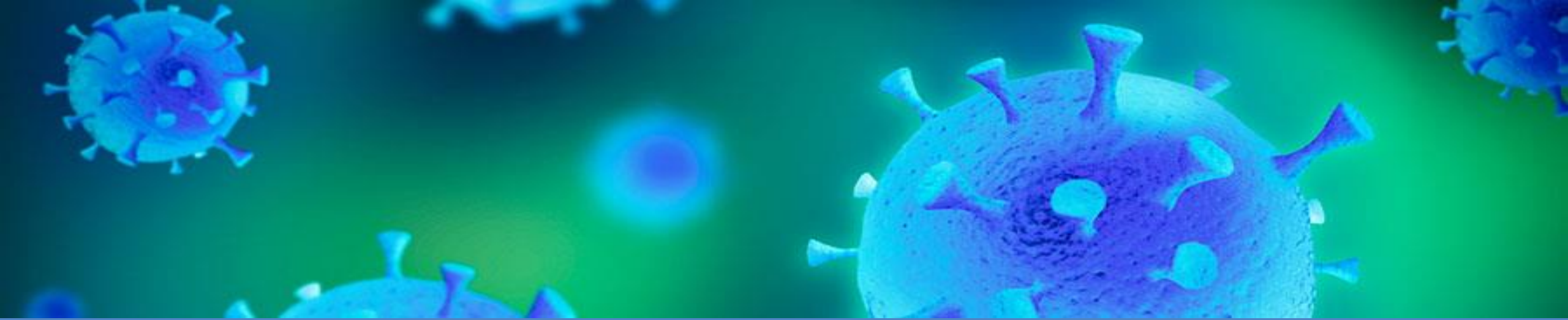


VCHIP / CHAMP / VDH COVID-19 UPDATES



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 4, 2022

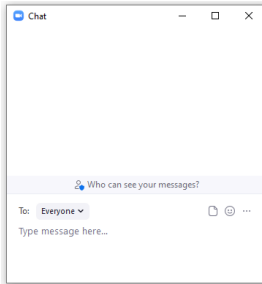


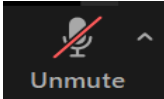
Please bear with us...

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

- May is ***Mental Health Awareness Month***
 - #MentalHealthAwarenessMonth
- May 2 – 6: ***Teacher Appreciation Week***
- Reminder – weekly event schedule:
 - **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: ***VT Child Psychiatry Access Program (CPAP) 101*** – Greta Spottswood, MD
- Q & A/Discussion

MENTAL HEALTH MATTERS



#MENTALHEALTHMONTH 

SAMHSA

HELP IS AVAILABLE.

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

SAMHSA's National Helpline
1-800-662-HELP (4357)

Disaster Distress Helpline
1-800-985-5990

Behavioral Health Treatment
Services Locator
findtreatment.samhsa.gov

<https://www.facebook.com/samhsa>

confident courageous
kind talented inspirational patient
thoughtful dynamic sensational intuitive
hardworking caring fabulous
fantastic amazing **teacher**
empathetic smart exceptional
dedicated understanding awesome
humorous
warm
fair

<https://www.ptotoday.com/>

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

VCHIP-VDH COVID-19 Call Schedule

May / June / Summer 2022:

- ❑ 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*



2 years strong!

May 4, 2022

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 5/5/22**
- **Summary: VMS calls are held the first and third Thursdays of the month from 12:30 to 1:00 p.m.**
 - ▣ **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=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

VMS Convo with Health Commissioner Levine

Notes from 4/22/22 Conversation:

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

Thank you, Vermont Medical Society!

Situation update

New Cases

504

125,347 Total

Currently Hospitalized

57

Hospitalized in ICU

12

Percent Positive 7-day Avg.

12.9%

New Tests

5,750

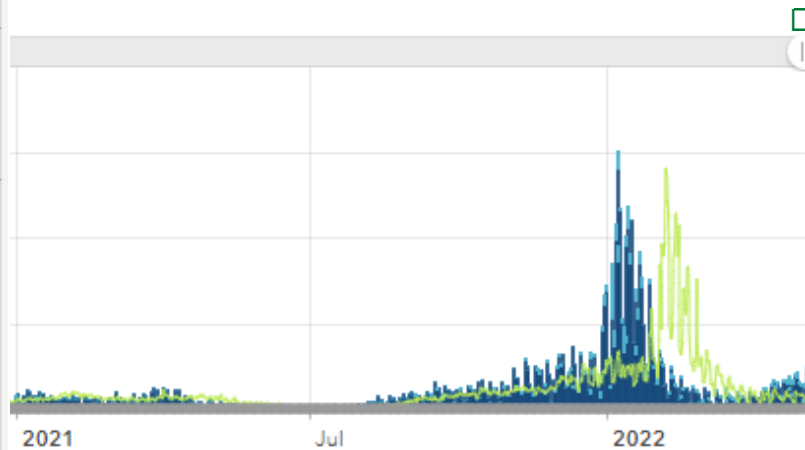
3,590,518 Total

Deaths

639

0.5% of Cases

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: 23,191 VT total cases; 34 new/17 hosp.

U.S. **81.44 million+** cases; **993,088 deaths**

<https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 5/4/22)

Past week: av. 62,428 cases/day (14d. change **+50%**)

6.24 million+ deaths worldwide; 514.6 million+ cases (-15% & -24% 14-day change respectively)

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

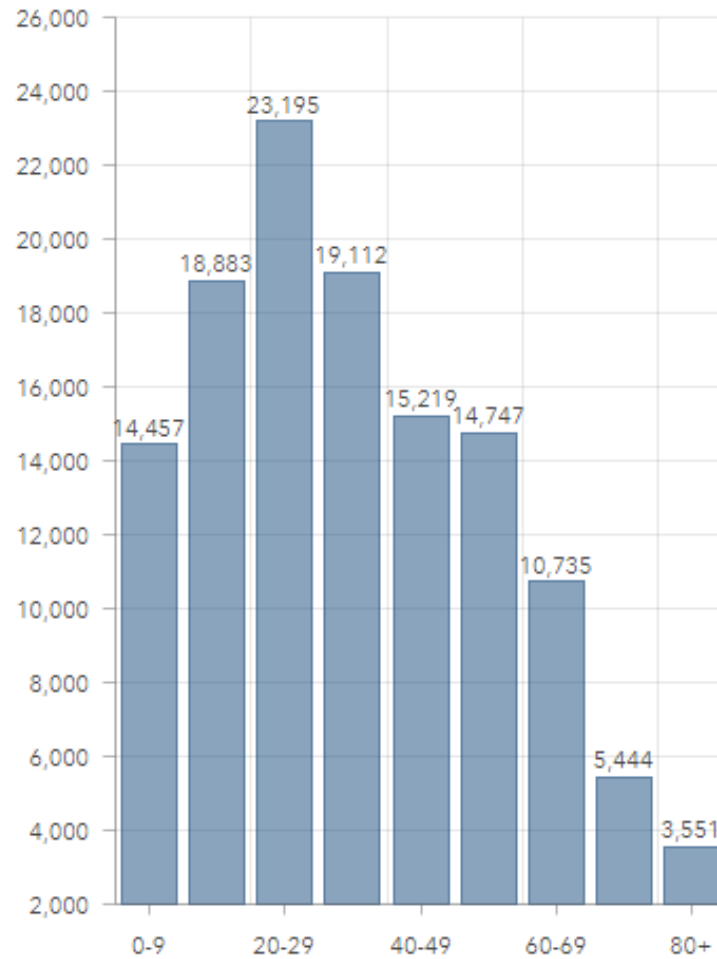
Table of Contents: Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.

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>

Last Updated: 5/4/2022, 11:11:22 AM

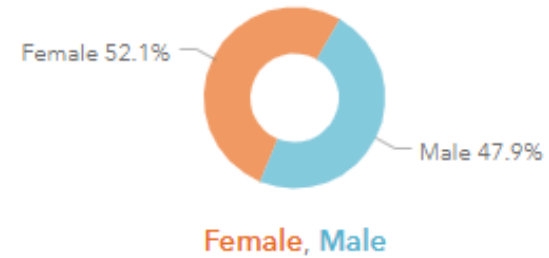
Situation update

Cases by Age Group if Known *

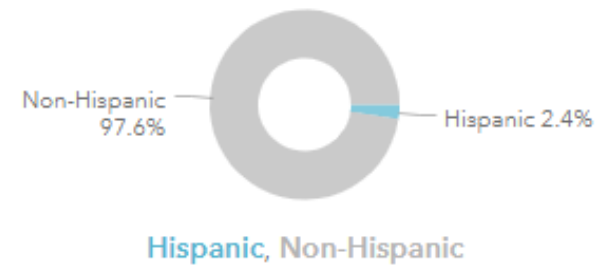


Case Demographics

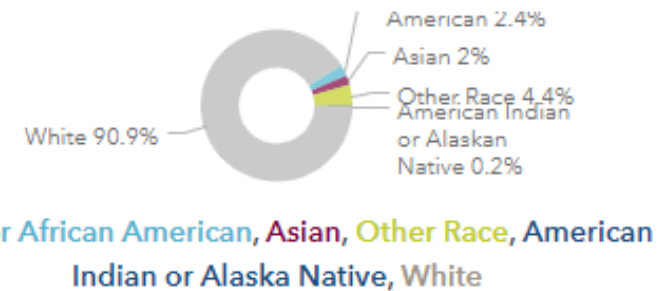
Cases by Sex *



Cases by Ethnicity if Known *



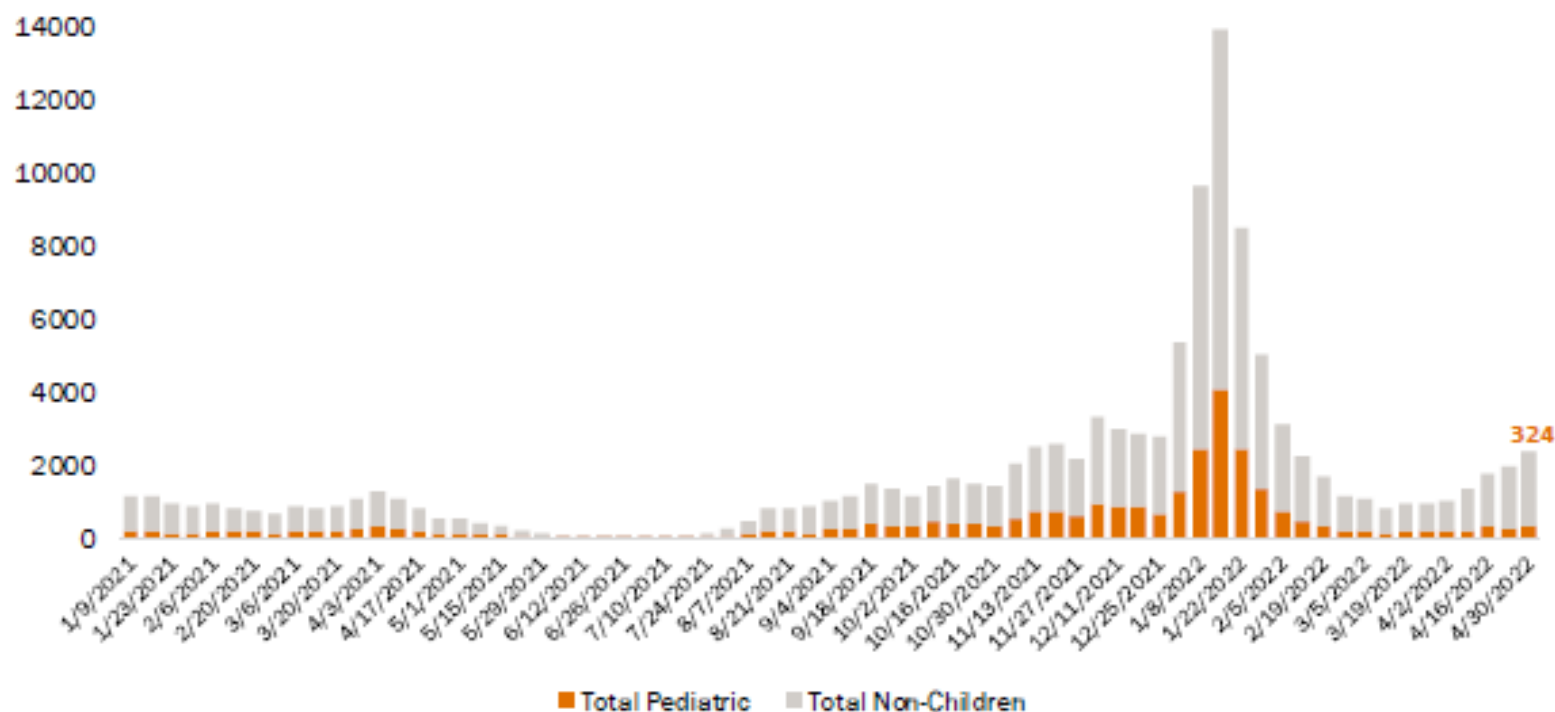
Cases by Race if Known *



This brief reflects data as of April 30, 2022 (the last complete MMWR week).

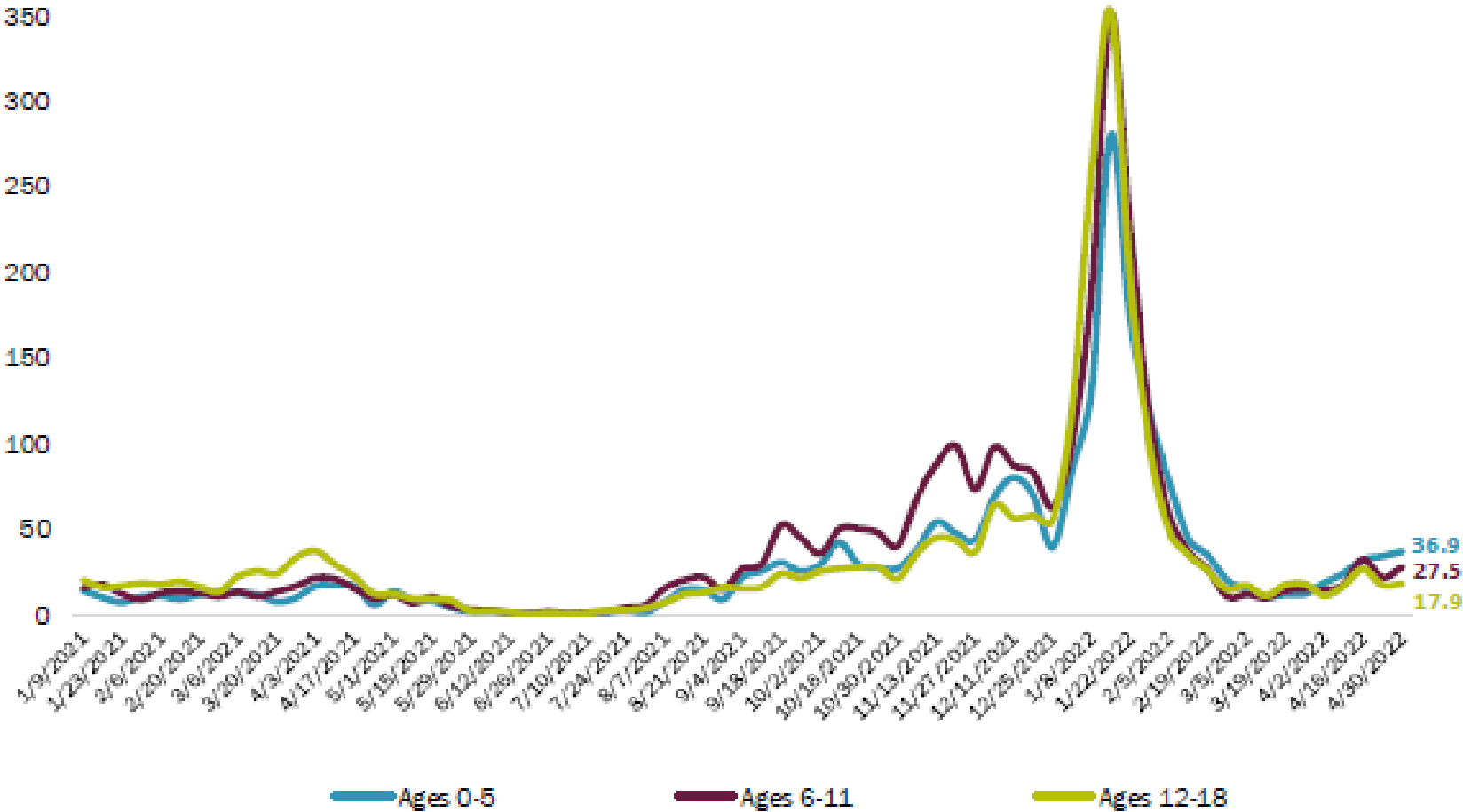
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

Number of Cases by Week



COVID-19 Pediatric Cases

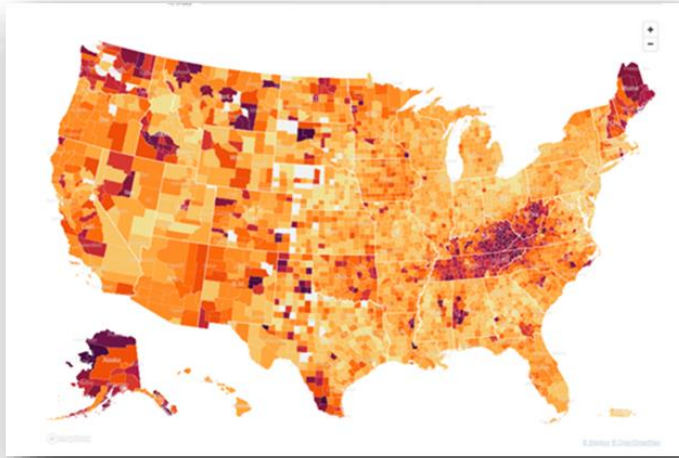
Rates by Week by Age Category



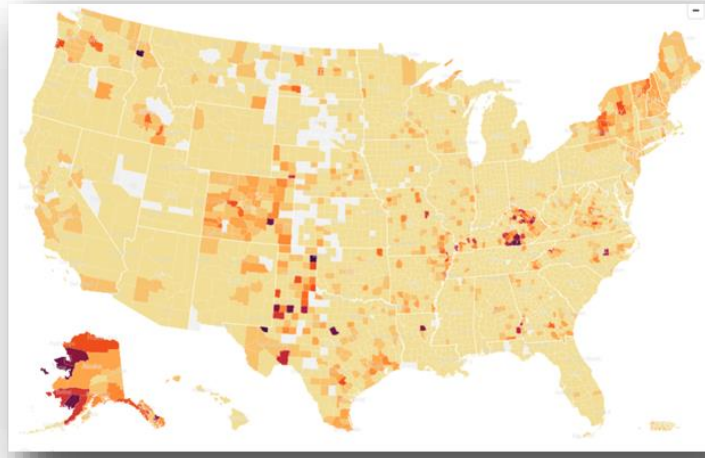
All rates are calculated per 10,000 people. Data is preliminary and subject to change.

May 4, 2022

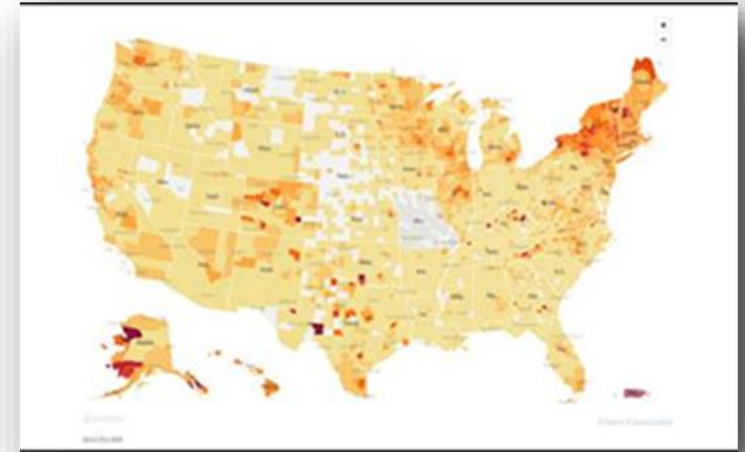
2-month span



NYT 2.23.22 all ages



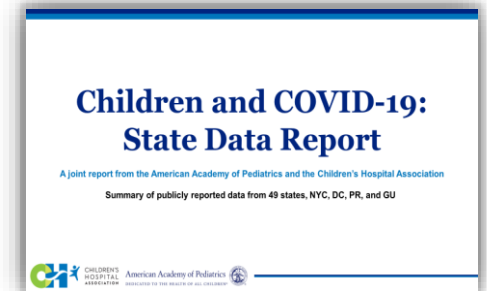
NYT 3.30.22 all ages



NYT 4.29.22 all ages

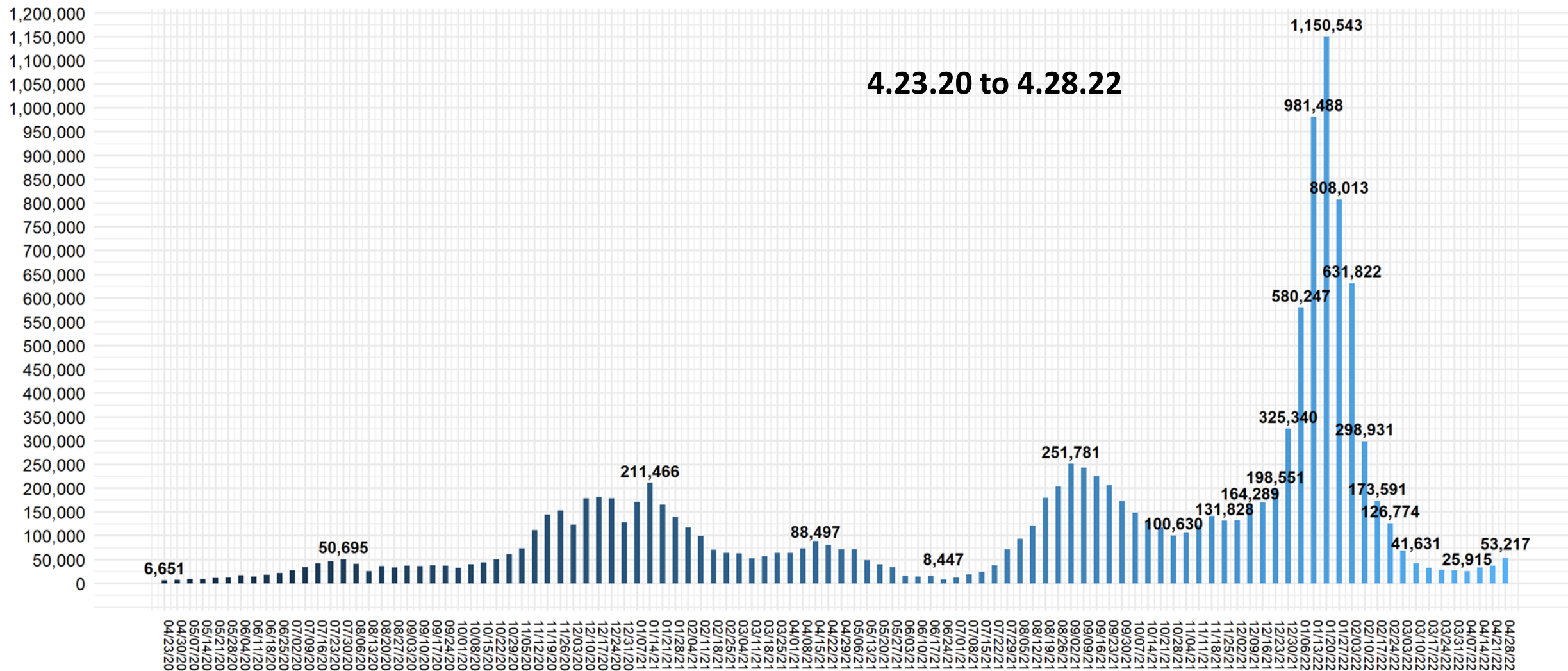
As of 4/28/22 – almost 13M cumulative confirmed child COVID-19 cases

- **53,000 child COVID cases reported week ending 4/28/22**
 - **This is a 61% increase from 2 weeks ago**
- **Cases are down substantially from the 1.1 million peak January 20**
- **Over 5 million cases have been added in 2022**



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

Number of child cases added



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

Week ending in

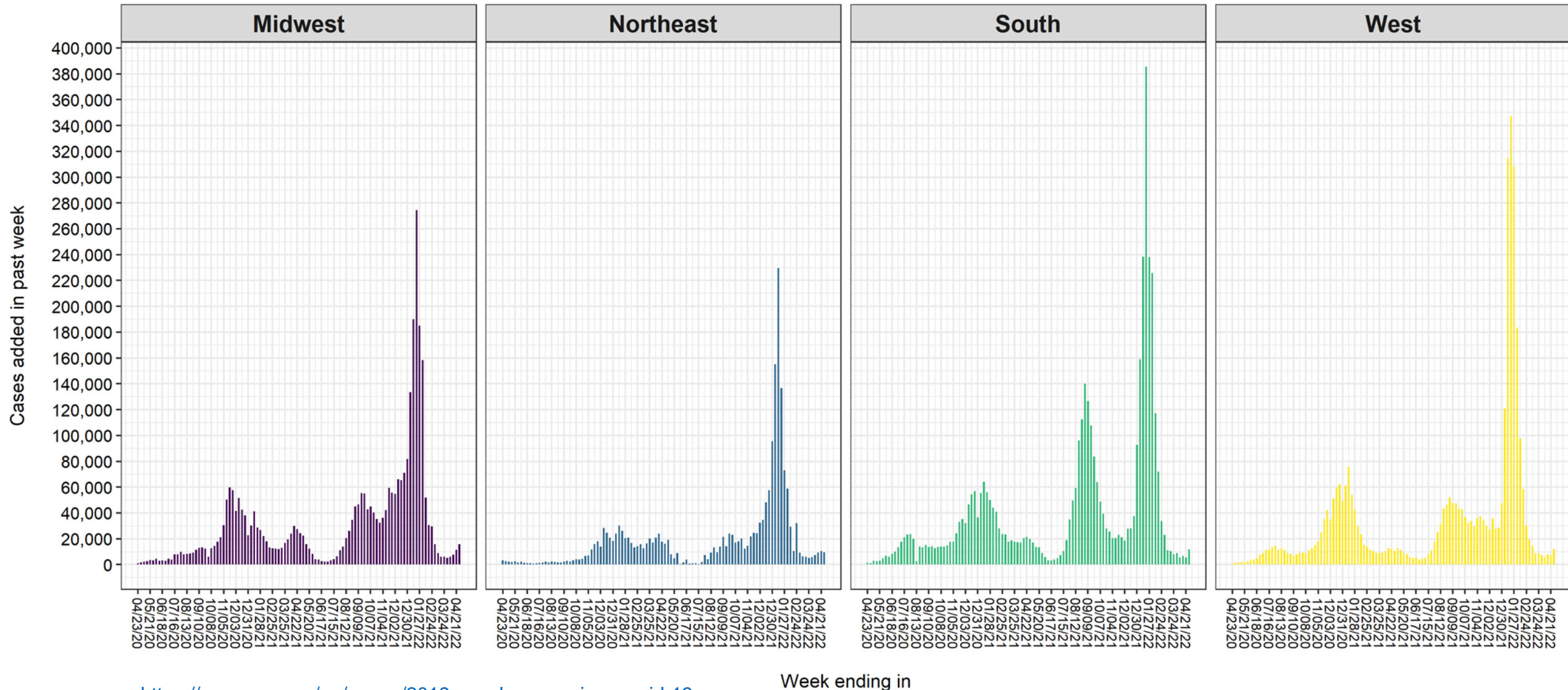
Source: AAP analysis of publicly available data from state/local health departments

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

4.23.20 to 4.28.22

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



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

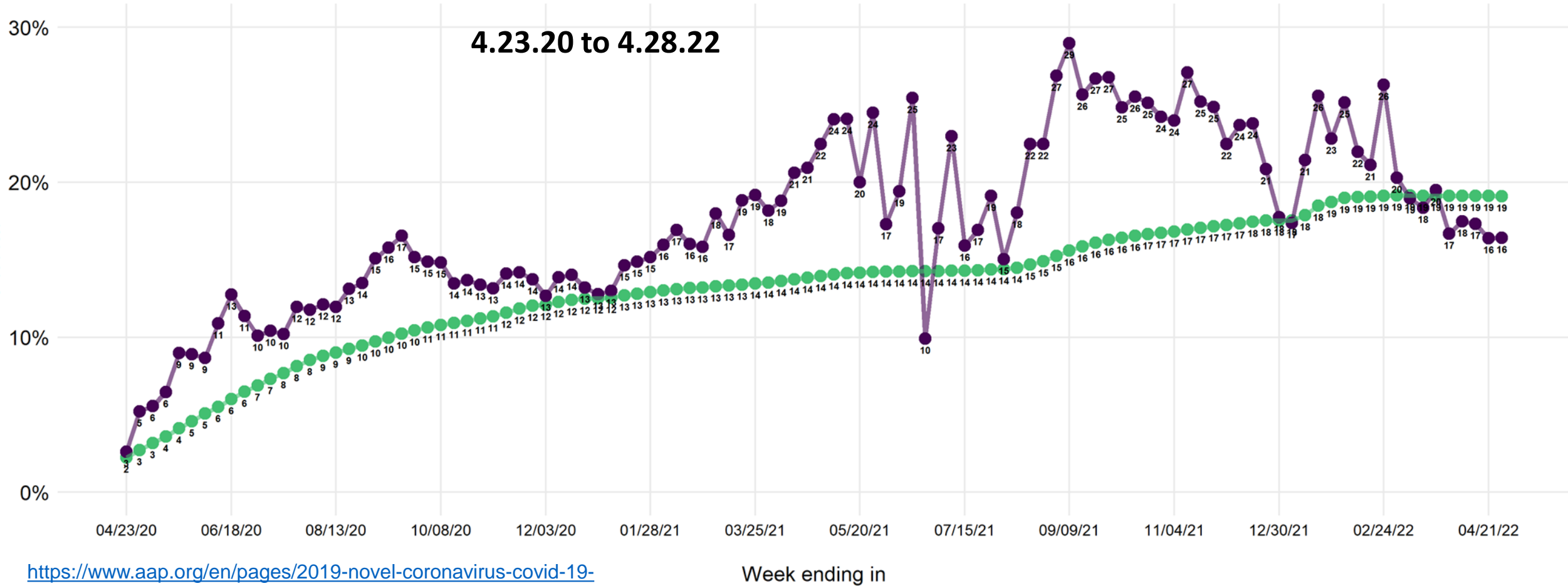
Source: AAP analysis of publicly available data from state/local health departments
Note: Regions are the US Census Regions

Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22
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United States: Percent of COVID-19 Cases that were Children: Cases Added in Past Week and Cumulative

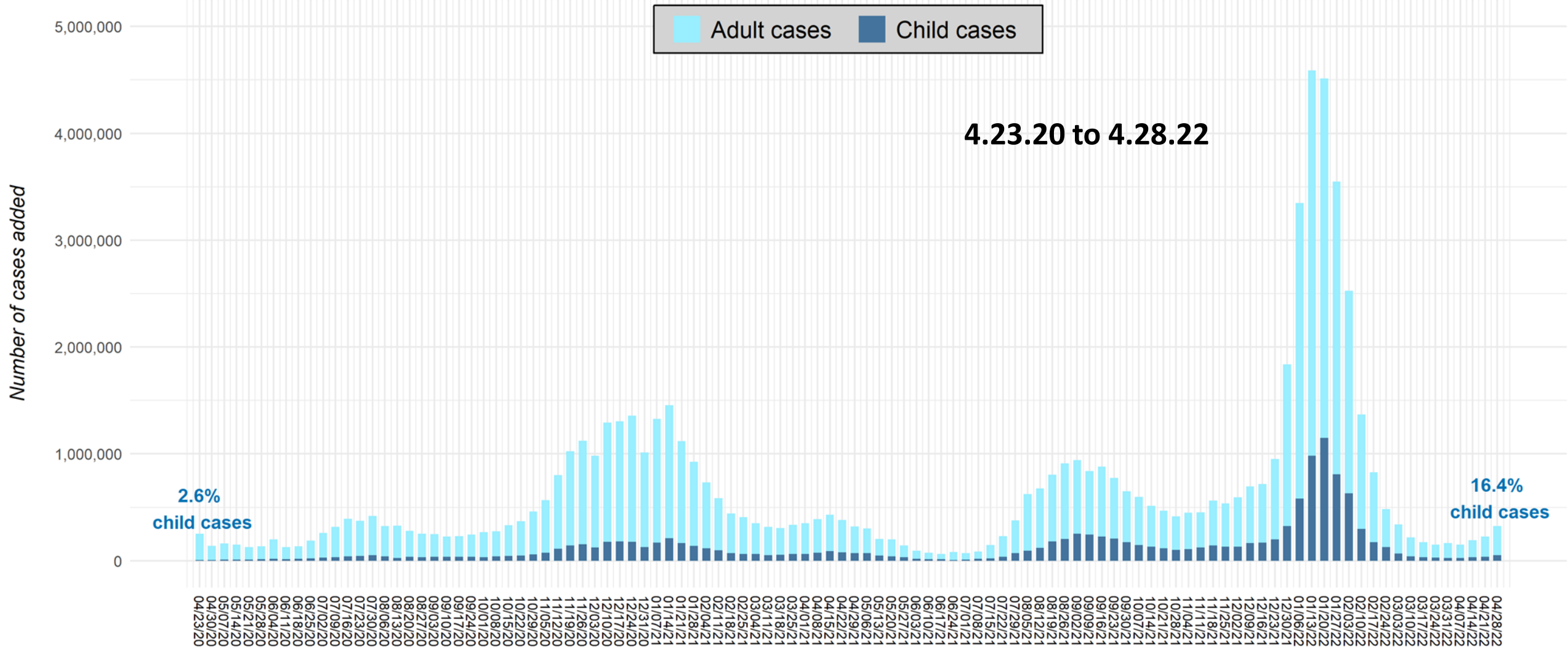
● Percent children, cases reported in past week ● Percent children, cumulative



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

Source: AAP analysis of publicly available data from state/local health departments
 Note: Analysis excludes data from AL and MO due to change in definition of 'child' case
 On 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)
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United States: Number of COVID-19 Cases Added in Past Week for Children and Adults



4.23.20 to 4.28.22

2.6%
child cases

16.4%
child cases

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

Week ending in

Source: AAP analysis of publicly available data from state/local health departments
 Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22
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Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 4.26.22

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

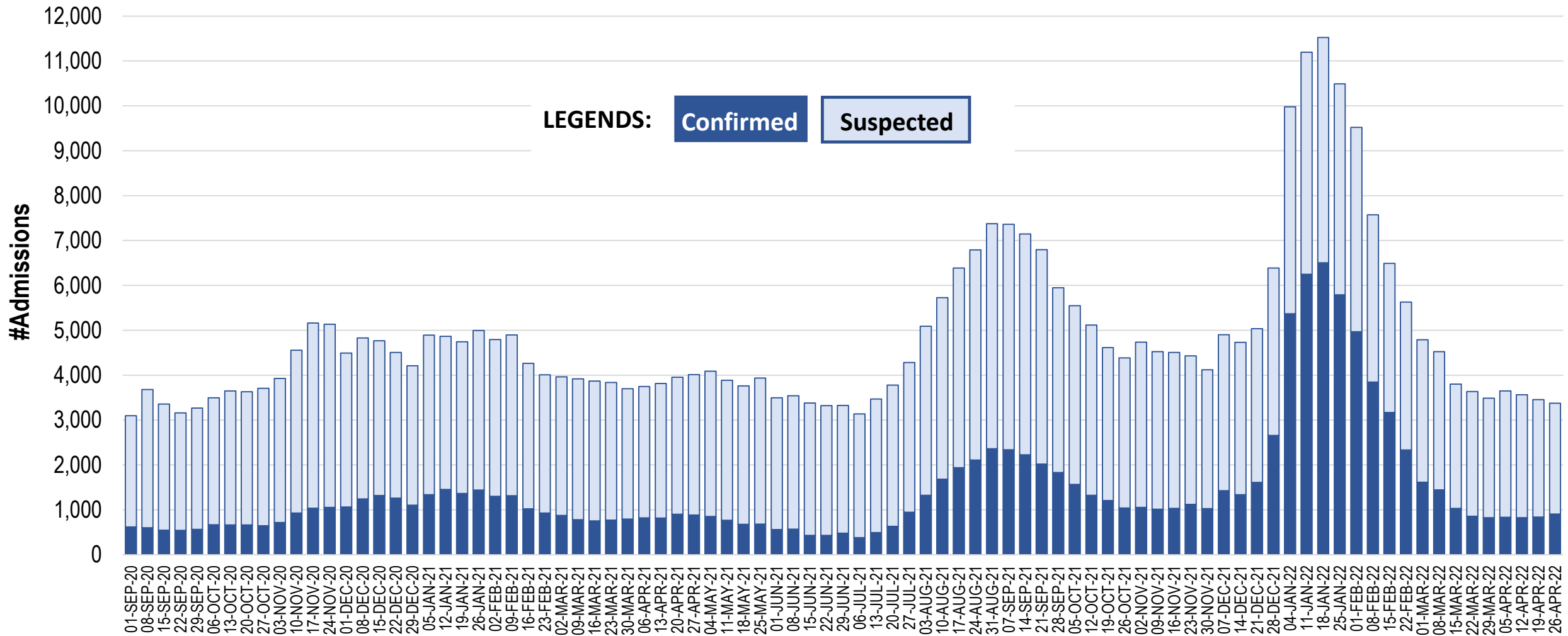
American Academy of Pediatrics

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

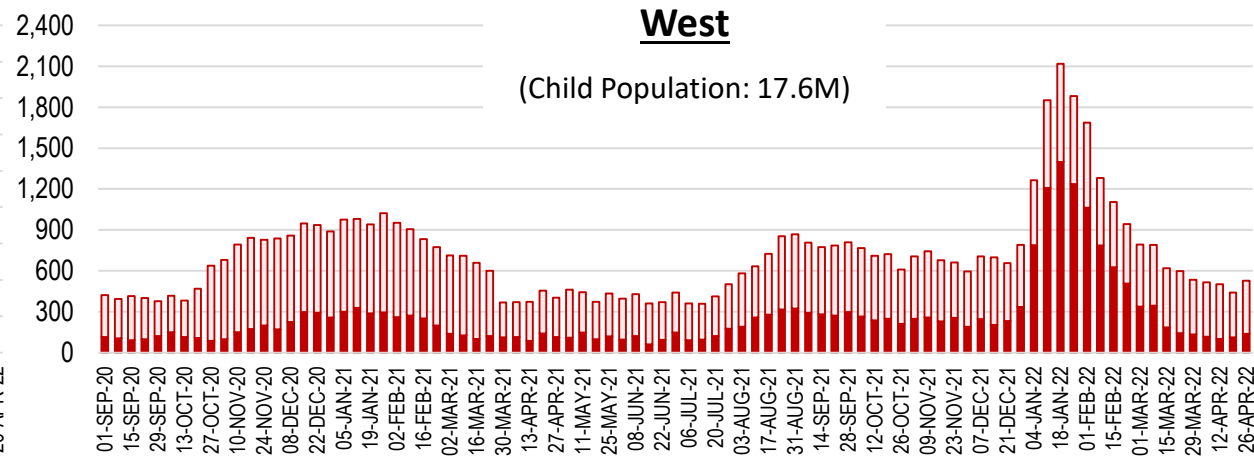
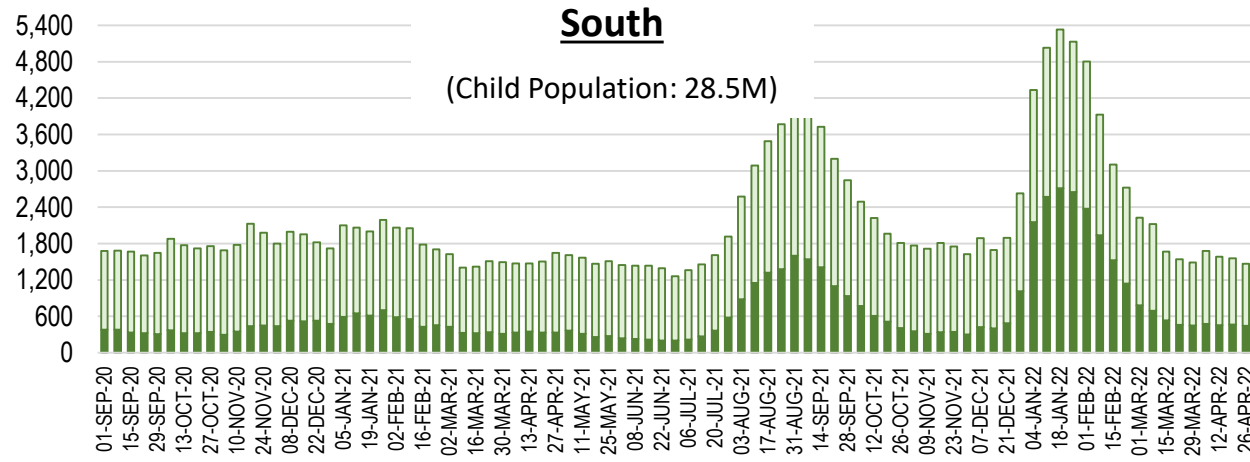
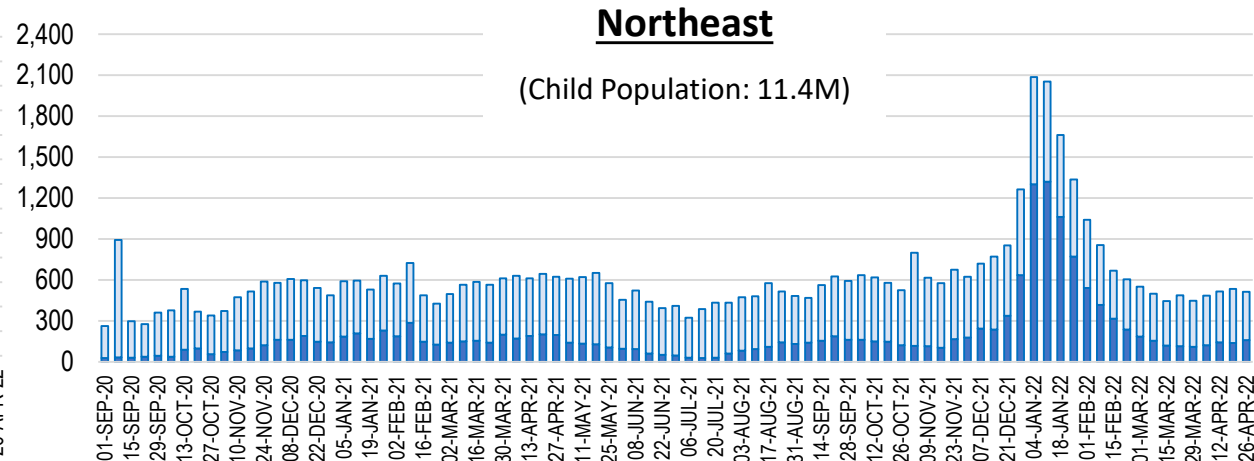
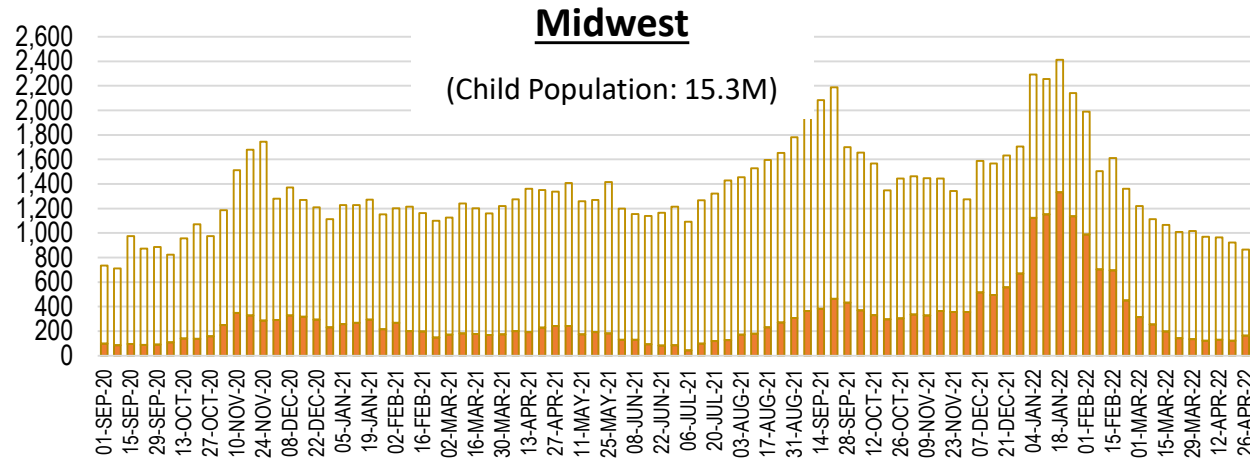
9.1.2020 - 4.26.2022



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

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

9.1.2020 - 4.26.2022



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

Vermont Educational COVID-19 Data

- **NOTE:** VT AOE has **ceased** data collection for “COVID-19 Cases in VT K-12 Learning Communities While Infectious”
 - Find previous files at:
<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
- VT College & University dashboards:
 - **UVM update** (week of 4/25-5/1/22): 53 pos. tests off campus; 24 on campus; 2 faculty; 10 staff.
 - **Bennington College** (as of 5/2/22): 15 total active/7 new active cases.
 - **Middlebury College** (as of 5/2/22): 3 new cases; 4 total active (active cases: 2 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

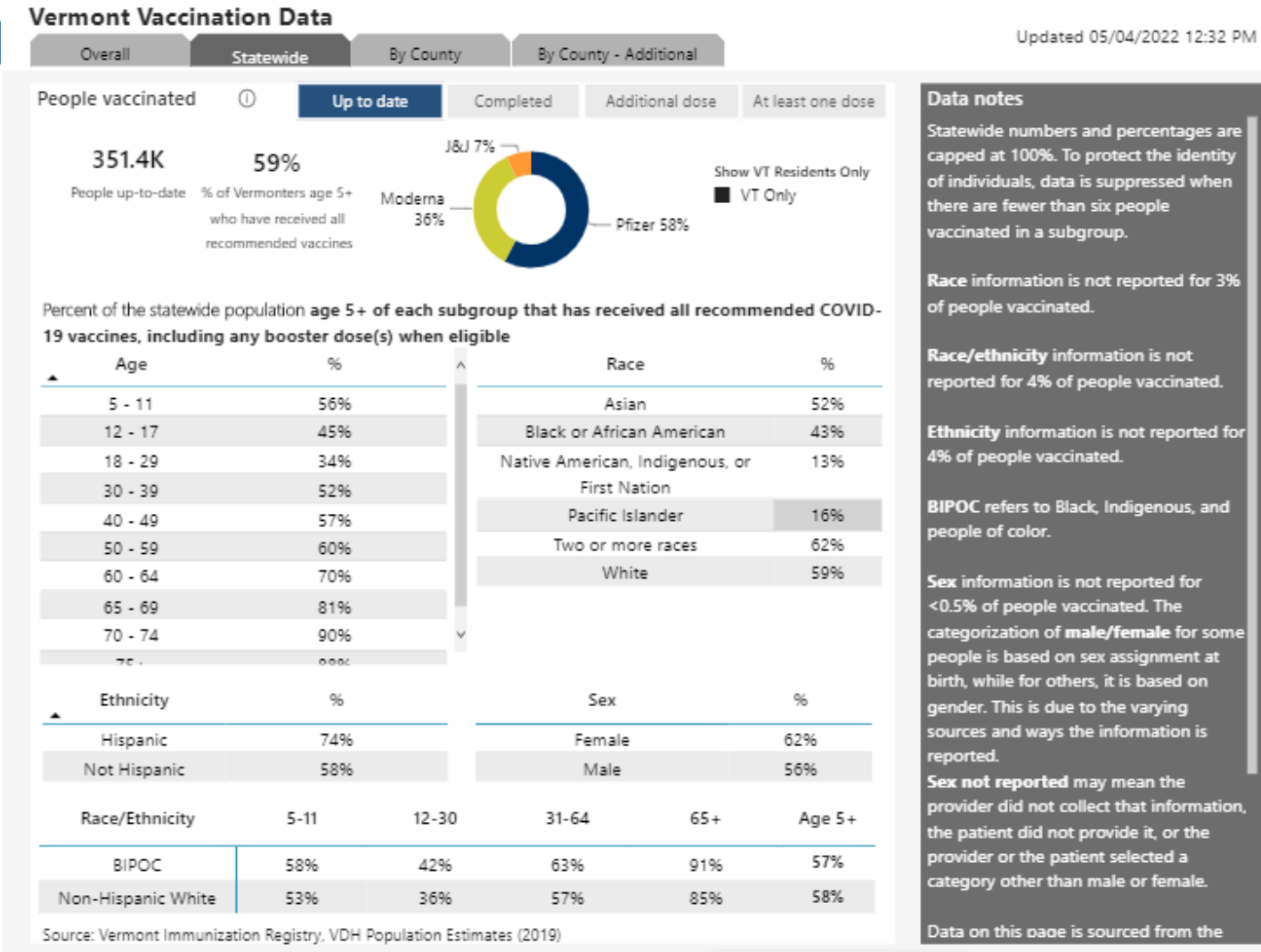
Visit [Vaccines.gov](https://www.vaccines.gov)

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

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

[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 = 45%
 - 18-29 = 34%
 - **VT Age 5+ = 59%**

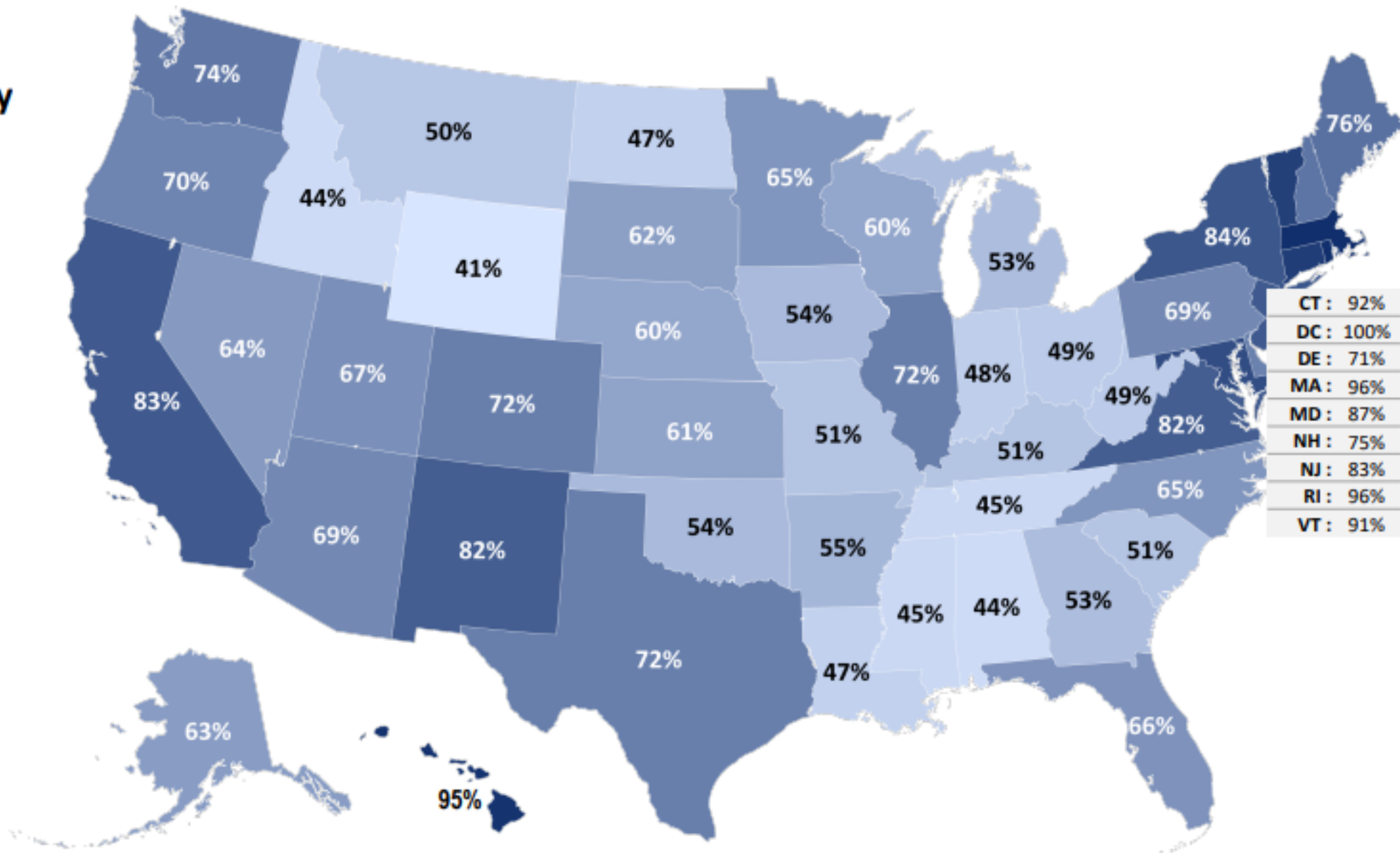


Proportion of US Children Ages 12-17 Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence

Received Initial Dose



as of 4.27.22



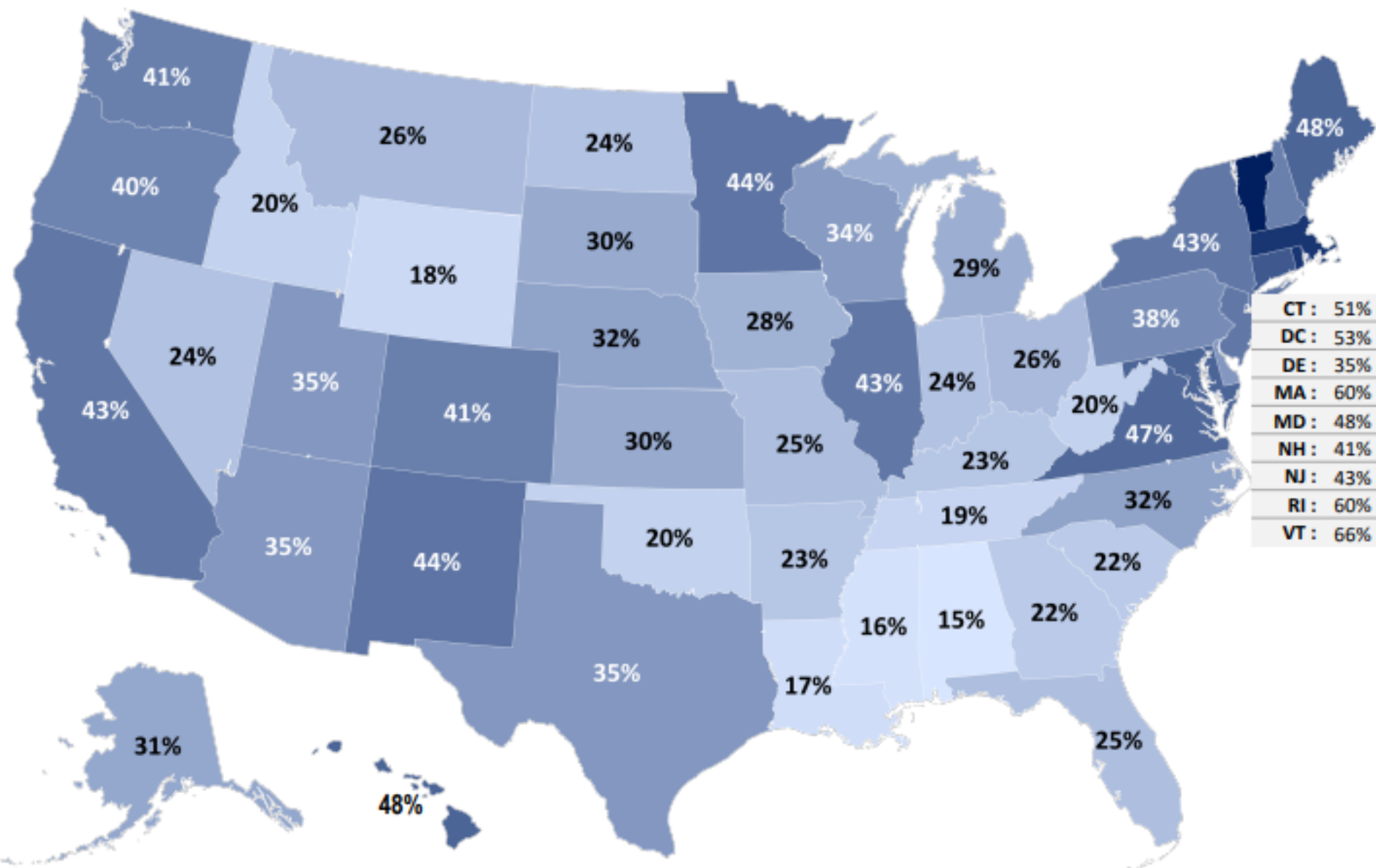
Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). Check state web sites for additional or more recent information.

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

Received Initial Dose



as of 4.27.22

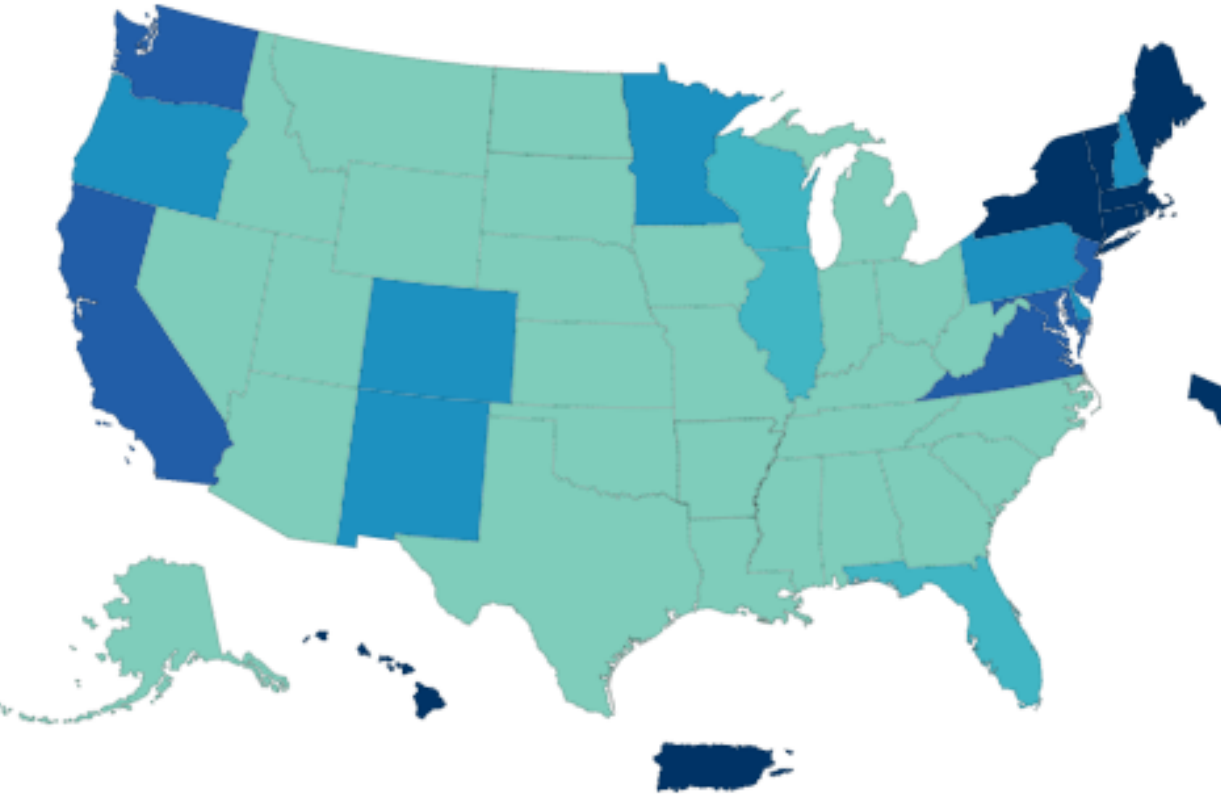


Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/Covid-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc>). Check state web sites for additional or more recent information.

From the CDC Vaccine Tracker

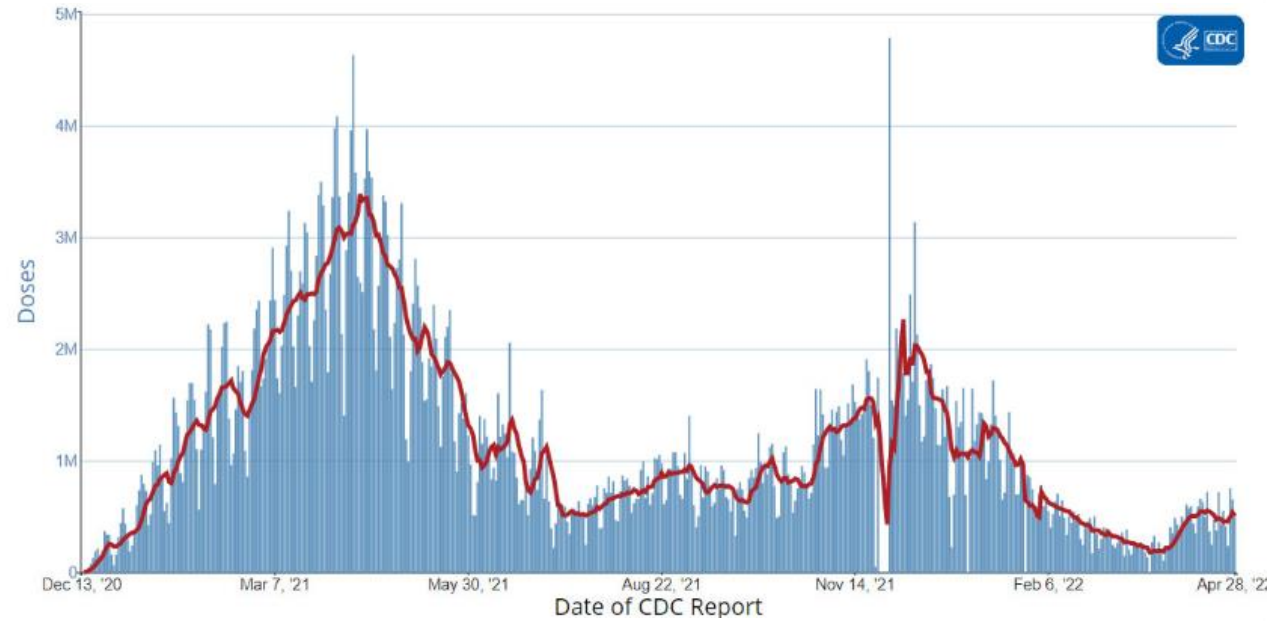
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

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



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

— 7-Day moving average

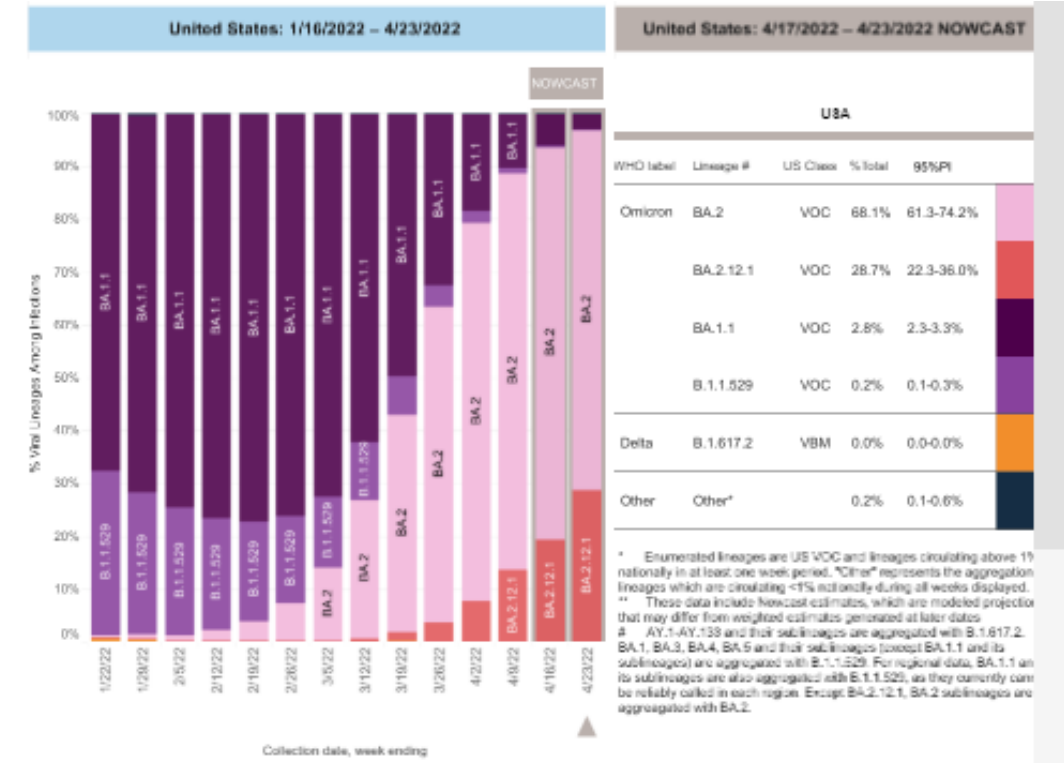
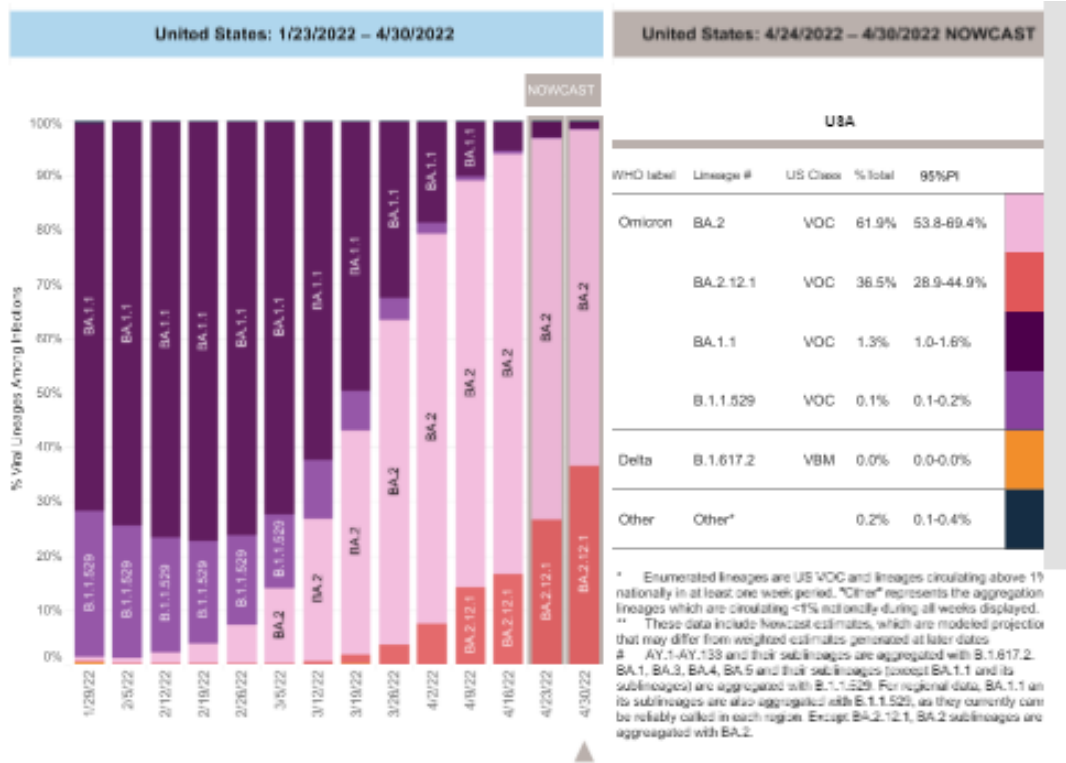


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

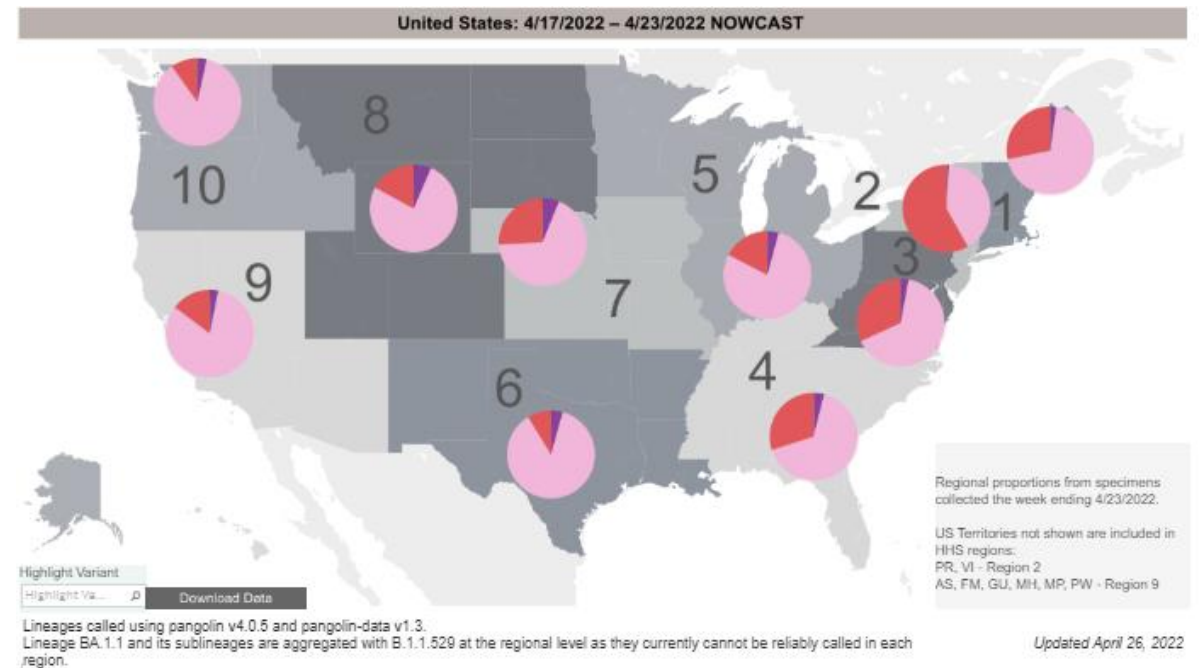
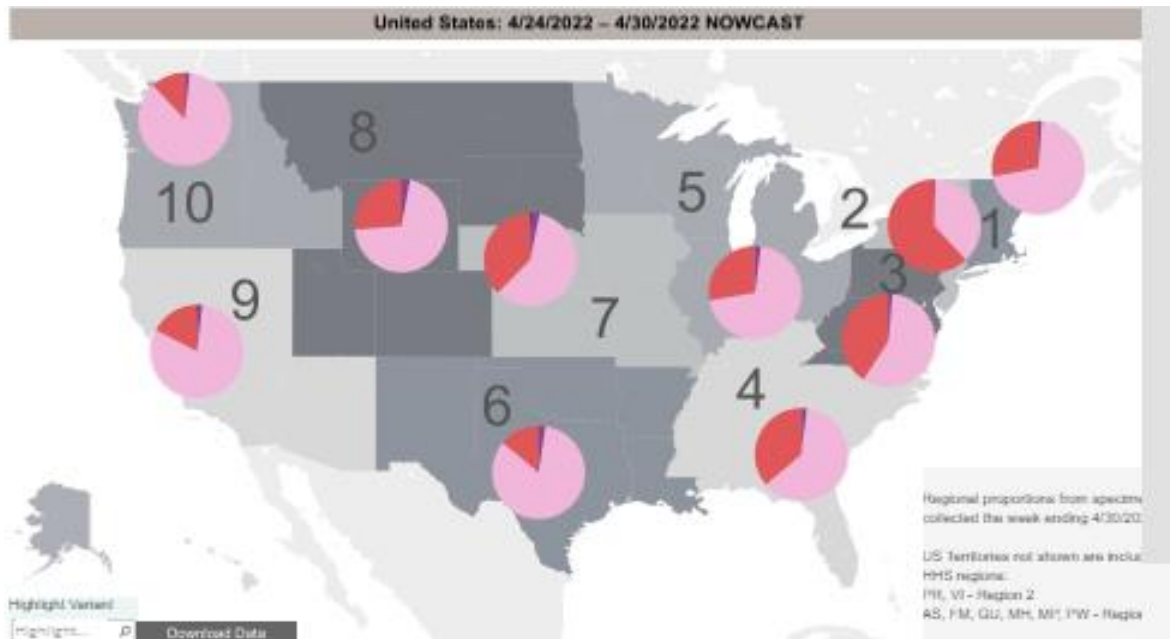
May 4, 2022

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 4/30/22. LIGHTEST PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1.

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



Note: week-to-week comparison in Omicron variant proportion (purple). Map on left is week ending 4/30/22 (data updated 5/3/22). LIGHT PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1.

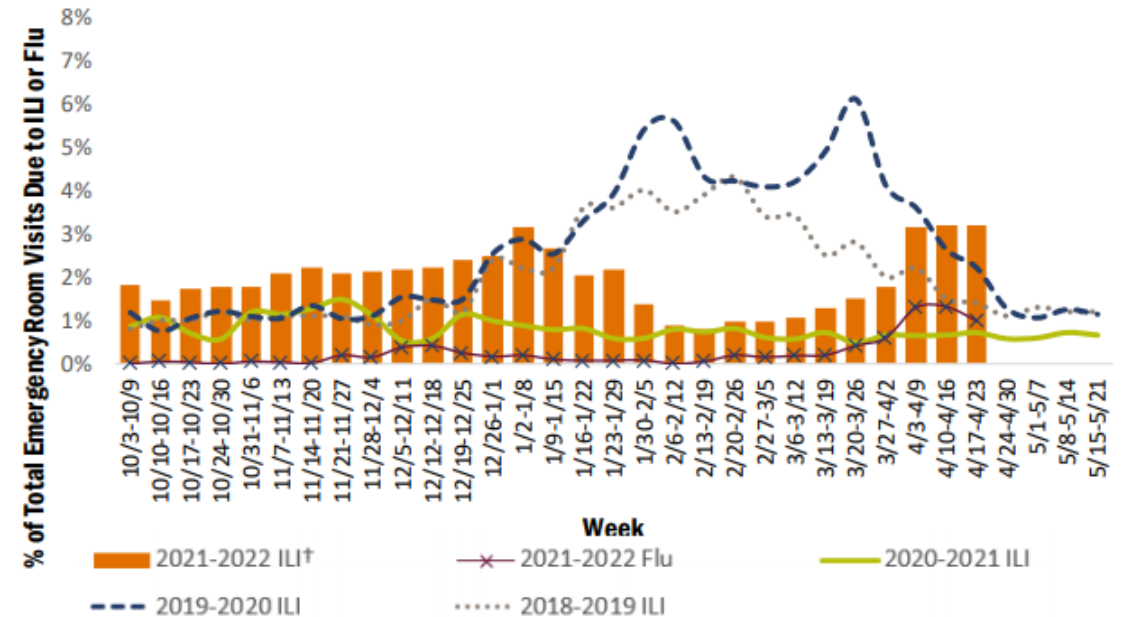
<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

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 4/23): Seasonal influenza activity continues to increase in some areas of the country. The first human detection of avian influenza A(H5) in the United States was reported this week.
- **Now 23 pediatric flu deaths this season**
- Link to VDH weekly surveillance:
<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-16.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.

4/29/2022

AAP (National) Updates

*Slides 29 – 35 courtesy of the American Academy of Pediatrics
(from today's **Chapter Chat**)*

Next AAP COVID-19 Town Hall

- Next Town Hall **Thursday ??? – 8 pm Eastern**
- Session will address the latest related to the COVID-19 pandemic and its impact on children, adolescents, and families – hear from leading experts and connect with your peers
- Find previous recordings on AAP COVID-19 Town Hall webpage:

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/connecting-with-the-experts/>



COVID-19 Vaccine Updates

- Moderna submitted an EUA application for COVID-19 vaccine for 6 months – 5 years
 - 25 mcg, 2 dose series
 - EUA submission will be complete this week
- Per Moderna press release on Thursday, April 28, based on data from Phase 2/3 KidCOVE study:
 - Robust neutralizing antibody response along with a favorable safety profile
 - Antibody titers in both 6-23 month old and 2-6 year old sub-groups met statistical criteria for similarity to adults in the COVE study
 - Vaccine efficacy 51% for 6-23 month olds and 37% for 2-6 year olds
 - https://s29.q4cdn.com/435878511/files/doc_news/Moderna-Files-for-Authorization-of-Its-COVID-19-Vaccine-in-Young-Children-Six-Months-to-Under-Six-Years-of-Age-2022.pdf



CDC Health Alert Network (HAN) Health Advisory

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



Potential Upcoming FDA VRBPAC Meetings

- June 7: Plan to discuss EUA request for the Novavax COVID-19 vaccine for individuals ≥ 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 Supplemental Funding



THE WHITE HOUSE

~~\$22.5b~~ ~~\$45b~~ ~~\$15b~~ \$10b

March **House Dems clear \$1.5T spending deal after stripping Covid aid**

April **Senate reaches deal on \$10 billion in COVID-19 spending**
Agreement does not include international aid

Also April **Thought the covid funding deal was in the bag? Not so fast.**

May **COVID in the Senate, House in recess, CHIPS, leaked SCOTUS opinion, ...**



Important Update Regarding Submission of Claims

The Uninsured Program stopped accepting claims due to a lack of sufficient funds. Confirmation of receipt of your claim submission does not mean the claim will be paid. No claims submitted after March 22, 2022 at 11:59 p.m. ET for testing or treatment will be processed for adjudication/payment. No claims submitted after April 5, 2022 at 11:59 p.m. ET for vaccine administration will be processed for adjudication/payment.



Uninsured face surprise medical bills for Covid testing, hospital treatment after U.S. Congress fails to fund pandemic aid program

PUBLISHED WED, APR 13 2022 1:27 PM EDT | UPDATED WED, APR 13 2022 2:31 PM EDT

KEY POINTS

- The federal government has stopped covering the cost of Covid testing, treatment and vaccination for the uninsured due to insufficient funds.
- **The \$10 billion Senate Covid funding deal does not include money for the uninsured.**
- Quest Diagnostics, Labcorp and Curative are now charging the uninsured more than \$100 for Covid tests in some instances. Walgreens and CVS still offer free services.
- Some hospitals may also start charging uninsured people who need treatment for Covid.
- The uninsured could also face reduced access to vaccination if pharmacies start pulling out of the federal program due to administrative costs.



'It's insanity': Providers end Covid care for uninsured in the wake of congressional inaction

Less access could also prolong the pandemic, allowing the virus to circulate and perhaps provide a haven for new, more dangerous variants.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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.

American Academy of Pediatrics

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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...

Medical Care for Transgender Youth



- Testimony by **Dr. Erica Gibson** to VT Senate Health & Welfare Committee in support of essential medical care for transgender youth (5/3/22)
 - ▣ <https://www.youtube.com/watch?v=N9hFCAluTNg>
- From the Austin American-Statesman: ***Texas AG Ken Paxton relied on false claims, errors to equate transgender care with child abuse***
 - ▣ <https://www.statesman.com/story/news/2022/05/02/report-ken-paxtons-transgender-care-opinion-relied-false-claims/9615502002/>

Coming soon!

Vermont Public Health Association Annual Spring Conference

- Dinner and presentation – *Vermont’s Mental Health Crisis: Opportunities and solutions for creating a better system of care*
- Wednesday, May 11, 2021, 5:30 PM – 8:30 PM
 - ▣ Capitol Plaza Hotel, Montpelier (remote option available)
 - ▣ <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.



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 24th at 1900

RESCHEDULED DATE!

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.



Tuesday Media Briefing (5/3/22)



Governor Phil Scott

- Acknowledge concerning report out of Washington that the Supreme Court may overturn Roe v. Wade. *“If true, this would be an enormous step backwards and damage civil rights.”* [see today’s statement] VT has prepared for this possibility...passed a law affirming that reproductive health decisions are between a patient & their doctor without government interference. In November, VTers will have ability to codify in our state constitution, when Prop 5 is on the ballot. *“At the end of the day, the fundamental rights and liberties of all women will be protected, defended and preserved here in Vermont.”*
- Recapped discussion from last week re: VT’s serious demographic challenges and impact on work force. Need to support community revitalization: budget focus on infrastructure, housing, econ. development.

Tuesday Media Briefing (cont'd.)



Secy. Lindsay Kurrle, VT Agency of Commerce & Community Development

- ❑ Continuing to work on revitalization programs – how to best support VTers & communities as we recover from pandemic.
- ❑ Targeted areas of need: recovery for municipalities, non-profits, small businesses.
- ❑ Examples: child care expansion, town infrastructure, rebuilding organizations.
- ❑ Working with Legislature re: funding specifics.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Dr. Mark Levine

- ❑ Continue to watch data trends re: BA.2 variant closely – current wave of cases not yet going down in VT, but activity “magnitudes lower” than during initial Omicron surge.
- ❑ Most VTers protected from serious effects of COVID-19 through vax; illness from this version is typically milder for most.
- ❑ BA.2 is very transmissible...because we continue to be a state with perhaps the lowest rate of immunity from having had COVID, we do expect the virus to spread – how much/impact will change over time.
- ❑ Continue to assess our own personal risk (decide re: masks/other precautions). Also consider COVID-19 activity where you are.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Dr. Mark Levine

- Recent UVM MC snapshot showed majority hospitalized because of COVID-related illness were >65 yo and were vaccinated – **but** had not gotten even their first booster shot...once again, it is the booster that will keep you out of the hospital.
- And, if you are over 65 or have another reason why you are at higher risk of getting COVID-19, **please**, contact your provider if you test positive so you can discuss treatment.
- Feds honored our request for 2K doses for Paxlovid this week (vs. 200 doses/wk. previously).

Tuesday Media Briefing (cont'd.)



VDH Commissioner Dr. Mark Levine

- ❑ State, working with the USDA, has identified presence of highly pathogenic avian influenza (H5N1) in VT, both in a backyard flock & in wild birds. Now found in many other states as well, including in the NE.
- ❑ VDH working closely w/Agency of Agriculture, Food & Markets and Dept. of Fish & Wildlife to monitor/investigate reports (commonly called HPAI).
- ❑ VDH monitoring VTers exposed to infected birds for signs/symptoms of starting after their first exposure and for 10 days after their last exposure.
- ❑ HPAI is not a new virus, and while its spread is a concern, the public health risk is low.
- ❑ Currently in U.S.: >2,500 people w/exposure monitored – to date, only one human case found.

Selected Q & A (5/3/22)

- **Q:** At least 12 COVID outbreaks in LTCFs – can you shed light on why, what impact, & where Paxlovid doses will be distributed? Dr. Levine: our most vulnerable population – highly vaccinated. Spread within, but not large #s going into hospital. Paxlovid to pharmacies we allocate to & can add more pharmacies. Also hospital pharmacies and federal pharmacy partnership program (latter is separate, govt.-controlled). Also have a long-term care stockpile – we distribute when requested.
- **Q:** Even tho we're still seeing higher cases & we're seeing hospitalization tick up, we are starting to see unlinking between cases & hospitalizations? Dr. Levine: Yes, the decoupling, as it's called, for sure. I don't want to provide optimism that's unwarranted but looking at numbers in the last 5-7 days...& wastewater data/everything else, perhaps we've leveled off and may begin to go on a downswing.

Selected Q & A (cont'd.)

- **Q:** Do all these other new variants, BA-2 and BA-2.12 etc., concern you?
Dr. Levine: every variant concerns us to some degree. We're in BA-2 now, but we have a sub-variant that is BA-2.12.1. That one is what's overtaking the finger lakes and all of central New York; has spilled into Vermont to some degree. The genome sequencing data we have is always a couple weeks old (takes a couple weeks to complete). Most recent rendition of that, it was still <10%, but that's still a bunch of BA-2.12 in Vermont. Expect slight increase – but if you're immune to Omicron, the likelihood of getting one of the subvariants of Omicron is still very low – your immunity is across that whole spectrum. Other parts of the world now seeing other variants of Omicron, including South Africa. Entire scientific community is very cautiously watching any data that comes out of there.

Selected Q & A (5/3/22)

- **Q:** What do you make of the latest breakthrough hospitalizations data which shows that at least in the latest surge, vaccinated and unvaccinated Vermonters have very similar hospitalization rates? Dr. Levine: [discussed terms “breakthrough, fully vaccinated, & up to date.”]...if you look at it as what proportion of the unvaccinated are getting hospitalized, versus what proportion of the vaccinated are getting hospitalized, you’ll still see a significant benefit to being vaccinated. But if you just look at raw numbers in the hospital on any given day, you’ll lose that perspective.
- **Q:** Any data on how many cases are repeat cases? Dr. Levine: yes – if look from beginning...in the hundred range. If you look at Omicron, if you had a positive Delta test and then you got Omicron, we just put out a report with the CDC that there were 5 cases in Vermont, and we pooled our 5 with a total of 10 around the country – 3 other states plus Vermont. So it’s not a frequent event, but it is possible.

Selected Q & A (cont'd.)

- **Q:** Do all these other new variants, BA-2 and BA-2.12 etc., concern you?
Comm. Levine: every variant concerns us to some degree. We're in BA-2 now, but we have a sub-variant that is BA-2.12.1. That one is what's overtaking the finger lakes and all of central New York; has spilled into Vermont to some degree. The genome sequencing data we have is always a couple weeks old (takes a couple weeks to complete).
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Practice Issues

Vermont Child Psychiatry Access Program (VTCPAP) 101

Greta Spottswood, MD, MPH – Child Psychiatrist, Community Health Centers of Burlington; **VTCPAP** Medical Director



VT Child Psychiatry Access Program (VTCPPAP): 101

VCHIP VDH CHAMP COVID-19 update call

Wednesday May 4, 2022

Greta Spottswood, MD, MPH

Child Psychiatrist

VTCPPAP Medical Director

Outline

Epidemiology

Stepped Mental Health
Care

State Consultation

CPAP Outcomes

VT CPAP

Consultation

Care Coordination

Training and Education

Future Directions

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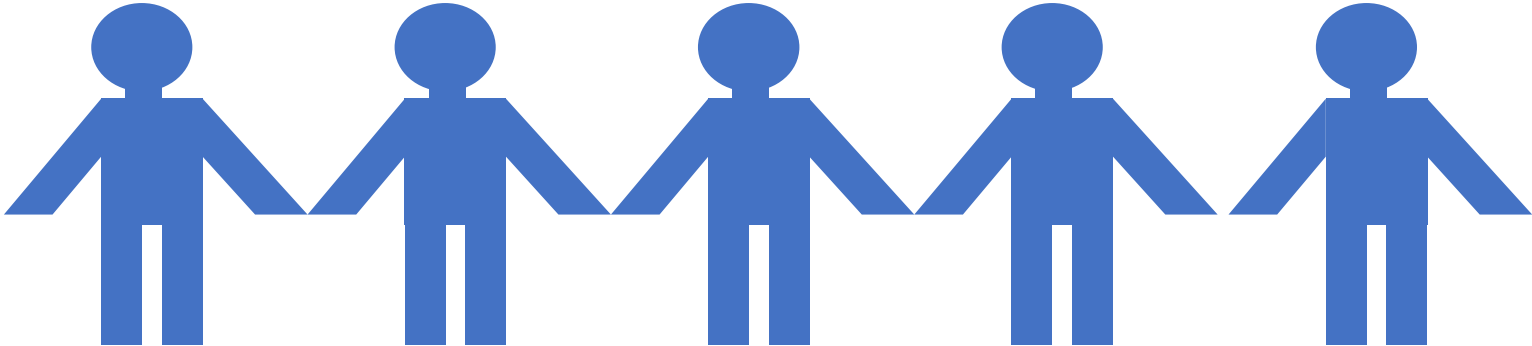
Consultation

Care Coordination

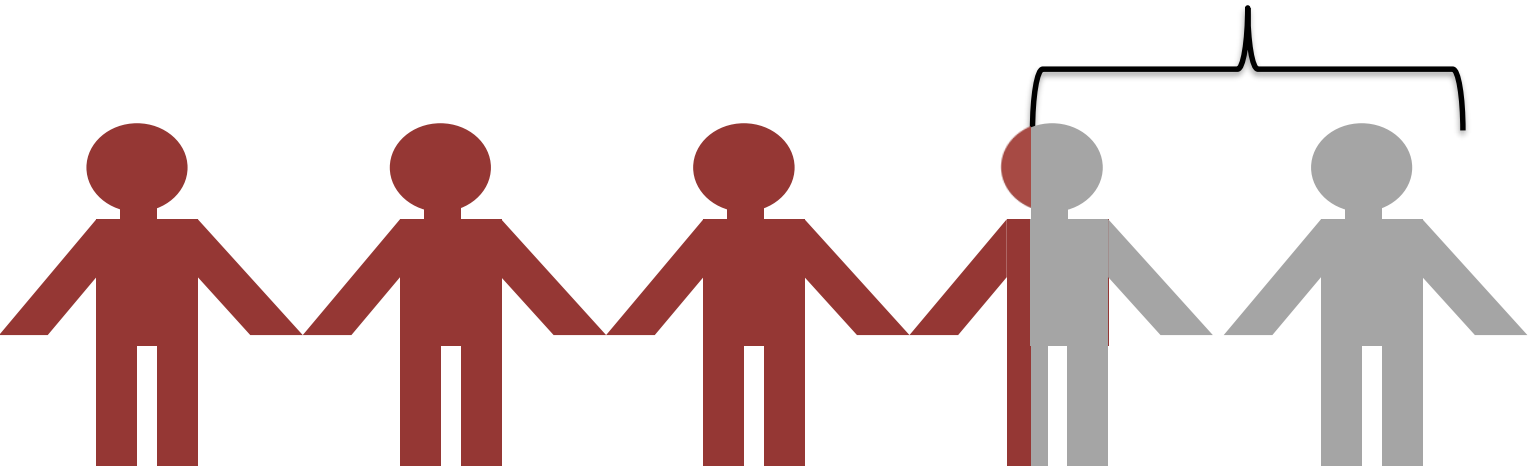
Training and Education

Future Directions

Child MH Treatment



~1/3 with mental health disorders receive services



~1/2 with severe mental disorders receive care

Current Approach: Limited and Inequitable Access

Ages 2-9:

53% high levels of distress: NO mental health care

Ages 10-17:

52% high levels of distress: NO mental health care

(Finkelhor 2021)

Disparities:

Race, ethnicity, geography, gender identity/sexual orientation, etc.

(Moore & Krehbiel 2016)

PCPs: Front Line of Pediatric Mental Health Care

PCPs:

Involved in 1/2 of MH care

Sole provider in 1/3 of MH care

(Anderson et al., 2015)

Children psychotropic medication visit #: PCP > psychiatrists

(Olfson et al., 2014)

Advantages of Primary Care

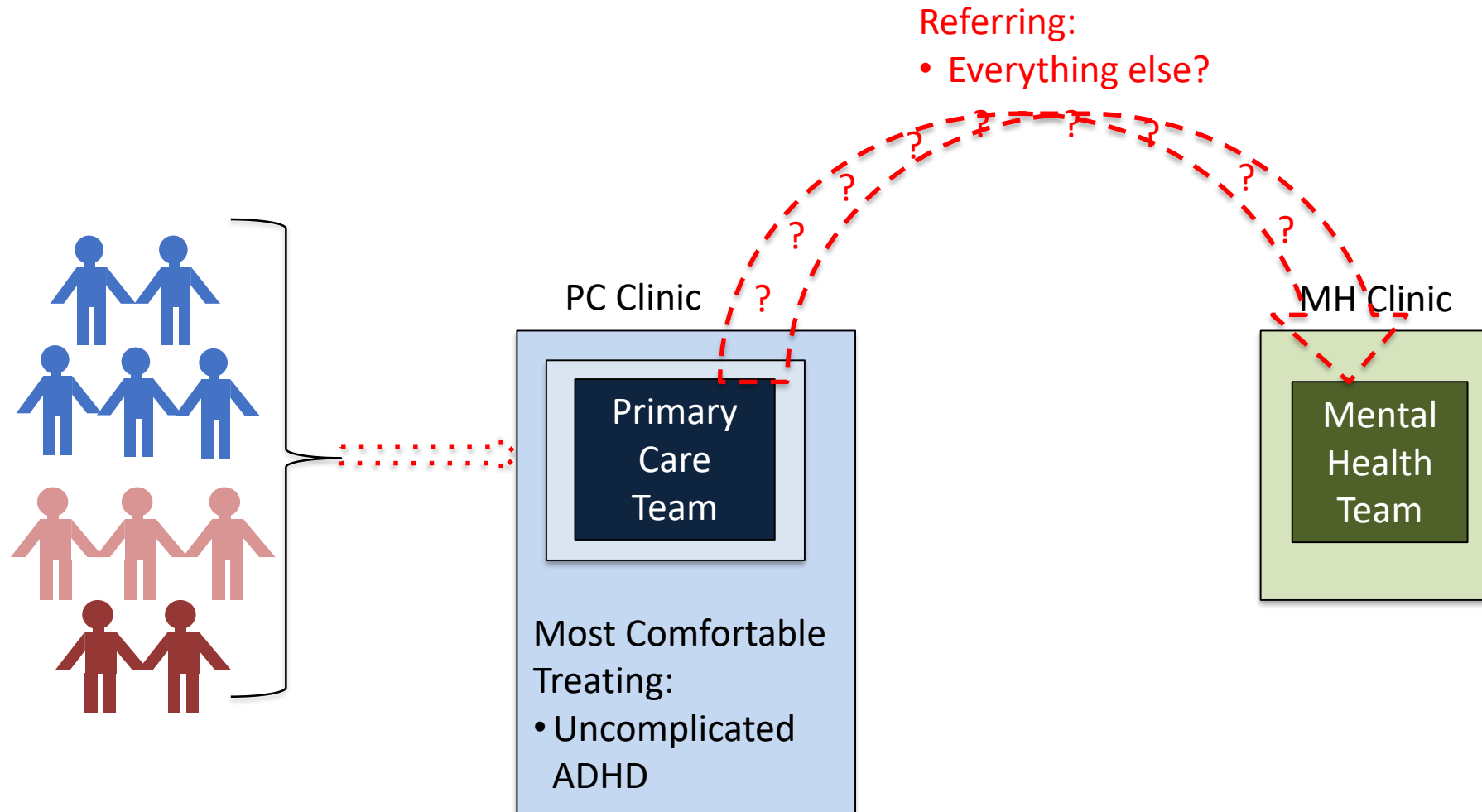
Families trust and prefer

Family context of presentations

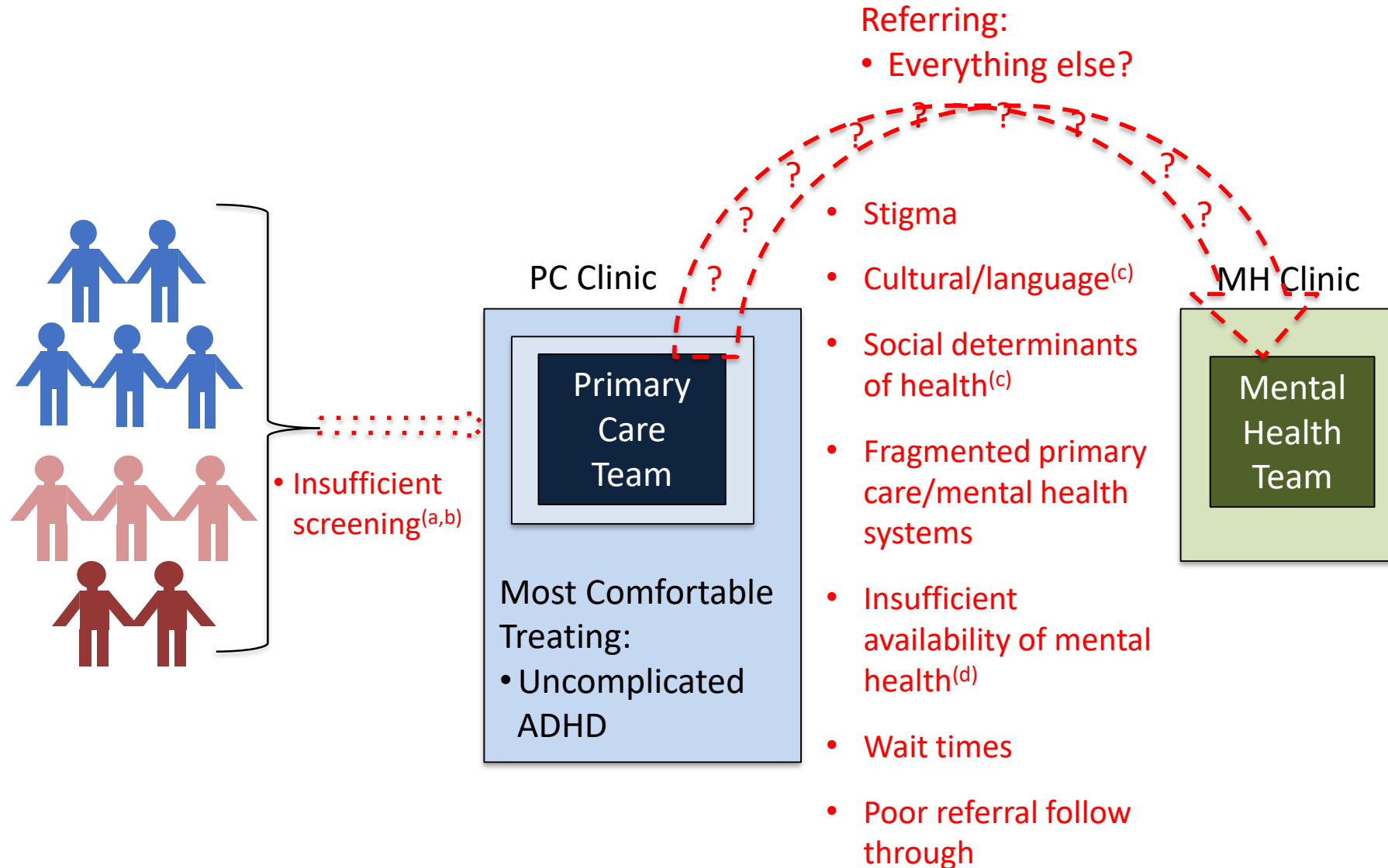
Understand developmental framework

Natural patient advocates

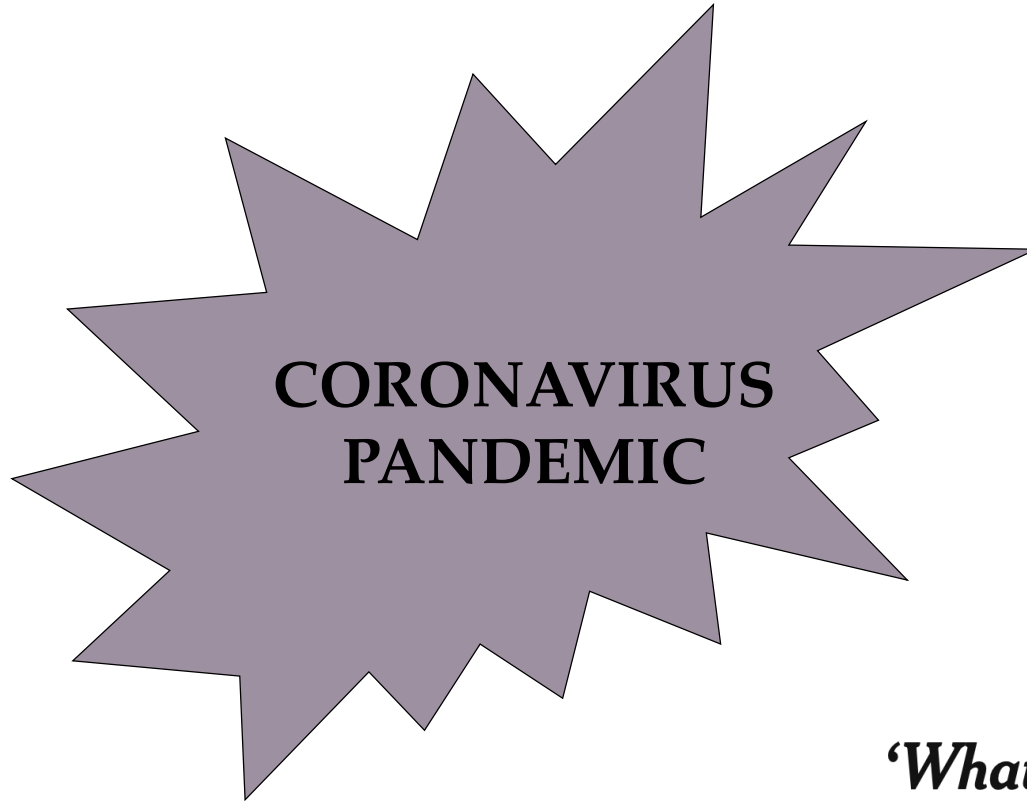
Current Pediatric Mental Health Care



Current Pediatric Mental Health Care



The Coronavirus Seems to Spare Most Kids From Illness, but Its Effect on Their Mental Health Is Deepening



Suicide and Self-Harm: Bereaved Families Count the Costs of Lockdowns

The psychological toll on young people of months in isolation and great global suffering is becoming more clear after successive lockdowns.

THE CORONAVIRUS CRISIS

Pandemic's Emotional Hammer Hits Hard

September 2, 2020 · 11:01 AM ET

Heard on [All Things Considered](#)

RHITU CHATTERJEE 

'What's the Point?' Young People's Despair Deepens as Covid-19 Crisis Drags On

Experts paint a grim picture of the struggle with lockdown isolation — a “mental health pandemic” that should be treated as seriously as containing the coronavirus.

COMMENTARY

The Critical Need for a Population Health Approach: Addressing the Nation's Behavioral Health During the COVID-19 Pandemic and Beyond

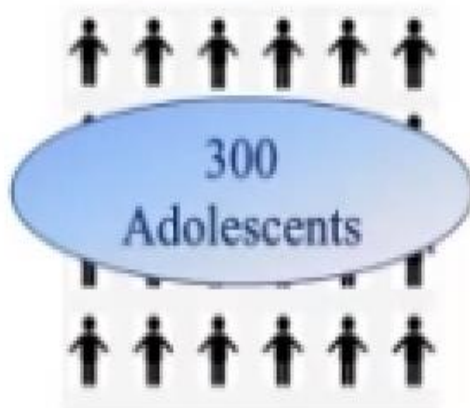
Arthur C. Evans, PhD¹; Lynn F. Bufka, PhD¹

Limited Access!

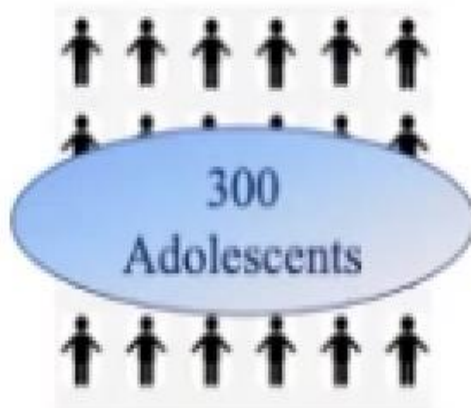
CAP



PCP



PCP



PCP



Outline

Epidemiology

Stepped Mental Health
Care

State Consultation

CPAP Outcomes

VT CPAP

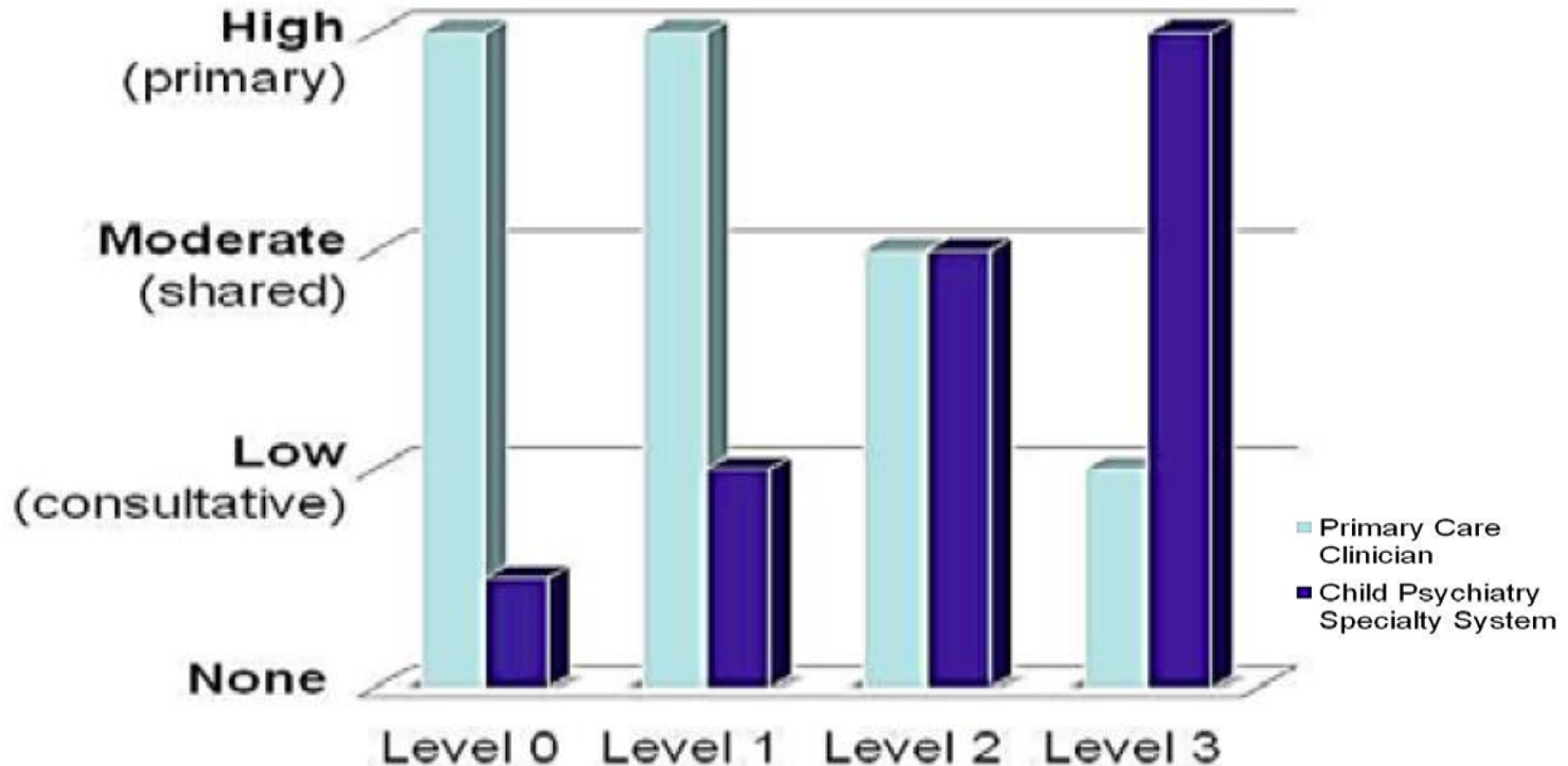
Consultation

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Stepped pediatric mental health care



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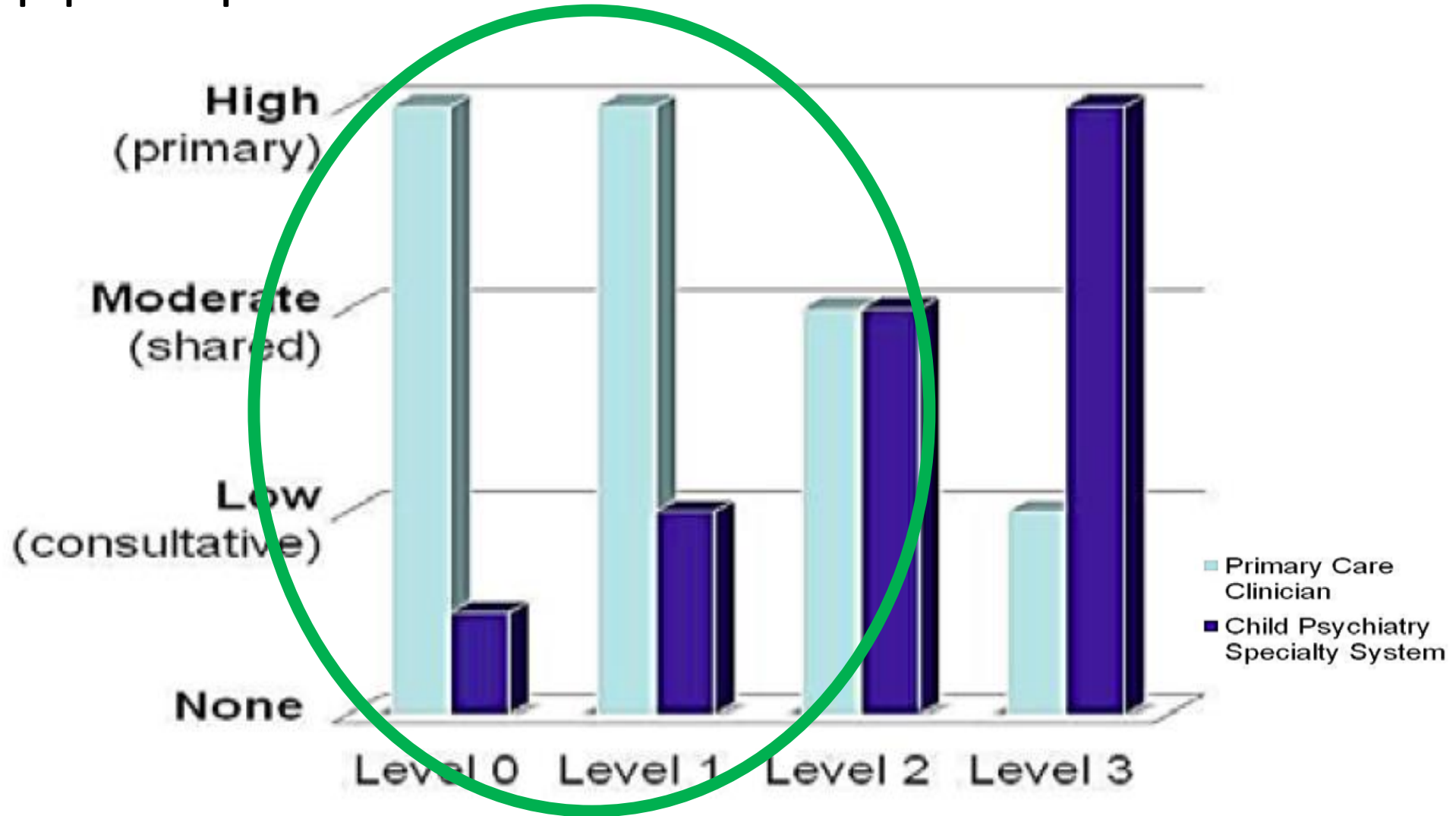
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Models of Care: Service Integration Approaches

Approach	Description	Benefits	Limitations
Consultation	Telephone with PCP	Access for underserved, improves prescribing	No psychotherapy
Co-location	Same location	Reduce wait, improve follow-through	No collaboration
Collaboration and Integration	Staff MH: assess, phone consult, tx co-occurring conditions	Screening, assessment, tx all in primary care	Financial

Models of Care: State Consultation

Child Psychiatry Access Programs

2004 Massachusetts Child Psychiatry Access Project

“support efficient **diagnosis and treatment** of **mild to moderate** mental health issues **within primary care** with the **support of statewide telephonic child psychiatry consultation** service... and **care coordination.**”



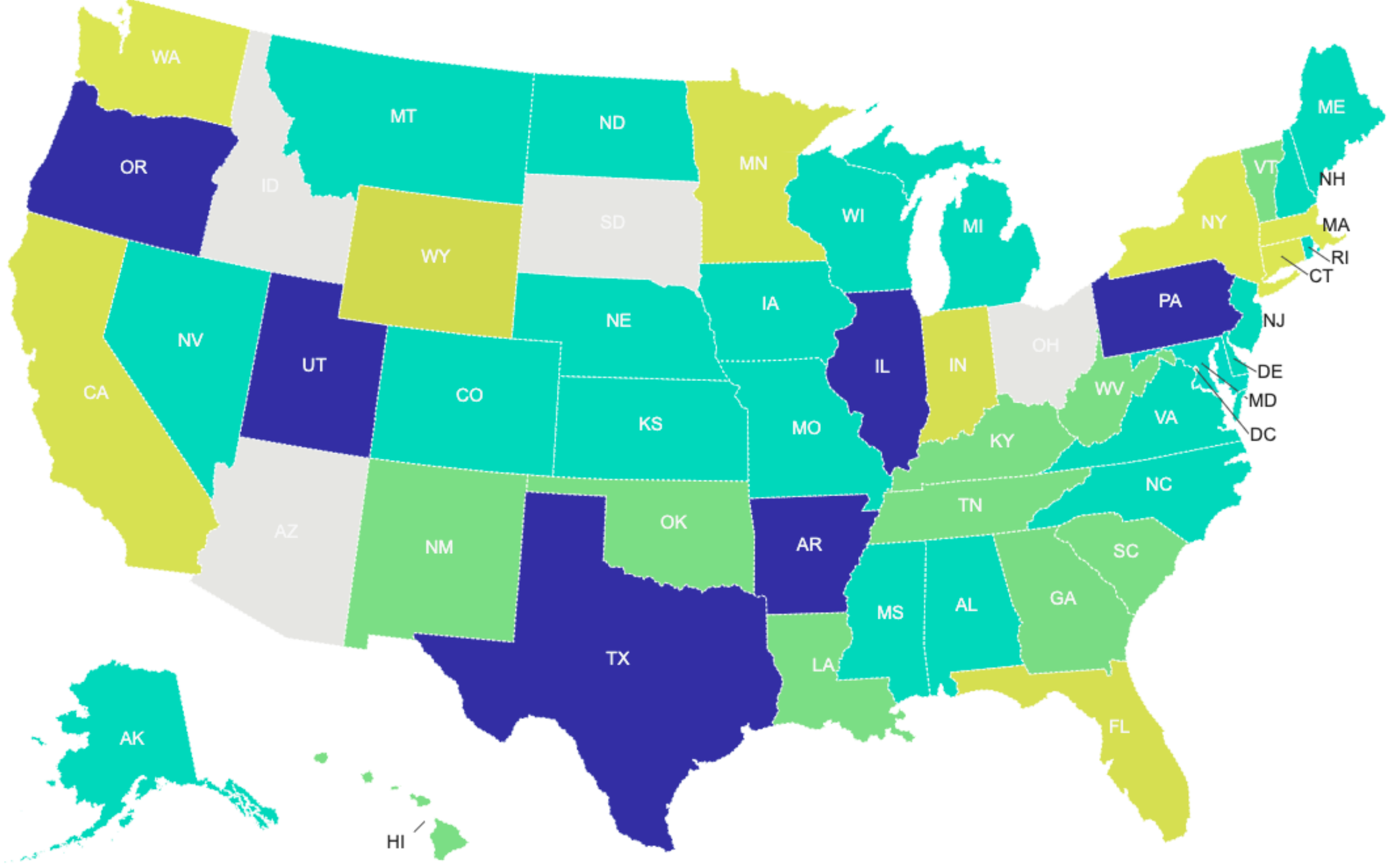
Telephone and
face-to-face
psychiatric
consultation



Care
coordination



Training and
education



Models of Care: CPAP Outcomes

Medications

- **No medications (45%)**
- Stimulants
- SSRI
- Alpha-agonist
- Atypical antipsychotic

- ↓ antipsychotic Rx (PALS)



Models of Care: CPAP Outcomes

Parents: 86% satisfied (Cama 2016)

PCPs: 91% satisfied (Sarvet 2010)

Bettencourt 2020

Descriptive: program usage and provider satisfaction

Need: Impact on patients, families, health systems

→ Dependent on other system partners

Vermont...

Could measure timing and quality of access per level of care

If missing access point, shift resources to needed area (e.g. evidence based therapy, universally available health promotion)

Models of Care: Desired CPAP Outcomes

Beyond simple access to services

Example—IF the primary diagnosis is *generational adversity*

3 guiding principles

Inform improvement to existing practice

Design/test new strategies

1. Support responsive relationships
2. Reduce sources of stress
3. Strengthen core skills to provide a well regulated caregiving environment

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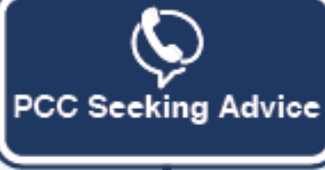
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VTCPAP Hot-line

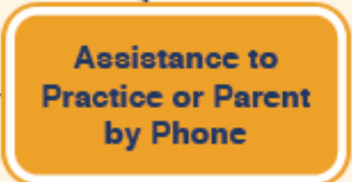


If Necessary



If Necessary

If Necessary



Linkage to Care

Summary: VT CPAP

What?

Telephone consultation

Care Coordination

Training and Education

For Who?

PCPs in Vermont serving children age 21 and under

Summary: VT CPAP

How to use?

Call us (9:00-3p daily): phone number available in mid-June

Book trainings for your clinic

Attend state-wide QI educational series

Results (in other states)

PCP and parent satisfaction

Decreased antipsychotic prescribing

Support for PCP high MH caseload

Support Population Care (state/clinic)

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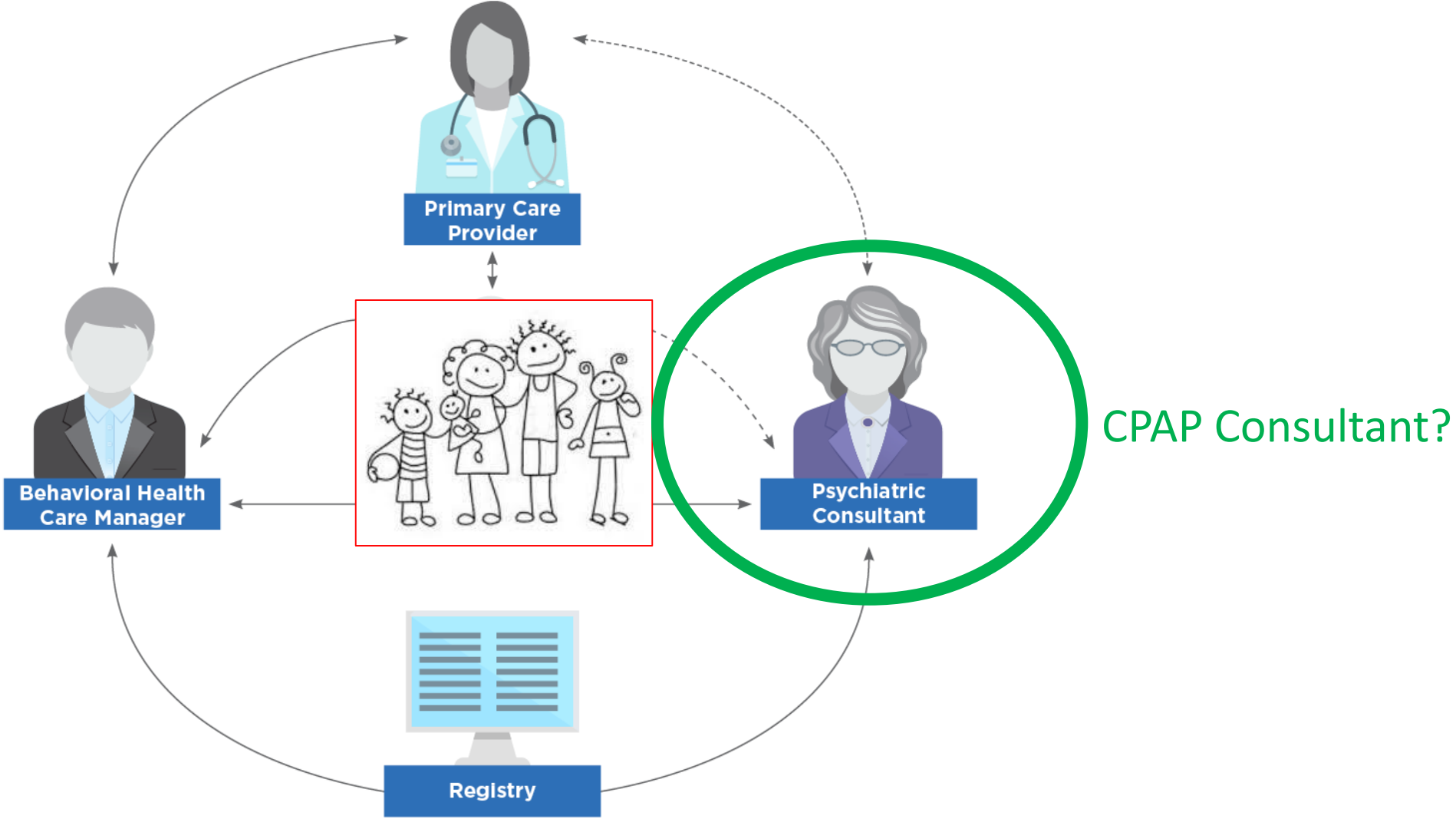
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Pediatric Clinic-Level Stepped Population Care



←→ Frequent contact - - - - - Infrequent contact

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Future Directions

Funding Partners



Partners



Thank you!

Vermont Department of Mental Health

VDH Maternal and Child Health

Vermont Child Health Improvement Program

Community Health Centers of Burlington

University of Vermont Medical Center VCCYF

--

Shireen Cama, MD

Stephanie Fosbenner, MD

Lee Robinson, MD

Amber Landers, PhD

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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.

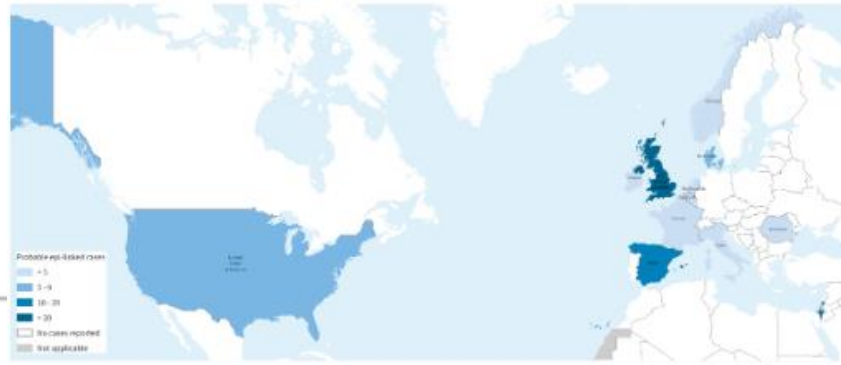
Multi-Country – Acute, severe hepatitis of unknown origin in children

- 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 sx's (abd. pain, D, V) & jaundice; most did not have fever. Common causes acute viral hepatitis (hep A, B, C, D and E) **not** detected in any cases. Intl. travel/ links to other countries not identified to date.
 - Cases in 1 month – 16 yo. **17** pts. (~10%) required liver transplantation; at least 1 death.
- <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON376>

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

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

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



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

Basic Source: World Health Organization, United Kingdom Health Security Agency
Logo: Photo: UN/WHO Health Emergencies Programme
Map Projection: WGS 1984 World Mercator
Revised: 19/07/2022

World Health Organization
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From the CDC / MMWR

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

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

From the CDC / MMWR

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

From the CDC / MMWR

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

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

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

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
- Communications, Trainings, and Provider Updates are all available on our Website:
www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals

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-igzlpHNBzSjV9Fd1g79Jb0S1wKWwX>) 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.

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



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

KidSafe Collaborative 33RD ANNUAL OUTSTANDING SERVICE AWARDS

You're Invited!

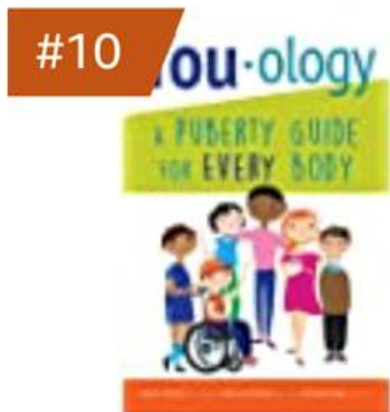
APRIL 26, 2022
12:00-2:00PM

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

From the AAP

A New Book About Puberty: You-Ology

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



You-ology: A Puberty Guide for
EVERY Body

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*



2 years strong!

May 4, 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
 - **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, May 11, 2022 12:15 – 1:00 pm VIA ZOOM!**
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine: **May 5 – 12:30-1:00 p.m.**
- **Join VMS Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - Meeting ID: 867 2625 3105 / Password: 540684
 - One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#