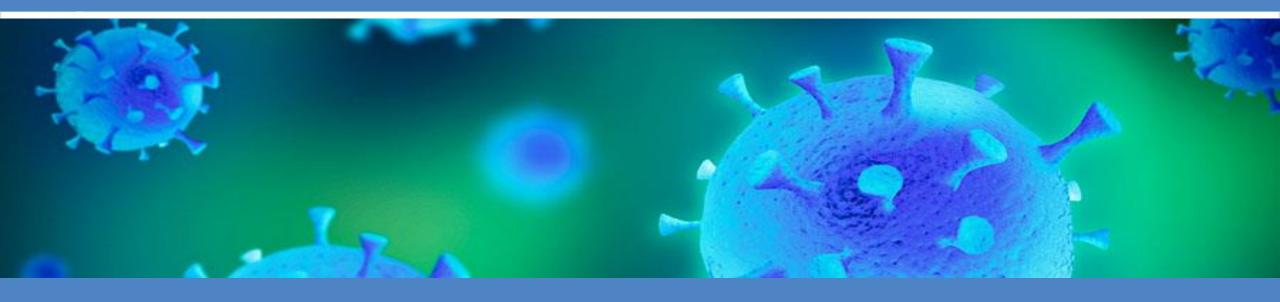
### VCHIP / CHAMP / VDH COVID-19 UPDATES



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 21, 2021









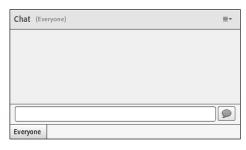
# **Technology Notes**

- 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 picon or press Enter to send.







### Overview

- Happy Take Your Poet to Work Day!
  - https://www.tweetspeakpoetry.com/take-your-poet-to-work-day/
  - Poem: *The Miracle of Morning* (now an animated short on Netflix "We the People" series)
- □ 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, including tomorrow!
- Situation, VDH, CDC, AAP updates; Tuesday media briefing
- □ Practice Issues AAP COVID-19 Guidance for Safe Schools
- □ Q & A/Discussion

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





NETFLIX

## VCHIP-VDH COVID-19 calls: Summer Calendar

- July: generally Wednesdays only NO CALL JULY 28
- August: generally Wednesdays only (next call August 4) –
   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

<u>WHAT</u>: 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/8672625 3105?pwd=VkVuNTJ1ZFQ2R3diSV dqdlJ2ZG4yQT09

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
- . 9/7
- 9/16

Zoom link: https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09

Meeting ID: 867 2625 3105 / Password: 540684

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





# Situation update

New Cases 24.609 Total Currently Hospitalized Hospitalized In ICU Hospitalized Under Investigation Percent Positive 7-day Avg. 1.3% People Tested 409,748

Total Tests

1,759,456

Recovered

24,153

98.1% of Cases

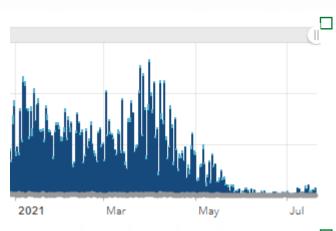
Deaths

259

1.1% of Cases

Last Updated: 7/21/2021, 10:54:00 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. 34.1 million+ cases; 608,717 deaths

- https://www.nytimes.com/interactive/2021/us/covidcases.html (updated 7/21/21)
- Past week: av. 37,975 cases/day (14d. change +195%)
- 4.11 million+ deaths worldwide; 191.4 million+ cases
   (+26% & +30% 14-day change respectively)

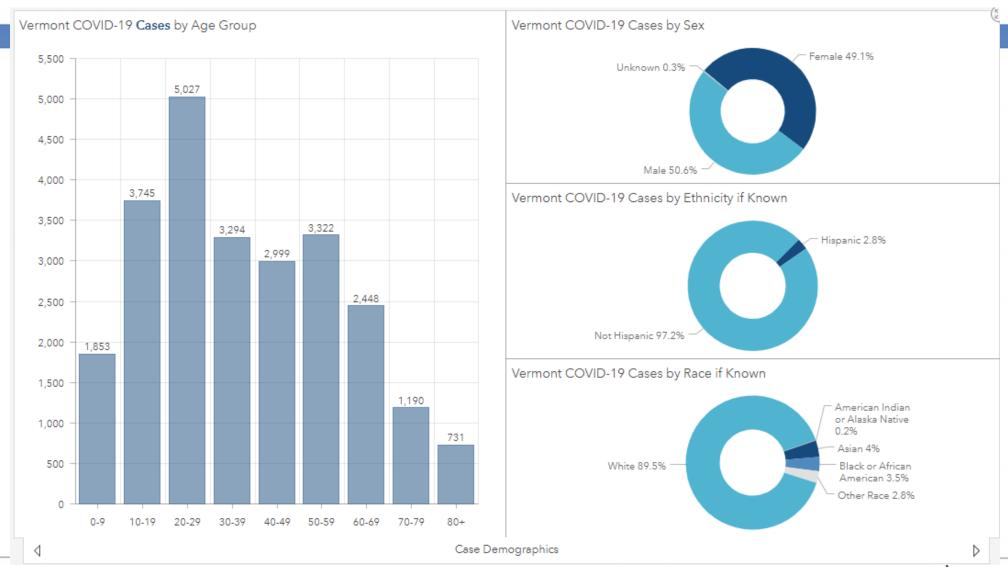
VDH Data Summary schedule: now every other week for the summer; then will likely move to monthly updates in the fall. Will only provide spotlight analyses as needed! (Latest: 7/16/21)

- Children (0-19) = 23% of VT COVID-19 cases; of those, 24% are 18-19 y.o. [Total 5,575 posted 7/16/21]
- Vaccine breakthrough cases = 276 since Jan. 2021 (~0.07% of fully vaccinated)
- Find previous summaries at:

https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary

July 21, 2021

# Situation update









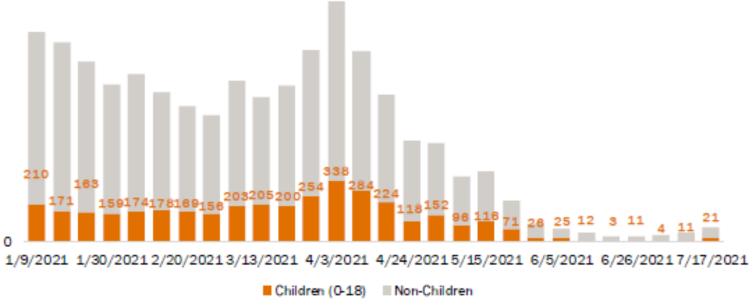
### **COVID-19 Pediatric Cases**

July 19, 2021

This brief reflects data as of July 17, 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.

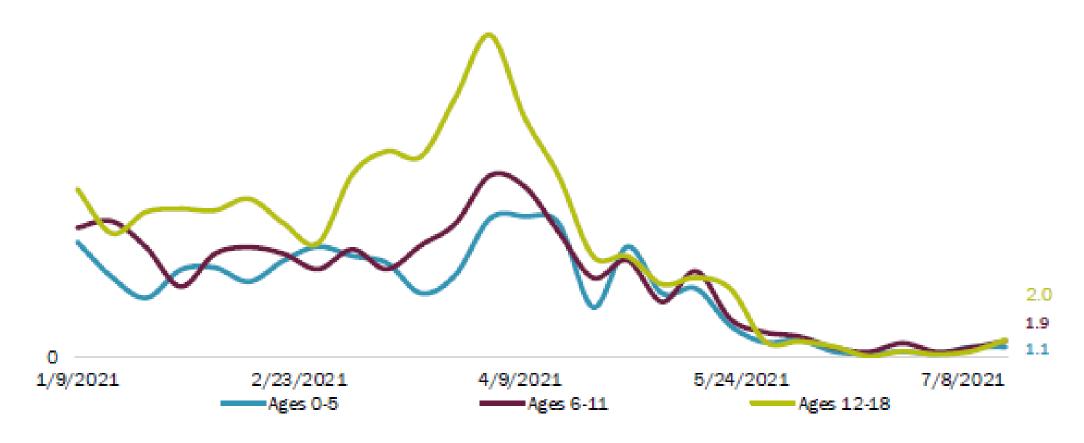




### **COVID-19 Pediatric Cases**

#### Rates by Week by Age Category

45







# VDH COVID-19 Vaccine Registration & Sites

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





About Us +



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



COVID-19 Vaccination Scheduling at Kinney Drugs in

Pharmacy +

Savings +

Shop +

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



Schedule your COVID-19 vaccination today.

Search by keyword or item #



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

See if you're eligible in your state

10



July 21, 2021



**♥CVS** pharmacy

Pharmacy MinuteClinic® HealthHUB Shop ExtraCare® Contact Lenses Photo Home > Pharmacy > COVID-19 Vaccine

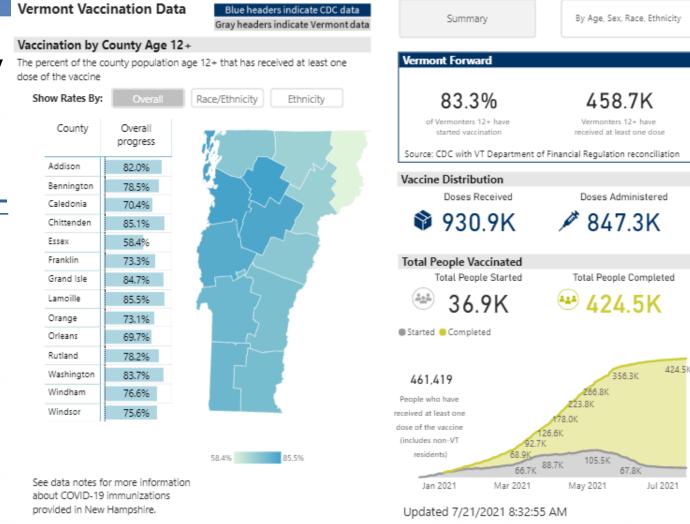
Now offering the FREE\* COVID-19 vaccine in select stores

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

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

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

- Daily updates Tuesday thru Saturday
- Data = counts reported by end previous day; subject to change.
- https://www.healthvermont.gov/covid-19/ vaccine/ covid-19-vaccinedashboard
- 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).







# 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/c
   ovid-19/ vaccine/ covid-19 vaccine-dashboard
- □ By Age Statewide (≥ 1 dose):
  - 12-15 = 62.8% (61.7% on 7/14/21)
  - □ 16-17 = 71.4% (70.8% on 7/14)
  - 18-29 = 57.3% (56.9% on 7/14)
  - **VT Age 12+ = 79.2%** (78.9% on 7/14)

#### **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	62.8%
16 - 17	71.4%
18 - 29	57.3%
30 - 39	78.4%
40 - 49	78.9%
50 - 59	82.4%
60 - 64	88.7%
65 - 69	94.9%
70 - 74	99.9%
75+	95.3%
VT Age 12+	79.2%

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

# Select County All Summary By Race - Statewide

#### The percent of the statewide population age 12+ of each race that has

received at least one dose of the vaccine

VT Age 12+

Race\*

Non-Hispanic White

BIPOC

Vermont

vaccinated.

Race	%*
Asian	71.5%
Black or African American	66.296
Native American, Indigenous, or First Nation	28.5%
Pacific Islander	18.0%
Two or more races	63.196
White	76.8%

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

The percent of the statewide population age 12+ of each race/ethnicity

By Race/Ethnicity and Age - Statewide

that has received at least one dose of the vaccine

#### By Sex - Statewide

6% of people vaccinated.

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

By Age, Sex, Race, Ethnicity

By Ethnicity - Statewide

population age 12+ of each ethnicity

Ethnicity information is not reported for

88.8%

73.9%

74.1%

that has received at least one dose of

The percent of the statewide

the vaccine

Ethnicity

Hispanic

Not Hispanic

VT Age 12+

¥	.~		
Female	81.5%		
Male	76.7%		
VT Age 12+	79.2%		

Sex information is not reported for 514 people vaccinated.

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

56.2%

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

Updated 7/21/2021 8:32:55 AM





76.2%

Age 12+

70.5%

74.1%

73.8%

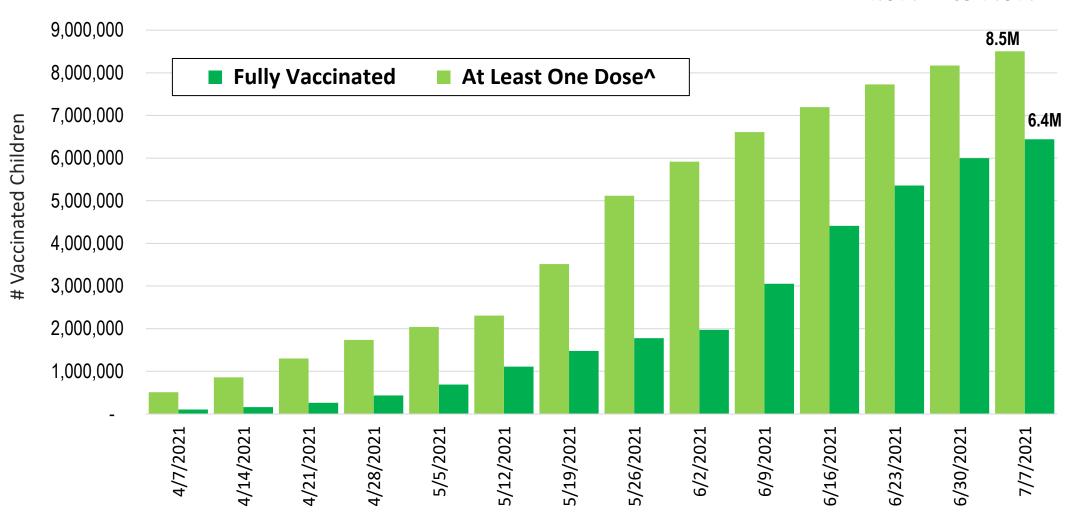
85.7% 92.4%

92.2%

75.2%

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



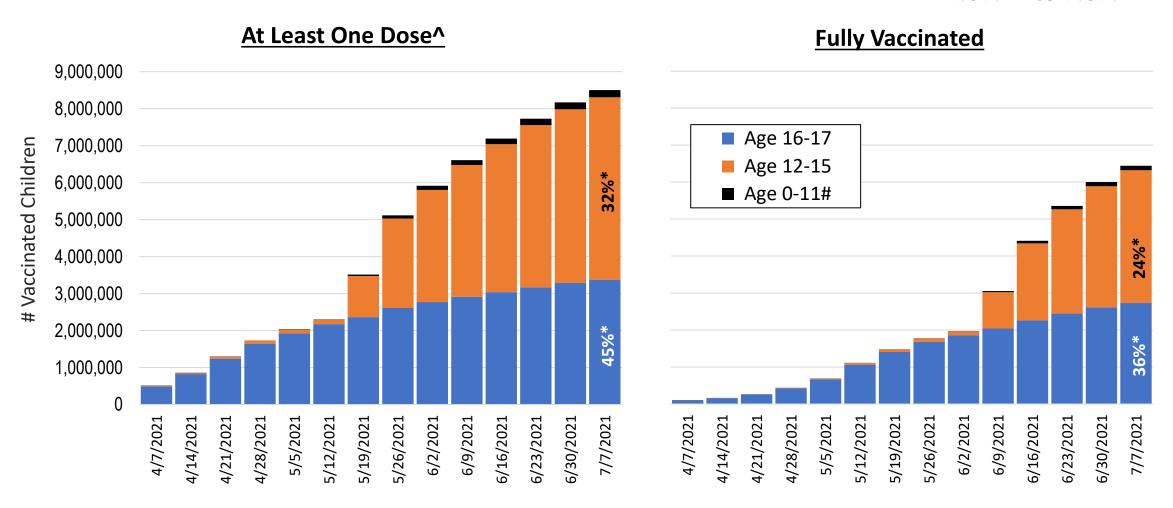


^Includes those having received only 1 of 2 doses and those fully-vaccinated.

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**

4.07.21 to 7.07.21



^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. \* CDC-calculated vaccinated children as percentage of all children within age group.

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

## **AAP Statement on Dr. Fiscus's Termination**

"The American Academy of Pediatrics will continue to promote the vaccine and support pediatricians like Dr. Fiscus who are doing the vital work that's needed to get us out of this pandemic."

— Dr. Lee Savio Beers



Pediatrician public health officials are medical experts who are trusted by their communities. Dr. Michelle Fiscus' termination from the Tennessee Department of Health is an example of a concerning trend of politicizing public health expertise. services.aap.org /en/news-room/n...

News Release

AAP Statement on the Termination of Dr. Michelle Fiscus



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

- □ Map shows overall % of VTers age
   12+ vaccinated with ≥ 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.]

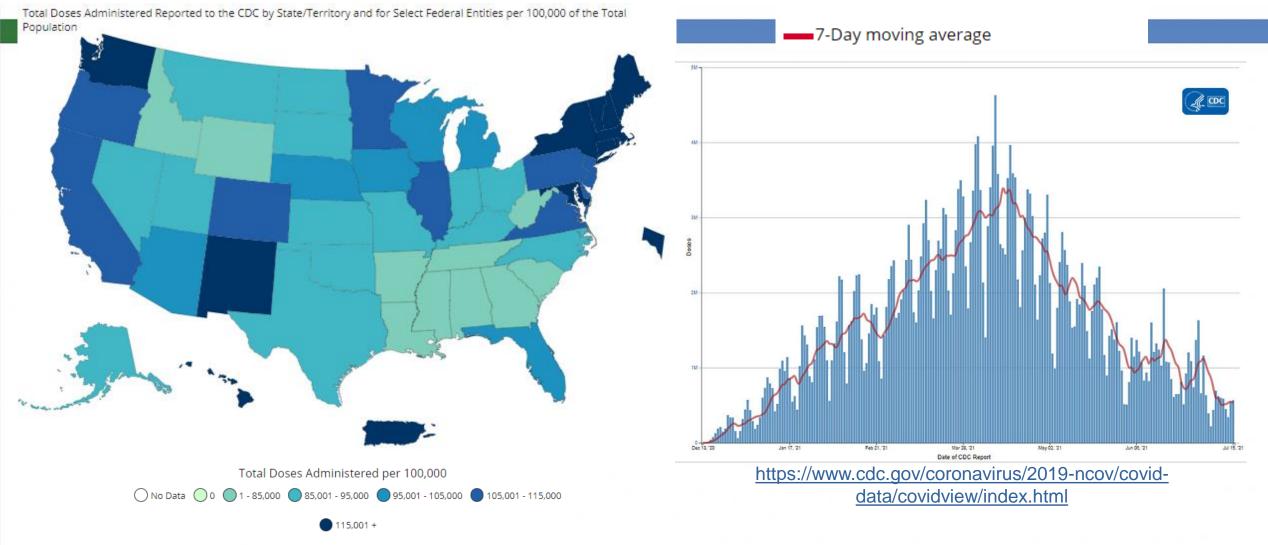






## From the CDC Vaccine Tracker

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





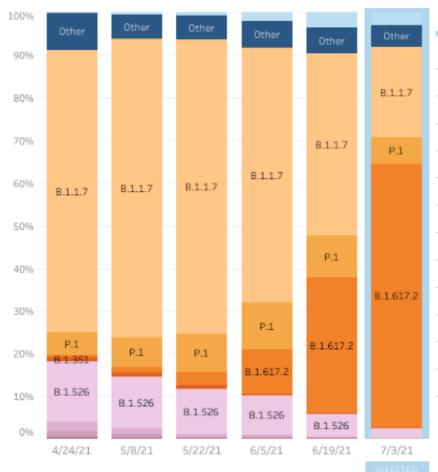


## From the CDC: SARS-CoV-2 Variants in the U.S.

United States: 4/11/2021 - 7/3/2021

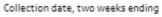
United States: 6/20/2021 - 7/3/2021

IISA



				USA		
Lineage			Туре	%Total	95%CI	
B.1.617.2	Delta		VOC	61.7%	55.8-67.4%	
B.1.1.7	Alpha		VOC	21.2%	18.1-24.7%	
P.1	Gamma		VOC	6.3%	4.8-8.4%	
B.1.621				3.0%	2.1-4.2%	
B.1.526	lota		VOI	2.5%	1.8-3.5%	
B.1.427	Epsilon		VOI	0.1%	0.0-0.2%	
B.1.351	Beta	†	VOC	0.0%	0.0-0.1%	
B.1.429	Epsilon	†	VOI	0.0%	0.0-0.1%	
B.1.525	Eta	†	VOI	0.0%	0.0-0.1%	
B.1.617.3		†	VOI	0.0%	0.0-0.0%	
B.1.617.1	Карра	†	VOI	0.0%	NA	
Other				5.1%	3.7-7.0%	

Other represents lineages each circulating at <1% of viruses over the last 12 weeks



----VERMONT

**DEPARTMENT OF HEALTH** 



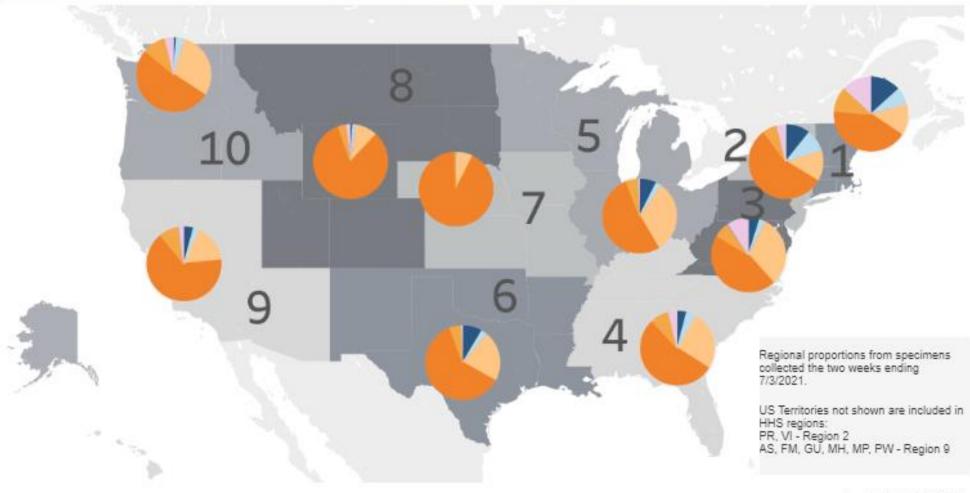
18

<sup>†</sup> Fewer than 10 observations of this variant during the selected time/location context

<sup>#</sup> Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion. AY.1, AY.2, and AY.3 are aggregated with B.1.617.2.

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

United States: 6/20/2021 - 7/3/2021



Updated July 20, 2021





## 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	8	0	0	1	0	0
Caledonia	17	2	0	0	0	0
Chittenden	118	6	0	8	1	4
Essex	6	0	0	0	0	0
Franklin	23	9	0	2	0	0
Grand Isle	1	1	0	0	0	0
Lamoille	16	1	0	3	0	0
Orange	6	0	0	0	0	0
Orleans	32	6	0	0	0	0
Rutland	9	2	0	2	0	0
Washington	3	3	0	0	0	0
Windham	10	0	3	3	0	0
Windsor	7	0	0	0	0	0







# RSV and Synagis

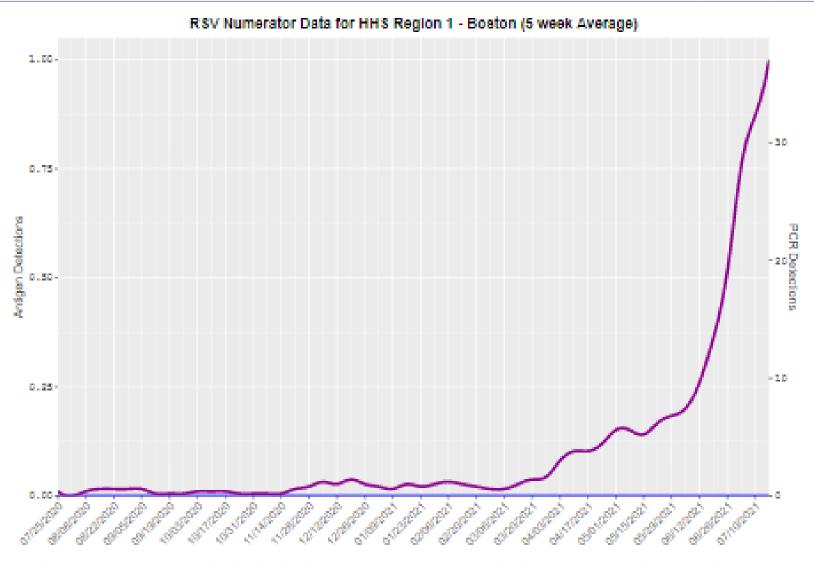
- □ Question raised re: coverage on 7/14 call (thank you, Colleen Moran!)
- NICU team supportive (informal polling) of extending Synagis coverage for NICU at risk patients & even considering initiating treatment for eligible infants recently or to be discharged. Question of payment issue?
- HHS Region 1 trend notable:
   https://www.cdc.gov/surveillance/nrevss/rsv/hhsregion.html#hhs1
- NY DOH extended the 2020/2021 RSV season until 8/15/21 (https://newyork.fhsc.com/providers/CDRP\_synagis.asp)
- VDH declared RSV season over in March need to request reopen/extend it if the case rate is going up.
  - https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/2020\_21% 20Synagis%20Season%20Update.pdf







# HHS Region 1 RSV Ag Detection







# Tuesday Media Briefing (7/20/21)

### Governor Phil Scott

- Not letting up on making vaccination easy to obtain.
- White House call today: Surgeon General Murthy noted rise in cases largely driven by unvaccinated – that's why it's still important for us to push vaccine.
- I asked re: Canadian border "unfortunately, they continue to defer. Disappointing because I believe it's past time to open the border. Governors Jay Inslee (WA) & Janet Mills (ME) agreed. I requested a briefing w/White House team, and NGA Chair Governor Asa Hutchinson (AR) said they'd put something together."







### Modeling – Commissioner Pieciak:

- Vaccine progress: additional 2258 Vermonters started this past week.
  - 18- to 21-year-olds are now over 50% vaccinated.
- □ Second week of increased cases: 89 this week vs. 54 last week; v. low in 60+
  - Forecast expect cases to be elevated in the near future due to Delta variant.
- VT continues to have lowest hosp. rate in U.S.; critical care also at v. low level.
- First reported fatality in July this week; forecast very low rate in future.
- □ Cases in Northeast region up 68.7% this wk. (1st time >10K cases/wk. in 7 wks.)
  - NE hospitalizations stable, vs. in South, hospitalizations up 300% (U.S.: 97% in unvax.)
  - CDC estimates that 83% of all cases are delta variant.
- □ Time lapse graphics show progression of Delta variant (MO MO, AR, LA, FL).



Some of the states w/lowest vax rates.

July 21, 2021

#### **VDH Commissioner Levine**

- Cont. to hear re: Delta variant in VT, we're well protected w/high vaccination rates. Even here, small increase in cases.
- What do you need to know now?
  - Anyone not vax at risk higher than ever due to contagious variant.
  - Vaccines doing exactly what they are supposed to do, preventing most serious effects of COVID19. Over 90% of hospitalizations are among the unvaccinated.
  - You may hear about small # of breakthrough cases not unexpected. No vaccine protects 100%. Experience from England & Israel: 1 dose of the 2-dose mRNA vaccine is not as effective against Delta. Completing the series is very important.
  - If you have symptoms, stay home and get tested. Testing centers are open.





# VDH Commissioner Levine

- Cyanobacteria (blue-green algae): Blooms have already temporarily closed some beaches this year.
- It can cause skin rashes, stomach problems, diarrhea, sore throat, or more serious problems.
- Be especially careful with small children and dogs who may drink the water.
- Find more information at VDH web site: www.healthvermont.gov/cyanobacteria





#### Governor Phil Scott

DEPARTMENT OF HEALTH

- I was invited to White House last week to discuss the bipartisan infrastructure framework (w/Cabinet, other govs., mayors); separate proposal from the \$3.5 trillion reconciliation package being considered. This package is about \$1.3 tr:
  - \$100 billion for roads and bridges; \$1.5 billion for electric vehicle infrastructure; \$7 billion for electric buses; billions for airport and rail; \$55 billion for water & sewer; \$65 billion for broadband; \$20 billion for remediation of polluted sites; \$70 billion for electric grid updates.
- Will be paid for without raising taxes on working families. I emphasized the need for flexibility for each state. This will be significant.
- Could be much needed moral victory for divided nation; step toward





### **VT Agency of Transportation Secretary Joe Flynn**

- Overarching goal is for nation to rebuild infrastructure: \$109b. for highways & bridges. 2-4% of Vermont's bridges are deemed structurally deficient. 1/3 of our roads are in poor or very poor condition. Public transit is inadequate and has much deferred maintenance.
- Framework proposes funding for electric vehicles including tax incentives, rebates, and support to manufacturers. VT has 114 public EV stations, the highest in the nation per capita.







### **VT Dept. of Public Service Commissioner June Tierney**

- \$65 billion proposed for broadband and \$75 billion for energy; acknowledges that broadband is infrastructure, which is new. Washington is getting the message that broadband is a necessity. VT has 54,000 unserved/underserved households.
- The price of highspeed serves is another challenge. Pricing for service is only recently receiving attention.

### VT Agency of Natural Resources Secretary Julie Moore

 Priorities for Vermont include support for water infrastructure (drinking and wastewater), floodplain and wetland restoration, impacts of climate change and extreme weather events, and brownfields remediation.





#### Select Q & A

- Q: Why the waiting game re: Canadian border? Gov. Scott: "I have a hard time believing there's anything political coming out of Washington." May have to do w/decision to have vax passport? That IS a requirement in Canada.
- Q: What are your thoughts re: apparent difference between CDC & AAP recommendations re: masking as part of updated school guidance. Comm. Levine: very important topic would hate for people to think one right & other not. AAP being conserve to protect kids. I'll be meeting w/VT ID experts & pediatricians & advisors later this week we'll weigh the guidance and science and our experience as we prepare for the fall. Much of the guidance is about reopening school, which we did long ago. We are planning on a safe return to school and will have more after the meeting.



## Q & A

- Gov. Scott: [re: CDC & AAP school guidance] We need to focus on the positive here. We have the highest vaccination rate in the country and are in a much different place than some other states.
- Q: In breakthrough cases, what kind of sxs? Comm. Levine: mild URI sxs cough, aches, nothing lasting or serious enough to cause concern re: oxygen levels, hospitalization, etc.





# Practice Issues

### AAP COVID-19 Guidance for Safe Schools



https://www.burlingtonfreepress.com/





### From the CDC

### Guidance for COVID-19 Prevention in K-12 Schools (Updated July 9, 2021)

### **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.





### From the CDC

### Guidance for COVID-19 Prevention in K-12 Schools (Updated July 9, 2021)

### **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.



### From the CDC

### Guidance for COVID-19 Prevention in K-12 Schools (Updated July 9, 2021)

### **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).

3!

# Summary of CDC Changes

- Added information on offering & promoting COVID-19 vaccination.
- Updated to emphasize the need for localities to monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies.
- Revised to emphasize the COVID-19 prevention strategies most important for in-person learning for K-12 schools
  - Added language on the importance of offering in-person learning, regardless of whether all of the prevention strategies can be implemented at the school.
  - For example, because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures (in addition to masking and other prevention strategies) but should not exclude students from in-person learning to keep a minimum distance requirement.





# Summary of CDC Changes

- Updated to align with guidance for fully vaccinated people.
- Updated to align with current mask guidance.
- In general, people do not need to wear masks when outdoors.
- Added language on safety and health protections for workers in K-12 schools.





### Media Attention: AAP and CDC School Guidance

- Local NBC 5 story featuring AAP-VT Chapter President Rebecca Bell, MD
  - https://www.mynbc5.com/article/american-academy-of-pediatrics-updates-guidance-for-upcoming-school-year/37083040#
- Also, excellent perspective from parent of pre-K and K student: looks forward to vaccine eligibility for her children and anticipates having them mask in school.





- Purpose & key principles: "Everything possible must be done to keep students in schools in-person."
- AAP strongly advocates that we should prioritize having students physically present in school. This should happen with careful measures to keep students and staff safe.
- All students and staff who are eligible for a COVID-19 vaccine should get vaccinated. We also urge families to make sure their children are up to date on all vaccines (avoid outbreaks of other vaccine-preventable diseases).
- This pandemic has exacerbated an existing mental health crisis among children and teens. Schools should be prepared to offer resources and help. Other concerns: social isolation; children and teens who may be victims of physical or sexual abuse, or are struggling with substance use, depression, and suicidal ideation.



- To protect students, teachers and staff, all children over the age of 2 years and all adult staff should wear face masks, regardless of whether they are vaccinated. The AAP recommends universal masking in schools at this time for the following reasons:
  - A significant portion of the student population is not eligible for vaccination;
  - protection of unvaccinated students from COVID-19 and to reduce transmission
  - lack of a system to monitor vaccine status among students, teachers and staff;
  - potential difficulty in monitoring or enforcing mask policies for those who are not vaccinated; in the absence of schools being able to do this monitoring, universal masking is the best and most effective strategy to create consistent messages, expectations, enforcement, and compliance without the added burden to needing to monitor vaccination status;
  - possibility of low vaccination uptake within the surrounding school community; and

DEPARTMENT OF HEALTH

continued concerns for variants that are more easily spread among children, adolescents vermoand adults.

July 21, 2021

- Research shows if we follow good public health precautions including getting vaccinated, wearing masks, physical distancing, and symptom reporting, there is very low spread of COVID in schools. More spread is happening outside schools, when children or teens gather.
- Schools must continue to take a multi-pronged, layered approach to protect students, teachers, and staff (ie, universal mask use, distancing, testing, cleaning and disinfecting, ventilation). These layers of protection will make in-person learning safe and possible.
- Schools must be given the resources needed to provide layers of protection for students and staff. AAP emphasizes that funding must be available for communities and schools that have been under-resourced. This pandemic has worsened existing disparities and inequities experienced by students who are African-American, Hispanic and Native-American, among others.





- State government officials should use science and data to guide decisions about the pandemic and school COVID-19 plans
- Mask wearing is critical to protecting children who are not yet vaccinated or eligible for the COVID-19 vaccine
- If your child is age 12 or older, the #1 way to protect them is to get them vaccinated. The vaccines are very effective, and they are powerful against the Delta variant too. We hope the vaccines will be available for younger ages this fall, so more children can have the benefit of that protection.
- Vaccines are a safe and effective method to reduce the burden of infectious disease. During the COVID-19 pandemic, children have missed routine wellchild care and related vaccinations. If vaccination rates decline below levels required to maintain herd immunity, dangerous outbreaks of preventable diseases could follow.





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## 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 workflows
- Contact: <u>Matthew.Saia@uvmhealth.org</u> & <u>Jill.Davis@med.uvm.edu</u>

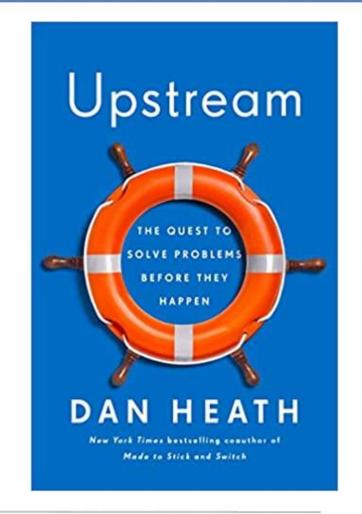


### Pediatric Grand Rounds 7/6/21 – Dr. Lewis First

### 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.







## 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





### **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-childrenhow-navigate-summer-and-stay-healthy-and-active

**Vermont Chapter** 

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### 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 <u>you</u> 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 <u>Wednesday, August 4, 12:15 12:45 pm</u> (YIKES!)
- 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=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09

- Meeting ID: 867 2625 3105 / Password: 540684
- One tap mobile +1 646 876 9923,,86726253105#,,,,0#,,540684#



