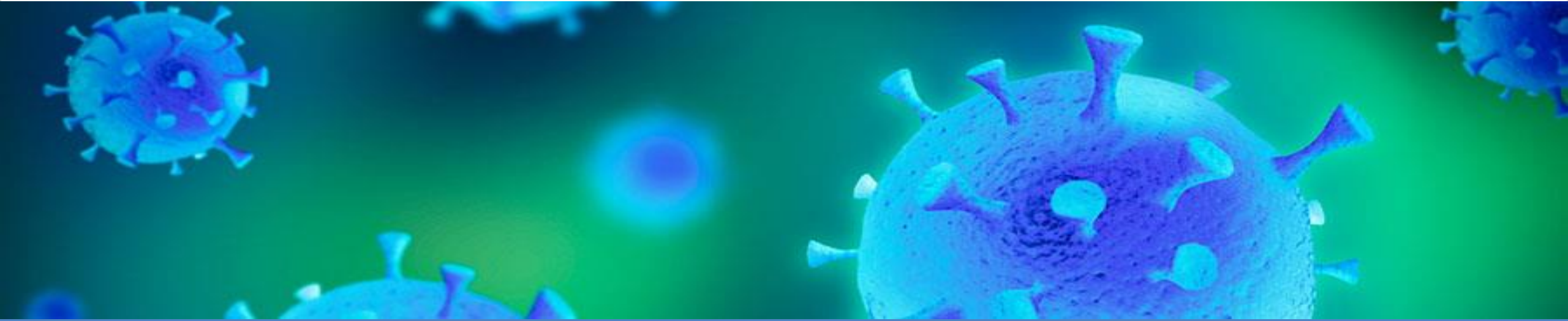


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
September 22, 2021



Technology Notes

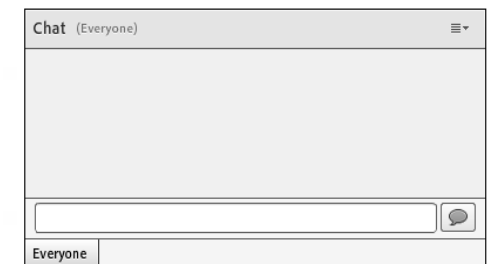
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

Call in number – 1-866-814-9555

Participant Code – 6266787790

Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

- 3) To ask or respond to a question using the **Chat** box, type your question and click the  icon or press Enter to send.



Overview



- **Happy Autumn Equinox!**
 - *Embrace this time, the change of light, With shorter days and longer nights... The cycle of nature unbroken and true, Bestows peace of mind and well-being to you.* [<https://stephanie-laird.pixels.com/>]
- Reminder – weekly event schedule:
 - **September VCHIP-VDH call calendar** (next slide); Gov. Media Briefings generally ***Tuesdays only***; VMS calls w/Dr. Levine ***select Thursdays only***
- Situation, VDH, AAP updates; week in review
- Practice Issues – ***COVID-19 Vaccine Updates***
- Q & A/Discussion

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

VCHIP-VDH COVID-19 calls: Fall Calendar



- **September: generally Mon. & Wed. except as below:**
 - ▣ **Next call Monday, September 27, 2021**
 - ▣ **September call dates: 9/8 (W), 9/13 (M), 9/22 (W), 9/27 (M), 9/29 (W)**
- 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 2 slides)

VMS Calls with Health Commissioner Levine: Fall Schedule

- **Generally** held ***first Thursday of each month***
- A few exceptions when they will be held the ***third Thursday of the month:***
next Commissioner call 10/21/21
- VMS also hosts “**COVID Hot Topics**” call the ***third Thursday of the month***
 - ▣ **Next call 10/7/21**
- 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**



Vermont Medical Society

VMS Commissioner Call Fall / Winter 2021 Schedule

& COVID-19 Clinical Conversations

Join us this Fall/Winter 2021: VMS will host Commissioner Mark Levine on these specific Thursdays from 12:30 – 1:00pm. VMS will also host COVID-19 Clinical Conversations with local experts on relevant issues facing Vermont health care clinicians on the other listed Thursdays from 12:30 – 1:00pm:

- Sept 2, *Commissioner*
- **Sept 16, COVID-19 Clinical Conversation**
- **Oct 7, COVID-19 Clinical Conversation**
- Oct 21, *Commissioner*
- Nov 4, *Commissioner*
- **Nov 18, COVID-19 Clinical Conversation**
- Dec 2, *Commissioner*
- **Dec 16, COVID-19 Clinical Conversation**

Zoom link: <https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJlZG4yQT09>

Meeting ID: 867 2625 3105 / Password: 540684

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

Situation update

New Cases

121

32,079 Total

Currently Hospitalized

48

Hospitalized In ICU

19

Hospitalized Under Investigation

8

Percent Positive 7-day Avg.

3%

People Tested

471,588

Total Tests

2,028,601

Recovered

27,653

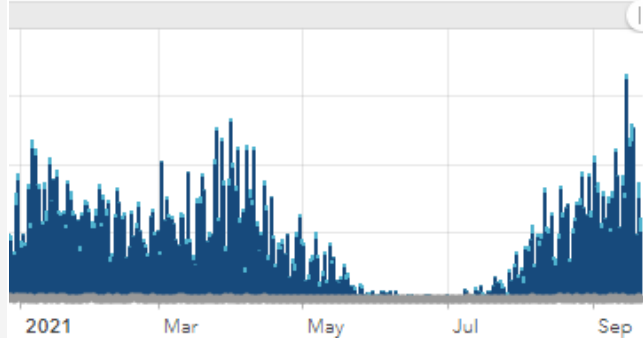
86.2% of Cases

Deaths

301

0.9% of Cases

Last Updated: 9/22/2021, 11:03:57 AM



VT New Cases, Probables, Deaths

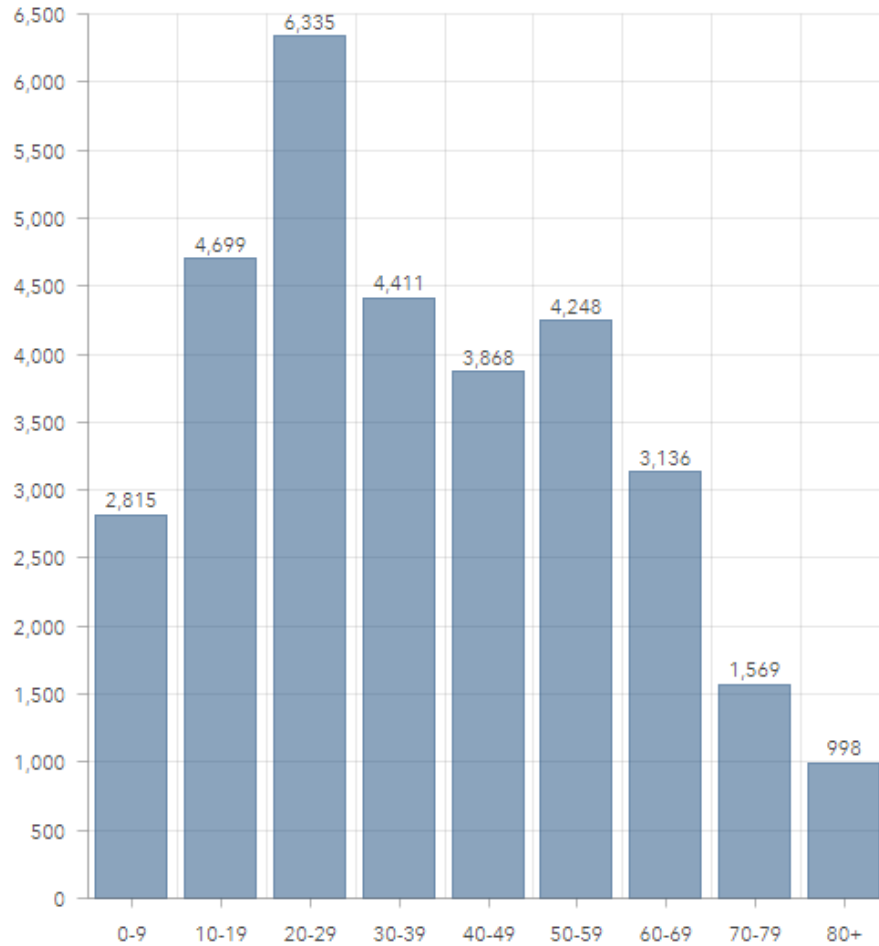
NOTE: VDH Dashboard updated EVERY DAY by 12:00 p.m. Case info reflects counts as of end of the previous weekday. All data are compiled by the VDH; are preliminary & subject to change.

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

- One year ago: VT total cases = 1721
- U.S. **42.4 million+** cases; **678,557 deaths**
 - ▣ <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 9/22/21)
 - ▣ Past week: av. 134,036 cases/day (14d. change **-12%**)
 - ▣ **4.7 million+ deaths worldwide**; **229.5 million+ cases** (-13% & -13% 14-day change respectively)
- **VDH Data Summary** now q.o.week. **9/10/21: NO Weekly Spotlight topic**
 - ▣ Case rate highest among 0-9 & 20-29 y.o.
 - ▣ Children (0-19) = 23% of VT COVID-19 cases; of those, 21% are 18-19 y.o. [Total 6,783 posted 9/10/21]
 - ▣ **Vaccine breakthrough cases = 1906** since Jan. 2021
Find previous summaries at:
<https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

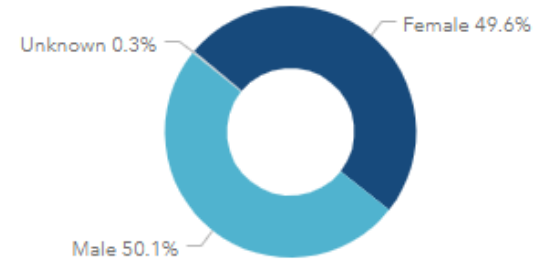
Situation update

Vermont COVID-19 Cases by Age Group

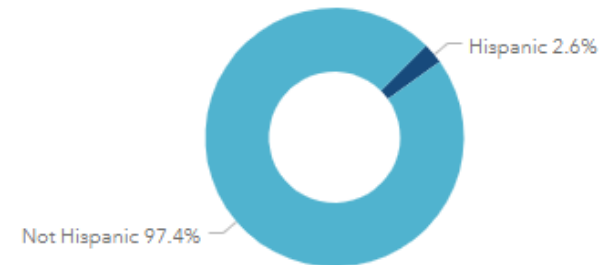


Case Demographics

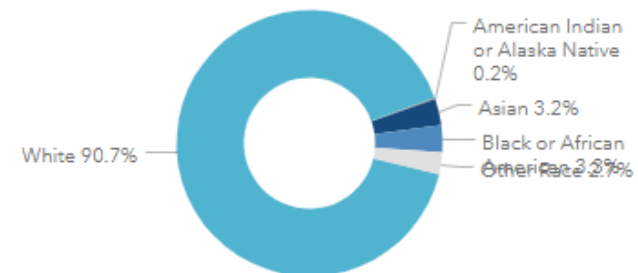
Vermont COVID-19 Cases by Sex



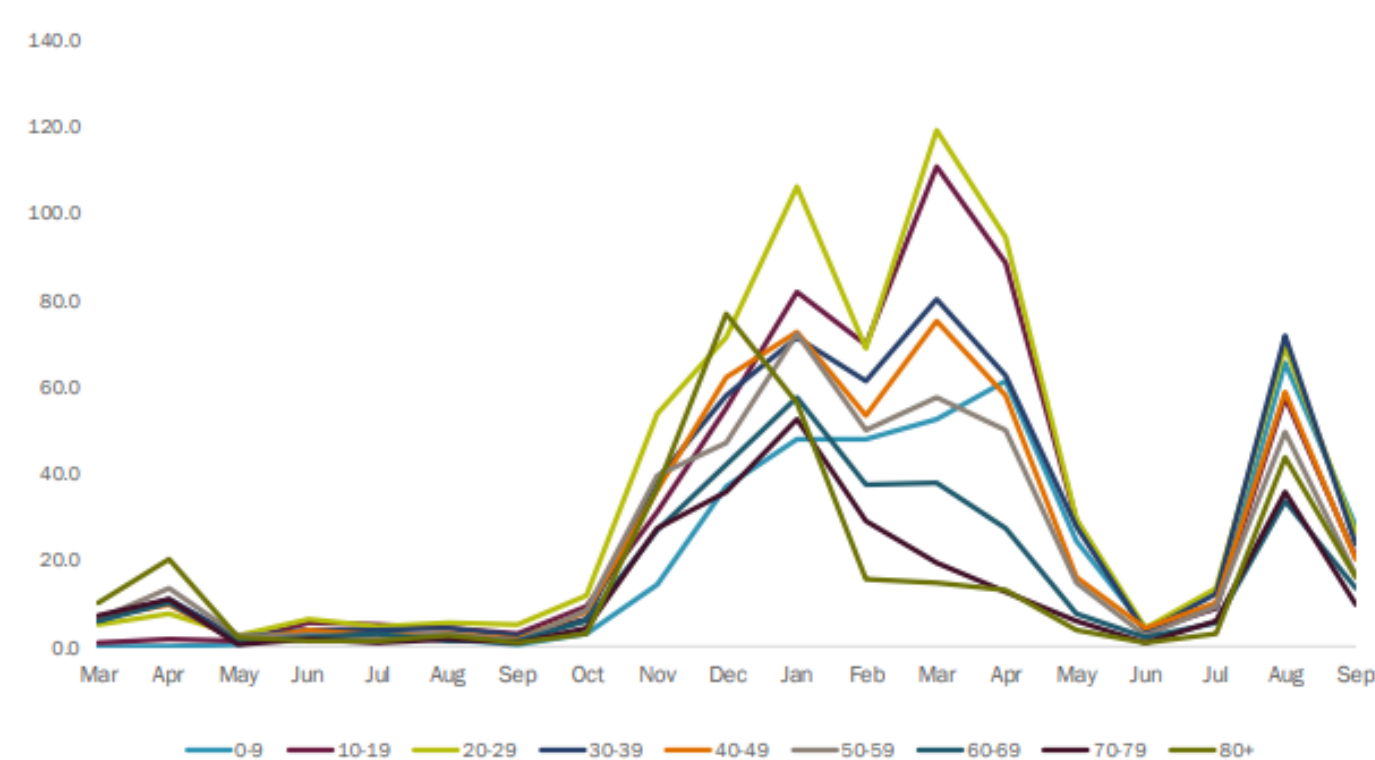
Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



Rates of COVID-19 have decreased for all age groups at the beginning of September 2021. Rates are highest among 0-9 year olds and 20-29 year olds.



Rate per 10,000 of COVID-19 Cases by Age Group (September 1 – September 8)

Age Group	Rate per 10,000
0-9	27.8
10-19	20.8
20-29	26.0
30-39	23.7
40-49	20.4
50-59	16.5
60-69	13.4
70-79	9.6
80+	16.1

Vermont Department of Health

Vermont Children and COVID-19

Sign or Symptom	Percent of Children with Symptom
Runny Nose	60%
Cough	53%
Headache	48%
Fatigue	45%
Sore Throat	40%
Muscle Pain	27%
Loss of Smell/Taste	26%
Fever	22%

5 days

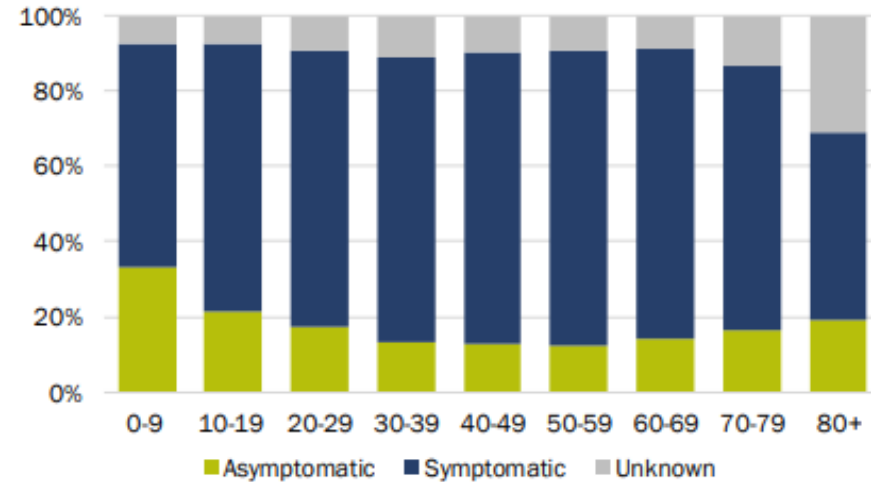
Average illness duration among children

Among Vermont's children with COVID-19, there are currently no reported cases of multi-system inflammatory syndrome or deaths, and less than 6 hospitalizations.

Please note the number of children hospitalized decreased on September 9, 2021 due to new information gathered as part of routine data cleaning.

Vermont Department of Health

The percent of COVID-19 cases with no symptoms is higher among children. More than one quarter (26%) of cases among children had no symptoms reported.



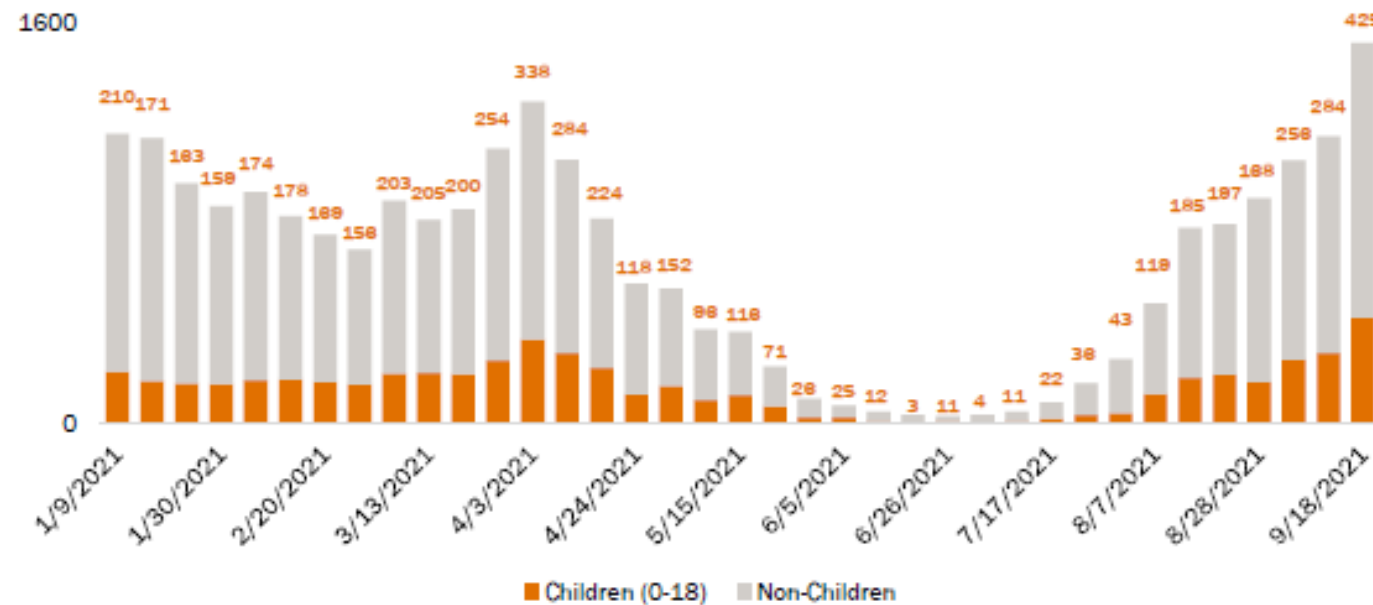
65% of children with COVID-19 had known contact with somebody else who had COVID-19.

20% of children with COVID-19 were part of an outbreak.

Case Demographics

This brief reflects data as of September 18, 2021 at 5 pm (the last complete MMWR week). All rates are calculated per 10,000 people. Data is preliminary and subject to change.

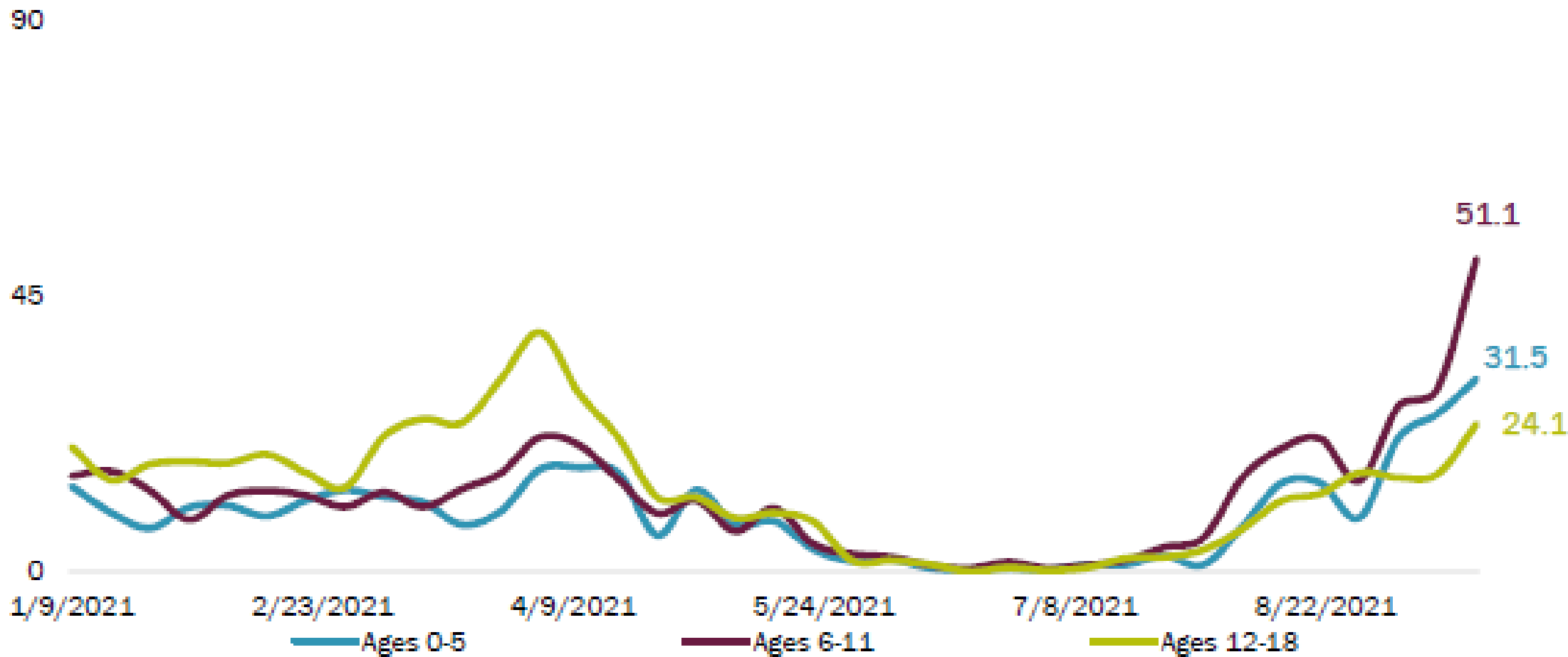
Number of Cases by Week



Number of Cases by Week by Age Category

COVID-19 Pediatric Cases

Rates by Week by Age Category



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

September 22, 2021

COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

- <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf> (Updated **Tuesdays** w/data through previous Sunday)



Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	174	344



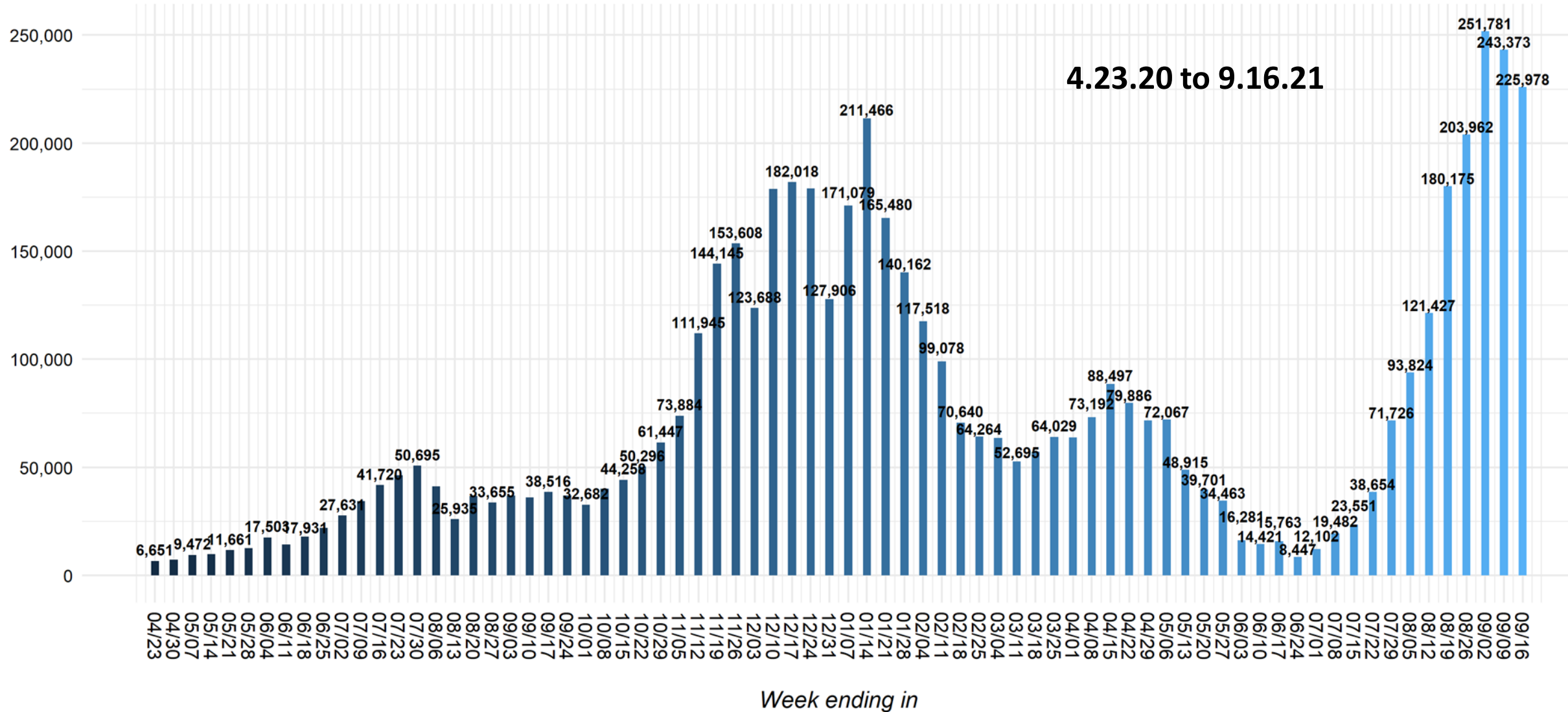
Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	40	81

- VT College & University dashboards:
 - ▣ **UVM update** (week of 9/13/21): 24 pos. tests off campus; 21 on campus; 0 faculty; 0 staff.
 - ▣ **Bennington College** (Sept. 21, 2021): 4 total active/0 new cases.
 - ▣ **Middlebury College** (updated 9/20/21): 2 new cases & 2 total active cases (1 student, 1 employee)

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

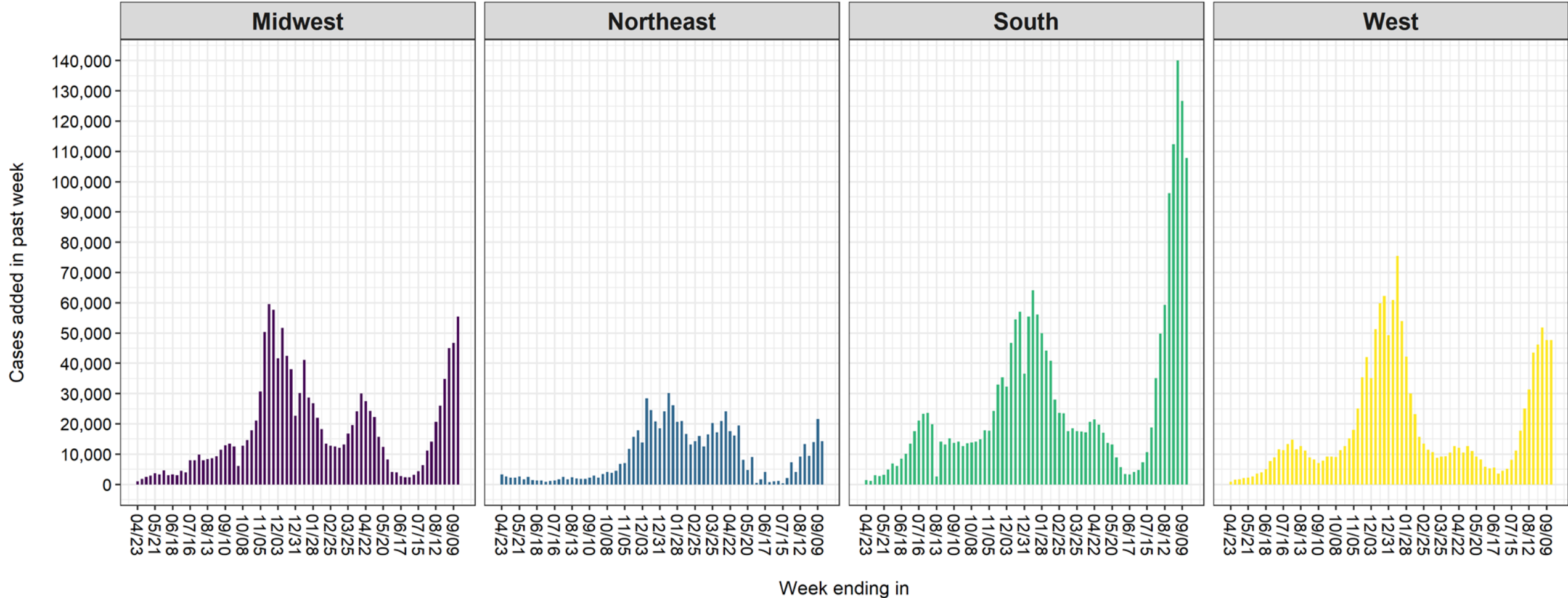
Number of child cases added



Source: AAP analysis of publicly available data from state/local health departments
Note: 5 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
TX reported age for only a small proportion of total cases each week (eg, 3-20%); TX cumulative cases through 8/26/21
As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21
Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21
Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, on 9/16/21 there were 184 fewer cumulative child cases)

4.23.20 to 9.16.21

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



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

Note: Regions are the US Census Regions

5 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

TX reported age for only a small proportion of total cases each week (eg, 3-20%); TX cumulative cases through 8/26/21

As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21

Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21

Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, on 9/16/21, there were 184 fewer cumulative child cases)

VDH COVID-19 Vaccine Registration & Sites

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

ELIGIBILITY

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

GET YOUR FREE VACCINE WITHOUT AN APPOINTMENT!

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

APPOINTMENTS ARE ALSO AVAILABLE

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



KinneyDrugs®

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

COVID-19 Vaccination Scheduling at Kinney Drugs in

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

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

CVS pharmacy™

Search

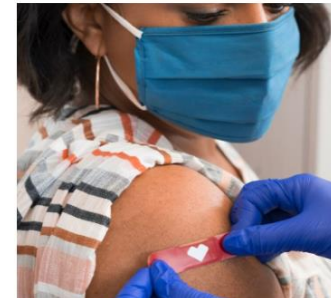
[Pharmacy](#) [MinuteClinic®](#) [HealthHUB](#) [Shop](#) [ExtraCare®](#) [Contact Lenses](#) [Photo](#)

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

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

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

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



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



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

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

16



VDH COVID-19 Vaccine Dashboard (Summary Page: 9/22/21)

- Daily updates Tuesday thru Sat.
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- **Notes: Vermont Forward percentages** use data from CDC, which includes some data not reported to VDH; these estimates may differ from those reported elsewhere in the dashboard.

Vermont Vaccination Data

Blue headers indicate CDC data
Gray headers indicate Vermont data

Vaccination by County Age 12+

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

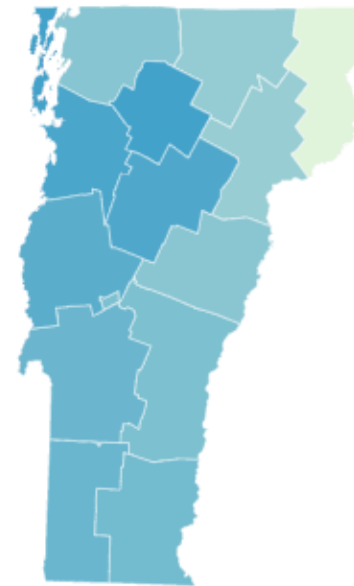
Show Rates By:

Overall

Race/Ethnicity

Ethnicity

County	Overall progress
Addison	85.2%
Bennington	82.5%
Caledonia	74.2%
Chittenden	88.1%
Essex	61.0%
Franklin	77.2%
Grand Isle	89.4%
Lamoille	89.4%
Orange	76.6%
Orleans	74.6%
Rutland	82.2%
Washington	87.1%
Windham	80.8%
Windsor	78.9%



60.9% 89.4%

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

Summary

By Age, Sex, Race, Ethnicity

Vermont Forward

87.4%

of Vermonters 12+ have received at least one dose

481.7K

Vermonters 12+ have received at least one dose

78.2% of Vermonters 12+ have completed vaccination

Source: CDC

Vaccine Distribution

Doses Administered

894.2K

Total People Vaccinated

Total People Started

39.4K

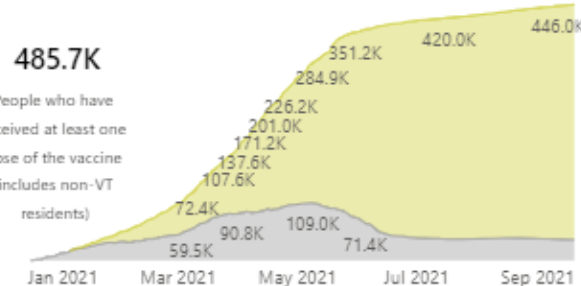
Total People Completed

446.3K

— Started — Completed

485.7K

People who have received at least one dose of the vaccine (includes non-VT residents)



Updated 9/22/2021 9:08:58 AM

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

- Daily updates Tuesday thru Saturday
- Data = counts reported by end prev. day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>
- By Age – Statewide (≥ 1 dose):
 - ▣ 12-15 = 73.3% (72.2% on 9/11/21)
 - ▣ 16-17 = 77.3% (76.7% on 9/11/21)
 - ▣ 18-29 = 61.6% (61.0% on 9/11/21)
 - ▣ VT Age 12+ = 82.8% (82.4% on 9/11)

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	73.3%
16 - 17	77.3%
18 - 29	61.6%
30 - 39	83.1%
40 - 49	82.4%
50 - 59	85.1%
60 - 64	90.9%
65 - 69	96.7%
70 - 74	99.9%
75+	97.1%
VT Age 12+	82.8%

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

Select County

All



Summary

By Race - Statewide

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

Race	%*
Asian	74.8%
Black or African American	76.1%
Native American, Indigenous, or First Nation	30.2%
Pacific Islander	29.4%
Two or more races	69.4%
White	80.9%
VT Age 12+	80.3%

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

By Race/Ethnicity and Age - Statewide

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

Race*	12-30	31-64	65+	Age 12+
BIPOC	68.2%	82.2%	89.8%	76.8%
Non-Hispanic White	61.1%	79.8%	95.4%	78.5%
Vermont	61.9%	80.0%	95.2%	78.4%

Race/ethnicity information is not reported for 5% of people vaccinated.

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

By Age, Sex, Race, Ethnicity

By Ethnicity - Statewide

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

Ethnicity	%*
Hispanic	95.0%
Not Hispanic	78.3%
VT Age 12+	78.7%

Ethnicity information is not reported for 5% of people vaccinated.

By Sex - Statewide

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

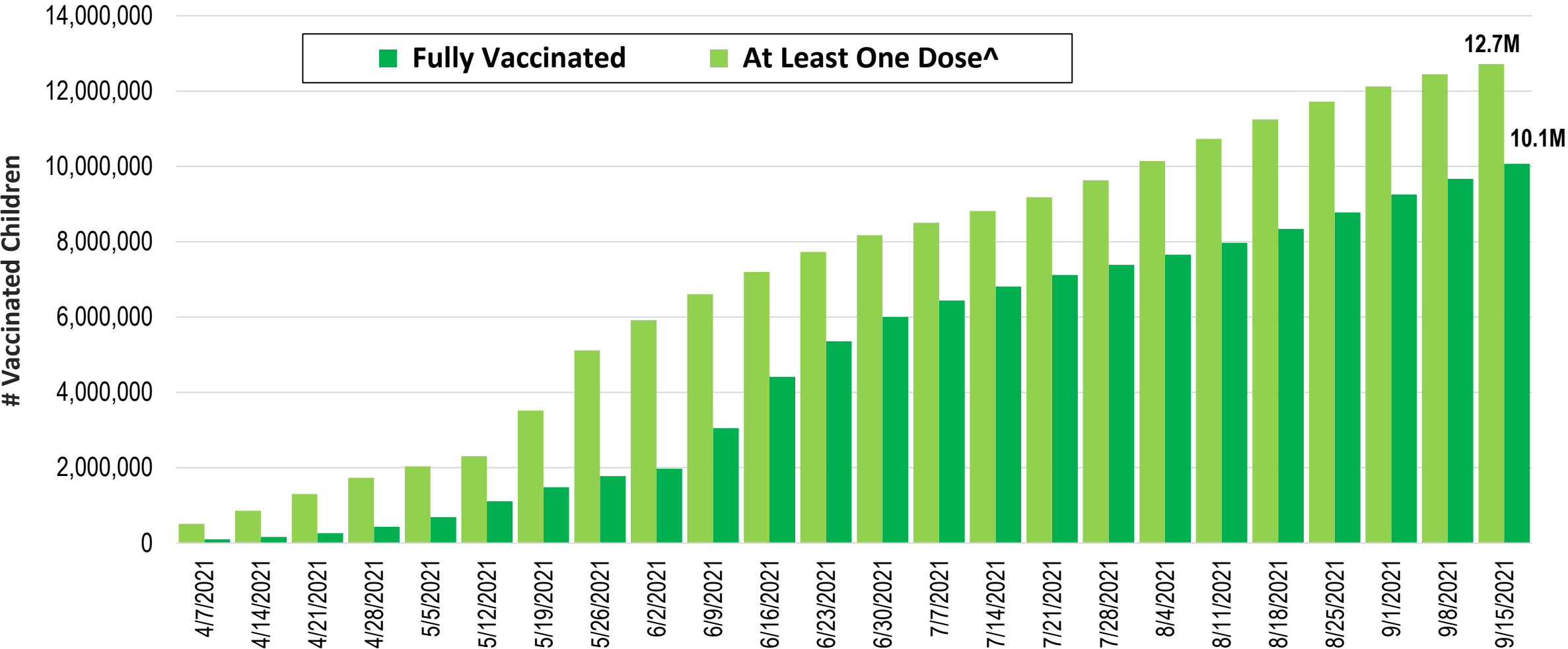
Sex	%*
Female	85.0%
Male	80.4%
VT Age 12+	82.7%

Sex information is not reported for 504 people vaccinated.

Updated 9/22/2021 9:08:58 AM

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

4.07.21 to 9.15.21

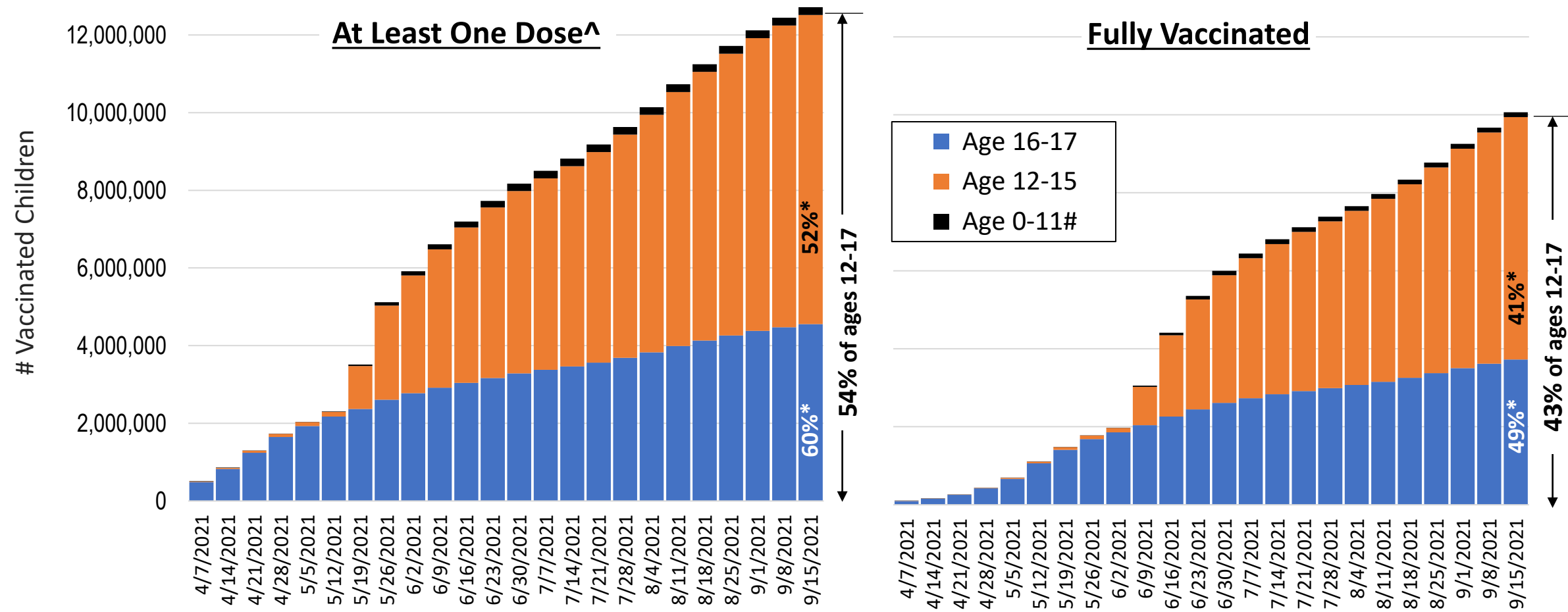


^Includes those having received only 1 of 2 doses and those fully-vaccinated.

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 9.15.21

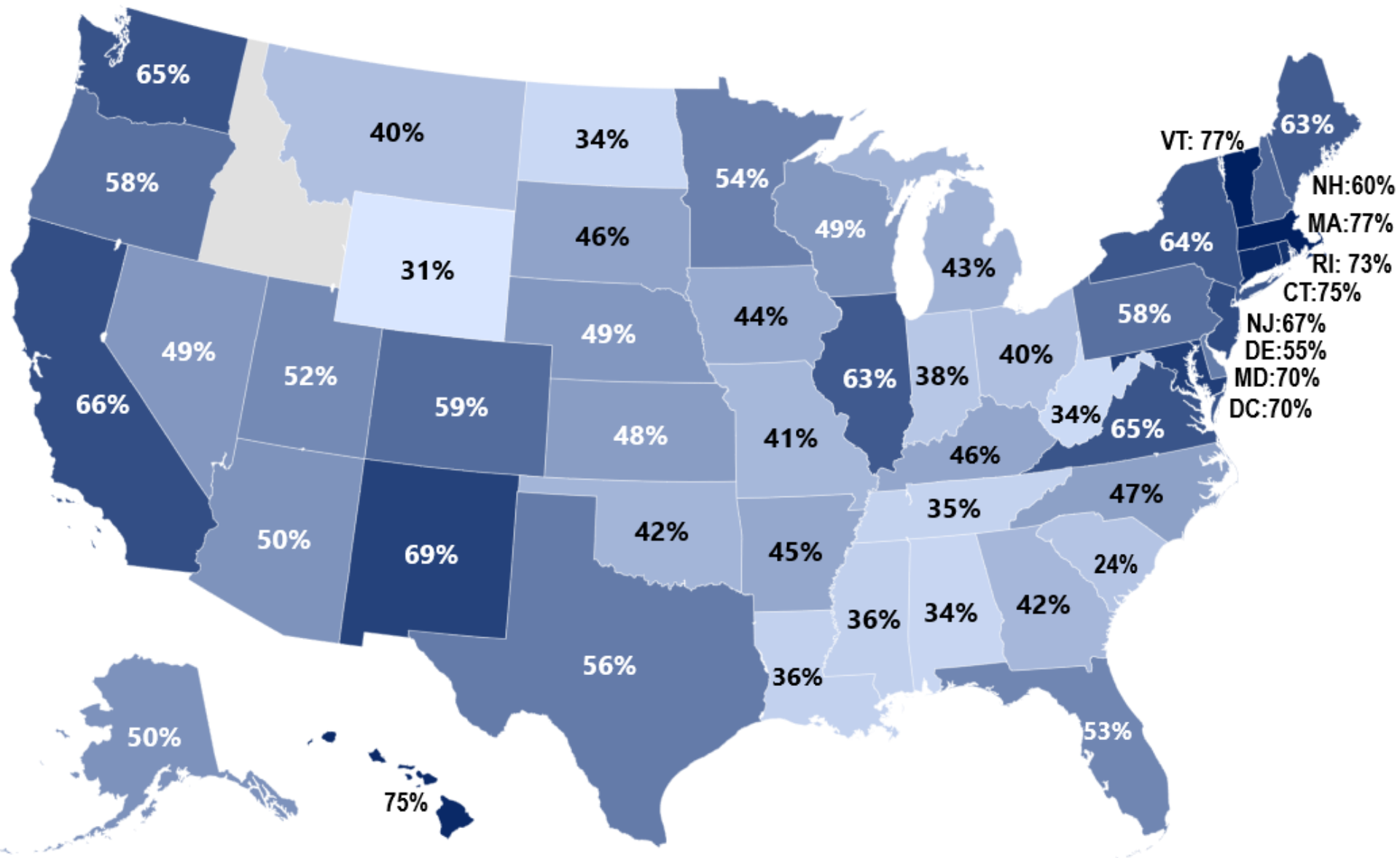


^Includes those having received only 1 of 2 doses and those fully-vaccinated. Vaccinated children as percentage of all children within age group. # According to the CDC Coronavirus Disease Response Team, children under age 12 may be included as vaccinated due to (1) birthdate entered incorrectly, or (2) ongoing COVID-19 vaccine clinical trials involving children under age 12. * CDC-calculated vaccinated children as percentage of all eligible 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.”

**Proportion of US
Children Ages 12
through 17
Who Received At
Least One Dose
of the COVID-19
Vaccine by State of
Residence**

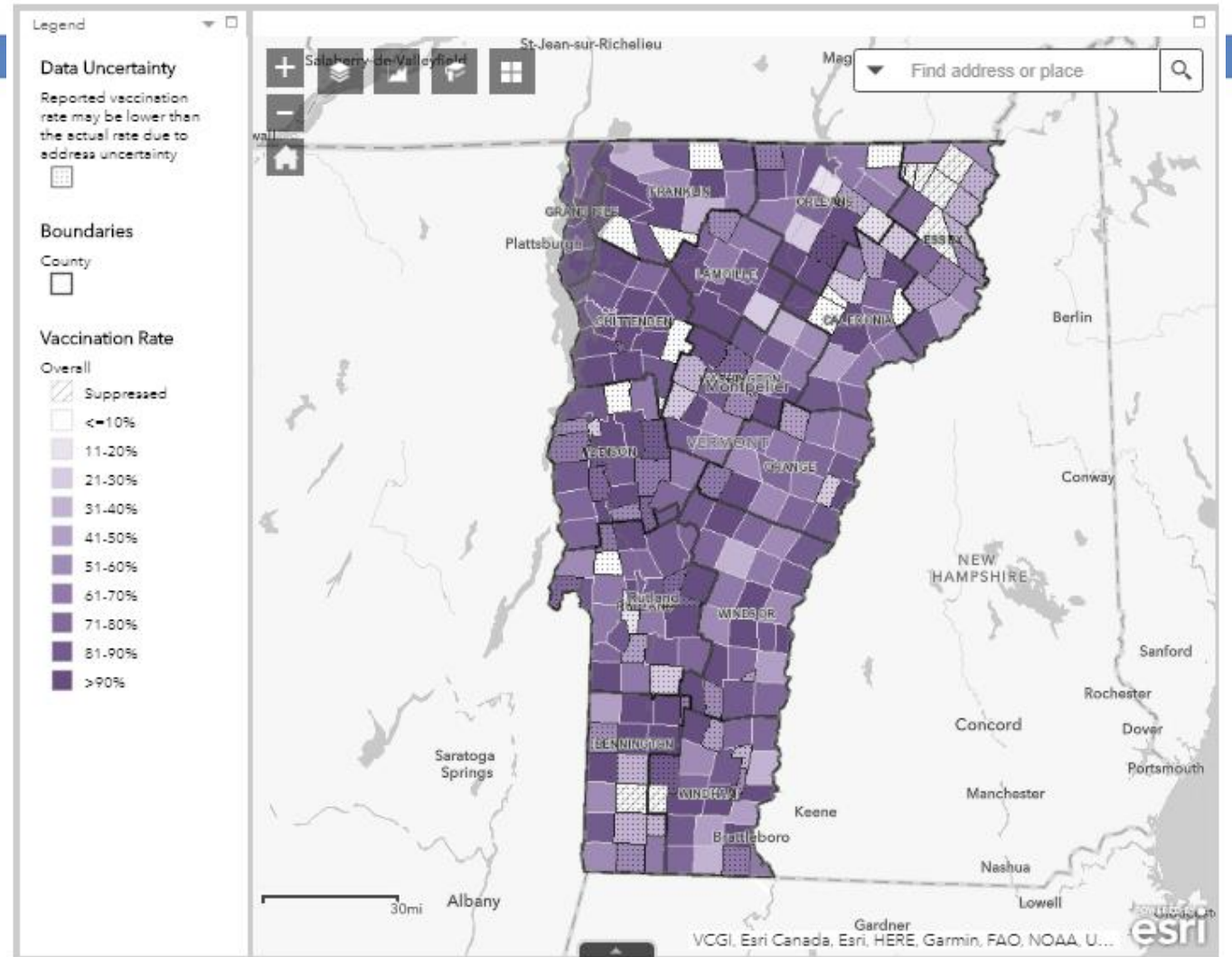
Received At Least 1 Dose

**as of 9.15.21**

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>). Idaho information not available. Check state's web sites for additional or more recent information

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

- Map shows overall % of VTers age 12+ vaccinated with \geq one dose of COVID-19 vaccine.
 - NEW: Map updated third Thursday of each month. Includes data reported to the Vermont Immunization Registry through the prior Wednesday.
 - Please use caution when interpreting town data – several scenarios where vaccinations are not attributed to the correct town.
- [See web site notes for details.]



New page address: <https://www.healthvermont.gov/covid-19/current-activity/rates-town>

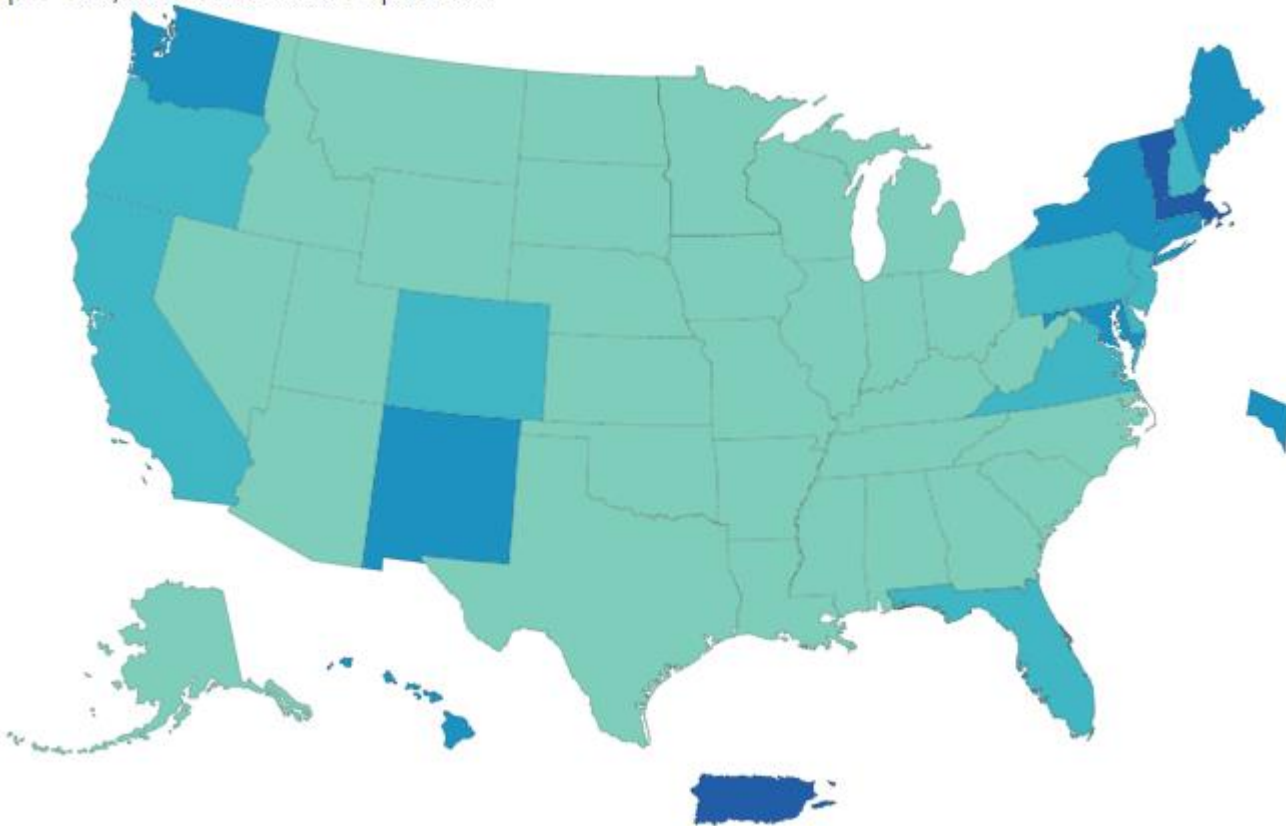
September 22, 2021

22

From the CDC Vaccine Tracker

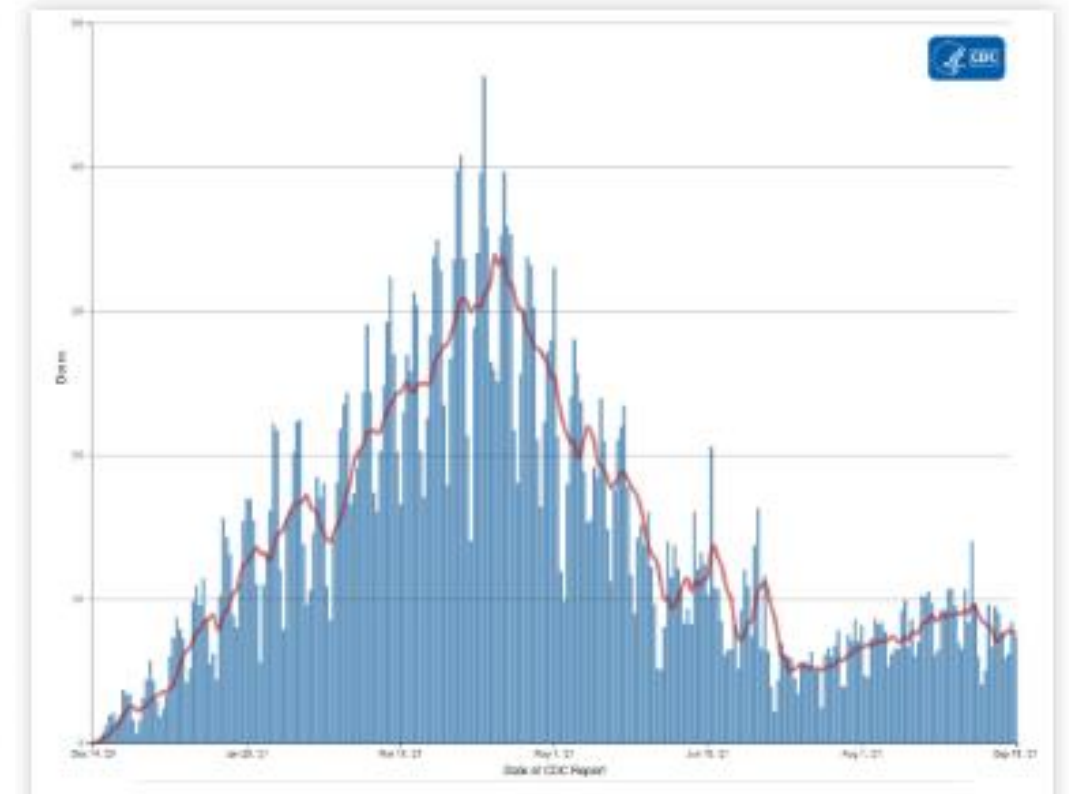
Daily Change in Number of COVID-19
Vaccinations in the United States Reported to
CDC

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



Total Doses Administered per 100,000

○ No Data ○ 0 ○ 1 - 120,000 ○ 120,001 - 130,000 ○ 130,001 - 140,000 ○ 140,001 - 150,000 ○ 150,001 +



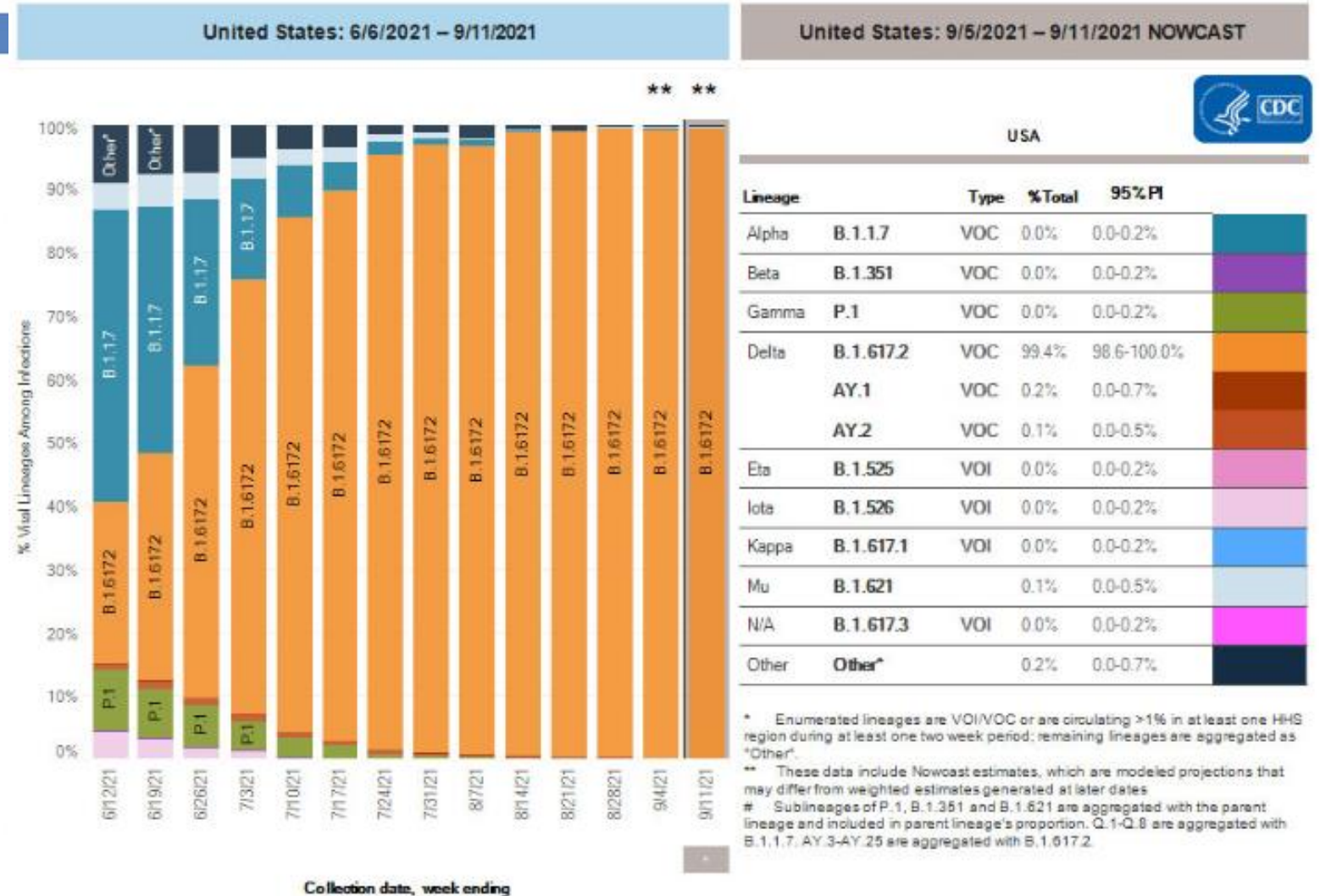
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

September 22, 2021

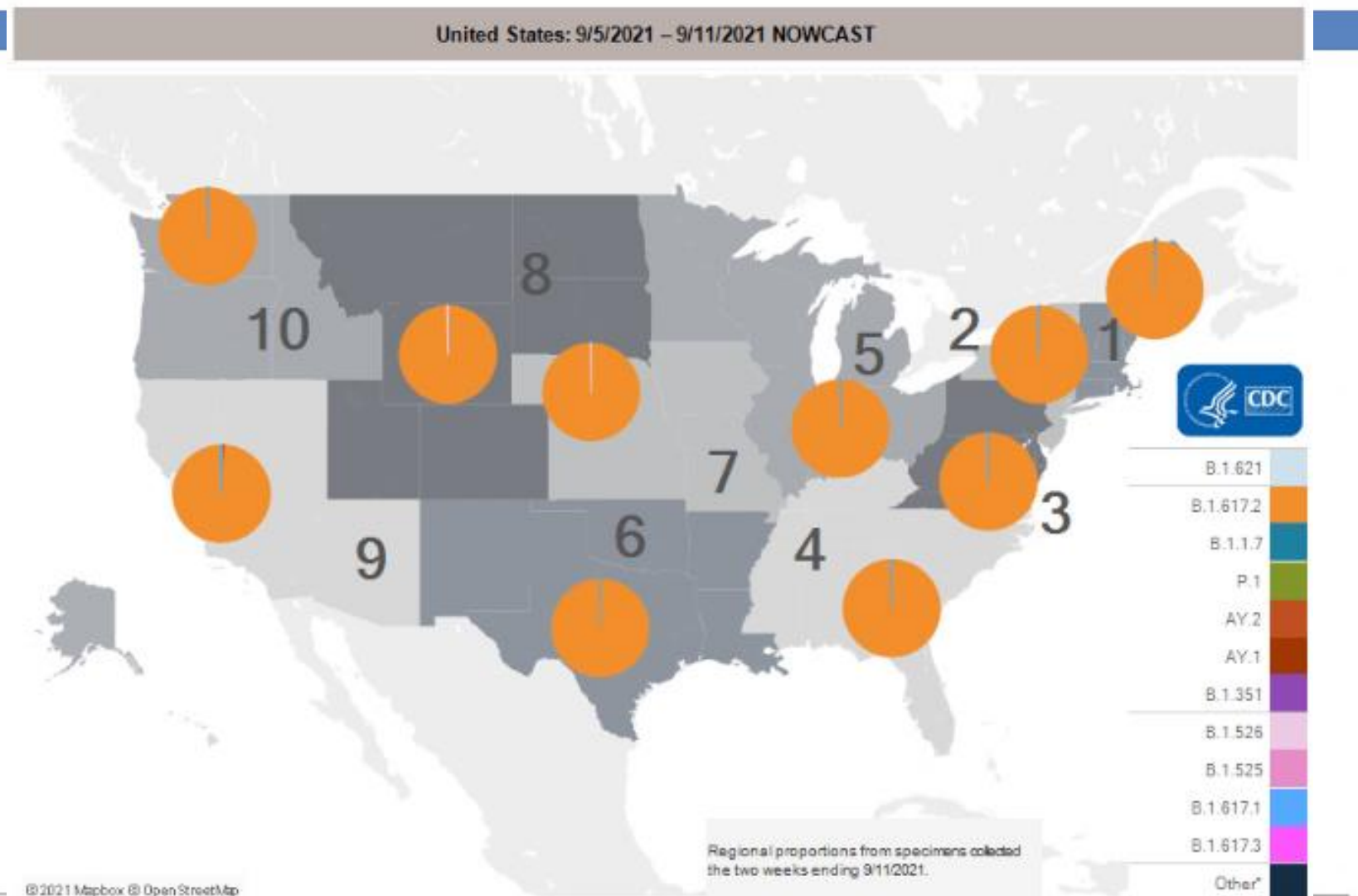
From the CDC: SARS-CoV-2 Variants in the U.S.

Note striking preponderance of Delta variant (orange) in far right column, two weeks ending 9/11/21.



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

Again note striking preponderance of Delta variant (orange) across all HHS Regions (two weeks ending 9/11/21).



SARS Co-V-2 Variants in Vermont

- Note (8/25/21): ***“At this time, all genetically sequenced specimens are the Delta variant. For this reason, we have suspended the variant table.”***
- <https://www.healthvermont.gov/covid-19/current-activity/covid-19-communities>

Specimens Collected from July 7 to July 29

COUNTY	B.1.1.7 (ALPHA)	P.1 (GAMMA)	B.1.351 (BETA)	B.1.617.2 (DELTA)
Addison	0	0	0	12
Bennington	0	0	0	1
Caledonia	0	0	0	3
Chittenden	1	0	0	56
Essex	0	0	0	5
Franklin	0	0	0	4
Grand Isle	0	0	0	1
Lamoille	0	0	0	1
Orange	0	0	0	5
Orleans	0	0	0	14
Rutland	2	0	0	12
Washington	0	0	0	24
Windham	0	0	0	10
Windsor	0	0	0	1

From the AAP

In celebration of ***Women in Medicine Month***

- Supplement to *Pediatrics*: ***Women in Medicine*** (Hingle S, et al)
- September, 2021:
 - ▣ https://pediatrics.aappublications.org/content/148/Supplement_2#SupplementArticlein



http://www.med.uvm.edu/cme/2021_women_in_medicine

AAP: New, Updated, & Future Interim Guidance

[NOTE: this slide added after today's call]

- Return to Sports and Physical Activity (Updated, 9/20/21)
- Children and Youth with Special Healthcare Needs (Updated, 9/21/21)
- Managing Acute Illness (revised, in development)
- COVID-19 Treatment (new, in development): will include additional info about mAb
- Preparing for Surge (new, in development)

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



Reminder: AAP COVID-19 Town Halls

- Most recent: **Thursday, September 9, 2021 at 8 pm Eastern**
- **Topic: *How Are the Children?***
 - Addressing the variety of impacts that COVID-19 is having on children and adolescents. Presented by leading experts; opportunity to connect with peers.
- Next Town Hall **Thursday, September 30** – topic TBD
- 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/>



In case you missed it

UVM CH Pediatric Grand Rounds **today!**

- Triple threat: Drs. Becca Bell, Ben Lee and Bill Raszka
- ***Pediatric COVID-19: Updates, Controversies, and Advocacy***
- Please email Penny Marchessault, Department of Pediatrics, for a link to this presentation:
Penelope.Marchessault@med.uvm.edu

Tuesday Media Briefing (9/21/21)



Governor Phil Scott

- Impact of technical glitch last week on case reporting; *“makes day-to-day projections a little murky.”*
 - ▣ Case counts & hospitalizations up, but latter still below peak.
 - ▣ Widening gap between vaccinated & unvaccinated: 80% hosps. & 83% ICU pts. Of 47 in hosp. 9/20, 46 were adults & 35 eligible but not vaccinated.
- *“I know some would like to see more restrictions put in place – but would take State of Emergency & leads to not addressing health care needs, isolation; business impact & economic stress.”*
- Policy effective this wk: all state employees (~8K) either vax or mask/test.
- If unvax, “absolutely” mask indoors; if vax, mask indoors in crowds.

Tuesday Media Briefing (cont'd.)



Governor Phil Scott

- Urge businesses & schools to follow policy.
- Every school but one has mask requirement – “effectively mask mandate in schools.”
- Testing options – some delays, but still among top 5 states for testing.
- Not in same place as 6 mos. ago – neither are VTers – reevaluating risk. COVID-19, like the flu, will be here a while. Need to use tools & lessons learned.
- Case counts should not be only metric as vax coverage rises – look at case severity, etc. Team will examine & share key data points in weeks ahead.

Tuesday Media Briefing (cont'd.)



Modeling – Commissioner Pieciak:

- National picture: 9/20 crossed threshold of 1918 pandemic fatalities (3 addtl. in VT; total now >300).
- We estimate vaccine has saved 520 lives in VT; lowest per capita d. rate for US.
- Post-Labor Day, natl. #s down – driven by places hit early by Delta wave (deep South, West/CA); but not yet in New England (poss. Labor Day impact in VT).
- Technical glitch impacted 7d av.

Tuesday Media Briefing (cont'd.)



Modeling – Commissioner Pieciak:

- Last few d. case rates a little lower. Test positivity: hi vols past week but rate stayed rel. level.
- Difference between vax & unvax case rate – 4X greater in latter; increased 21% past wk. vs. 7% in vax.
- Hosps. even more dramatic: 4X as high for not fully vax – rate increased twice as fast. Fully vax stable rate X 5-6 wks.
- Case cts across VT generally up wk over wk.: esp. Orleans & Caledonia cos. Regions: NEK jumps out on per capita X past 1 ½ wks. vs. rest of VT.
- Higher ed – vax rate just <95%; going up as intl. students vax & more reporting.
- 68 cases/6500 tests. LTCF 136 cases; 10 current outbreaks.

Tuesday Media Briefing (cont'd.)



Modeling – Commissioner Pieciak:

- CDC ensemble forecast: of 20 component projections, some suggest cases to stay flat, some up, some down. Thus, just need a little more data to understand trajectory we'll be on. Technical issues made forecast a little unclear.
- Vax: at 87.4%, up 2188 wk. over wk. Crossed threshold that 481K have started; <70K have not yet started.
- VT continues to lead on most vaccine scorecard metrics.

Tuesday Media Briefing (cont'd.)

AOE Secretary Dan French

- Met this week to further review contact tracing in schools; schools report current process is not sustainable – must cont. to make adjustments.
- Think we can leverage high vax rates among eligible students to shift **limited contact tracing resources** toward elementary level (most not vax).
- Will announce **revision to our process that limits contact tracing to schools where the student vaccination rate is less than 80%.**
 - One HS spent >20 hrs. to only identify a few students. From school nurses in Champlain Valley region: close contacts missing 8-10 learning days.
 - **In schools w/vax rates >80%, a letter will be sent to students and parents in the affected classroom or program w/recommendation to get tested in 3-5 days of the possible exposure.**
- Will largely impact high schools – vax rates in HS currently in the mid-70% range.

Tuesday Media Briefing (cont'd.)

AOE Secretary Dan French

- **Testing: prioritizing testing capacity for schools when a case in the school;** ensure capacity when needed.
- **Also piloting the use of take-home PCR tests in 5 districts** (Champlain Valley district/Williston, Montpelier/Roxbury district, Bennington/Rutland SU, Windham Southeast SU, Essex North SU).
 - ▣ Intend to roll out to all districts in near future. Take-home tests are for when a student is a close contact and is in quarantine, or when a student is symptomatic and staying home. Shipping is prepaid. Student takes the test and either drops it off at a school site or ships it via UPS.

Tuesday Media Briefing (cont'd.)

AOE Secretary Dan French

- Last week we spoke with White House staff and US Dept. of Labor re: order to utilize OSHA Emergency Temporary Standard to mandate private employers with more than 100 employees require vaccination or testing.
- 26 states & 2 territories, **incl. VT**, have approved OSHA plans, which will include public sector employees, including school district employees.
- 60 of our 154 school employing entities would be required to mandate vaccination and testing.
 - ▣ Once the details published, Vermont has 30 days to amend its state plan. **We are considering requiring all school districts to be included, regardless of number of employees.**
- We are in the process of designing a data collection from schools that describes vaccination rates of each school.

Tuesday Media Briefing (cont'd.)

AHS Secretary Mike Smith

- Booster shots: proposal by Pfizer reviewed last Friday – now to CDC for review/potential approval this wk. Rec 3rd dose 65+ (6 mos); hi-risk 16+ - will be defined by CDC this wk. Past mo. actively planning for those that may qualify for boosters. Don't have precise elig crit, gearing up to begin as soon as approval. Registration will start day after & appts. shortly thereafter.
- Feds will also review for Moderna & J & J.
- LTCFs will partner w/pharmacies – most have relationships. Genl. public: mass vax sites – boosters and for those not yet vax. MUST make appt. at these sites. Ck state registration and local pharmacy sites. Rec. get it where you got orig. Pfizer dose – “may help you in process.” FDA must still issue final approval + CDC ACIP recommendation (late Wed or Thursday?).

Tuesday Media Briefing (cont'd.)

AHS Secretary Mike Smith

- Testing: 33 state sites & 21 pharmacy sites. 53K over past 7d. Plan to add more in NEK, Franklin, Grand Isle. Newport, Glover, Johnson this week.
- School testing: piloting several initiatives beyond surveillance. Ongoing surv. + testing at schools when pot. cases/contact & take-home test kits. Hope to speed up process to decrease # days out of classroom.
- Exploring but no final dec. re: alter process for daily case cts. Under active examination – goal not to have to revise cts. Early last wk delay in lab results; discovered issue was w/outside lab IT vendor (LK) provides svcs. to Broad. (serve VT, MA, ME, RI – 12 states).
- Software change caused slowdown – fixed ASAP.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Levine

- ❑ Once again difficult time to predict. Natl. cases starting to fall, but not yet in VT as Delta cont. to spread. Children who can't be vax 20-25% cases.
- ❑ Nature of Delta – need to do more during current surge.
- ❑ In add to vax, mask indoors in public. Stay home if sick (school/work/sports/social).
- ❑ May seem obvious but can be easy to ignore runny nose.
 - Get tested even if inconvenient or difficult to arrange. Need to rule out infection & take steps to isolate/quarantine.
 - ***Colleges telling us many resp viruses on campuses.***
 - We're expanding test capacity & decreasing wait times – in places where you told us.
 - Get tested if close contact or attended events that put you at risk (e.g., large gathering).

Tuesday Media Briefing (cont'd.)



VDH Commissioner Levine

- ❑ Need more ppl vax – incl children & perhaps boosters, before can live w/COVID as endemic virus.
- ❑ Booster process moving along – FDA approved for 65+ & hi-risk & hi-risk occupations. FDA must formally approve; CDC approve & define hi-risk occup. If already have hi-risk, can already get.
- ❑ Hopeful news re: vax for kids 5-11 – lower dose Pf (1/3 amt) is safe & triggered robust immune response. Data yet to be peer rev. Plan to submit for EUA v. soon. Pot. late Oct. date for 5-11. Planning for all these types of clinics.
- ❑ Recent CDC report (9/17/21): efficacy of all vax in prevent hosps in adults. Moderna 93% eff; Pfizer 88%/ 71% . All 3 still substantially protective in real world – not just study. Which is why it's so critical to get vax – PERIOD!

School Update

□ **Testing in Schools**

- ▣ Surveillance
- ▣ Other
- ▣ VT is examining “***Test and Stay***” policies – please stay tuned.

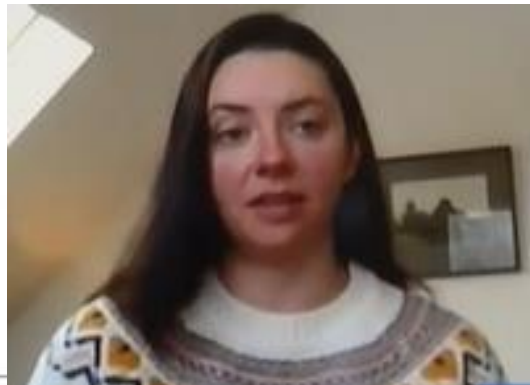
- **Contact tracing:** new policy to be released (see tonight’s email)
- We (VCHIP & partners) recognize **impact of these activities on school nurses** & are advocating to decrease burden of COVID-related activities in order to preserve other functions (e.g., supporting social-emotional health of students)

Practice Issues

COVID-19 Vaccine Updates

Monica Ogelby, MSN RN – VDH Immunization Program Manager

Meredith Plumptre, RN – IZ Program Nurse Coordinator



COVID vaccine updates

- Booster dose update
 - Vaccines and Related Biological Products Advisory Committee (VRBPAC) met Sept 17th to give their recommendations to FDA for use of booster doses in **Pfizer** COVID vaccine:
 - Individuals over the age of 65
 - Individuals at high risk for severe COVID-19 disease
 - The advisory committee polled its members in support of including people in high risk workplace settings in the EUA for booster doses. They did not vote on this and hoped the ACIP would provide further guidance.
 - At least 6 months after the 2nd dose
 - FDA still needs to give EUA authorization of boosters
 - ACIP is set to meet today 9/22 and tomorrow 9/23
 - Give recommendations for use
 - Define populations
 - CDC will have to approve
- We are waiting to hear information about Moderna and J&J boosters

State booster dose planning

- Ready for many scenarios and adjusting this week based on VRBPAC recommendations
 - Including mass vax clinics – lead by VTNG, EMS, District Offices and Healthcare Partners
 - COVID Resource Centers
 - Pharmacies
 - Primary Care offices
 - LTCF being served by pharmacies
 - BIPOC Community Clinics
- Ready to start as early as this weekend

COVID vaccine for pediatric populations

- Pfizer has submitted data to FDA for younger children
- Their studies were broken down into
 - 5-11 year olds
 - 2-4 year olds
 - 6mo-2 year olds
- Hearing in the news approval may come October – early 2022
- After approval administration will occur
 - School based clinics
 - Community clinics
 - Pharmacies for children 3 and older
 - Primary care offices that serve children
- No information yet on approval for Moderna under 18 years of age.

From Vermont Family Network

Thank you, Jamie Rainville!

- ❑ VFN working to increase sensory supports for children with disabilities and special health needs to ease their anxiety when getting their COVID-19 vaccine at a community-based pediatric or family care practice in Vermont.
- ❑ Collaborative effort between UVM Children's Hospital, Vermont Developmental Disabilities Council, UVM's Center on Disability and Community Inclusion, and the Vermont Family Network.
- ❑ Modeled after UVM Children's Hospital innovative ***Empower Program***.
 - ▣ Encourages families & child's pediatric practice to join forces so they can prepare and plan for a sensory-friendly vaccination.
 - ▣ Goal: help children with high-sensory needs feel safe, seen and supported during their COVID-19 vaccination visit.
 - ▣ Will disseminate very brief survey to help inform this work. More details to come at the end of October.

Student Surveillance Testing in Schools & Community Testing Capacity

- Voluntary school student surveillance testing has started; most schools have signed up.
- For testing program question – email testing team at: aoe.covid19testing@vermont.gov
- Response to concerns re: adequate pediatric testing capacity
 - ▣ VDH & partners are working to increase testing capacity every day.
 - ▣ Have increased number of appointments overall by more than 50% (incl. at many stress points identified, by almost a factor of two – Brattleboro, Morrisville, & Chittenden County).
 - ▣ Walk-ins still allowed, but scheduling is MUCH preferred – recommend that practices strongly emphasize this point with patients.
 - ▣ Working to assure availability of pediatric swabs.

School Surveillance Testing (cont'd.)

Helpful resources from Vermont AOE:

- ❑ Template Consent Letter for Families - CIC Health is working to translate this document and AOE will post translated versions to the website as they become available
- ❑ Testing video for kids and families
- ❑ Onboarding Guide (PDF)
- ❑ Introductory webinar
- ❑ Operations webinar
- ❑ CIC Health will run Office Hours on Tuesdays and Thursdays 1-2pm EST in September (no registration required – Zoom link provided)

Save the Date: CHAMP Learning Session, Oct. 26

- **WHAT:** *Strengthening Vermont's System of High-Performing Medical Homes (Part 2)*
- **WHEN:** Tuesday, October 26, 2021 – 7:45 AM – 12:00 PM via Zoom

Key Characteristics of High-Performing Medical Homes ¹	<ul style="list-style-type: none">+ Focusing on delivery of comprehensive well-child/adolescent care+ Providing care coordination to meet the needs of the individual child/family+ Connecting families to needed support programs, including integrated behavioral health in the primary care setting
Focus Areas	<p>Focus areas for the 2021-2022 QI project:</p> <ul style="list-style-type: none">+ Supporting the mental health of children & youth in elementary, middle, and high school by improving screening for social/emotional health concerns+ Maximizing the use of practice-based care coordination resources+ Addressing racial equity and providing trauma-informed care+ Clinician wellness <p>Additional learning session topics will include:</p> <ul style="list-style-type: none">+ Screening for anxiety+ Social-emotional health+ Narrative medicine



For questions contact Christine Pellegrino and Allison Koneczny
at VCHIP.CHAMP@med.uvm.edu.

More details including registration information to follow!

1. Johnson K, Bruner C. A Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health. Child and Family Policy Center. 2018.

Save the Date: UVM CH Children's Memorial Svc.

Thank you, **Marlene Maron, Ph.D., ABPP** (Chief Psychologist & Manager, Psychological Services) & **Susan Victory**, Sr. Administrative Coordinator, UVM CH

- ❑ **WHAT:** UVM Children's Hospital – 19th annual Children's Memorial Service
- ❑ **WHEN:** Sunday, **November 14, 2021** at 3:00 PM.
 - ❑ Intended to offer solace and support to families in which a young person (infant, child, adolescent or young adult) has died of any cause. As of now, we hope to hold the service at Ira Allen Chapel at UVM with a hybrid virtual attendance option. If circumstances require, we will revert to an entirely virtual service.
- ❑ **WHERE:** (current plan) **Ira Allen Chapel at UVM w/hybrid virtual attendance option.** (If circumstances require, will revert to an entirely virtual service.)
- ❑ **HOW:** invitations automatically sent to parents whose children passed away at UVM MC. If you are aware of other families, please feel free to ask if they would appreciate an invitation & let us know how to contact them.

In case you missed it...

President Biden's **COVID-19 Action Plan** (9/10/21)

- ***Path Out of the Pandemic*** – six prongs (selected strategies)
 - Vaccinating the Unvaccinated: incl. require employers w/100+ to ensure vax or weekly testing; require vax for federal workers/govt. contractors, health care workers at Medicare/Medicaid participating institutions
 - Further Protecting the Vaccinated: boosters (pending FDA auth. & ACIP recs.)
 - Keeping Schools Safely Open: require vax for certain staff; enc. all states to require vax for school employees; addtl. funding; access to student/staff testing; timely FDA review for vaccines for individuals <12 y.o.
 - Increasing Testing (expand production/at-home access) & Requiring Masking (interstate travel; federal property)
 - Protecting Our Economic Recovery
 - Improving Care for those with COVID-19: monoclonal Ab treatment

<https://www.whitehouse.gov/covidplan/>

VDH Updated Information for Families



Return to School Following Illness COVID-19 Information for Families

August 2021

This guidance was developed by public health and healthcare professionals using proven public health principles. It may be revised in response to changing local and state circumstances. If you have any questions or concerns about your child's health, regardless of your child's vaccination status, consult your child's healthcare provider.

What happens if my child has symptoms at home or gets sick in school?

- If your child has any of the COVID-19 symptoms listed below, keep them home from school and call the school to report their absence.
- If your child has any COVID-19 symptoms listed below while at school, they will be moved to an area set up specifically for students not feeling well and you will be called to come pick up your child as soon as possible.
- You are encouraged to sign a consent form that allows information to be shared between your child's school nurse (when available) and healthcare provider when your child is sick.
- Decisions about when a student may return to school should be made with the school nurse, the student's healthcare provider, and the family. These decisions ensure the health and safety of your child's school and community.

When does my child need a COVID-19 test?

- Here are the current pediatric symptoms associated with COVID-19:

Fever (100.4°F or higher)	Nausea
Cough	Vomiting
Shortness of Breath	Diarrhea
Sore Throat	Fatigue
Runny Nose	Muscle Aches
Loss of Smell or Taste	Headache

- If your child has any COVID-19 symptoms for **longer than 24 hours**, they should obtain a COVID-19 PCR test. Communicate the plan with your child's school nurse or designated personnel.
- Consider having your child tested **earlier than 24 hours** if they have a fever, cough, runny nose, headache, or loss of taste or smell. These are symptoms commonly experienced by children testing positive for COVID-19 in Vermont. Please consult with your child's healthcare provider if you need assistance deciding if your child needs an earlier test.
- If your child experiences allergy symptoms that are on the list above, COVID-19 PCR tests are recommended during this time of increased circulation of the COVID-19 virus.

When can my child go back to school?

Your **do not** need a signed doctor's note for your child to go back to school.

- If your child has illness symptoms for **less than 24 hours**, they can go back to school after it has been 24 hours or more since illness symptoms have resolved.



Return to Child Care or an Out-of-School Care Program Following Illness: COVID-19 Information for Families

August 2021

This guidance was developed by public health and healthcare professionals using proven public health principles. It may be revised in response to changing local and state circumstances. If you have any questions or concerns about your child's health, regardless of your child's vaccination status, consult your child's healthcare provider.

What happens if my child has symptoms at home or gets sick in a childcare or an out-of-school care program?

- If your child has any of the COVID-19 symptoms listed below, keep them home and call the child care program director or family child care provider to report their absence.
- If your child has any of the COVID-19 symptoms listed below while at child care or an out-of-school care program they will be moved to an area set up specifically for children not feeling well and you will be called to come pick up your child as soon as possible.
- It is strongly encouraged that decisions about when a child may return to care are made with the child's healthcare provider and the family. These decisions must ultimately ensure the health and safety of your child's community.

When does my child need a COVID-19 test?

- Here are the current pediatric symptoms associated with COVID-19:

Fever (100.4°F or higher)	Nausea
Cough	Vomiting
Shortness of Breath	Diarrhea
Sore Throat	Fatigue
Runny Nose	Muscle Aches
Loss of Smell or Taste	Headache

- If your child has any of these COVID-19 symptoms for **longer than 24 hours**, they should obtain a COVID-19 PCR test.
- Consider having your child tested **earlier than 24 hours** if they have a fever, cough, runny nose, headache, or loss of taste or smell. These are symptoms commonly experienced by children testing positive for COVID-19 in Vermont. Please consult with your child's healthcare provider if you need assistance deciding if your child needs an earlier test.
- If your child experiences allergy symptoms that are on the list above, COVID-19 PCR tests are recommended during this time of increased circulation of the COVID-19 virus.

When can my child go back to child care or an out-of-school care program?

Your **do not** need a signed doctor's note for your child to re-enter childcare or an out-of-school care program.

- If your child has illness symptoms for **less than 24 hours**, they can go back to childcare or an out-of-school care program after it has been 24 hours or more since illness symptoms have resolved.

AAP-VT Resources



Available for your use!

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

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

5 REASONS TEENS SHOULD GET THE COVID VACCINE



Vermont Chapter

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VCHIP-VDH COVID-19 calls: Fall Calendar



- **September: generally Mon. & Wed. except as below:**
 - ▣ **Next call Monday, September 27, 2021**
 - ▣ **September call dates: 9/8 (W), 9/13 (M), 9/22 (W), 9/27 (M), 9/29 (W)**
- 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 2 slides)

Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail:** vchip.champ@med.uvm.edu
 - ▣ **What do you need** – how can we be helpful (specific guidance)?
- **VCHIP CHAMP VDH COVID-19 website:**
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- Next CHAMP call – ***Monday, September 27, 12:15 – 12:45 pm***
- Please tune in to VMS call with VDH Commissioner Levine:
Thursday, October 21, 2021 – 12:30-1:00 p.m. – Zoom platform & call information
- **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJ2ZG4yQT09>
 - ▣ Meeting ID: 867 2625 3105 / Password: 540684
 - ▣ One tap mobile - +1 646 876 9923,,86726253105#,,,0#,,540684#