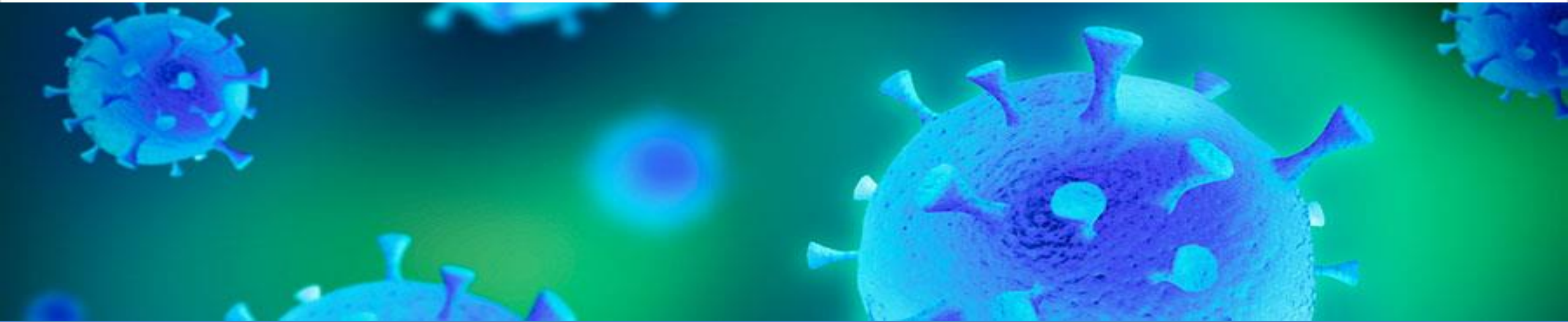


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
July 14, 2021

Technology Notes

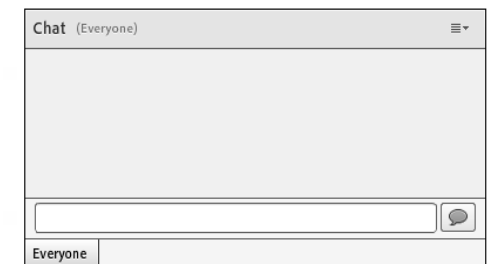
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

Call in number – 1-866-814-9555

Participant Code – 6266787790

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, type your question and click the  icon or press Enter to send.



Overview

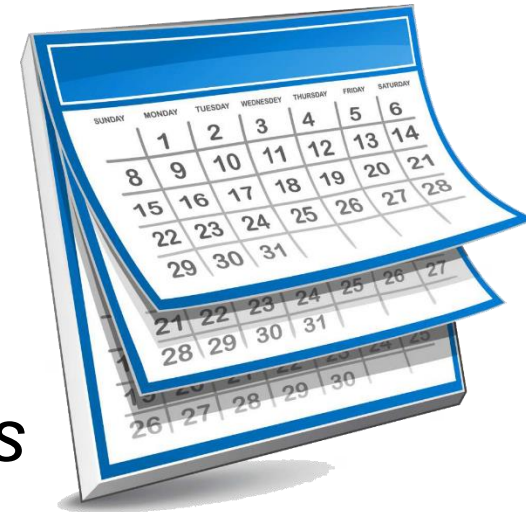
- Happy ***Bastille Day!***
 - ▣ Please visit **Alliance Française** of the Lake Champlain Region:
<https://www.aflcr.org/>
- Reminder – weekly event schedule:
 - ▣ **Summer VCHIP-VDH call calendar** (next slide); Gov. Media Briefings ***now Tuesdays only***; VMS calls w/Dr. Levine **select Thursdays only!**
- Situation, VDH, CDC, AAP updates; Tuesday media briefing
- Practice Issues – ***Updated CDC School Guidance***
- Q & A/Discussion



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

VCHIP-VDH COVID-19 calls: Summer Calendar

- **July**: generally **Wednesdays only** – **NO CALL JULY 28**
- **August**: generally **Wednesdays only** – subject to change as we approach fall school reopening
- **September forward – TBD!**
- Schedule **subject to change** at any time if circumstances warrant!
- *Please continue to send your feedback re: schedule/topics to vchip.champ@med.uvm.edu*
- VMS calls with VDH Commissioner Levine now select Thursdays only (see next slide)



NEW: VMS Commissioner Call Summer Schedule

WHAT: VMS weekly call with VDH Commissioner Dr. Mark Levine

WHEN: select **Thursdays** throughout the summer
12:30 – 1:00 p.m.

HOW: **Zoom** - virtual meeting address will remain constant.

Join Zoom Meeting -
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>

Meeting ID: 867 2625 3105
Password: 540684
Dial In: 1-646-876-9923

Vermont
Medical
Society

VMS Commissioner Call **Summer Schedule**

Summer 2021: VMS will host Commissioner Mark Levine on these Thursdays from 12:30 – 1:00pm:

- 6/3
- 6/10
- **6/17 (No Commissioner)** VMS Health Care Laws Webinar from 12-1pm: [Register](#)
- 6/24
- 7/22
- 8/5
- 8/19
- 9/2
- 9/16

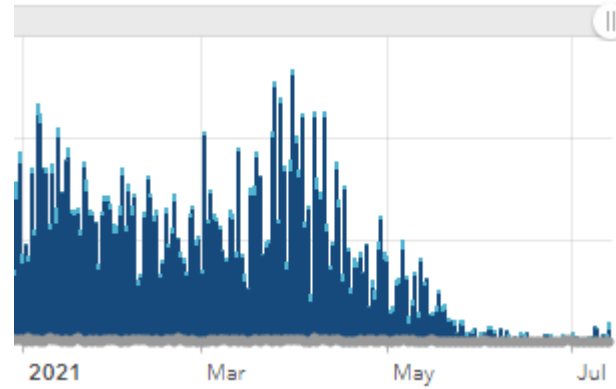
Zoom link: <https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>

Meeting ID: 867 2625 3105 / **Password:** 540684

Dial In: 1 646 876 9923 / **Meeting ID:** 867 2625 3105 / **Password:** 540684

Situation update

New Cases
19
24,516 Total
Currently Hospitalized
4
Hospitalized In ICU
1
Hospitalized Under Investigation
0
Percent Positive 7-day Avg.
0.8%
People Tested
407,392
Total Tests
1,750,378
Recovered
24,117
98.4% of Cases
Deaths
258
1.1% of Cases
Last Updated: 7/14/2021, 10:50:39 AM



VT New Cases, Probables, Deaths

NOTE: VDH Dashboard now be updated Mon-Fri only (excl. holidays). Case info reflects counts as of end of the previous weekday. Data from Sat/Sun posted w/Monday's update. All data are compiled by the VDH; are preliminary & subject to change. Dashboard is updated by 12:00 p.m.

<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

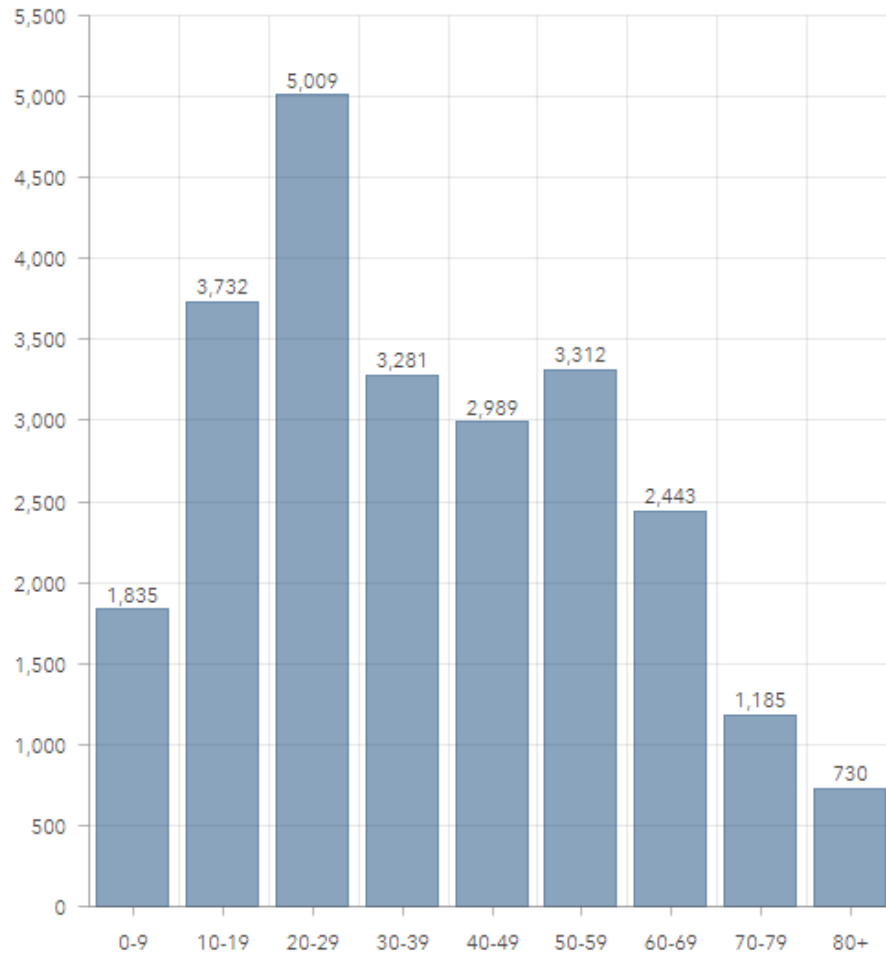
- U.S. **33.89 million+** cases; **607,369 deaths**
 - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 7/14/21)
 - Past week: av. 25,662 cases/day (14d. change **+109%**)
 - **4.04 million+ deaths worldwide**; **187.7 million+ cases** (-7% & +11% 14-day change respectively)

- **NEW VDH Data Summary** schedule: moving to **every other week for the summer**; then will likely move to **monthly updates in the fall**. Will only provide **spotlight analyses** as needed! (**Latest: 7/2/21**)

- Children (0-19) = 23% of VT COVID-19 cases; of those, 24% are 18-19 y.o. [Total 5,548 posted 7/2/21]
- Now includes data on **vaccine breakthrough cases**
- Find previous summaries at:
<https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

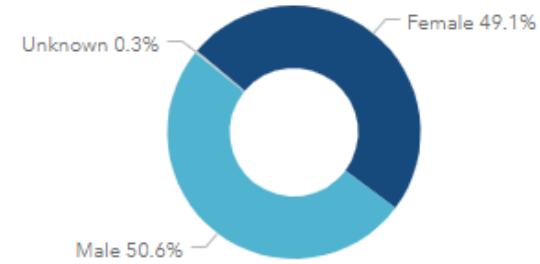
Situation update

Vermont COVID-19 Cases by Age Group

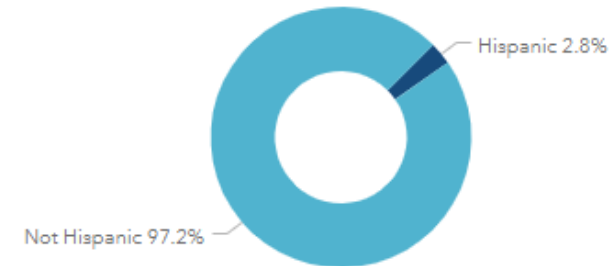


Case Demographics

Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



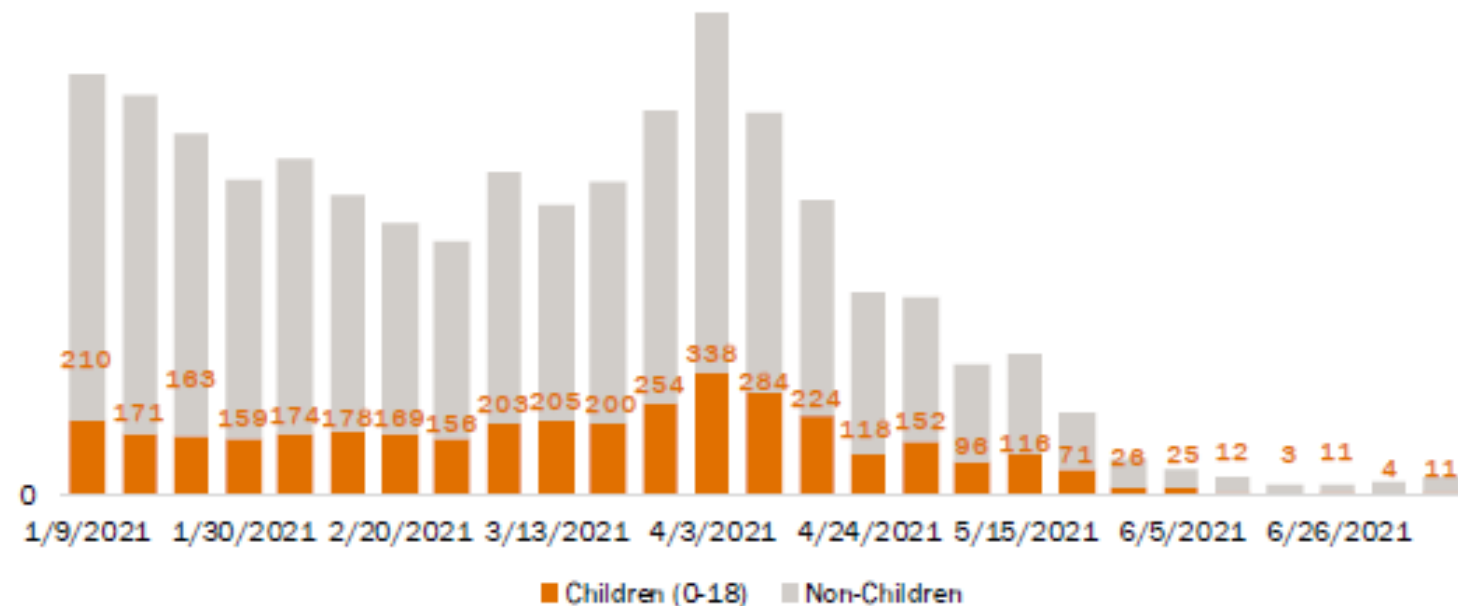
<https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard>

July 14, 2021

This brief reflects data as of July 10, 2021 at 7 pm (the last complete MMWR week). All rates are calculated per 10,000 people. Data is preliminary and subject to change.

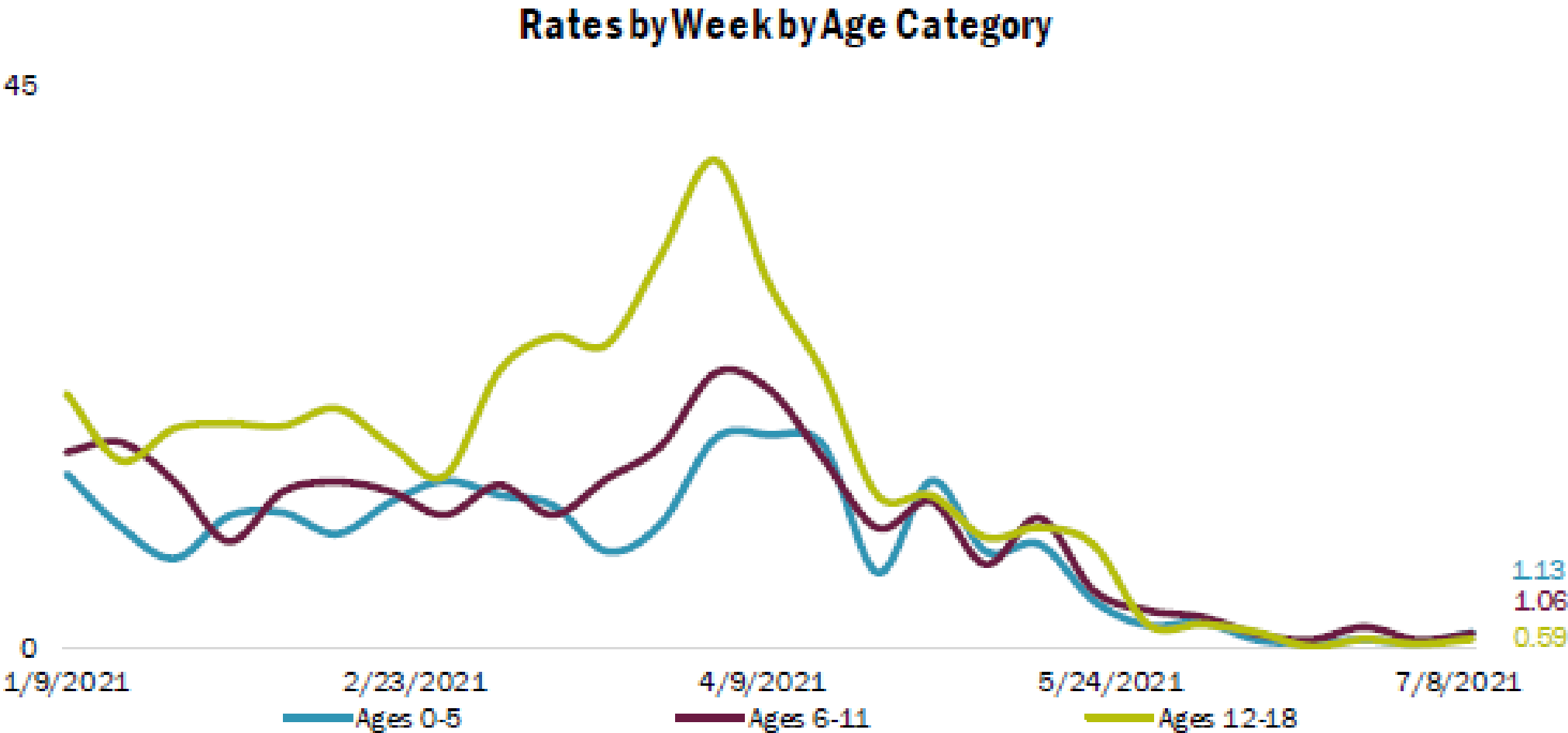
Number of Cases by Week

1500



Same report as the School Aged Children report renamed to **COVID-19 Pediatric Cases** to clarify that the age groupings for the summer incorporates all children.

COVID-19 Pediatric Cases



All rates are calculated per 10,000 people. Data is preliminary and subject to change.
July 14, 2021

VDH COVID-19 Vaccine Registration & Sites

<https://www.healthvermont.gov/covid-19/vaccine/getting-covid-19-vaccine>

ELIGIBILITY

Anyone age 12 and older is eligible to be vaccinated, regardless of residency. [Learn about vaccines for people 12-15 years old.](#)

GET YOUR FREE VACCINE WITHOUT AN APPOINTMENT!

- › [Find a walk-in clinic here](#)
- › [People 12 - 17 years old](#)
- › [When to talk to your health care provider](#)

APPOINTMENTS ARE ALSO AVAILABLE

- › [Make an appointment for a free vaccine](#)



KinneyDrugs®

[Home](#) [Pharmacy +](#) [Savings +](#) [Shop +](#) [About Us +](#)

COVID-19 Vaccination Scheduling at Kinney Drugs in

Currently, the State of Vermont allows Kinney Drugs Pharmacists to administer COVID-19 vaccines to the

- Vermont residents age 65+
- K-12 teachers and onsite staff
- child care workers

 **CVS pharmacy™**

Search

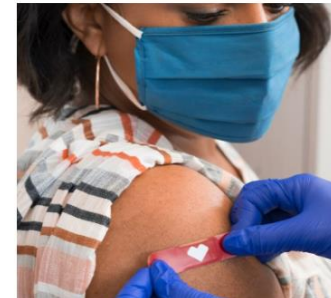
[Pharmacy](#) [MinuteClinic®](#) [HealthHUB](#) [Shop](#) [ExtraCare®](#) [Contact Lenses](#) [Photo](#)

[Home](#) › [Pharmacy](#) › [COVID-19 Vaccine](#)

Now offering the FREE* COVID-19 vaccine in select stores

We're administering the vaccine by appointment only based on local eligibility guidelines.

No cost with insurance or through federal program for the uninsured.



**Schedule your
COVID-19
vaccination today.**



Limited supplies of COVID-19 vaccines are now available in some states at select stores to individuals 16 years of age and older (16 years of age and older for Pfizer; 18 years of age and older for Moderna) who meet state-specific eligibility criteria.

[See if you're eligible in your state](#) ›

VDH COVID-19 Vaccine Dashboard (Summary Page: 7/7/21)

- Daily updates Tuesday thru Saturday
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- **Notes:** See our progress toward the **Vermont Forward** target of 80%... percentages draw on state-level data from **CDC**; incl. some data not reported to VDH (CDC data more inclusive/less detailed than VDH & may differ from VDH dashboard).

Vermont Vaccination Data

Blue headers indicate CDC data
Gray headers indicate Vermont data

Vaccination by County Age 12+

The percent of the county population age 12+ that has received at least one dose of the vaccine

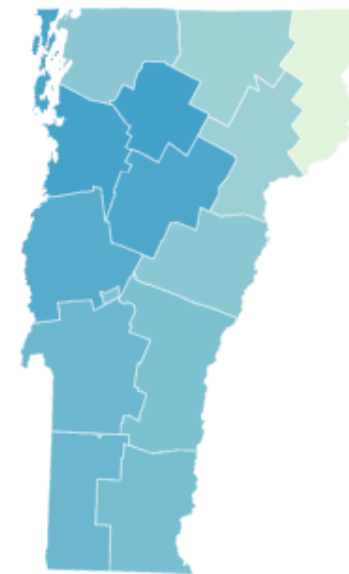
Show Rates By:

Overall

Race/Ethnicity

Ethnicity

County	Overall progress
Addison	81.7%
Bennington	78.1%
Caledonia	70.0%
Chittenden	84.6%
Essex	58.1%
Franklin	73.0%
Grand Isle	84.1%
Lamoille	85.2%
Orange	72.9%
Orleans	69.4%
Rutland	77.6%
Washington	83.4%
Windham	75.9%
Windsor	75.3%



58.1% 85.2%

See data notes for more information about COVID-19 immunizations provided in New Hampshire.

Summary

By Age, Sex, Race, Ethnicity

Vermont Forward

82.9%

of Vermonters 12+ have started vaccination

456.6K

Vermonters 12+ have received at least one dose

Source: CDC with VT Department of Financial Regulation reconciliation

Vaccine Distribution

Doses Received

912.4K

Doses Administered

841.9K

Total People Vaccinated

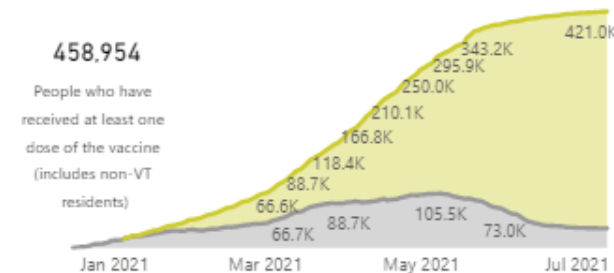
Total People Started

37.9K

Total People Completed

421.0K

Started Completed



Updated 7/14/2021 8:33:07 AM

VDH COVID-19 Vaccine Dashboard (Age/Sex/Race/Ethnicity)

- Daily updates Tuesday thru Saturday
- Data = counts reported by end prev. day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide (≥ 1 dose):
 - ▣ 12-15 = 61.7% (60.6% on 7/7/21)
 - ▣ 16-17 = 70.8% (70.2% on 7/7)
 - ▣ 18-29 = 56.9% (56.6% on 7/7)
 - ▣ VT Age 12+ = 78.9% (78.6% on 7/7)

Vermont Vaccination Data

By Age - Statewide

The percent of the statewide population of each age group that has received at least one dose of the vaccine

Age	%*
12 - 15	61.7%
16 - 17	70.8%
18 - 29	56.9%
30 - 39	78.0%
40 - 49	78.4%
50 - 59	82.2%
60 - 64	88.5%
65 - 69	94.8%
70 - 74	99.9%
75+	95.1%
VT Age 12+	78.9%

Statewide numbers and percentages are capped at 100%. County numbers and percentages are capped at 95%. Values above 95% are suppressed to protect personal health information. See notes below for more information.

Select County

All



Summary

By Age, Sex, Race, Ethnicity

By Race - Statewide

The percent of the statewide population age 12+ of each race that has received at least one dose of the vaccine

Race	%*
Asian	71.2%
Black or African American	65.6%
Native American, Indigenous, or First Nation	28.3%
Pacific Islander	18.0%
Two or more races	62.4%
White	76.3%
VT Age 12+	75.6%

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

By Ethnicity - Statewide

The percent of the statewide population age 12+ of each ethnicity that has received at least one dose of the vaccine

Ethnicity	%*
Hispanic	88.2%
Not Hispanic	73.2%
VT Age 12+	73.5%

Ethnicity information is not reported for 7% of people vaccinated.

By Race/Ethnicity and Age - Statewide

The percent of the statewide population age 12+ of each race/ethnicity that has received at least one dose of the vaccine

Race*	12-30	31-64	65+	Age 12+
BIPOC	60.9%	75.5%	85.4%	70.0%
Non-Hispanic White	54.9%	74.4%	92.0%	73.4%
Vermont	55.6%	74.4%	91.8%	73.2%

Race/ethnicity information is not reported for 7% of people vaccinated.

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

By Sex - Statewide

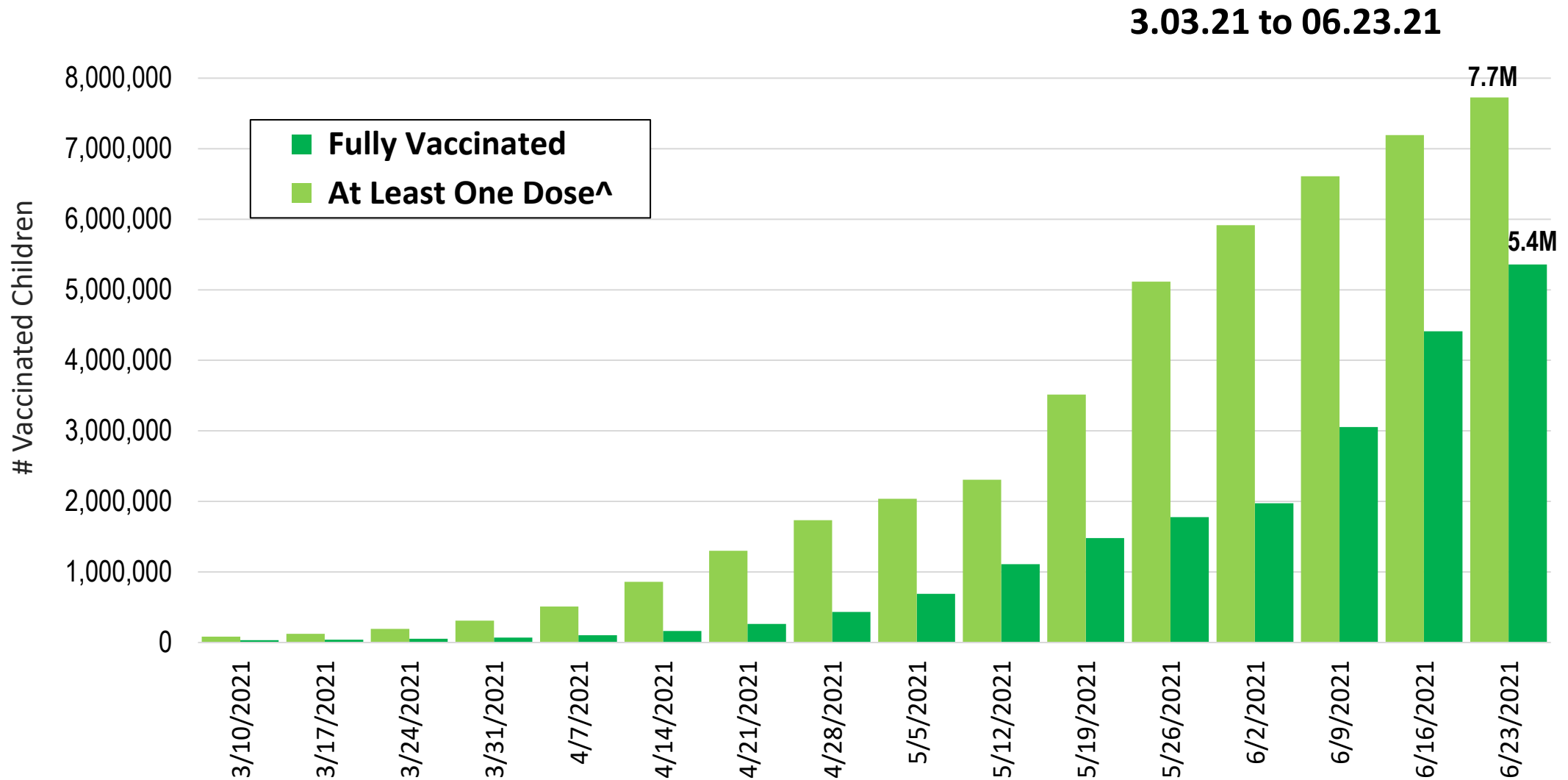
The percent of the statewide population age 12+ of each sex that has received at least one dose of the vaccine

Sex	%*
Female	81.2%
Male	76.3%
VT Age 12+	78.8%

Sex information is not reported for 496 people vaccinated.

Updated 7/14/2021 8:33:07 AM

Cumulative Number of US COVID-19 Vaccine Recipients Under Age 18

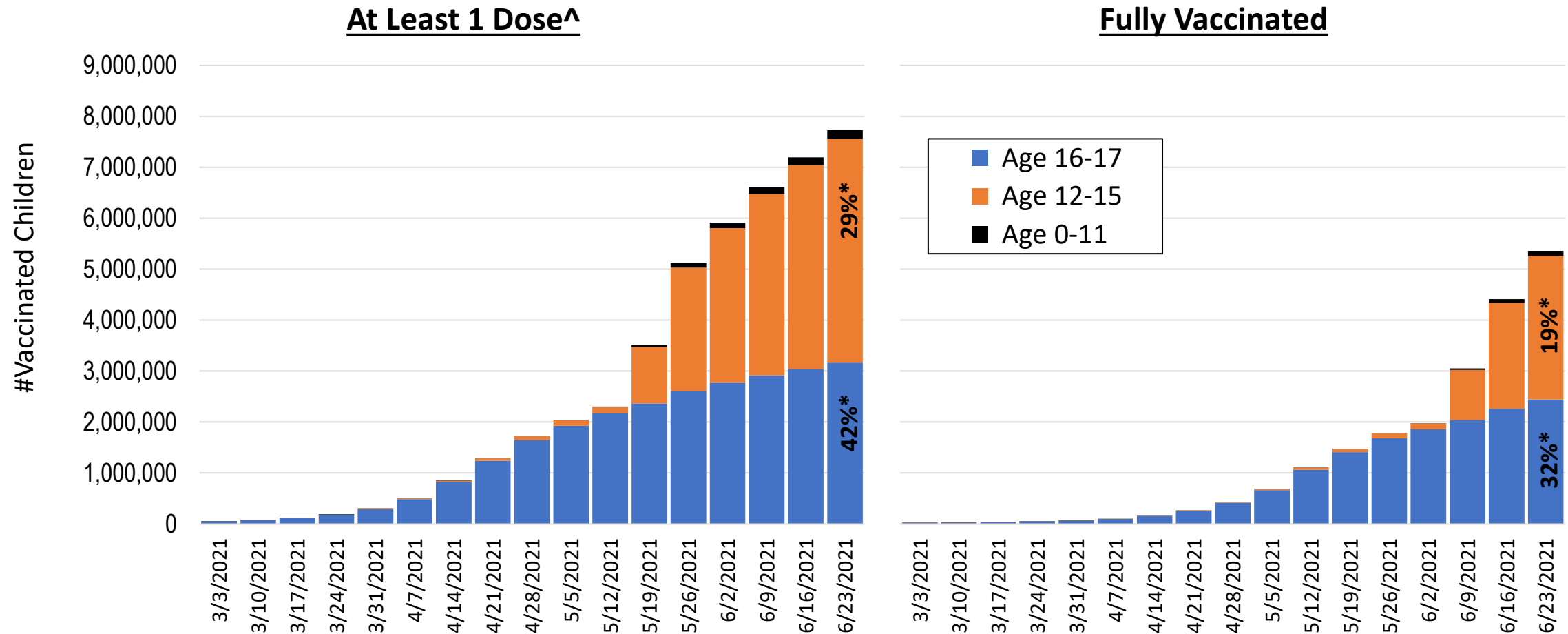


Data for current weeks are provisional and may be revised as the CDC updates its data series. ^Includes those having received only 1 of 2 doses and those fully-vaccinated.

Source: AAP analysis of data series published by the CDC titled “Demographic Trends of People Receiving COVID-19 Vaccinations in the United States”.

Cumulative Number of US COVID-19 Vaccine Recipients Under Age 18 by Age Group

3.03.21 to 06.23.21



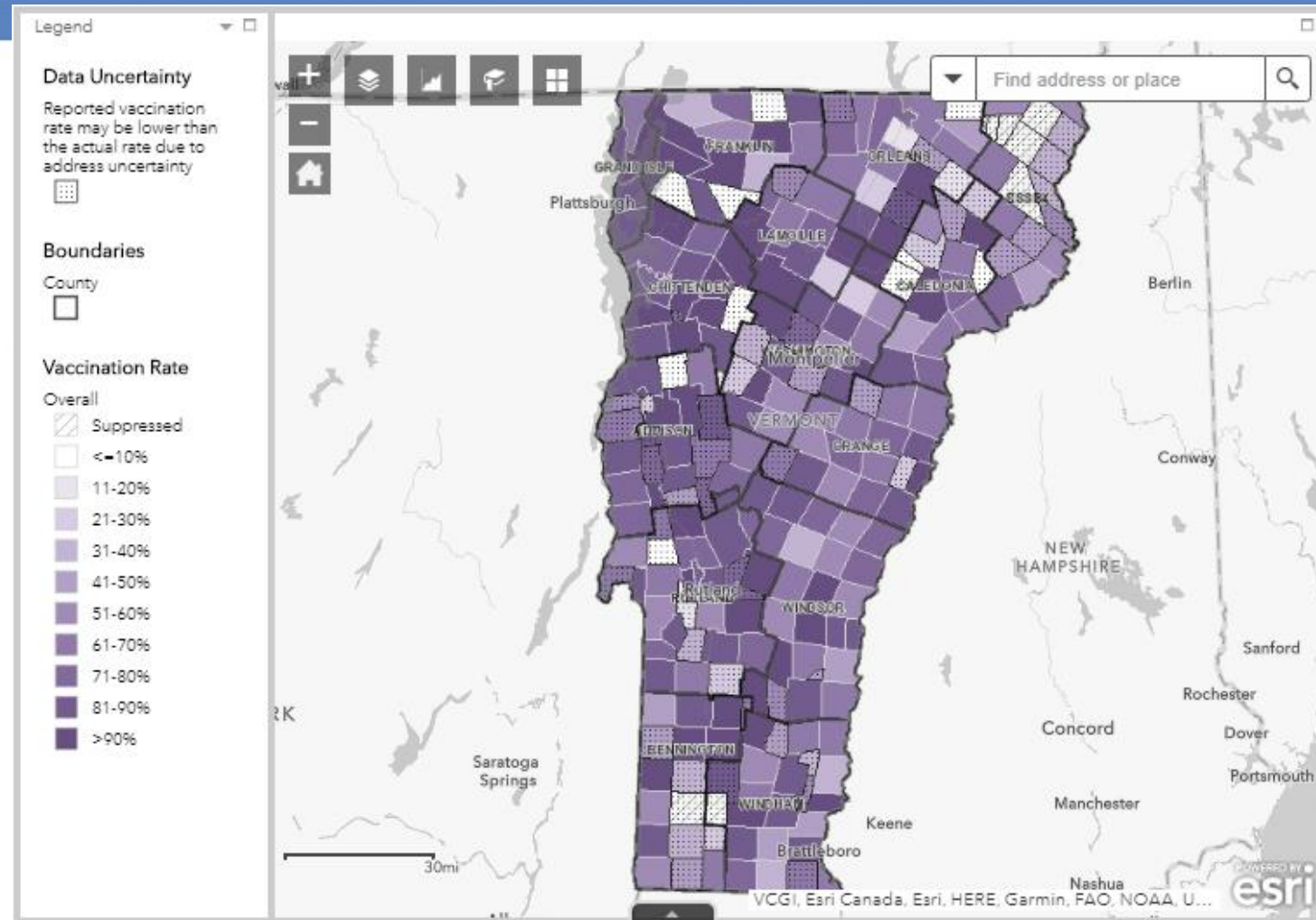
Data for current weeks are provisional and may be revised as the CDC updates its data series. ^Includes those having received only 1 of 2 doses and those fully-vaccinated.

*Vaccinated children as percentage of all children within age group. # According to the CDC Coronavirus Disease Response Team, children under age 12 may be included as vaccinated due to (1) birthdate entered incorrectly, or (2) ongoing COVID-19 vaccine clinical trials involving children under age 12.

Source: AAP analysis of data series published by the CDC titled "Demographic Trends of People Receiving COVID-19 Vaccinations in the United States".

Map of COVID-19 Vaccine Rates by (VT) Town

- Map shows overall % of VTers age 12+ vaccinated with \geq one dose of COVID-19 vaccine.
- Map updated weekly (Thurs.) & includes data reported to VT Immunization Registry thru Wed. [Note: last reviewed 6/29/21]
- Please use caution when interpreting town data – several scenarios where vaccinations are not attributed to the correct town. [See web site notes for details.]



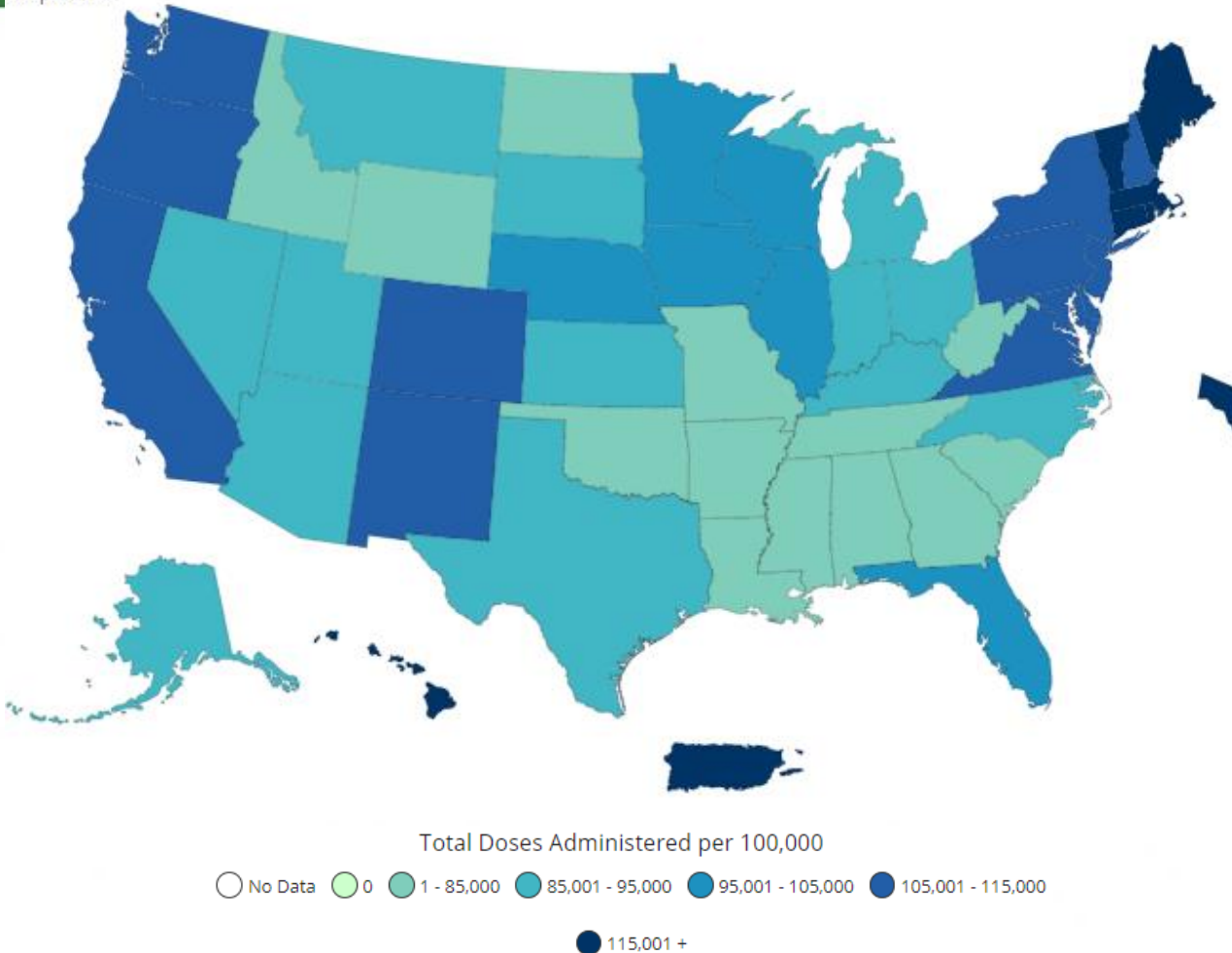
<https://www.healthvermont.gov/covid-19/vaccine/map-vaccine-rates-town>

July 14, 2021

15

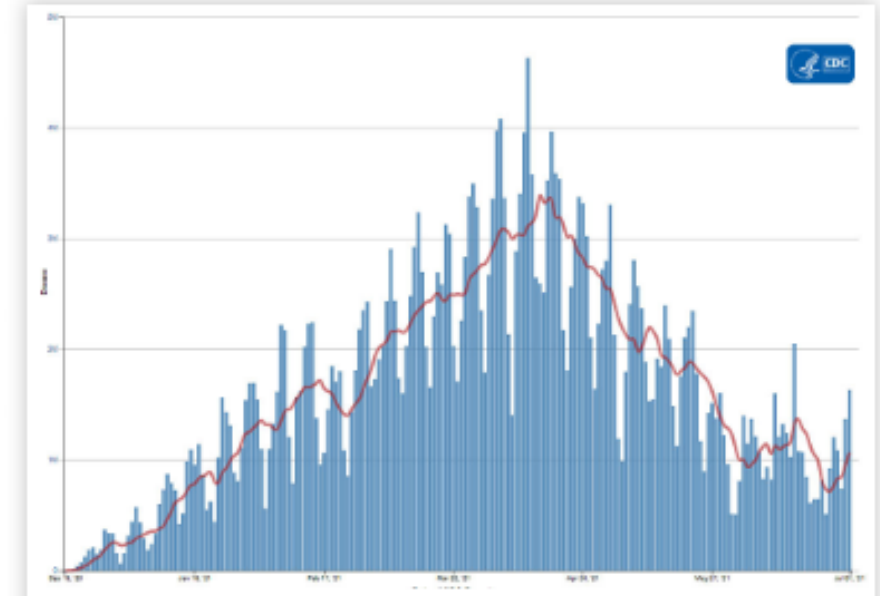
From the CDC Vaccine Tracker

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



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>

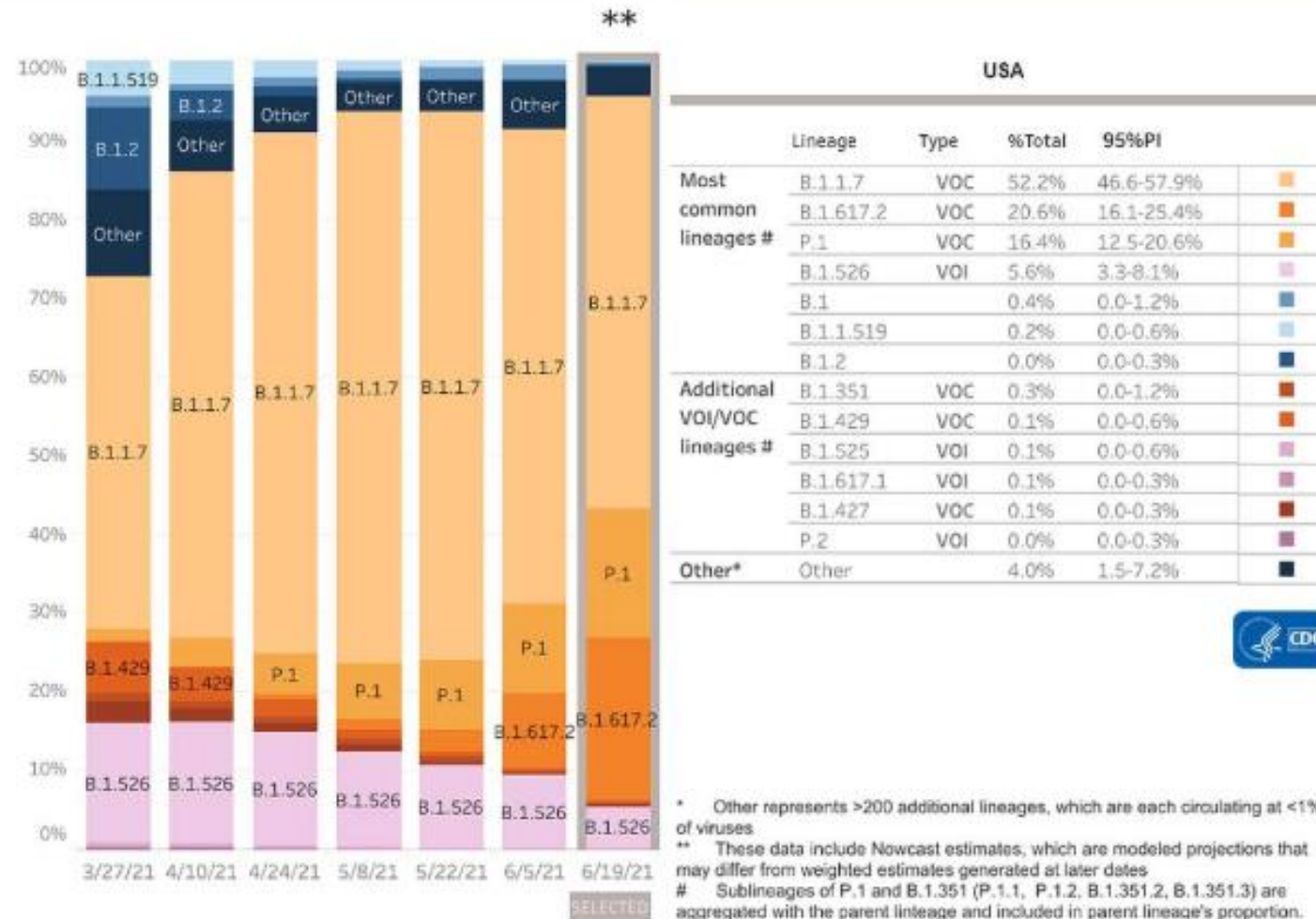
<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

July 14, 2021

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

United States: 3/14/2021 – 6/19/2021

United States: 6/6/2021 – 6/19/2021 NOWCAST

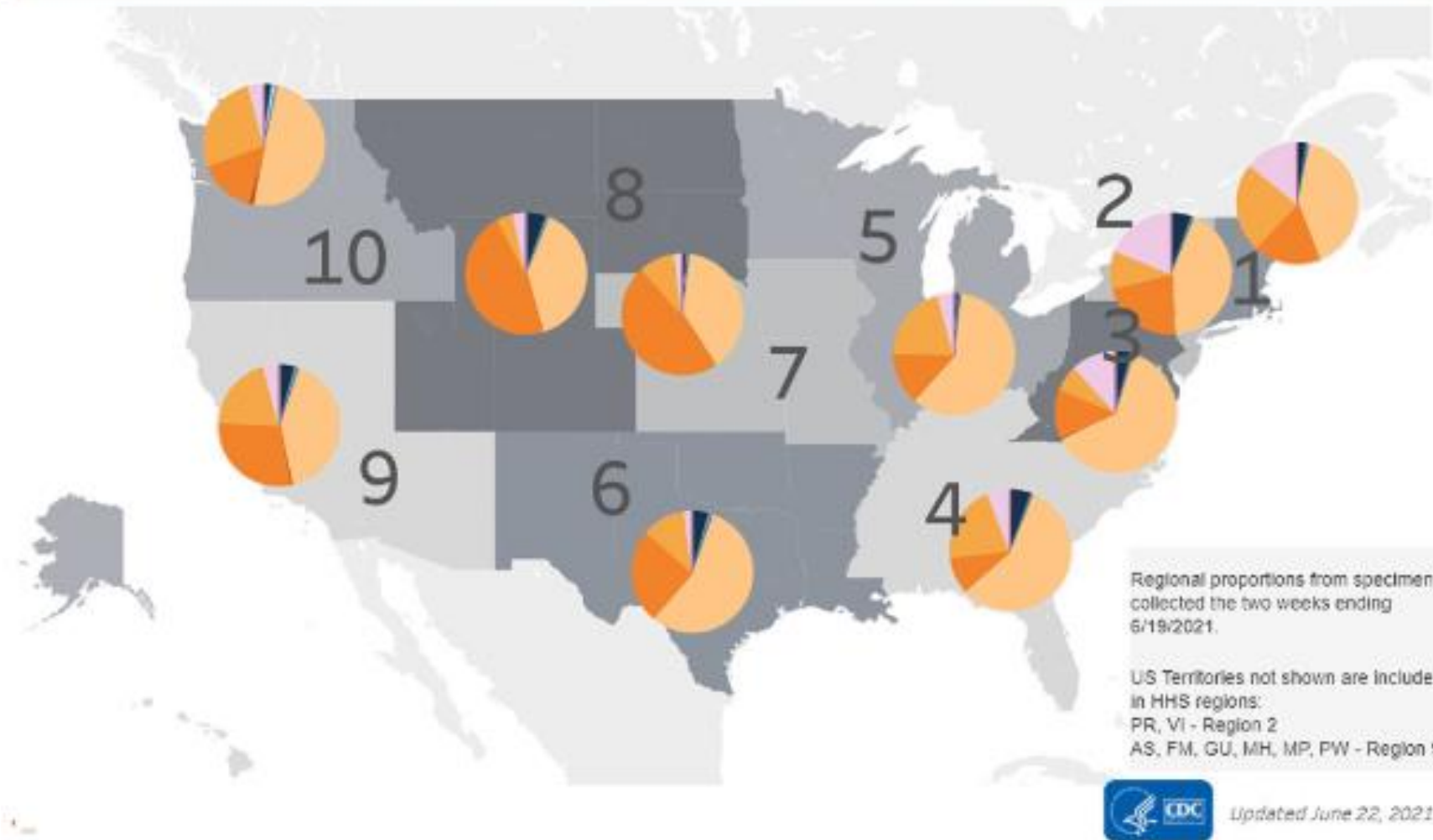


Collection date, two weeks ending

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

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

United States: 6/6/2021 – 6/19/2021 NOWCAST



	Lineage	Type	%Total	95%PI	
Most common lineages #	B.1.1.7	VOC	52.2%	46.6-57.9%	
	B.1.617.2	VOC	20.6%	16.1-25.4%	
	P.1	VOC	16.4%	12.5-20.6%	
	B.1.526	VOI	5.6%	3.3-8.1%	
	B.1		0.4%	0.0-1.2%	
	B.1.1.519		0.2%	0.0-0.6%	
Additional VOI/VOC lineages #	B.1.2		0.0%	0.0-0.3%	
	B.1.351	VOC	0.3%	0.0-1.2%	
	B.1.429	VOC	0.1%	0.0-0.6%	
	B.1.525	VOI	0.1%	0.0-0.6%	
	B.1.617.1	VOI	0.1%	0.0-0.3%	
	B.1.427	VOC	0.1%	0.0-0.3%	
Other*	P.2	VOI	0.0%	0.0-0.3%	
	Other		4.0%	1.5-7.2%	

SARS Co-V-2 Variants in Vermont

- VDH detects variants of concern through genetic sequencing of certain viral specimens (people who already tested pos. in various parts of VT); only a small percentage of samples are sequenced.
- Table: **cumulative #** variants identified & co. of residence (NOT actual # variants circulating).
- Absence of a county in table does NOT mean variant is not present (table updated Tuesdays and Fridays).
- <https://www.healthvermont.gov/covid-19/current-activity/covid-19-communities>

COUNTY	B.1.1.7 (ALPHA)	B.1.429 (EPSILON)	B.1.427 (EPSILON)	P.1 (GAMMA)	B.1.351 (BETA)	B.1.617.2 (DELTA)
Addison	1	3	0	0	0	1
Bennington	7	0	0	1	0	0
Caledonia	15	2	0	0	0	0
Chittenden	107	6	0	8	1	2
Essex	5	0	0	0	0	0
Franklin	23	9	0	2	0	0
Grand Isle	1	1	0	0	0	0
Lamoille	13	1	0	3	0	0
Orange	5	0	0	0	0	0
Orleans	23	6	0	0	0	0
Rutland	9	2	0	2	0	0
Washington	2	3	0	0	0	0
Windham	10	0	1	3	0	0
Windsor	3	0	0	0	0	0

Vaccine News

- Pfizer working on boosters (7/9/21)
- Joint CDC and FDA Statement on Vaccine Boosters
 - The U.S. is fortunate to have highly effective vaccines widely available for those aged 12 & up. People who are fully vaccinated are protected from severe disease & death, including from the variants currently circulating in the country such as Delta. People who are not vaccinated remain at risk. Virtually all COVID-19 hospitalizations & deaths are among those unvaccinated. We encourage Americans who have not yet been vaccinated to get vaccinated as soon as possible to protect themselves and their community.
 - Americans who have been fully vaccinated do not need a booster shot at this time. FDA, CDC, and NIH are engaged in a science-based, rigorous process to consider whether/when a booster might be necessary – takes into account laboratory/clinical trial cohort data – which can include data from specific pharmaceutical companies, but does not rely on those data exclusively. We continue to review any new data as it becomes available and will keep the public informed. We are prepared for booster doses if and when the science demonstrates that they are needed.

Vaccine (Administration) News

- TN Immunization Program Director Dr. Michelle (Shelley) Fiscus terminated by the TN Dept. of Health related to youth vaccine promotion (Note: Dr. Fiscus is AAP District IV Chairperson – these events are not/should not be linked to her AAP Board position).
 - ▣ Excerpt from the NYT: *“First came public service ads alerting teenagers in Tennessee that they were eligible to get vaccinated for Covid-19. Then, the state’s top immunization leader, Dr. Michelle Fiscus, distributed a memo that suggested some teenagers might be eligible for vaccinations without their parents’ consent.”*
 - ▣ [Dr. Fiscus attributed her firing] to pushback among Republican lawmakers in the state, who have complained that the TN DOH had gone too far in its efforts to raise awareness of the shot among young people. [She is] one of scores of PH officials across the U.S. who have quit or been forced from their jobs...in a political climate that has grown increasingly split over the coronavirus and the vaccines.



From the CDC/MMWR

- Acceptability of Adolescent COVID-19 Vaccination Among Adolescents and Parents of Adolescents — U.S., April 15–23, 2021 (*Early Release*/July 9, 2021/70)
 - ▣ **Already known:** Pfizer-BioNTech's COVID-19 vaccine was authorized by the Food and Drug Administration and recommended by the Advisory Committee on Immunization Practices in May 2021 for adolescents aged 12–15 years.
 - ▣ **What is added by this report?** In April 2021, 52% of unvaccinated adolescents aged 13–17 years and 56% of parents of unvaccinated adolescents aged 12–17 years reported intent for adolescent COVID-19 vaccination. The most common factors that would increase vaccination intent were receiving more information about adolescent COVID-19 vaccine safety and efficacy.
 - ▣ **Implications for public health practice:** efforts focusing on effectively communicating the benefits and safety of COVID-19 vaccination for adolescents to the public could help increase adolescent COVID-19 vaccine confidence and vaccination coverage.

From the CDC/MMWR

- SARS-CoV-2 B.1.617.2 (Delta) Variant COVID-19 Outbreak Associated with a Gymnastics Facility — Oklahoma, April–May 2021 (*Early Release/July 9, 2021/70*)
 - ▣ **Already known:** the SARS-CoV-2 B.1.617.2 (Delta) variant emerged in India and is currently widespread. Evidence suggests that it is potentially more transmissible than other variants.
 - ▣ **Added by this report:** During April 15–May 3, 2021, 47 COVID-19 cases were linked to a gymnastics facility, including 21 laboratory-confirmed B.1.617.2 cases and 26 epidemiologically linked cases. The overall facility and household attack rates were 20% and 53%, respectively.
 - ▣ **Implications for public health practice:** the B.1.617.2 variant is highly transmissible in indoor sports settings and households, which might lead to increased attack rates. Multicomponent prevention strategies including vaccination remain important to reduce the spread of SARS-CoV-2 among persons participating in indoor sports and their contacts.

Please join us: *VT EMS Pediatric Case Reviews*

- **What?** 6th Pediatric EMS Case Review of the year
- **Topics:**
 - ▣ A heat-related incident and a fatal drowning
 - ▣ We will also discuss provider mental health and available resources for providers after difficult cases.
- **When?** Monday, July 19th at 7pm
- **How?** via Zoom – link:
 - ▣ <https://us02web.zoom.us/j/84765165362?pwd=bUxJdW9tVzEvZ3FVZ2Z0dnZLbUY4Zz09>



From the CDC: Health Advisory – July 6, 2021



- Magellan Diagnostics, Inc. & U.S FDA issued recall notice concerning use of some LeadCare® Blood Lead Tests (certain LeadCare II, LeadCare Plus, and LeadCare Ultra test kit lots).
 - ▣ Lots were distributed between October 27, 2020, and June 15, 2021. Use of these devices may cause serious injuries because – might underestimate blood lead levels.
The FDA has identified this as a Class I recall, the most serious type of recall.
- Recommendations:
 - ▣ Discontinue use of all affected test kit lots identified as part of the recall.
 - ▣ Retest children tested w/ recalled LeadCare test kits whose results were less than 5 µg/dL, the current CDC-recommended blood lead reference value. Retesting should be done with a venous blood sample analyzed with higher complexity testing.
 - ▣ Retest children who were previously tested with a LeadCare test kit if the lot number of the initial test kit is unknown and the test was done after October 27, 2020 and July 6, 2021, the date of this health advisory.

In case you missed it... (6/21/21)

Update: Blood Lead Screening in Vermont – Matt Saia, MD

- Content included: current data for pediatric screening and elevated blood lead levels (opportunity for improvement!)
- VCHIP-AAPVT-VDH outreach activities to improve screening and reporting performance
 - Opportunity to obtain point-of-care screening technology/supplies **for free!**
- VDH recommendations and materials
- Recommendations for practice improvement – e.g., nominate a Lead Champion to:
 - Identify patients who require screening; perform outreach; establish screening & reporting work flows
- Contact: Matthew.Saia@uvmhealth.org & Jill.Davis@med.uvm.edu

From the AAP

AAP COVID-19 Town Hall

- Bi-weekly series w/experts to discuss emerging issues related to COVID-19.
- Thursday, July 8, 2021 (8 pm ET)
 - ▣ Presentation from NICHD pediatric leader, Dr. Robert Tamburro on overview of pediatric COVID-19 research.
 - ▣ Followed by facilitated Q&A on acute and long-term clinical impact of SARS-CoV-2 virus on children and adolescents.
- Expert panelists:
 - ▣ Stuart Berger, MD, FAAP – Chairperson, AAP Section on Cardiology and Cardiac Surgery; Division Head, Cardiology, Lurie Children's Hospital
 - ▣ Sarah Risen, MD, FAAP – Department of Pediatric Neurology & Meyer Center for Developmental Pediatrics, Texas Children's Hospital; Assistant Professor, Baylor College of Medicine

Tuesday Media Briefing (7/13/21)



Governor Phil Scott

- We're not letting up on making vaccines as available as possible – we don't want accessibility to be the excuse [for not getting vaccinated].
- No White House call with Governors today – anticipate there will be a call next week.

Tuesday Media Briefing (cont'd.)



Modeling – DFR Commissioner Pieciak:

- ❑ Vermont continues to make progress in its nation-leading vaccination rates: 2,400 6/21. Total: **82.8%** eligible 12+ vaccinated.
- ❑ No deaths to date in July (only state). Hosps. low – lowest in U.S.
- ❑ VT cont. to lead U.S. in all impt. metrics: doses per 100K; % at least 1 dose & % fully vaccinated (eligible); % at least 1 dose & % fully vax (full pop.)
- ❑ Case counts low (16 more this week vs. last) & will remain low foreseeable future – forecast revised up (sl. higher), largely driven by delta variant.
- ❑ Northeast cases up 38%; largest increases in NY and MA. Still 2.7 million eligible unvaccinated individuals in the region.
- ❑ Counties with lowest vaccine rates are seeing highest increases in cases.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Levine

- Overall COVID activity remains low, & >455,000 vaccinated.
- *Here's what you need to know right now:*
 - Data shows that all vaccines in U.S. are effective against variants.
 - Amount of time protection lasts is good and still being studied/monitored. There is no evidence for needing a booster at this point. If immune compromised, consider taking usual take precautions such as wearing a mask, but no booster is needed.
 - J & J **is** effective against COVID-19 & variants – awaiting more publication on its performance against delta. No conclusive evidence to suggest booster w/mRNA is needed, but is being studied. If you are traveling, consider wearing a mask. You are more protected in VT because of high vaccination rate.

Tuesday Media Briefing (cont'd.)



Governor Phil Scott

- VT workforce issues amplified by pandemic – but not *caused* by it.
- We're focused on growing the economy & workforce development
- Announcing the **launch of Upskill Vermont Scholarship Program, a new career education program.**
 - ▣ Joined by Patricia Prelock, Provost and Sr. VP at UVM & Joyce Judy, President of CCV.
 - ▣ Program will help gain new skills or try new career path by offering up to 2 **free** professional development courses at UVM and/or CCV. Will provide career counseling events in coming months.
 - ▣ \$4 million for UVM funding and state colleges was approved by the legislature and uses ARPA funds.

Tuesday Media Briefing (cont'd.)



Patricia Prelock, Provost and Sr. VP, UVM & Joyce Judy, President CCV

- Working in partnership with CCV provides more opportunity than either of us could do individually.
 - ▣ Courses include cyber security, bookkeeping, graphic design, and dozens of other major topics. The offerings are listed at <https://upskillvermont.org> and are **free**. Also discounted options for additional courses. Usually, courses at CCV are around \$1,000.
- We have been working closely together for years – used to be competitors. Together, we can better serve Vermonters.
- Working closely with businesses to develop of full continuum of educational opportunities.
- Starts this fall – hope to serve as many people as possible – expect program to run 2 years; hope to collaborate with legislature to continue if it is working.

Tuesday Media Briefing (cont'd.)

Select Q & A

- CDC new guidance for K-12? AOE Secy. French: we're pleased w/guidance – is comprehensive & will provide flexibility b/c variety of conditions across the country – we'll review & **will produce something in August** for our schools. Any mitigation steps will be fairly minimal & easy to follow.
- VDH Commissioner Levine: CDC establishes guidance for all of U.S. We'll make sure we have right layers in place. Implies need to consider level of community transmission. But “premature” here in beginning of July to determine what we'll say in a month.

Tuesday Media Briefing (cont'd.)

Q & A

- Commissioner Levine (cont'd.): Delta variant will be complicating factor everywhere – but w/our level vax I'm not thinking that it will have same impact here. Seeing in southern & western states real pockets of activity which correlate w/low vax rates.
- RE: “small/rare risk” of condition (Guillain-Barre Syndrome) w/J & J vax? Dr. Levine: has occurred in ~100 people. Testament to our incredible reporting system – looks for signals of something a little more than expected. About 10 cases/1.3 million. Considered rare, unusual, worthy of mention – but we don't want people to think its' a reason to not get vaccinated. Was seen decades ago w/flu vax – immune phenomenon. CDC quickly said risk of sequelae from COVID is far greater than this – and this is not yet cause & effect but has been associated.

Q & A

- Impact of delta variant in VT? Dr. Levine: we have cases out for sequencing & don't have results right now. We're seeing a few more cases/day, so will have more to sequence. Won't be surprised to see delta making up greater % of cases. Delta is more transmissible – but not looking at it that much differently than we have at COVID-19 all along the way. Shouldn't markedly change our approach – incl vaccination – that's why maintaining high level of vax so important. With fewer people able to be infected, that's the way we win. No letup on intensity of vax strategy.
- Gov. Scott: don't want to lose our perspective – 7 mos. ago we had just started vaccinating Vters. Now 82.8% vaccinated – roughly 17% left to go.

Practice Issues

CDC Guidance for COVID-19 Prevention in K-12 Schools



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

Key Takeaways:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

- ❑ Students benefit from in-person learning, and **safely returning to in-person instruction in the fall 2021 is a priority.**
- ❑ Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.
- ❑ Masks should be worn indoors by all individuals (age 2 and older) who are not fully vaccinated. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained.

Key Takeaways (cont'd.):

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

- ❑ CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing by people who are not fully vaccinated, to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking.
- ❑ Screening testing, ventilation, handwashing & respiratory etiquette, staying home when sick/getting tested, contact tracing in comb. with quarantine/ isolation, & cleaning & disinfection also important layers of prevention to keep schools safe.
- ❑ Students/teachers/staff should stay home when signs of any infectious illness and be referred to their healthcare provider for testing and care.

Key Takeaways (cont'd.):

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

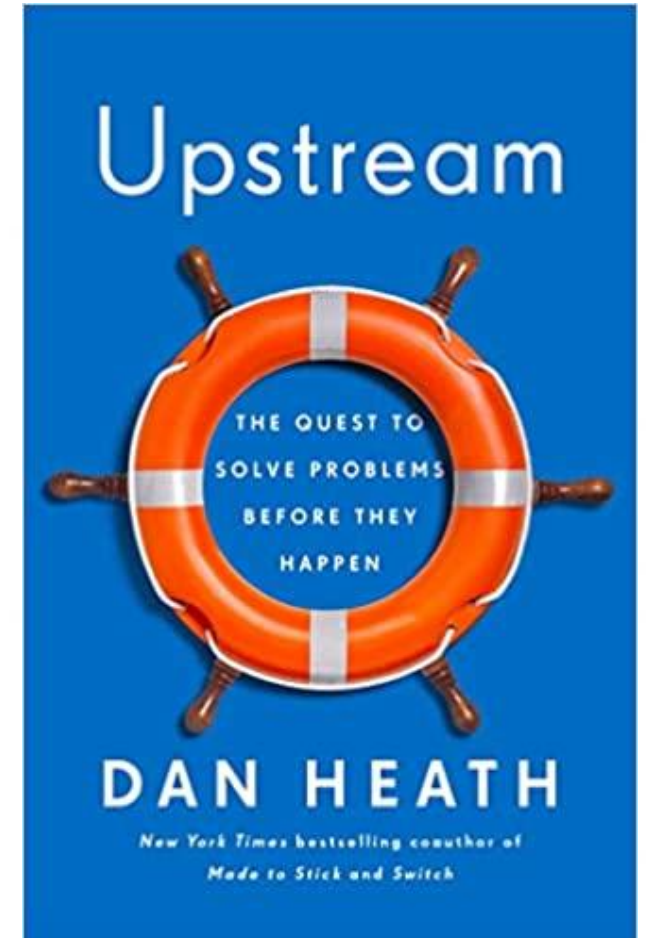
- ❑ Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together consistently) to protect people who are not fully vaccinated, including students, teachers, staff, and other members of their households.
- ❑ COVID-19 prevention strategies remain critical to protect people, including students, teachers, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels.
- ❑ Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).

In case you missed it...

Pediatric Grand Rounds 7/6/21 – Dr. Lewis First

Annual State of the Department!

- Preview: this year's book is **Upstream** by Dan Heath
 - ▣ Subtitle: *The Quest to Solve Problems Before They Happen*
- Please contact:
Penelope.Marchessault@med.uvm.edu for a link to view asynchronously.



In case you missed it...

COVID-19 Update Call – June 30, 2021

Dr. Ben Lee – COVID-19 Update:

- Vaccines and myocarditis/pericarditis
- Implications of variant data, including Delta variant
- Other news

Concerns

- Delta is believed to be up to 50-60% more transmissible than Alpha, which itself was more transmissible than early variants circulating last year
- Will the effectiveness of vaccination against asymptomatic infection hold up against Delta variant?
 - To date, vaccination has been remarkably effective at preventing infection, not just disease
 - With Delta variant, will we be entering the feared possibility that fully vaccinated people could asymptotically transmit infection?

Concerns

- “Children are less susceptible to infection with SARS-CoV-2” may unfortunately no longer be true
- **In areas with high rates of Delta, unvaccinated children may now face similar risk of infection as adults did last year**
- What will this mean for schools and travel, until young children can get vaccinated?
- There is already dissension about EUA extension to young children

FDA panel split on approach to COVID-19 vaccines for younger children

AAP-VT Resources



Available for your use!

- PowerPoint presentation
- Video message from AAP-VT Chapter President Rebecca Bell: *"We are so excited that the COVID Vaccine is available for young people...."*
- Posters for your office
- SEE ALSO AAPVT press release 6/10/21:

<http://www.aapvt.org/news/aapvt-offers-guidance-families-children-how-navigate-summer-and-stay-healthy-and-active>

5 REASONS TEENS SHOULD GET THE COVID VACCINE



Vermont Chapter

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American Academy of Pediatrics
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Planning for (More) Pediatric Vaccine Administration

- For all state supplied vaccines, CDC requires provider offices enroll w/child & adult vax programs; requires additional enrollment to house/administer COVID vaccine. Once completed, can receive shipment, store & administer vaccine.
- Three PCP office “buckets,” each w/separate COVID-19 enrollment process.
 - **FQHC’s** – can enroll into a federal HRSA program to receive a separate allocation of vaccine. IZ program working with Bi-State to help FQHC’s with this process. Of the 11 FQHC umbrella organizations, eight are fully onboarded and offering COVID vaccination
 - **Hospital owned practices** – IZ program spoke with all hospitals; request for information was sent to all hospitals two weeks ago asking for their plan to continue to offer vaccine. Have responses from all but one hospital.
 - Hospitals are telling VDH when their PCP sites will offer COVID vaccine. No hospital PCP offices are currently offering vaccine. Several planning to in the coming weeks.
- Some hospitals with ultracold storage capacity have offered to be local vaccine hubs for Pfizer in their region of the state.

Planning for (More) Pediatric Vaccine Administration

- ❑ **Independent PCP offices** – selected independent PCP offices were invited to onboard earlier than others (based on panel size, location, & ability to manage minimum vaccine order sizes. Invitation sent to 20; 14 sites now offering COVID vaccine in their offices; served vax depot and direct shipments from mfrs.
- ❑ On 6/4, all COVID-19 enrolled PCP independent practices (approx. 35) received invitation to provide COVID vaccine regardless of size. Vaccine depot will help serve smaller practices that cannot order the minimum shipment. 25 independent practices have not completed the COVID 19 enrollment process and are not eligible to receive COVID-19 vaccine.
- ❑ Independent Practices: - If your office would like to offer COVID 19 vaccine and have not heard from the Immunization Program please reach out to us.
- ❑ Hosp. owned practices – please check with administration for your plan.
- ❑ FQHC's – please check with your umbrella organization for your plan.

From Merideth Plumptre, VDH IZ Program RN Coordinator: Planning for (More) Pediatric Vaccine Administration

- VT **vaccine depot** has been serving mass vax clinic sites & will continue to operate & serve PCP practices across the state. Depot can break large shipments (e.g., Pfizer min. order size 1170 doses; now offers 450 doses) into more manageable sizes.
- ***There is no requirement for PCP offices to have ultracold storage capacity!***
- If interested in having COVID vaccine, here's what you need to know:
 - ▣ CDC requires that sites reconcile COVID vaccine inventory weekly.
 - ▣ You can offer this in your normal clinic flow, and/or offer small COVID clinics
 - ▣ Pfizer and Moderna both require 2 doses; office must manage inventory & plan for both.
 - ▣ Large shift in messaging from CDC: may be increased waste at PCP offices, since all COVID vaccine comes in multidose vials (packaged without preservatives and needs to be used within a short window of time once the vial is punctured: 6 hrs. for Pfizer and J&J, 12 hours for Moderna). CDC is now saying do not miss opportunities to vaccinate because of potential waste – e.g., if pt. comes into the office 5 minutes before you close and wants a COVID vaccine, open the vial/give vaccine, waste the remaining doses.

In case you missed it (SEE VCHIP-VDH COVID Call 6/7/21)

Vermont WIC Program Updates

- Current waiver for remote (phone) enrollment & nutrition appointments will expire late Aug.; preparing for return to in-person Sept.
 - Revising procedures to support safe experience for families/staff, (children & some pregnant participants will **not** be vaccinated).
 - **Goal:** align WIC service delivery with pediatric and OB approaches to masking, etc. (knowing that things may look different by September).
- Practices may receive requests from local WIC staff for recent measurement data until return to **in person** WIC appointments.
- Increased benefit for **Fruits & Vegetables June through September!**
 - Farm to Family coupons issued in July for use through October
- Breastfeeding Peer Counseling services are expanding and will be available Statewide this summer
- Formula contract change: Vermont currently contracts with Gerber, and will transition to **Abbott/Similac** on **10/1/21** (no Rx needed for special formulas)

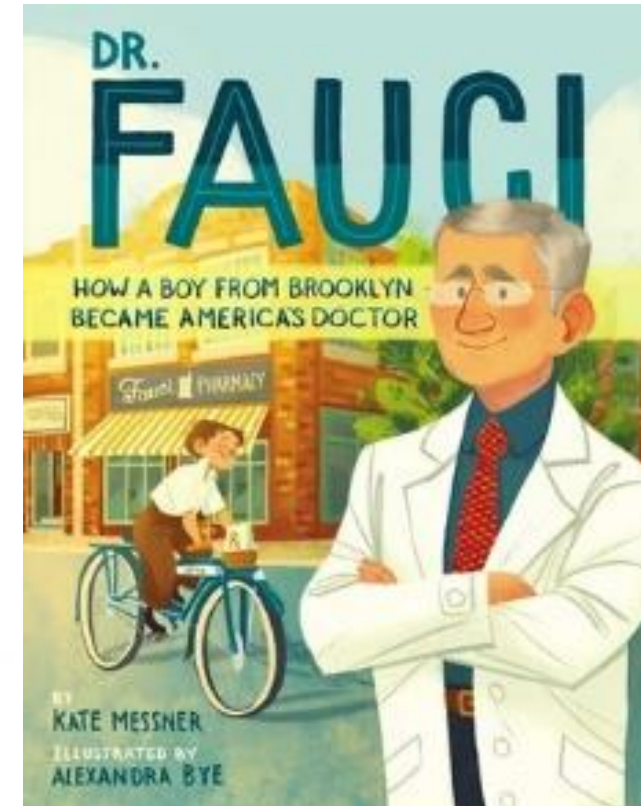
Happening NOW – expanded summer programming:

- ❑ Programs supported by federal funding to expand access & decrease costs are now under way.
 - ▣ 98% have measures to provide at low/no cost. Focus on increasing slots (238 weeks of programming; 31,650 new slots), assuring inclusion of underrepresented youth, providing for those w/special needs.
 - ▣ VT Community Foundation added support to stretch grants even further.
- ❑ ***Vermont 2-1-1 is ready/willing to help families find summer programs***
- ❑ Visit the web site: resources for families & highlights of the summer health guidance for programs.
- ❑ <https://vermontafterschool.org/summermatters/>



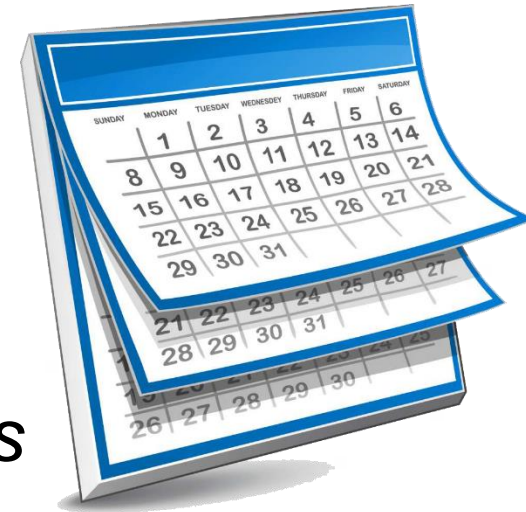
A Fun Read by a Local Author

- ***Dr. Fauci: How a Boy from Brooklyn Became America's Doctor***
- Author: **Kate Messner**
- Illustrations: **Alexandra Bye**
- Published by Simon & Schuster



VCHIP-VDH COVID-19 calls: Summer Calendar

- **July**: generally **Wednesdays only** – **NO CALL JULY 28**
- **August**: generally **Wednesdays only** – subject to change as we approach fall school reopening
- **September forward – TBD!**
- Schedule **subject to change** at any time if circumstances warrant!
- *Please continue to send your feedback re: schedule/topics to vchip.champ@med.uvm.edu*
- VMS calls with VDH Commissioner Levine now select Thursdays only (see next slide)



Questions/Discussion

- ❑ Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- ❑ **For additional questions, please e-mail:** vchip.champ@med.uvm.edu
 - ❑ **What do you need** – how can we be helpful (specific guidance)?
- ❑ **VCHIP CHAMP VDH COVID-19 website:**
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- ❑ Next CHAMP call – ***Wednesday, July 21, 12:15 – 12:45 pm***
- ❑ SEE **VCHIP-VDH COVID-19 Call Summer Calendar** for our new schedule!
- ❑ Please tune in to VMS call with VDH Commissioner Levine:
Thursday, July 22, 2021 – 12:30-1:00 p.m. – Zoom platform & call information
- ❑ **Join 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#