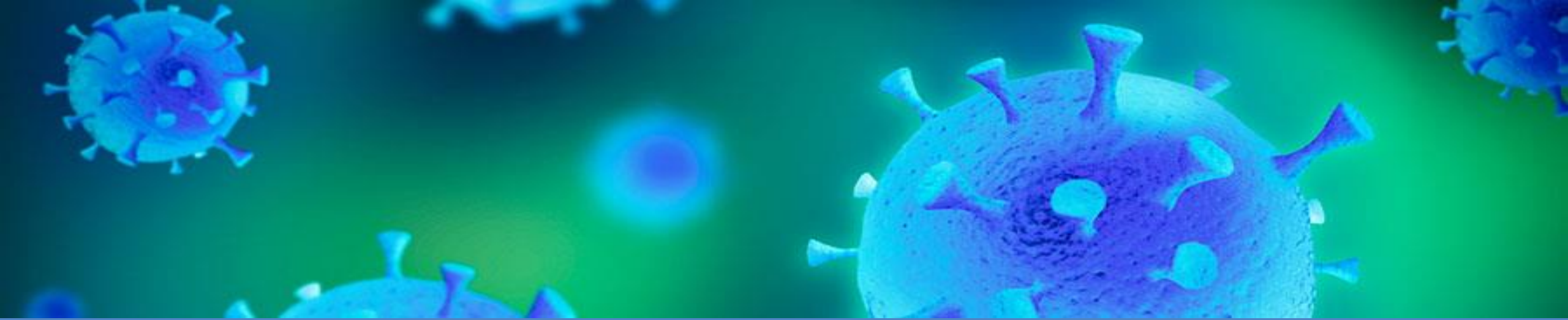


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
August 24, 2022



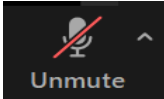
Technology Notes – “Welcome to Zoom!”

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

- ❑ Closing out August / **National Breastfeeding Month**
 - ❑ SEE updated AAP Policy Statement & Technical Report – *Breastfeeding and the Use of Human Milk*: <https://doi.org/10.1542/peds.2022-057988> and <https://doi.org/10.1542/peds.2022-057989> (published July issue of *Pediatrics*).
- ❑ Also August 23: **International Day for the Remembrance of the Slave Trade and its Abolition**
 - ❑ <https://www.unesco.org/en/days/slave-trade-remembrance-day>
- ❑ Reminder – weekly event schedule:
 - ❑ **NEW call calendar** (see next slides); VMS calls with Dr. Levine 1st/3rd Thursdays
- ❑ Practice Issues: **VDH MCH (School/Child Care) & IZ Program Updates**
- ❑ Q & A/Discussion

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



<https://www.atlasobscura.com/places/key-west-african-cemetery-higgs-beach>

Introducing...

A New Look for these calls!



In the spirit of continuous quality improvement...

- ❑ Planning to tie into existing **primary care-public health integration** work (close collaboration with VDH/MCH, AAPVT, VAFFP, VCHIP)
- ❑ Planning to continue monthly – 3rd Wednesday of the month
 - ❑ Next call **Wednesday, September 21**, 12:15 – 1:00 p.m. via Zoom
- ❑ **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!

Coming soon... **September 21, 2022**

The (Monthly) Scoop

- **COVID-19** updates
- Vermont Department of Health updates
- Promoting healthy mental and emotional development (VT Child Psychiatry Access Program (**VT-CPAP**))
- Focus on equity, diversity and inclusion
- ***And more!***

*For now, please continue to send your feedback re:
schedule/topics to vchip.champ@med.uvm.edu*



The Scoop Team

- Stephanie Winters, Executive Director AAP-VT & VAFP, Deputy Director VT Medical Society
- Breena Holmes, MD FAAP, VCHIP Senior Faculty
- Ilisa Stalberg, MSS MLSP, Director VDH Maternal and Child Health
- Rachel Garfield, MHS PhD, Executive Director VCHIP
- Nathaniel Waite, BSN RN, VDH MCH
- Wendy Davis, MD FAAP



VMS *COVID Convos* with Health Commissioner Levine

- **2022 Schedule**
- **Calls with VDH Commissioner Levine now 1st and 3rd Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 9/15/22**
- **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=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ **Meeting ID: 867 2625 3105 Password: 540684 Dial In: 1-646-876-9923**



DR. MARK LEVINE
COMMISSIONER OF
HEALTH

VMS COVID Convos
1st and 3rd Thursday

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

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



VDH COVID-19 Surveillance Report

- VDH ***COVID-19 Surveillance Report*** focuses on data/indicators most useful to help monitor & determine risk of COVID-19 in Vermont.
 - ▣ Updated every Wednesday & replaces COVID-19 Case Dashboard (final 5/18/22)
 - ▣ COVID-19 data sets will still be accessible through the **Vermont Open Geodata Portal**, including case counts, hospitalizations, deaths, PCR testing & more.
- **Topics:** Syndromic Surveillance; Proportion of Circulating Variants; Wastewater Monitoring; Reported/Confirmed Outbreaks; Vaccination Rates; Identified Cases

COVID-19 Surveillance Report – August 17, 2022

- Report Time Frame: **August 7 – 13, 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: 72.28/100K
 - ▣ Weekly Case Count: 451 (decrease from previous week & from 968 on June 8 call)
 - ▣ New hospital admissions of patients with COVID-19, last 7 days: 8.01 per 100K
 - ▣ 50 total new admissions with COVID-19 (increase from previous week)
 - ▣ Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 2.45% (increase from previous week)
- Find report at: <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-Surveillance-Report-20220817.pdf>

VDH COVID-19 Vaccine Web Page

VACCINE



[Find COVID-19 Vaccine Information for Health Care Professionals](#) ⓘ

[Find translated videos and factsheets in:](#) American Sign Language | العربية (Arabic) | မြန်မာစာ (Burmese) | Chinese Traditional | Chinese Simplified | درى (Dari) | Français (French) | Kirundi | Maay Maay | Mandarin Chinese | नेपाली (Nepali) | پښتو (Pashto) | Soomaali (Somali) | Español (Spanish) | Swahili | Tiếng Việt (Vietnamese)

Vermonters ages 6 months and older are now eligible for COVID-19 vaccines. Getting vaccinated against COVID-19 is the safer way to build protection from serious illness—even for those who have already had COVID-19.

[Learn more about COVID-19 vaccines \(CDC\)](#) ⓘ

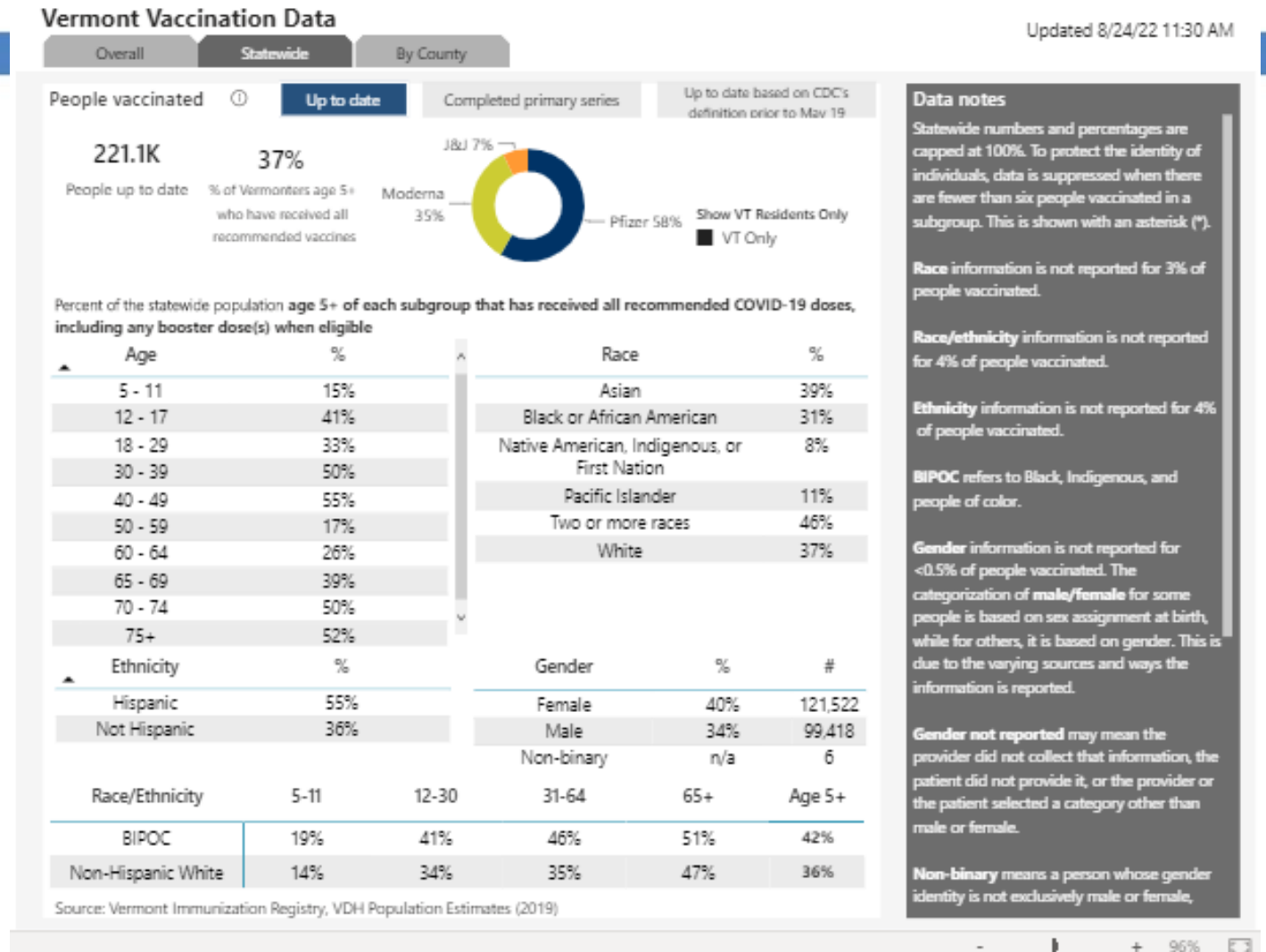
COVID-19 vaccines are free and widely available. Anyone can get vaccinated in Vermont, including those who live in another state, are non-U.S. citizens, or who have no insurance. [See Vermont's current vaccine rates](#) ⓘ

You can get free COVID-19 vaccines at:

- Your health care provider's office
- A pharmacy
- [Walk-in clinics](#) hosted by local health offices or EMS
- Other locations where you get your vaccines

VDH COVID-19 Vaccine Dashboard (“Statewide” view, 8/24/22)

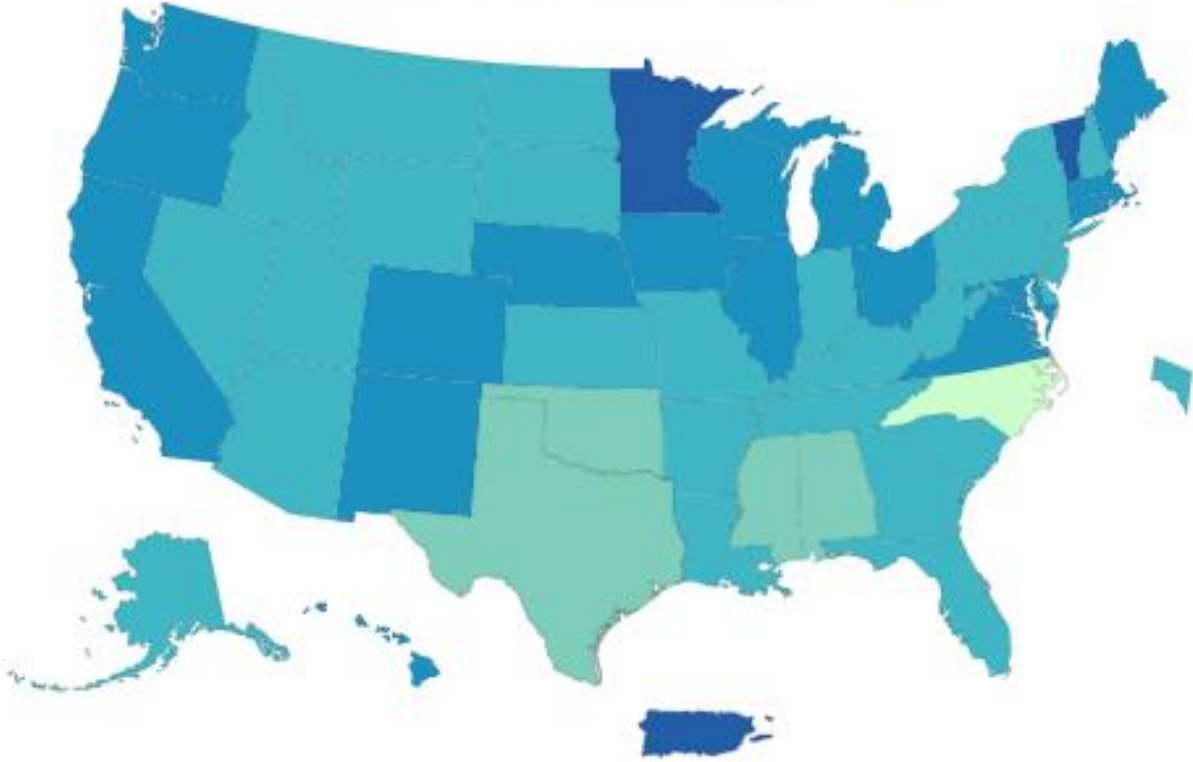
- Dashboard now updated **weekly** on Wednesday; “**UTD**”= % 5+ y.o. w/all recommended vaccine doses)
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide:
 - 5-11 = 15%
 - 12-17 = 41%
 - 18-29 = 33%
 - **VT Age 5+ = 37%**



From the CDC Vaccine Tracker

Percent of Fully Vaccinated People with a First Booster Dose Reported to the CDC by State/Territory or Select Federal Entities for the Total Population

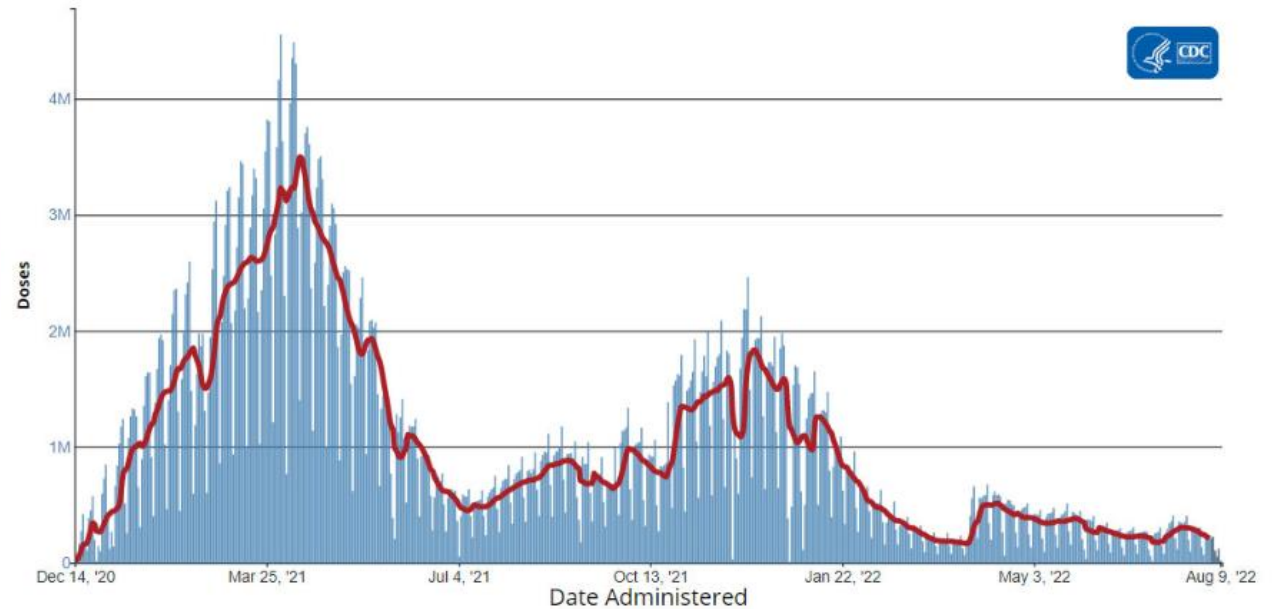
Legend: No Data, 0-29.9%, 30.0-39.9%, 40.0-49.9%, 50.0-59.9%, 60%+



https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-additional-dose-totalpop

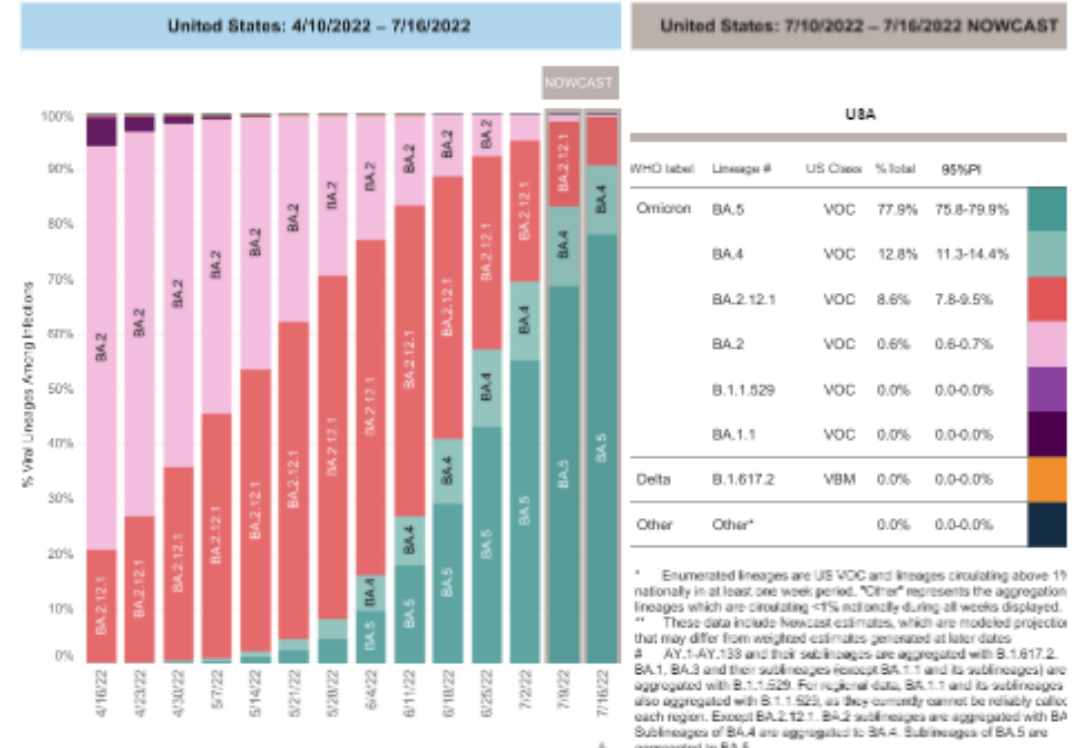
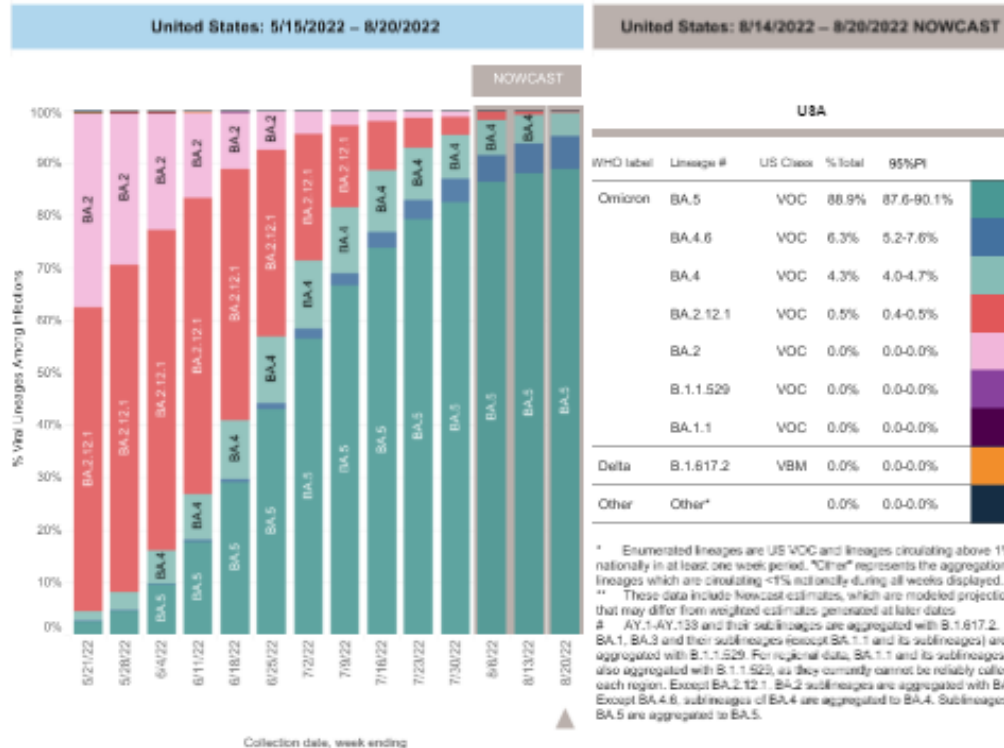
Daily Change in Number of COVID-19 Vaccinations in the United States Reported to CDC

7-Day moving average



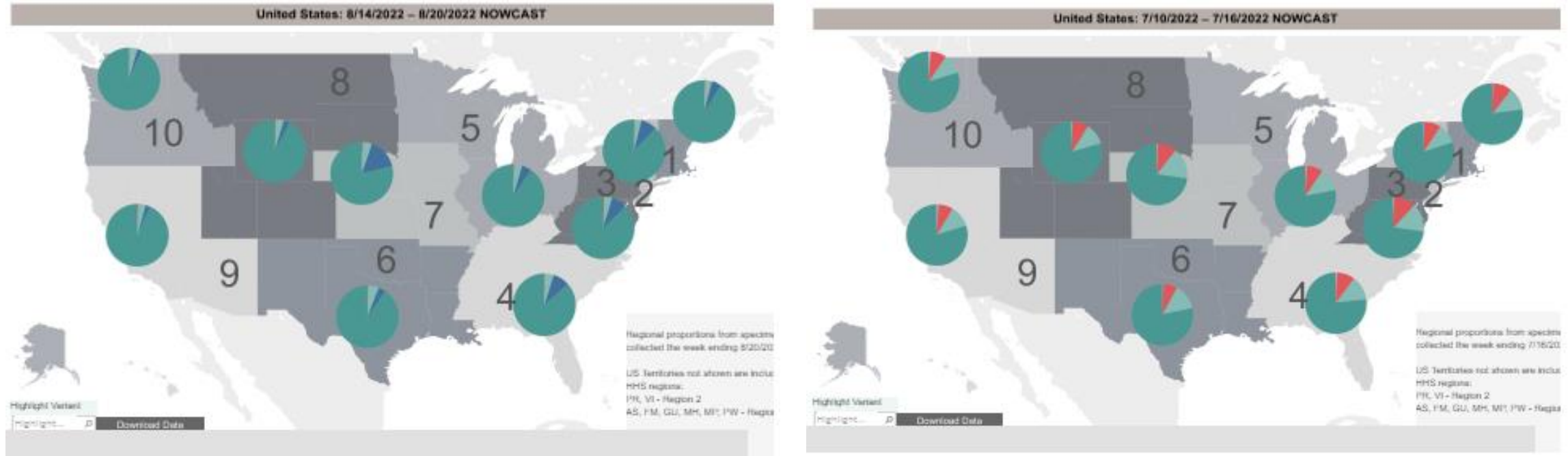
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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 8/20/22. LIGHTEST PURPLE is Omicron subvariant BA.2. RED is BA.2.12.1. Darker green is BA.5, blue-green is BA.4.6, and lighter green is BA.4.

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

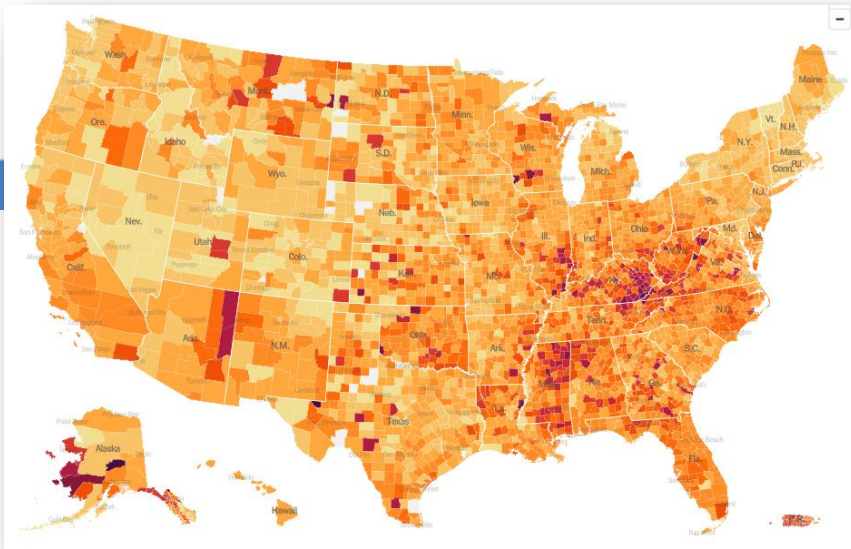


Note: week-to-week comparison in Omicron variant proportion. Map on left is week ending 8/20/22. RED is BA.2.12.1. Darker green is BA.5, blue-green is BA4.6, and lighter green is BA.4.

AAP (National) Updates

Slides 16 – 31 courtesy of the American Academy of Pediatrics

[Please note: updated after today's call based on today's AAP National "Chapter Chat"]



Children and COVID-19: State Data Report

A joint report from the American Academy of Pediatrics and the Children's Hospital Association

Summary of publicly reported data from 49 states, NYC, DC, PR, and GU



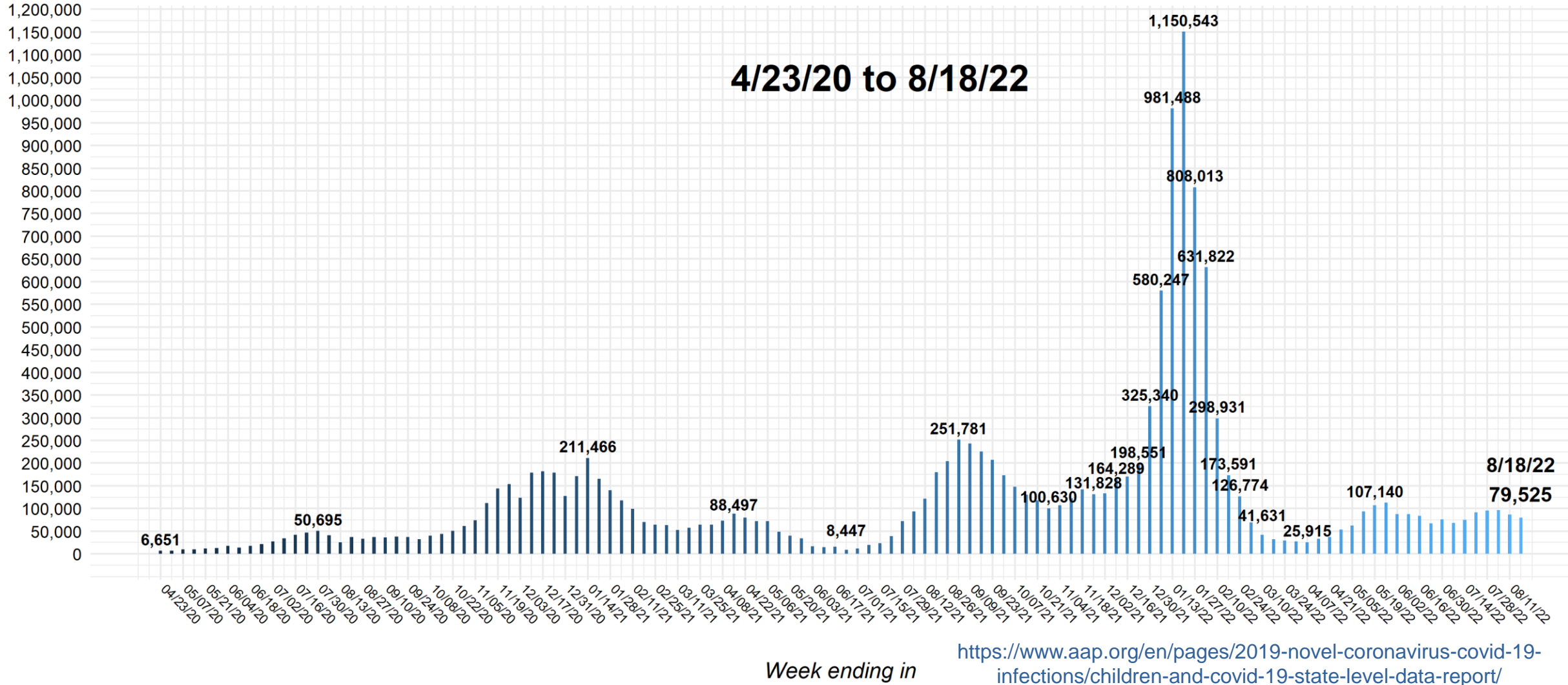
NYT 8.24.22 all ages

As of 8/18/22 – over 14.3 million cumulative reported child COVID-19 cases

- **79,500 child COVID cases reported week ending 8/18/22**
 - **Second consecutive weekly decrease, with 97,000 cases reported the week of August 4th**
 - **An unknown, but likely large, number of cases are not reported**
- **Cases are down substantially from the 1.1 million peak January 20th**
- **Approximately 6.5 million cases have been added in 2022**

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

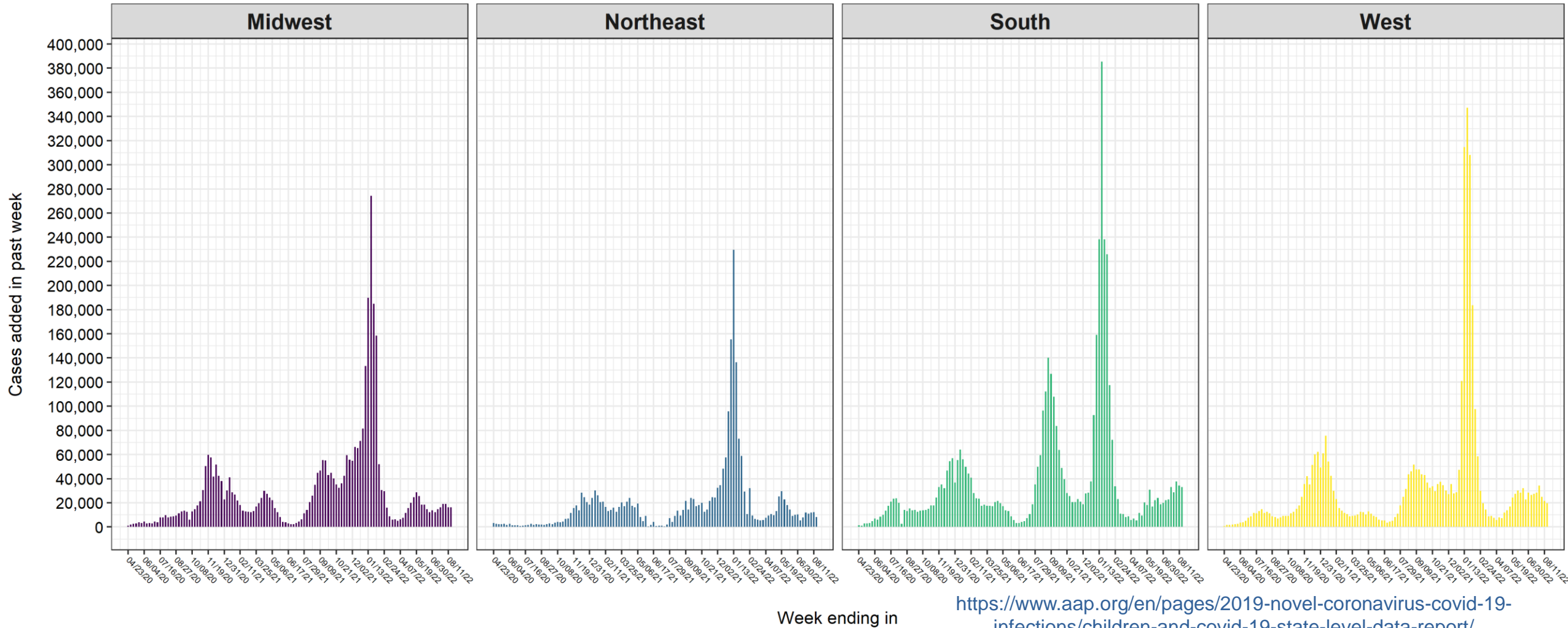
Number of child cases added



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

Source: AAP analysis of publicly available data from state/local health departments
 Note: 6 states changed definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22
 On 7/15/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (1,250,637 cumulative child cases as of 7/15/22)
 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 8/18/22, cumulative child and total cases through 8/11/22)
 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

United States: Child COVID-19 Cases Added in the Past Week, by Region (4/23/20 to 8/18/22)



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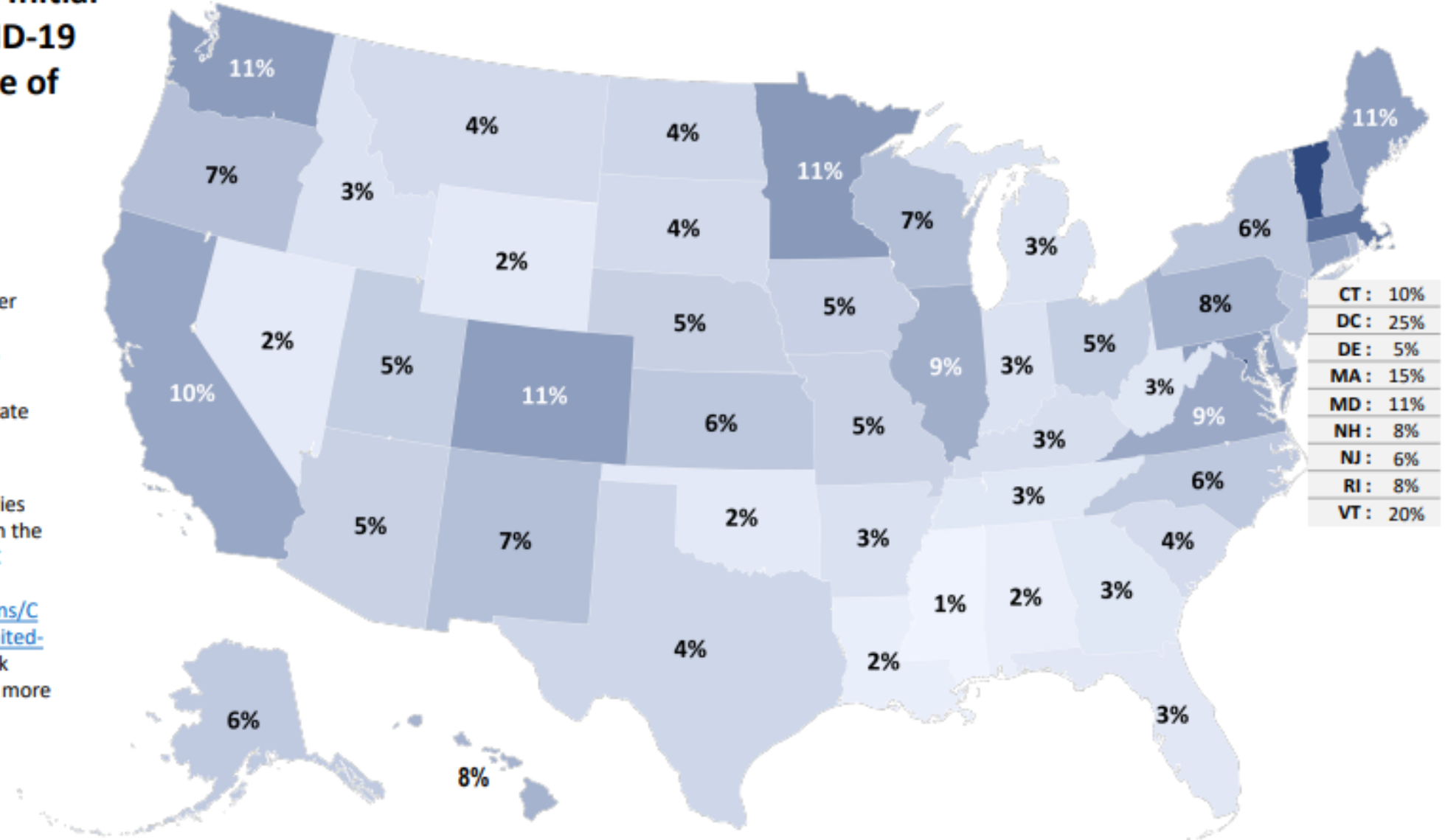
Proportion of US Children Ages 6 Months - 4 Years Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence

Received Initial Dose



as of 8.17.2022

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



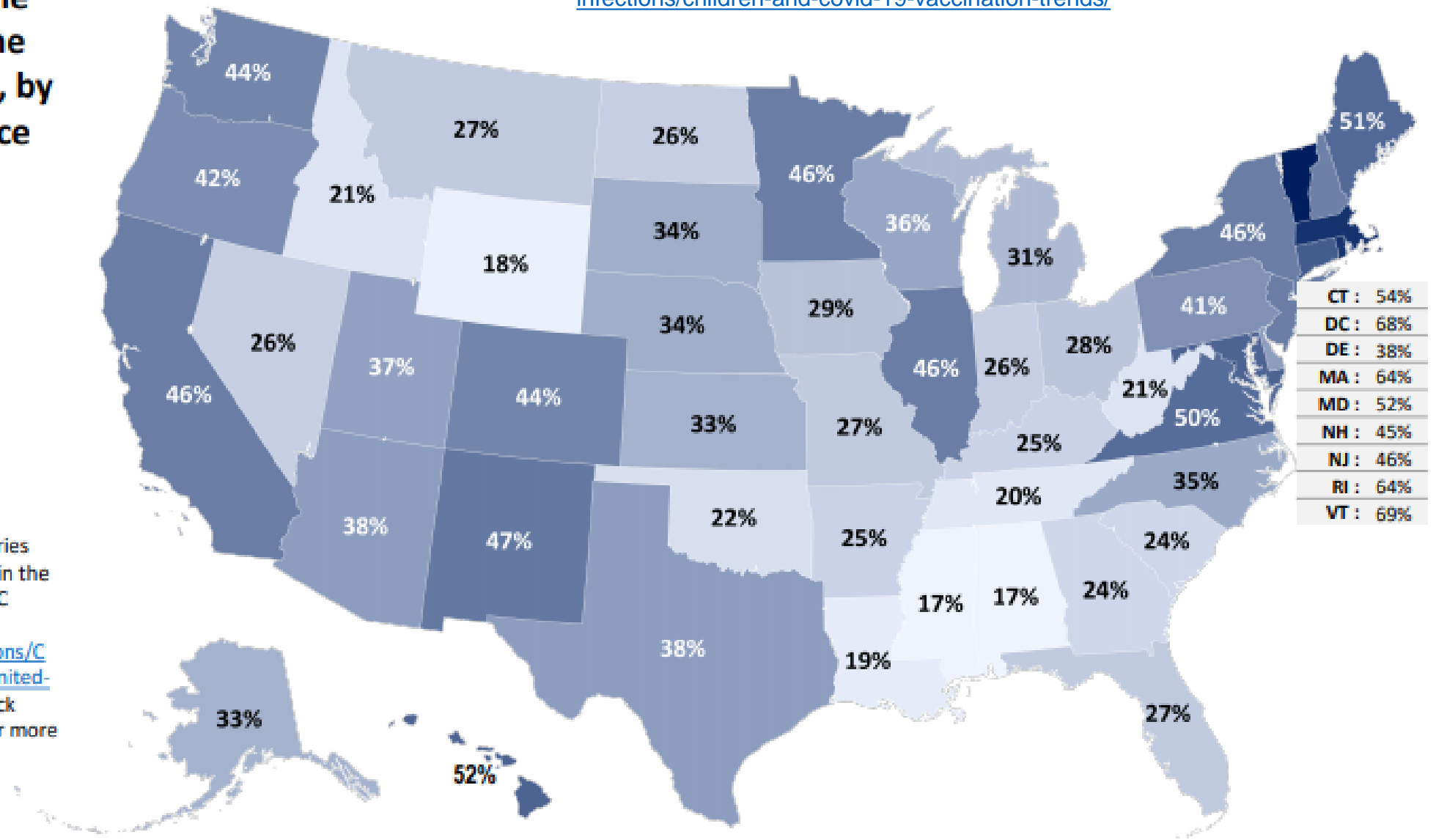
Note: Infants 6 months and older are estimated as half of infant population. Data based on state population size published by US Bureau of Census, June 2021, State Population by Characteristics.

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.

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 8.17.2022
 17% 69%

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

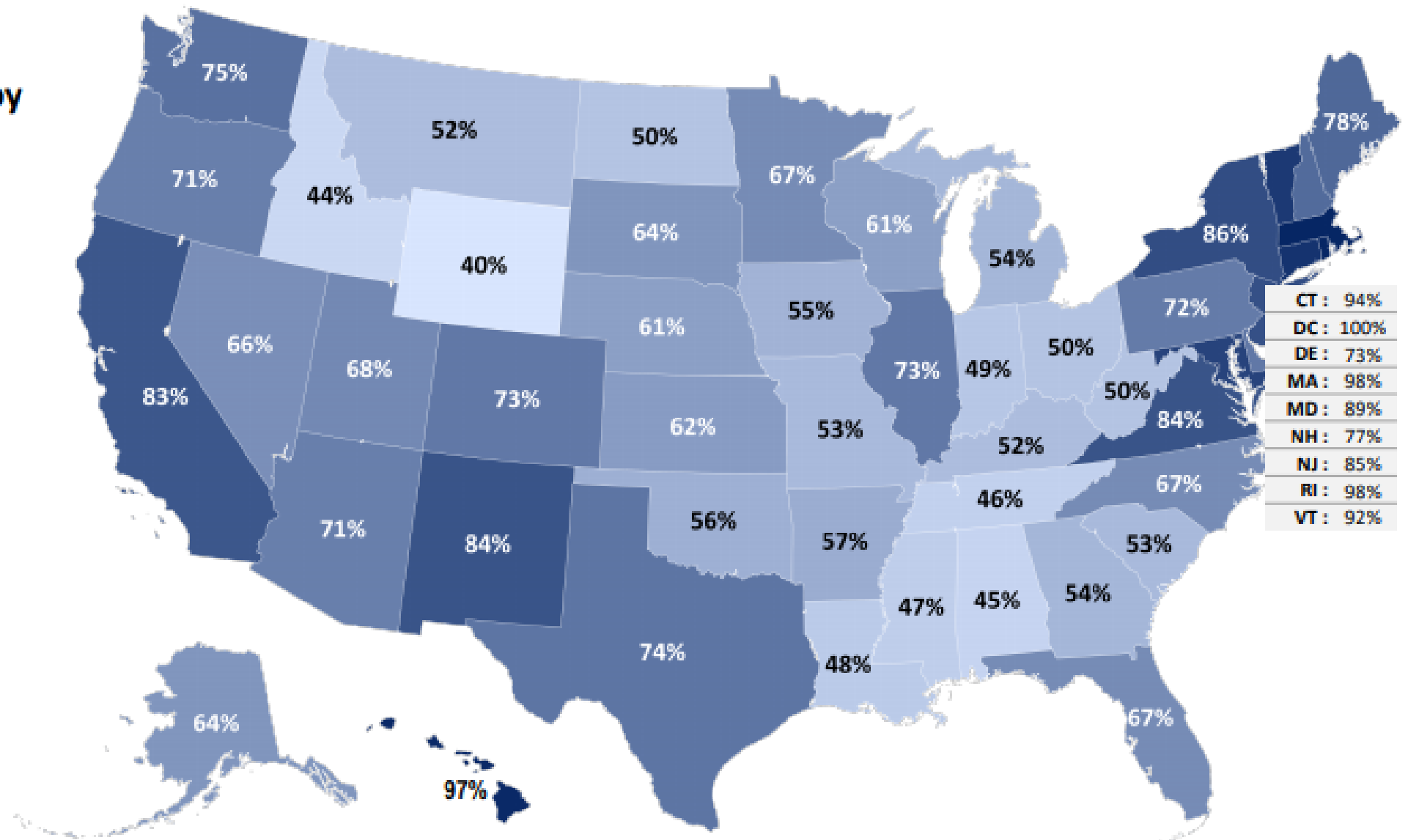


Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc>). Check state web sites for additional or more recent information.

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 8.17.2022

<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-Jurisdiction/unsk-b7fc>). Check state web sites for additional or more recent information.

COVID-19 Vaccine Updates

- Comments by Ashish Jha on August 16 indicating the U.S. Government's plans to stop purchasing tests, treatments, and vaccines by this fall
- Hoping for transition to commercialization of these products by 2023
- AAP concerns related to multi-dose vials, VFC, etc.
- AAP advocacy on this anticipated transition

Updated CDC Guidance on Schools and Child Care

- CDC Updated its "[Operational Guidance for K-12 Schools and Early Care and Education Programs](#)" on August 11
 - Strong recommendation for vaccination as an important prevention measure
 - Removed the recommendation to cohort
 - Changed recommendation to conduct screening testing to focus on high-risk activities during high COVID-19 Community Level or in response to an outbreak
 - Removed the recommendation to quarantine, except in high-risk congregate settings
 - Removed information about Test to Stay
 - Added detailed information on when to wear a mask, managing cases and exposures, and responding to outbreaks

From the AAP:

Pediatric COVID-19 Vaccine Dosing Quick Reference Guide

- View online at: 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	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	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
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
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
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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 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 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	Dose 1 Blue cap/magenta label	Dose 2 4 weeks after dose 1 Blue cap/magenta label (if 4 years old) Blue cap/purple label (if 5 years old)	Dose 3 at least 8 weeks after dose 2 Blue cap/purple label
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	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)	Dose 3 at least 8 weeks after dose 2 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.

View online at aap.org/CovidVaccineGuide
last updated July 2022

Primary series Booster dose

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](#)

New MMWR on Post-COVID Symptoms and Conditions in Children and Adolescents

- [MMWR](#) published on August 5, 2022
- Post-COVID symptoms and conditions defined as new, recurring or ongoing health problems that occur 4 or more weeks after SARS-CoV-2 infection
- Analysis of medical claims data from March 1, 2020 – January 31, 2022
- Assessed nine potential post-COVID signs and symptoms and 15 potential post-COVID conditions among 781,419 US children and adolescents aged 0–17 years with laboratory-confirmed COVID-19 compared with 2,344,257 US children and adolescents without recognized COVID-19



New MMWR on Post-COVID Symptoms and Conditions in Children and Adolescents

- Patient with history of COVID-19 more likely than those without history of COVID-19 to develop:
 - Smell and taste disturbances, circulatory signs and symptoms, malaise and fatigue, and musculoskeletal pain
 - Acute pulmonary embolism, myocarditis and cardiomyopathy, venous thromboembolytic event, acute and unspecified renal failure, type 1 diabetes, coagulation and hemorrhagic disorders, type 2 diabetes, and cardiac dysrhythmias (though all uncommon)
- Patients with history of COVID-19 less likely than those without history of COVID-19 to develop:
 - Respiratory signs and symptoms, symptoms of mental conditions, sleeping disorders, neurologic conditions, anxiety and fear-related disorders, mood disorders, and muscle disorders





Coming soon: hundreds of buttons to every chapter!

This Year is Different.

- **Make your voting plan:** Check your voter registration status and learn about elections happening in your state and your state's voting options at Vote.org.
- **Engage families:** AAP is partnering with Vot-ER to provide pediatricians with tools – visit aap.org/VoteKids to learn more.
- **Play a leading role in your community:** Consider participating in voter registration efforts, candidate forums and more to turn out the vote.



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/>



From the AAP, AAP-VT and the VT Medical Society

- Reminder to VOTE in the AAP national and AAP-VT state chapter elections!
- Coming soon: VMS Fall Candidate Forums
- Save the date: Annual Collaborative meetings (11/4-5/22)

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



VOTE IN THE 2022 AAP NATIONAL ELECTION!



From the VDH Office of Oral Health

- ***NEW/updated*** Silver Diamine Fluoride Fact Sheet
 - ▣ *Thank you, Robin Miller, RDH MPH, VDH Oral Health Director*
- Help educate Vermonters about this “breakthrough therapy” that can be used to address dental disease and reduce health disparities.
 - ▣ *“Aside from fluoridated water, silver diamine fluoride may be the single greatest innovation in pediatric dental health in the last century,” said James Nickman, DDS, AAPD president and practicing pediatric dentist. “Given its minimal cost and easy, painless application, it could help close the gap in healthcare disparities.”*

Silver Diamine Fluoride Facts

SDF treats tooth decay without anesthesia, needles or drilling.

SDF is a brush-on liquid containing silver and fluoride that's applied to dental decay. Silver kills the germs (bacteria) that cause decay and fluoride helps strengthen the tooth. It works best when there are multiple applications. SDF may not work on all cavities and sometimes, more dental work is needed. Both the American Dental Association and the American Academy of Pediatric Dentistry recommend SDF as a treatment for dental decay.

SDF turns the decayed area black.

The dark color means the SDF treatment is working to kill germs and protect the tooth. If needed, a dental provider may cover the black area with a white filling material. This is called SMART or silver modified atraumatic (no needles or drilling) restorative technique.

SDF can be used on anyone, but may be especially useful for:

- **Children:** It can be hard for young children to sit still in order to have cavities filled, which is why many end up at the hospital in the operating room and sedated (or “put under”) to get dental treatment. SDF can help prevent treatment in the OR because it can be applied without needles or drilling.
- **Older Vermonters and people with disabilities:** SDF can be applied in assisted living facilities, schools, and in community settings. This way, dental decay can be treated where people live rather than at a dental practice or hospital.

Each year about 400 Vermont children under age 6 undergo general anesthesia to treat dental decay. People with disabilities are also often treated in this manner. Silver Diamine Fluoride (SDF) is a safe, easy, and effective treatment alternative that can help stop decay and keep children and adults out of the hospital setting.

For more information:
Vermont Department of Health, Office of Oral Health – VTOralhealth@vermont.gov

SDF has been cleared by the FDA.

The U.S. Food and Drug Administration (FDA) approved the use of SDF in 2015. In 2017, the FDA granted SDF “breakthrough therapy designation” to stop tooth decay. Some dental providers in Vermont use SDF now. SDF has been used in other countries for many years.

Medicaid covers SDF.

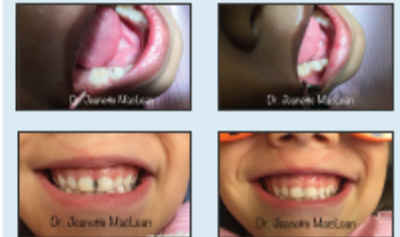
Vermont Medicaid (sometimes called Green Mountain Care or Dr. Dynasaur) covers SDF treatment for children and adults.

Not everyone can get SDF.

SDF cannot be used if:

- You are allergic to silver
- You have painful sores or raw areas in your mouth.

These teeth have been treated with SDF and covered with a white filling*



*A treatment modality known as Silver-Modified Atraumatic Restorative Therapy (SMART).

Happening tonight!

Vermont EMS for Children Case Review

- Please join us for our next EMS for Children Case Review ***tonight*** – **Wednesday, August 24 at 1900 – Pediatric Trauma.** [*Thank you, Dr. David Nelson & Kate Soons*]
- Join Zoom Meeting: <https://us02web.zoom.us/j/88578565794>
 - ▣ Meeting ID: 885 7856 5794
 - ▣ Dial by your location:
 - ▣ +16469313860, 88578565794# US
 - ▣ +19292056099, 88578565794# US (NY)



Vermont EMS for Children
August Case Review
Pediatric Trauma
Wednesday 8/24 at 1900



Now live statewide!

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 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 (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***

Practice Issues

VDH MCH Update: School/Child Care Guidance, Fall 2022
*VDH Immunization Program Updates: COVID-19, hMPXV,
Flu, & Polio*





Back to School and Childcare, Fall 2022

Maternal and Child Health Division

Kaitlyn Kodzis

Katy Leffel

Molly McClintock

Vermont Department of Health

Moving Forward

Partnerships between school nurses/childcare providers and medical practices are key

- Balance between keeping sickness out but not increasing barriers to school/childcare
- Want to ensure sickness policies are based in science, not fear
- United messaging to parents and school/childcare communities is vital
- Need clear pathways of communication

Key Points

- Shifting thinking from COVID focused to more general respiratory hygiene
- The State does not recommend that testing be required for return to school or childcare
- Masking is a personal choice of the student, family, and staff
- Medical Home-School Nurse/childcare provider partnerships are key to good communication with families
- [School Sickness Memo](#)
- [COVID Guidance for childcare](#)

School Guidance

- Identify a school nurse leader
- School nurses to revisit their sickness policies
- Stay home when sick
- If symptoms are present in school, school nurses should use their clinical judgement
 - If child is not well enough to participate, they should not be in school
- Tests will be available, but testing should not be required
 - Tests should exclusively be for symptomatic students/staff

Childcare Guidance

- Revisit sickness policy, recommending childcare programs not have stricter policies than the VDH guidance
- Stay home when sick
- If sick in care, use current regulatory guidance in conjunction with sickness policy.
 - If child is not well enough to participate, they should not be in care
- Limited test supply access, but testing should not be required
 - Once current supply of tests for childcares is exhausted, tests will no longer be supplied
 - Tests have been available but with minimal utilization throughout the summer

Upcoming Resources

Covid

- Working with partners to create messaging for case reporting expectations and notifying families of respiratory disease in school communities

Polio

- Working with Immunization to ensure there is messaging for families/students to address the polio vaccine

HMPXV

- In communication with epi to ensure there is messaging regarding HMPXV appropriate for families with children



Immunization Program Update

August 24, 2022

Monica Ogelby, Immunization Program Manager

Merideth Plumpton, RN - *Nurse Program Coordinator*

Meghan Knowles - *Communication and Training Coordinator*

Provider Update - August 23, 2022

Slides and recording posted at www.healthvermont.gov/COVID19-vaccine-healthpros#resources

- **COVID-19 vaccine updates and reminders**
 - Fall Bivalent Boosters
 - Vaccine for under 5
 - Moderna 6 through 11 years
 - Novavax
- **Vermont Vaccine Program Updates**
 - Full VCVP/VAVP team
 - 2022/2023 Flu season
 - MenQuadfi replaces Menactra
 - Polio Vaccine
- **hMPXV (human monkeypox virus)**
 - JYNNEOS vaccine availability

Recording:

<https://youtu.be/zYEptE9XWog>

Slides:

www.healthvermont.gov/sites/default/files/documents/pdf/HS-IZ-VVP-OfficeHours-08.23.2022_0.pdf

Fall COVID Boosters

Pfizer-BioNTech and Moderna Bivalent Boosters

Assumptions

- Pfizer authorized for 12 years and older, Moderna for 18 years and older. Younger pediatric groups to follow later in the fall
- Single booster dose given to those who previously completed a primary series
- New formulation will not be authorized for use as a primary series. Practices should continue to maintain a small stock of primary series COVID-19 vaccine.
- New products with new NDC number and presentation
 - [IIS COVID-19 Vaccine Related Code | CDC](#)
- Same storage and handling parameters as original products

Pfizer-BioNTech and Moderna Bivalent Boosters

Vermont planning

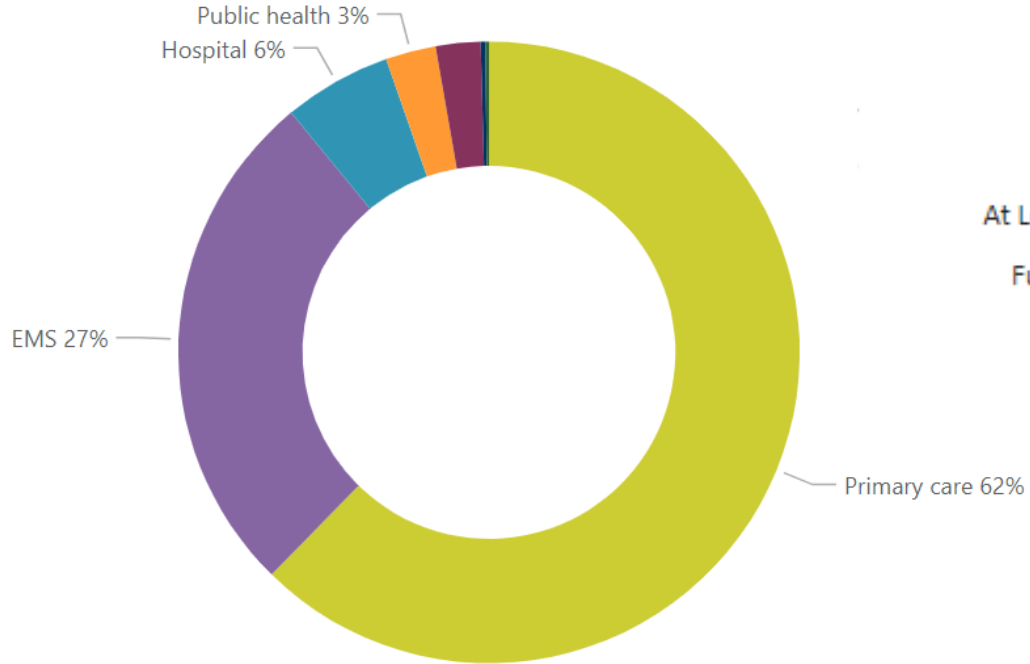
- Bivalent COVID-19 vaccine will be made available to pharmacies. Participating Vermont pharmacies unknown at this time.
- Vermont will leverage robust state sponsored walk-in clinic structure (EMS, VDH) for initial roll-out of boosters. [Vaccine | Vermont Department of Health \(healthvermont.gov\)](https://healthvermont.gov)
- It is a priority to make flu vaccine for those under 65 years available with COVID bivalent boosters at all walk-in clinics
- Timing and guidance for PCP ordering in September will be communicated in the coming weeks.

COVID-19 for under 5 years

COVID-19 vaccine for children under 5

<https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

PEDIATRIC (AGE 0-4) VACCINATIONS BY FACILITY CATEGORY



Percent of People Receiving COVID-19 Vaccine by Age and Date Administered, United States

December 14, 2020 – August 17, 2022

	<2 yrs	2-4 yrs	5-11 yrs	12-17 yrs	18-24 yrs	25-49 yrs	50-64 yrs	+65 yrs
At Least One Dose	3.4%	5.7%	37.8%	70.5%	79.7%	83.3%	93.9%	95.0%
Fully Vaccinated	0.6%	1.1%	30.4%	60.3%	64.7%	70.4%	82.2%	92.0%

As of 8/17 Using Vermont IMR data

- Over 8000 doses have been administered (Some are 2nd doses)
- ~30% received a 1st dose
- 4% completed a primary series

Moderna 6 through 11 years

Moderna 6-11 Formulation

Very low demand: Most children in this age range have been vaccinated with Pfizer

High potential for errors: Labeling and packaging state “booster dose only”

A small amount available at the vaccine depot. If you have a need for this vaccine as a primary series, or a 5-year-old ages into this product mid-series, contact AHS.VDHImmunizationProgram@vermont.gov to request this product.

Novavax

Novavax COVID vaccine

Details

- Adjuvanted protein sub-unit vaccine
- Two-dose primary series, given 3 weeks apart to individuals **12 and older**.
 - [CDC Recommends Novavax COVID-19 Vaccine for Adolescents 08.22.2022 | CDC Online Newsroom](#)
- 10 doses/vial, Beyond Use Time of 6 hours after the first puncture
- Refrigerated storage through expiration date ([look-up tool available](#))

Ordering

- Stock is limited. If you would like to order Novavax vaccine, please reach out to AHS.VDHImmunizationProgram@vermont.gov for your initial order.
- If you have specific patients in mind, order vials for second doses at the same time as the first

Flu 2022-2023

2022/2023 Flu Ordering

Practices will be able to place initial flu vaccine orders in VIMS starting August 29, 2022

- Base order quantity on immediate need and storage. Plan to order 3-4 weeks as storage allows.
- It is a priority of the state to have flu vaccine available to those under 65 years old wherever COVID-19 vaccine is available, **including all state sponsored (EMS and VDH run) walk-in clinics**. With this increased access, patients may get their flu vaccine at a walk-in clinic rather than their primary care office. We suggest ordering vaccines thoughtfully with that in mind.

Flu / COVID Clinic Grant Funding

Grant money will be available to assist with clinics again this year.

- These funds may be available for a broader usage than in the past.
- The application process will remain essentially the same, with more information to be communicated soon.
- Check the AAPVT website for future details: [Welcome to the American Academy of Pediatrics Vermont Chapter | AAPVT](#)

Polio vaccine

Polio Case in NY

- A case of Polio was detected in an unvaccinated adult in NY state
- Wastewater testing has revealed that there may be other cases in that community

“In July 2022, CDC was notified of a case of polio in an unvaccinated individual from Rockland County, New York, caused by [vaccine-derived poliovirus type 2](#). CDC is consulting with the New York State Department of Health on their investigation. This does not change CDC recommendations for polio vaccination. CDC urges everyone who is not fully vaccinated to complete the polio vaccination series as soon as possible.” -

<https://www.cdc.gov/polio/what-is-polio/hcp.html>

- [Polio Vaccination: What Everyone Should Know | CDC](#)
- Practices that see patients under 18 years old will see polio rates highlighted in the upcoming quarterly report, sent from the IMR by mail. For assistance in using the Immunization Registry (IMR) for patient recall, see the [Not-Up-To-Date Guidance](#).

Polio Vaccine Recommendations - Adults

Polio vaccination in adults

Most adults were vaccinated for polio as children, and IPV is not a [routine adult vaccine](#). The CDC vaccine purchase contract does not include IPV for adults, **state-supplied IPV may not be used for adults 19+**.

However, adults [SHOULD receive a polio vaccine](#) if they are:

- unvaccinated
- incompletely vaccinated
- completely vaccinated but at higher risk for contact with poliovirus

Adults who are unvaccinated or without any documentation of previous polio vaccination should be given three doses of IPV at [recommended intervals](#). **Titers should not be drawn to assess immunity.**

You may receive requests from adults searching for the polio vaccination for any of the above reasons. **Currently, the only option is to purchase the vaccine privately or refer these patients to an administering pharmacy, or travel clinic if appropriate.** If and when the CDC contract changes to allow for IPV administration in adults, the Immunization Program will update the [Vaccine Availability Sheet](#) and communicate by e-mail.

hMPXV and JYNNEOS vaccine

hMPXV (human monkeypox virus) in Vermont

Two cases in Vermont so far [2022 U.S. Map & Case Count | Monkeypox | Poxvirus | CDC](#)

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

They will help determine whether testing is indicated. If so, they will guide you through the process of specimen collection and sending specimens to the Vermont Department of Health Laboratory (VDHL). Testing is also available through the commercial labs Labcorp, Aegis and Quest. Turn-around time and cost may vary by lab.

JYNNEOS: Vermont Vaccine Eligibility

Current Eligibility:

- ***NEW*** Gay, bisexual, and other men or trans people who have sex with men, who had or expect to have more than one (1) sexual partner.
- People who have had recent exposures to individuals with **confirmed** human monkeypox virus (hMPXV) infections.
- People who have had recent exposures to individuals with **possible** hMPXV infections.
- Certain health care and laboratory personnel whose jobs regularly put them at high risk of exposure to the virus, such as performing testing or caring for multiple people infected with hMPXV.

[Human Monkeypox Virus \(hMPXV\) | Vermont Department of Health](#)

[Interim Clinical Considerations for Use Vaccines during the 2022 U.S. Monkeypox Outbreak | CDC](#)

JYNNEOS: Vermont Vaccine Availability

Still a very limited supply of JYNNEOS vaccine in Vermont

- The following providers have a limited supply of vaccine, by appointment **for current patients only**: Planned Parenthood (all locations), CHCB (some locations), UVMHC ID/Comprehensive Care Clinic
- The Health Department is working to add more opportunities for those eligible to be vaccinated. The District Offices will function as a referral location in the coming weeks.

JYNNEOS Vaccine Reporting

IMR Reporting

“Vaccinia, Smallpox Monkeypox Vaccine,...”

Name may change to be easier to locate in IMR

pneumococcal polysaccharide
pneumococcal conjugate PCV15
pneumococcal conjugate PCV20
Tdap
Td, adult, absorbed
Td, adult, preservative free
Vaccinia, Smallpox Monkeypox Vaccine,...
Zoster recombinant

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

Matt.saia@uvmhealth.org

Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail:** vchip.champ@med.uvm.edu
 - ▣ **What do you need** – how can we be helpful (specific guidance)?
- **VCHIP CHAMP VDH COVID-19 website:**
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- **Next call in 1 month:** ***Wednesday, September 21, 2022 12:15 – 1:00 pm***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine: ***Sept. 15 – 12:30-1:00 p.m.***
- **Join VMS Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684
 - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#