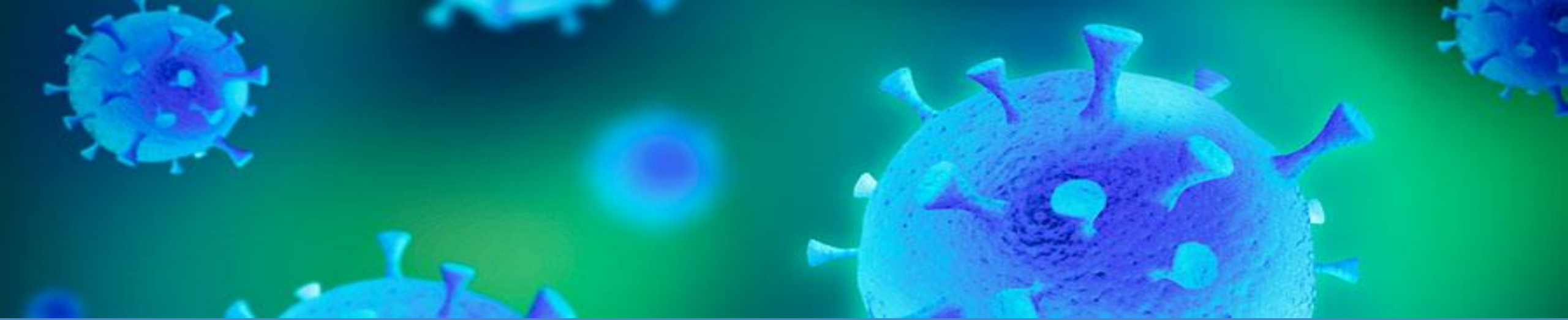


# VCHIP / CHAMP / VDH COVID-19 UPDATES



*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 20, 2022*



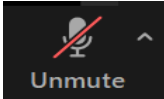
# Technology Notes – “Welcome to Zoom!”

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

- **Take Your Poet to Work Day** (see next slide)
- Celebrating **Carson Pickett**, 1<sup>st</sup> person w/limb difference to appear for the U.S. women's national soccer team
  - <https://www.washingtonpost.com/sports/2022/06/29/carson-pickett-uswnt/>
- Reminder – weekly event schedule:
  - **VCHIP-VDH call calendar** (see 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: **Pediatric COVID-19 & Monkeypox Vaccine Update**
- Q & A/Discussion *[Please note: the COVID-19 situation continues to evolve – so the information we're providing today may change]*



<https://www.washingtonpost.com/sports/2022/06/29/carson-pickett-uswnt/>



<https://www.washingtonpost.com/sports/2022/07/19/uswnt-canada-concacaf-2024-olympics/>

# Take Your Poet to Work Day

## Amanda Gorman

- Follow her on Instagram:  
<https://www.instagram.com/amandascgorman/?hl=en>
- Hymn for the Hurting (published in the New York Times 5/27/22)  
<https://www.nytimes.com/2022/05/27/opinion/amanda-gorman-uvalde-poem.html>



<https://www.penguinrandomhouse.com/authors/2210710/amanda-gorman/>

Everything hurts,  
Our hearts shadowed and strange,  
Minds made muddied and mute.  
We carry tragedy, terrifying and true.  
And yet none of it is new;  
We knew it as home,  
As horror,  
As heritage.  
Even our children  
Cannot be children,  
Cannot be.

July 20, 2022



Schools scared to death.  
The truth is, one education  
under desks,  
Stooped low from bullets;  
That plunge when we ask  
Where our children  
Shall live  
& how  
& if

# 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!
- *Please continue to send your feedback re:  
schedule/topics to [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)*



***2 years strong!***



# Call Schedule: Planning for Fall, 2022

**Crunch time** – we *really* need your feedback!

- Planning to tie into existing **primary care-public health integration** work (close collaboration with VDH/MCH, AAPVT, VAFFP, VCHIP)
- Considering continuing monthly – how are Wednesdays working?
- **Topic suggestions** received to date:
  - ▣ Updates from UVM Children’s Hospital (introduce **new subspecialists** & content re: their interests, projects, research – could complement Pediatric Grand Rounds)
  - ▣ Presentations from **general pediatricians** about their practice services/structure/staff; practice projects; cases; issues related to correct coding, helpful resources – to support and inspire each other!

***Thank you, Alex Bannach!***

# 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 8/4/22**
- **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

# VMS COVID-19 Update (7/19/22)

- VMS's next COVID Conversation with Commissioner of Health Mark Levine, MD, will take place on Thursday, August 4<sup>th</sup> from 12:30-1pm.
- The administration press conference 7/19/22 did not address COVID-19; Dr. Levine gave an update to the Vermont Association of Hospitals and Health Systems on Friday, July 15<sup>th</sup> and notes are available:  
<https://vermontmedicalsociety51665.wildapricot.org/resources/VAHHS%20Call%20Notes%20with%20Commissioner%20of%20Health%20-%20July%2015th.pdf>
- He highlighted that case positivity and hospitalizations in Vermont remain low, despite that BA.4 and BA.5 variants comprise approximately 50% of cases in the state. Access to rapid testing will be increasing with municipal sites like food shelves and libraries signing up to help with distribution. There is currently an abundant supply of Paxlovid, although it is still unclear if pharmacists in Vermont will use new federal authority to prescribe Paxlovid directly to patients.



# Vermont Medical Society: U.S. Senate Candidate Forum

- ❑ **What**: Health Care Policy Forum
- ❑ **Who**: Democratic and Republican candidates for the U.S. Senate race; moderated by VMS President Dr. Simha Ravven
- ❑ **When/Where**: tomorrow/Thursday, July 21, 12 – 1 p.m. Join by Zoom (no registration required): <https://vtmd.org/2022-vms-primary-candidate-forum>
- ❑ In case you missed House candidate forum (7/14/22), find recording at [https://www.youtube.com/watch?v=RwV\\_8C0tyGU](https://www.youtube.com/watch?v=RwV_8C0tyGU)



# VDH COVID-19 Surveillance Report

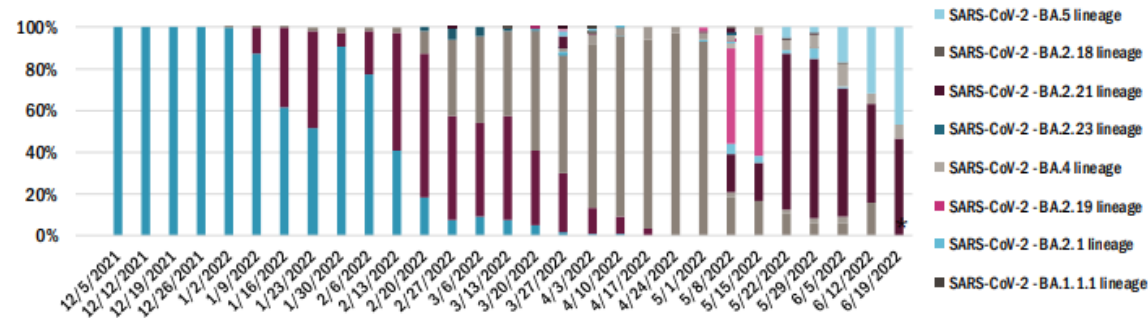
- VDH ***COVID-19 Surveillance Report*** focuses on data/indicators most useful to help monitor & determine risk of COVID-19 in Vermont.
  - ▣ Updated every Wednesday & replaces COVID-19 Case Dashboard (final 5/18/22)
  - ▣ COVID-19 data sets will still be accessible through the **Vermont Open Geodata 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 – July 13, 2022

- Report Time Frame: **July 3 – July 9, 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: 73.2/100K
  - Weekly Case Count: 457 (decrease from previous week & from 968 on June 8 call)
  - New hospital admissions of patients with COVID-19, last 7 days: 5.29 per 100K
  - 33 total new admissions with COVID-19 (vs. 52 on June 8 call)
  - Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 1.77% (decrease from previous week)
- Find report at: <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Surveillance-Report-20220713.pdf>

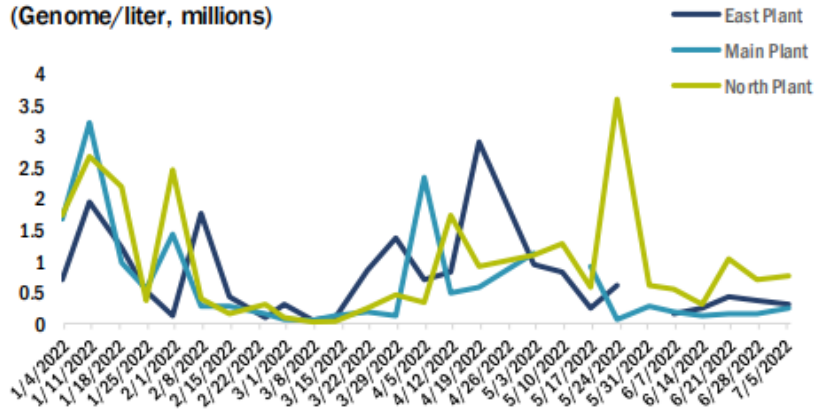
# COVID-19 Surveillance Report – July 13, 2022 (cont'd.)

## Proportion of circulating variants



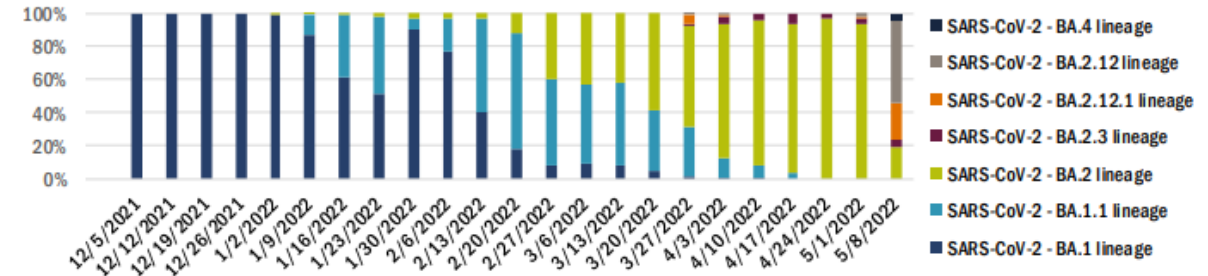
There were 15 sequenced specimens reflecting the week of 6/19: one BA.4 and seven each of BA.2.12.1 and BA.5. The subvariant distribution is similar to [what CDC projects for New England](#) for the week of June 26 through July 2 (2% BA.2; 38% BA.2.12.1; 14% BA.4; 46% BA.5). (Sources: Broad; Health Department Whole Genome Sequencing program; CDC COVID Data Tracker)

## Burlington Wastewater SARS-CoV-2 Counts (Genome/liter, millions)



Burlington wastewater appeared generally stable in the most recent period, with SARS-CoV-2 counts at the East plant slightly decreasing, with slight increases at the other two plants. (Source: [City of Burlington: burlingtonvt.gov](http://burlingtonvt.gov))

## 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.)

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



# VDH COVID-19 Vaccine Web Page

## GETTING THE COVID-19 VACCINE

Find out about vaccines for children, now starting at age 6 months 

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

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! There is no longer a registration process for clinics through the Health Department. Find a vaccine near you at [Vaccines.gov](https://www.vaccines.gov).

If you cannot get vaccine through any of these options, call the Health Department at 802-863-7200, toll-free 800-464-4343.

> [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, 7/13/22)

[this slide will be 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 = 40%
  - ▣ 18-29 = 33%
  - ▣ **VT Age 5+ = 59%**

## Vermont Vaccination Data

Updated 07/13/2022 12:42 PM

Overall **Statewide** By County By County - Additional

People vaccinated ⓘ Up to date Completed Additional dose At least one dose



Percent of the statewide population age 5+ of each subgroup that has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible

Age	%	Race	%
5 - 11	56%	Asian	52%
12 - 17	40%	Black or African American	42%
18 - 29	33%	Native American, Indigenous, or First Nation	13%
30 - 39	50%	Pacific Islander	15%
40 - 49	56%	Two or more races	64%
50 - 59	60%	White	59%
60 - 64	71%		
65 - 69	83%		
70 - 74	93%		
75+	94%		

Ethnicity	%	Sex	%
Hispanic	76%	Female	63%
Not Hispanic	58%	Male	55%

Race/Ethnicity	5-11	12-30	31-64	65+	Age 5+
BIPOC	59%	40%	63%	98%	57%
Non-Hispanic White	52%	34%	57%	89%	58%

Source: Vermont Immunization Registry, VDH Population Estimates (2019)

### Data notes

Statewide numbers and percentages are capped at 100%. To protect the identity of individuals, data is suppressed when there are fewer than six people vaccinated in a subgroup.

Race information is not reported for 3% of people vaccinated.

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

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

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

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

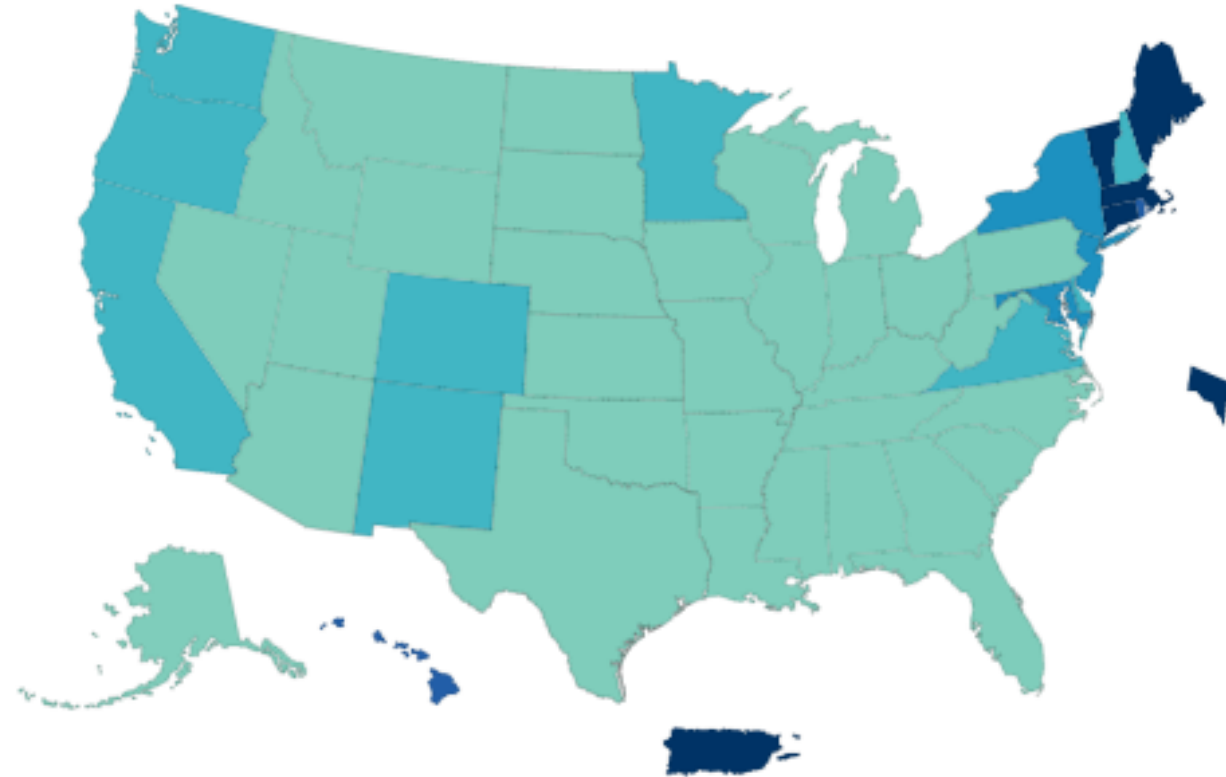
Sex not reported may mean the provider did not collect that information, the patient did not provide it, or the provider or the patient selected a category other than male or female.

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

# 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

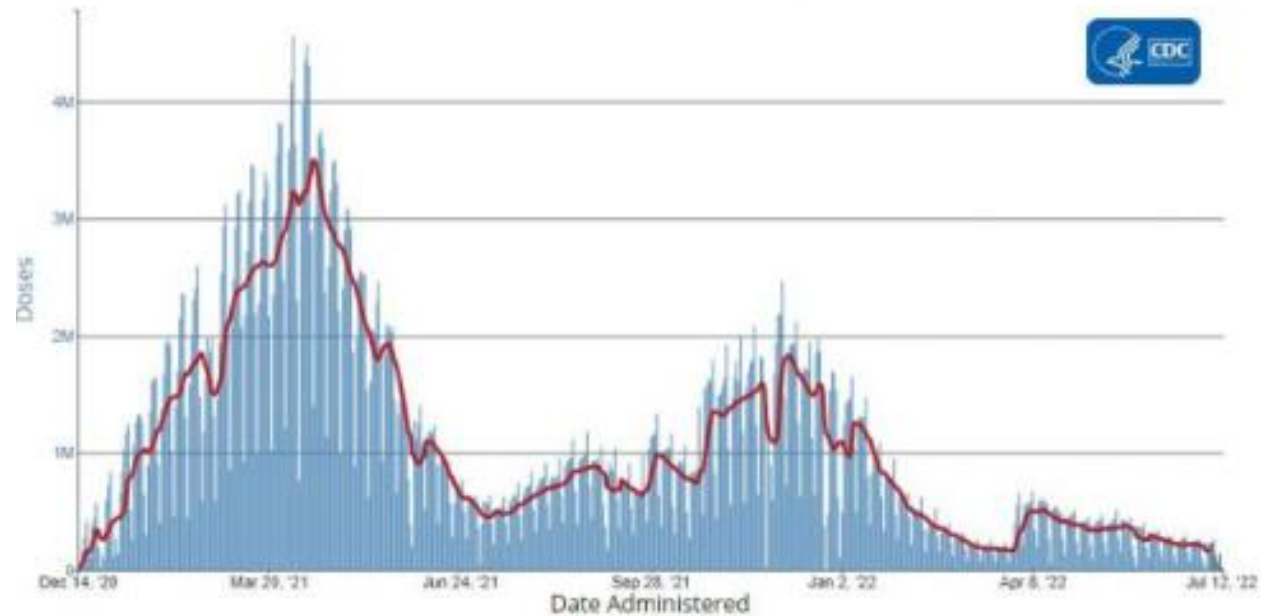
○ No Data ○ 0 ○ 1 - 190,000 ○ 190,001 - 200,000 ○ 200,001 - 210,000 ○ 210,001 - 220,000 ○ 220,001 +



[https://covid.cdc.gov/covid-data-tracker/#vaccinations\\_vacc-people-additional-dose-totalpop](https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-additional-dose-totalpop)

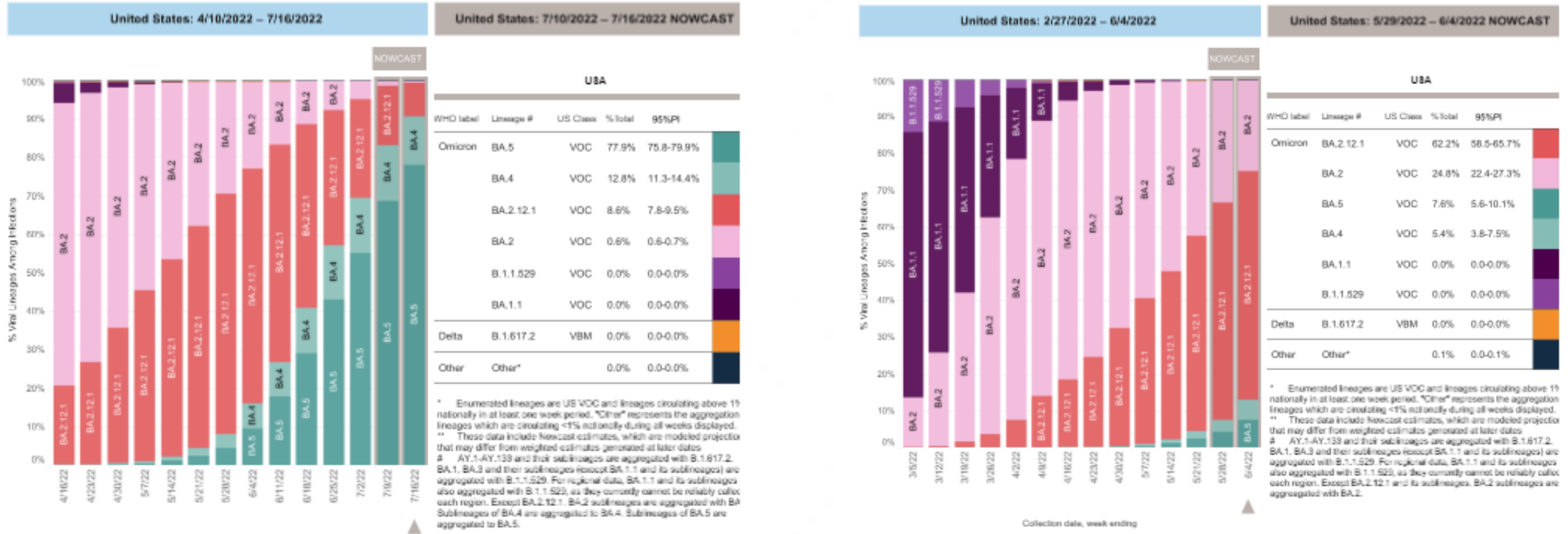
Daily Change in Number of COVID-19 Vaccinations in the United States Reported to CDC

— 7-Day moving average



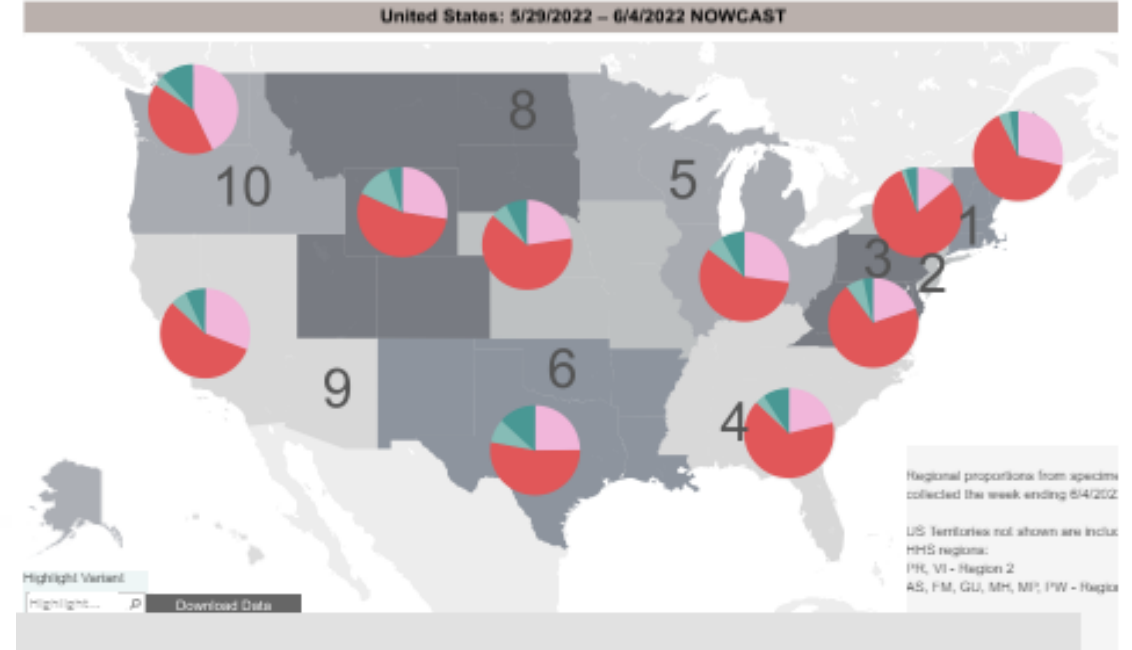
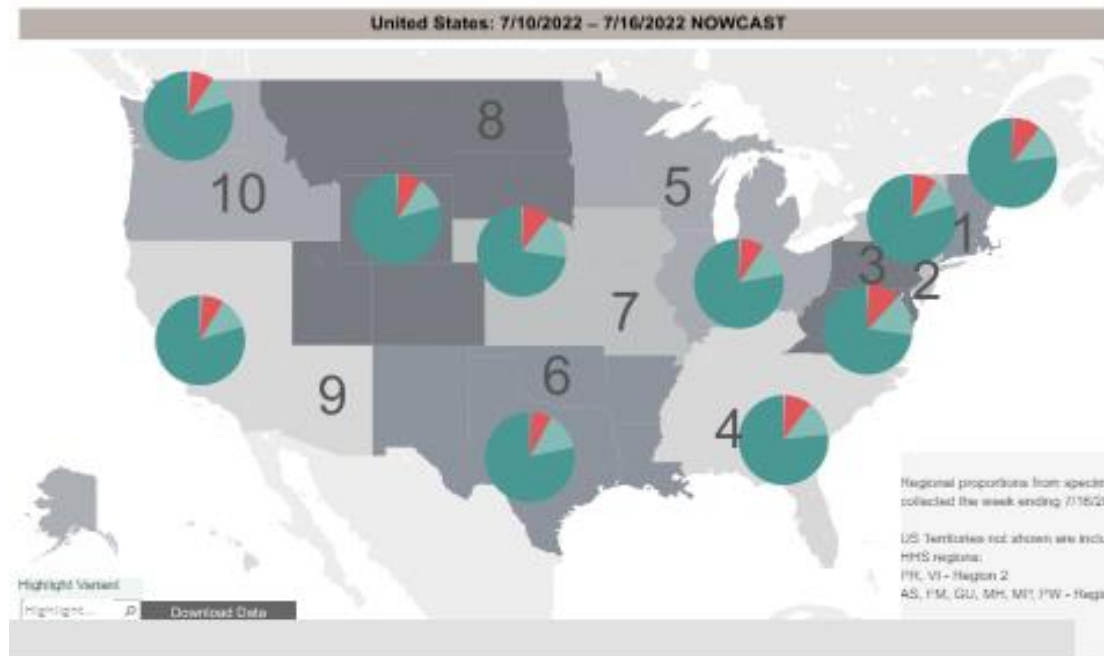
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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



**Note: week-to-week comparison in Omicron variant proportion: far right bar in graph on left is week ending 7/16/22. LIGHTEST PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1. Darker green is BA.5 and lighter green is BA.4.**

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



**Note: week-to-week comparison in Omicron variant proportion. Map on left is week ending 7/16/22. LIGHT PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1. Darker green is BA.5 and lighter green is BA.4.**

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

# AAP (National) Updates

*Slides 19 – 38 courtesy of the American Academy of Pediatrics*

*(updated after today's call from AAP Chapter Chat)*



# GUN VIOLENCE OVER JULY 4TH

← Thread



American Academy of Pediatrics   
@AmerAcadPeds

We mourn with those whose loved ones were injured, killed and traumatized by yesterday's mass shooting in Highland Park, Ill. during a Fourth of July parade. Gun violence continues to turn otherwise routine childhood experiences into sites of terror and trauma.

[@illinoisaap](#) 1/4

10:02 AM · Jul 5, 2022 · Twitter Web App

59 Retweets 6 Quote Tweets 173 Likes



Illinois Chapter, American Academy of Pedi...

Follow

2,273 Tweets



Illinois Chapter, American Academy of Pediatrics @illinoisaap · 19h ...  
Read a full statement from ICAAP's President Margaret Scotellaro, MD, FAAP available here [illinoisaap.org/wp-content/upl...](#)



**We must continue to voice our support for gun safety laws:**

- stop the sale of assault weapons
- require universal background checks
- strengthen safe storage
- enact higher age restrictions
- strengthen Red Flag laws



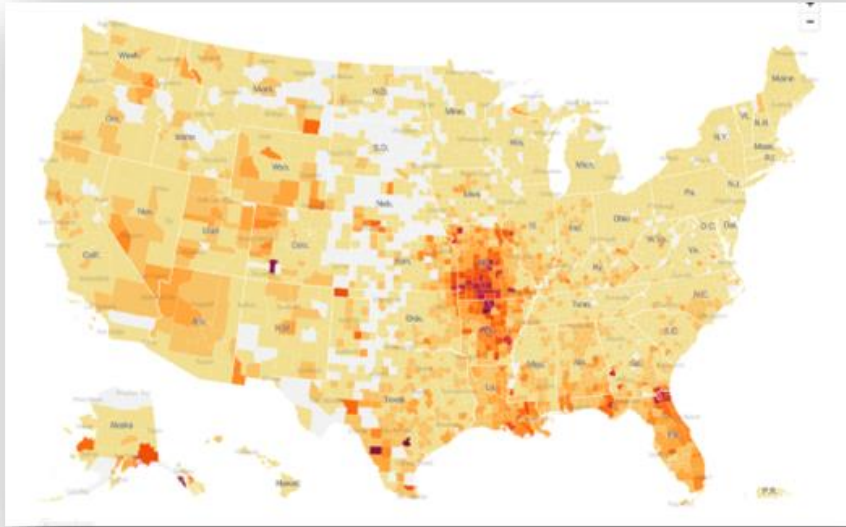
/illinoisaap/status/154440581637522277/photo/1

Illinois Chapter

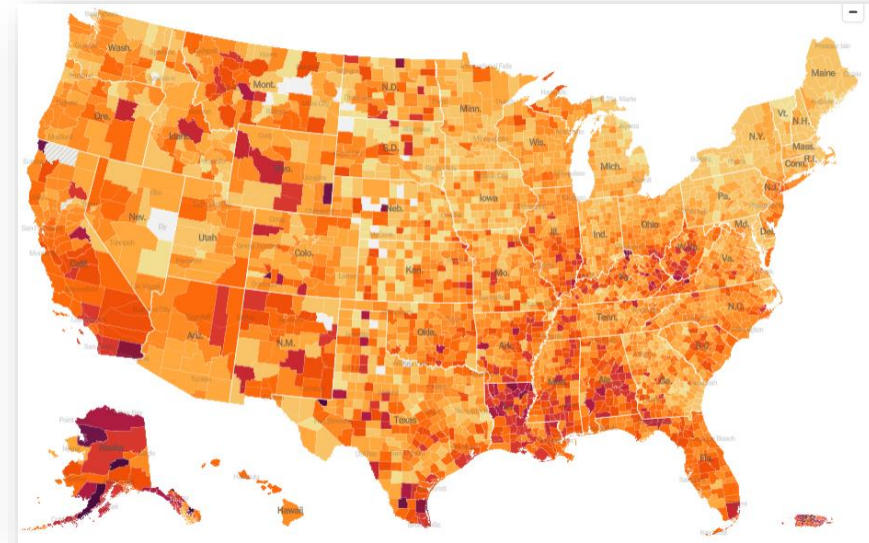
American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



A year ago...



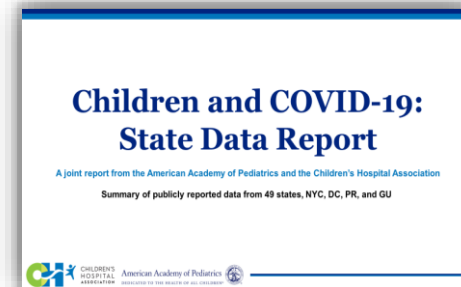
NYT 7.19.21 all ages



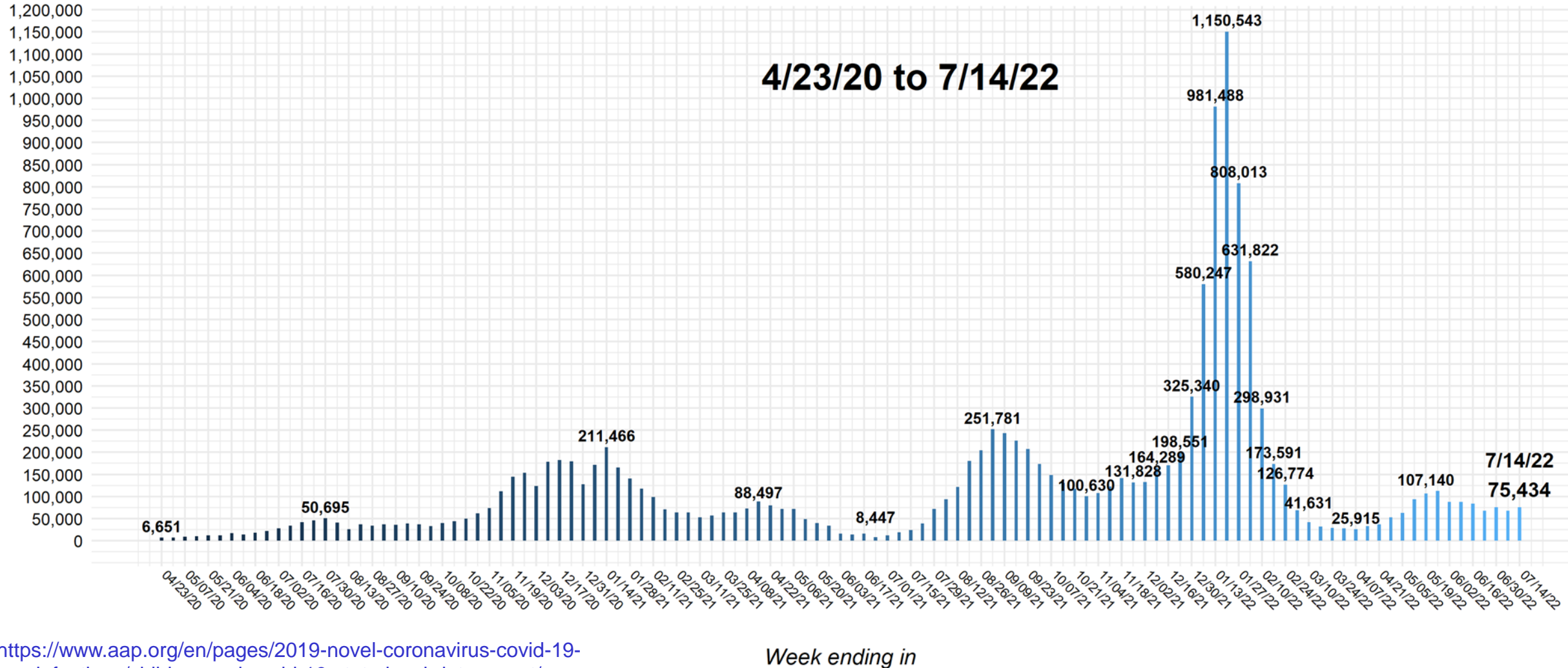
NYT 7.20.22 all ages

**As of 7/14/22 – over 13.9M cumulative confirmed child COVID-19 cases**

- **75,000 child COVID cases reported week ending 7/14/22**
  - Far higher than one year ago, when 24,000 child cases were reported.
- **Cases are down substantially from the 1.1 million peak January 20**
- **Over 6 million cases have been added in 2022**



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



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

Week ending in

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

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

On 6/15/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (1,203,359 cumulative child cases as of 6/15/22)

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 (eg, on 7/7/22, cumulative child and total cases through 6/30/22)

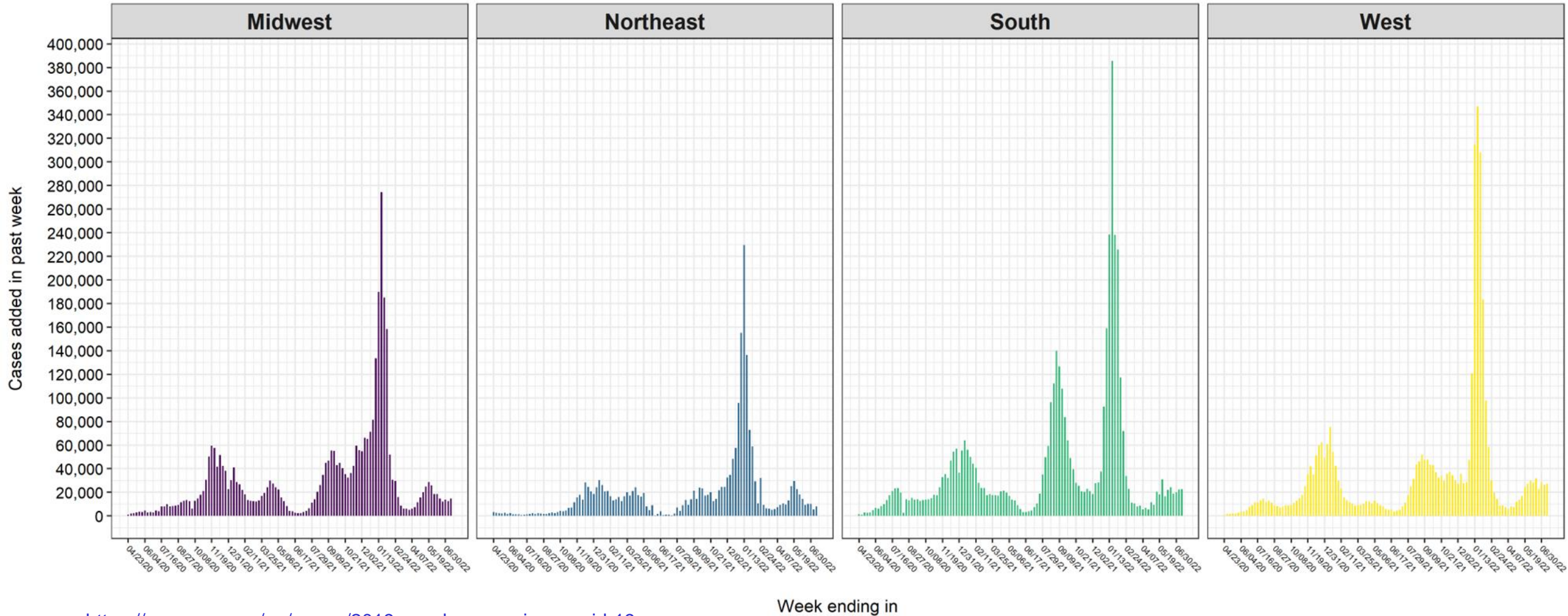
For 7 states, due to available data and changes made to dashboards, cumulative child cases and total cases for all ages are not current: AL through 7/29/21, HI through 1/13/22, DC through 3/3/22, MS through 3/10/22, SC through 4/28/22, NE through 5/12/22, and MN through 6/30/22

As of 6/9/22, due to available data for FL (case data updated every other week), child and total cases averaged across 2 week period accordingly

On 7/14/22, due to available data, IA cumulative child and total cases through 6/23/22, NJ cumulative child and total cases through 6/30/22, and OR cumulative child and total cases through 7/7/22



# United States: Child COVID-19 Cases Added in the Past Week, by Region (4/23/20 to 7/14/22)



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

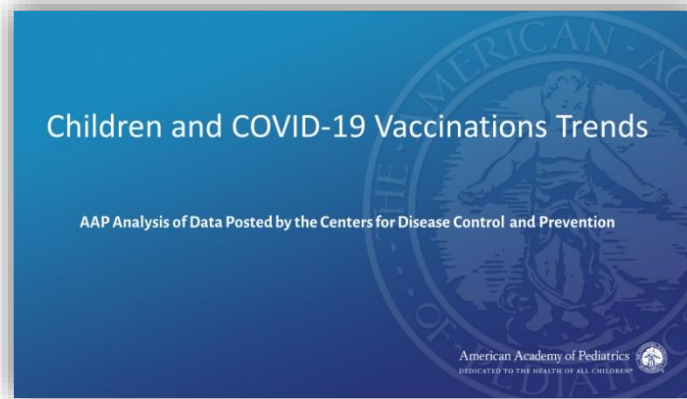
Source: AAP analysis of publicly available data from state/local health departments  
 Note: Regions are the US Census Regions

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 7/14/22, due to available data, IA cumulative child and total cases through 6/23/22, NJ cumulative child and total cases through 6/30/22, and OR cumulative child and total cases through 7/7/22



Report posted Mondays on AAP.org

## As of 7/13/22:

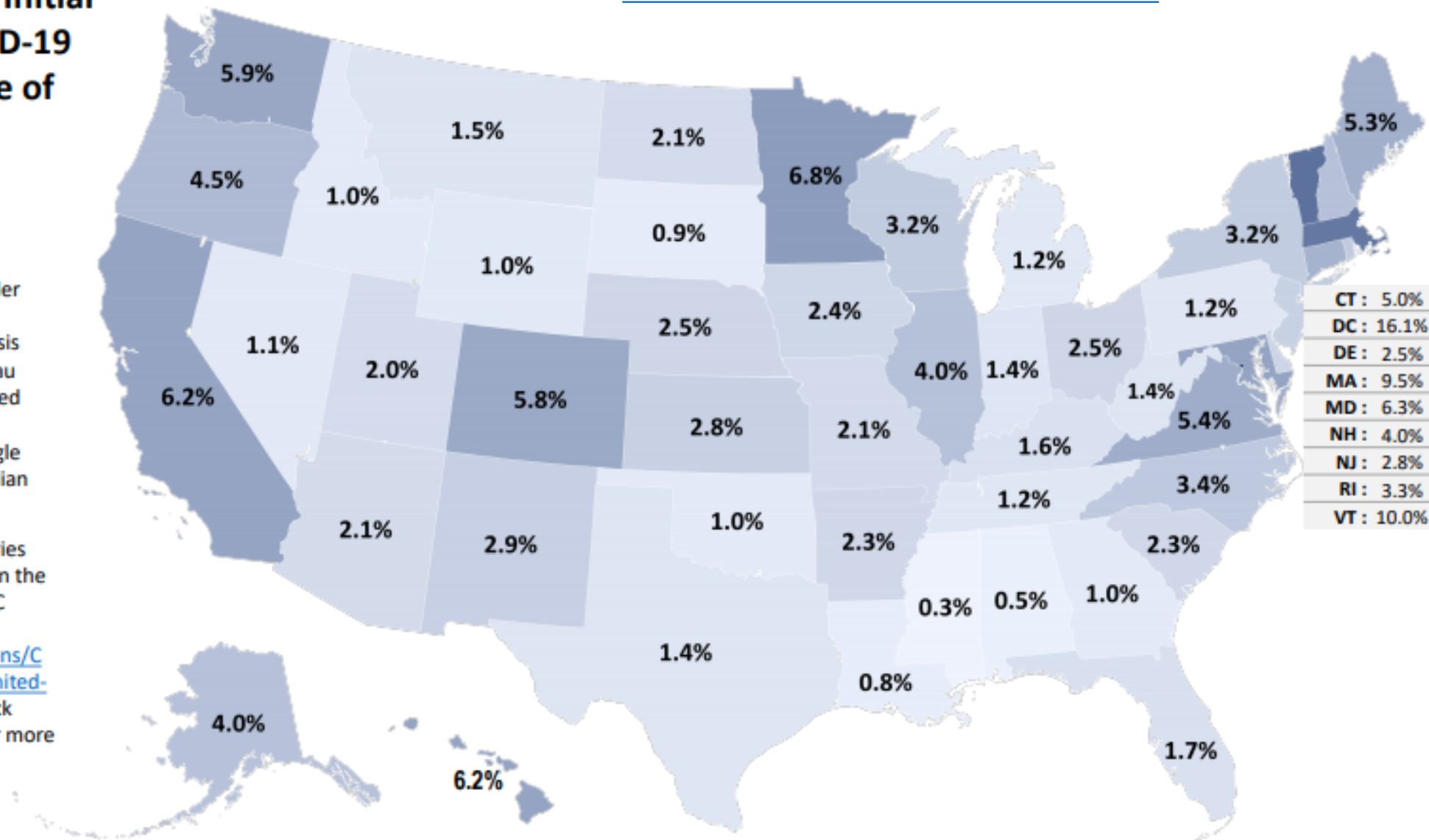
- **600,000 (3%) US children under 5 have received an initial dose of COVID-19 vaccine**
  - 135,000 received their initial dose this week
- **10.3 million (36%) US children ages 5-11 have received an initial dose of COVID-19 vaccine**
  - 50,000 received their initial dose this week
- **17.4 million (69%) US children ages 12-17 have received an initial dose of COVID-19 vaccine**
  - 26,000 received their initial dose this week



# Proportion of US Children Ages 6 Months - 4 Years Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence

Received Initial Dose  as of 7.13.2022  
0.3% 16.1%

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/>



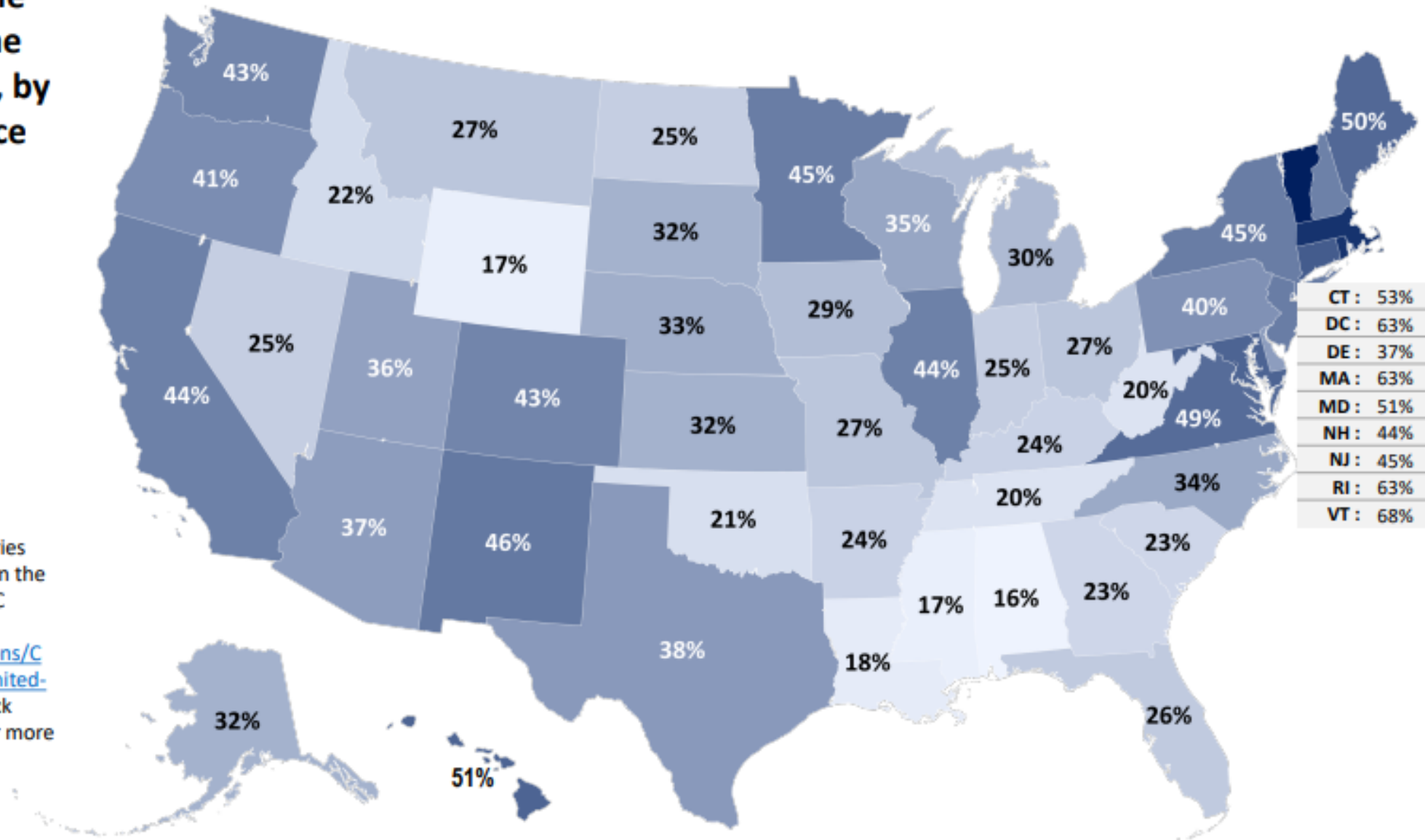
**Note:** Infants 6 months and older are estimated as half of infant population based on AAP analysis of report published by US Bureau of Census on June 17, 2021, titled "State Population by Characteristics: 2010-2020. Single Year of Age and Sex for the Civilian Population."

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

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

Received Initial Dose  as of 7.13.2022  
16% 68%

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/>

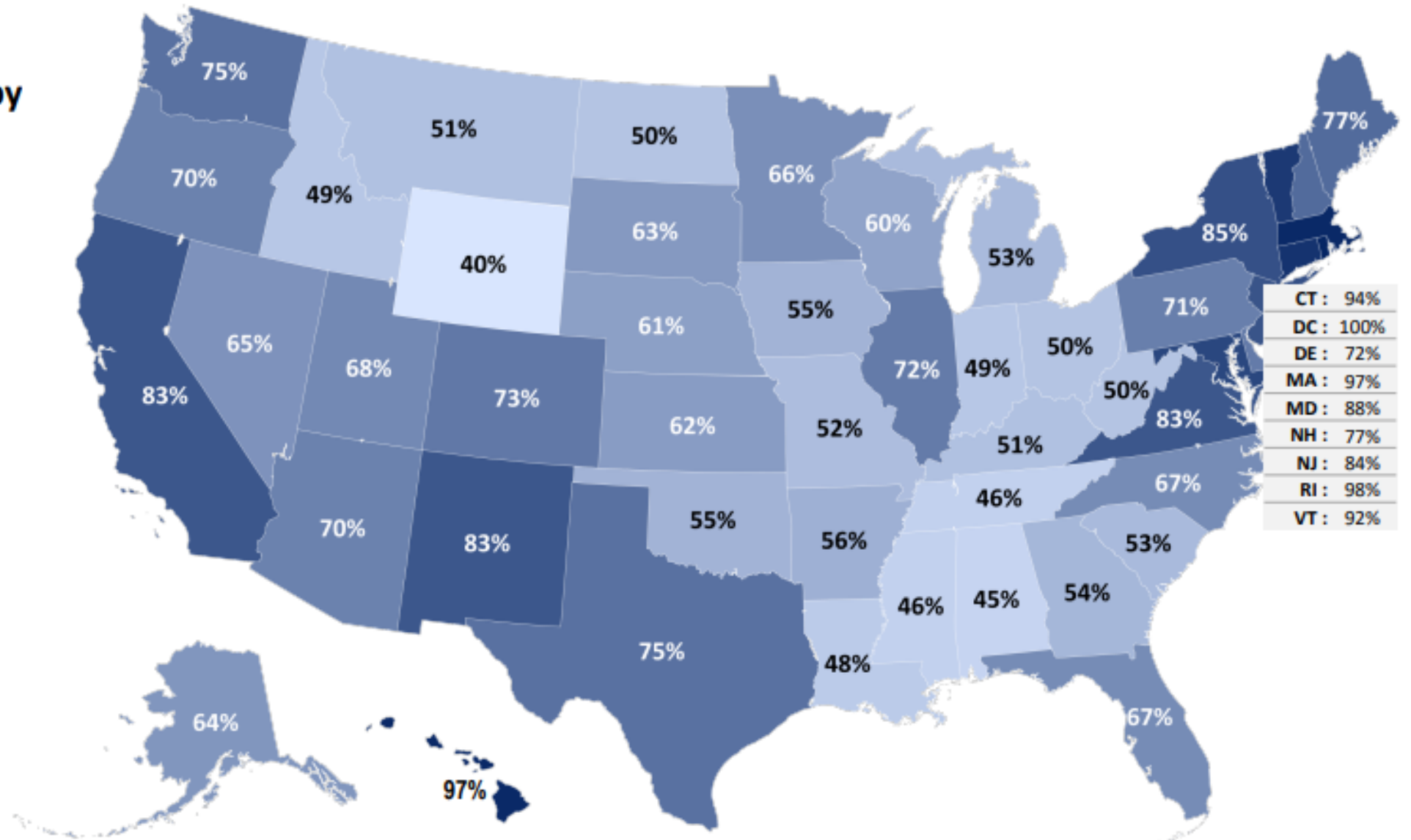


**Source:** AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/uns-k-b7fc> ). Check state web sites for additional or more recent information.

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

Received Initial Dose as of 7.13.2022  
40% 100%

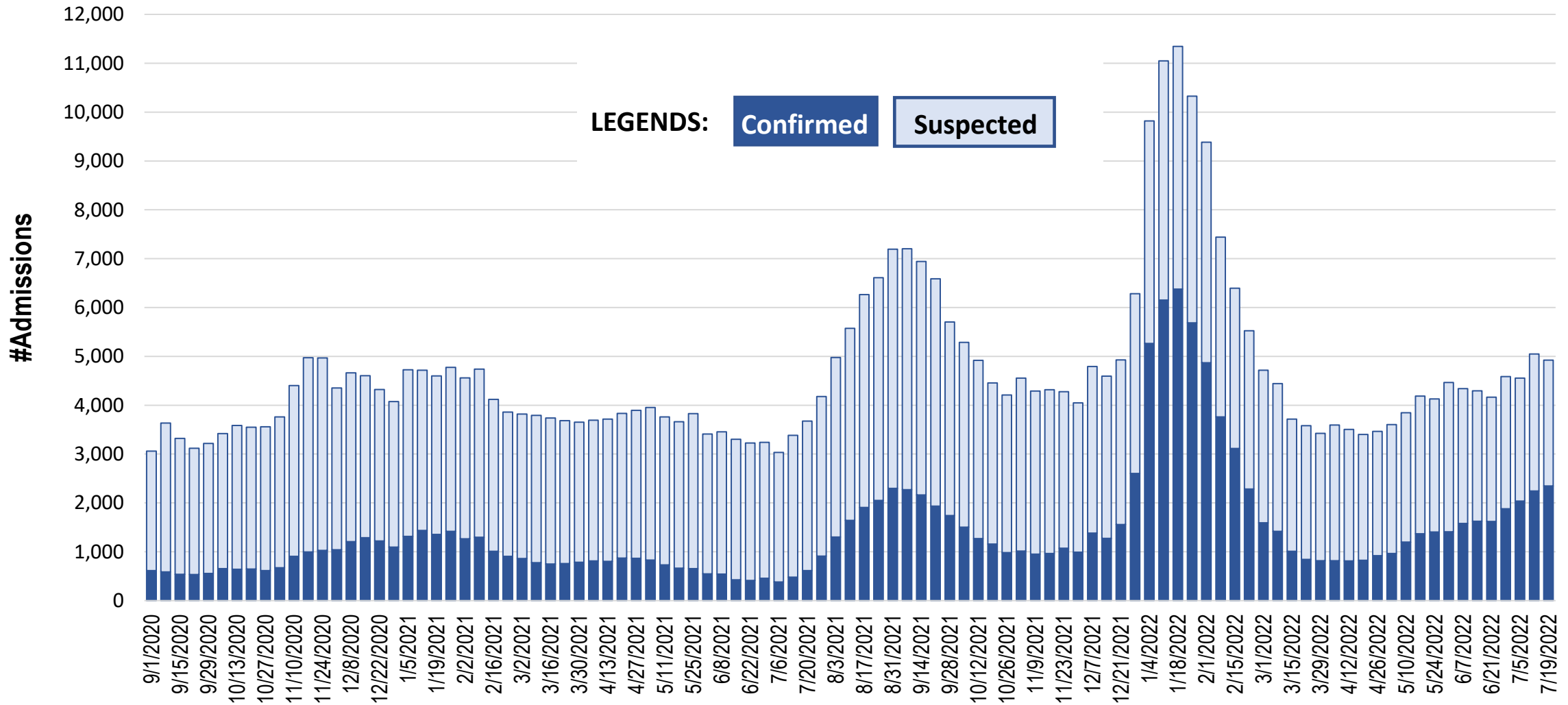
<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/>



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

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

9.1.2020 - 7.19.2022



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



From the AAP:

# Pediatric COVID-19 Vaccine Dosing Quick Reference Guide

- View online at: [aap.org/CovidVaccineGuide](http://aap.org/CovidVaccineGuide)
- Last updated July 2022

## Pediatric COVID-19 Vaccine Dosing Quick Reference Guide

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

Age at First Dose	Pfizer-BioNTech COVID-19 Vaccine Products			Moderna COVID-19 Vaccine Products		
	1 mcg/0.2 mL (dilute before use)	10 mcg/0.2 mL (dilute before use)	30 mcg/0.5 mL	25 mcg/0.25 mL	50 mcg/0.5 mL	100 mcg/0.5 mL booster: 50 mcg/0.25 mL
6 months–4 years	Dose 1 Maroon cap	Dose 2 3–8 weeks after dose 1 Maroon cap	Dose 3 at least 8 weeks after dose 2 Maroon cap	Dose 1 Blue cap/magenta label	Dose 2 4–8 weeks after dose 1 Blue cap/magenta label	
5 years	Dose 1 Orange cap	Dose 2 3–8 weeks after dose 1 Orange cap	Dose 3 at least 5 months after dose 2 Orange cap	Dose 1 Blue cap/magenta label	Dose 2 4–8 weeks after dose 1 Blue cap/magenta label	
6–11 years	Dose 1 Orange cap	Dose 2 3–8 weeks after dose 1 Orange cap	Dose 3 at least 5 months after dose 2 Orange cap	Dose 1 Blue cap/purple label	Dose 2 4–8 weeks after dose 1 Blue cap/purple label	
12–17 years	Dose 1 Gray cap	Dose 2 3–8 weeks after dose 1 Gray cap	Dose 3 at least 5 months after dose 2 Gray cap	Dose 1 Red cap/blue label	Dose 2 4–8 weeks after dose 1 Red cap/blue label	
18–49 years	Dose 1 Gray cap	Dose 2 3–8 weeks after dose 1 Gray cap	Dose 3 at least 5 months after dose 2 Gray cap	Dose 1 Red cap/blue label	Dose 2 4–8 weeks after dose 1 Red cap/blue label	Dose 3 at least 5 months after dose 2 Blue cap/purple label OR Moderna's Blue cap/purple label OR Pfizer's Gray cap

Patients turning a different age between primary series doses. Children should receive the dose recommended for age at the time of vaccination.\*

4 years turning 5 years**	Dose 1 Maroon cap	Dose 2 3–8 weeks after dose 1 Maroon cap (if 4 years old) Orange cap (if 5 years old)	Dose 3 at least 8 weeks after dose 2 Orange cap	5 years turning 6 years	Dose 1 Blue cap/magenta label	Dose 2 4–8 weeks after dose 1 Blue cap/purple label
11 years turning 12 years	Dose 1 Orange cap	Dose 2 3–8 weeks after dose 1 Orange cap (if 11 years old) Gray cap (if 12 years old)	Dose 3 at least 5 months after dose 2 Gray cap	11 years turning 12 years	Dose 1 Blue cap/purple label	Dose 2 4–8 weeks after dose 1 Red cap/blue label

\*CDC and AAP recommendation. FDA allows for children crossing age categories to receive either the lower or higher dose after the birthday, so if this were to occur, these doses would count and repeat vaccination is not necessary.

\*\*Children turning 4 to 5 years of age between Dose 1 and Dose 2 also have the option to receive a 2-dose primary series using orange cap.

View online at [aap.org/CovidVaccineGuide](http://aap.org/CovidVaccineGuide)  
last updated July 2022

Primary series    Booster dose

## Pediatric COVID-19 Vaccine Dosing Quick Reference Guide: Moderately to Severely Immunocompromised Children

American Academy of Pediatrics  
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Age at First Dose	Pfizer-BioNTech COVID-19 Vaccine Products			Moderna COVID-19 Vaccine Products		
	1 mcg/0.2 mL (dilute before use)	10 mcg/0.2 mL (dilute before use)	30 mcg/0.5 mL	25 mcg/0.25 mL	50 mcg/0.5 mL	100 mcg/0.5 mL booster: 50 mcg/0.25 mL
6 months–4 years	Dose 1 Maroon cap	Dose 2 3 weeks after dose 1 Maroon cap	Dose 3 at least 8 weeks after dose 2 Maroon cap	Dose 1 Blue cap/magenta label	Dose 2 4 weeks after dose 1 Blue cap/magenta label	Dose 3 at least 8 weeks after dose 2 Blue cap/magenta label
5 years	Dose 1 Orange cap	Dose 2 3 weeks after dose 1 Orange cap	Dose 3 at least 8 weeks after dose 2 Orange cap	Dose 1 Blue cap/magenta label	Dose 2 4 weeks after dose 1 Blue cap/magenta label	Dose 3 at least 8 weeks after dose 2 Blue cap/magenta label
6–11 years	Dose 1 Orange cap	Dose 2 3 weeks after dose 1 Orange cap	Dose 3 at least 8 weeks after dose 2 Orange cap	Dose 1 Blue cap/purple label	Dose 2 4 weeks after dose 1 Blue cap/purple label	Dose 3 at least 8 weeks after dose 2 Blue cap/purple label
12–17 years	Dose 1 Gray cap	Dose 2 3 weeks after dose 1 Gray cap	Dose 3 at least 8 weeks after dose 2 Gray cap	Dose 1 Red cap/blue label	Dose 2 4 weeks after dose 1 Red cap/blue label	Dose 3 at least 8 weeks after dose 2 Red cap/blue label
≥18 years	Dose 1 Gray cap	Dose 2 3 weeks after dose 1 Gray cap	Dose 3 at least 8 weeks after dose 2 Gray cap	Dose 1 Red cap/blue label	Dose 2 4 weeks after dose 1 Red cap/blue label	Dose 3 at least 8 weeks after dose 2 Blue cap/purple label OR Pfizer's Blue cap/purple label OR Pfizer's Blue cap/purple label OR Pfizer's Gray cap

Patients turning a different age between primary series doses. Children should receive the dose recommended for age at the time of vaccination.\*

4 years turning 5 years	Dose 1 Maroon cap	Dose 2 3 weeks after dose 1 Maroon cap (if 4 years old) Orange cap (if 5 years old)	Dose 3 at least 8 weeks after dose 2 Orange cap	5 years turning 6 years	Dose 1 Blue cap/magenta label	Dose 2 4 weeks after dose 1 Blue cap/purple label (if 5 years old) Blue cap/purple label (if 6 years old)
11 years turning 12 years	Dose 1 Orange cap	Dose 2 3 weeks after dose 1 Orange cap (if 11 years old) Gray cap (if 12 years old)	Dose 3 at least 8 weeks after dose 2 Gray cap	11 years turning 12 years	Dose 1 Blue cap/purple label	Dose 2 4 weeks after dose 1 Blue cap/purple label (if 11 years old) Red cap/blue label (if 12 years old)

\*CDC and AAP recommendation. FDA allows for children crossing age categories to receive either the lower or higher dose after the birthday, so if this were to occur, these doses would count and repeat vaccination is not necessary.

View online at [aap.org/CovidVaccineGuide](http://aap.org/CovidVaccineGuide)  
last updated July 2022

Primary series    Booster dose



# New CPT Code for Moderna COVID-19 Vaccines

AAP COVID-19 Vaccine Coding Chart

Vaccine Manufacturer	Patient Age	Cap Color	Vaccine Product	1st Dose Admin	2nd Dose Admin	3rd Dose Admin	Booster Admin	Vaccine Product	Dosing Interval	NDC
Pfizer	≥12 years	Purple	91300	0001A	0002A	0003A	0004A	COVID-19 vaccine, mRNA-LNP, spike protein, PF, 30mcg/0.3mL dosage, diluent reconstituted, for IM use	1st to 2nd Dose: 21 d 2nd to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster*	59267-1000-1 59267-1000-01
Pfizer	≥12 years	Gray	91305	0051A	0052A	0053A	0054A	COVID-19 vaccine, mRNA-LNP, spike protein, PF, 30mcg/0.3 mL dosage, tris-sucrose formulation, for IM use	1st to 2nd Dose: 21 d 2nd to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster*	59267-1025-1 59267-1025-01
Pfizer	5-11 years	Orange	91307	0071A	0072A	0073A	0074A	COVID-19 vaccine, mRNA-LNP, spike protein, PF, 10mcg /0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for IM use	1st to 2nd Dose: 21 d 2nd to 3rd Dose (CDC recommended population[s] [eg, immunocompromised] ): 28 or More Days Booster*	59267-1055-1 59267-1055-01
Pfizer	6 months-4 years	Maroon	91308	0081A	0082A	0083A	N/A	COVID-19 vaccine, mRNA, spike protein, LNP, PF, 3mcg/0.2 mL dose, tris-sucrose formulation	1st to 2nd Dose: 21 d 3rd Dose*	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04
Moderna	≥18 years	Red	91301	0011A	0012A	0013A	N/A	COVID-19 vaccine, mRNA-LNP, spike protein, PF, 100 mcg/0.5mL dosage, for IM use	1st to 2nd Dose: 28 d 2nd to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster*	80777-273-10 80777-0273-10
Moderna	≥18 years	Red	91306	N/A	N/A	N/A	0064A (Low Dose)	COVID-19 vaccine, mRNA-LNP, spike protein, PF, 50mcg/0.25 mL dosage, for IM use	Booster*	80777-273-10 80777-0273-10
Moderna	≥18 years	Blue	91309	N/A	N/A	N/A	0094A	COVID-19 vaccine, mRNA-LNP, spike protein, PF, 50mcg/0.5 mL dosage, for IM use	Booster*	80777-275-05 80777-0275-05
Moderna	6-11 years	Blue	91309	0091A	0092A	0093A	N/A	COVID-19 vaccine, mRNA-LNP, spike protein, PF, 50mcg/0.5 mL dosage, for IM use	1st to 2nd Dose: 1 month 2nd to 3rd Dose: (CDC recommended population[s] [eg, immunocompromised]): 1 month	80777-275-05 80777-0275-05
Moderna	6 months-5 years	Blue Cap Magenta Label Border	91311	0111A	0112A	0113A	N/A	COVID-19 vaccine, mRNA-LNP, spike protein, PF, 25mcg/0.25 mL dosage, for IM use	1st to 2nd Dose: 1 month 2nd to 3rd Dose: (CDC recommended population[s] [eg, immunocompromised]): 1 month	80777-279-05 80777-0279-05
Janssen	≥18 years		91303	0031A	N/A	N/A	0034A	COVID-19 vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, PF, 5x10 <sup>10</sup> viral particles/0.5mL dosage, for IM use	Booster*	59676-580-05 59676-0580-05
Sanofi-GSK	≥18 years		91310	N/A	N/A	N/A	0104A	COVID-19 vaccine, monovalent, PF, 5mcg/0.5 mL dosage, adjuvant AS03 emulsion, for IM use	Booster*	49281-618-20 49281-0618-20

## AAP coding chart: COVID-19 Vaccine Administration: Getting Paid

\*Refer to [FDA/CDC Guidance](#)  
COVID-19 vaccine, Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease); d, days; IM, intramuscular; PF, preservative-free  
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#COVID19-vaccines>



# COVID-19 Vaccine Updates

- [ACIP Meeting](#) on 7/19/22 to discuss Novavax COVID-19 vaccine in adults  $\geq$  18 years
  - More "traditional" adjuvanted, recombinant spike protein nanoparticle vaccine
  - Additional option for those who remain unvaccinated
- CDC Director endorsed ACIP's unanimous recommendation for 2-dose Novavax COVID-19 vaccine as a primary series option



# Revised COVID-19 Interim Guidance

- [Guidance on Providing Pediatric Well-Care During COVID-19](#)
- [COVID-19 Testing](#)
- [FAQs: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19](#)
- [Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe RSV Infection During the 2022-2023 RSV Season](#)



# Revised COVID-19 Interim Guidance

- Management Strategies in Children and Adolescents with Mild to Moderate COVID-19
- COVID-19 Guidance for Safe Schools and Promotion of In-Person Learning
- Face Masks and Other Prevention Strategies
- Multisystem Inflammatory Syndrome in Children (MIS-C) Interim Guidance

*(all posted on July 5th)*



# New Healthy Children Articles



- [Ask the Pediatrician: When can kids get the COVID vaccine or a booster?](#)
- [Ask the Pediatrician: What should parents know about the COVID vaccine for kids under 5?](#)
- [COVID Vaccines for Kids 6 Months and Older: FAQs for Families](#)
- [COVID Vaccine Checklist for Kids](#)
- [COVID Vaccines Authorized for Children Ages 6 Months & Up](#)





# Post-Roe Era: Responses to Dobbs

## AAP Letter to HHS

- HHS must do everything in its power to:
  - protect access to abortion and the physician-patient relationship
  - address impact of abortion restrictions on care for children born with fatal or medically very complex conditions
  - support evidence-based perinatal palliative care

## Congressional Action

- House passed numerous bills:
  - codifying Roe
  - protecting right to interstate travel for abortion
  - enshrining right to same-sex marriage



# LARGEST SUSTAINED DECLINE IN CHILDHOOD IMMUNIZATION IN 30 YEARS

TODAY'S WORLDVIEW

## Worst backslide in global vaccinations 'in a generation,' U.N. says



Analysis by [Adam Taylor](#)  
Reporter

July 14, 2022 at 8:01 p.m. EDT

### Sharp Drop in Childhood Vaccinations Threatens Millions of Lives

Pandemic lockdowns, misinformation campaigns, conflicts, climate crises and other problems diverted resources and contributed to the largest backslide in routine immunization in 30 years.

[Give this article](#) [Share](#) [Bookmark](#)

This article is part of our [Daily Covid Briefing](#)



- 25 million children missed out on 1 or more doses of DTP
- 18 million "zero dose" children
- Globally, over a quarter of the HPV vaccine coverage has been lost
- India, Nigeria, Indonesia, Ethiopia, Philippines, and Brazil are among hardest hit
- Misinformation campaigns from COVID vaccines spilled over into routine immunizations

American Academy of Pediatrics

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# 988: NOW *LIVE* (JULY 16, 2022)

- Opportunity to create/
- enhance state/local mobile mental health crisis response
- Advocate for unique needs of children in these systems
- Connect with coalitions/  
partners
  - NAMI
  - AACAP



# 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.



# Next AAP COVID-19 Town Hall

- Town Hall **Thursday – date TBA (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/>





# Formula Shortage Updates

July 20, 2022



# Vermont WIC Program Updates

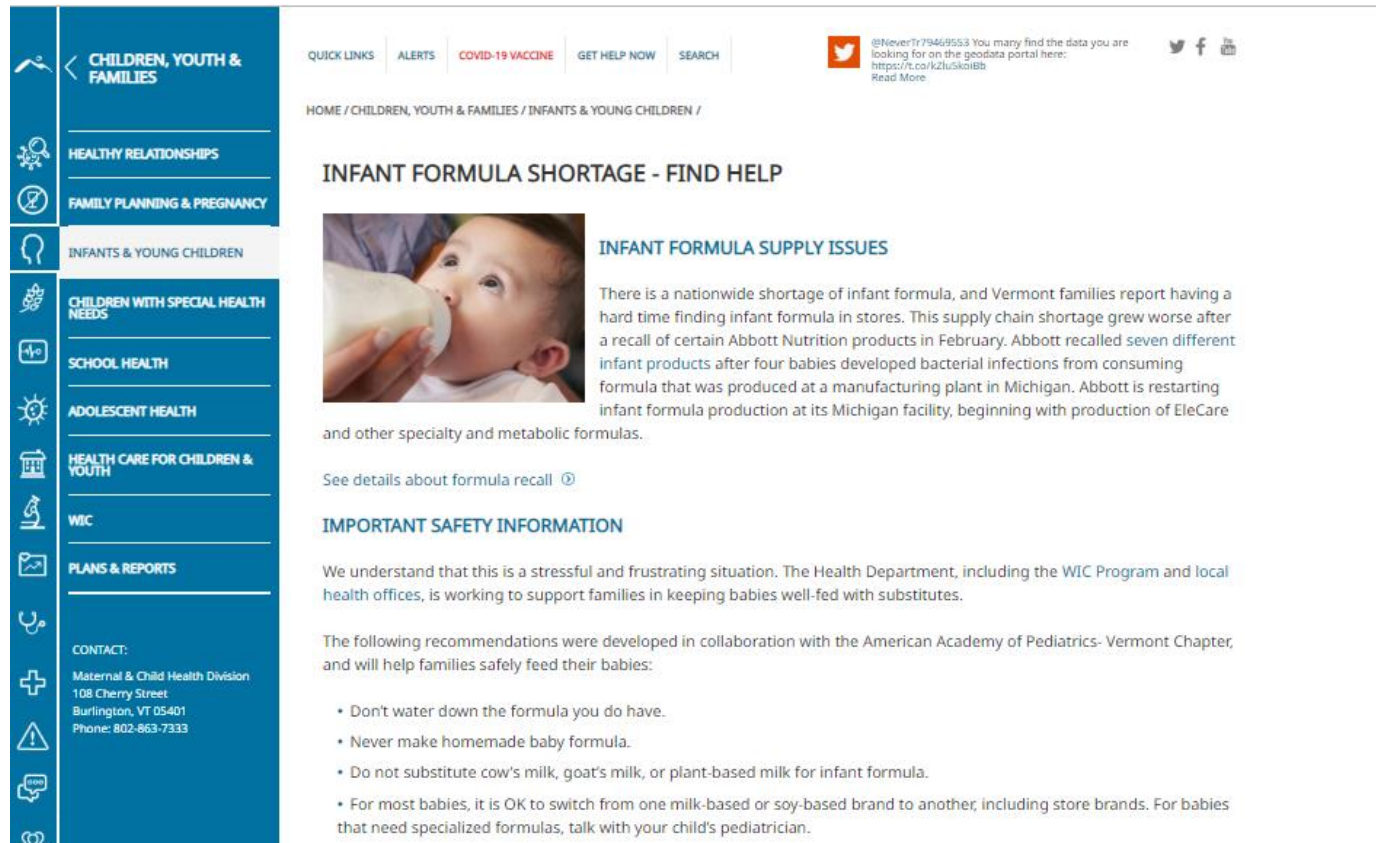
- With incoming imported formula and all formula companies working to capacity, shelves are showing signs of recovery.
- WIC is continuing to work with families to find what they need, hypoallergenic formulas continue to be the biggest challenges (Nutramigen, Alimentum, Extensive HA)
- Abbott's Sturgis, MI plant has restarted after flooding back in June; they are prioritizing their specialty medical formulas
- Abbott is continuing to allow WIC to provide competitor's products through the end of September
- **Breastfeeding support** is available for any family needing lactation services to maintain or increase their milk supply



# 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 header with navigation links: QUICK LINKS, ALERTS, COVID-19 VACCINE, GET HELP NOW, and SEARCH. There is a social media link for @NeverTr79469553 and a tweet snippet. Below the header is the breadcrumb: 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.

## Vermont Heat Advisory

- The National Weather Service has issued a **Heat Advisory** for parts of Vermont; expect hot & humid conditions across the state remainder of this week; heat index values expected to reach 95-100 in some locations today.
- VT data: ED visits for heat-related illnesses increase when temperatures reach the mid- to upper-80s, with impacts getting progressively worse as temperatures rise into the 90s. Humid conditions make the temperature feel even hotter.
- **Populations Most Affected:** older adults, young children, people experiencing homelessness, outdoor workers and hobbyists, people who are pregnant, people who are overweight, have a chronic medical condition, disability or mental illness, people using recreational drugs or alcohol, and people using certain prescription medications. Risk is further elevated for those who live alone or do not have air conditioning. Dehydration and hot living conditions are the major concerns for these populations.



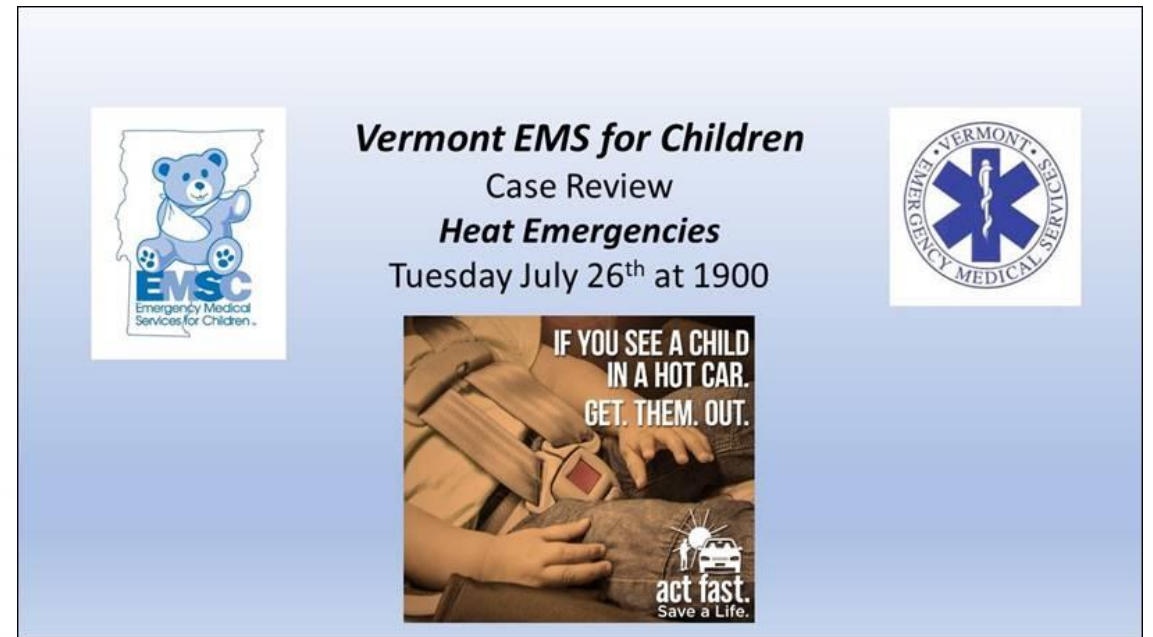
# Vermont Heat Advisory (cont'd.)

- ❑ **Symptoms and first aid:** muscle cramps, heavy sweating, nausea, headache or light-headedness. Most heat-related illnesses can be treated with fluids & resting in a cooler place. If symptoms persist or get worse, or someone you are with seems confused or loses consciousness, dial 9-1-1 and get immediate medical help. <https://www.cdc.gov/disasters/extremeheat/warning.html>
- ❑ **Find more information at** <https://www.healthvermont.gov/health-environment/climate-health/hot-weather> (includes a map of indoor and outdoor locations where people can go to cool off). Safety tips are available in English plus Arabic, Burmese, Chinese, French, Karen, Kirundi, Nepali, Somali, Spanish, Swahili, and Vietnamese.
- ❑ The Health Department also maintains a Hot Weather Media Toolkit, which includes key messages about risks and prevention strategies and example Front Porch Forum and social media messages. Please feel free to modify and use these messages in your communications.

Coming soon...

# Vermont EMS for Children Case Review

- ❑ Please join us for our next EMS for Children Case Review on **Tuesday July 26<sup>th</sup> at 1900 – Heat Emergencies. [Thank you, Dr. David Nelson]**
- ❑ Join Zoom Meeting: <https://us02web.zoom.us/j/83756998119>
  - ❑ Meeting ID: 837 5699 8119
  - ❑ Dial by your location
    - +1 312 626 6799 US (Chicago)
    - +1 646 931 3860 US
    - +1 929 205 6099 US (New York)
    - +1 301 715 8592 US (Washington DC)



The poster features the Vermont EMS for Children logo on the left, which includes a blue bear holding a stethoscope and the text 'EMSC Emergency Medical Services for Children'. On the right is the Vermont State Seal, a circular emblem with a blue star and a caduceus, surrounded by the text 'VERMONT STATE EMERGENCY MEDICAL SERVICE'. The central text reads: 'Vermont EMS for Children Case Review Heat Emergencies Tuesday July 26<sup>th</sup> at 1900'. Below this is a photograph of a person in a white uniform, likely an EMT or paramedic, performing a medical procedure on a child. The photo includes the text: 'IF YOU SEE A CHILD IN A HOT CAR. GET THEM OUT. act fast. Save a Life.'

# VDH: Health & the Environment – Cyanobacteria

- <https://www.healthvermont.gov/health-environment/recreational-water/cyanobacteria-blue-green-algae>

## CYANOBACTERIA (BLUE-GREEN ALGAE)

Cyanobacteria, also known as blue-green algae, are naturally found in fresh water in the U.S. and in Lake Champlain and other Vermont waters. Some types of cyanobacteria can release natural toxins or poisons (called cyanotoxins) into the water, especially when they die and break down.

[Report a Cyanobacteria Bloom](#)

Find information in these languages: العربية (Arabic) | Bosnian | မြန်မာစာ (Burmese) | دری (Dari) | Français (French) | Kirundi | नेपाली (Nepali) | پښتو (Pashto) | Soomaali (Somali) | Español (Spanish) | Swahili | Tiếng Việt (Vietnamese)

› [What are cyanobacteria blooms and what do they look like?](#)

It's important to know what cyanobacteria blooms look like so you can stay away from them. Watch the video below to find out, and see more photos of what [cyanobacteria look like](#) and what are [not cyanobacteria](#).



*Now live!*

# 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 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 available by phone M – F from 9 am to 3 pm, excluding holidays.
- ❑ Liaison Coordinator assists 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

- ❑ **Now available *statewide*** (launched June 13, 2022)!
- ❑ Email [vtcpap@vtcpap.com](mailto:vtcpap@vtcpap.com) to **register your practice**.
- ❑ ***Then***: call us (9am – 3pm weekdays) at **1-802-488-5342**
- ❑ 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***

*Coming soon...*

## NICU Follow-Up Survey

- Project conducted by UVM CH Neonatologist Dr. Deirdre O'Reilly and LCOM 2<sup>nd</sup> year medical student Katie Barker
- Seeking input on follow up of premature infants:
  - ▣ Special interest prompted by data that shows underutilization of Early Intervention services for **infants treated with hypothermia therapy for perinatal asphyxia**. Questions will address specifics of developmental screening in practices.
- Survey will come from AAPVT / Stephanie Winters & will use REDCap format.
- Please stay tuned and consider completing this survey (and thank you in advance for your participation)!

# From the CDC

- MMWR: Effectiveness of 2, 3, and 4 COVID-19 mRNA Vaccine Doses Among Immunocompetent Adults During Periods when SARS-CoV-2 Omicron BA.1 and BA.2/BA.2.12.1 Sublineages Predominated — VISION Network, 10 States, December 2021–June 2022
- U.S. DHHS, Office of Minority Health & CDC: Office of Minority Health and Health Equity (OMHHE): webinar on *Protecting Our Children and Youth from COVID-19: Information for Parents, Caregivers, and Community*. Friday, July 29, 2022, 1:30-3:00 p.m. (ET).
- Will provide accurate, timely, & trusted information about how to protect all children from COVID-19. Getting vaccinated is a key step in protecting children/youth from getting very sick/dying from COVID-19.
- Vaccine recs; risks/benefits/myths associated with COVID-19 vaccinations for children and youth.

# Practice Issues

## *Pediatric COVID-19 & Monkeypox Vaccine Update*





# Vermont Department of Health – Immunization Program

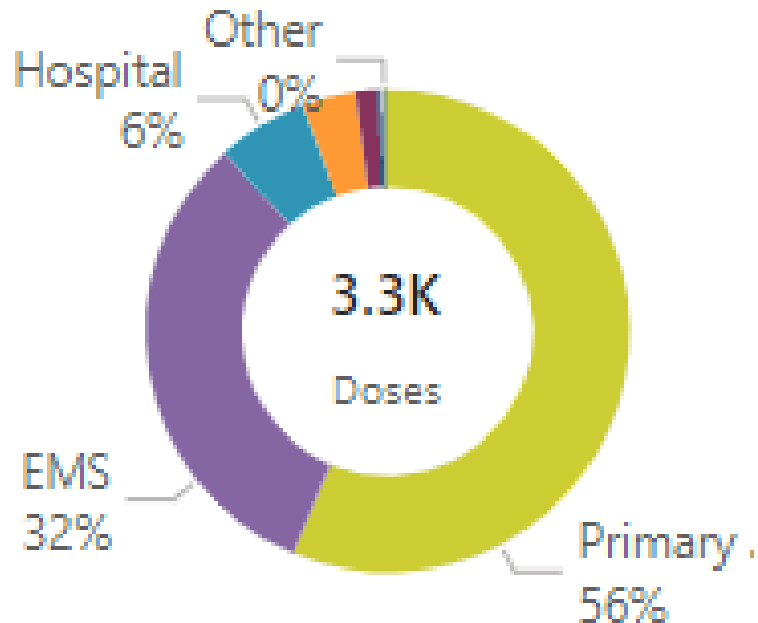
Monica Ogelby, MSN, RN – *Immunization Program Manager*  
Merideth Plumpton, RN - *Nurse Program Coordinator*  
Meghan Knowles – *Provider Communication & Training Coordinator*



# COVID-19 vaccine for children under 5

## AGE 0-4 VACCINATIONS

Pediatric (age 0-4) Vaccinations  
by Facility Category



**As of 7/19/2022**

- **Primary Care administered 1761**
- **EMS administered 995**
- **Hospitals 189**
- **District Offices administering to WIC have administered 112 doses**
- **Pharmacies have administered 9 doses**

## Coverage at PCP offices as of 07/15

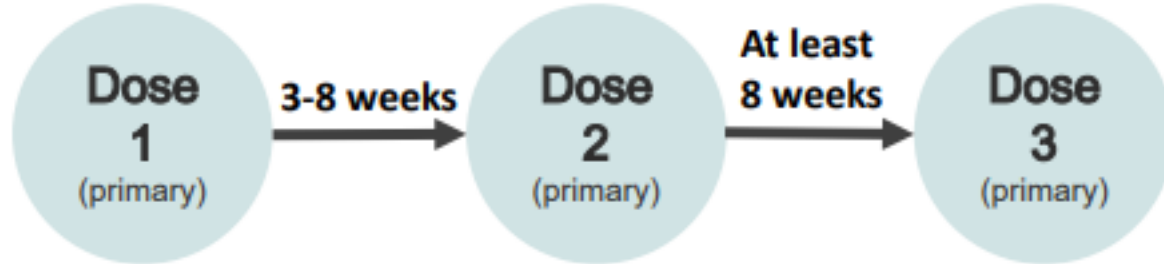
72 providers see more than 50 patients 0-4 years - 65% of these offices are carrying baby vaccine

47 providers see more than 100 patients 0-4 years - 85% of these offices are carrying baby vaccine

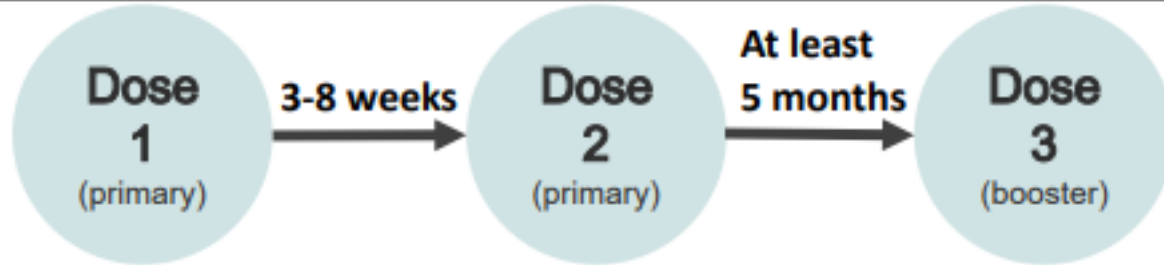
Many of those not carrying are part of umbrella organizations who serve patients centrally. The Immunization Program will follow up with all offices we anticipated ordering who have not yet.

# Pediatric Schedule: People Who Are NOT Moderately or Severely Immunocompromised

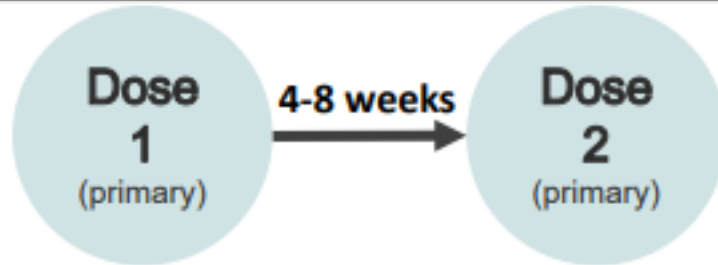
**Pfizer-BioNTech**  
(6 months–  
4 years)



**Pfizer-BioNTech**  
(5–17 years)

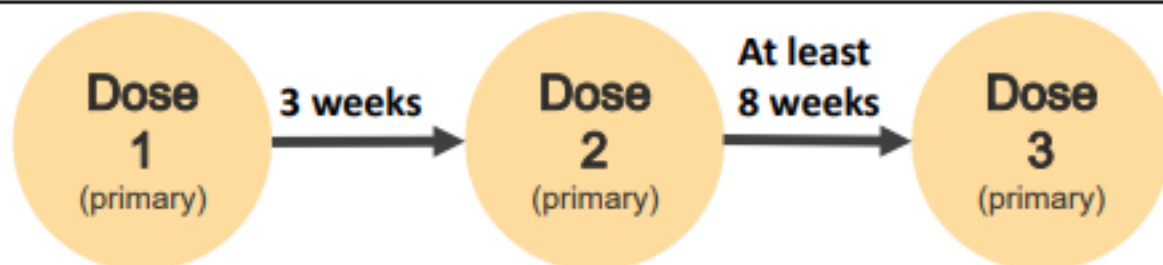


**Moderna**  
(6 months–  
5 years)



# Pediatric Schedule: People Who ARE Moderately or Severely Immunocompromised

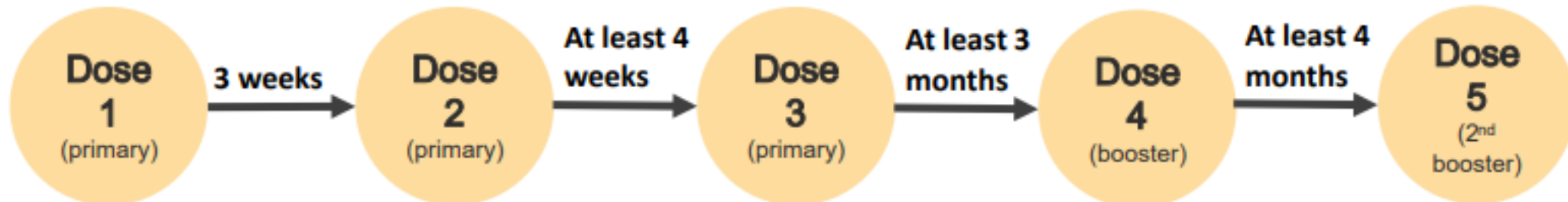
**Pfizer-BioNTech**  
(6 months–  
4 years)



**Pfizer-BioNTech**  
(5–11 years)



**Pfizer-BioNTech**  
(12–17 years)



**Moderna**  
(6 months–  
5 years)



## Transitioning from a younger to older age group

**People should receive the recommended age-appropriate vaccine dosage based on their age on the day of vaccination. If a person moves from a younger age group to an older age group during the primary series or between the primary series and receipt of the booster dose(s), they should receive the vaccine product and dosage for the older age group for all subsequent doses.**

- [Moderna COVID-19 Vaccine: For Children who Transition from a Younger to Older Age Group \(cdc.gov\)](#)
- [Pfizer-BioNTech COVID-19 Vaccine: For Children who Transition from a Younger to Older Age Group \(cdc.gov\)](#)

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#timing-spacing-interchangeability:~:text=People%20should%20receive,all%20subsequent%20doses>



# Moderna for 6 through 11 years

- 6 through 11 product is new and available by request only. Please contact us via: [AHS.VDHImmuneProgram@vermont.gov](mailto:AHS.VDHImmuneProgram@vermont.gov)
- Only order when you have a patient to administer to
- More information on the use of this new product and ordering will be communicated in the next couple weeks.
- Labeled as adult booster. Order this product with the intention for 6-11 and continue to use the adult formulation for boosters to avoid confusion.



# Interchangeability

- In general, the same mRNA vaccine product should be used for all doses in the primary series.
- In exceptional situations in which the mRNA vaccine product administered for a previous dose(s) of the primary series cannot be determined or is not available, any age-appropriate mRNA COVID-19 vaccine product may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 primary vaccination series.
- Children ages 6 months–4 years who receive different mRNA products for the first 2 doses of an mRNA COVID-19 vaccine series should follow a 3-dose schedule. A third dose of either mRNA vaccine should be administered at least 8 weeks after the second dose to complete the 3-dose primary series.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#timing-spacing-interchangeability:~:text=interval%20are%20valid.-,Interchangeability%20of%20COVID%2D19%20vaccine%20products,-In%20general%2C%20the>

# hMPXV (human monkeypox virus) Vaccines

[Considerations for hMPXV Vaccination | CDC](#)

[2022 hMPXV Outbreak Partner Toolkit | VDH](#)

[hMPXV \(human monkeypox virus\) website | VDH](#)

**Clinicians who suspect hMPXV should call the Infectious Disease Program at (802) 863-7240, Option 2 to speak with an epidemiologist 24/7.**

**Testing: Clinicians should have a low threshold for testing for hMPXV. Refer to the Health Department [hMPXV website](#) for more information.**

## **Vaccine Access**

- **Vermont has been allocated only 86 doses to date of the JYNNEOS vaccine.**
- **Current vaccine is reserved for PEP, with a future strategy for PEP++ in development.**
- **PrEP is available for very limited indications.**
- **PEP (vaccine) and treatment after an exposure are available on a case-by-case basis as determined by the Health Department and CDC. Call the Infectious Disease Program at (802) 863-7240, Option 2 to speak with an epidemiologist 24/7.**

# hMPXV (human monkeypox virus) Vaccines

When properly administered before or after a recent exposure, vaccines can be effective tools at protecting people against hMPXV illness. The following vaccination strategies are being used in the United States:

- **HMPXV Vaccine Post-Exposure Prophylaxis (PEP):** People can be vaccinated following exposure to **hMPXV** to help prevent illness from **hMPXV**. CDC recommends that the vaccine be given within 4 days from the date of exposure for the best chance to prevent onset of the disease. If given between 4 and 14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease.
- **Outbreak Response hMPXV Vaccine Post-Exposure Prophylaxis (PEP)++:** People with certain risk factors are more likely to have been recently exposed to hMPXV. The PEP++ approach aims to reach these people for post-exposure prophylaxis, even if they have not had documented exposure to someone with confirmed hMPXV.
- **hMPXV Vaccine Pre-Exposure Prophylaxis (PrEP):** This approach refers to administering vaccine to someone at high risk for hMPXV (for example, laboratory workers who handle specimens that might contain hMPXV). **At this time, most clinicians in the United States and laboratorians not performing the orthopoxvirus test are not advised to receive hMPXV vaccine PrEP.**

<https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html>

# COVID-19 Vaccine Training Resources

- [June 18, 2022 Interim Clinical Considerations Update for Pediatric COVID-19 Vaccine | ACIP Slide Deck](#)
- [June 22, 2022 Recommendations for Pfizer-BioNTech and Moderna COVID-19 Vaccine Primary Series in Children 6 Months through 5 Years Old | COCA Webinar](#)

## Product Trainings

- [Updates | Pfizer Medical Information – US](#)
- [Updates to Moderna COVID-19 Vaccine | Moderna, Inc. \(livestorm.co\)](#)
- [Moderna COVID-19 Vaccine Office Hours: Pediatric and Adolescent Indications | Moderna, Inc. \(livestorm.co\)](#)



# COVID-19 Vaccine Print Resources

[Pfizer-BioNTech COVID-19 Vaccine At A Glance \(cdc.gov\)](#)

[Moderna COVID-19 Vaccine At A Glance \(cdc.gov\)](#)

[Moderna COVID-19 Vaccine Wallchart 06172022 \(fda.gov\)](#)

[Pfizer BioNTech COVID-19 Vaccine Wall Chart 06172022 \(fda.gov\)](#)


- [Summary Document for Interim Clinical Considerations](#)
- [Interim COVID-19 Immunization Schedule](#)
- [At-A-Glance COVID-19 Vaccination Schedule](#)
- [Moderna COVID-19 Vaccine for Children who Transition from a Younger to Older Age Group](#)
- [Pfizer-BioNTech for Children who Transition from a Younger to Older Age Group](#)

# Communication Toolkit – recently updated

- 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).

# Recent Immunization Program Communications and Trainings

## [Vermont Vaccine Program Update - May/June](#)

### COVID-19 Vaccine for under 5 years Provider Call

- [Immunization Program COVID-19 Vaccine Training Slide Deck- June 21, 2022](#)
- [Recording \(46 minutes\)](#)

Upcoming Provider Call in August. Invitation will go to all contacts of the Immunization Program.

*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!
- *Please continue to send your feedback re:  
schedule/topics to [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)*



***2 years strong!***

# VCHIP-VDH COVID-19 Update Calls – now via **ZOOM!**

## Call login information:

- ❑ Topic: *CHAMP VDH COVID-19 Call*
- ❑ Join Zoom Meeting
  - ❑ <https://uvmcom.zoom.us/j/94142791300?pwd=K2N4VUYrSHIMQi9XeGVnc3duNTFmZz09>
  - ❑ NOTE: password (CHAMP) should be imbedded in link (sharing in case needed for any reason. You will not be prompted to enter PW if using link we provided.
- ❑ Meeting ID: 941 4279 1300
- ❑ Passcode: CHAMP
- ❑ One tap mobile
- ❑ +16468769923,,94142791300# US (New York)
- ❑ +13017158592,,94142791300# US (Washington DC)

# Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail:** [vchip.champ@med.uvm.edu](mailto:vchip.champ@med.uvm.edu)
  - ▣ **What do you need** – how can we be helpful (specific guidance)?
- **VCHIP CHAMP VDH COVID-19 website:**  
[https://www.med.uvm.edu/vchip/projects/vchip\\_champ\\_vdh\\_covid-19\\_updates](https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates)
- **Next CHAMP call:** **Wednesday, August 24, 2022 12:15 – 1:00 pm**
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine: **August 4 – 12:30-1:00 p.m.**
- **Join VMS Zoom Meeting:**  
<https://us02web.zoom.us/j/86726253105?pwd=VkJuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>
  - ▣ Meeting ID: 867 2625 3105 / Password: 540684
  - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#