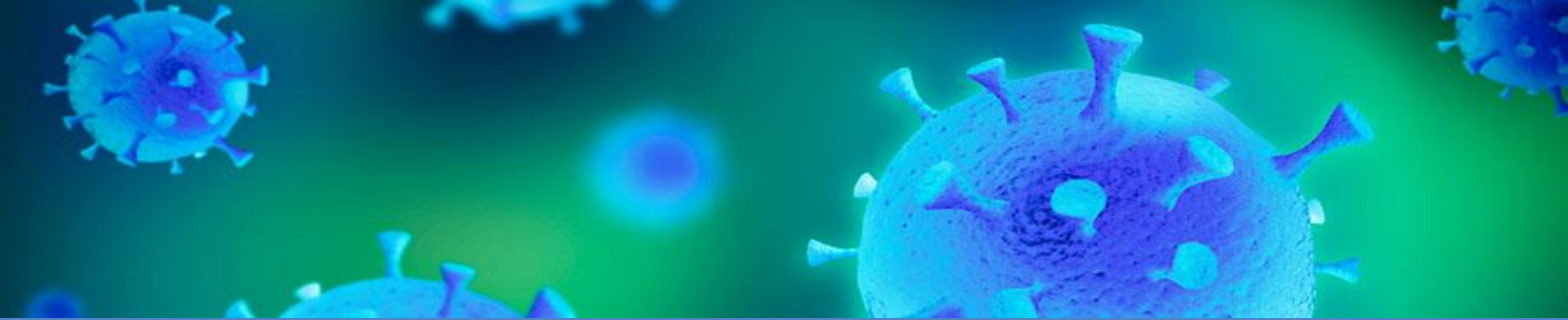


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*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 8, 2022*



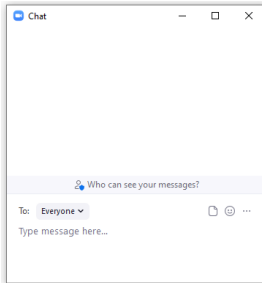
Please bear with us...

# Technology Notes – “Welcome to Zoom!”

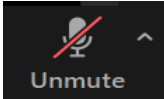
1) **All participants will be muted upon joining the call.**

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

- Vermont's ***March For Our Lives***
  - Saturday, June 11, 2 pm – VT State House, Montpelier
- Continuing ***LGBTQI+ Pride Month***
  - Pride Week Vermont: September 9 – 18, 2022
- 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: ***Infant Formula Recall; Pediatric COVID-19 Updates (Vaccine, Testing, etc.)***
- Q & A/Discussion *[Please note: the COVID-19 situation continues to evolve – so the information we're providing today may change]*



VT March For Our Lives 3/24/18



<https://www.uvmhealth.org/news/medcenter/>

# 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/other 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 6/16/22**
- **Summary: VMS calls are held the first and third Thursdays of the month from 12:30 to 1:00 p.m.**
  - ▣ **Join Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdIJ2ZG4yQT09>
  - ▣ **Meeting ID: 867 2625 3105 Password: 540684 Dial In: 1-646-876-9923**



DR. MARK LEVINE  
COMMISSIONER OF  
HEALTH

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

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

1st and 3rd Thursday of every month - 12:30pm to 1pm  
Zoom Info: [Click here](#) to join



# VDH COVID-19 Surveillance Report

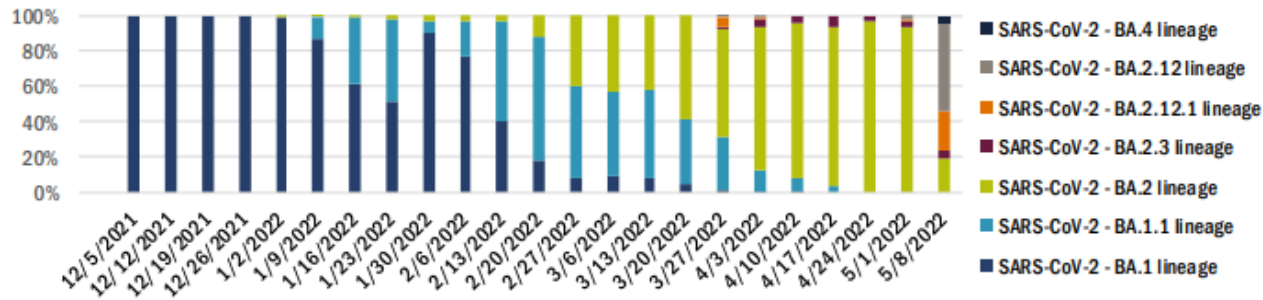
- VDH ***COVID-19 Surveillance Report*** focuses on data/indicators most useful to help monitor & determine risk of COVID-19 in Vermont.
  - ▣ Updated every Wednesday & replaces COVID-19 Case Dashboard (final 5/18/22)
  - ▣ COVID-19 data sets will still be accessible through the **Vermont Open Geodata 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 8, 2022

- Report Time Frame: **May 29 – June 4, 2022**
  - ▣ Statewide community levels = **Low**.
  - ▣ 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: 155.13/100K
  - ▣ Weekly Case Count: 968 (Decrease from 1477 last report)
  - ▣ New hospital admissions of patients with COVID-19, last 7 days: 8.33 per 100K (vs. 10.26)
  - ▣ 52 total new admissions with COVID-19 (vs. 64 last week)
  - ▣ Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 3.45% (decrease from 4.04% last week)
- Find report at: <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Surveillance-Report-20220608.pdf>

# COVID-19 Surveillance Report – June 8, 2022 (cont'd.)

## Proportion of circulating variants

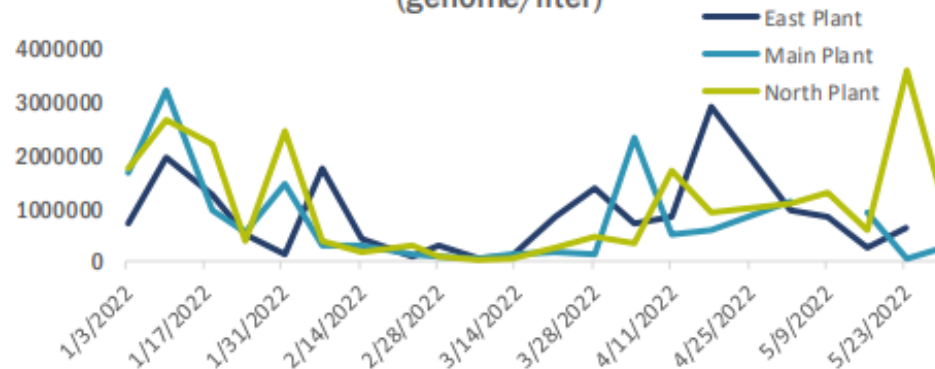


The Health Department has not received an updated sequencing file from the Broad Institute since the last update. The VDHL sequencing data from May is almost exclusively BA.2 and subvariants, with 4 sequences of BA.4. (Sources: Broad; Health Department Whole Genome Sequencing program.)

<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Surveillance-Report-20220608.pdf>

NOTE: we believe the figure caption below should conclude "...and no data for the **East** plant." We have sent an inquiry to VDH & will post the corrected version on our web site if indicated. Thank you to our astute call participant who noted this!

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



Burlington reported significantly lower concentrations at the North plant on 5/31, a small increase at the Main plant, and no data for the North plant.

June 8, 2022

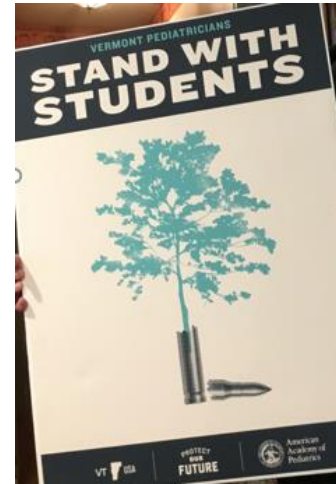


# Vermont *March For Our Lives*

**MARCH  
FOR OUR  
LIVES** 

*From Conor Casey, GunSense Vermont Executive Director:*

- ❑ **GunSense Vermont** is partnering with Moms Demand Action to organize **Vermont's March for Our Lives** rally
- ❑ **Saturday, June 11** – 2pm, VT State House lawn, Montpelier
- ❑ Please join & RSVP by visiting:  
<https://www.facebook.com/events/s/march-for-our-lives-vermont-st/1129603274487595/>
- ❑ Event will include speakers & volunteer opportunities at state & federal levels.
- ❑ *“Please come and lend your voice to a growing movement that refuses to normalize gun violence as a part of our everyday lives.”*



*In case you missed it...*

## From UVM Department of Pediatrics

From Dr. First **today**, June 8, 2022 (preceded by Ped Residency Graduation!)

- ❑ Pediatric Palliative Care program – anticipate start date of October 1, 2022
- ❑ Dept. group working on addressing patients w/complex care needs – current focus on children with high-tech needs. Please let Dr. First know if interested.
- ❑ In discussion w/**Spaulding Rehab** (Boston); willing to come to VT once/month (e.g, medical equipment, Botox, etc.). Dr. Scott Benjamin currently visits quarterly. Spaulding services may include **telehealth** as needed.
- ❑ UVM MC/HN/CH budget: “huge financial gap” (200m.); impact means cannot proceed w/child psych facility at this time. 12 initiatives to address gap will be announced – but UVM CH programs (including above) remain in budget.
- ❑ VT = #1 in hospitals reporting critical staff shortages (52.9%, vs. NY 0.58%)
- ❑ July 25 – UVM CH Golf Tournament (play or volunteer!)

# UVM CH Pediatric Emergency Medicine Survey

*From Dr. Christian Pulcini:*

- Communication – please feel free to use PEM direct #: 802-749-0419
- Staffing: Drs. David Nelson, Christian Pulcini, Joe Ravera, Molly Stevens
- Developing standardized care pathways (e.g., infant fever)

## Response/Discussion

- Communication remains a challenge
  - Our number is 802-749-0419
- Expectation management for patients
- Space/staffing questions
  - Daytime and overnight hours
  - Differences between groups
  - More peds residents in ED and opportunities for training
- Room for dedicated, coordinated QI

*From VCHIP – upcoming webinar of interest:*

# Paternal Perinatal Mental Health

June 20, 2022 is **International Father's Mental Health Day!**

Research shows that 10% of new dads experience paternal postpartum depression. This number rises to 50% when maternal depression also exists. Fathers need support of their own.

STAMPP and VCHIP present Daniel B. Singley, Ph.D., ABPP, from The Center for Men's Excellence

**Factoring in Fathers: The Changing Face of Paternal Perinatal Mental Health**

June 23, 2022 from 12-1 via Zoom

[Registration Link](#)



*From VCHIP – upcoming webinar of interest:*  
**Children & Youth in Foster Care**

**Fostering Trauma Informed Care: Key Practices for Medical Providers Working with Children in Foster Care**

**JUNE 29, 2022**

**12:00-1:00 PM**

**VIA ZOOM**

Children in foster care often present with complex needs that require effective, on-going coordinated care. Pete Cudney, LICSW, will review child and adolescent behaviors and symptoms often linked to trauma. Utilizing a solutions-based/strength-based approach, participants will identify ways to have a positive impact with children and foster parents to promote resilience within office visits.

[Registration Link](#)

# 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)

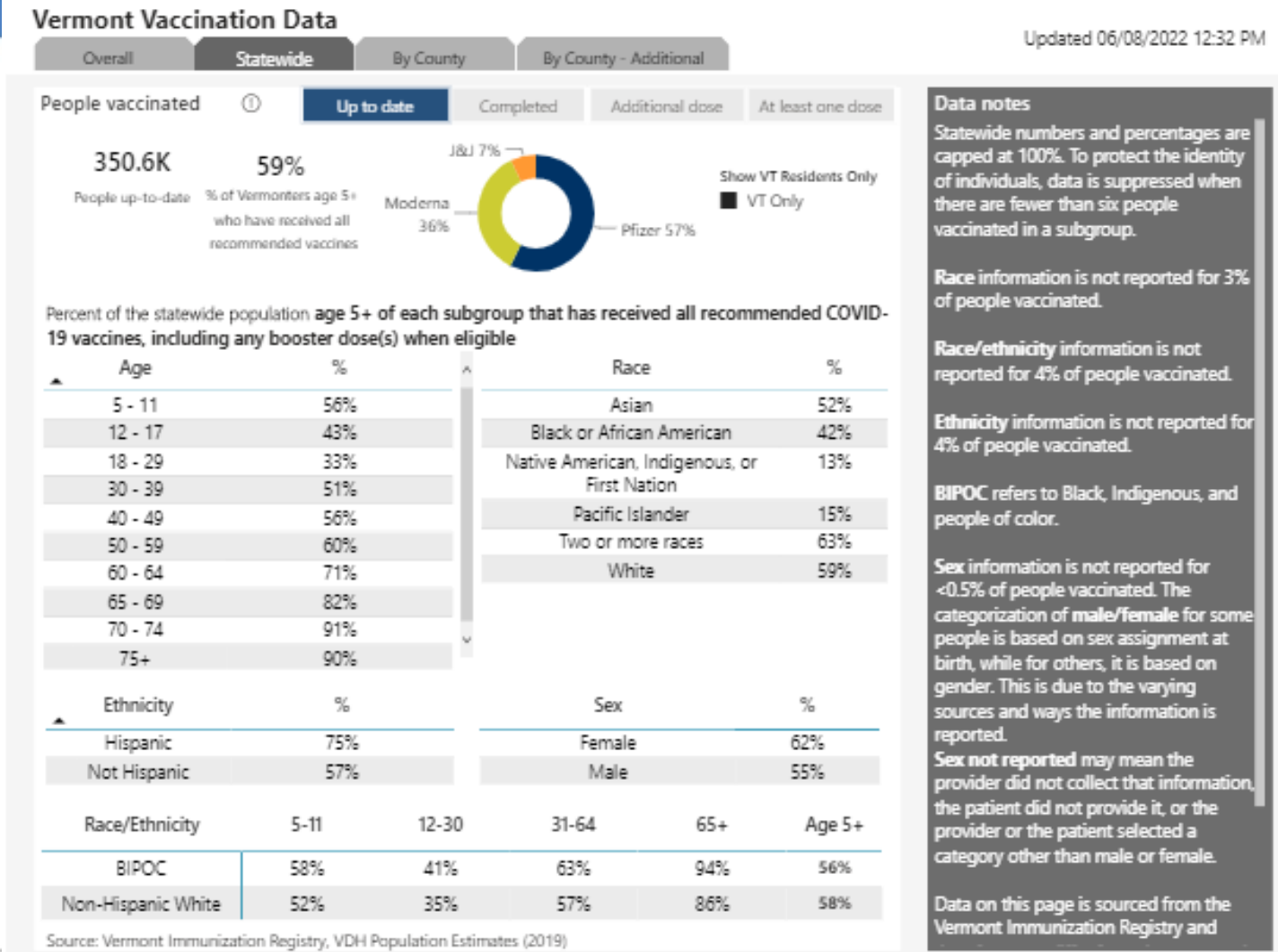
Or Call [1-800-232-0233](tel:1-800-232-0233)

# VDH COVID-19 Vaccine Dashboard (“Statewide” view, 6/8/22)

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

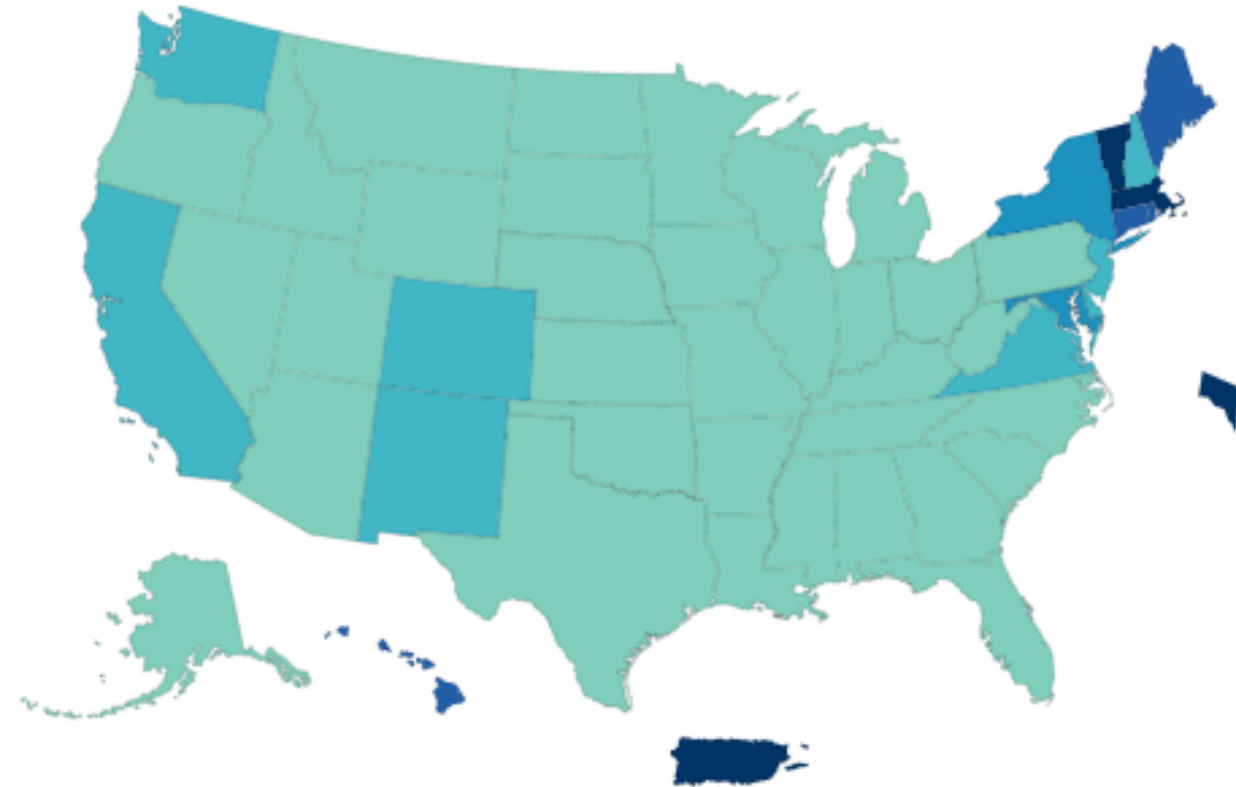
- Dashboard now updated **weekly** on Wednesday; “**UTD**”= % 5+ yo w/all recommended vaccine doses)
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide:
  - ▣ 5-11 = 56%
  - ▣ 12-17 = 43%
  - ▣ 18-29 = 33%
  - ▣ **VT Age 5+ = 59%**



# From the CDC Vaccine Tracker

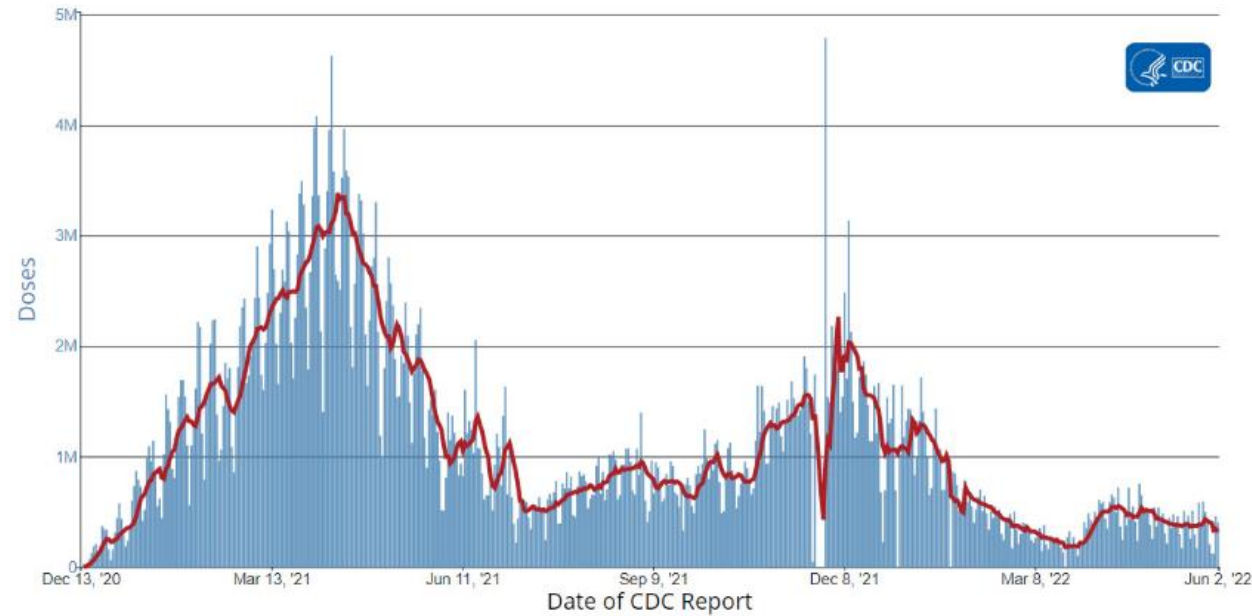
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population

○ 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



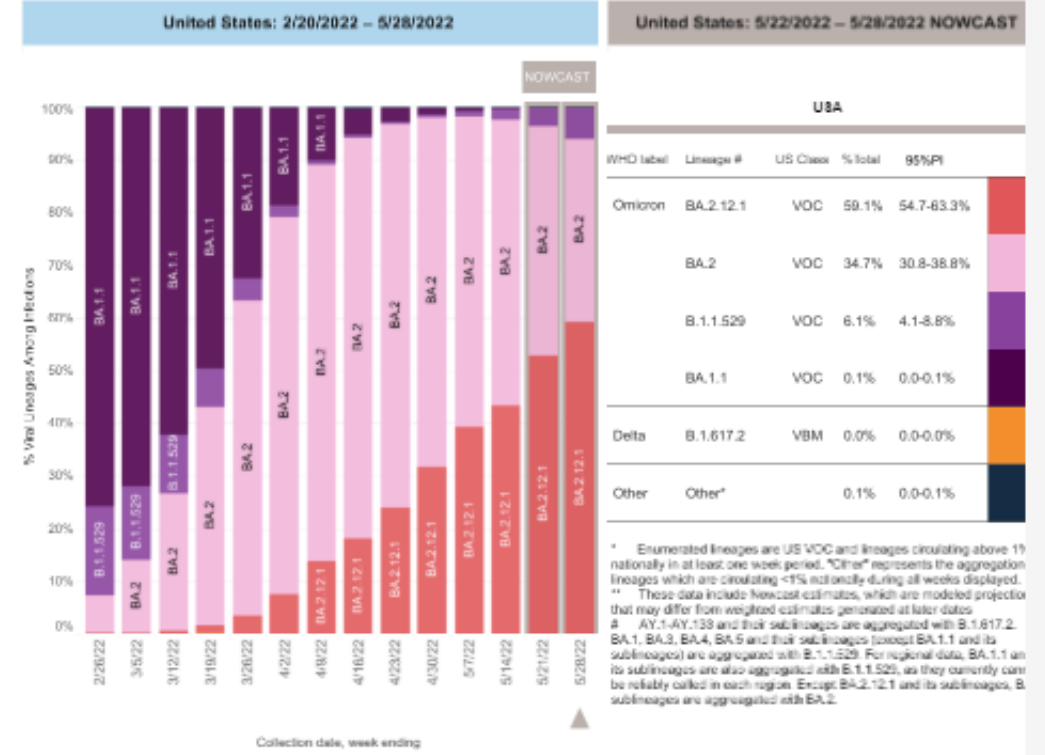
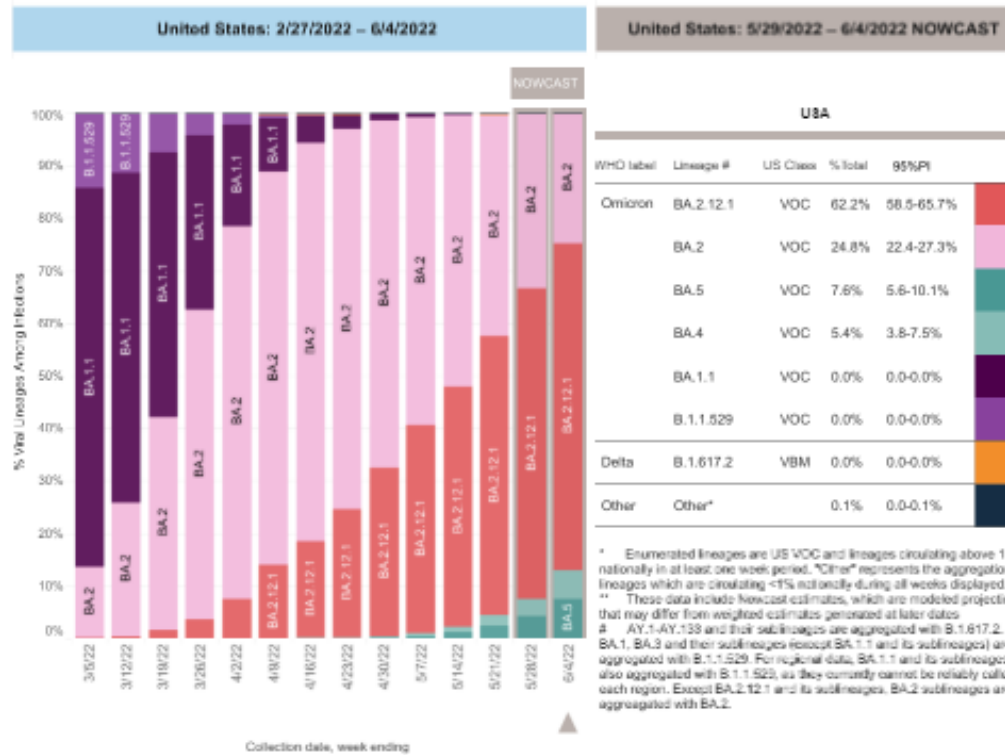
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

June 8, 2022

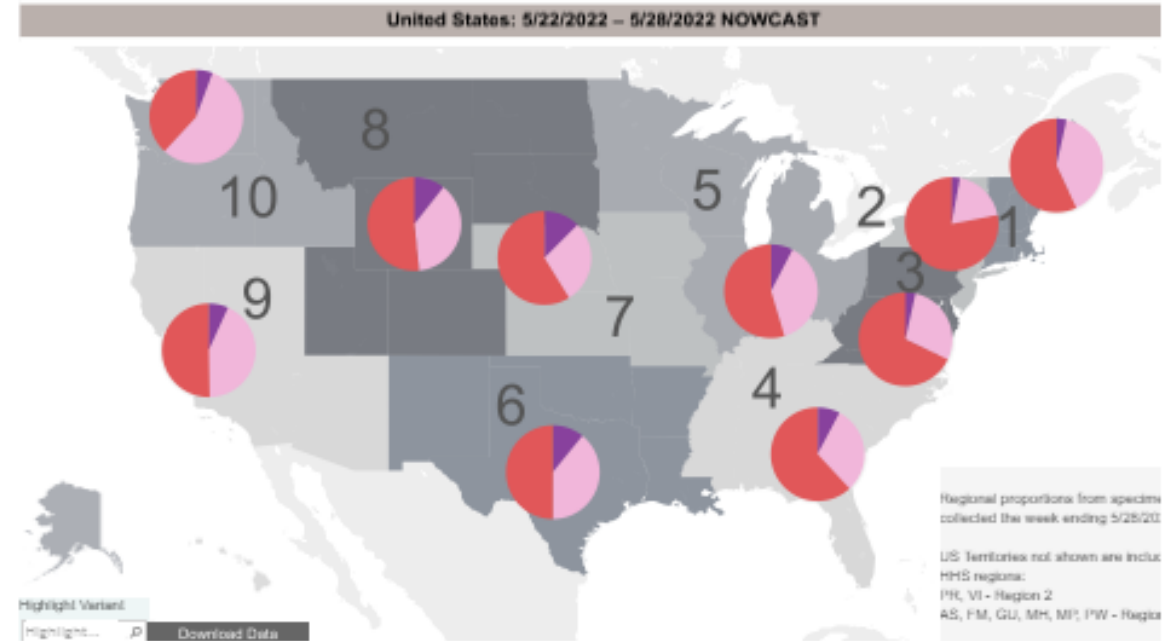
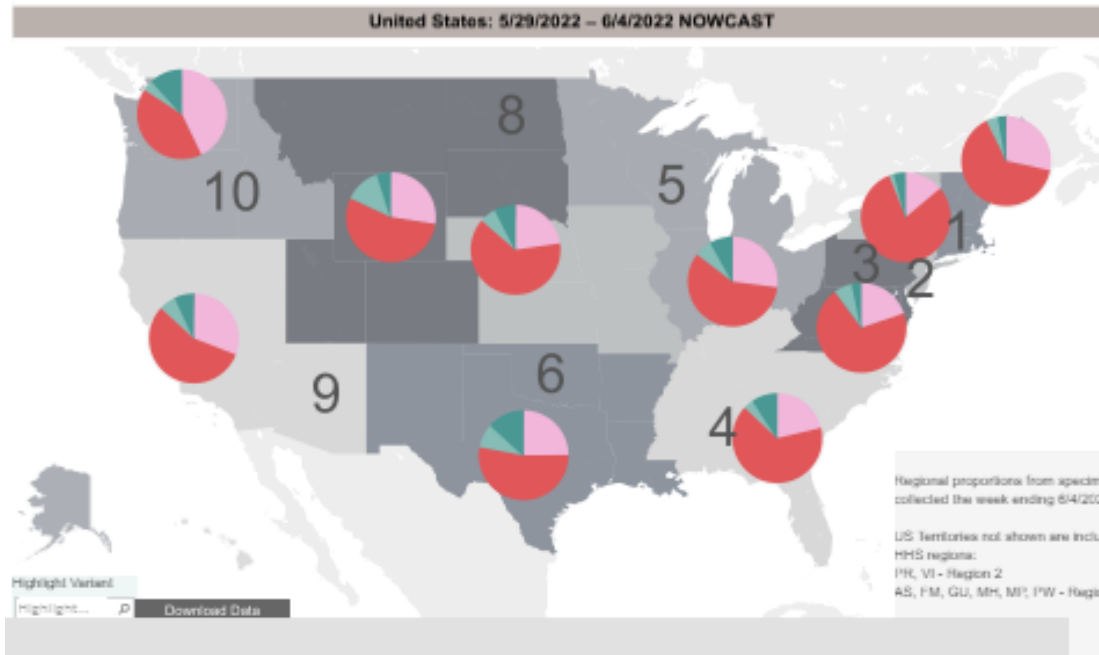


# From the CDC: SARS-CoV-2 Variants in the U.S.



**Note: week-to-week comparison in Omicron variant proportion (purple): far right bar in graph on left is week ending 6/4/22. 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 6/4/22. LIGHT PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1.**

# VDH Weekly Flu Surveillance Report: Post-Season Summary

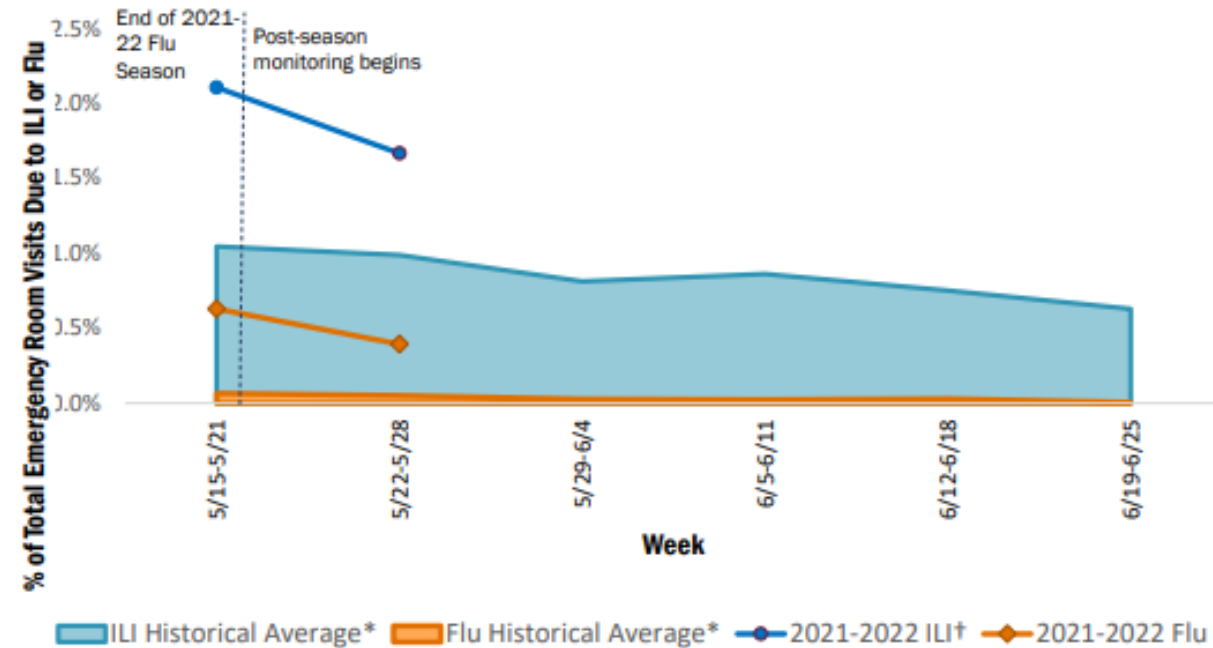
Timeframe: 05/22/2022 – 05/28/2022: **Flu & ILI unusually high for this time of year.**

- Weekly surveillance will cont. until flu transmission normalizes. VDH will watch VT trends (esp. where flu a concern) but not all surveillance can continue in the same way after MMWR week 20.
- **Now 25 pediatric flu deaths** this season (no new deaths this past week)
- Link to VDH influenza surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-21.pdf>

## Syndromic Surveillance

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



\*Historical averages are based on the corresponding MMWR weeks of the 2016-17, 2017-18, and 2018-19 flu seasons. Historical averages are displayed for context but are not comparable to the 2021-22 flu season due to the COVID-19 pandemic and the 2021 ILI definition update.

†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.

# VMS COVID Convo 6/2/22



[**No** Governor's media briefing yesterday] Notes from VMS call at:

<https://vermontmedicalsociety51665.wildapricot.org/resources/VAHHS%20Call%20Notes%20with%20Commissioner%20of%20Health%20-%20June%203rd.pdf>

- ❑ Commissioner Levine: 7-day case average decreasing – now 171 cases/day (down from 223); rest of New England is also decreasing & rest of U.S. increasing.
- ❑ Testing and percent positivity have also decreased.
- ❑ Majority of VT cases now BA2 variant or progeny. BA4 and BA5 are now starting to appear in U.S. (~5%); one case of BA4 in VT. Still learning what these mean re: immunity from prior Omicron variants.
- ❑ Robust VT supply of Paxlovid & starting to see higher prescribing. Concern now re: whether patients correctly self-identifying as high risk, so state test kits will have label advising patients to notify PCP if positive.
- ❑ State test sites winding down in the next few weeks.

# AAP (National) Updates

*Slides 22 – 37 courtesy of the American Academy of Pediatrics  
(updated after today's call from AAP Chapter Chat)*

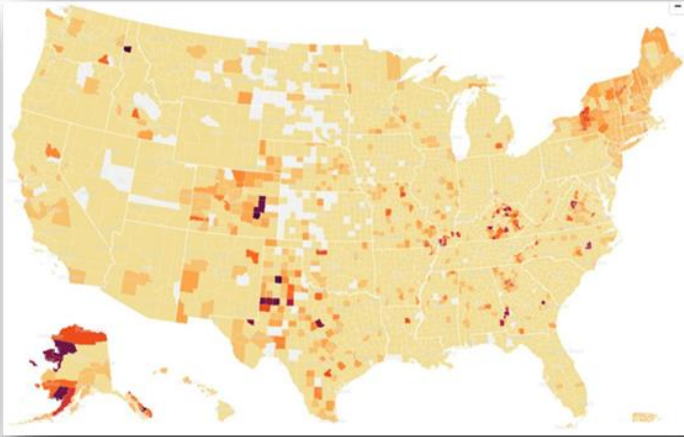
# Next AAP COVID-19 Town Hall

- 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:

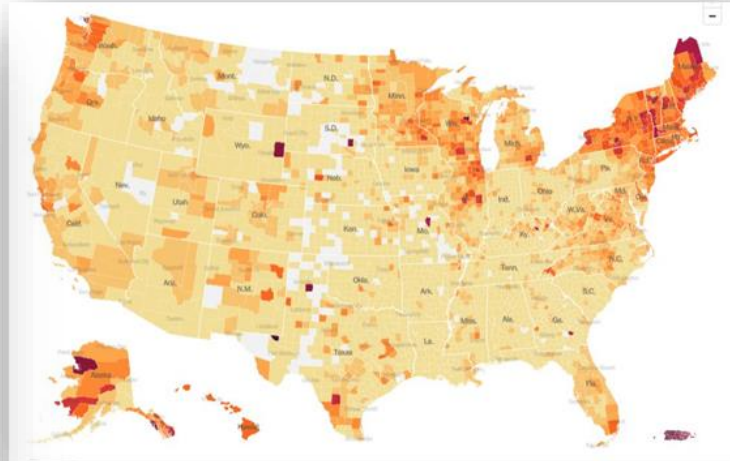
<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/connecting-with-the-experts/>



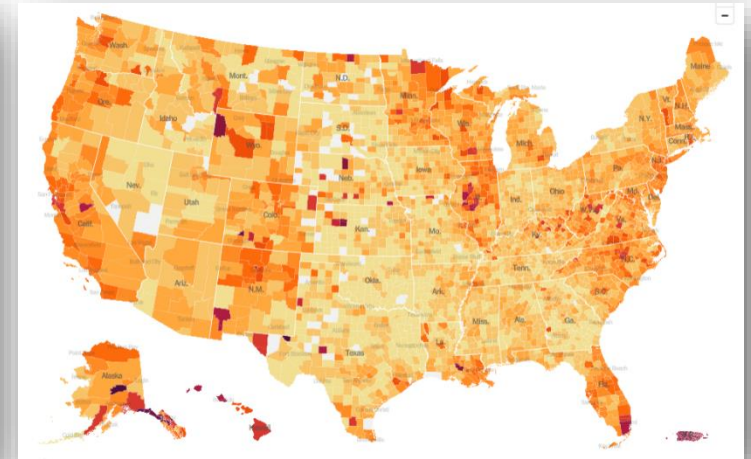
## 2-month span



NYT 4.04.22 all ages



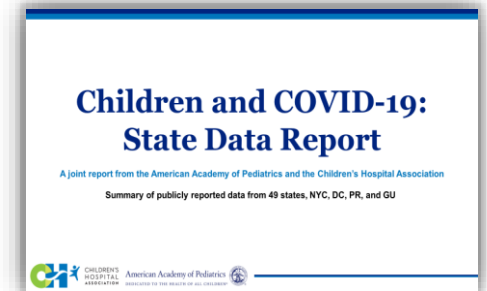
NYT 5.10.22 all ages



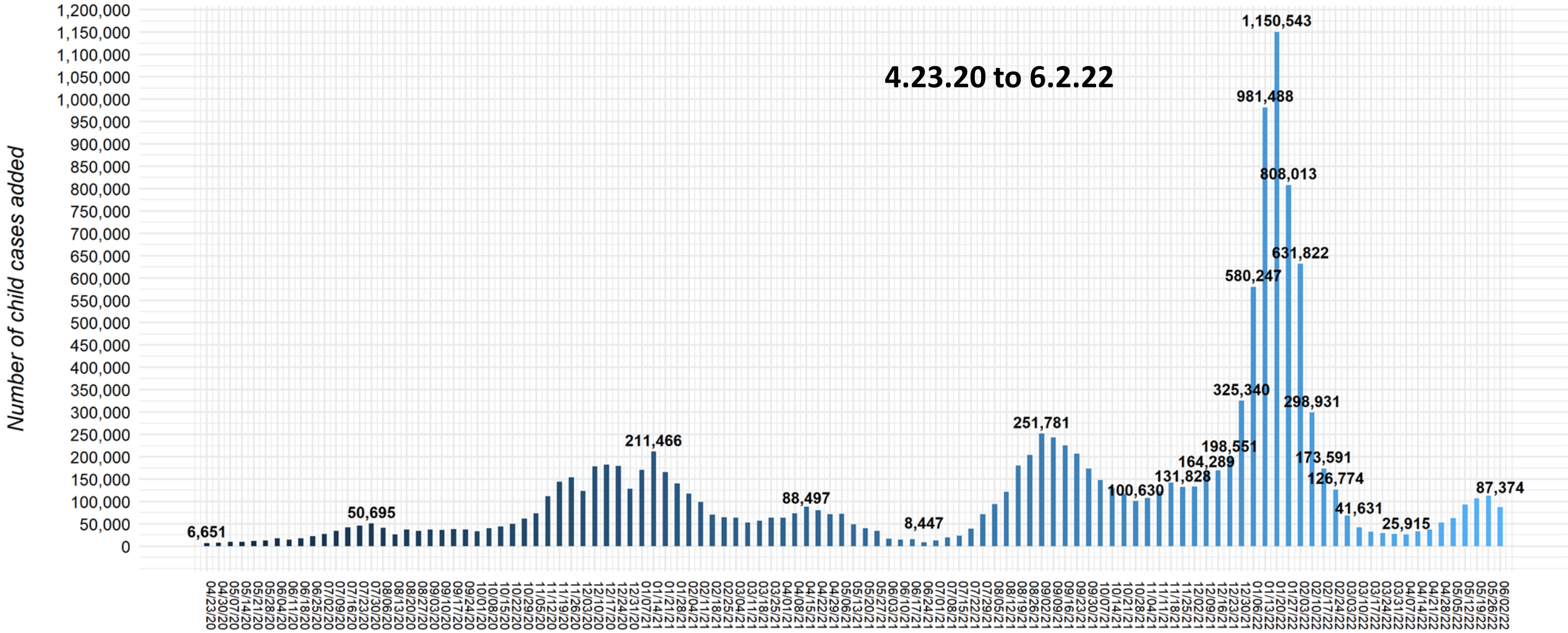
NYT 6.8.22 all ages

## As of 6/2/22 – over 13.4M cumulative confirmed child COVID-19 cases

- 87,000 child COVID cases reported week ending 6/2/22
  - First weekly decrease since early April 2022
  - Reporting may have been affected by the holiday weekend
- Cases are down substantially from the 1.1 million peak Jan. 20
- Nearly 5.6 million cases have been added in 2022



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



4.23.20 to 6.2.22

Week ending in

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

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

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

On 5/19/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (1,184,990 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

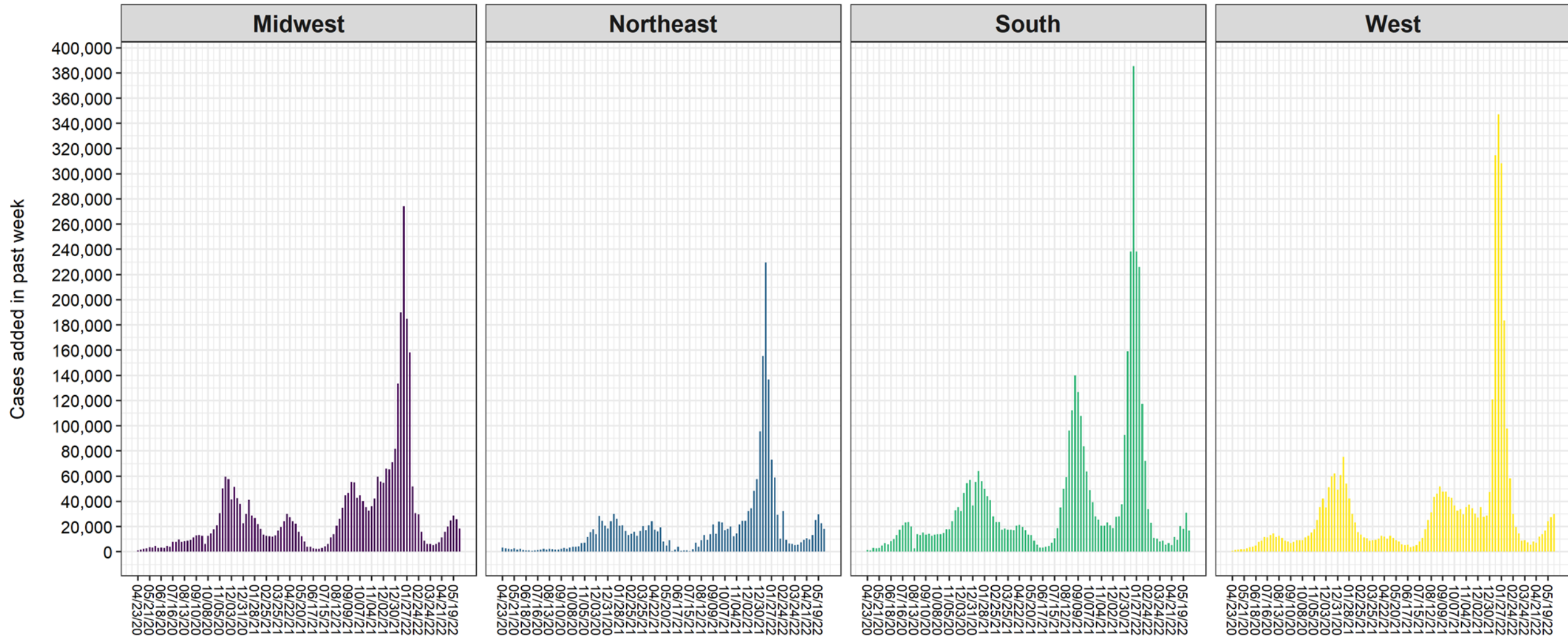
For 6 states, due to available data and changes made to dashboards, cumulative child cases and total cases for all ages are not current: AL through 7/29/21, HI through 1/13/22, DC through 3/3/22, MS through 3/10/22, SC through 4/28/22, and NE through 5/12/22

On 6/2/22, due to available data for FL, child cases and total cases through 5/26/22 (As of 3/17/22, available FL case data updated biweekly)



4.23.20 to 6.2.22

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



Week ending in

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

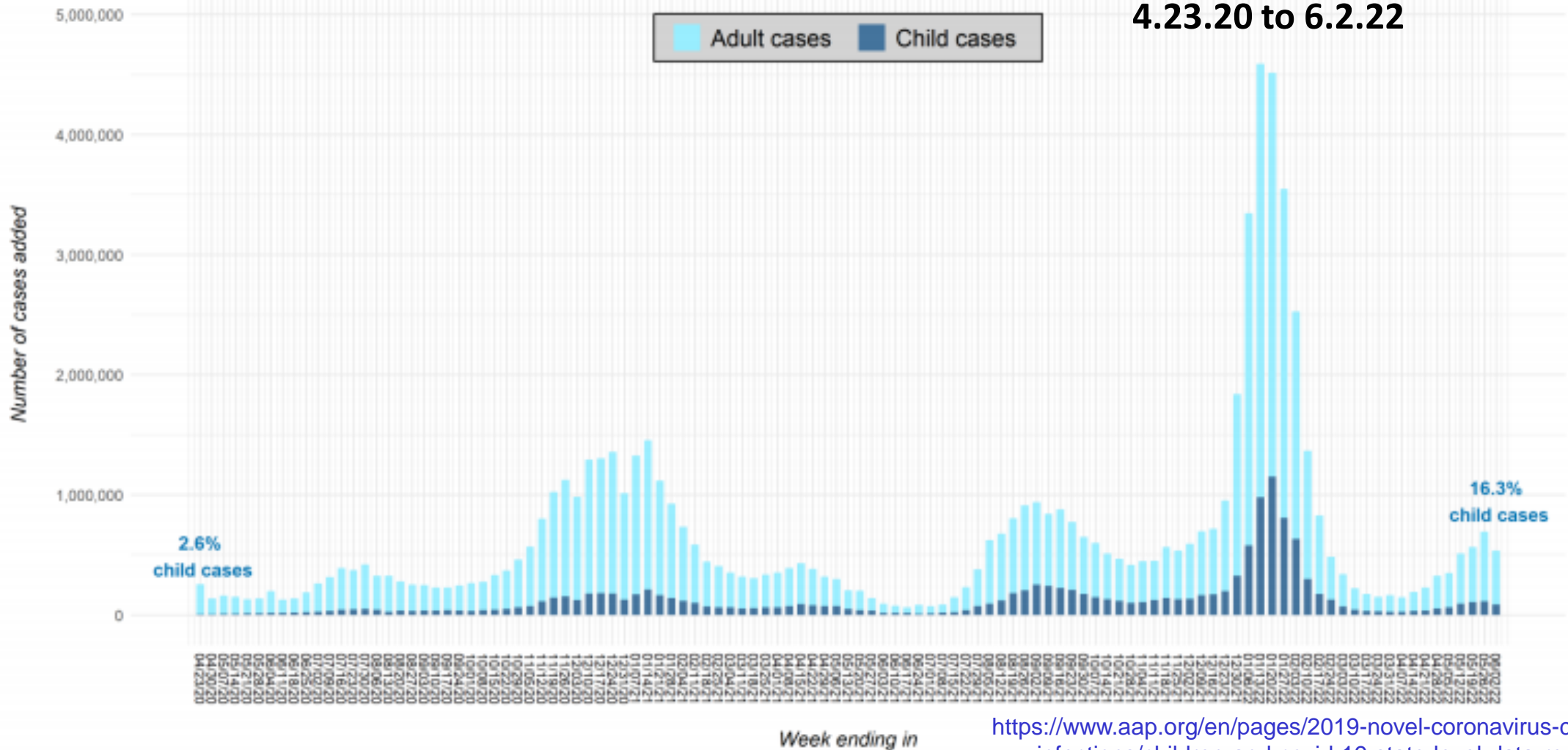
Source: AAP analysis of publicly available data from state/local health departments

Note: Regions are the US Census Regions

Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22  
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On 6/2/22, due to available data for FL, child cases and total cases through 5/26/22 (As of 3/17/22, available FL case data updated biweekly)

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



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

\* Note: 6 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22  
 On 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  
 On 6/2/22, due to available data for FL, child cases and total cases through 5/26/22 (As of 3/17/22, available FL case data updated every other week)  
 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

# Upcoming 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 17-18: ACIP Meeting
- June 28: Whether SARS-CoV-2 strain composition of COVID-19 vaccines should be modified, and if so, which strain(s) should be selected for Fall 2022 (for adults)



# 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 Operational Planning Guide

- CDC updated its [planning guide](#) for states/jurisdictions related to COVID-19 vaccine roll out to children 6 months – 4 years of age.
  - Wave 1 Pre-ordering: June 3 – June 8 at 9 am ET with estimated distribution June 20-24
  - Wave 2 Pre-ordering: June 8 – June 14 at 9 am ET with estimated distribution June 23-29
  - Wave 1 and 2: Jurisdictions to receive 2 million Pfizer and Moderna each / Pharmacies 500,000 of each
- Chart outlining [Pfizer-BioNTech COVID-19 Vaccine Products](#)



# CDC Operational Planning Guide

- Jurisdictions and providers should not miss any opportunities to vaccinate every eligible person who presents at a vaccination site, even if it means puncturing a multidose vial to administer vaccine without having enough people available to receive each dose.
- Public will continue to be directed to [vaccines.gov](https://vaccines.gov); encourage sites to turn on their public display
- Desire for renewed promotion of [v-safe](#), including [v-safe promotional/print resources](#)



# Today in Washington, DC: Pediatrician from Uvalde on Capitol Hill



11 yo survivor Miah Cerrillo testifies



DC area pediatricians assemble to support Dr. Guerrero

*"I chose to become a pediatrician. I chose to take care of children. Keeping them safe from preventable diseases, I can do. Keeping them safe from bacteria and brittle bones, I can do. But keeping children safe from guns, that's the job of our politicians and leaders. In this case, you are the doctors and our country is the patient... My oath as a doctor means that I signed up to save lives. I do my job and I guess it turns out that I am here to beg to please, please do yours."*

- Dr. Roy Guerrero



# Congressional Progress on Gun Violence

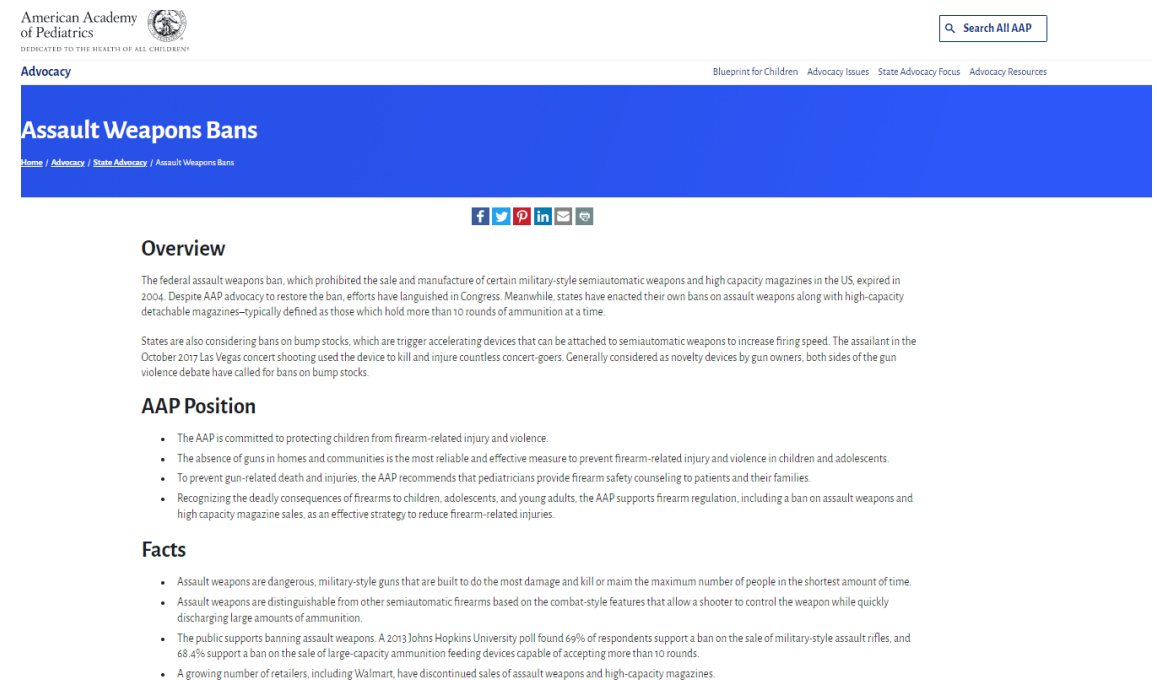
House	Senate
<p>Voting on the <b>Protecting Our Children Act</b> today.</p> <p>Includes many AAP-supported provisions including:</p> <ul style="list-style-type: none"><li>• Universal background checks</li><li>• Raises purchase age for assault weapons from 18 to 21</li></ul> <p>Unfortunately, will not become law.</p>	<p><b>Bipartisan package</b> could include provisions on red-flag laws, limited background check improvements, safe storage, money for mental health and school security.</p> <p>Negotiations ongoing.</p>





# CHAPTER OPPORTUNITIES ON GUN VIOLENCE PREVENTION

- June 21 State Advocacy Webinar on Gun Violence Prevention
- AAP State Advocacy resources
  - Assault Weapon Bans
  - Safe Storage
  - Universal Background Checks
  - Extreme Risk Protection Orders/Red Flag law
  - Waiting Periods
- Reach out for State Advocacy consultation



The screenshot shows the AAP website page for "Assault Weapons Bans". The page header includes the AAP logo and navigation links for "Advocacy", "Blueprint for Children", "Advocacy Issues", "State Advocacy Focus", and "Advocacy Resources". A search bar is located in the top right corner. The main content area is titled "Assault Weapons Bans" and includes an "Overview" section with text about the federal assault weapons ban and state-level actions. Below the overview is the "AAP Position" section, which lists three key points: the AAP's commitment to protecting children, the recommendation for universal background checks, and support for firearm regulation. The "Facts" section follows, listing three points about the danger of assault weapons, public support for bans, and retailer discontinuation of sales.

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

Assault Weapons Bans

Home / Advocacy / State Advocacy / Assault Weapons Bans

Overview

The federal assault weapons ban, which prohibited the sale and manufacture of certain military-style semiautomatic weapons and high capacity magazines in the US, expired in 2004. Despite AAP advocacy to restore the ban, efforts have languished in Congress. Meanwhile, states have enacted their own bans on assault weapons along with high-capacity detachable magazines—typically defined as those which hold more than 10 rounds of ammunition at a time.

States are also considering bans on bump stocks, which are trigger accelerating devices that can be attached to semiautomatic weapons to increase firing speed. The assailant in the October 2017 Las Vegas concert shooting used the device to kill and injure countless concert-goers. Generally considered as novelty devices by gun owners, both sides of the gun violence debate have called for bans on bump stocks.

AAP Position

- The AAP is committed to protecting children from firearm-related injury and violence.
- The absence of guns in homes and communities is the most reliable and effective measure to prevent firearm-related injury and violence in children and adolescents.
- To prevent gun-related death and injuries, the AAP recommends that pediatricians provide firearm safety counseling to patients and their families.
- Recognizing the deadly consequences of firearms to children, adolescents, and young adults, the AAP supports firearm regulation, including a ban on assault weapons and high capacity magazine sales, as an effective strategy to reduce firearm-related injuries.

Facts

- Assault weapons are dangerous, military-style guns that are built to do the most damage and kill or maim the maximum number of people in the shortest amount of time.
- Assault weapons are distinguishable from other semiautomatic firearms based on the combat-style features that allow a shooter to control the weapon while quickly discharging large amounts of ammunition.
- The public supports banning assault weapons. A 2013 Johns Hopkins University poll found 69% of respondents support a ban on the sale of military-style assault rifles, and 68.4% support a ban on the sale of large-capacity ammunition feeding devices capable of accepting more than 10 rounds.
- A growing number of retailers, including Walmart, have discontinued sales of assault weapons and high-capacity magazines.



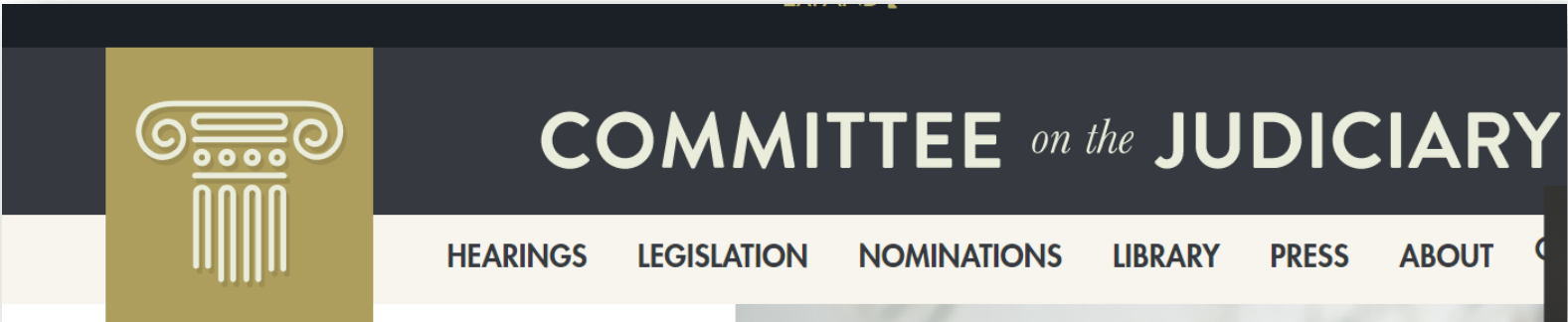
# Taking Our Moment

- Please view this powerful *new* video from AAP:  
Let's Not Miss Our Moment to [#EndGunViolence](https://m.youtube.com/watch?v=6L1ClzMwblw&feature=youtu.be)  
<https://m.youtube.com/watch?v=6L1ClzMwblw&feature=youtu.be>
- Also: a *new* opportunity from AAP to provide gun violence prevention testimony:  
<https://www.surveymonkey.com/r/GVPTestimony>
- **NOTE:** tight timeline due to the rapidly approaching hearing.  
***Please complete survey form by midnight on Friday, June 10, 2022.***



# Taking Your Moment

Submit by June 10



Get Involved Our Work Solutions Info Shop

**MARCH  
FOR OUR  
LIVES** 



March on June 11



# COMBATING VACCINE MISINFORMATION

## Weathering the Vaccine Vortex

**June 21**  
9 a.m.–noon CDT

Learn how to counter vaccine misinformation and disinformation that circulates online and into your clinic.

### **FREE virtual seminar!**

Learn about the agenda, faculty and credit info in the registration link.

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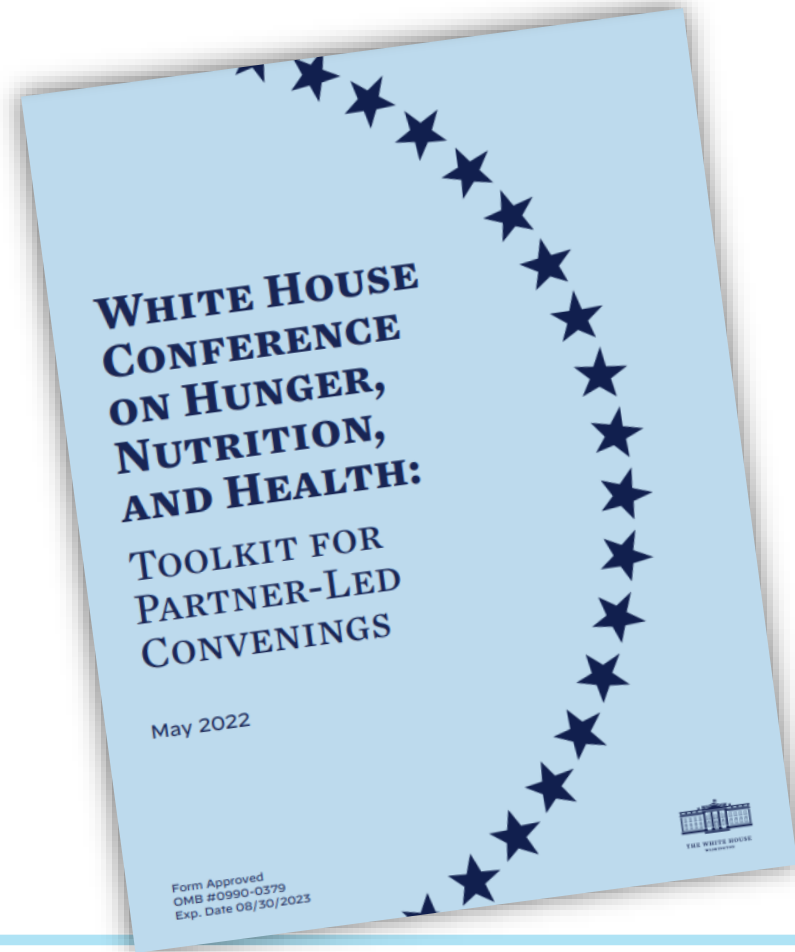
Made possible by support from the AAP Friends of Children Fund



American Academy of Pediatrics  
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# AAP LISTENING SESSION ON HUNGER, NUTRITION, AND HEALTH



- **Friday, June 24, 1:00-2:00 pm ET**
- Can also submit feedback through [this form](#) by July 1
- All AAP feedback will be compiled and submitted to the White House before their September conference

# Practice Issues

## *Infant Formula Recall; Pediatric COVID-19 Updates*

*Vermont WIC Program Staff*

*VDH Immunization Program Staff*

*Benjamin Lee, MD FAAP – Pediatric ID, UVM Children's Hospital*



# Abbott Recall and Operations Update

June 8, 2022

**WIC** WOMEN  
INFANTS  
CHILDREN

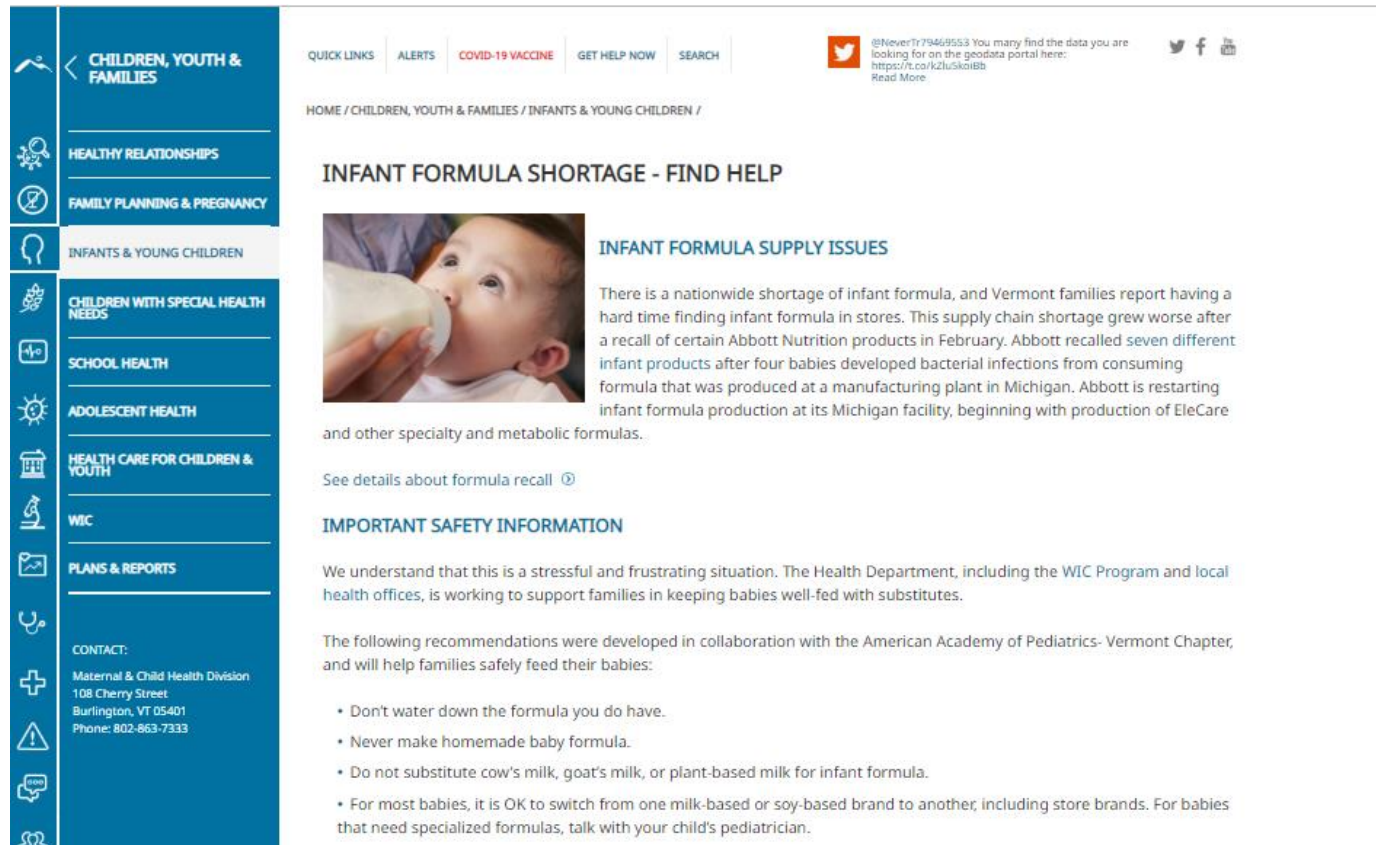
VERMONT DEPARTMENT OF HEALTH



# Formula Shortage: Helpful Web Page from VDH

Vermont Department of Health:

<https://www.healthvermont.gov/family/babies/infant-formula-shortage-find-help>




The screenshot shows a web page from the Vermont Department of Health. On the left is a blue navigation sidebar with icons and text for various categories: CHILDREN, YOUTH & FAMILIES; HEALTHY RELATIONSHIPS; FAMILY PLANNING & PREGNANCY; INFANTS & YOUNG CHILDREN (highlighted); CHILDREN WITH SPECIAL HEALTH NEEDS; SCHOOL HEALTH; ADOLESCENT HEALTH; HEALTH CARE FOR CHILDREN & YOUTH; WIC; PLANS & REPORTS; and CONTACT: Maternal & Child Health Division, 108 Cherry Street, Burlington, VT 05401, Phone: 802-863-7333.

The main content area has a top navigation bar with 'QUICK LINKS', 'ALERTS', 'COVID-19 VACCINE', 'GET HELP NOW', and 'SEARCH'. There is a Twitter link for @NeverTr79469553 and social media icons for Twitter, Facebook, and YouTube.

The breadcrumb trail reads: HOME / CHILDREN, YOUTH & FAMILIES / INFANTS & YOUNG CHILDREN /

## INFANT FORMULA SHORTAGE - FIND HELP

### INFANT FORMULA SUPPLY ISSUES



There is a nationwide shortage of infant formula, and Vermont families report having a hard time finding infant formula in stores. This supply chain shortage grew worse after a recall of certain Abbott Nutrition products in February. Abbott recalled seven different infant products after four babies developed bacterial infections from consuming formula that was produced at a manufacturing plant in Michigan. Abbott is restarting infant formula production at its Michigan facility, beginning with production of EleCare and other specialty and metabolic formulas.

See details about formula recall [🔗](#)

### IMPORTANT SAFETY INFORMATION

We understand that this is a stressful and frustrating situation. The Health Department, including the WIC Program and local health offices, is working to support families in keeping babies well-fed with substitutes.

The following recommendations were developed in collaboration with the American Academy of Pediatrics- Vermont Chapter, and will help families safely feed their babies:

- Don't water down the formula you do have.
- Never make homemade baby formula.
- Do not substitute cow's milk, goat's milk, or plant-based milk for infant formula.
- For most babies, it is OK to switch from one milk-based or soy-based brand to another, including store brands. For babies that need specialized formulas, talk with your child's pediatrician.



# Abbott Update

## Sturgis, MI Plant

- Plant reopened on June 4. Still need 6 to 8 weeks to get to retail shelves
  - “Abbott is starting production of EleCare and other specialty and metabolic formulas, with initial EleCare product release to consumers beginning on or about June 20. We're also working hard to fulfill the steps necessary to restart production of Similac and other formulas and will do so as soon as we can.”
- Substitutions for WIC issuance through end of August (no change)

# Abbott provided public relations materials

2-sided consumer flyer in multiple languages (English on one side)

- Spanish
- French
- Mandarin Chinese
- Korean
- Somali
- Vietnamese
- Arabic
- Haitian Creole

Health Care Provider version in English/Spanish



Rest Assured –  
Nothing is as  
important to us  
as your baby  
and your trust.

Our commitment to help keep babies fed and healthy  
is at the heart of how we make our products.

## STEP 1: SCIENCE BASED NUTRITION



Before our products are made, our formulas are developed by scientists.

## STEP 2: INGREDIENTS



All ingredients and packaging must pass quality checks before they can be used in our formulas.

## STEP 3: PRODUCTION



Scientists test formula samples at multiple stages during production. We use trained professionals and technology to continuously monitor the making of our formulas.

## STEP 4: PACKAGING

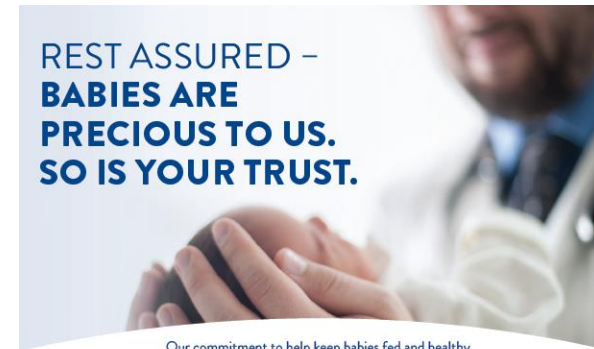


Once our product is in the package, we test the seal to be sure the product is protected.

## STEP 5: TESTING AND SHIPPING



We test all finished infant formula prior to shipping. Every batch of powdered infant formula must test negative for common harmful bacteria like *Cronobacter*.



REST ASSURED –  
**BABIES ARE  
PRECIOUS TO US.  
SO IS YOUR TRUST.**

Our commitment to help keep babies fed and healthy  
is at the heart of how we make our products.

## STEP 1: SCIENCE BASED NUTRITION



For over 90 years, we have focused on meeting the nutritional needs of infants – backed by science. Even before our products are manufactured, infant formula is developed by researchers and scientists using nutrition science.

## STEP 2: INGREDIENTS



We uphold a rigorous supplier approval process. In addition, all incoming ingredients must pass initial quality checks before they can be used in the production of our infant formula.

## STEP 3: PRODUCTION



Our microbiologists analyze samples at multiple stages through the production process. And, the manufacturing process is continuously monitored through both automated technology and by our trained production professionals.

## STEP 4: PACKAGING



Once our product is filled, we test the package seal to ensure product integrity prior to release of the product into distribution. Key quality attributes are continuously monitored and checked throughout manufacturing process.

## STEP 5: FINISHING AND SHIPPING



Every batch of finished infant formula powder undergoes extensive testing. This includes testing for common pathogens in our powdered products and sterility testing in our liquid products. We also keep batch samples for long-term testing if needed. Every batch of infant formula has a unique batch code to allow for traceability.



# Access to Baby Formula Act of 2022

- Signed into law May 21, 2022, which amends the Child Nutrition Act
- Adds additional provisions that are required in a State's WIC Infant Formula Contract
  - describes remedies in the event of an infant formula recall, including how an infant formula manufacturer would protect against disruption to program participants in the State.
  - USDA now has permanent expanded waiver authority to aid program participants in obtaining and redeeming WIC benefits during an emergency period.
- Applies to new contracts only



# Overseas Formula

- Arriving in the United States as allowed by the FDA's Infant Formula Enforcement Discretion Policy (allowing products that may not meet labeling or other standards, but is safe)
- **Bubs** – from Australia



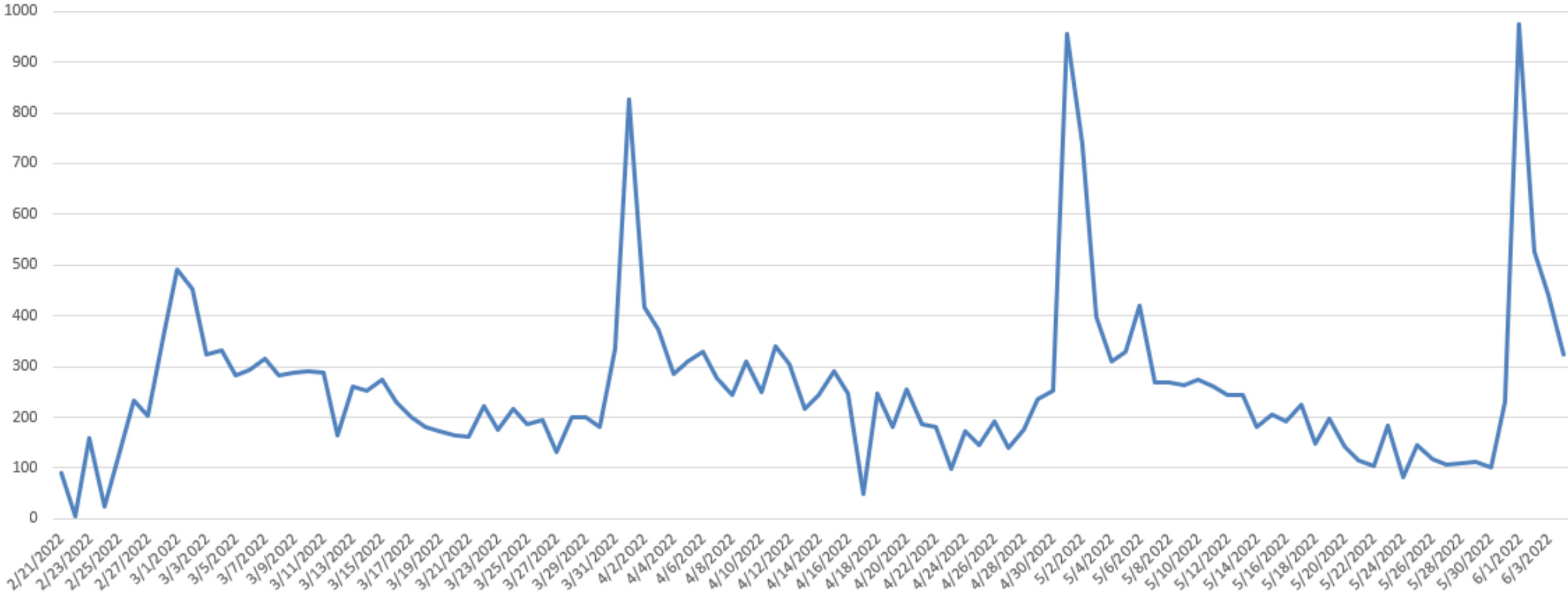
- **Kendamil** – from United Kingdom

*FYI only, heading to Target stores first, then other retailers. Unsure if will be available to Vermont WIC stores.*

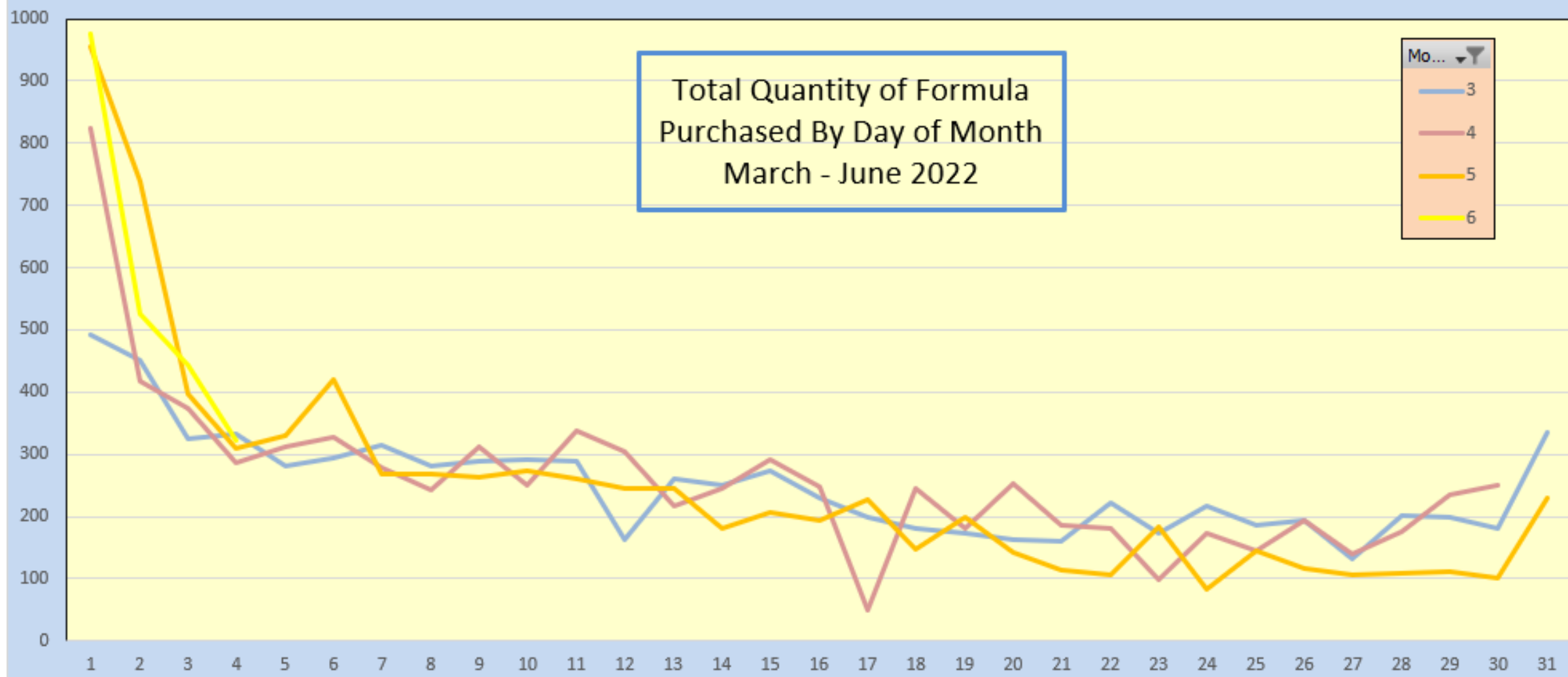


Sum of Purchased Quantity

Formula Purchased from Feb 22nd to Date



Sum of Purchased Quantity



# Two New Hypoallergenic Options – Store Brands Model Food Packages in Ceres now



**Tippy Toes Hypoallergenic**  
Small size can, 12.6 oz  
**Price Chopper Store Brand**  
0-3 months = 9 cans  
4-5 months = 10 cans  
6-12 months = 7 cans

Require Medical  
Documentation

MD could write  
multiple options on  
one Med Doc

**Parent's Choice**  
**Hypoallergenic** is  
already in Ceres.



**Signature Care Hypoallergenic**  
Larger can size, 19.8 oz  
**Shaw's Store Brand**  
0-3 months = 6 cans  
4-5 months = 6 cans  
6-12 months = 4 cans

# Hypoallergenic Formula Options as of 6.8.22

Hypoallergenic Formula Options				
Brand	Company/Store Brand	Can Size	Reconstituted Ounces	Ingredients*
Alimentum	Abbott	12.1 oz	87 oz	Corn Maltodextrin (35%), Casein Hydrolysate [Derived
Nutramigen	Mead Johnson	12.6 oz Powder	87 oz	Corn syrup solids (47%), vegetable oil (contains one or
Extensive HA	Gerber	14.1 oz Powder	96 oz	CORN MALTODEXTRIN, ENZYMATICALY HYDROLYZED W
Parent's Choice Hypoallergenic	Walmart	12.6 oz Powder	89 oz	Corn Syrup Solids, Vegetable Oils (Palm Olein, Soy, Coc
Tippy Toes Hypoallergenic	Price Chopper	12.6 oz Powder	89 oz	Corn Syrup Solids, Vegetable Oils (palm Olein, Soy, Coc
Signature Care Hypoallergenic	Shaw's	19.8 oz Powder	141 oz	Corn Syrup Solids, Vegetable Oils (Palm Olein, Soy, Coc
				*accessed from each company's website 6.6.22

Document you can share with providers if they are not familiar with store brand hypoallergenic formulas. Will include in after call email.

[\\Nessie\CPH\Common\WIC\Formula\\_Recall\\_2022\Formula\\_Crosswalks\Hypoallergenic Formula Options 6.6.22.xlsx](\\Nessie\CPH\Common\WIC\Formula_Recall_2022\Formula_Crosswalks\Hypoallergenic Formula Options 6.6.22.xlsx)





# Walmart- Online Formula Availability Tool

Walmart has enhanced their website with a tool to easily navigate online and in-stock formula options as they view different stores. As available inventory changes, the website inventory will also change, so customers are urged to check back often to stay up to date on formula availability.

The enhanced formula page can be viewed at:

[Walmart Baby Formula Availability \(https://www.walmart.com/browse/baby/baby-formula/5427\\_133283\\_4720344\)](https://www.walmart.com/browse/baby/baby-formula/5427_133283_4720344)

Or, just open [Walmart.com](https://www.walmart.com) and search for “formula”.





# 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*

# ***NEW:* Training for COVID vaccine under 5 vaccine**

**June 21:** The Immunization Program will hold a training for the management of any newly approved COVID-19 vaccines available for 6 months – 5 years.

- [Moderna](#) and [Pfizer](#) are in the final stages of the regulatory process
- VRBPAC meets on [June 14 -15](#) to discuss amending the EUA for both products.
- ACIP will meet [June 17-18](#).
  
- Vaccine was available to order for prepositioning on June 6-7, it will not ship until CDC gives approval. See the [recent communication](#) for more information.
  
- On [May 27](#) the Immunization Program sent out a [communication toolkit](#) to all Pediatric and Family Medicine practices.

If you have questions, 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 <a href="https://www.healthvermont.gov/KidsVaccine">HealthVermont.gov/KidsVaccine</a> ]. #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://www.healthvermont.gov/KidsVaccine).

# COVID-19 Practice Issues: Pediatric ID



Benjamin Lee, MD FAAP – UVM Children’s Hospital

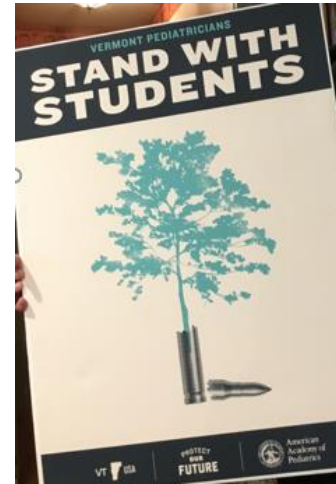
- COVID-19 Vaccine
  - ▣ Boosters
  - ▣ Anticipating vaccine for young children (to be continued!)
- Testing
- Therapeutics
- ***What else??!***
- In case you missed it: please review our call from 6/1/22 – Pediatric Infectious Diseases Updates from Dr. Bill Raszka

# Vermont *March For Our Lives*

**MARCH  
FOR OUR  
LIVES** 

*From Conor Casey, GunSense Vermont Executive Director:*

- ❑ **GunSense Vermont** is partnering with Moms Demand Action to organize **Vermont's March for Our Lives** rally
- ❑ **Saturday, June 11** – 2pm, VT State House lawn, Montpelier
- ❑ Please join & RSVP by visiting:  
<https://www.facebook.com/events/s/march-for-our-lives-vermont-st/1129603274487595/>
- ❑ Event will include speakers & volunteer opportunities at state & federal levels.
- ❑ *“Please come and lend your voice to a growing movement that refuses to normalize gun violence as a part of our everyday lives.*

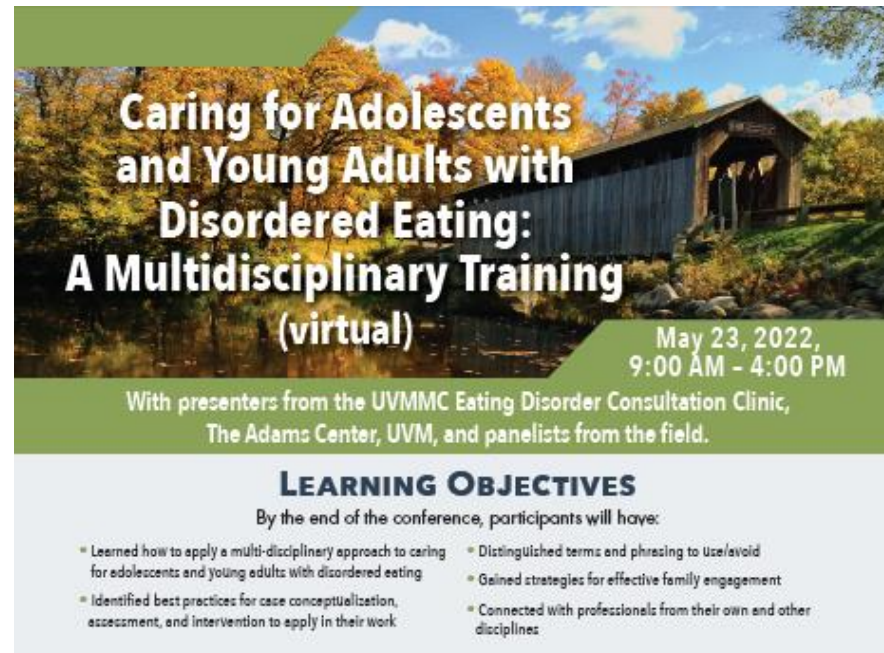


*In case you missed it (5/23/22):*

# 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**

*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)

# 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, July 20, 2022 12:15 – 1:00 pm***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine: ***June 16 – 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#