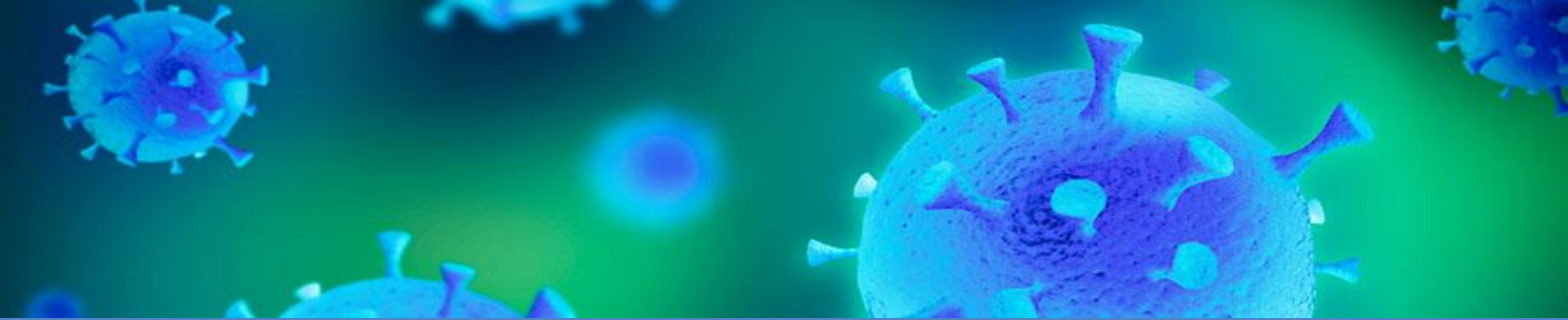


# VCHIP / CHAMP / VDH COVID-19 UPDATES

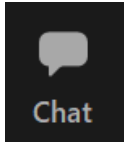
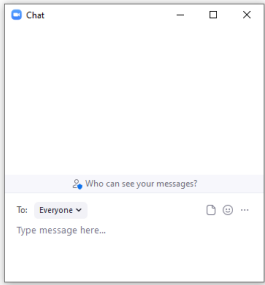
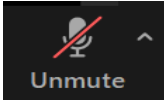


*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM*  
*Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH*  
*June 1, 2022*



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

- **International Children's Day**
- **Queen Elizabeth's Platinum Jubilee**
- June is **LGBTQI+ Pride Month** (Presidential proclamation)
- Reminder – weekly event schedule:
  - ▣ **VCHIP-VDH call calendar** (next slide) Governor's Media Briefings generally **Tuesdays only**; VMS calls with Dr. Levine 1<sup>st</sup> and 3<sup>rd</sup> Thursdays
- Practice Issues: **COVID-19 Pediatric Testing, RTP, Vaccine & Therapeutics** (Hall of Fame presenters!)
- Q & A/Discussion

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



<https://www.thenationalnews.com/world/>



<https://www.cnn.com/2022/06/01/health/pride-month-explainer/index.html>

# VCHIP-VDH COVID-19 Call Schedule

## ***June / July / August 2022:***

- 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!
  - ▣ **NOTE:** We do anticipate possibly adding a call or two in June-July depending upon pediatric vaccine developments
- *Please continue to send your feedback re: schedule/topics to [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)*



# 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 6/2/22**
- **Summary: VMS calls are held the first and third Thursdays of the month from 12:30 to 1:00 p.m.**
  - ▣ **Join Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdIJ2ZG4yQT09>
  - ▣ **Meeting ID: 867 2625 3105 Password: 540684 Dial In: 1-646-876-9923**



DR. MARK LEVINE  
COMMISSIONER OF  
HEALTH

**VMS COVID Convos**  
1st and 3rd Thursday

→ Conversations will be designed  
to cover the most pressing  
COVID-related issues with time  
for questions and answers

1st and 3rd Thursday of every month - 12:30pm to 1pm  
Zoom Info: [Click here](https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdIJ2ZG4yQT09) to join

# COVID-19 Surveillance Report

- VDH ***COVID-19 Surveillance Report*** focuses on data/indicators most useful to help monitor & determine risk of COVID-19 in Vermont.
  - ▣ Updated every Wednesday & replaces 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/Confirmed Outbreaks; Vaccination Rates; Identified Cases

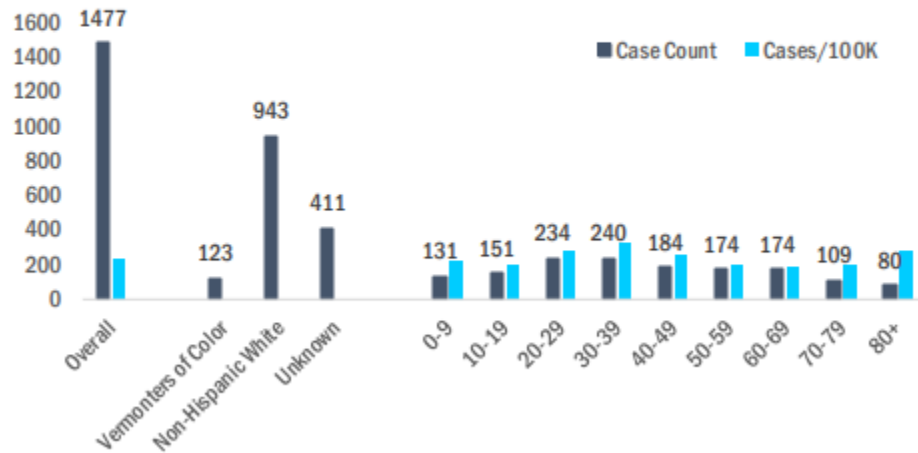
# COVID-19 Surveillance Report – June 1, 2022

- Report Time Frame: **May 22 – May 28, 2022**
  - ▣ Statewide community levels = **High**.
  - ▣ Rate of new COVID-19 cases/100K is >200.
  - ▣ New COVID-19 admissions >10/100K VTers/day; percent staffed hospital beds occupied by COVID-19 is <10%.
- New COVID-19 cases, last 7 days: 236.70/100K
  - ▣ Weekly Case Count: 1477 (Decrease from last week)
  - ▣ New hospital admissions of patients with COVID-19, last 7 days: 10.26 per 100K
  - ▣ 64 total new admissions with COVID-19 (increase of one admission from last week)
  - ▣ Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 4.04% (decrease from last week)
- Find report at: <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Surveillance-Report-20220601.pdf>

# COVID-19 Surveillance Report – June 1, 2022 (cont'd.)

## Identified Cases

Vermont Weekly Case Counts/Rates



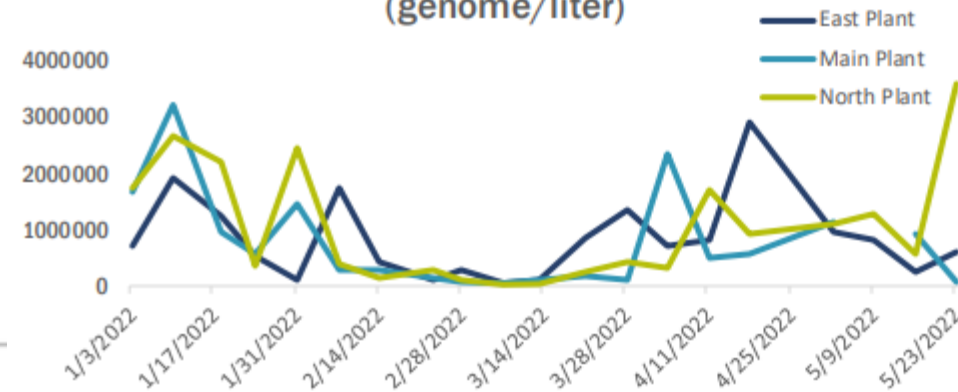
Note: Case counts and rates are calculated by *confirmed* and *probable* cases reported to the Health Department. (Source: NBS)

To calculate rates, counts are divided by 2019 Vermont population estimates for respective category and expressed per 100,000 in each category.

Due to high number of cases missing race/ethnicity data, rates are not provided for race/ethnicity categories.

<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Surveillance-Report-20220601.pdf>

Burlington Wastewater SARS-CoV-2 Counts (genome/liter)



Burlington reported significantly higher viral concentrations at the North plant on 5/23, a small increase at the East plant, and a significant decrease at the Main plant.

June 1, 2022



# VDH COVID-19 Vaccine Web Page

## GETTING THE COVID-19 VACCINE

Find out about vaccines, now including boosters for children ages 5 to 11 [↗](#)

### GET YOUR BOOSTER SHOT, FIRST OR SECOND DOSE

Registration for state clinics through the Health Department is no longer 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!



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, 6/1/22)

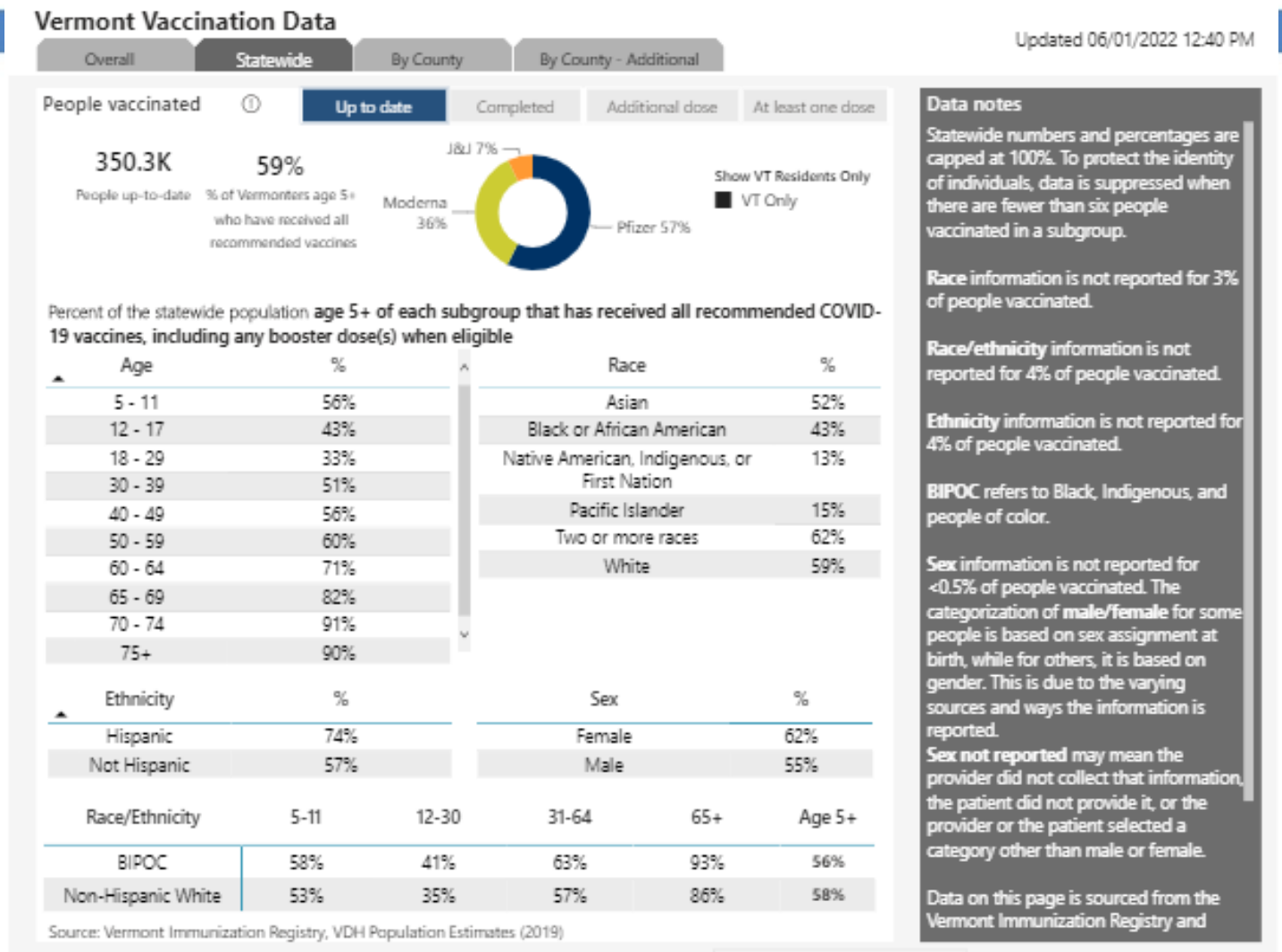
[This slide updated **after** today’s call]

- 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:

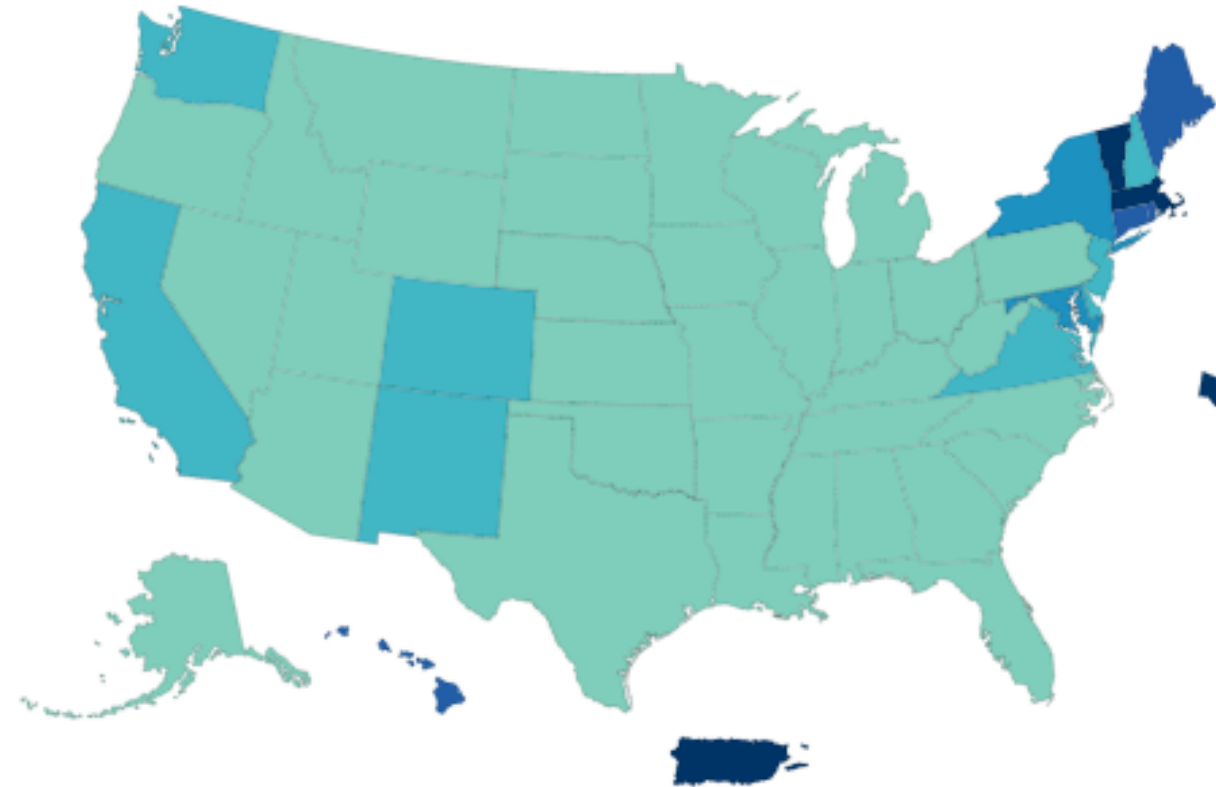
- 5-11 = 56%
- 12-17 = 43%
- 18-29 = 33%
- VT Age 5+ = 59%**



# From the CDC Vaccine Tracker

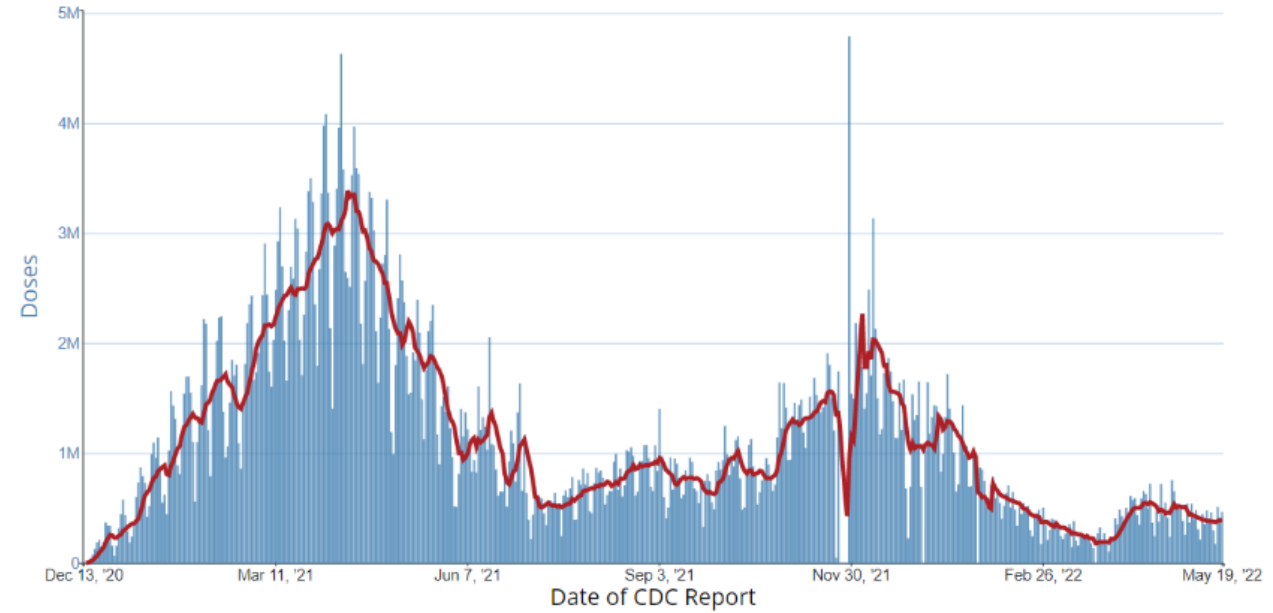
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

○ No Data ○ 0 ● 1 - 190,000 ● 190,001 - 200,000 ● 200,001 - 210,000 ● 210,001 - 220,000 ● 220,001 +



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

— 7-Day moving average

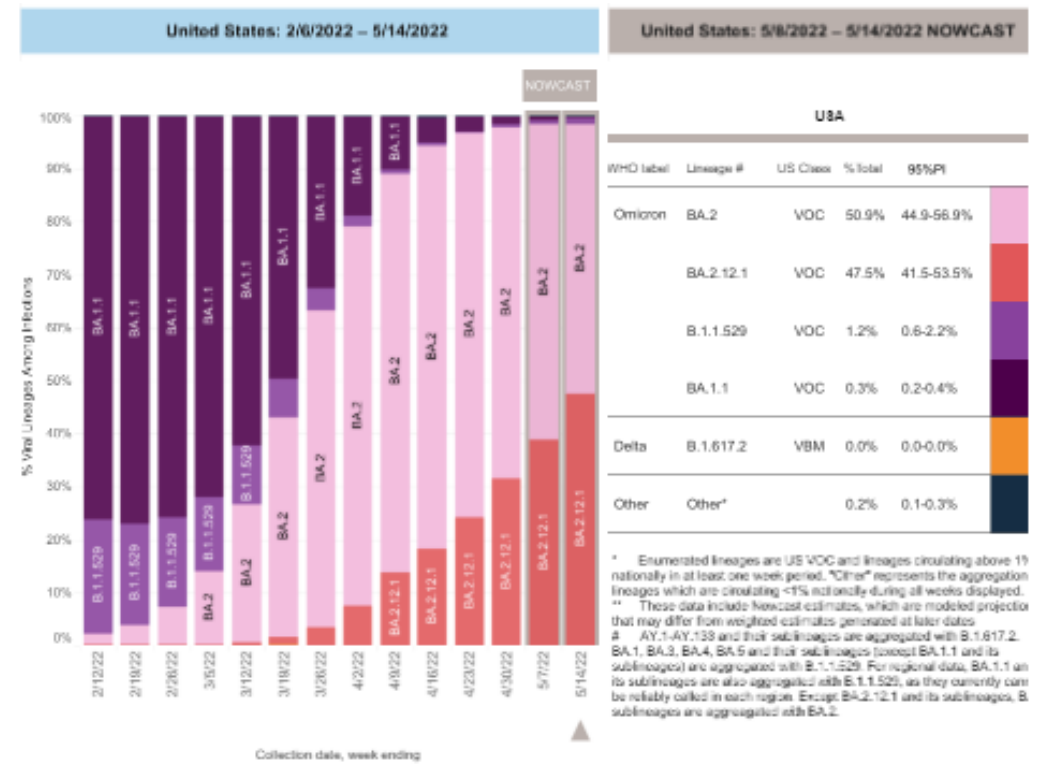
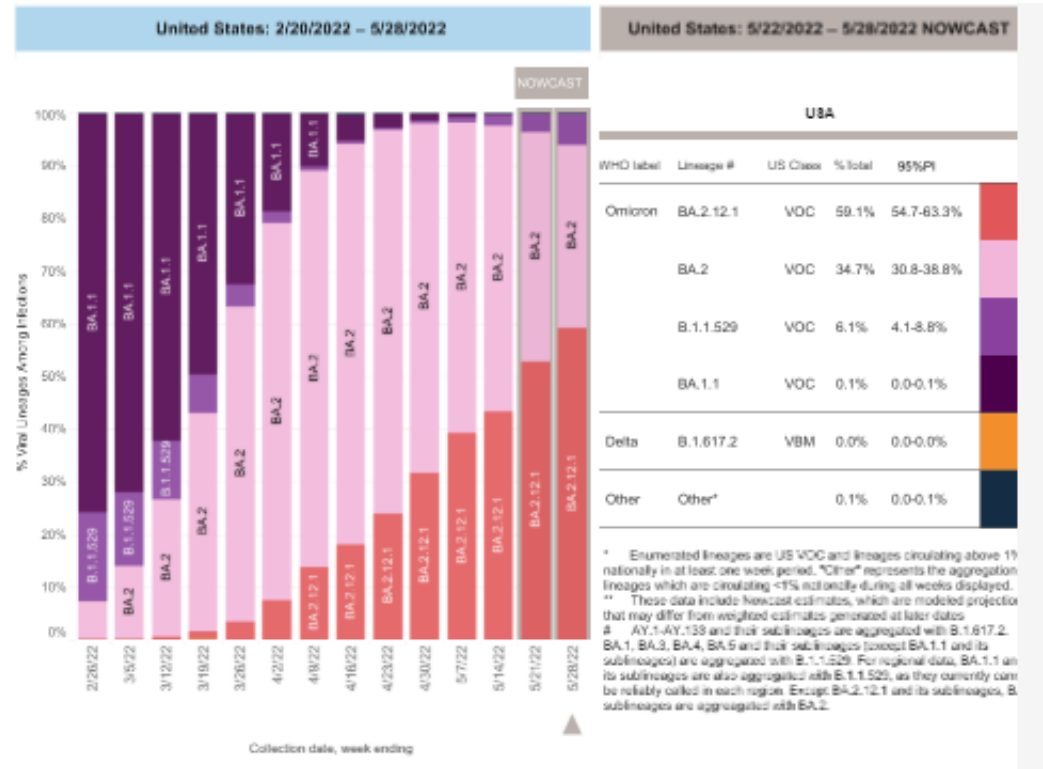


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

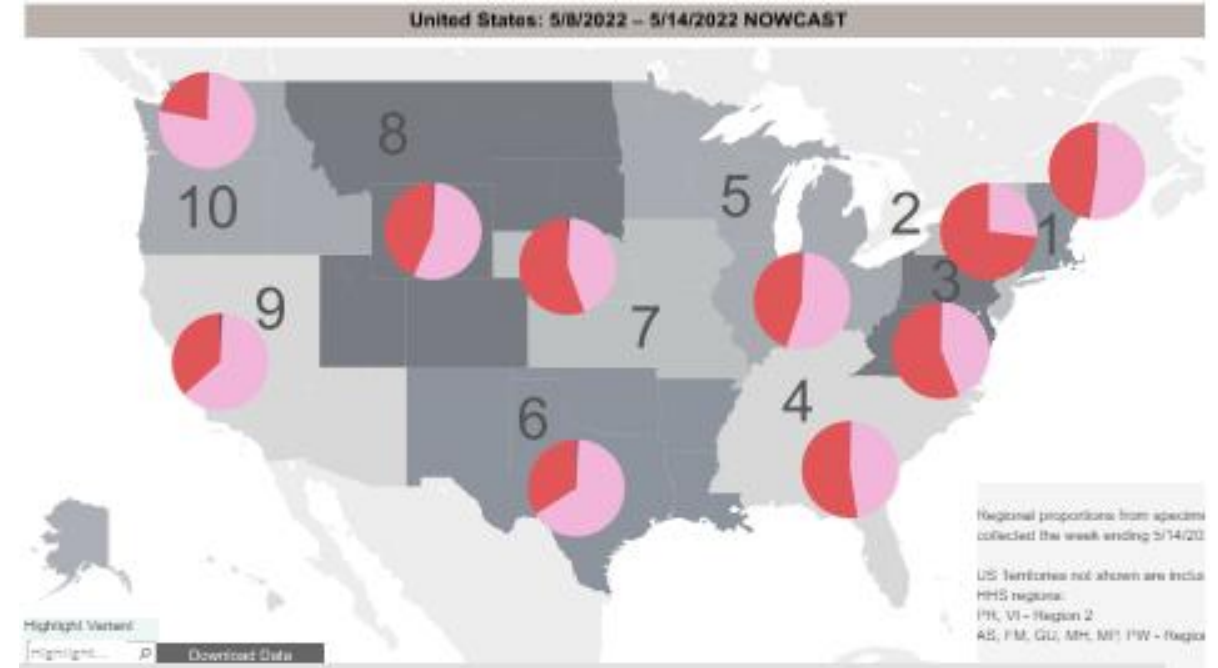
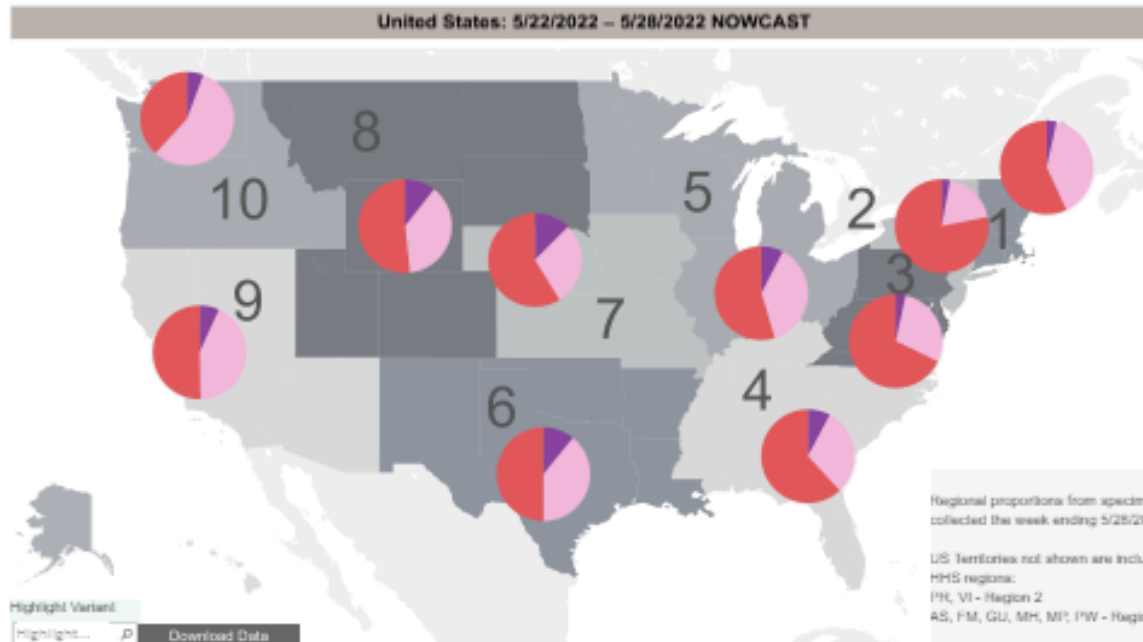
June 1, 2022

# 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 5/28/22. LIGHTEST PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1.**

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



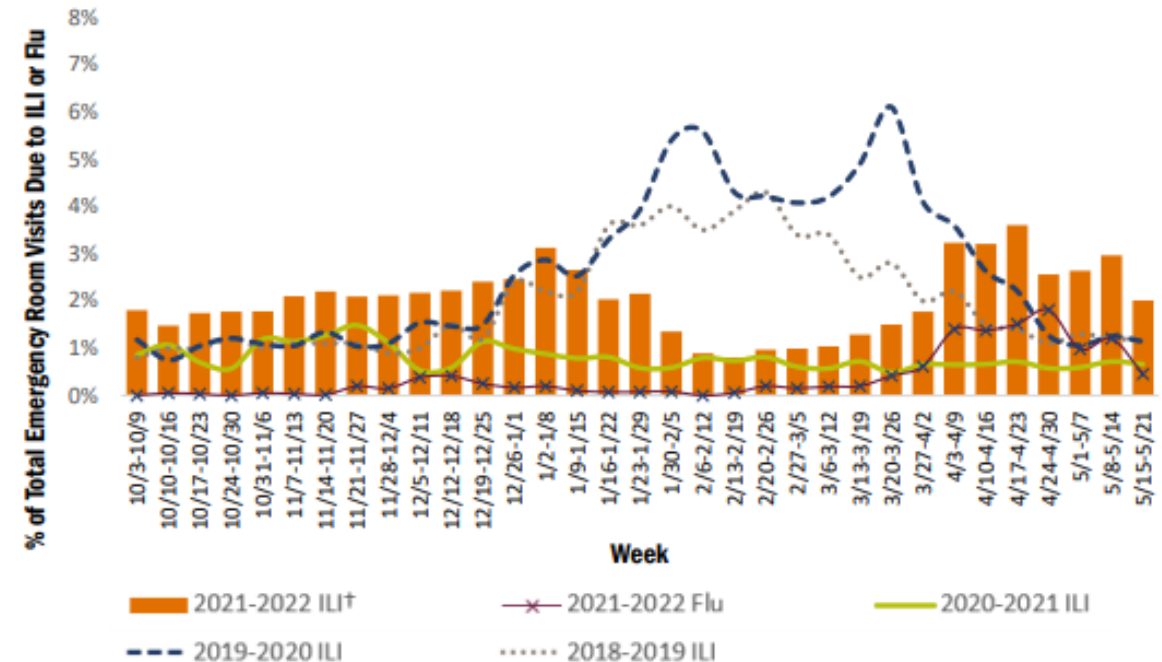
**Note: week-to-week comparison in Omicron variant proportion (purple). Map on left is week ending 5/28/22. LIGHT PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1.**

# Don't Forget Influenza!

- The CDC-calculated influenza-like illness (ILI) activity level in Vermont this reporting period remains **minimal**.
- Influenza and influenza-like illness activity this spring are unusually high for the traditional end of the flu season. Many states, including Vermont, will continue weekly influenza and ILI surveillance reports while activity is above expected levels for late spring into early summer.
- **Now 25 pediatric flu deaths this season**
- Link to VDH weekly surveillance:  
<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-20.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.

5/27/2022

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

# AAP (National) Updates

*Slides 16 – 28 courtesy of the American Academy of Pediatrics*

# Next AAP COVID-19 Town Hall

- Town Hall **Thursday, June 30 – 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 recordings on AAP COVID-19 Town Hall webpage:

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





# AAP Response to Uvalde, Texas, School Massacre



American Academy of Pediatrics  @AmerAcadPeds · 14h ...

"As a pediatrician, parent and grandmother, I grieve with all the families of the children and adults who were killed today in #Uvalde, Texas, victims of a gunman who incomprehensively opened fire in an elementary school."

@AAPPres full statement: [aap.org/en/news-room/n...](https://aap.org/en/news-room/n...)

News Release

## American Academy of Pediatrics Mourns Death of 14 Children and Teacher in Texas

**"There is no justification for this kind of violence anywhere. And yet, we as a nation have been here before – multiple times. Columbine High School, Sandy Hook Elementary, Marjory Stoneman Douglas High School, and so many other schools have been sites of terror, violence and death.**

"Despite past inaction, we must not assume there is no hope for change. We must not grow accustomed to these acts of gun violence. We owe it to the children in that classroom in Uvalde and the many others who will go into their classrooms tomorrow to speak up for them, to not rest until we see real, meaningful, policy change. Until their lives are protected."

Moira Szilagyi, MD, PhD, FAAP,  
president of the American Academy of Pediatrics

American Academy of Pediatrics



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



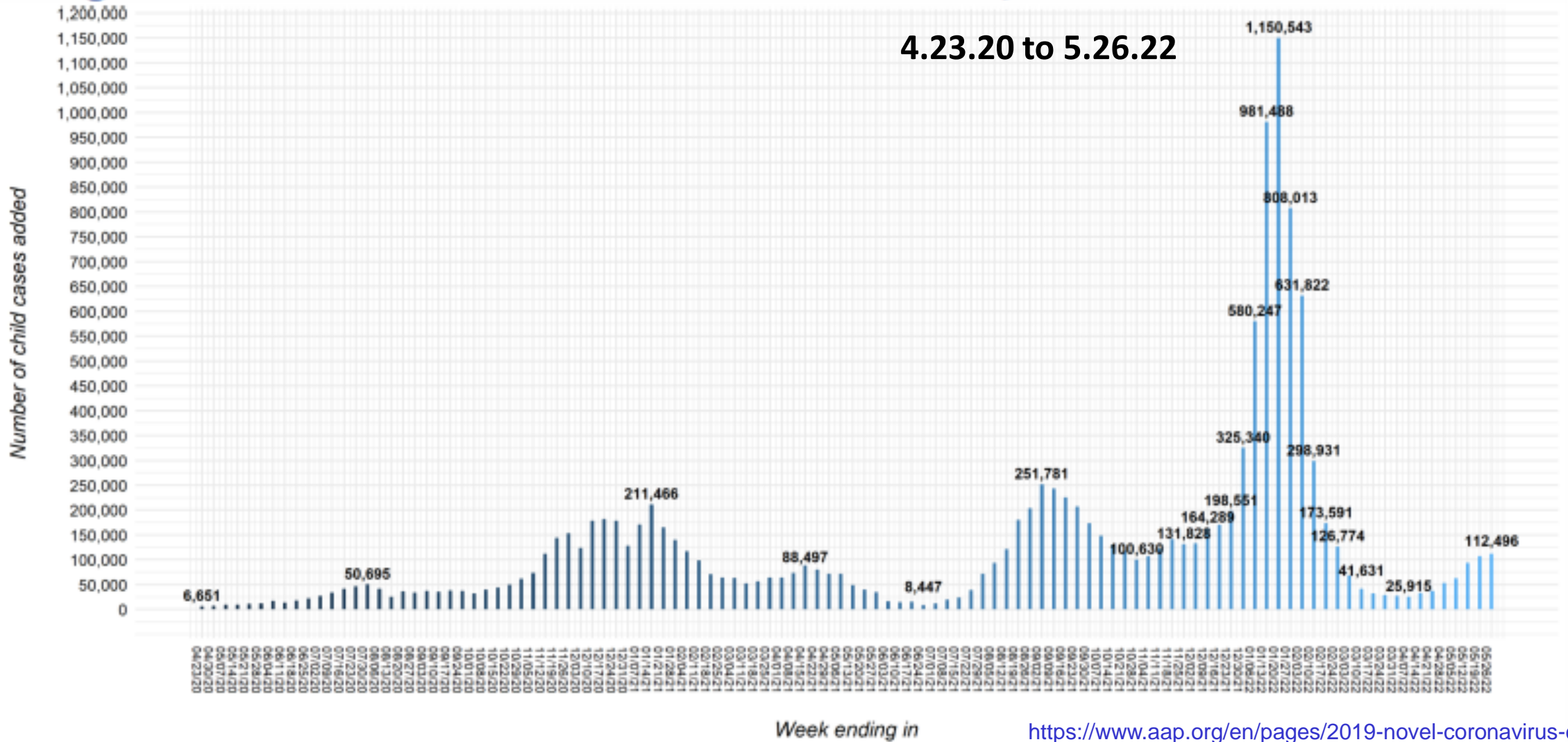
# Talking to Children About Tragedies & Other News Events

**"The American Academy of Pediatrics (AAP) encourages parents, teachers, child care providers, and others who work closely with children to filter information about the event and present it in a way that their child can understand, adjust to and cope with."**

**<https://www.healthychildren.org/English/family-life/Media/Pages/Talking-To-Children-About-Tragedies-and-Other-News-Events.aspx>**



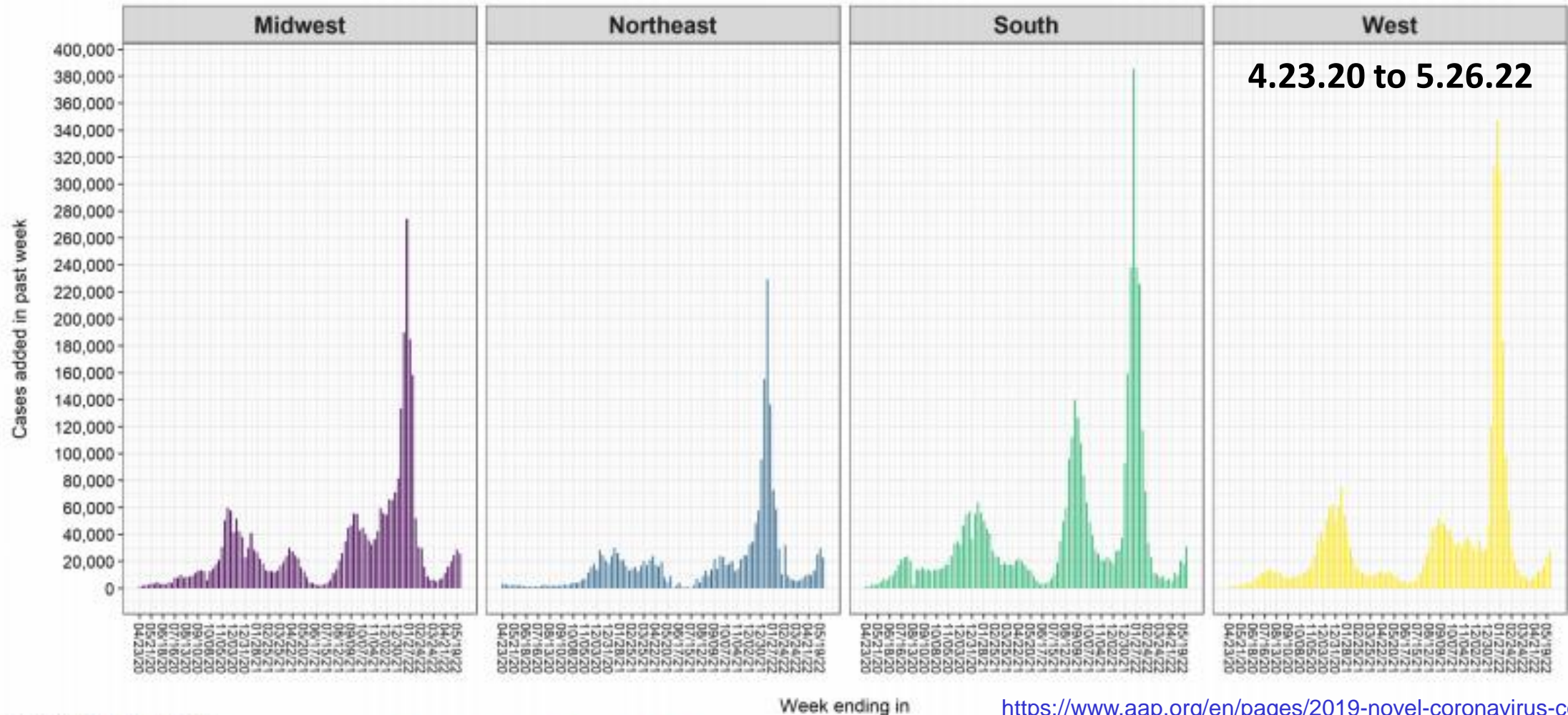
# Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week\*



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

\* Note: 6 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22  
 On 5/19/22, TX released new data that is NOT included in cumulative case counts or figures but located [here](#) and in Appendix 3B of this report (1,184,990 cumulative child cases as of 5/19/22); 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 6 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, MS through 3/10/22, SC through 4/28/22, and NE through 5/12/22  
 See detail in Appendix: Data from 49 states, NYC, DC, PR and GU  
 All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

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



4.23.20 to 5.26.22

<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

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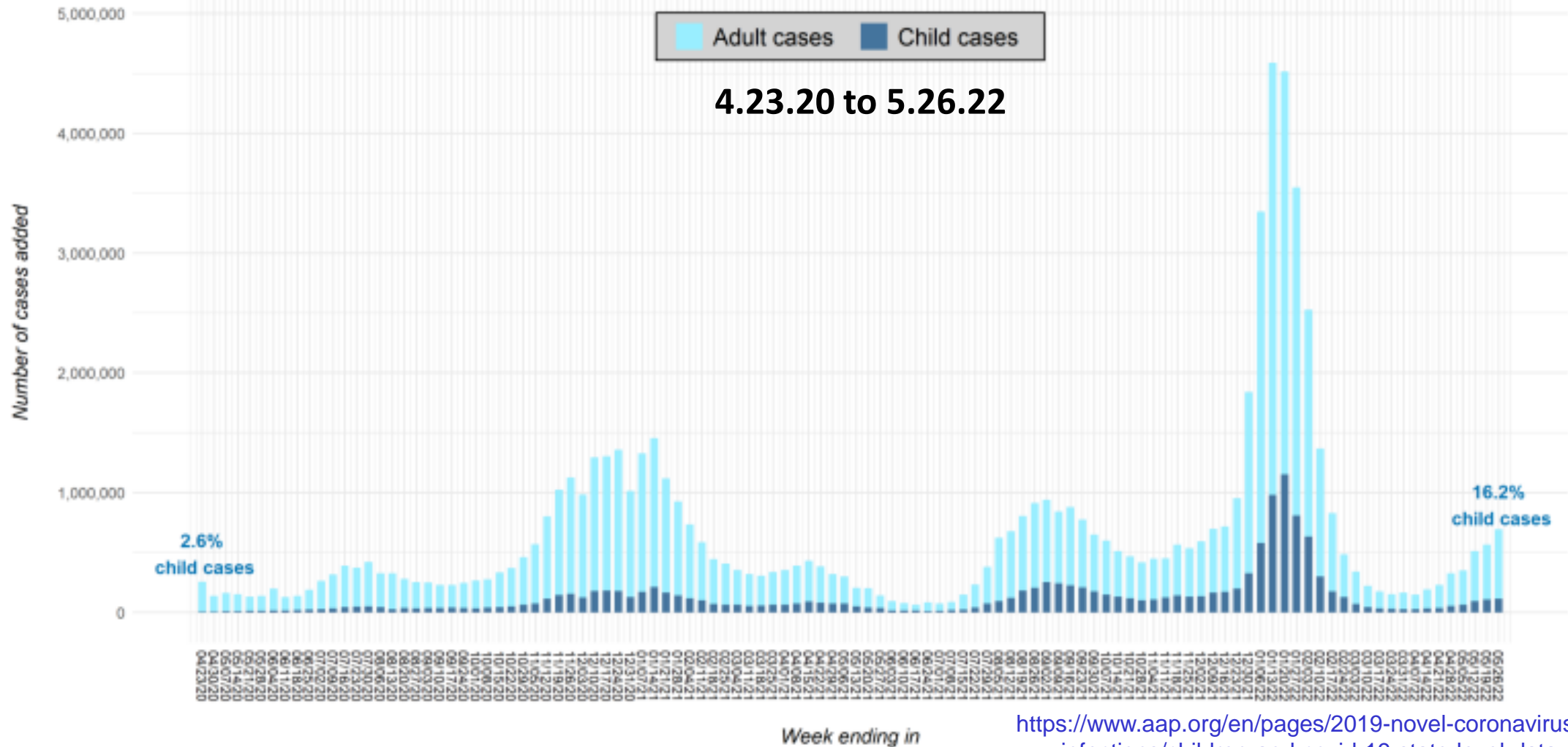
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All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

**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, MD 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

# Pfizer-BioNTech Vaccine in 5-11 Year Olds

## Summary of Geometric Mean Titers

Outcome	3-dose set			2-dose set		Total	
	Sampling time point	N	GMT <sup>a</sup> (95% CI)	N	GMT <sup>a</sup> (95% CI)	N	GMT <sup>a</sup> (95% CI)
SARS-CoV-2 neutralization assay – NT50 (titer)	Prior to dose 1	79	20.5 (20.5, 20.5)	67	20.5 (20.5, 20.5)	146	20.5 (20.5, 20.5)
	1 month post dose 2	29	1659.4 (1385.1, 1988.0)	67	1110.7 (965.3, 1278.1)	96	1253.9 (1116.0, 1408.9)
	Prior to dose 3	67	271.0 (229.1, 320.6)	-	-	67	271.0 (229.1, 320.6)
	1 month post dose 3	67	2720.9 (2280.1, 3247.0)	-	-	67	2720.9 (2280.1, 3247.0)

Abbreviations: NT50 = 50% neutralizing titer; GMT = geometric mean titer; CI=confidence interval

<sup>a</sup> GMTs and 2-sided 95% CIs were calculated by exponentiating the mean logarithm of the titers and the corresponding CIs (based on the Student t distribution).



# COVID-19 Vaccine-Associated Myocarditis

- Identified rates of myocarditis after primary series in children ages 5-11 years are lower than what is seen in those ages 12-17 years
- In other age groups, rates of myocarditis are lower after booster dose than after second dose in primary series

Reporting rates of myocarditis (per 1 million doses administered) after Pfizer-BioNTech vaccine, days 0–7 after vaccination

Age group	Males		Females	
	Dose 1	Dose 2	Dose 1	Dose 2
5–11 years	<1 <sup>†</sup>	2.2	<1 <sup>†</sup>	<1 <sup>†</sup>
12–15 years (included for reference)	5.3	47.5	<1	4.1
16–17 years (included for reference)	6.9	73.7	No reports	7.2



# Upcoming FDA VRBPAC Meetings



- June 7: Novavax for adults
- June 14: Moderna for 6-17 year olds
- June 15: Moderna 6 months – 5 years and Pfizer 6 months – 4 years
- June 8, 21, and 22: "Broader discussion about expanding EUA for Moderna and Pfizer vaccines to include younger populations"
- June 28: Future COVID vaccines for fall



# Other Updates to CDC Clinical Considerations

People who recently had SARS-CoV-2 infection may consider delaying a primary series or their first or second COVID-19 vaccine booster dose by 3 months from symptom onset or positive test (if infection was symptomatic).

- Studies have shown that increased time between infection and vaccination may result in an improved immune response to vaccination.
- Low risk of reinfection has been observed in the weeks to months following infection.
- Individual factors such as risk of COVID-19 severe disease, COVID-19 community level, or characteristics of the predominant SARS-CoV-2 strain should be taken into account when determining whether to delay getting a COVID-19 vaccination after infection.



# CDC Health Advisory: COVID-19 Rebound After Paxlovid Treatment

- COVID-19 rebound reported 2-8 days after initial recovery, including in those up to date on COVID-19 vaccine
- Characterized by a recurrence of symptoms or a new positive viral test after having tested negative
- No reports of severe disease and no evidence that additional treatment needed
- Possible transmission during rebound
  - Recommend re-isolation for at least 5 days, masking for a total of 10 days after rebound symptoms started



# CDC Health Advisory: Monkeypox Virus Infection in the US and Other Non-endemic Countries

- May 18: Testing at CDC confirmed patient from MA infected with West African strain of monkeypox virus
- Since May 14, clusters of monkeypox cases reported in several countries that don't normally have monkeypox (England)
- Consult state health department if monkeypox suspected:
  - Vesicles or pustules that are deep-seated, firm or hard, and well-circumscribed
  - Lesions may umbilicate or become confluent and progress over time to scabs
  - Presenting symptoms typically include fever, chills, rash, or new lymphadenopathy (onset of perianal or genital lesions in absence of subjective fever also reported)



# 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?](#)"



# Abbott Recall and Operations Update

Vermont WIC Program

June 1, 2022

**WIC** WOMEN  
INFANTS  
CHILDREN

VERMONT DEPARTMENT OF HEALTH



# Abbott Update

## Sturgis, MI Plant

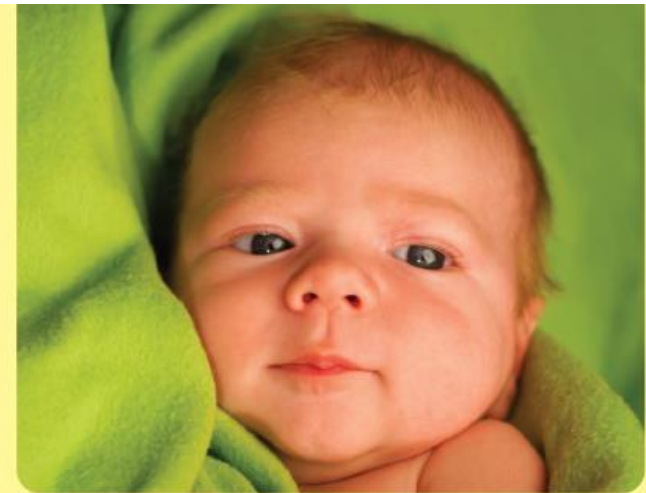
- Plant will reopen on June 4. Still need 6 to 8 weeks to get to retail shelves
- Substitutions through end of August (no change)
- Non-Abbott WIC states now also offering non-contract brand formula (NY has Mead Johnson)

# Reminder – Powdered Formula isn't Sterile



Feeding  
is a *happy time*  
GUIDE TO USING  
INFANT FORMULA

The Vermont WIC Program  
strongly encourages and supports  
breastfeeding.



## If you choose powdered formula

Powdered infant formula is not sterile and may contain bacteria that, although rare, can make some babies sick. Babies born prematurely and those with weakened immune systems are at highest risk of bacterial infection. Concentrated formula is sterile and can be used in place of powdered.

Bacteria can also get into formula when you are mixing it. Careful preparation and handling can reduce the risk of illness.

**Fact Sheet on Cronobacter updated from 2013; will include in follow up email**

# Tracking of Non-WIC Family Calls

---

**NOTE: THIS INFORMATION IS FOR VDH WIC STAFF – included here *for your information only.***

Thanks to WIC program staff for keeping track of calls you received from non-WIC families regarding formula issues

Staff will continue over the next couple of weeks **documenting the calls** received regarding formula issues from **non-WIC families** (WIC family formula changes do not need to be tracked). This information will help us lift up the common issues that need to be addressed.



# New Model Food packages

## Alfamino Infant and Alfamino Junior

- This product is similar to Puramino
- Amino acid-based powder, for multiple food allergies
- Additional stock was part of Operation Fly Formula
- Model Food Packages in Ceres now
- Direct ship, family picks up at office



# Formula Stocking Grocer Updates

Today is June 1, families will be looking to redeem formula over next few days

WIC Program staff checking in with grocers

Target, pharmacies seem to have some supply, can be good options for non-WIC families

What are you seeing/hearing about supply in your area?



*In case you missed it...*

## Vermont News: Infant Formula Shortage

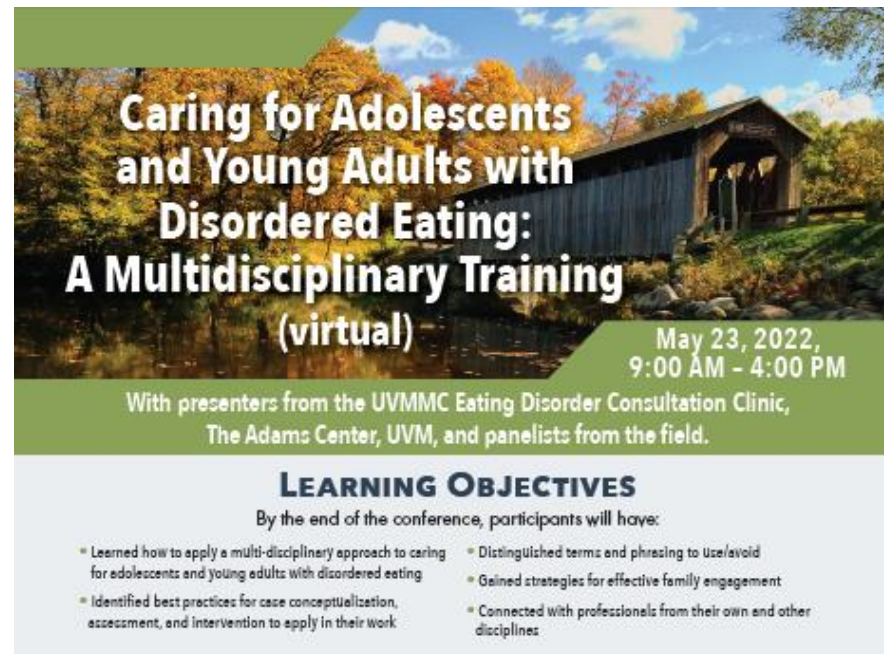
- **VPR: Baby formula shortage deals major blow to low-income Vermonters** – Mikaela Lefrak (5/17/22) <https://www.vpr.org/vpr-news/2022-05-17/baby-formula-shortage-deals-major-blow-to-low-income-vermonters>
- **Seven Days: The Infant Formula Crisis Is Causing Stress for Vermont Families** – Alison Novak (5/17/22) <https://www.sevendaysvt.com/vermont/the-infant-formula-crisis-is-causing-stress-for-vermont-families/Content?oid=35595809>
  - ▣ ***Thank you, Meghan Gunn, MD FAAP*** (Chief of Pediatrics, Southwestern Vermont Medical Center)

*In case you missed it (5/23/22):*

# Caring for Adolescents & Young Adults w/Disordered Eating

□ Conference resources available at:

<https://www.vtcpi.org/events/caring-for-adolescents-and-young-adults-with-disordered-eating-a-multidisciplinary-training-virtual>



**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

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

## Vermont Child Psychiatry Access Program (VT-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.

## Ways to Use this New Program

- ❑ **Launch date: June 13, 2022!** (pilots now under way)
- ❑ Call us (9am – 3pm weekdays): phone number available in mid-June and **pre-registration** encouraged.
- ❑ Email [vtcpap@vtcpap.com](mailto:vtcpap@vtcpap.com) to **register your practice**.
- ❑ Book trainings for your practice.
- ❑ Attend statewide QI educational series – see recorded VCHIP-VDH COVID-19 calls at:  
[https://www.med.uvm.edu/vchip/projects/vchip\\_champ\\_vdh\\_covid-19\\_archived\\_information](https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_archived_information) (presenter: Greta Spottswood, MD MPH – Child Psychiatrist, CHCB & Medical Director, **VT-CPAP**)
  - ❑ **5/4/22: Vermont Child Psychiatry Access Program (VTCPAP) 101**
  - ❑ **5/18/22: Caring for Patients with Suicidality in Primary Care**

# Governor Scott's Media Briefing

***Postponed*** until today (6/1/22) at 1 p.m. – will provide critical updates if indicated via updated email/slides tomorrow (6/2/22).



# Practice Issues

## ***COVID-19 Pediatric Testing, RTP, Vaccine & Therapeutics***

*Breena Holmes, MD FAAP – VCHIP Senior Faculty*

*William Raszka, MD FAAP – Pediatric ID, UVM Children's Hospital*

*Monica Ogelby, MSN RN – VDH Immunization Program Manager*





*Your input needed!*

# COVID-19 Testing, Return to Play

- VDH Testing Update: **VDH testing sites will close June 25.** VTers are encouraged to pick up free take-home tests from these sites for home use.
  - ▣ Take-home tests will continue to be widely available at pharmacies around the state and may be covered by health insurance. If you are covered, you can show your insurance card at the pharmacy counter and get your test kits at no cost to you.
  - ▣ You can also reach out to your health care provider or local pharmacy for testing.
  - ▣ For more info visit <https://www.healthvermont.gov/covid-19/testing/where-get-tested>
- Request for feedback from this group: What would be the impact of PCR testing shifting **to primary care only**?
- We're hearing some ongoing concern that **Return to Play** communication is variable, with some schools requesting **in person clearance**. What is your experience currently w/RTP in your practice?

# Pediatric COVID Infectious Diseases Update

- ❑ When should **Paxlovid** (nirmatrelvir & ritonavir) be prescribed in the pediatric primary care (vs. specialty) setting?
- ❑ Should (and if so, how?) PCPs think about vaccination status when determining if someone should get Paxlovid? (see CDC list of medical conditions which put patients at higher risk of severe disease:  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>)
- ❑ CDC list includes conditions such as ADHD & depression – would an adolescent with ADHD be at risk to progress to serious disease? Is there a **pediatric-specific list of conditions** that would put this population at risk for more severe disease?
- ❑ Helpful resource from CHOP: <https://www.chop.edu/paxlovid-covid-19-what-you-need-know>

# COVID-19 Updates

William Raszka, MD FAAP – Pediatric Infectious  
Diseases, UVM Children's Hospital

# Paxlovid indications

- 12 years of age and older weighing at least 40 kilograms who
  - Test positive for SARS-CoV-2 infection;
  - Have mild to moderate illness;
  - Have one or more risk factors for progression to severe disease;
  - Do not require hospitalization due to severe or critical COVID-19 at the time of treatment initiation; and
  - Do not have evidence of severe renal or hepatic impairment

# Paxlovid administration

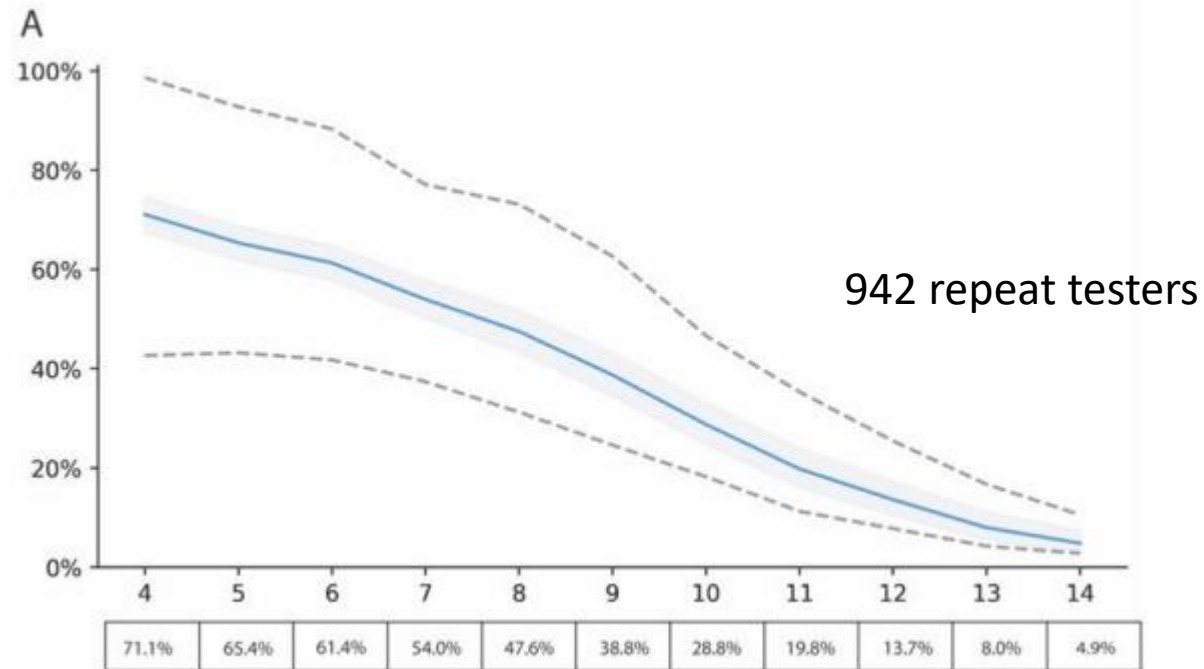
- Dosage:
  - 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all three tablets taken together twice daily for 5 days
- **Many** drug-drug interactions
- [https://www.fda.gov/media/158165/download?ACSTrackingID=USCDC\\_511-DM82753&ACSTrackingLabel=HAN%20467%20-%20COCA%20Subscribers&deliveryName=USCDC\\_511-DM82753](https://www.fda.gov/media/158165/download?ACSTrackingID=USCDC_511-DM82753&ACSTrackingLabel=HAN%20467%20-%20COCA%20Subscribers&deliveryName=USCDC_511-DM82753)

# Paxlovid rebound

- In the Paxlovid *clinical trial* roughly 2% of treatment and placebo subjects experiences new symptoms after completing therapy
- Less than 2% of treated individuals are currently developing new symptoms 2-8 days after completing therapy
  - Mild
  - No severe disease
  - No need for additional therapy
  - **5-day isolation begins again**

# Antigen testing

- In the general community, isolation ends *after 5 days*\*
- Serial antigen testing may show positive results for many subsequent days
  - Marked variability



\* Assuming other criteria are met

# Antigen testing

- Nobody really knows what to do with those testing positive for long periods of time (> 10 days)
- Do use an antigen test unless willing to act on it.





# Vermont Department of Health – Immunization Program

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

# Booster for ages 5-11

- All children ages 5 through 11 years should now receive a booster vaccine **5** months after completing their primary series.
- Children ages 5 through 11 years who are moderately or severely immunocompromised should receive a booster **3** months after completing their primary series.
- CDC continues to recommend a booster for children and adolescents ages 12 through 17.
- Only the Pfizer-BioNTech COVID-19 vaccine is currently authorized and recommended for children 5 through 17 years old. Walk-in clinics and pharmacies continue to be available options for this age group.

Interim Clinical Considerations: [www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)

CDC boosters webpage: [www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html)

FDA Approval: [www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-expands-eligibility-pfizer-biontech-covid-19-vaccine-booster-dose](https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-expands-eligibility-pfizer-biontech-covid-19-vaccine-booster-dose)

# Definition of up-to-date

**Up to date:** People ages 5 years and older are up to date with their COVID-19 vaccines when they have received all doses in the primary series and all booster doses recommended for them, when eligible.

- Vaccine recommendations differ depending on a person's age, immune status, vaccine received for the primary series (mRNA or Janssen), and time since last dose.
- On May 20, 2022, CDC strengthened its second booster recommendations. People ages 50 years and older and people who are moderately or severely immunocompromised should get a second booster dose to be up to date.
- People ages 18 through 49 years who received a Janssen COVID-19 vaccine for both their primary and booster dose may get a second booster dose of either Pfizer-BioNTech or Moderna COVID-19 vaccine, but the second booster dose is not required to be considered up to date.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#:~:text=the%20primary%20series.-,Up%20to%20date%3A,-People%20ages%205>

# COVID-19 vaccine for children under 5

- **VRBPAC Tentative Meeting Schedule - June 2022**
  - June 14: Moderna for 6 years through 17 years of age
  - June 15: Moderna for 6 months through 5 years of age, Pfizer 6 months through 4 years of age
  - VRBPAC announcement: [www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-june-14-15-2022-meeting-announcement#event-information](https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-june-14-15-2022-meeting-announcement#event-information)
- **ACIP says they will meet and vote within days of EUA amendment**
- **Vaccine will be available to order for prepositioning the week of June 6, for delivery the week of June 20**

# Pre-orders for < 5 COVID-19 vaccine

- **June 6 – June 7:** All practices with pediatric Pfizer (orange cap) in their VIMS catalog will have the new products available to pre-order in VIMS. Orders will arrive the week of June 20.
  - **June 7 at 4 pm:** New products will be removed from the VIMS catalog.
  - **Week of June 20:** pre-orders will be delivered.
  - **June 27:** New products will be available in VIMS to order on an as-needed basis according to the [COVID-19 Vaccine Ordering Guidance](#).
- This information may be updated.
  - Communication with additional details will go out to practice contacts this afternoon or tomorrow morning.
  - If you anticipate any issues or have concerns regarding the above, please reach out to [AHS.VDHImmunizationProgram@vermont.gov](mailto:AHS.VDHImmunizationProgram@vermont.gov)

# COVID-19 vaccine for children under 5

## Moderna

- 6 months through 5 years
- Does not require a diluent
- 2 dose series of 25 µg each (1/4 of adult dose)
  - 3<sup>rd</sup> dose anticipated
- Likely similar storage to current formulations
- 10 dose vials

## Pfizer – Maroon Cap

- 6 months through 4 years
- Requires diluent
- 3 dose series of 3 µg each (1/10 of adult dose)
- Likely similar storage to current formulations
- 10 dose vials


**Additional details on Moderna for 6 through 17 years  
will also be available in the coming weeks**

# Communication Toolkit

- Many Social Media, Newsletter, and E-mail templates to help communicate your planning around this vaccine.
- Can be tailored to your specific practice planning.
- Toolkit will continue to have new content added to it in the coming weeks.

<https://drive.google.com/drive/folders/15yAuB2a2PclUbCLx-tSTaWmSPPqA88kR?usp=sharing>

## NEW: Social Media Posts

FACEBOOK/INSTAGRAM POSTS		
Channel	Post Text	Image Preview & Download Link
1 – Facebook/Instagram	In the coming weeks, a COVID-19 vaccine will be approved for kids under 5. Protect your little ones from serious symptoms and illness with a shot made just for them. Find more on [practice URL or HealthVermont.gov/KidsVaccine]. #LittleArms #OurShotVT	

### Sample Newsletter Posts: Under Five COVID-19 Vaccine

How to use: Customize and add this to your own newsletter, email list, or other communication channels to alert your patients that Vermonters ages 6 months through 4 years will soon be eligible for vaccination.

#### Post 1

##### Coming Soon! COVID-19 Vaccines for Children Ages 6 months through 4 years

The COVID-19 vaccines for kids under 5 could be approved as soon as early June. Getting children vaccinated against COVID-19 is the safer way to build protection against serious illness from COVID-19.

Most vaccines for this age group will be given at pediatricians' offices and other health care practices. There will also be limited availability at pharmacies or pop-up-type clinics. [include what your practice is doing to prepare for vaccines here]. For more information, [include how practice prefers to be reached] or go to [healthvermont.gov/KidsVaccine](https://healthvermont.gov/KidsVaccine).

# Recent Communication

Program communications available on the Health Care Professionals Page:

[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)

April Provider Update: [mailchi.mp/635a48bb756f/vermont-vaccine-program-update-april-2022](https://mailchi.mp/635a48bb756f/vermont-vaccine-program-update-april-2022)

Immunization Program 03/22/2022 Provider Call:

- Slide deck: [www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-VVP-COVID19-Vaccine-Training-03.22.2022.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-VVP-COVID19-Vaccine-Training-03.22.2022.pdf)
- Recording: [www.youtube.com/watch?v=y9msC5c8d4s](https://www.youtube.com/watch?v=y9msC5c8d4s)



*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!***

*In case you missed it 5/11/22)*

# Blood Lead Screening Update

**Blood lead screening rates have fallen during the COVID-19 pandemic: please help increase screening rates by 10% by December 2022!**

- Opportunities: families are attending more well visits
- LeadCare II analyzer testing kits are once again 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

Please contact us for more information, 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)

- **What:** COCA call (Clinician Outreach and Communication Activity)  
**Clinical Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Etiology**
- **When:** Thursday, May 19, 2022, 2:00–3:00 P.M. ET
- **Who:** Clinical professionals, including physicians, nurses, physician’s assistants, pharmacists, paramedics, public health practitioners, and state and local health department officials.
- **How:** access Zoom webinar link at:  
[https://emergency.cdc.gov/coca/calls/2022/callinfo\\_051922.asp](https://emergency.cdc.gov/coca/calls/2022/callinfo_051922.asp)

# VCHIP-VDH COVID-19 Call Schedule

## ***June / July / August 2022:***

- 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!
  - ▣ **NOTE:** We do anticipate possibly adding a call or two in June-July depending upon pediatric vaccine developments
- *Please continue to send your feedback re: schedule/topics to [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)*



# 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 in 2 weeks:** ***Wednesday, June 8, 2022 12:15 – 1:00 pm***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine: ***June 2 – 12:30-1:00 p.m.***
- **Join VMS Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
  - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#