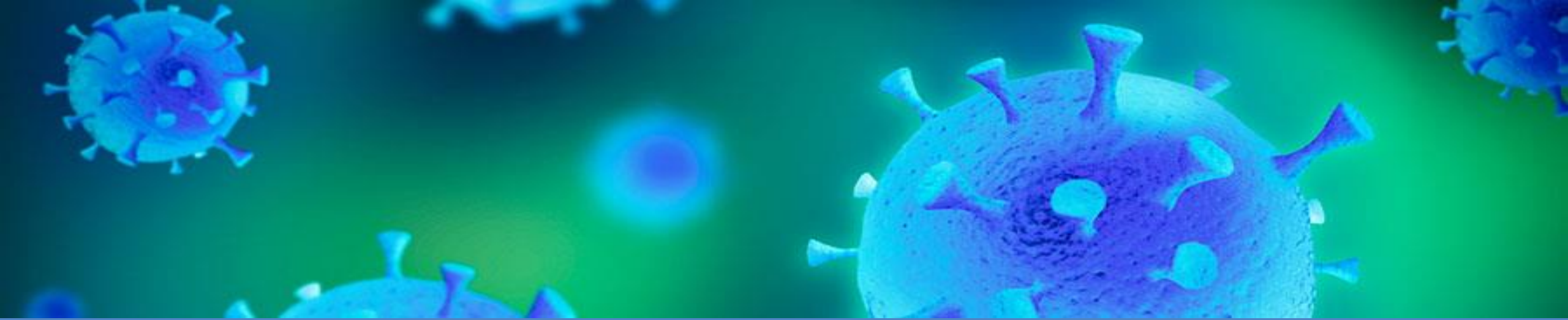


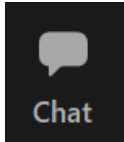
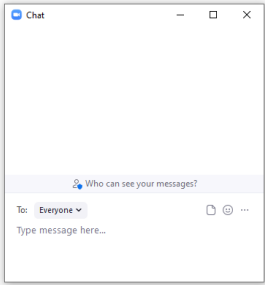
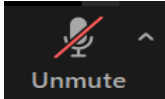
# VCHIP / CHAMP / VDH COVID-19 UPDATES



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*May 11, 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



- **National Safe Kids Week**
  - Self-Poisoning Prevention: VT Provider Toolkit <https://www.nnepc.org/>
- May 10: **National Fentanyl Awareness Day**
  - Raise awareness as fentanyl continue to drive U.S. overdoses
- Reminder – weekly event schedule:
  - **VCHIP-VDH call calendar** (slide 5) Governor’s Media Briefings generally **Tuesdays only**; VMS calls with Dr. Levine 1<sup>st</sup> and 3<sup>rd</sup> Thursdays
- Practice Issues: **Catching Up on Pediatric Preventive Care: Oral Health & Lead Screening Updates**
- Q & A/Discussion

**Water Safety**

- Watch kids around water. Keep **young children within arm's reach** of an adult.
- Enroll children in **swim lessons** and teach them water survival skills.
- Install **4-sided fences** around home pools.
- Teach children that swimming in **open water is different** from swimming in a pool.
- Teach children to wear **U.S. Coast Guard-approved life jackets** when boating.
- Learn **CPR** and basic water rescue skills.

**Bike Safety**

- Remind your child to wear a **properly-fitted helmet** when biking, skateboarding, riding a scooter or in-line skating.
- **Check equipment.** Make sure your child's bike is the appropriate size and works properly.
- Teach your kids **the rules of the road.** Make sure they know proper hand signals, understand traffic signs and signals.
- **Be sure your kids are seen while riding.** Wearing bright colors, using lights, and using reflectors will help them be seen.

<https://www.safekids.org/safe-kids-week>

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

# Proclamation: *School Nurse Day in Vermont!*

- Governor Scott proclaims today (May 11) **School Nurse Day** in Vermont
- From the **National Association of School Nurses**: 2022 theme is ***“Bridging Healthcare and Education today and every day.”***
- Learn more at:  
[www.schoolnurseday.org](http://www.schoolnurseday.org)  
**#SND2022**

Thank you, Clayton Wetzel, BSN RN  
NCSN, VSSNA Webmaster

State of Vermont  
Executive Department  
A Proclamation

WHEREAS, students are the future and, by investing in them today, we are ensuring our world for tomorrow; and

WHEREAS, families deserve to feel confident that their children will be cared for when they are at school; and

WHEREAS, all students have a right to have their physical and mental health needs safely met while in the school setting; and

WHEREAS, students today face more complex and life-threatening health problems requiring care in school and the COVID-19 pandemic has emphasized the essential role school nurses play in student health and academic success; and

WHEREAS, school nurses have served a critical role in improving public health and in ensuring student's academic success for more than 100 years; and

WHEREAS, school nurses address the home and community factors (e.g. social determinants) that impact students' health and school nurses act as a liaison to the school community, families, and health care providers on behalf of children's health by promoting wellness and improving health outcomes for our nation's children; and

WHEREAS, school nurses support the health and educational success of children and youth by providing access to care when children's cognitive development is at its peak; and

WHEREAS, school nurses are members of school-based teams (e.g., school health services, 504/IEP, disaster/emergency planning) to address the school population and school nurses understand the link between health and learning and are in a position to make a positive difference for children every day; and

WHEREAS, the National Association of School Nurses celebrates and acknowledges the accomplishments of school nurses everywhere, not just on School Nurse Day, but at every opportunity throughout the year for their efforts of meeting the needs of today's students by improving the delivery of health care in our schools for the nation's school nurses, who contribute to our local communities stay healthy, in school, and ready to learn, and keeping at work.

NOW, THEREFORE, I, Philip B. Scott, Governor, hereby proclaim May 11, 2022

SCHOOL NURSE DAY  
in Vermont.

Given under my hand and the Great Seal of Vermont on this 10th day of May, A.D. 2022



Brianne A. Wilson  
Secretary of Civil and Military Affairs

Philip B. Scott  
Governor



# VCHIP-VDH COVID-19 Call Schedule

## ***May / June / Summer 2022:***

- ❑ May: calls on **5/4, 5/11, 5/18** (***no call 5/25***) – some specialized content (preventive care catchup; mental 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!***

May 11, 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 5/19/22**
- **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=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
  - ▣ **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

**261**

127,457 Total

Currently Hospitalized

**59**

Hospitalized in ICU

**6**

Percent Positive 7-day Avg.

**14.4%**

New Tests

**2,301**

3,612,711 Total

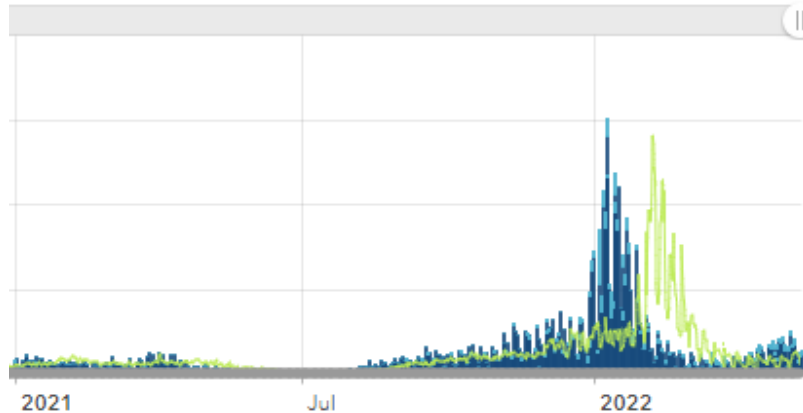
Deaths

**648**

0.5% of Cases

Last Updated: 5/11/2022, 11:40:08 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: 23,606 VT total cases; 52 new/14 hosp.

□ U.S. **81.98 million+** cases; **996,916 deaths**

□ <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 5/11/22)

□ Past week: av. 77,092 cases/day (14d. change **+52%**)

□ **6.25 million+ deaths worldwide; 518.7 million+ cases** (-31% & -16% 14-day change respectively)

VDH Data Summary now q.o.week. **4/28/22:**

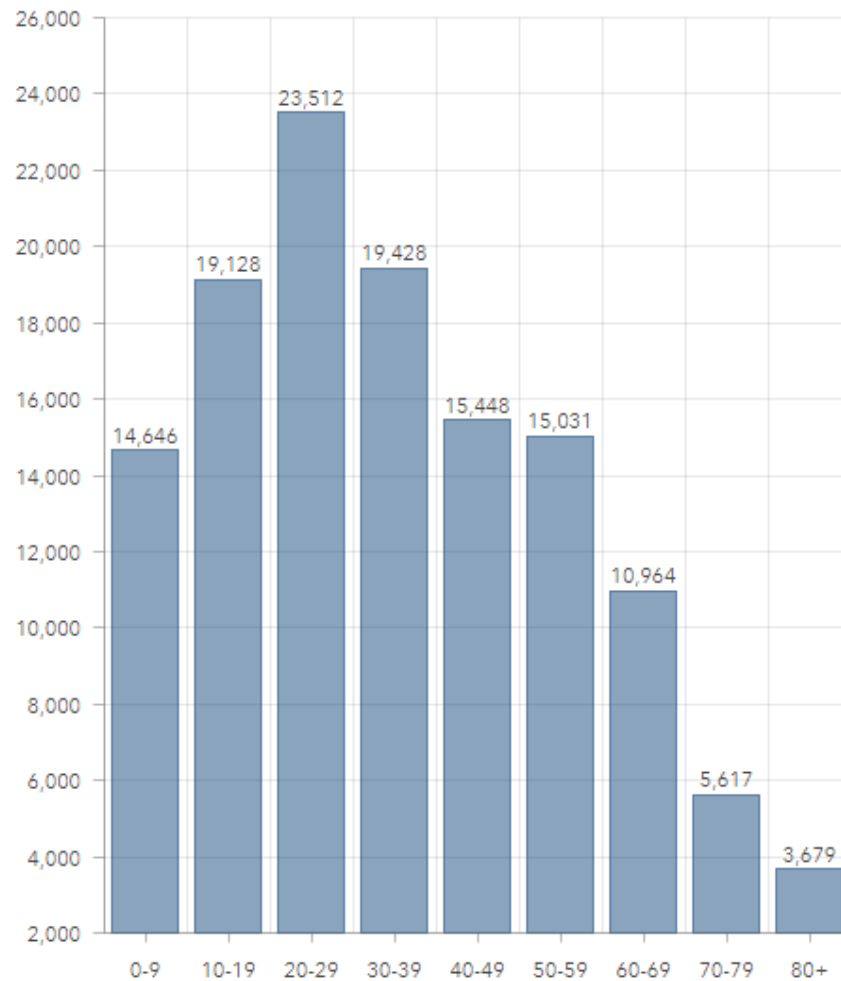
□ **Table of Contents:** Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.

□ **Vaccine breakthrough cases = 49,427** since Jan. 2021 (~10.2% of fully vaccinated). Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/data-summary>

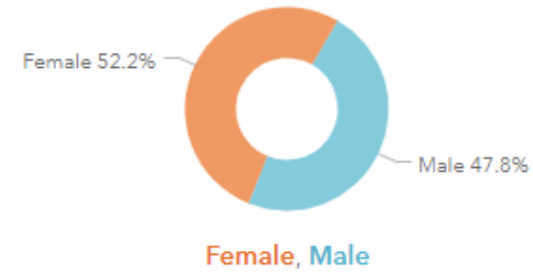
May 11, 2022

# Situation update

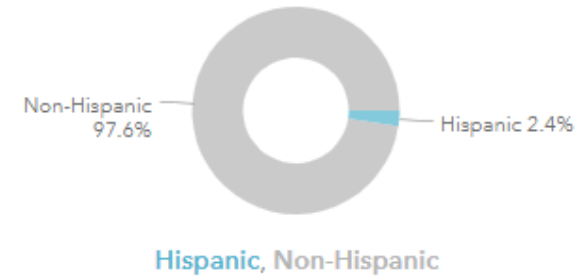
Cases by Age Group if Known \*



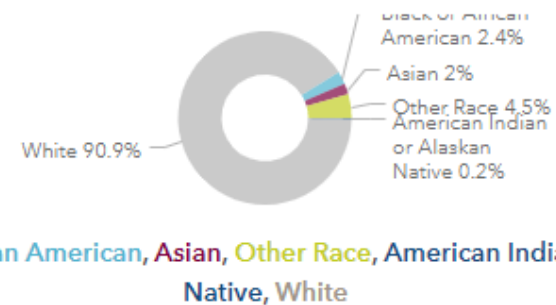
Cases by Sex \*



Cases by Ethnicity if Known \*



Cases by Race if Known \*



Case Demographics



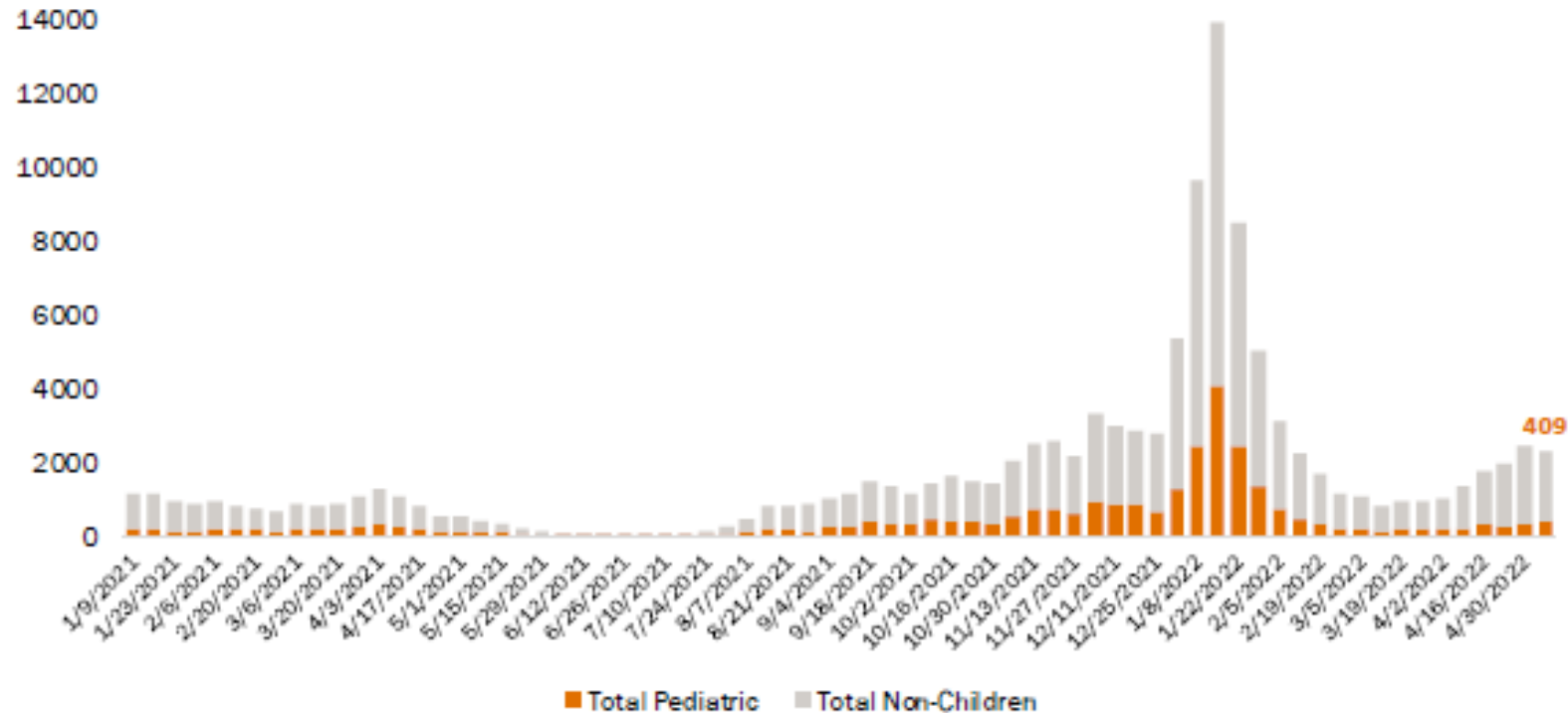
# COVID-19 Surveillance Report [this slide added *after* today's call]

- **NEW:** VDH **COVID-19 Surveillance Report** focuses on data/indicators most useful to help monitor & determine risk of COVID-19 in Vermont.
  - ▣ Will be updated every Wednesday & replace COVID-19 Case Dashboard (final 5/18/22)
  - ▣ COVID-19 data sets will still be accessible through the **Vermont Open Geodata Portal**, including case counts, hospitalizations, deaths, PCR testing & more.
- **Topics:** Syndromic Surveillance; Proportion of Circulating Variants; Wastewater Monitoring; Reported and Confirmed Outbreaks Active as of May 10, 2022; Vaccination Rates; Identified Cases
- Today's report (5/1 – 5/7/22): statewide community levels = High. Daily rate of new COVID cases/100K is >200. New COVID admissions >10/100K/day; percent hospital beds occupied by COVID-19 is <10%.
- Find report at: <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Surveillance-Report-20220511.pdf>

This brief reflects data as of May 7, 2022 (the last complete MMWR week).

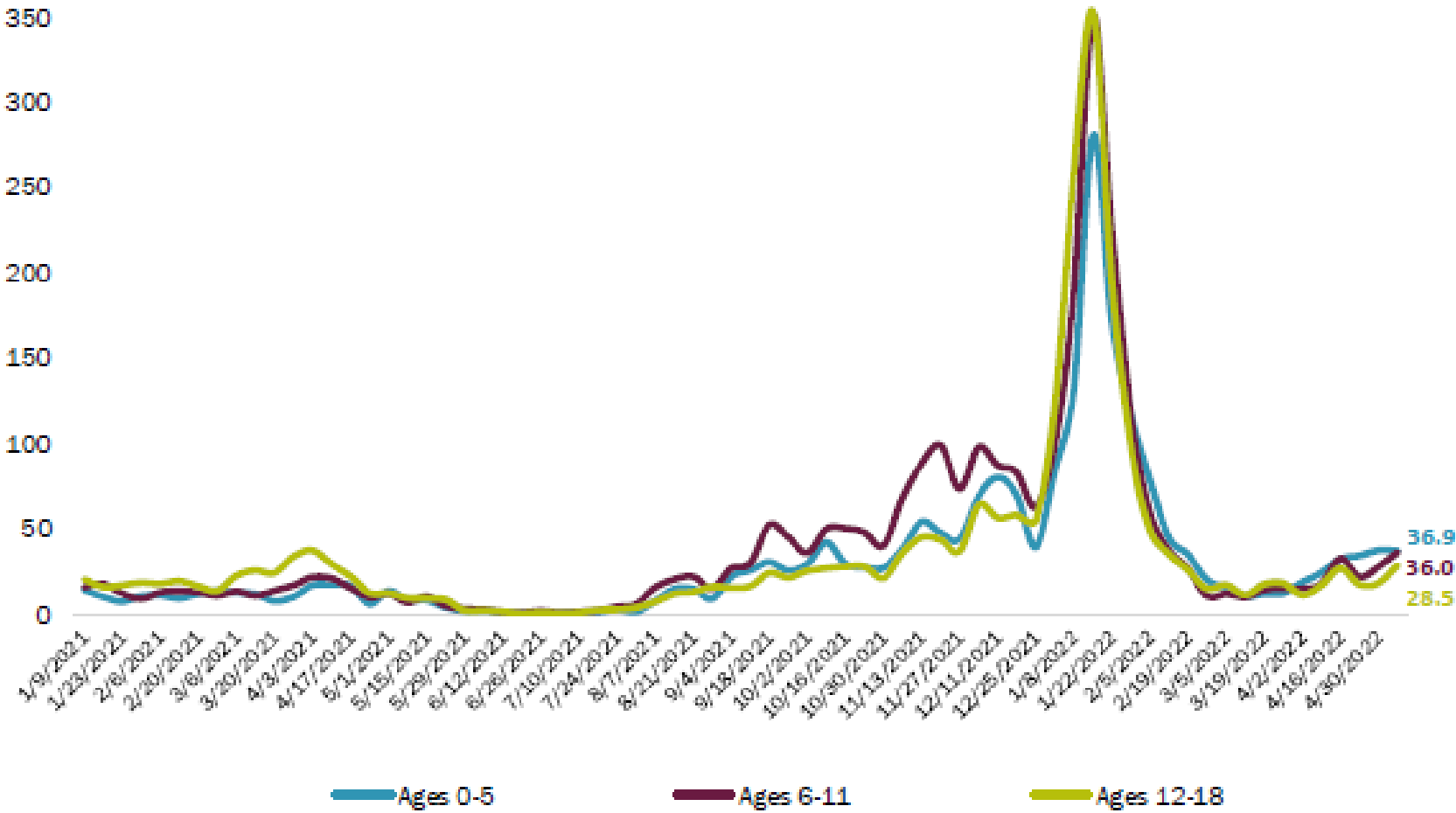
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

## Number of Cases by Week



# COVID-19 Pediatric Cases

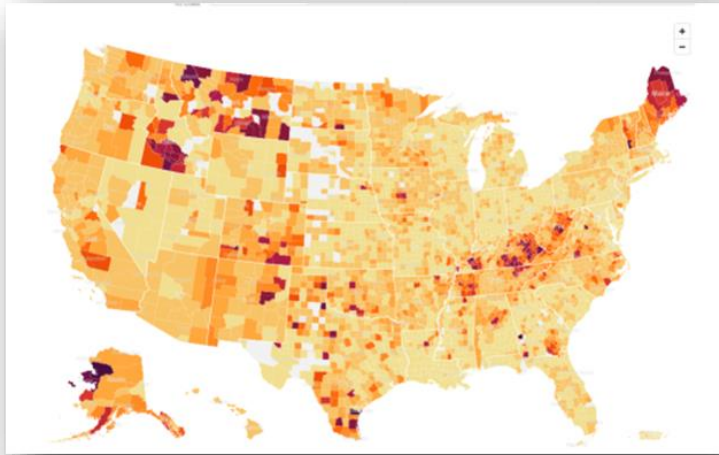
Rates by Week by Age Category



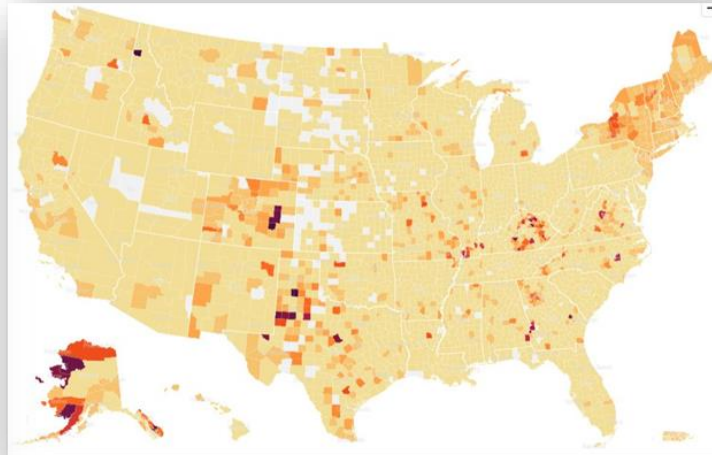
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

May 11, 2022

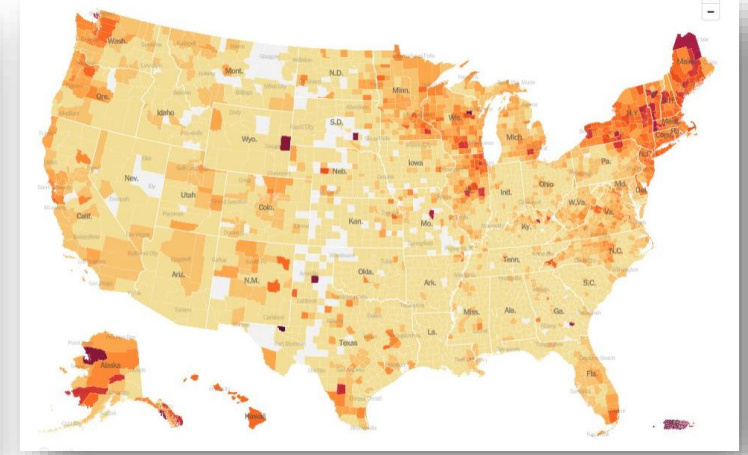
## 2-month span



NYT 3.08.22 all ages



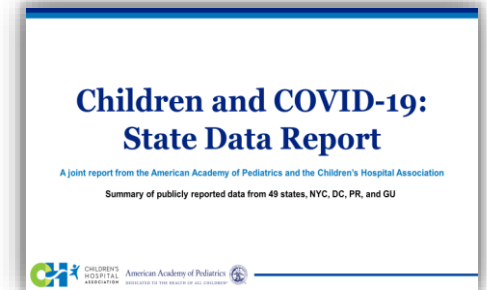
NYT 4.04.22 all ages



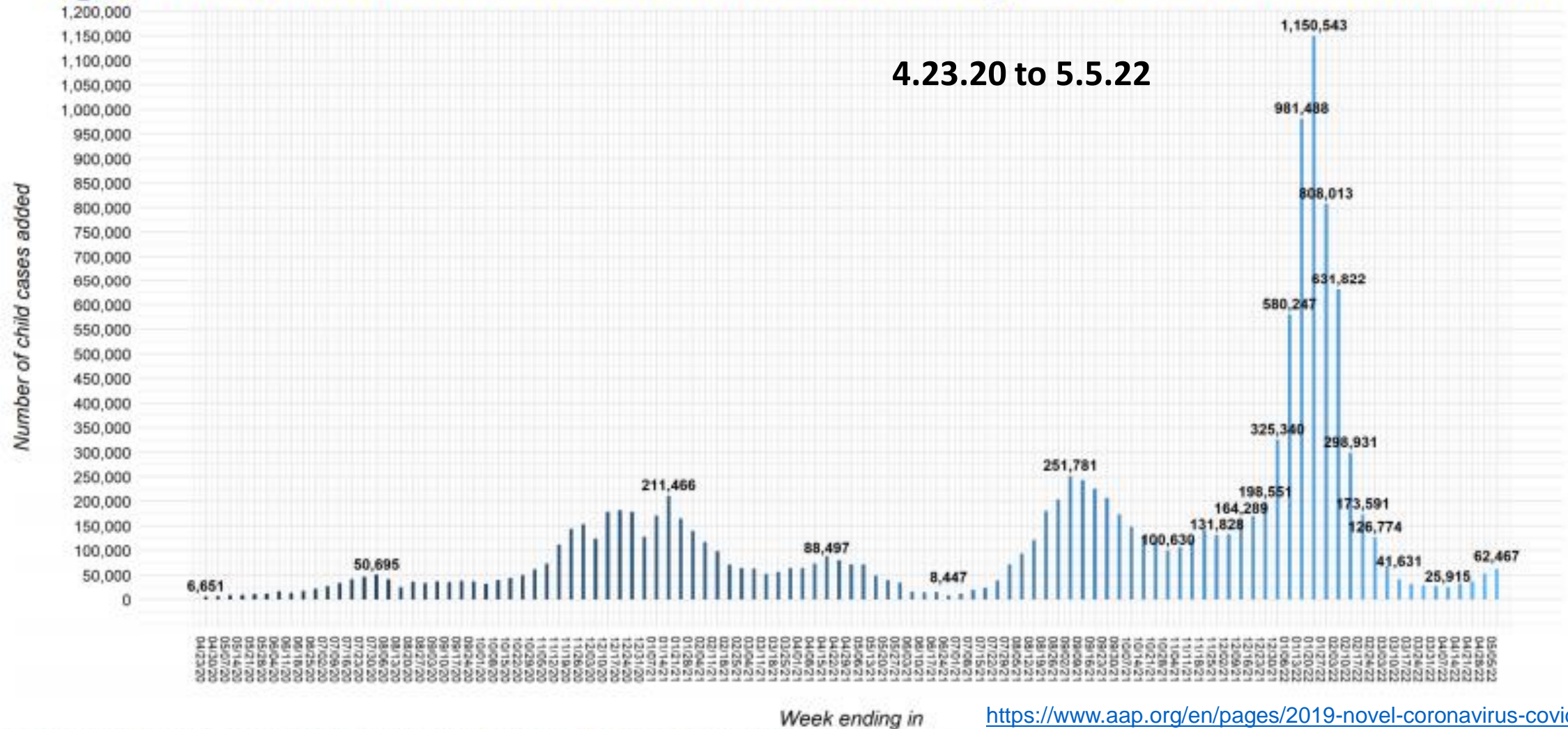
NYT 5.10.22 all ages

**As of 5/5/22 – over 13M cumulative confirmed child COVID-19 cases**



- **62,000 child COVID cases reported week ending 5/5/22**
  - This is a 69% increase from 2 weeks ago
- **Cases are down substantially from the 1.1 million peak January 20**
- **Nearly 5.2 million cases have been added in 2022**



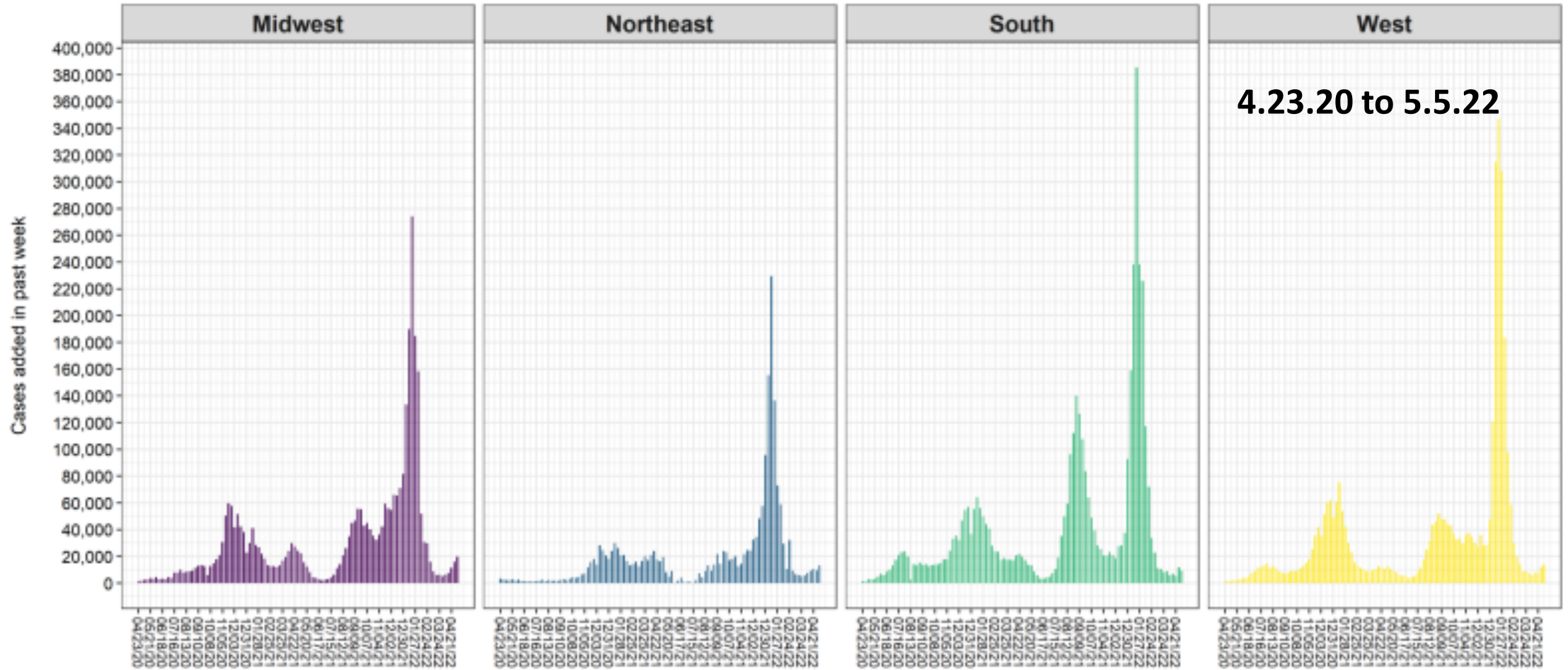
# Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week\*



\* 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, MD as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22  
 On 4/19/22, TX released new data that is NOT included in cumulative case counts or figures but located [here](#) and in Appendix 3B of this report (1,214,028 cumulative child cases as of 4/19/22);  
 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 5/5/22, due to available data for FL, child cases and total cases through 4/28/22 (As of 3/17/22, available FL case data updated biweekly)  
 On 5/5/22, due to available data for NV, child cases and total cases through 4/28/22  
 On 5/5/22, due to available data for SC, child cases and total cases through 4/28/22  
 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

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>  
 CHILDREN'S HOSPITAL ASSOCIATION  
 American Academy of Pediatrics  
 DEDICATED TO THE HEALTH OF ALL CHILDREN

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

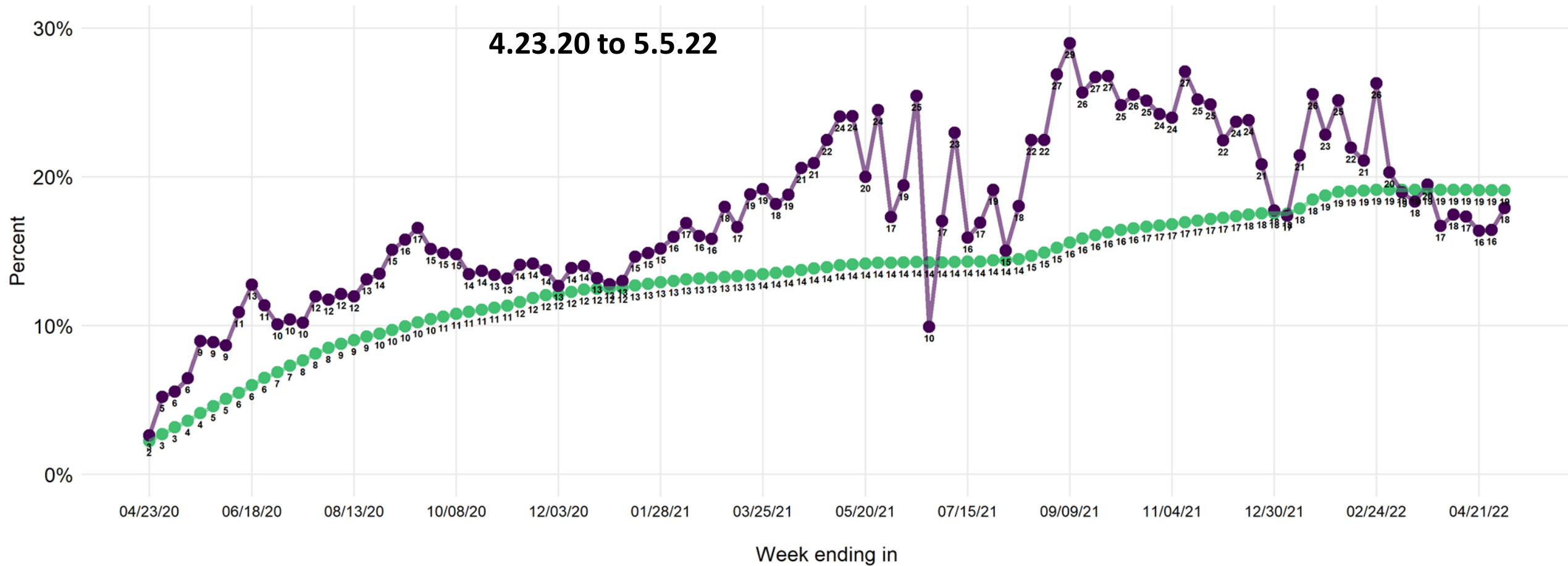


<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

\* 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, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22  
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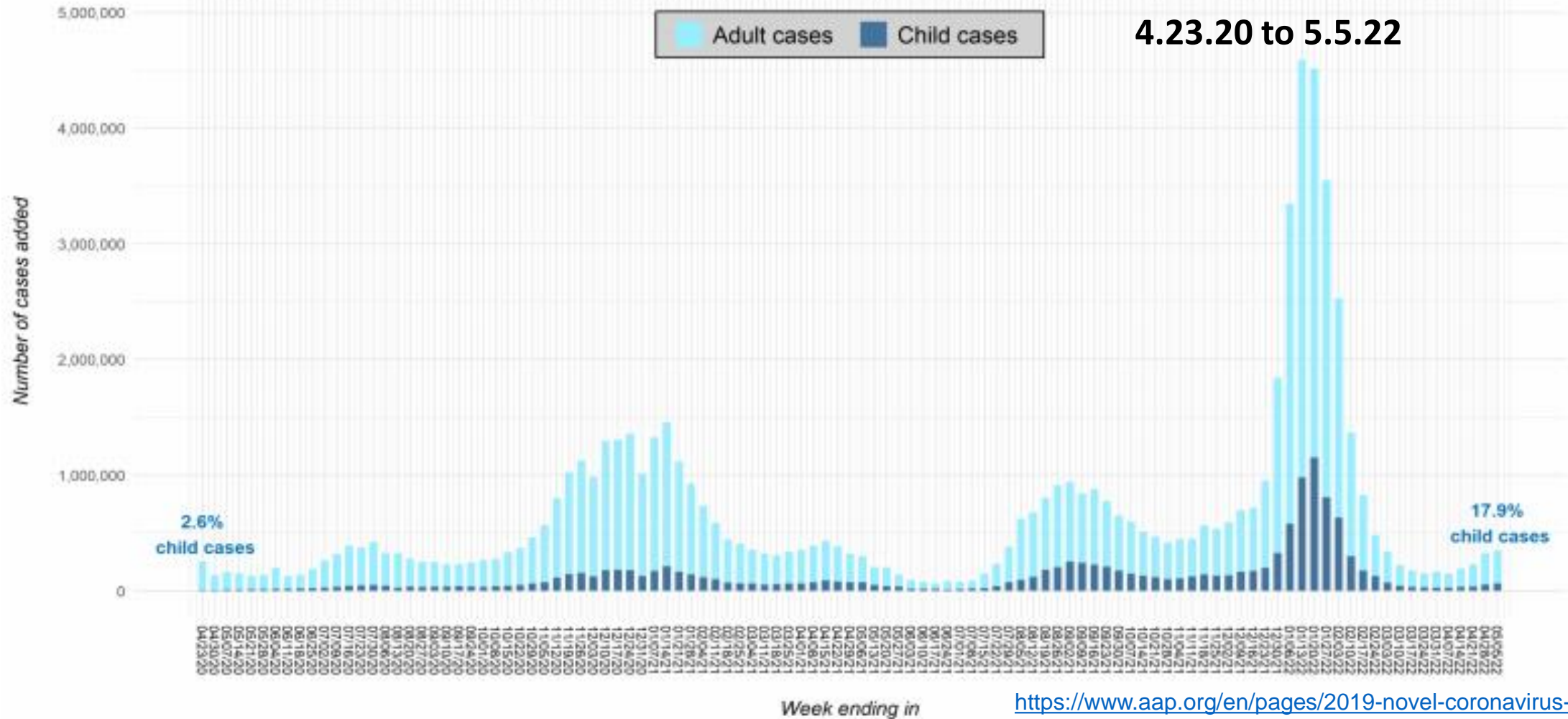
# United States: Percent of COVID-19 Cases that were Children: Cases Added in Past Week and Cumulative

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



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 4/19/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (1,214,028 cumulative child cases as of 4/19/22)  
 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 5/5/22, due to available data for FL, NV, and SC, child cases and total cases through 4/28/22

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



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

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

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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



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# Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 5.10.22

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

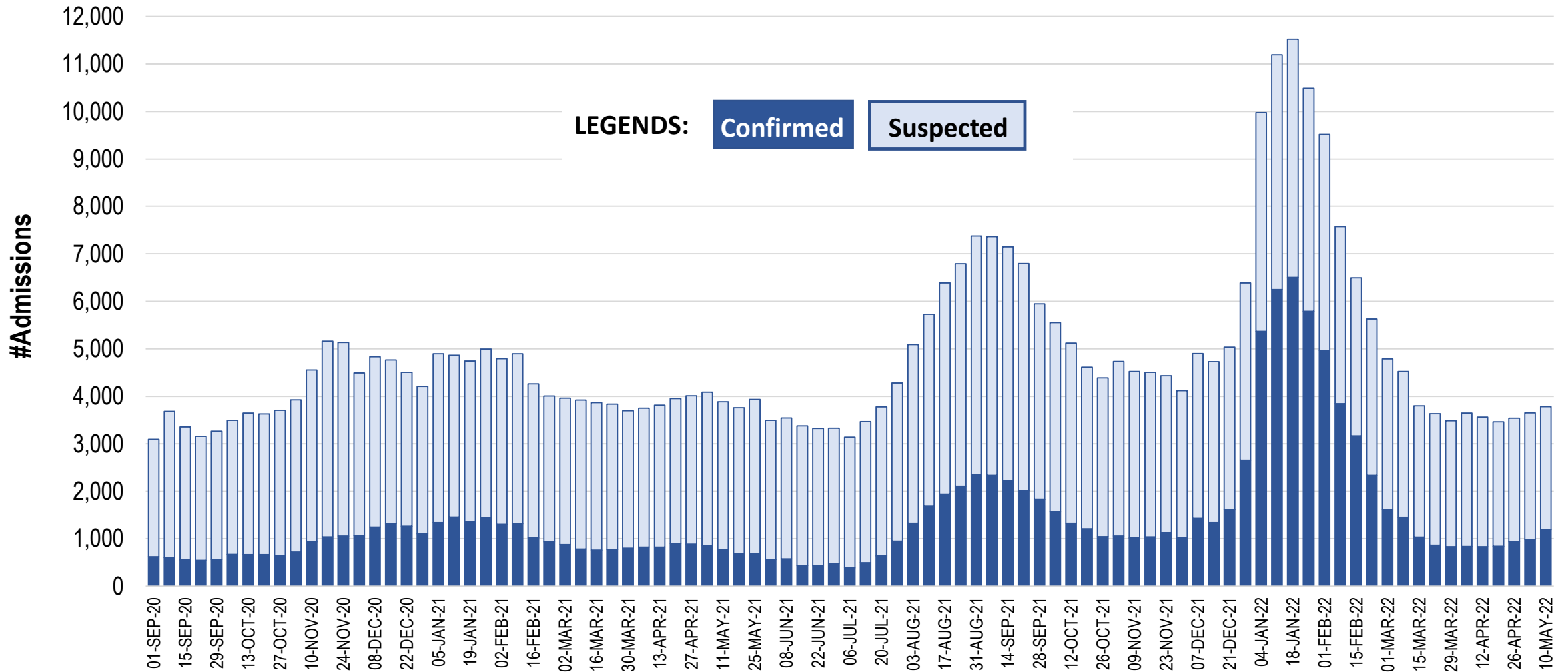
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# Past-week Confirmed and Suspected COVID-19 Pediatric Hospital Admissions, 50 States and District of Columbia, by Week

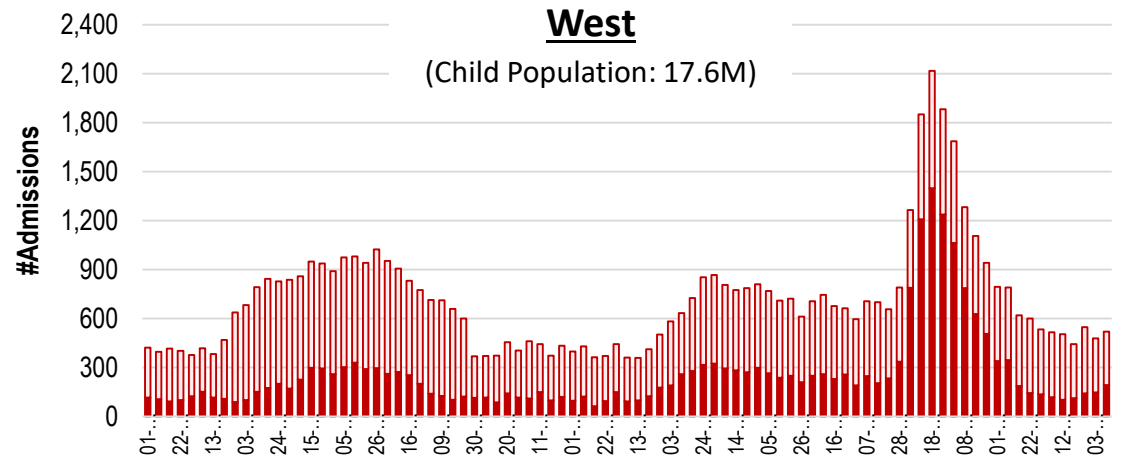
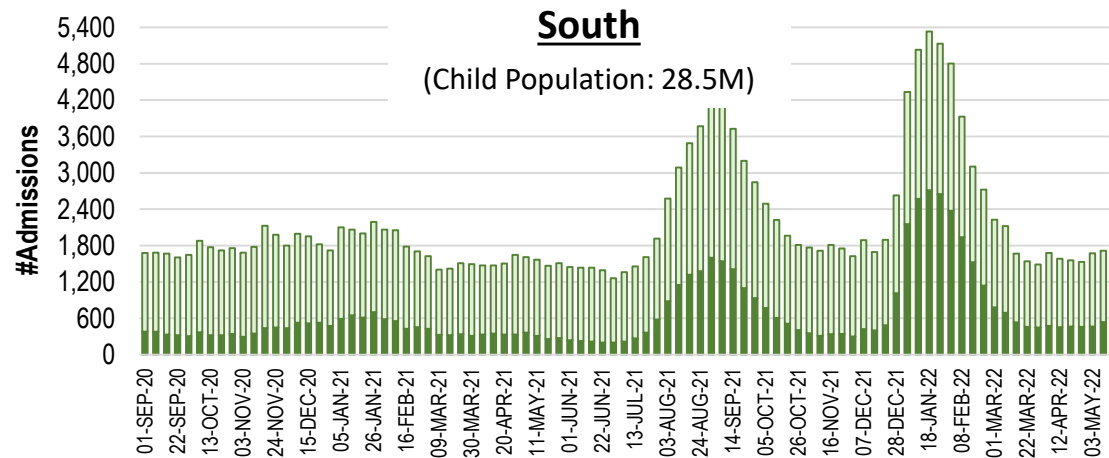
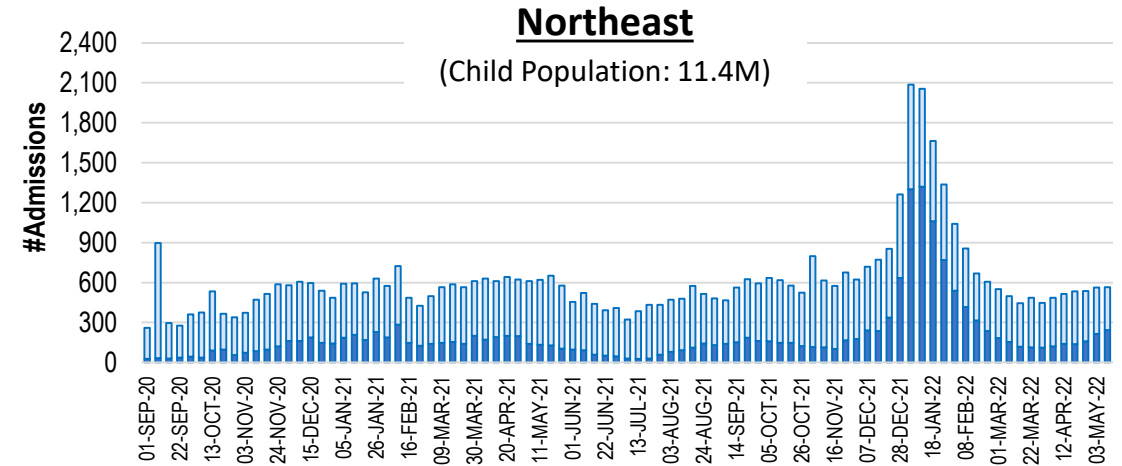
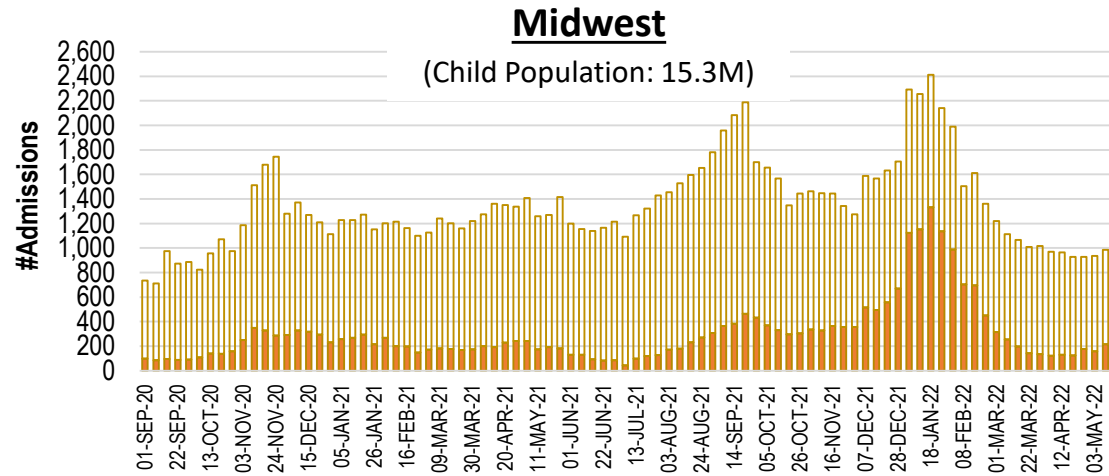
9.1.2020 - 5.10.2022



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.

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

9.1.2020 - 5.10.2022



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

- **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 5/2-5/8/22): 35 pos. tests off campus; 36 on campus; 3 faculty; 5 staff.
  - **Bennington College** (as of 5/9/22): 17 total active/8 new active cases.
  - **Middlebury College** (as of 5/9/22): 7 new cases; 7 total active (active cases: 5 students / 2 employees)

# 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 Logo

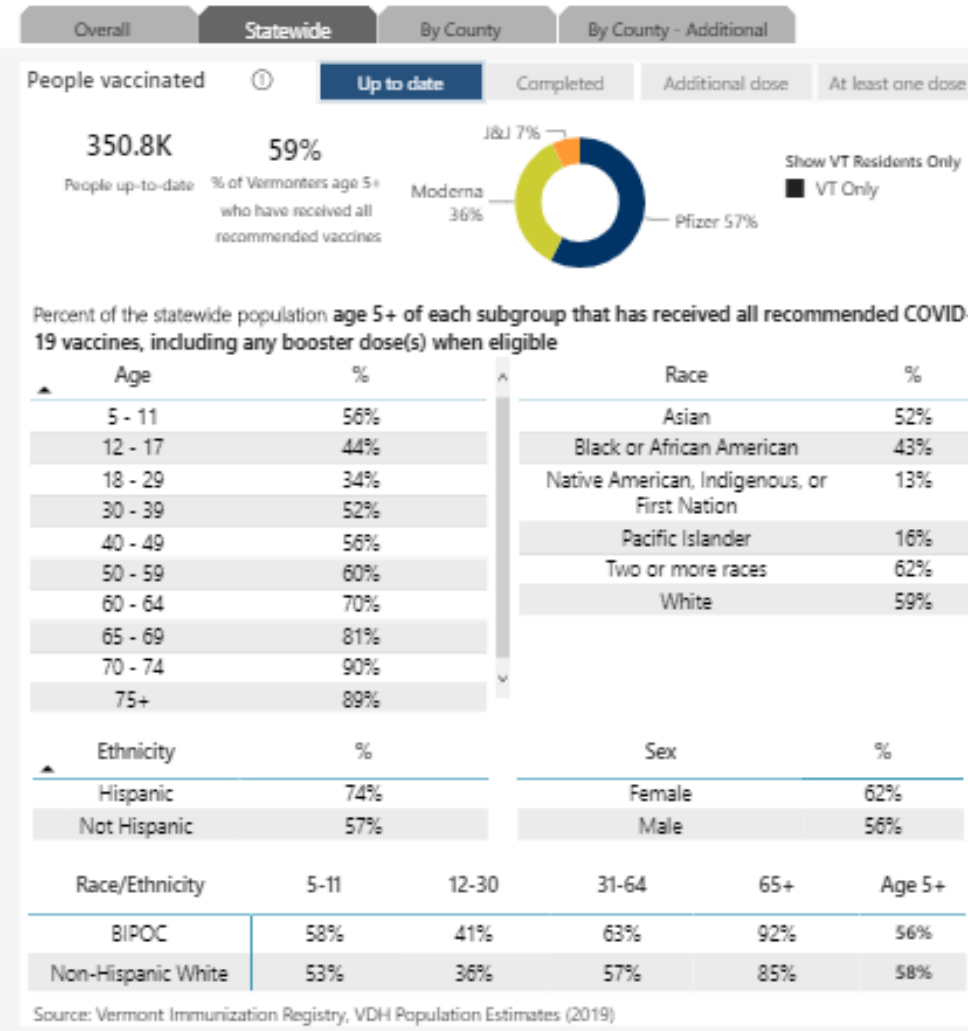
# VDH COVID-19 Vaccine Dashboard (“Statewide” view)

[this slide updated **after** 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 = 44%
  - ▣ 18-29 = 34%
  - ▣ **VT Age 5+ = 59%**

## Vermont Vaccination Data

Updated 05/11/2022 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.

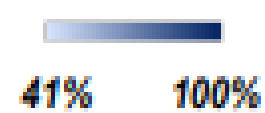
Sex information is not reported for <0.5% of people vaccinated. The categorization of male/female for some people is based on sex assignment at birth, while for others, it is based on gender. This is due to the varying sources and ways the information is reported.

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.

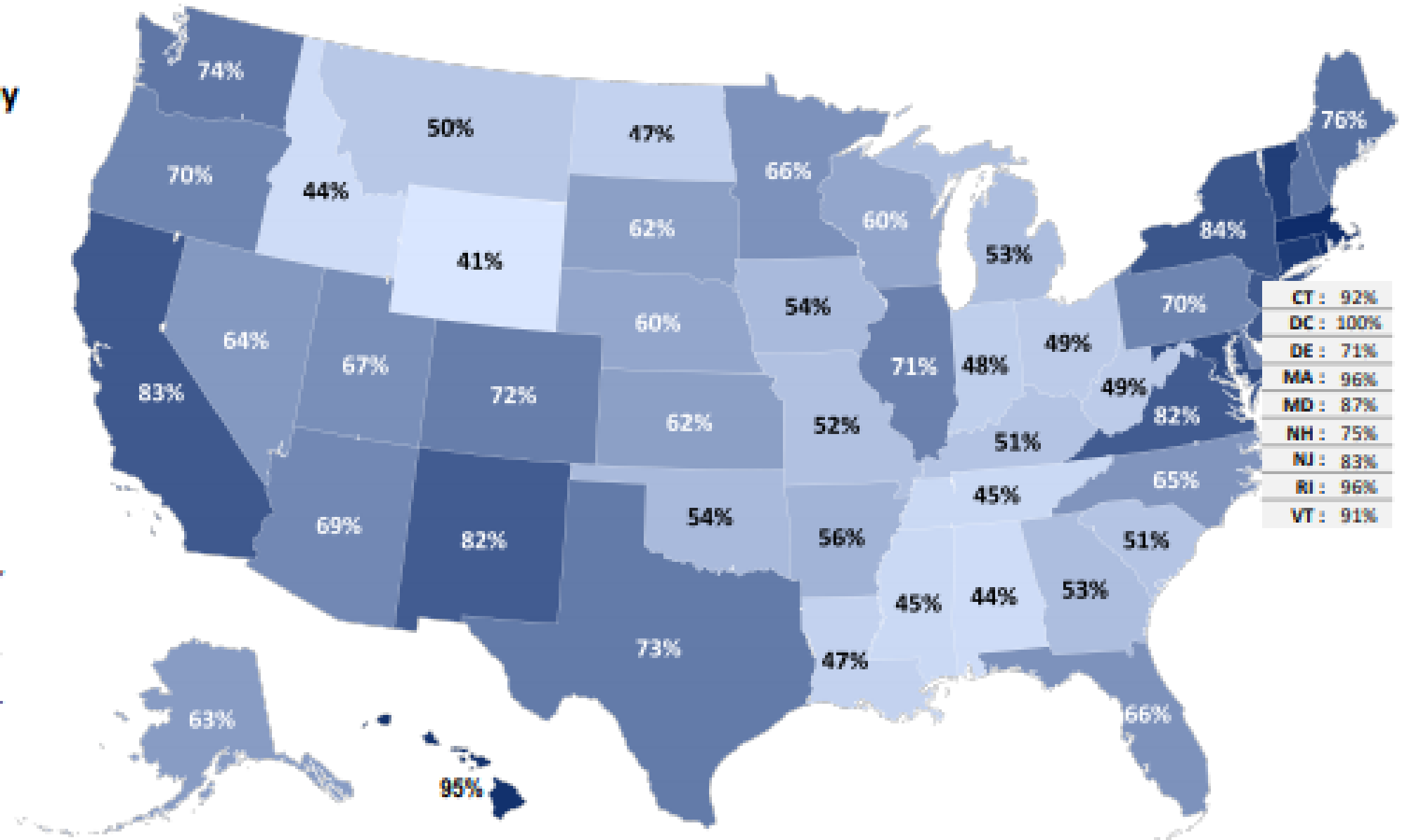
Data on this page is sourced from the Vermont Immunization Registry and

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

Received Initial Dose



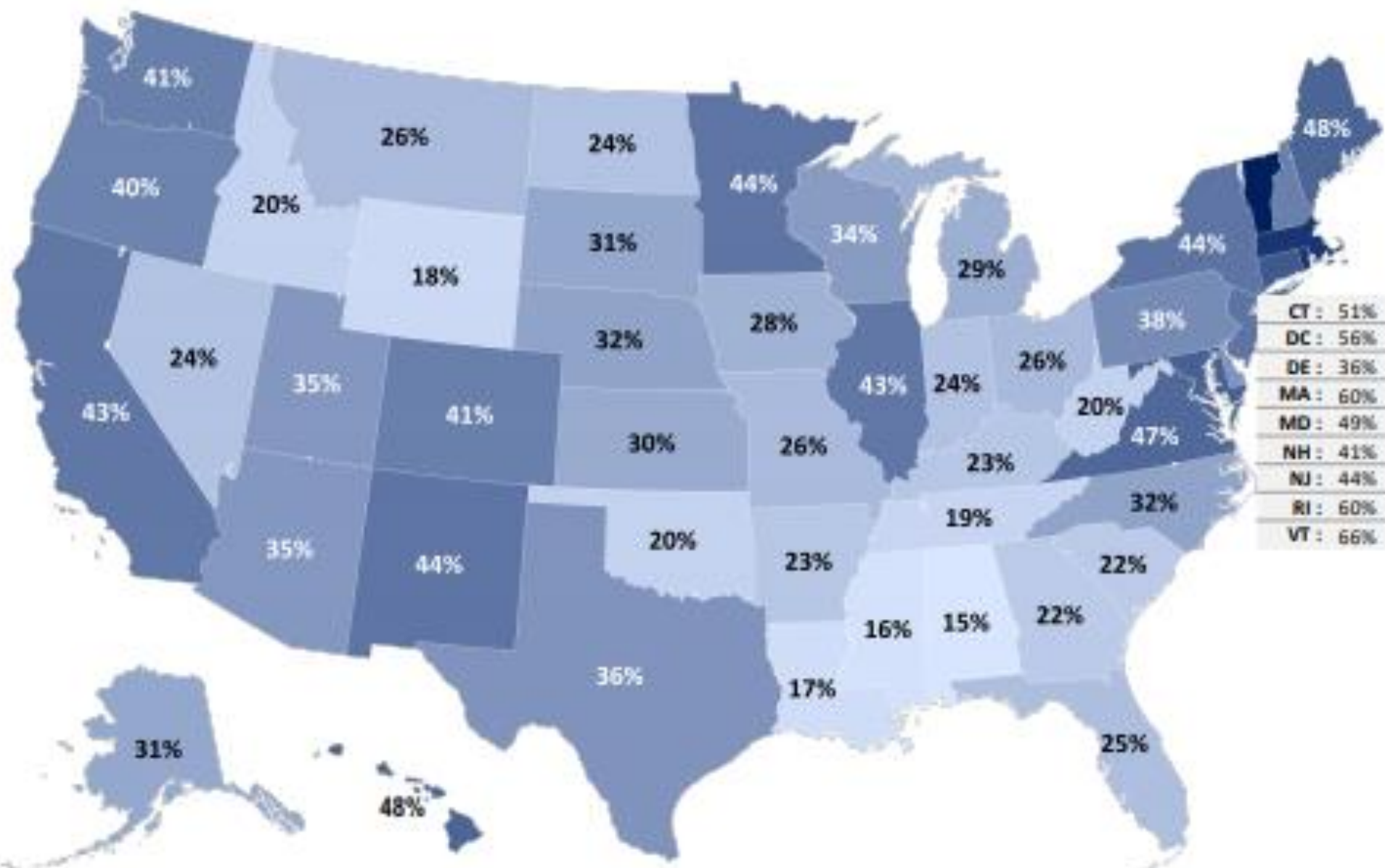
as of 5.4.22



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

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

Percentage of Initial Dose as of 5.4.22  
15% 66%



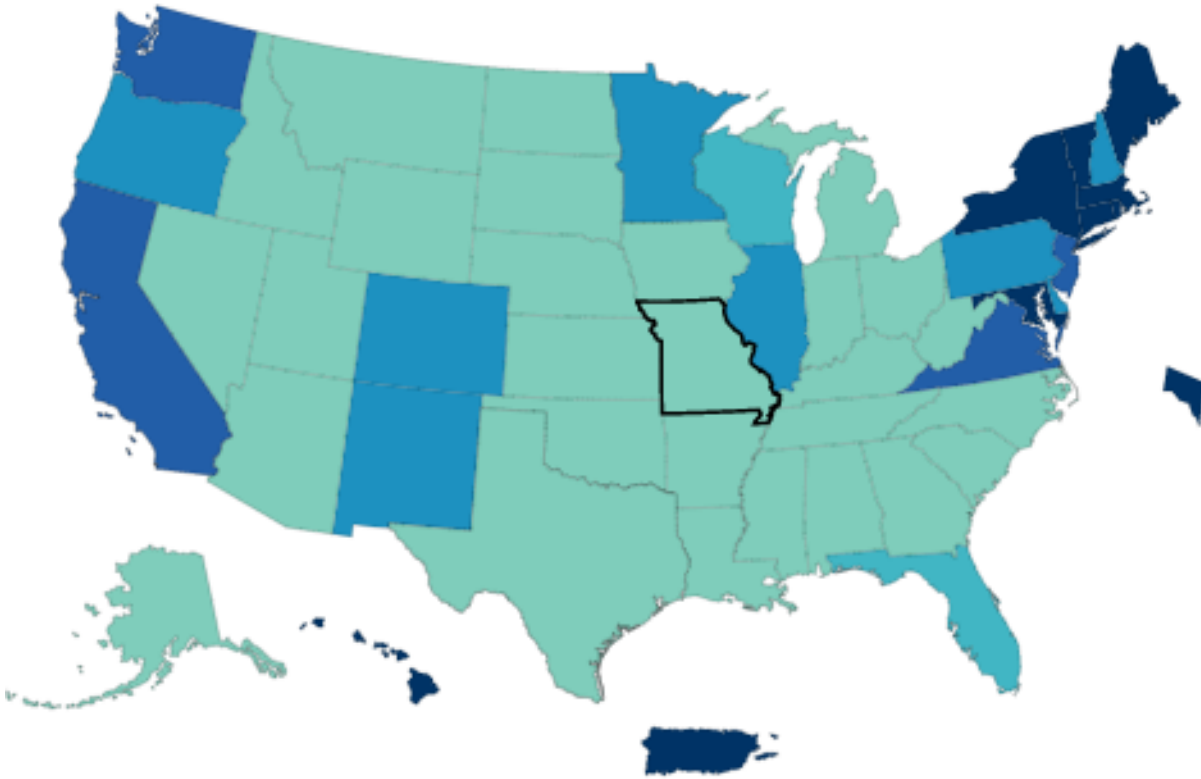
**Source:** AAP analysis of data series titled "COVID-19 Vaccinations in the United States, Jurisdiction". CDC COVID-19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/Covid-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). Check state web sites for additional or more recent information.



# From the CDC Vaccine Tracker

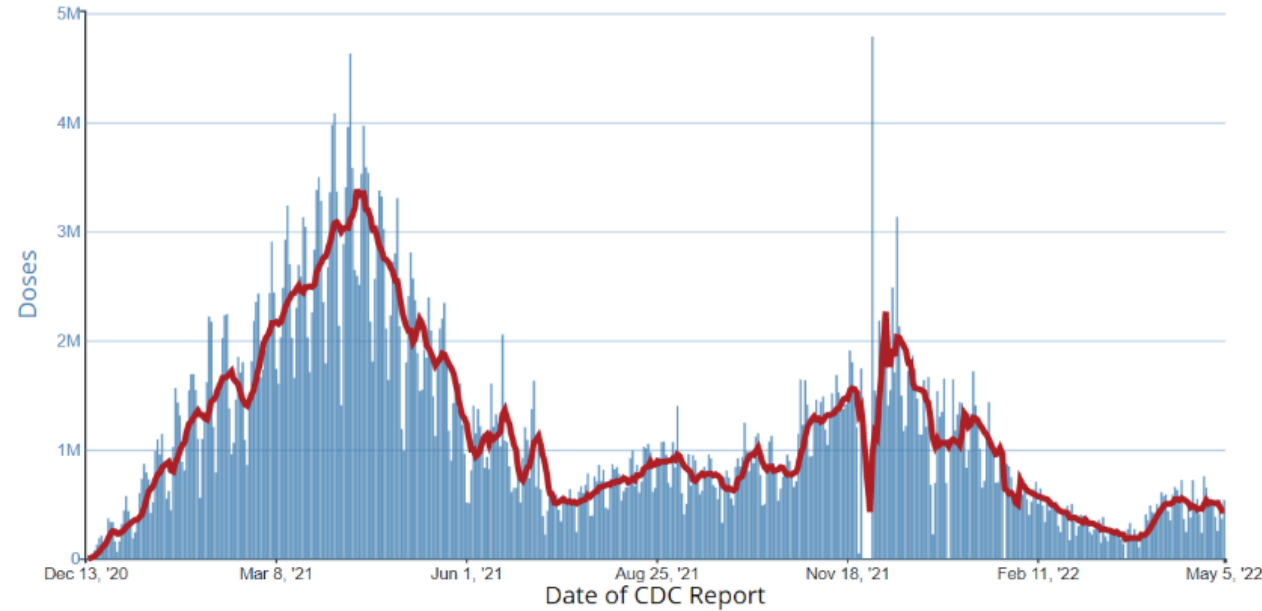
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

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



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

— 7-Day moving average

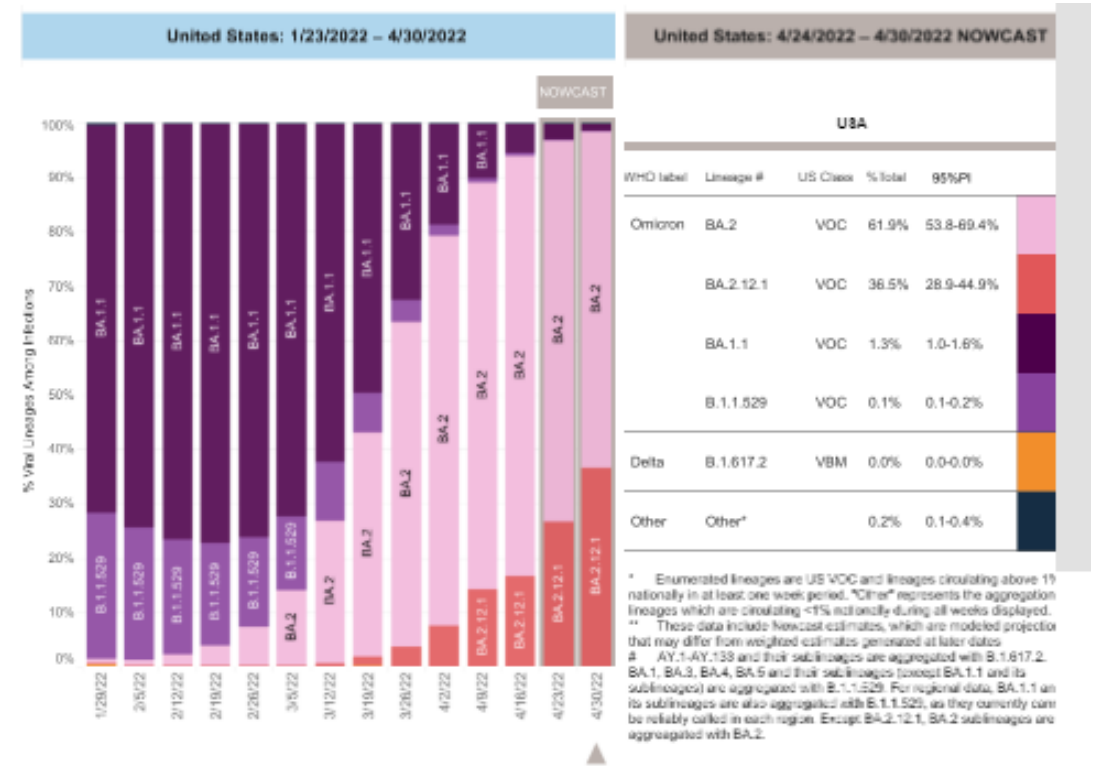
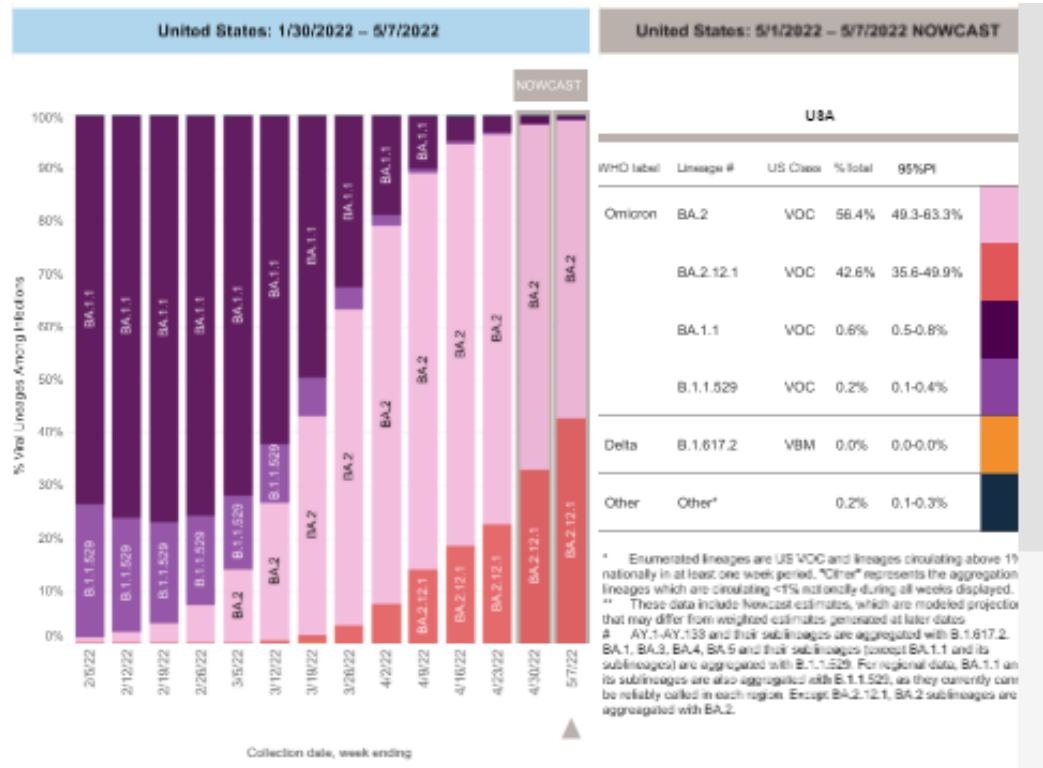


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

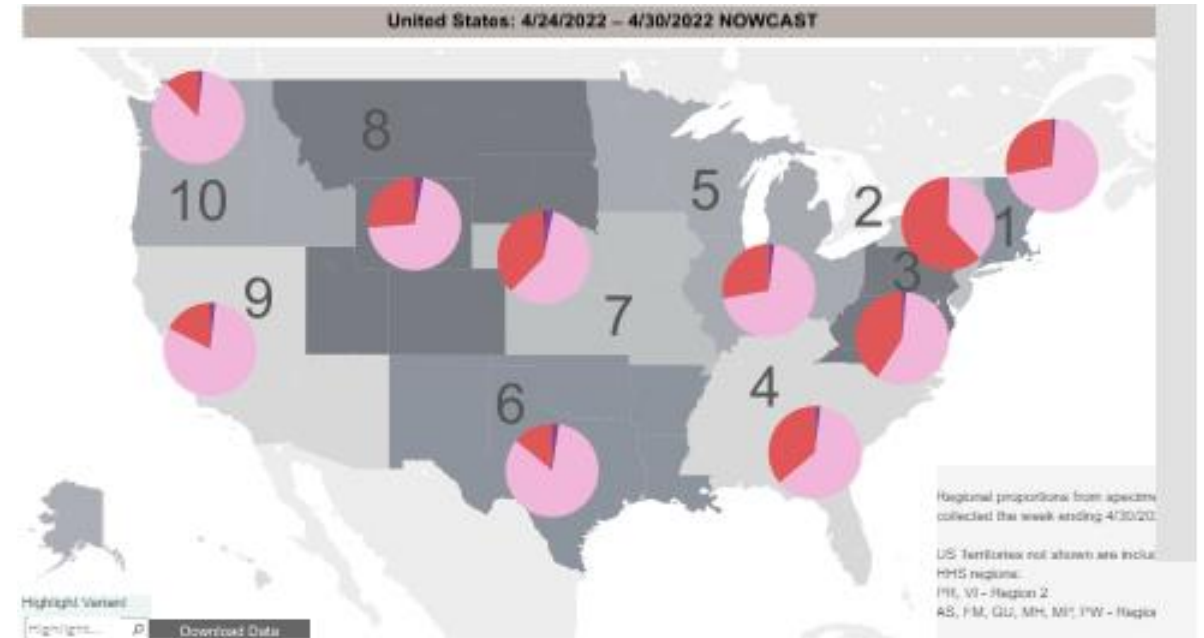
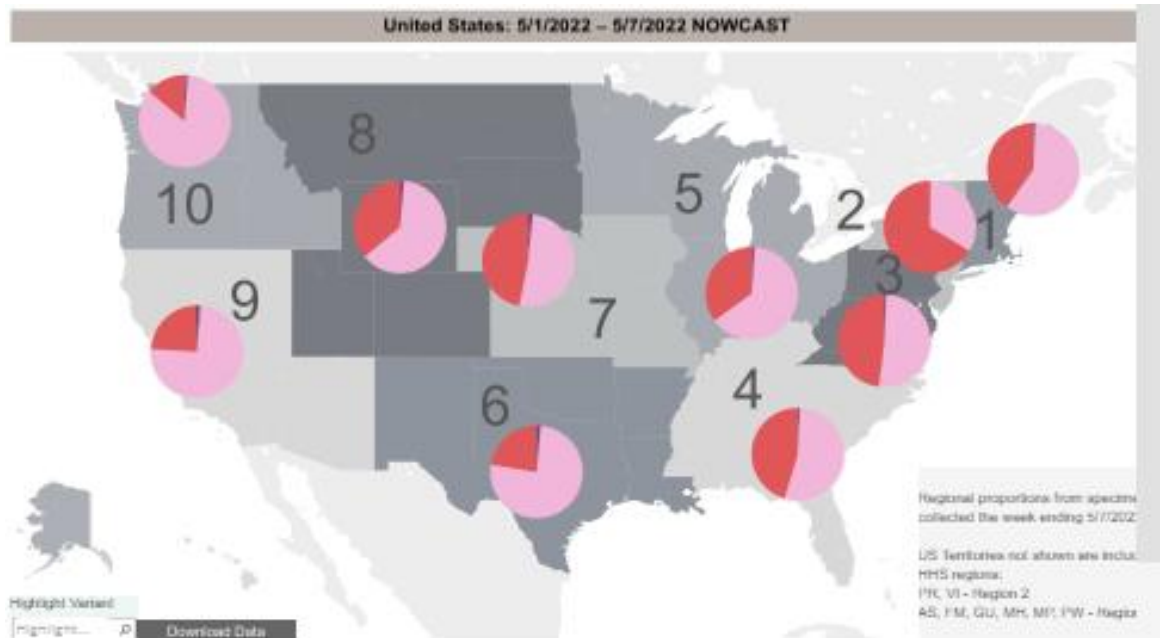
May 11, 2022

# 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 5/7/22. 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 5/7/22 (data updated 5/10/22). LIGHT PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1.**

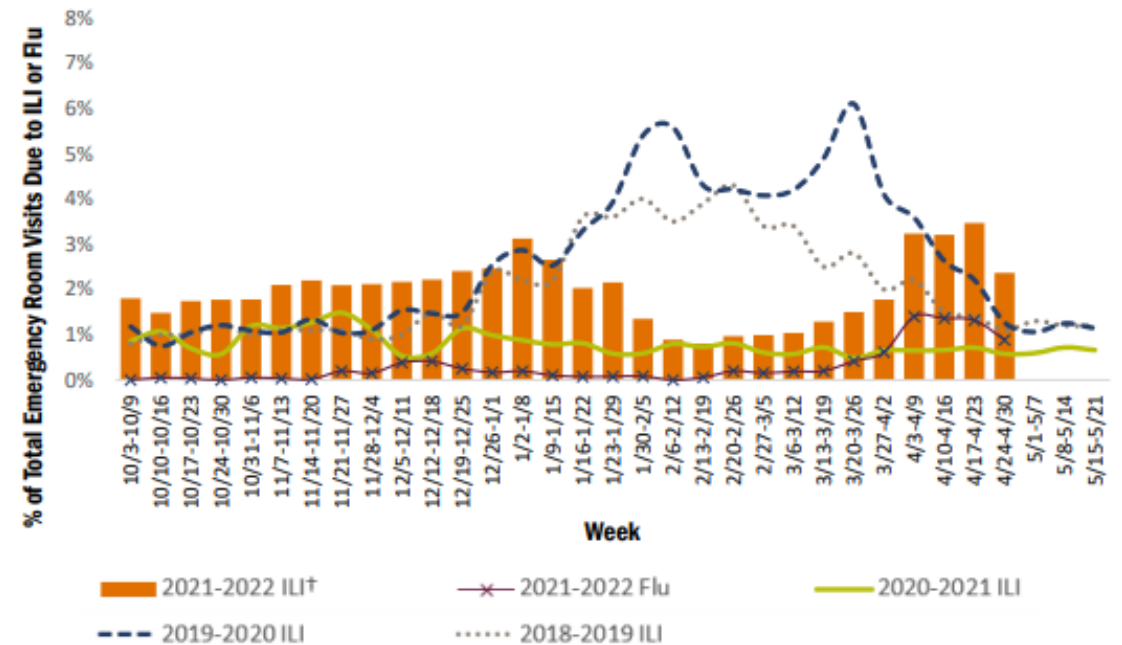
<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

# 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 4/30): Seasonal influenza activity continues to increase in parts of the country. [Note: the first human detection of **avian influenza A(H5)** in the United States was reported last week.]
- **Now 24 pediatric flu deaths this season**
- Link to VDH weekly surveillance: <https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-17.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.

5/6/2022

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

# AAP (National) Updates

*Slides 30 – 39 courtesy of the American Academy of Pediatrics  
(from today's AAP Chapter Chat)*

# Next AAP COVID-19 Town Hall

- Town Hall **Thursday, May 26 – 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
- **Summer Schedule:** monthly from May 26
- Find previous recordingNexts on AAP COVID-19 Town Hall webpage:  
<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/connecting-with-the-experts/>



# Potential Upcoming FDA VRBPAC Meetings

- June 7: Plan to discuss EUA request for the Novavax COVID-19 vaccine for individuals  $\geq 18$  years of age
- June 8, 21, and 22: Held dates to discuss updates to the Moderna and Pfizer-BioNTech EUAs for COVID-19 vaccines to include younger populations
- June 28: Plan to discuss whether the SARS-CoV-2 strain composition of COVID-19 vaccines should be modified, and if so, which strain(s) should be selected for Fall 2022
  - <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-announces-tentative-advisory-committee-meeting-schedule-regarding>



# COVID-19 Vaccine Updates

- ACIP Meeting on May 19 from 11-4 pm ET
- No agenda available, but reportedly on COVID-19





# Formula Shortage

- AAP News Article, "[Health care providers can request Abbott formula for patients in urgent need](#)"
- HealthyChildren.org article, "[With the baby formula shortage, what should I do if I can't find any?](#)"



# COVID-19 Public Health Emergency

**THE HILL**

## COVID isn't over — we still need protections for children

BY DR. MOIRA SZILAGYI AND JOAN ALKER, OPINION CONTRIBUTORS - 05/10/22 2:00 PM ET  
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL



Associated Press  
Oliver Estrada, 5, receives the first dose of the Pfizer COVID-19 vaccine at an Adelante Healthcare community vaccine clinic at Joseph Zito Elementary School, Saturday, Nov. 6, 2021, in Phoenix. This was the first time children aged 5 to 11 across the United States had the opportunity to get immunized against COVID-19. (AP Photo/Ross D. Franklin)

As American families struggle to rebound from the health and financial impacts of the pandemic, some of the protections put in place to shield children and families will wind down when the Biden administration ends its declaration of public health emergency (PHE), currently set to expire on July 15. We will know by May 16 whether or not Health and Human Services Secretary Xavier Becerra plans to extend the current declaration for 90 more days. We hope he will extend the PHE until children are on firmer ground — here's why.

Digital toolkit available



Millions of children are at risk of losing health coverage when the Public Health Emergency ends!



Keep the PHE protections in place and protect our children now!

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# COVID-19 Public Health Emergency

## Modern Healthcare

May 11, 2022 06:00 AM | 5 HOURS AGO

### AHA, AMA ask HHS for COVID-19 emergency extension

MAYA GOLDMAN [Twitter](#) [LinkedIn](#) [Email](#)

Leading healthcare organizations want to federal government to maintain its pandemic posture for at least a few more months, they wrote in a letter delivered to Health and Human Services Secretary Xavier Becerra Tuesday.

The American Hospital Association, American Medical Association and fourteen other healthcare organizations urge Becerra to extend the department's COVID-19 public health emergency until the global outbreak has subsided.

The public health emergency designation allowed federal agencies to [relax numerous policies](#) for healthcare providers and state governments, including permitting [continuous Medicaid enrollment](#) and [additional Medicare](#)

May 10, 2022

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue  
Washington, DC 20001

Dear Secretary Becerra,

We are writing on behalf of national organizations representing the public health community, millions of patients, and the health care providers who care for them. We appreciate your ongoing leadership during the COVID-19 pandemic, and we request that the Administration maintain the public health emergency (PHE) until it is clear that the global pandemic has receded and the capabilities authorized by the PHE are no longer necessary. This will help prevent any future surges from threatening the health and safety of patients and the ability of health care professionals to care for them.

The risk from COVID-19 variants remains, and case rates are currently [rising](#) across the country. Throughout the pandemic, we have painfully learned that the rapid global spread of new variants has resulted in significantly increased transmission rates and infections in the U.S. Last year, after the delta variant emerged abroad, the U.S. experienced an unexpected surge in July and August. Advancements in surveillance have observed rapid variant mutations and while public health experts acknowledge that current variants are not leading to excessive hospitalizations at this time, they also assert that new variants absolutely could. We need to be ready should a future variant elude the protection of our current vaccines and ensure that the health care system is prepared as we head into this fall's flu season.

We understand Americans are frustrated with the pandemic and the related ongoing public health measures resulting from it. Health care providers and others across the country's health care infrastructure are exhausted as well. We have learned, however, that COVID-19 and its variants take full advantage when we let our guard down. The numerous flexibilities provided under the PHE have allowed for regulatory waivers and flexibilities that have proven vital in safely caring for patients and critical in enabling the country's health care system to quickly adapt and tackle COVID-19 and its variants.

This includes, but is not limited to:

- **Patients can access vaccines, tests and treatments they need.** During the PHE, the Food and Drug Administration (FDA) is able to expedite emergency use authorizations (EUAs) for vaccines, tests and treatments. The termination of the PHE could jeopardize FDA's ability to quickly approve new products, such as vaccines for children under 5, vaccines for new variants and new treatments for COVID-19. Further, the Centers for Medicare & Medicaid Services (CMS) has

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# UKRAINE SUPPLEMENTAL & GLOBAL COVID-19 RESPONSE

POLITICS

House approves nearly \$40 billion in aid to Ukraine as it fights off Russian aggression

## Ukraine Supplemental

- \$900 million for refugee support services
- \$760 million for global food security
- \$4.35 billion to USAID for humanitarian response & emergency food assistance

## Former Heads of State Urge U.S. to Commit \$5 Billion to Global Covid Fight

Activists are also pressing President Biden to take a more forceful leadership role in the response as he convenes world leaders for a Covid-19 summit on Thursday.



President Biden delivering remarks on the status of the country's fight against Covid-19 at the White House in March. Doug Mills/The New York Times

BILL & MELINDA GATES foundation



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# Women's Health Protection Act

- **Bill:** Would establish federal right for health care providers to provide pre-viability abortion services without medically unnecessary restrictions
- **Vote Count:** Bob Casey is a yes, Manchin unclear, Collins and Murkowski have their own narrower bill
- **Outlook:** Senate vote today, 3 p.m. ET: Bill will not proceed

May 10, 2022

Dear Senators:

On behalf of the undersigned medical organizations, representing physicians dedicated to advancing the health of our patients, we urge you to support the *Women's Health Protection Act* (S. 4132). Given the recent reports of a draft opinion from the United States Supreme Court striking down longstanding protections afforded by *Roe v. Wade*, it is critically important and incredibly urgent that this legislation moves forward.

The patient-physician relationship must be protected. Open, honest, and confidential communication between the patient and physician is essential to the provision of safe and quality medical care. Defying evidence-based standards of care sets a dangerous precedent of governmental intrusion and it should be stopped. A patient's right to be counseled and treated by their physician according to the best available medical evidence and the physician's professional medical judgment is at risk by the probable Supreme Court decision.

We have reached a crisis level where our long-held fears are now becoming a reality across the United States. The proliferation of misinformation has motivated violence and harassment against physicians in the past and is now renewed and intensified as more states criminalize compassionate and evidence-based care. Physicians must have the ability to provide needed care to their patients without fear of penalties and retribution. The patients most impacted by these political decisions are those already experiencing grave inequities in the health care system. The *Women's Health Protection Act* would address an area of medicine systematically targeted with government overregulation—reproductive health care—by prohibiting inappropriate restrictions and restoring the ability of patients to receive comprehensive care, free from governmental intrusion.

As physicians spanning the spectrum of care, thank you for your urgent consideration of this important legislation to prevent governmental interference in the practice of medicine and protect the patient-physician relationship.

Sincerely,

American College of Obstetricians and Gynecologists  
AAGL  
American Academy of Family Physicians  
American Academy of Pediatrics  
American College of Osteopathic Obstetricians and Gynecologists  
American College of Physicians  
American Gynecological & Obstetrical Society  
American Medical Student Association  
American Medical Women's Association  
American Psychiatric Association  
American Society for Reproductive Medicine  
American Society of Hematology  
American Urogynecologic Society  
Association of Professors of Gynecology and Obstetrics  
Council of University Chairs of Obstetrics and Gynecology  
Infectious Diseases Society for Obstetrics and Gynecology (IDSOG)  
National Medical Association  
North American Society for Pediatric and Adolescent Gynecology (NASPAG)



# MENTAL HEALTH STATE ADVOCACY RESOURCES

- Mental Health State Advocacy Opportunities Resource Guide
  - Access to Mental Health Care
  - Suicide Prevention
  - Pediatric Mental Health Workforce
  - 988 Crisis Response

## MAY 2022 MENTAL HEALTH AWARENESS CAMPAIGN

### State Advocacy Opportunities to Promote Child and Adolescent Mental Health

#### Overview

The COVID-19 pandemic has exacerbated the already existing child and adolescent mental health crisis. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020, and by 2018 suicide was the second leading cause of death for youth ages 10-18. The pandemic has intensified this crisis: across the country pediatricians have witnessed dramatic increases in Emergency Department visits for all mental health emergencies, including suspected suicide attempts and a recent study conducted by HHS, found that between 2016 and 2020, the number of children ages 3-17 years diagnosed with anxiety grew by 29% and those with depression by 27%. Children of color have been disproportionately impacted by the pandemic and the inequities that result from structural racism as well as the effects of racism itself impact the mental health care of children.

In response, in October of 2021, the American Academy of Pediatrics (AAP) in partnership with the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association declared a National Emergency in Child and Adolescent Mental Health. Citing the toll of COVID-19 in addition to existing mental health issues, the organizations urged policymakers to swiftly take action to address child and adolescent mental health needs.

May is Mental Health Awareness Month. This year, AAP is encouraging chapters to engage state policymakers to make children and adolescent mental health a priority. To help support your outreach at the state level, below are several options for state advocacy and key talking points on mental health policy issues. A sample letter to Governors and a draft gubernatorial proclamation are also included below.

We recognize that AAP chapters may have existing mental health priorities that are not highlighted within this document. We appreciate hearing about the great work chapters are doing on mental health advocacy so if you have not been in touch with us, please consider reaching out. For advocacy support tailored to your mental health priorities, contact the AAP State Advocacy Team at [steov@aap.org](mailto:steov@aap.org).

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# MENTAL HEALTH ADVOCACY CAMPAIGN

## JOIN OUR WEAR GREEN DAY ACTION



The AAP Board & Staff will participate in “Wear Green Day of Action” on Friday, May 20. Join us by posting pictures to your social media accounts along with messages supporting the advocacy campaign

TAG us @AmeriAcadPeds #MENTALMENTALHEALTHAWARNESMONTH

# Policy Statement: *Eliminating Race-Based Medicine*

- Addresses the elimination of race-based medicine as part of a broader commitment to dismantle the structural and systemic inequities that lead to racial health disparities.
  - Race-based medicine has been pervasively interwoven into the fabric of health care delivery in the United States for more than 400 years. Race is a historically derived social construct that has no place as a biologic proxy.
  - <https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2022-057998/186963/>
- **AAP News** article – “*Equity journey: AAP calls for elimination of race-based medicine in new policy*” <https://publications.aap.org/aapnews/news/20159/Equity-journey-AAP-calls-for-elimination-of-race>
- News Release: *American Academy of Pediatrics Calls for Elimination of Race-Based Medicine* <https://www.aap.org/en/news-room/news-releases/aap/2022/american-academy-of-pediatrics-calls-for-elimination-of-race-based-medicine/>



# In the News *[additional links to follow in tonight's email]*

- FDA restricts J & J vaccine
- Approaching/likely at 1m. U.S. COVID deaths (Washington Post article: est. 9m. Americans have lost spouses, parents, grandparents, siblings and children to COVID). <https://www.washingtonpost.com/nation/2022/05/07/one-million-covid-deaths-families/>
- Continued analysis of **youth mental health crisis**:
  - ▣ <https://www.cbsnews.com/news/mental-health-support-resources-60-minutes-2022-05-08/> Youth interview affirming what we know re: this crisis. (*Thank you, Lisa Gannon*)
- New CDC report: gun deaths reached the highest number ever recorded in the United States in 2020, the first year of the pandemic, as gun-related homicides surged by 35 percent.

*From the Vermont Department of Health*

## **Abbott/Similac Formula Recall – WIC Update**

---

- Similac Advance product recovering at retailers
- Availability issues continue for Total Comfort, Spit Up, Sensitive, Isomil Soy; in addition to many medical formulas
- At this time, June 2022 will be last month Abbott will authorize WIC to substitute for Similac Advance (substitutes include Enfamil Infant, Gerber Gentle, Parent's Choice Infant & Advantage)
- At this time, July 2022 will be last month Abbott will authorize WIC to substitute for Total Comfort/Spit Up/Sensitive/Isomil (substitutes include Gentlease, Enfamil AR, Gerber Soothe, Gerber Soy, Prosobee and Parent's Choice Gentle & Sensitivity)
- WIC continues to provide breastfeeding support services including peer counselors, breast pumps and online classes

*Happening now...*

# Vermont State Parks Prescription Program



## Prescription Passes Summer 2022

- **Who**: Collaboration between VT Governor's Council on Physical Fitness & Sports with VT Department of Forests, Parks and Recreation
- **What**: **free** day passes at Vermont State Parks
- **How**: prescriptions distributed to medical practices; creates opportunity for child/family health professionals to discuss importance/health benefits of outdoor exercise.
- If interested, please email [dbutsch@gmail.com](mailto:dbutsch@gmail.com) & request desired number of prescription pads (50 per pad)

***Thank you, Dr. David Butsch!***

# *Happening this evening!*


## 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)
  - ▣ <https://vtpha.org> link
- Recognition of **Public Health Champions**
  - ▣ VT Health Commissioner Dr. Mark Levine, for his dedication 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.



*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.

Coming soon...

# Emergency Medical Services for Children Case Review

- Cases involving Children with Special Health Needs
- New date: **May 24, 2022** – join via Zoom (see email for link)
- Thank you, **Dr. David Nelson**, Ped EM at UVM CH

April is...  
**Autism**  
Awareness  
Month

**Vermont EMS for Children**  
Case Review  
**Children with Special Health Needs**  
Tuesday May 24<sup>th</sup> at 1900

RESCHEDULED DATE!

# Tuesday Media Briefing (5/10/22)



## Governor Phil Scott

- ❑ Permitting plays critical role in addressing Vermont's housing crisis.
- ❑ Proposed exemption of downtowns/village centers from Act 250 passed House in 2020 but not in current Act 250 bill.
  - ❑ Current proposed governance changes will likely slow the process.
- ❑ BTV Mayor Miro Weinberger: current bill would undo (2004) reform – allow builders to consolidate appeals in environmental court. Burlingtonians are environmentally minded... but this would threaten city's character.
- ❑ Ted Brady: VT League of Cities and Towns: S.234 is step in right direction – but need to assure balance between land conservation & making sure Vermonters can live on the land.



# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Dr. Mark Levine

- ❑ COVID still w/us – already another version Omicron (BA2.12.1) is ~30% cases in New England & >60% in upstate NY. Needs additional study – but we believe protected against severe outcomes if UTD on vaccines.
- ❑ Approx. 1/2 of patients in hospital with COVID are admitted for conditions other than COVID, including ICU pts.
- ❑ Many in hospital are vaccinated but have failed to get at least one booster. If >65 yo or >50 yo w/underlying health conditions, please be sure to get at least one booster.
- ❑ Will continue to use data to track new variants (latest variant spreading at higher levels in New England & VT)

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Dr. Mark Levine

- ❑ Wastewater monitoring: BTV / SB high but steady levels. Other 6 sites just started w/new federal contractor – need 2 weeks of data prior to reporting.
- ❑ Important time to reexamine your personal risk: consider high-quality masking in indoor public spaces; get tested if any sxS.
- ❑ If older/high risk and test positive, contact your health care professional ASAP to discuss treatment. *“Don’t assume you are guaranteed smooth sailing if you get COVID or mild sxS – no way of predicting course if in a high risk group – we have the therapy & it’s safe to take.”*
- ❑ State receiving another 2K treatment courses of Paxlovid this week.

# Tuesday Media Briefing (cont'd.)



## VDH Commissioner Dr. Mark Levine

- ❑ Evolution in data reporting: VDH Epidemiology teams developing new **weekly** COVID surveillance: expect first to be published today.
  - ❑ Will include case trends, hospital impact, vax rates, wastewater & variant proportions over time. **Will phase out case dashboard May 18** (last update).
  - ❑ Has been an amazing resource but widespread use of at home testing has made case counts much less meaningful.
- ❑ Previewed anticipated FDA VRBPAC activity in June.
- ❑ National Fentanyl Awareness Day – has killed many Vermonters (93% of deaths 2021; 46% of overdoses involved combo fentanyl & cocaine). If you/someone you know using, learn where to find test strips and Narcan: [vthelplink.org](http://vthelplink.org) or call 802-565-LINK. More info at [KnowODVT.com](http://KnowODVT.com)

# Practice Issues



## ***Oral Health Risk Assessment: A QI Approach***

*Monica Benjamin, APRN – Porter Pediatrics*

*Robin Miller, RDH MPH, VDH Oral Health Director*

## ***Lead Screening Update: Preventing Childhood Lead Poisoning***

*Matthew Saia, MD FAAP – UVM CH Pediatric Primary Care*



# Introduction

Dental decay: most common chronic disease of childhood

(Children's Dental Health Project, 2019)

SES: Children in lower income brackets experience more dental decay

(Vermont Department of Health, 2019)

Cost to treat: \$10,000 to \$25,000 per child

(American Academy of Pediatric Dentistry, 2019)

Cost to prevent: \$1.45 per fluoride varnish application

(H. Kaufman, personal communication, September 9, 2020)

# Local Problem

37% of third graders in Vermont have dental decay (Vermont Department of Health, 2019)

Need for fluoride varnish not assessed during previsit planning

No oral health risk assessment (OHRA) or shared decision making (SDM) tool utilized

Lack of consistency in oral health care provided

# Available Knowledge

OHRA should be performed starting at 6 month well visit (American Academy of Pediatrics, 2020b)

Integration of oral health into EHR (Okah, et al., 2018)

Early oral health education can promote oral health throughout the lifespan (da Fonseca and Avenetti, 2017)

## Oral Health Risk Assessment

For parents and caregivers of children 6 months to 3 years old.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

As part of your visit today we will be talking about taking care of your child's teeth. Please answer the following questions so that we can work together to help your child have healthy teeth for the rest of their life.

Things that <u>increase</u> a child's risk of cavities.	Things that <u>protect</u> a child from cavities.
<p><b>Have you (the caregiver) had cavities in the past 12 months?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE</p>	<p><b>Does your child have a dentist (if 12 months or older)?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>If yes, when was the last visit? _____</p>
<p><b>Do you (the caregiver) NOT have a dentist?</b></p> <p><input type="checkbox"/> YES - I do NOT have a dentist <input type="checkbox"/> NO - I do have a dentist</p>	<p><b>Does your child get fluoride from one of these sources? (Check one)</b></p> <p><input type="checkbox"/> Town water with fluoride <input type="checkbox"/> Well water with adequate fluoride <input type="checkbox"/> Fluoride supplement</p> <p><input type="checkbox"/> Other <input type="checkbox"/> Not sure <input type="checkbox"/> None</p>
<p><b>Does your child have a bottle or sippy cup with milk or juice between meals (if over 12 months old)?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> N/A</p>	<p><b>Do you or your child use fluoride toothpaste when brushing?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> NOT SURE <input type="checkbox"/> N/A</p>
<p><b>Does your child snack more than once in between meals (if over 12 months old)?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> NOT SURE <input type="checkbox"/> N/A</p> <p>If yes, what kind of snacks?</p>	<p><b>How many times per day are you brushing your child's teeth?</b></p> <p>_____</p> <p><b>If your child has no teeth yet, have you started wiping your child's gums?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> N/A</p>
<p><b>Does your child have a disability?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>If your child's teeth are touching, are you flossing their teeth?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> N/A</p>
<p><b>Any YES answer increases the risk of your child developing cavities.</b></p>	<p><b>Any YES answer protects your child from developing cavities.</b></p>



## Oral Health Goals for Patients and Caregivers

There are many ways that you can help your child form healthy dental habits at home. Choose 1 or more goals to work on from now until your child's next check up.

During your visit, please bring up any questions you have about caring for your child's teeth. After, take this sheet home and hang it somewhere visible, like on the fridge, to keep these goals in mind.

Reduce the amount of milk and juice your child drinks between meals. Try to give your child *only* water between meals.



Give your child healthy snacks between meals, like sliced apples and veggies.



Avoid putting your child to bed with a bottle.



If your child gets sweets or candy, give it in small amounts and brush their teeth afterwards.



Schedule regular dental visits starting at age one.



Brush your child's teeth two times a day—ideally after meals in the morning and right before bedtime.



Always brush with fluoride toothpaste.



Use a small smear for children under 3.



Use a pea-sized amount for children 3-6.

Once your child's teeth are touching, floss them daily.



If you don't have fluoride in your drinking water, give your child a fluoride supplement once daily.



### List Your Questions

Use the space below to write down any questions or concerns you want to talk about.

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### Things to Remember

Take notes or write yourself reminders about your child's oral health.

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### Dentist Information

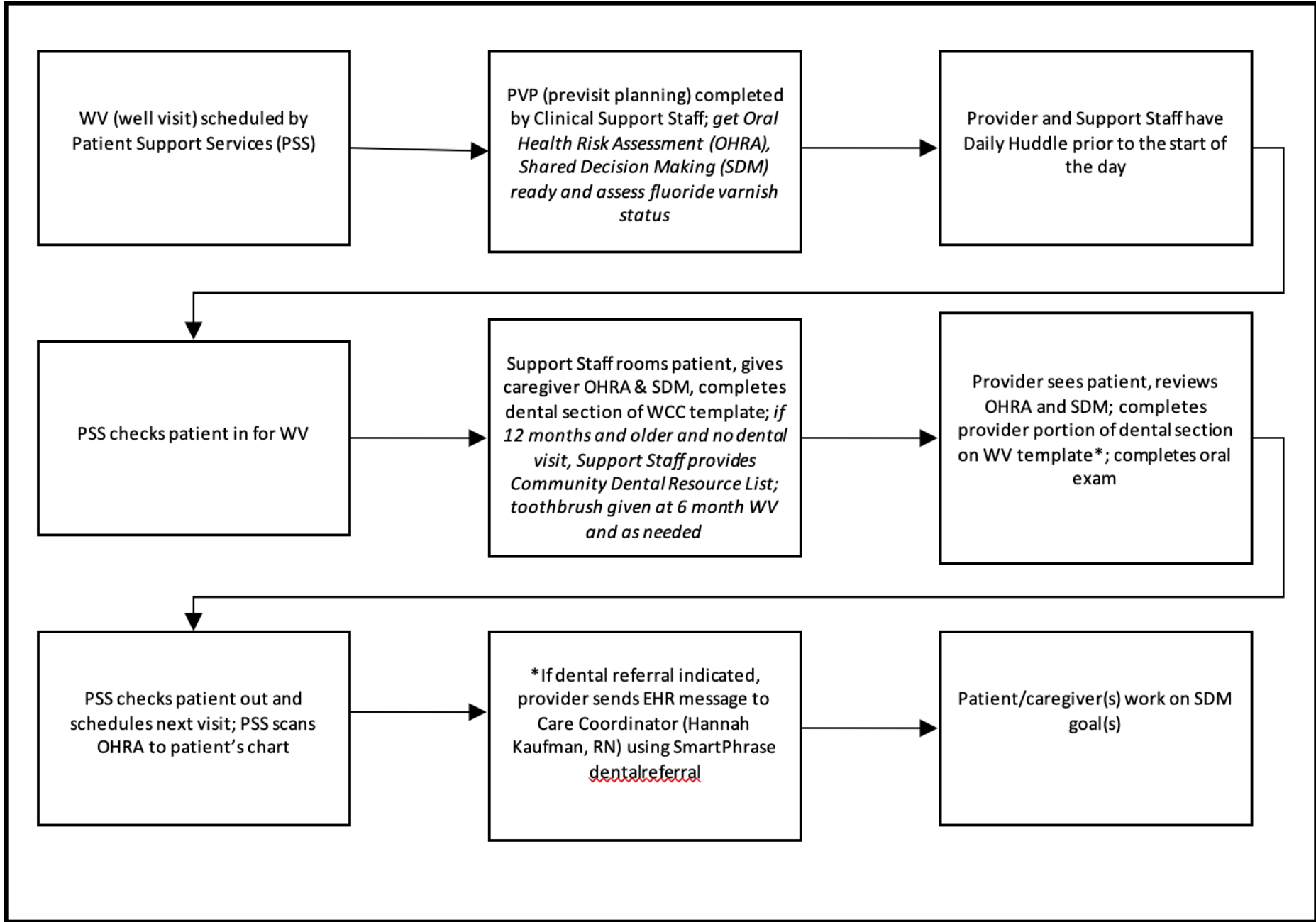
Your pediatrician can help you find a dentist who sees children and help you set-up an appointment.

Dentist Name:

Phone:

Next Appointment:

For more tips and tools to help improve your child's oral health habits, visit [HealthVermont.gov/OralHealth](https://www.healthvermont.gov/OralHealth).





## Vermont Child Health Improvement Program



# Lead Screening Update

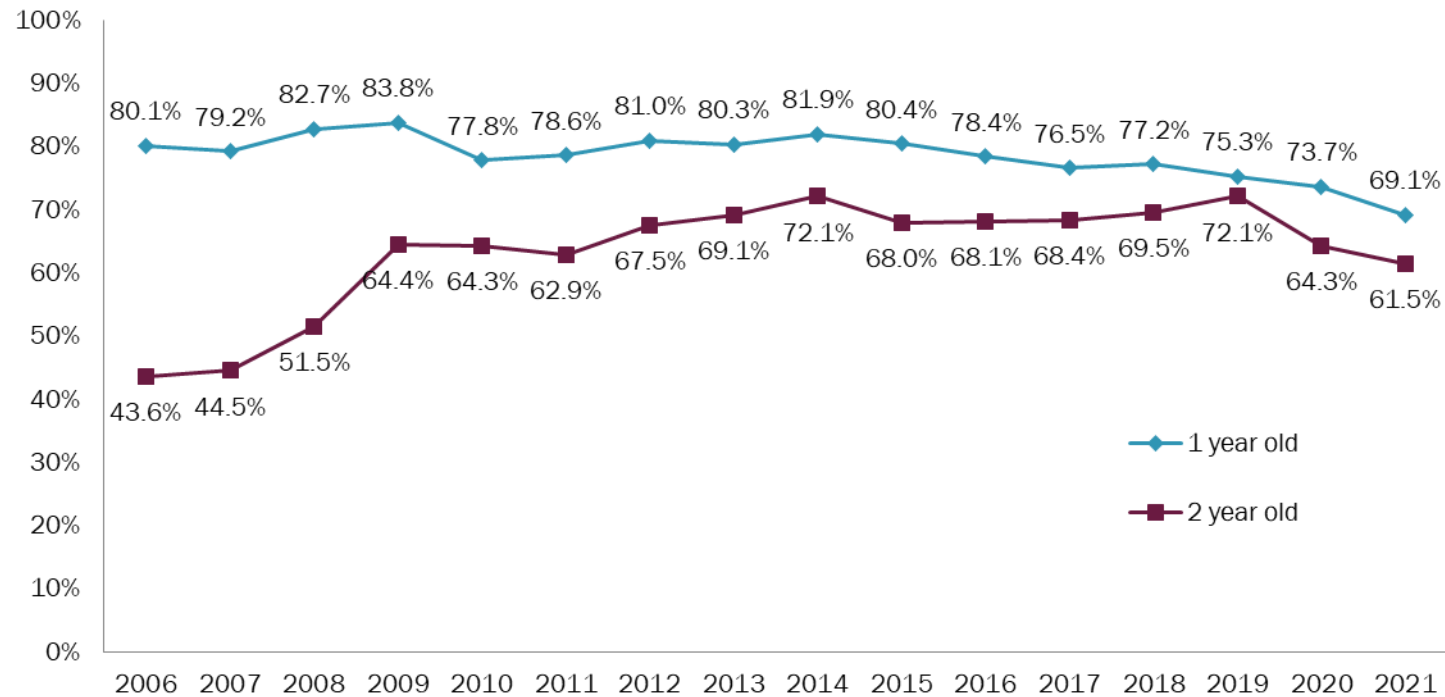
Matthew Saia, MD

[Matthew.Saia@uvmhealth.org](mailto:Matthew.Saia@uvmhealth.org)

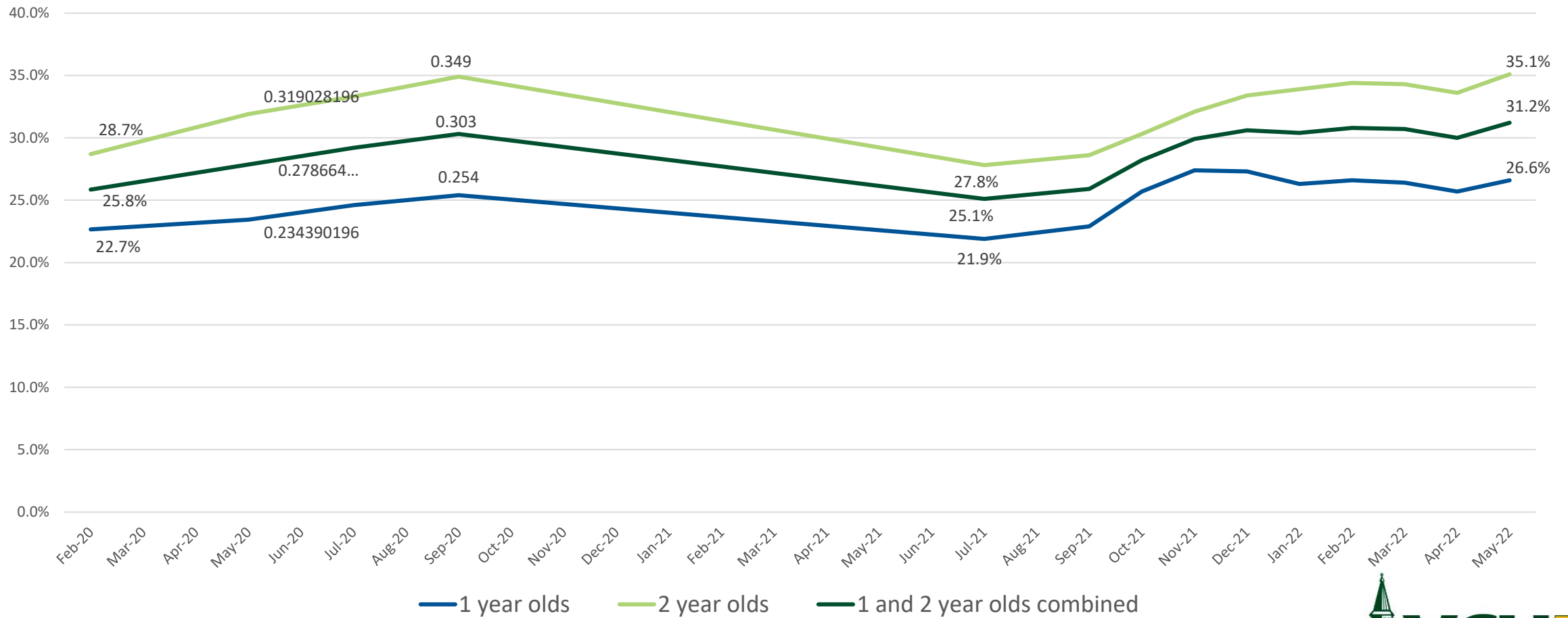
# Objectives

- Discuss screening in Vermont
- Discuss outreach activities performed increase blood lead screening and reporting
- Share Department of Health's Recommendations
- Discuss the importance of blood lead screening and reporting

# Percent of 1 and 2 year old children tested for lead



# Percent of 1 and 2 year olds Overdue for Blood Lead Test



# Identifying Patients For Screening

## Criteria for Testing Asymptomatic Children at Well Child Visits

- 12 months and 24 months. (Vermont law requires this.)
- 36 to 72 months who have not previously been tested.
- Refugees
  - All children ages 6 months to 16 years old upon entry to the U.S.
  - Follow-up test within 3 to 6 months, regardless of initial test result.

## Other Indications to Test for Lead

- Ingestion of an object that may contain lead
- Signs or symptoms consistent with lead poisoning
- Developmental problems/delays or behavioral problems
- Potential at-risk populations: international adoptees, immigrants, children of migrant workers, children in foster care, and children diagnosed with pica or special health needs that increase hand-to-mouth behavior

# Strategies

- Set reminders for lead screening at the 12 and 24 month well visits
- Screening in the office if at all possible
  - LeadCare II
  - Public Health Lab
- Run reports for children overdue and catch them at acute visits
  - Use your EHR
  - Use the VDH Patient Profile Lead Tab to pull reports
- Consider a LeadCare II analyzer for POC testing
  - VT AAP can help you obtain one



# Importance

- The definition of an elevated blood lead result to any detectable level.
  - Data shows there is no safe level of lead
    - Lead is not naturally occurring in the body
  - Levels at and below 5  $\mu\text{g}/\text{dL}$  can still impair development for our children

# We can do it Vermont!!

## Let's improve VT rates 10% by December 2022!!

- Families are attending more well visits
- LeadCare II analyzer testing kits are now available
- The Public Health Lab will send **free** kits and you can return to them for **free** for analysis- results typically within 3 days
- Report regularly to VDH using Globalscape

Reach out to VCHIP for any assistance for one-time technical assistance or ongoing practice specific QI work:

[Jill.Davis@med.uvm.edu](mailto:Jill.Davis@med.uvm.edu)

[Matt.saia@uvmhealth.org](mailto:Matt.saia@uvmhealth.org)

# Resources

## Public Health Lab

- [Order Public Health Lab Lead Test Kits](#)
- [Instructions for Capillary Blood Lead Testing- Public Health Lab](#)
- [Contact Info Public Health Lab](#)
- [Lead Resource Guide for Providers](#)
- **Access to lead tab in patient profile**

Please sign the [Provider Confidentiality Agreement](#) and fax to 802-863-7483 or email to [AHS.HealthyHomes@vermont.gov](mailto:AHS.HealthyHomes@vermont.gov).

## For Caregivers:

- [What Your Child's Lead Test Means](#)
- [Lead Poisoning Prevention Fact Sheet](#)

*In case you missed it (5/4/22)*

## 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.

# Green Mountain Care Board Chair and Member Vacancies

- **Applications Due 5/27/22**
- The State of Vermont has posted the description and application for the upcoming **Green Mountain Care Board Chair vacancy and a member seat**. The State is seeking candidates for the Chair (full time) and Board Member (32 hours per week) who serve a term of 6 years on the Board. Applications are due by May 27th. For more information see:  
<https://humanresources.vermont.gov/GMCB-Search-2022>



## 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 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.



# 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)

# State and National School Nursing & Health Awards

- ***Sophia Boyle (a.k.a. Soph) Hall***
  - ▣ Lead School Nurse/ COVID19 Coordinator, Kingdom East School District/School Nurse Miller's Run School; Immediate Past President, VSSNA – ***Winner of:***
  - ▣ **National Award, Outstanding School Nurse Administrator**
  - ▣ **VSSNA Vermont School Nurse Administrator of the Year**
- ***Dr. Rebecca Bell: VSSNA's J. Ward Stackpole Recognition Award***
  - ▣ Recognizes an individual who has made significant and sustained contributions to school health and the academic success of students in Vermont.



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

## Combined Peds/Family Med Grand Rounds

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. In the top left corner is the KidSafe Collaborative logo, which includes a stylized orange figure and the text 'KidSafe Collaborative'. 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.

# VCHIP-VDH COVID-19 Call Schedule

## ***May / June / Summer 2022:***

- ❑ May: calls on **5/4, 5/11, 5/18** (***no call 5/25***) – some specialized content (preventive care catchup; mental 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!***

May 11, 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 18, 2022 12:15 – 1:00 pm VIA ZOOM!**
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine: **May 19 – 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#