

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 8, 2021



Technology Notes

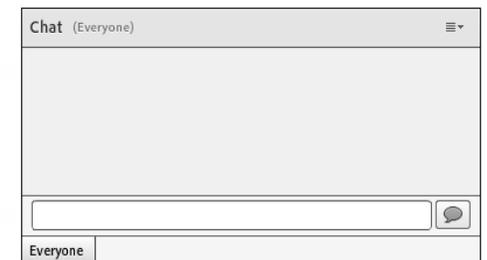
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

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

- Celebrating **International Literacy Day!**
 - ▣ U.N. promotion of equity in access to meaningful literacy learning opportunities in the context of severe disruption caused by the COVID-19 crisis.
- **Happy Rosh Hashanah**
- ***Celebrating our 200th call – thank you!***
- Reminder – weekly event schedule:
 - ▣ ***September VCHIP-VDH call calendar*** (next slide); Gov. Media Briefings generally ***Tuesdays only*** (Wednesday this week); VMS calls w/Dr. Levine ***select Thursdays only***
- Situation, VDH, AAP updates; week in review
- Practice Issues – ***Safe Return to School for Vermont Students***
- 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



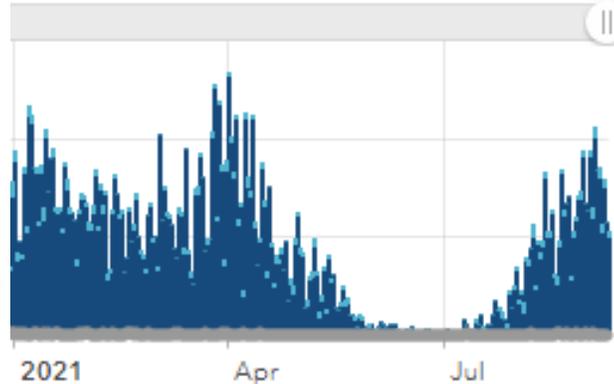
- ❑ **September: likely Mon. & Wed. with exceptions below**
 - ❑ **Next call September 8, 2021**
 - ❑ **No calls on September 1 or September 15**
 - ❑ **September call dates: 9/8 (W), 9/13 (M), 9/20 (M), 9/22 (W), 9/27 (M), 9/29 (W)**
- ❑ Schedule **subject to change** at any time if circumstances warrant!
- ❑ *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

- Anticipate these will **generally** occur the *first Thursday of each month* – **next call 10/21/21**
- There will be a few exceptions when they will be held the *third Thursday of the month*.
- VMS will also host a “**COVID Hot Topics**” call the *third Thursday of the month*
 - ▣ **9/16/21: EUA for Under 12/Back to School Update**
- Summary: VMS calls will be 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

Situation update

New Cases	105
29,436 Total	
Currently Hospitalized	32
Hospitalized In ICU	7
Hospitalized Under Investigation	2
Percent Positive 7-day Avg.	2.9%
People Tested	454,407
Total Tests	1,943,359
Recovered	25,994
88.3% of Cases	
Deaths	282
1% of Cases	
Last Updated: 9/8/2021, 10:47:42 AM	



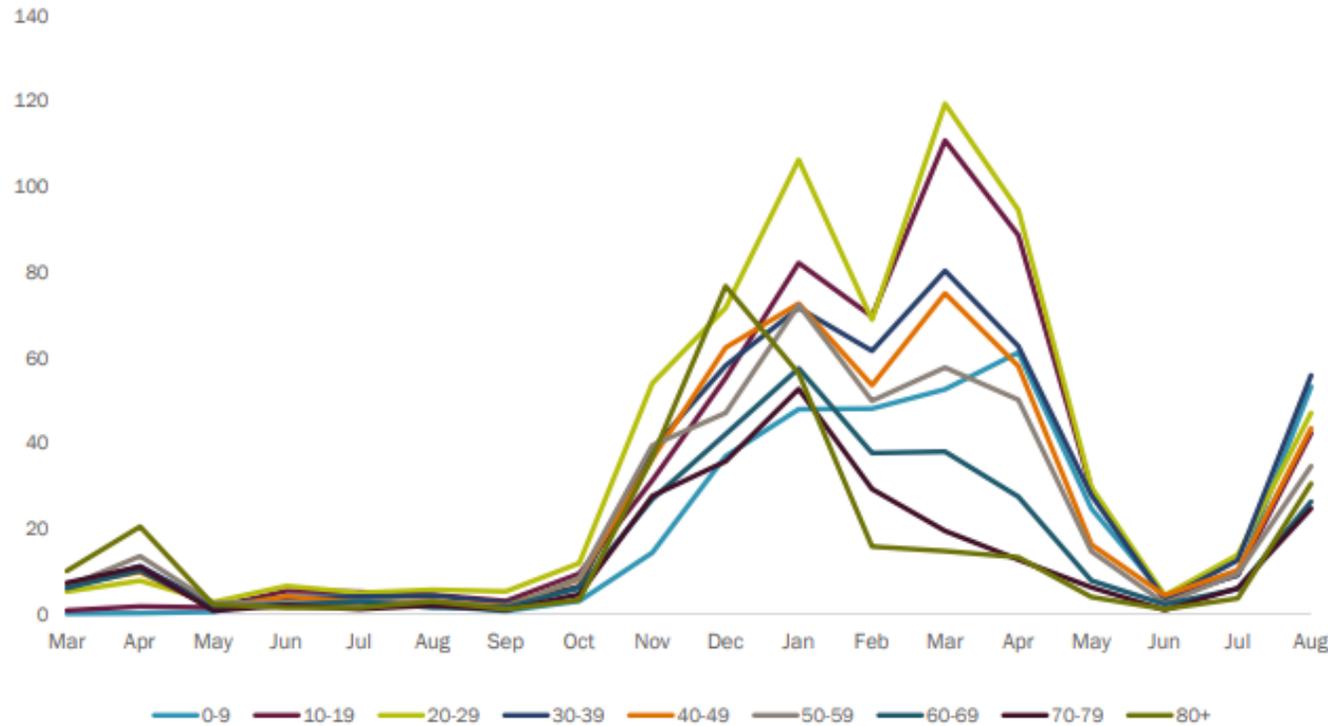
VT New Cases, Probables, Deaths

NOTE: VDH Dashboard now (again) 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 = 1654 (3 new)
 - U.S. **40.3 million+** cases; **650,998 deaths**
 - <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 9/8/21)
 - Past week: av. 152,393 cases/day (14d. change **+1%**)
 - **4.58 million+ deaths worldwide; 222.0 million+ cases** (-5% & -9% 14-day change respectively)
 - **VDH Data Summary** now q.o.week. **8/27/21: Weekly Spotlight: Cases Among People with Neurological Conditions & Intellectual Disabilities (514 cases).**
 - Case rate highest among 30-39 y.o. (55.8/10K)
 - Children (0-19) = 23% of VT COVID-19 cases; of those, 22% are 18-19 y.o. [Total 6,305 posted 8/27/21]
 - **Vaccine breakthrough cases = 1209** since Jan. 2021
- Find previous summaries at:
<https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

Rates of COVID-19 have increased for all age groups in August 2021. Rates are highest among 30-39 year olds and 0-9 year olds.



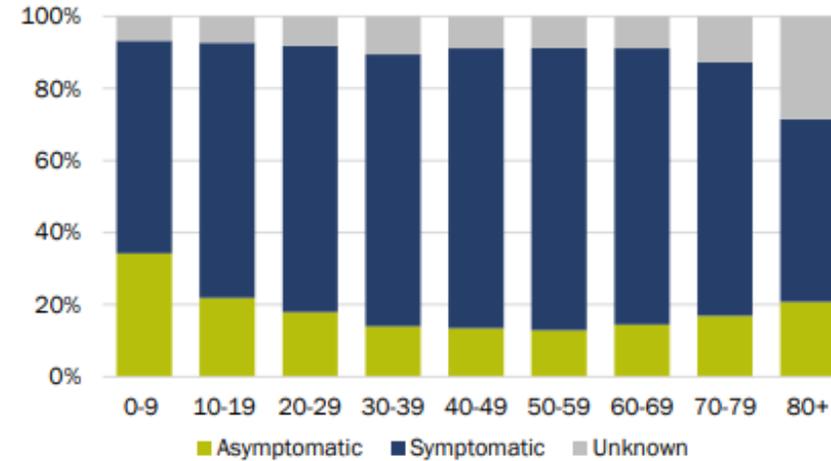
Rate per 10,000 of COVID-19 Cases by Age Group (August 1 - August 25)

Age Group	Rate per 10,000
0-9	53.2
10-19	42.3
20-29	47.0
30-39	55.8
40-49	43.4
50-59	34.6
60-69	26.3
70-79	24.7
80+	30.5

Vermont Children and COVID-19

Sign or Symptom	Percent of Children with Symptom
Runny Nose	56%
Cough	49%
Headache	45%
Fatigue	42%
Sore Throat	38%
Muscle Pain	25%
Loss of Smell/Taste	24%
Fever	20%

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.



5 days
Average illness duration among children

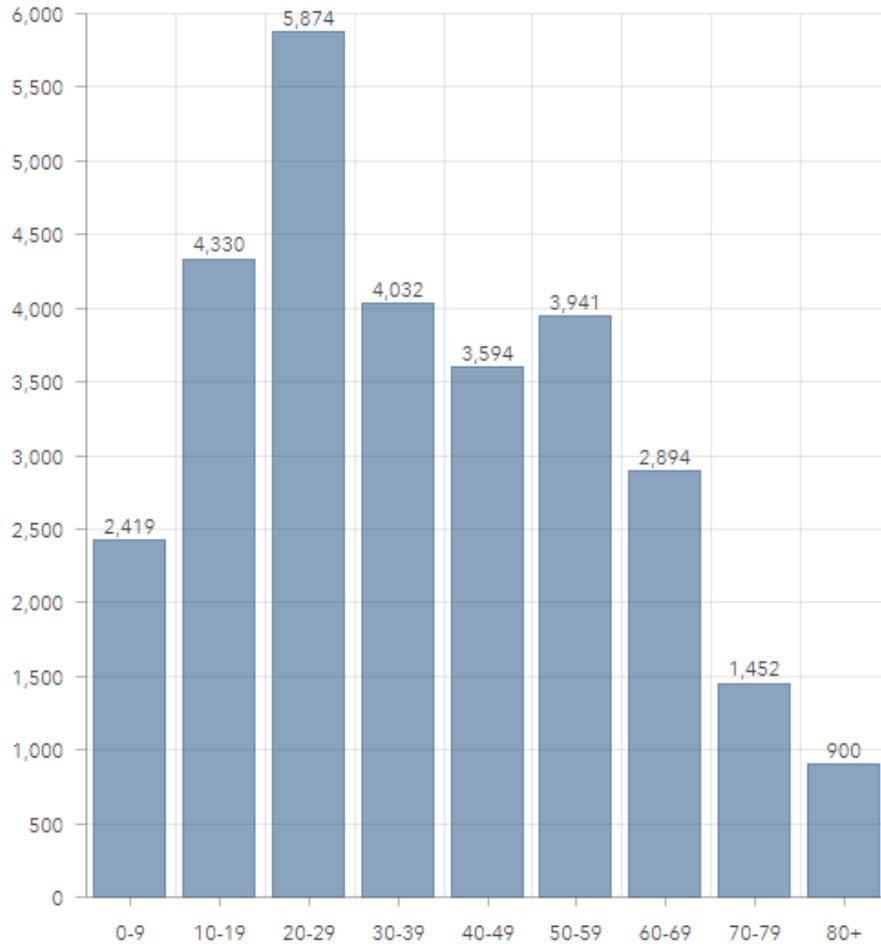
66% of children with COVID-19 had known contact with somebody else who had COVID-19.

Among Vermont's children with COVID-19, there are currently no reported cases of multi-system inflammatory syndrome or deaths, and 10 hospitalizations.

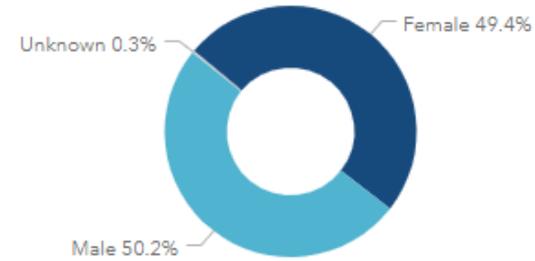
20% of children with COVID-19 were part of an outbreak.

Situation update

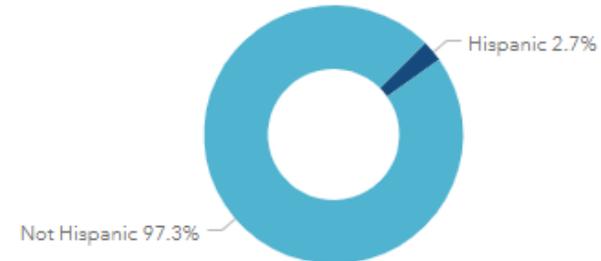
Vermont COVID-19 Cases by Age Group



Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



Case Demographics

Resuming “Cases in VT K-12 Learning Communities While Infectious”



COVID-19 Cases in Vermont K-12 Learning Communities While Infectious

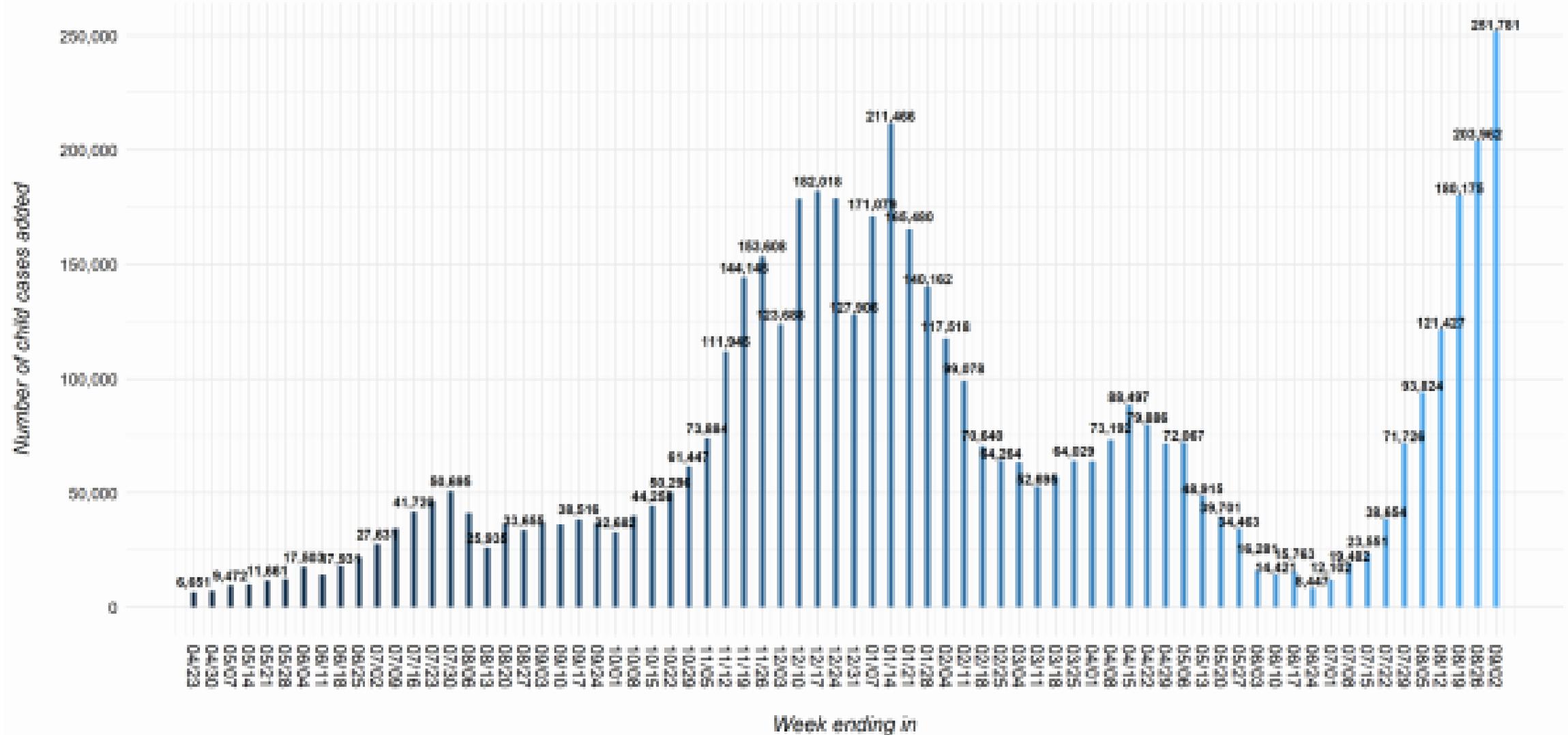
September 6, 2021

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

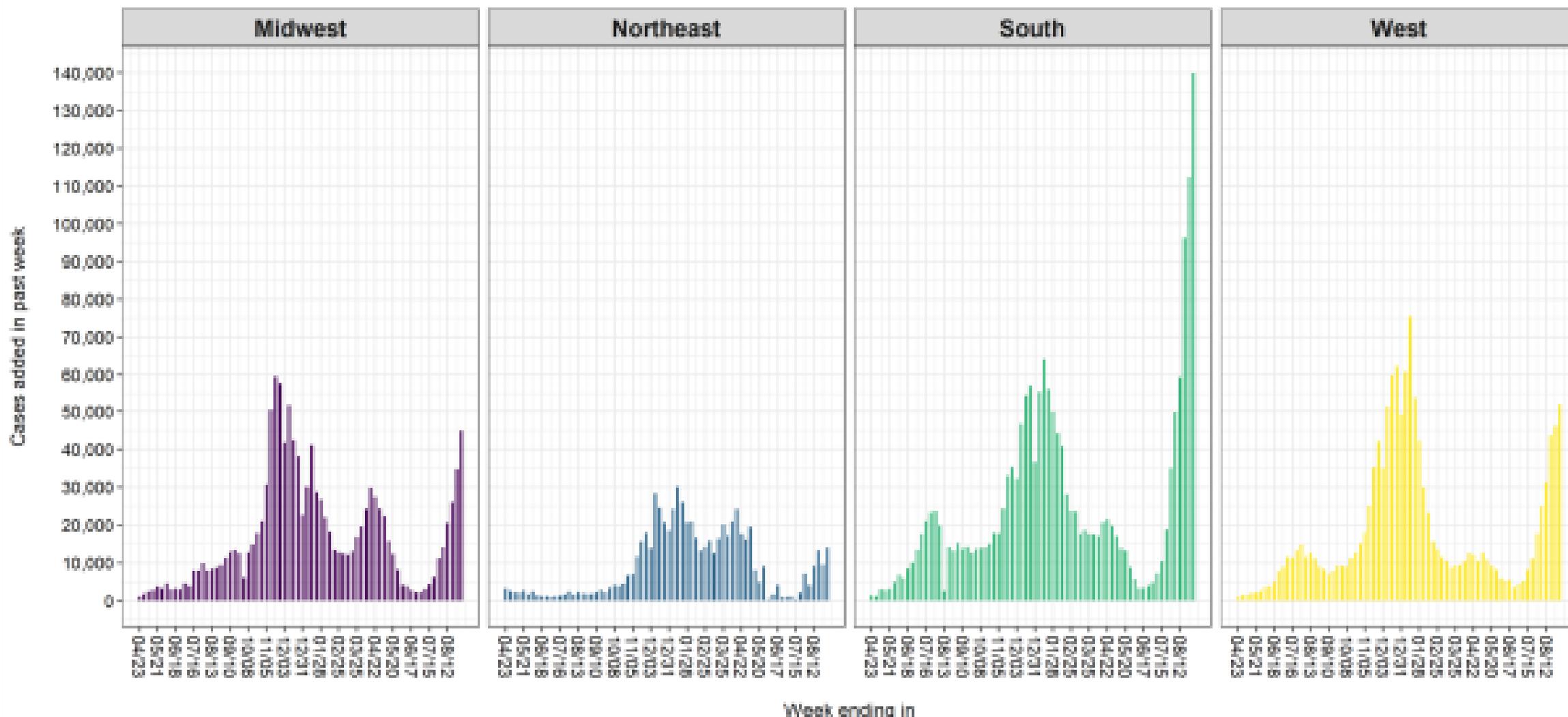
<https://www.healthvermont.gov/covid-19/your-community/prek-12-schools>

Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week*



* Note: 5 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MD 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
 IA 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
 See detail in Appendix: Data from 49 states, NYC, DC, PR and GU
 All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

Fig 7. United States: Child COVID-19 Cases Added in Past Week, by Region*



* Note: Regions are the US Census Regions

5 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/16/20, MD as of 10/1/20, WV as of 8/13/21;

TX reported age for only a small proportion of total cases each week (eg, 3-30%); TX cumulative cases through 8/26/21

As of 8/26/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 8/24/21

Due to available data and changes made to dashboard, AL cumulative cases through 7/26/21

Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate

See detail in Appendix: Data from 49 states, NYC, DC, PR and GU

All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

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



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



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.



Menu

Search by keyword or item #



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 >

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VDH COVID-19 Vaccine Dashboard (Summary Page: 9/8/21)

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

Vermont Vaccination Data

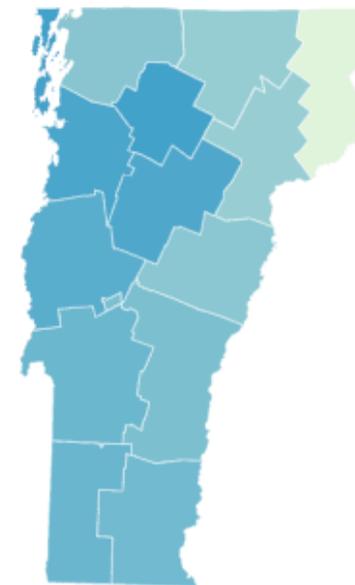
Blue headers indicate CDC data
Gray headers indicate Vermont data

Vaccination by County Age 12+

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

Show Rates By:

County	Overall progress
Addison	84.5%
Bennington	81.8%
Caledonia	73.5%
Chittenden	87.4%
Essex	60.5%
Franklin	76.4%
Grand Isle	88.6%
Lamoille	88.7%
Orange	75.9%
Orleans	73.8%
Rutland	81.5%
Washington	86.5%
Windham	80.2%
Windsor	78.4%



60.5% 88.7%

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

Summary

By Age, Sex, Race, Ethnicity

Vermont Forward

86.6%

of Vermonters 12+ have received at least one dose

477.3K

Vermonters 12+ have received at least one dose

77.4% of Vermonters 12+ have completed vaccination

Source: CDC

Vaccine Distribution

Doses Administered

883.7K

Total People Vaccinated

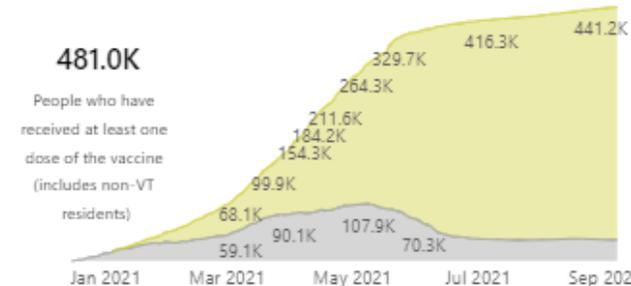
Total People Started

39.8K

Total People Completed

441.2K

— Started — Completed



Updated 9/8/2021 8:37:48 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 = 69.6% (68.2% on 8/18/21)
 - ▣ 16-17 = 75.0% (74.2% on 8/18/21)
 - ▣ 18-29 = 59.9% (59.4% on 8/18/21)
 - ▣ **VT Age 12+ = 81.4%** (80.9% on 8/18)

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	71.8%
16 - 17	76.5%
18 - 29	60.8%
30 - 39	82.0%
40 - 49	81.7%
50 - 59	84.5%
60 - 64	90.5%
65 - 69	96.4%
70 - 74	99.9%
75+	96.9%
VT Age 12+	82.2%

Statewide numbers and percentages are capped at 100%. County numbers and percentages are capped at 95%. Values above 95% are suppressed to protect personal health information. See notes below for more 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	74.1%
Black or African American	73.2%
Native American, Indigenous, or First Nation	29.7%
Pacific Islander	26.1%
Two or more races	67.8%
White	80.1%
VT Age 12+	79.4%

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	66.8%	80.3%	88.9%	75.2%
Non-Hispanic White	60.0%	78.8%	95.0%	77.6%
Vermont	60.8%	78.9%	94.8%	77.5%

Race/ethnicity information is not reported for 6% 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	94.5%
Not Hispanic	77.4%
VT Age 12+	77.7%

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

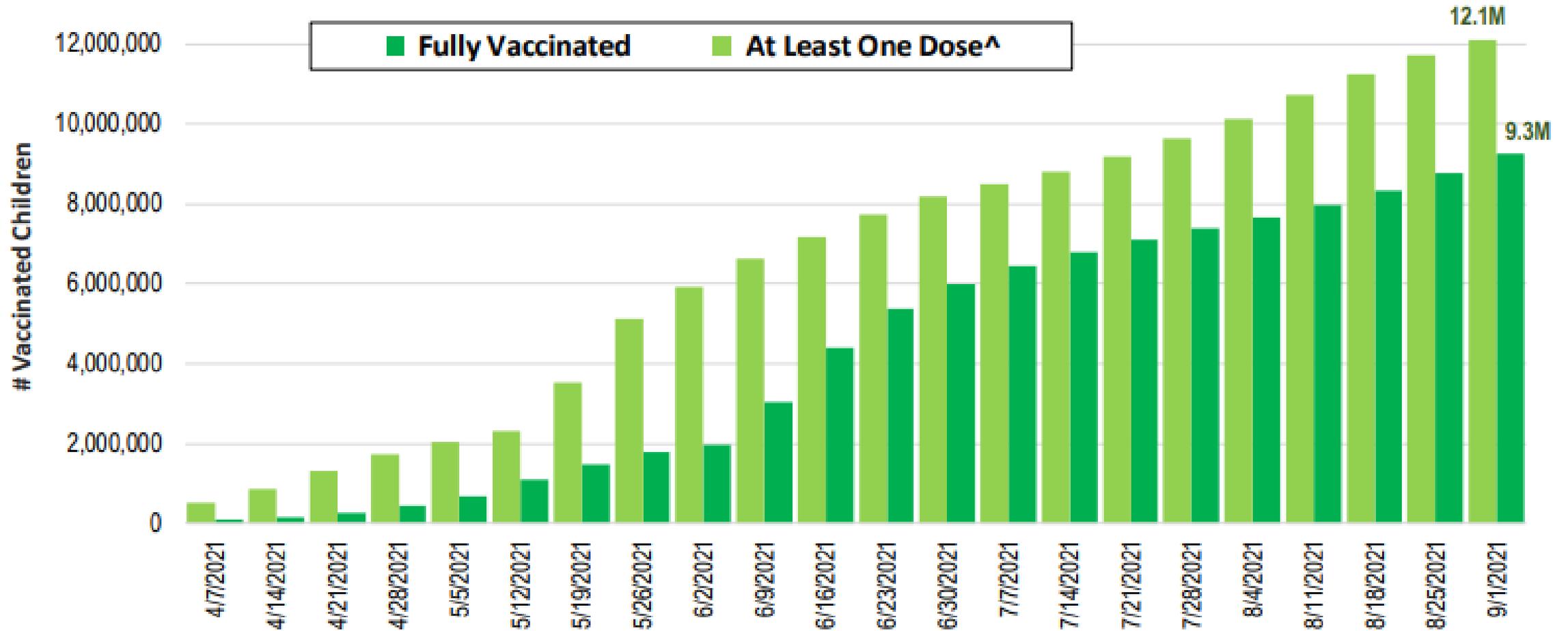
Sex	%*
Female	84.3%
Male	79.7%
VT Age 12+	82.1%

Sex information is not reported for 510 people vaccinated.

Updated 9/8/2021 8:37:48 AM

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

4.07.21 to 9.1.21

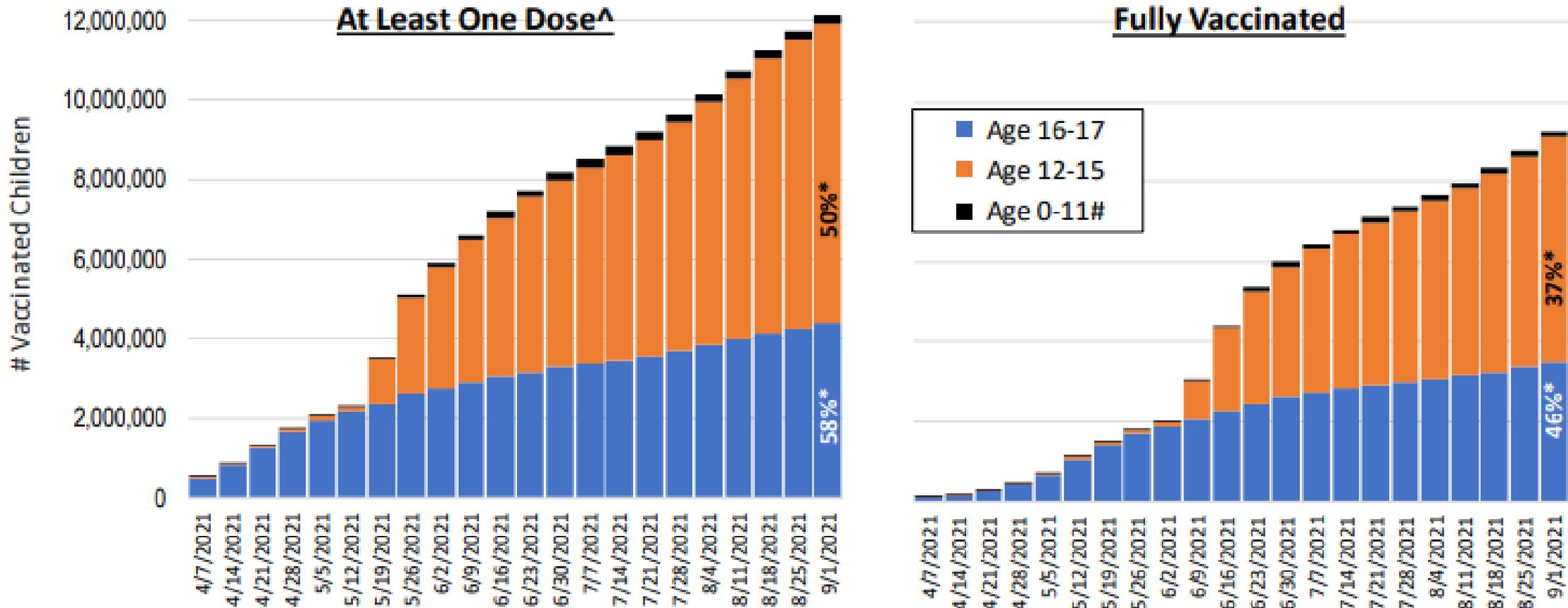


^Includes those having received only 1 of 2 doses and those fully-vaccinated.

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 9.1.21



[^]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.

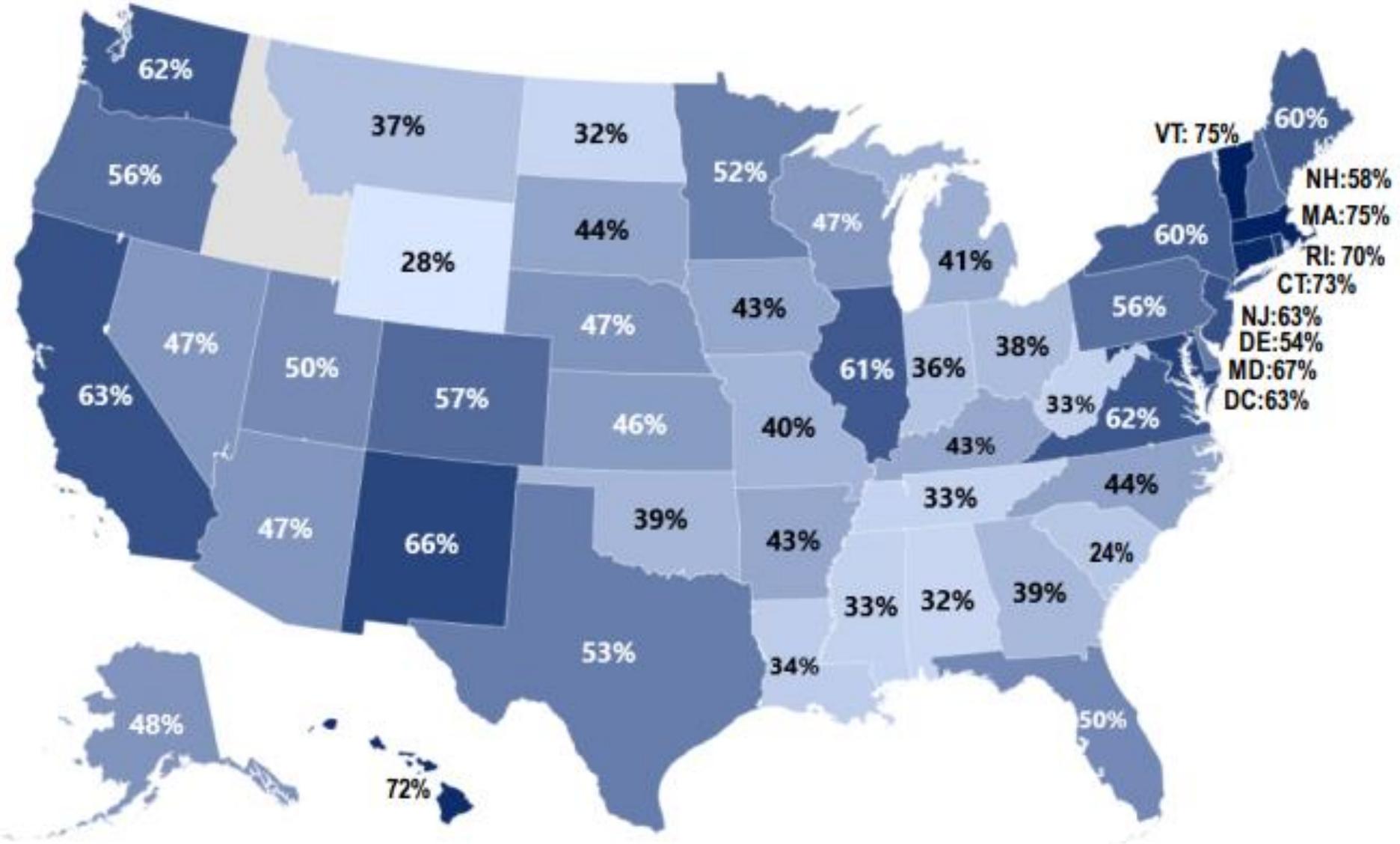
Source: AAP analysis of data series published by the CDC titled "Demographic Trends of People Receiving COVID-19 Vaccinations in the United States."

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Received At Least 1 Dose 28% 75%

as of 9.1.21

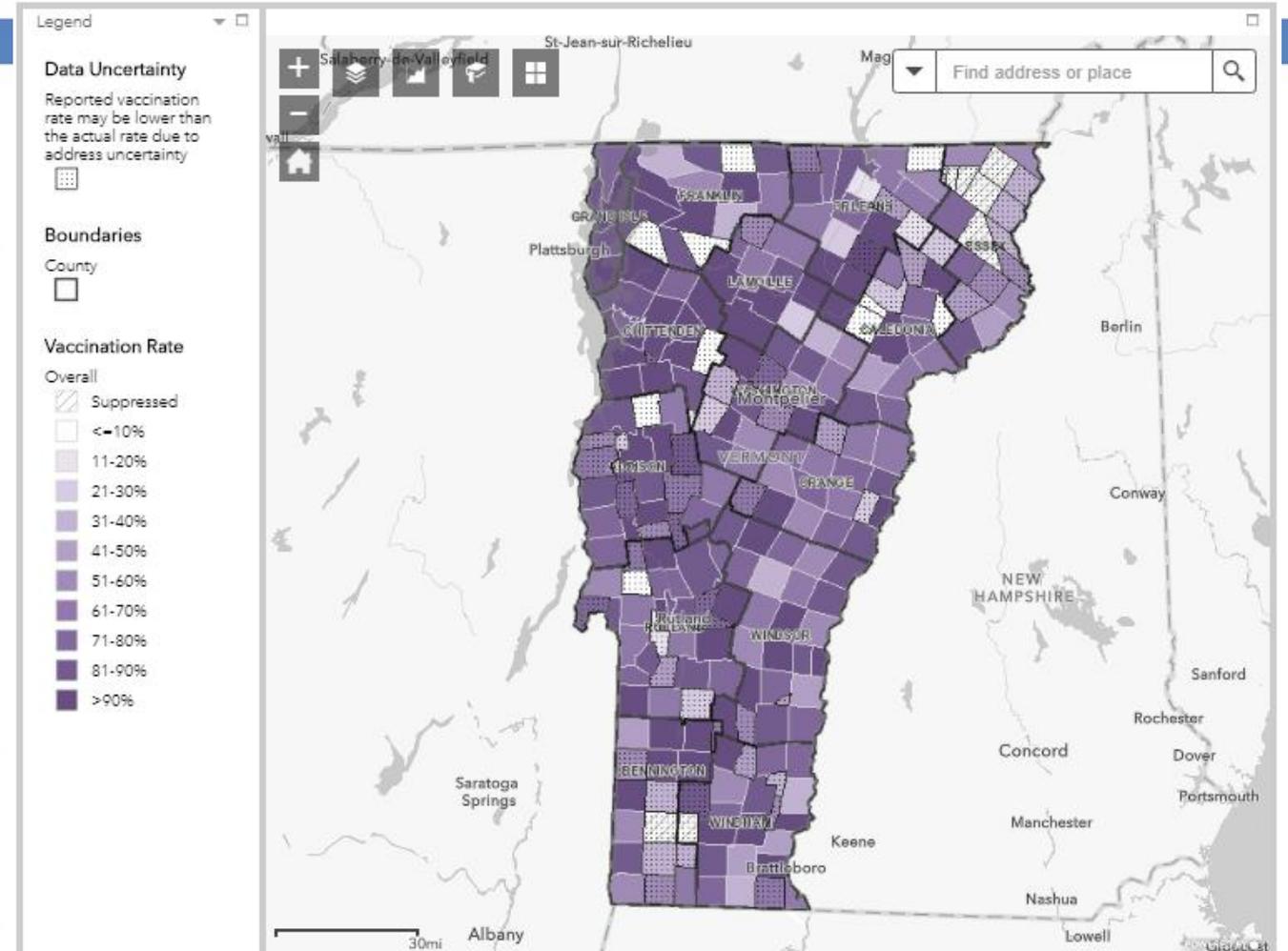
Proportion of US Children Ages 12 through 17 Who Received At Least One Dose of the COVID-19 Vaccine by State of Residence



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/C/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

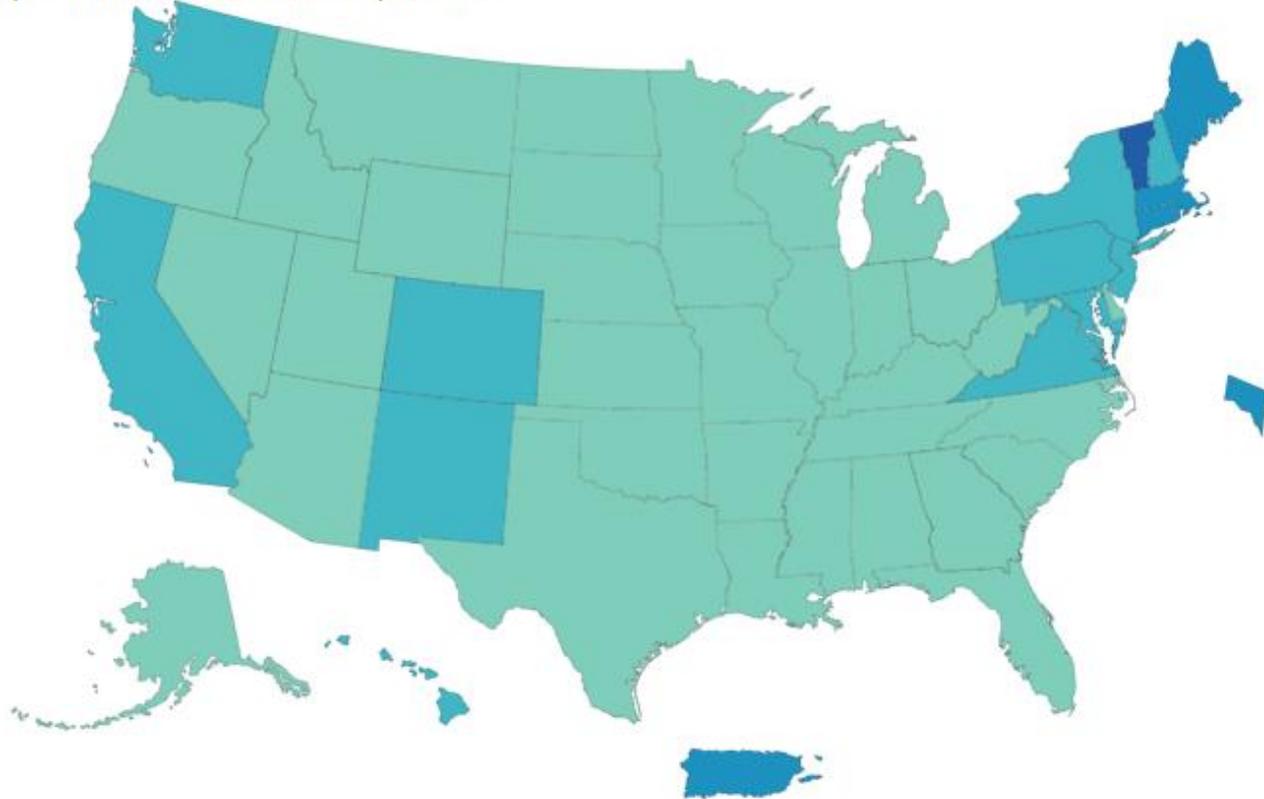
- Map shows overall % of VTers age 12+ vaccinated with \geq one dose of COVID-19 vaccine.
- Map updated weekly (Thurs.) & includes data reported to VT Immunization Registry thru Wed. [Note: last reviewed 6/29/21]
- Please use caution when interpreting town data – several scenarios where vaccinations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



From the CDC Vaccine Tracker

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

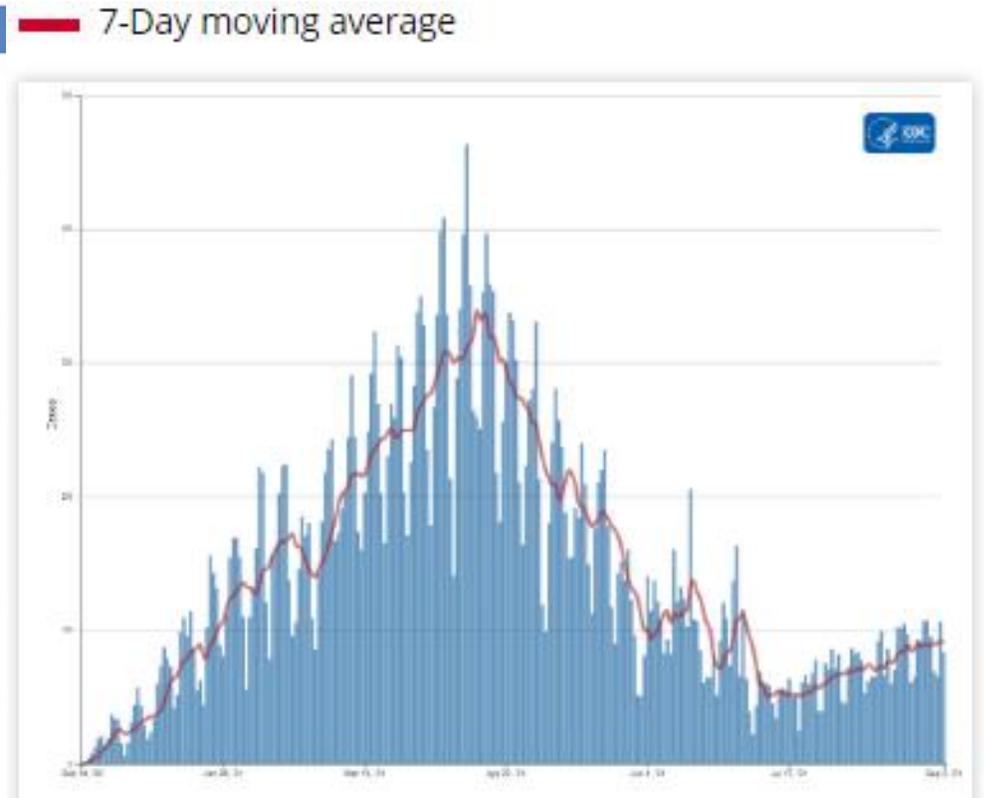
Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities
per 100,000 of the Total Population



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 +

Above = KEY for doses/100K



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

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

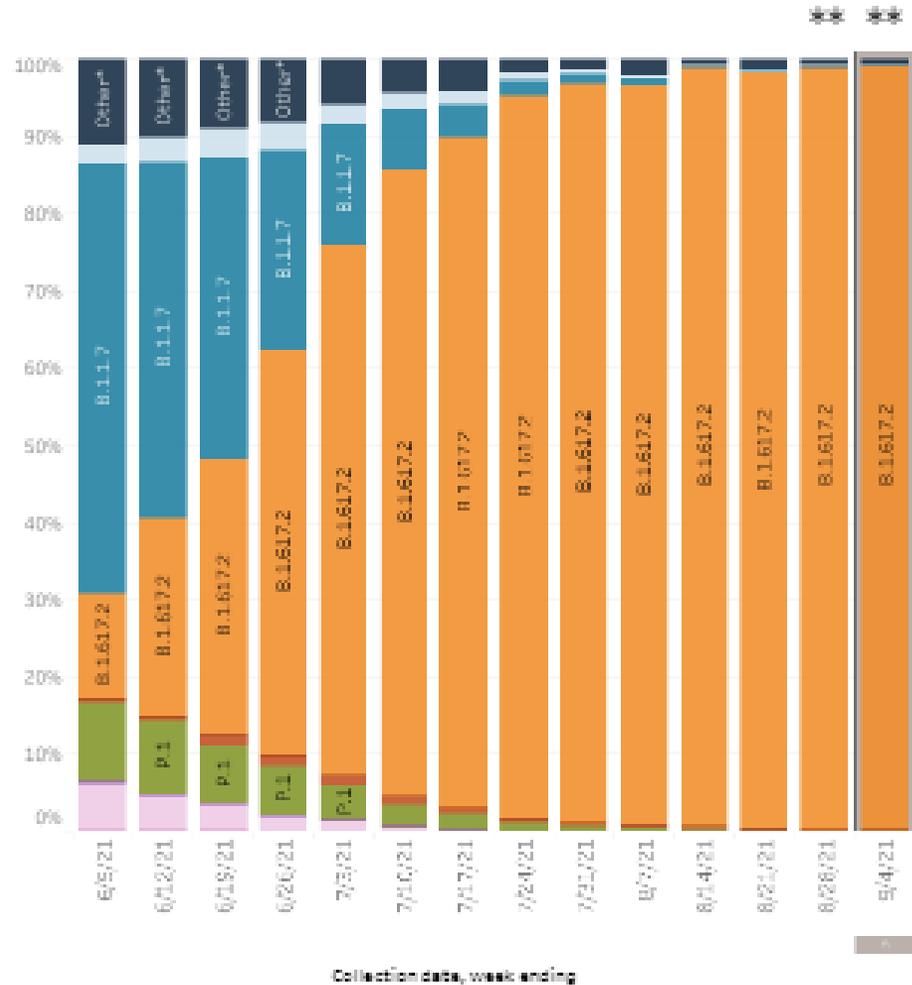
September 8, 2021

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

United States: 5/30/2021 - 9/4/2021

United States: 8/29/2021 - 9/4/2021 NOWCAST

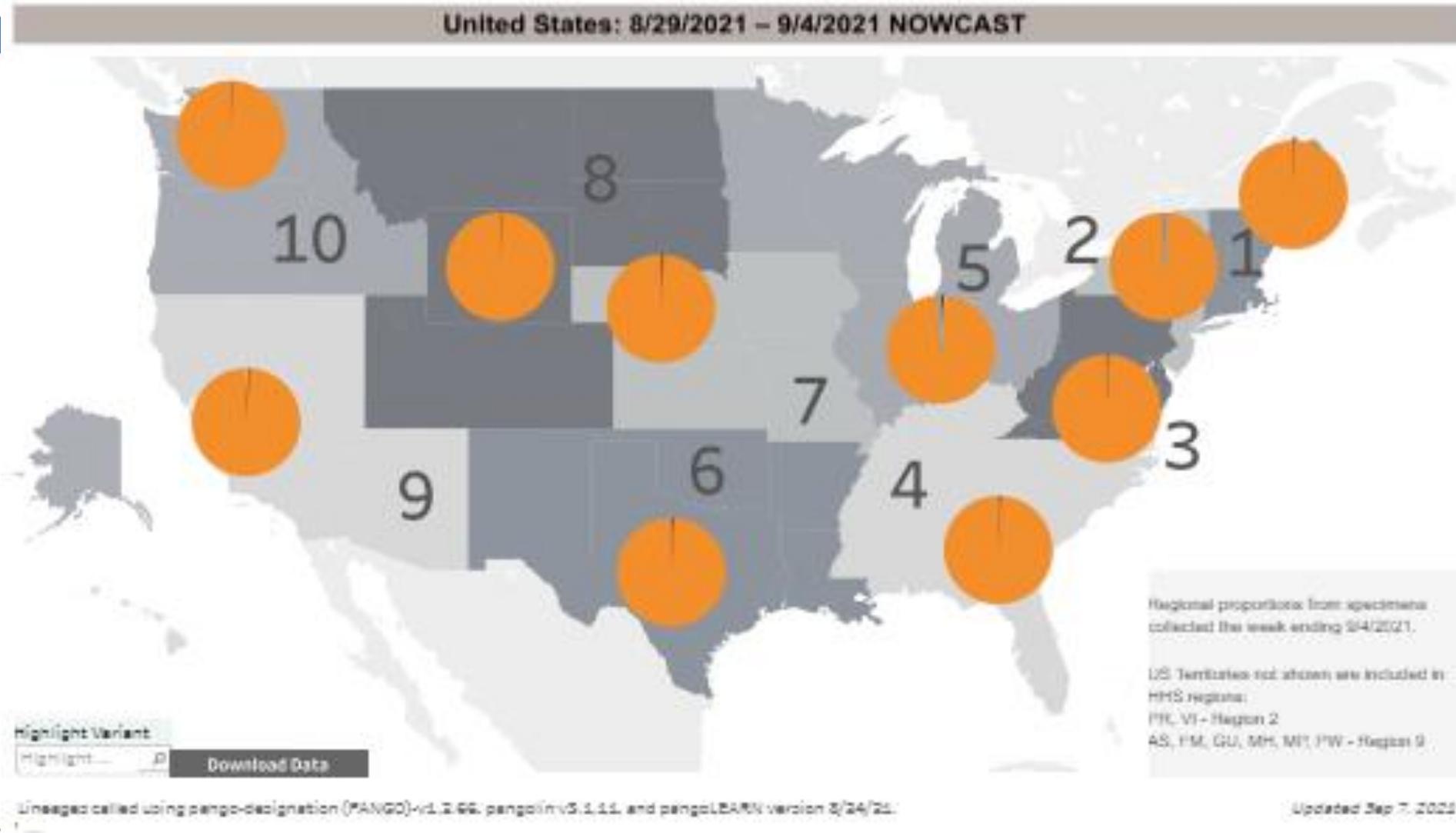
Note striking preponderance of Delta variant (orange) in far right column, two weeks ending 9/4/21.



USA				
WHO label	Lineage #	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	0.1%	0.0-0.2%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.0%	0.0-0.2%
Delta	B.1.617.2	VOC	98.9%	97.8-99.8%
	AY.2	VOC	0.1%	0.0-0.5%
	AY.1	VOC	0.1%	0.0-0.5%
Eta	B.1.525	VUI	0.0%	0.0-0.2%
Iota	B.1.526	VUI	0.0%	0.0-0.2%
Kappa	B.1.617.1	VUI	0.0%	0.0-0.2%
Mu	B.1.621		0.1%	0.0-0.5%
N/A	B.1.617.3	VUI	0.0%	0.0-0.2%
Other	Other*		0.7%	0.0-1.7%

* Enumerated lineages are VOC/VOC or are circulating >1% in at least one HHS region during at least one two-week period; remaining lineages are aggregated as "Other".
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates.
 # Sublineages of P.1 and B.1.351 are aggregated with the parent lineage and included in parent lineage's proportion. Q.1-Q.8 are aggregated with B.1.1.7. AY.3-AY.25 are aggregated with B.1.617.2.

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 9/4/21).

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

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?

You **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.



2021 AAP NATIONAL ELECTION CLOSES TODAY, Sept. 8!

- ❑ **WHAT:** Elect the future leaders of your AAP.
- ❑ **WHY:** Exercise your right to vote as a member and to influence the future direction of your AAP.
- ❑ **WHEN:** August 25 – September 8, 2021. The elected leaders will take office on January 1, 2022.
- ❑ **WHERE:** <https://www.aap.org/elections> or candidate biographies.
- ❑ **WHO:** Sandy L. Chung, MD FAAP & Joseph L. Wright, MD FAAP
- ❑ **ALSO: DISTRICT I ELECTIONS**
District Vice-Chairperson (Pat Flanagan, MD FAAP) & District National Nominating Committee representative: ***Rebecca Bell, MD FAAP***



From the AAP

- **New.** Guidance: Providing Pediatric Well-Care During COVID-19 (8/30/21)
 - All WCC should occur in person whenever possible & w/in child's medical home establish/maintain continuity of care). For practices who have successfully implemented telehealth...these visits should continue... followed by a timely in-person visit.
 - Outpatient newborn care should not be compromised...nbn visits optimally **in person**.
 - Identify children who have missed WCC and/or recommended vaccinations & contact to schedule appointments (newborns, infants, children, & adolescents).
 - Inquire & document re: COVID infections & vaccination status; monitor pts. with h/o infection for ongoing symptoms per AAP interim guidance on **post-COVID conditions**.
 - Integrate surveillance/screening for social/emotional/behavioral concerns into every visit & provide age appropriate anticipatory guidance...Special consideration to populations with higher baseline risk (e.g., populations of color, poverty, refugees, CYSHCN, children & youth involved w/child welfare or juvenile justice systems).

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-on-providing-pediatric-well-care-during-covid-19/>

Next AAP COVID-19 Town Hall

- **Thursday, September 9, 2021 at 8 pm Eastern**
- **Topic: *How Are the Children?***
 - During this event, we will address the variety of impacts that COVID-19 is having on children and adolescents. Join us for this informative session where you will hear from leading experts and connect with your peers.
- 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 AAP-VT

□ **Leading the conversation re: masking in schools**

- ~1 mo. ago VDH/Agency of Education school guidance recommended universal masking for ~1st 10 school days, regardless of vaccine status.
- AAP-VT has supported school districts/administrators w/rec. to cont. universal masking
- All Districts except Canaan adopted AAP-VT recommendation (“encouraged,” not req.).
- State of VT recommendation: after 1st 10d., if reach 80% of eligible students vaccinated, mask not required for 12+.
- AAP-VT does **not** agree w/above, given current environment (Delta variant, breakthrough infections, etc.).
- AAP-VT press release last week (as we approach 10d. since schools reopened): AAP-VT, VMS, UVM CH, others saying continue masks until further notice.
- ***Thank you***, pediatricians attending school board & other meetings: Bill Raszka (Lamoille); 5 Rutland area pediatricians; Colleen Moran attending Craftsbury mtg. **tonight**.

Vaccine News

- **FDA *Vaccines and Related Biological Products Advisory Committee*** to meet Friday, September 17 (anticipate docket will include discussion of COVID-19 vaccine boosters)
- Excellent interview/discussion with AAP national President Lee Beers, MD FAAP, re: pediatric COVID-19 vaccine (9/7/21):
 - <https://www.npr.org/transcripts/1034926652>
- ***The Tennessean***: How GOP pressure halted Tennessee's vaccine outreach to teens
 - TN texted 32K families to encourage COVID-19 vaccines for teens in June. One mo. later, it had halted all advocacy for all adolescent vaccines.
 - <https://www.tennessean.com/news/>

In Vermont News

- **NYT: 3 Vermont State Troopers Investigated Over Fake Vaccination Cards (9/8/21)**
 - ▣ The officers have resigned, and federal authorities are investigating, the state police said this week.
 - ▣ <https://www.nytimes.com/2021/09/08/us/vermont-troopers-fake-covid-vaccine-card.html>
- **Seven Days article: *The Doctor Won't See You Now* (9/1/21)**
 - ▣ Patients report that once they receive care, they are pleased with the high level of care they received. Thus, the problems are systemic & not with quality of care.

Updates from Lewis First, MD

- ❑ Skilled nursing facilities full or understaffed
- ❑ Mental health – also have staffing issues.
- ❑ No rehabilitation facility
- ❑ Meal prep team also overwhelmed (budgeted for 500/d. but asking for 1K/d.) Baird 5 has established food pantry for families who need meals.
- ❑ UVM CH specialists are just a phone call away – doing everything we can for timely access to consults – please call them or Dr. First as needed.
- ❑ Pediatric ED – Dr. Joe Rivera: low acuity pts. seen in adapted waiting room setting. Please give us info to determine acuity & need to expedite eval and/or direct admission (e.g., for IV only).
- ❑ Lisa Emerson: Baird 5 staff not leaving to travel, but some have left related to COVID issues. Hiring for 1st time in 2 yrs. – process is slow.

Governor Scott Media Briefing



- ❑ Moved to **today** (Wednesday) this week due to Labor Day holiday – will follow and provide updates of interest as indicated
- ❑ Real-time updates from Becca Bell, MD (added **after** today's call):
 - ❑ Announcing extension of universal masking in schools until 10/4/21
 - ❑ Anticipate cash incentives for schools that hit high vax rates; AOE setting aside \$2m. for this; schools to submit grant requests with student input.
 - ❑ Also showing info on two outbreaks. Waterbury camp outbreak: youth had some indoor activity due to rain; masks not enforced initially.
 - ❑ Other outbreak is wedding-related: case at wedding likely got COVID from a bar, then attended wedding with some indoor activity & inconsistent masking.
 - ❑ Helpful summary of two outbreaks:
<https://twitter.com/JaneLindholm/status/1435639956458852354/photo/3>

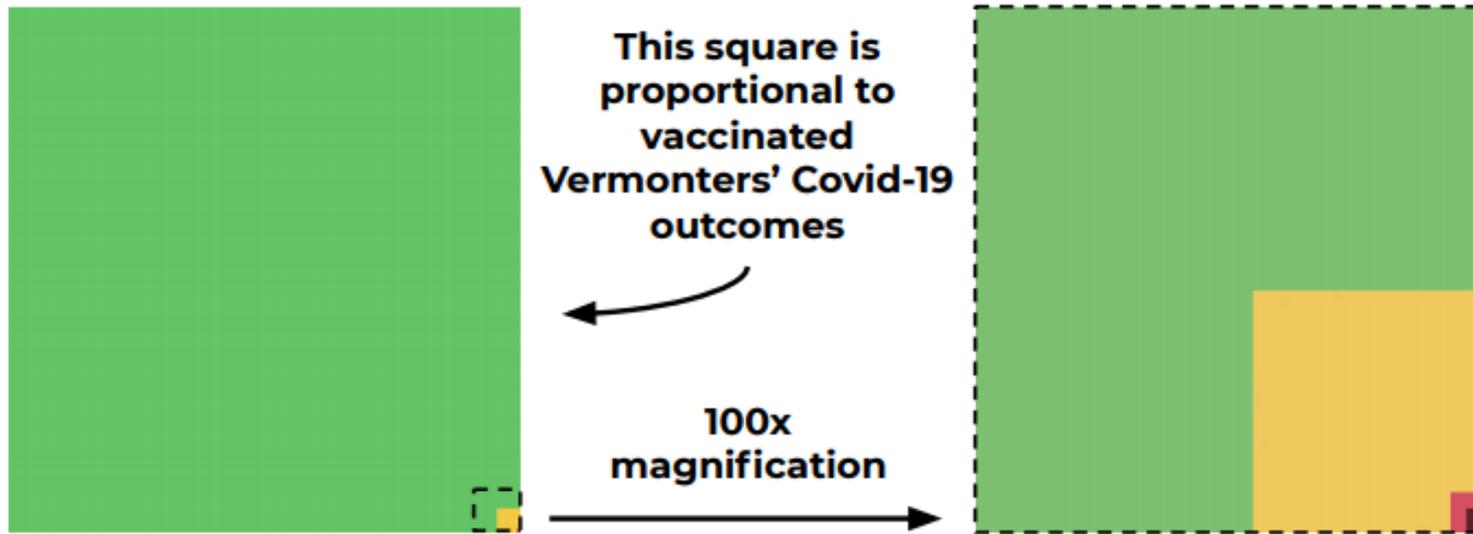
Media Briefing: from today's modeling

- https://dfr.vermont.gov/sites/finreg/files/doc_library/dfr-covid19-modeling-090821.pdf



Covid-19 Among Fully Vaccinated People in Vermont

- 426,323 fully vaccinated
- 1,928 tested positive (0.45%)
- 53 hospitalized for Covid-19 (0.012%)
- 18 died due to Covid-19 (0.004%)



Source: Vermont Department of Health and CDC; percentages calculated using CDC total fully vaccinated; data from January 1, 2021 to September 7, 2021; magnification 100x areal/10x linear

Practice Issues

Safe Return to School for Vermont Students



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

COVID-19 in Pediatric Patients

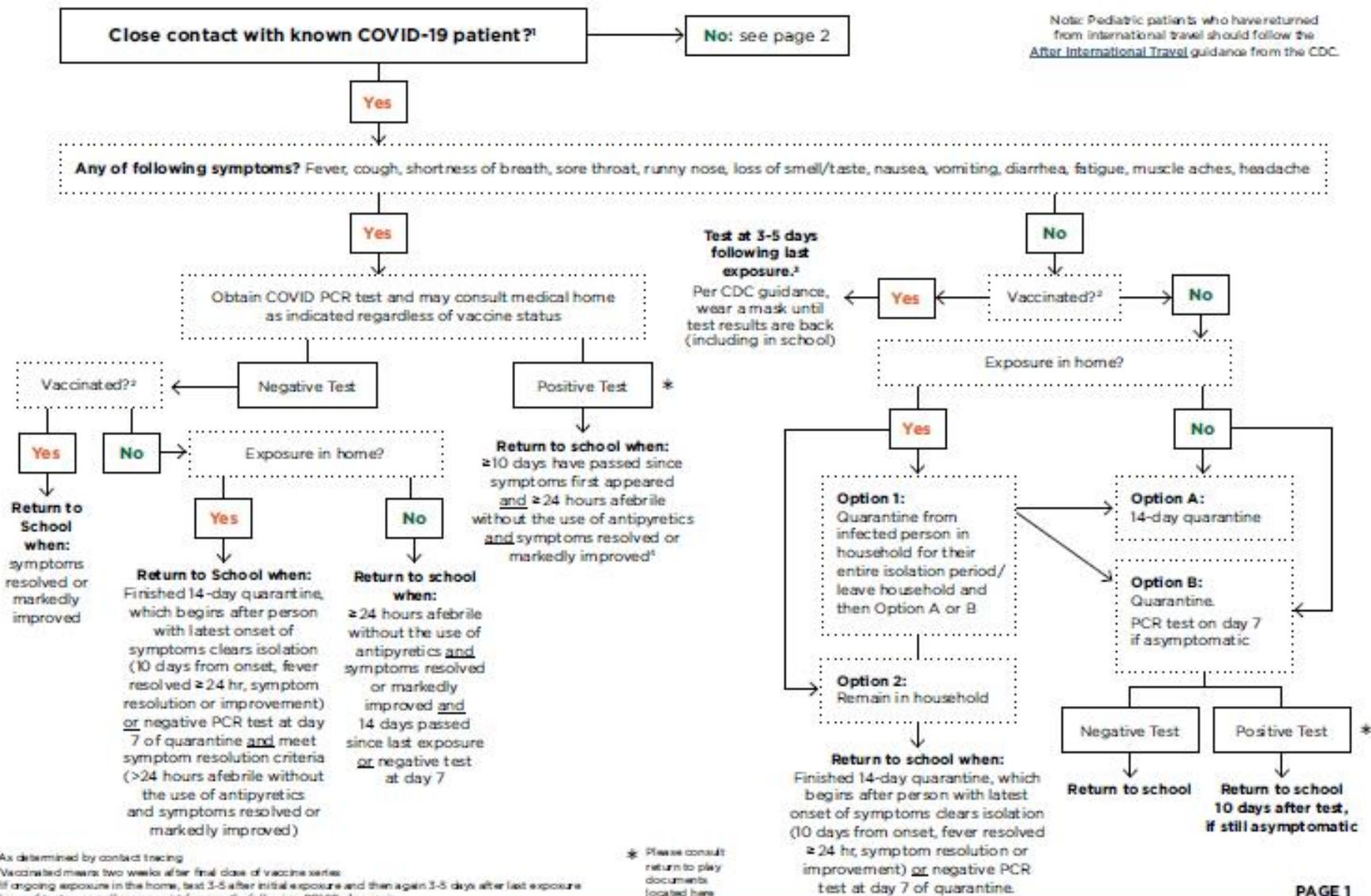
Triage, Evaluation, Testing and Return to School

This tool is intended to assist clinicians in decision-making. It is not intended to replace clinical judgment. This is a changing environment, and as we gain new knowledge about this virus, expect adaptations. **The algorithm does NOT apply to children diagnosed with COVID-19 by PCR within the past three months. Please consult CDC protocols in those situations.**

Current as of September 7th, 2021

Note: Pediatric patients who have returned from international travel should follow the [After International Travel](#) guidance from the CDC.

Updated Return to School Algorithm (page 1)



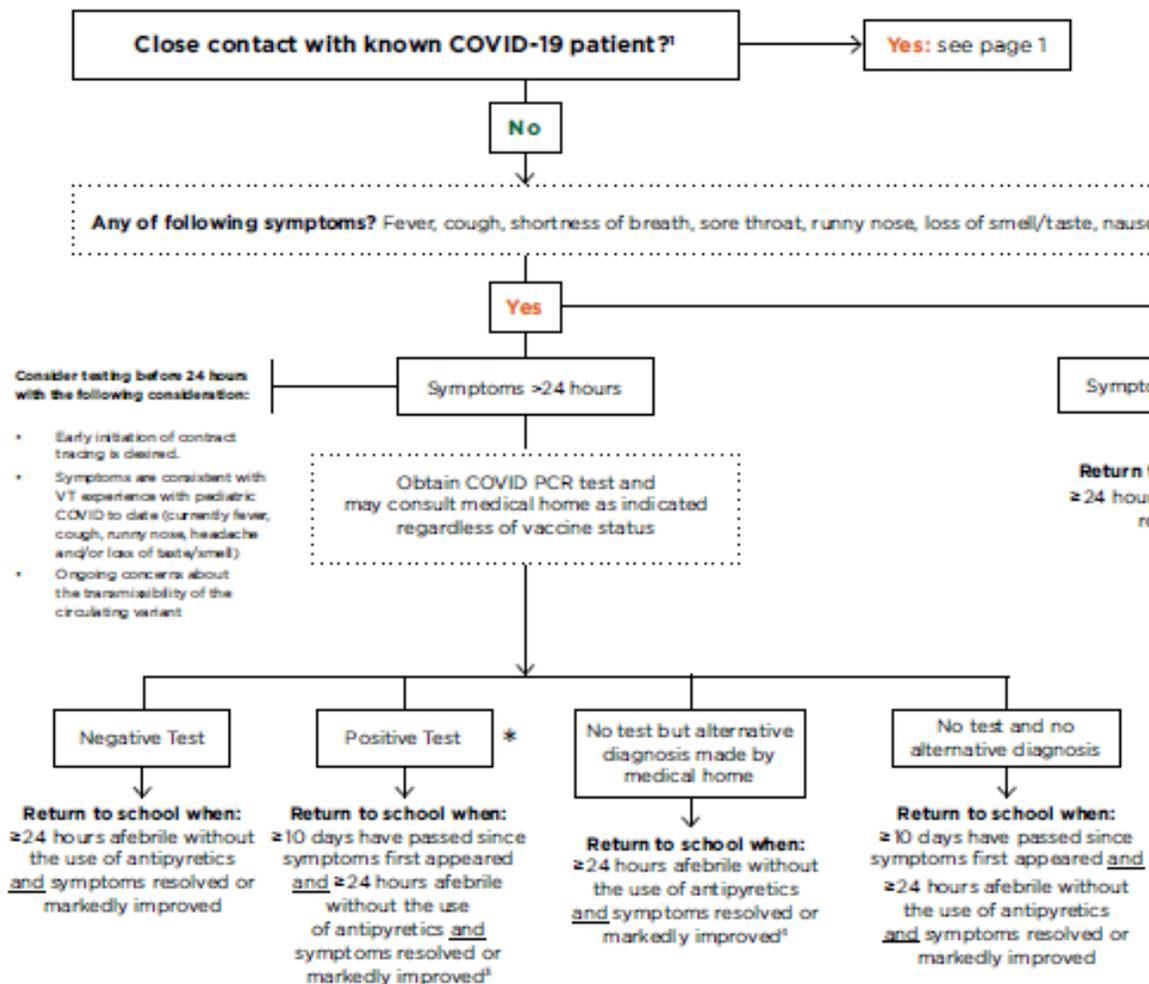
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Note: Pediatric patients who have returned from international travel should follow the [After International Travel](#) guidance from the CDC.

Updated Return to School Algorithm (page 2)



¹As determined by contact tracing

²Parent/caregiver may consult medical home for persistent symptoms

³Loss of taste or smell may persist for months following COVID diagnosis

⁴Consult usual infectious disease protocols (e.g. Red Book or Caring for Our Children)

* Please consult return to play documents [located here](#)

IMPORTANT NOTE: following today's call VDH Epi Team plans to further refine language to clarify which students are eligible for this pathway.

- REMINDER: this is intended as a **clinical decision making tool for health care professionals, esp. PCPs & school nurses.**
 - Opportunity for **team-based care** among these partners!
- This will be a living document that will need updating as the weeks progress.
- VDH MCH team has also updated ***parent/childcare document***.
 - https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_VTBacktoSchoolAfterIllness.pdf
 - https://www.healthvermont.gov/sites/default/files/documents/pdf/CYF_VTBacktoChildCareAfterIllness.pdf

Algorithm Update *[this slide updated after today's call]*

- **NOTE: VDH Epi Team will refine language to clarify which students are eligible for this pathway.**
- Algorithm edit from your feedback (September 7)
- *In pathway of unvaccinated symptomatic child who is a close contact and has ongoing exposure in household: the child could go back after 14 days starting from when the household contact clears isolation (10+14) **OR** with a negative test at 7 day starting from when the household contact clears isolation (10+7). The latter option is new and reduce the child's quarantine by a week. Caveat – if the child tests negative and then has **NEW** symptoms, need clinical decision making regarding ongoing exposure.*

Contact Tracing and Schools

- Evolving policies and procedures
 - ▣ Currently using VT definition of close contact as 6 feet for cumulative 15 minutes, even with masking which, with 80 cases infectious while in school in first 2 weeks, is leading to a large amount of students/staff quarantining
- <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-ContactTracing-Actions-School-Care.pdf>

Student Surveillance Testing in Schools & Community Testing Capacity

- Voluntary school student surveillance testing starting next week – most schools have signed up.
- For testing program question – email testing team at: aoe.covid19testing@vermont.gov
- Pediatric algorithm depends on adequate testing capacity in our community – these concerns have been elevated at VDH.
 - ▣ Hearing that Burlington site turning away walk-ins (VDH policy is very clear that walk-ins are allowed)
 - ▣ Brattleboro colleagues expressing concern about lack of testing in their area

VT AOE Update: School Surveillance Testing

Important Change to Surveillance Testing Procedure for Young Students

- ❑ SEE updated AOE COVID-19 Surveillance Testing Webpage (2021-22):
 - ❑ Program overview, participation info, **enrollment & FAQ for students/families/staff**.
 - ❑ <https://education.vermont.gov/news/covid-19-guidance-vermont-schools/school-staff-covid19-surveillance-testing/school-staff-resources>
 - ❑ For districts & independent schools who wish to participate: Intent to Participate form.
- ❑ **Change to testing requirements:**
 - ❑ **Self-administered tests now allowable for all students 5 yo & up** (previous collection for ages 5-7 yo required medical professional).
 - ❑ No change to all other testing eligibility: open to all students & staff ages five and up, regardless of vaccination status.
- ❑ Program question – email testing team at: aoe.covid19testing@vermont.gov

Q & A *(please keep them coming!)*

- Are we requiring testing for certain situations like travel? Private school I am advising is considering requiring testing for kids who travel to high endemic areas or take public transport out of state (e.g., trip to Disney). But how to decide what is high endemic? Areas with low vaccination rates?
- What do we know about the safety of *serial* groups of unvaccinated children eating lunch (unmasked) together in indoor school cafeterias, one after another over a short period of a few hours? Local elementary school is utilizing the cafeteria where several classes at a time will eat together. The school has assured families that this is safe because they will be cleaning the room (i.e., surfaces) between groups -- they seem not to be accounting for airborne transmission. Given the rising rates of COVID in the 6-11 age group, I am concerned. I don't know how many other schools are holding indoor group lunches.

Q & A *(please keep them coming!)*

- When there is a positive case I assume there is some early process to determine if the case was infectious during school?
- If determined to be infectious while at school - then does Epi Team contact school nurse? Or is the case told to contact the school?
- Beyond the school setting, does the Epi Team help with contact tracing with English language learners?

Vermont State School Nurses Association (VSSNA)



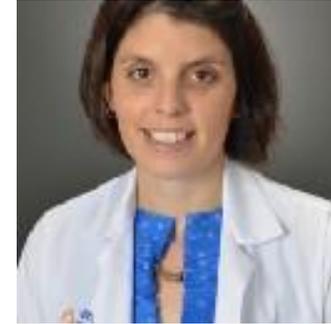
- VSSNA Leadership:
 - ▣ Becca McCray, MSN MA RN NCSN – VSSNA President
 - ▣ Soph Hall (*Sophia Boyle Hall*), MEd, RN, NCSN – VSSNA Immediate Past President
 - ▣ Clayton S. Wetzel III, BSN, RN, NCSN – VSSNA Webmaster
- Website: <https://www.vssna.org/home>; also find them on Facebook!
- Update from Clayton Wetzel:
 - ▣ Recent COVID-19 Town Hall recording available on website
 - ▣ Message posted on Facebook and Twitter
 - ▣ Updated the "useful links" on VSSNA COVID-19 resource page
 - ▣ Town Hall was a huge success – 154 participants!

From AAP-VT Chapter President Rebecca Bell, MD FAAP

Blog post (8/10/21):

- ***Going Back to School During Delta***

- Prioritization of in-person learning
- Vaccination, vaccination, vaccination
- Stay home when sick
- Masking



- *“Pediatricians believe a healthy, safe, and productive school year is essential and achievable. We just all need to do our part to make it happen.”*

<https://rebeccabell-md.medium.com/going-back-to-school-during-delta-a262a9812b7f>

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: likely Mon. & Wed. with exceptions below**
 - ❑ **Next call September 8, 2021**
 - ❑ **No calls on September 1 or September 15**
 - ❑ **September call dates: 9/8 (W), 9/13 (M), 9/20 (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 slide 6)

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 13, 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#