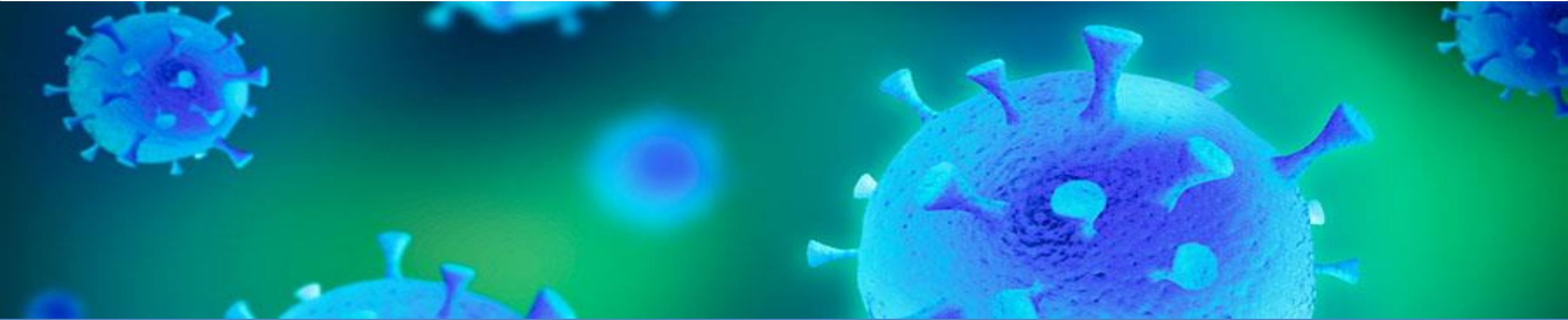


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
February 16, 2022



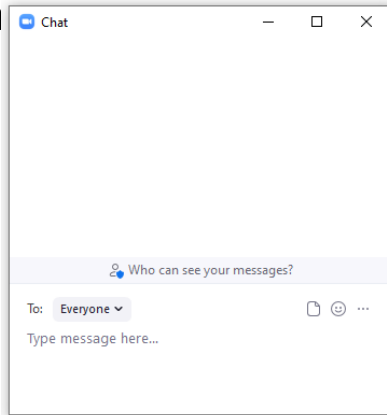
Please bear with us...

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.



3) If you wish to verbally ask a question, click the microphone on your toolbar to  or press ALT-A to Unmute/Mute.

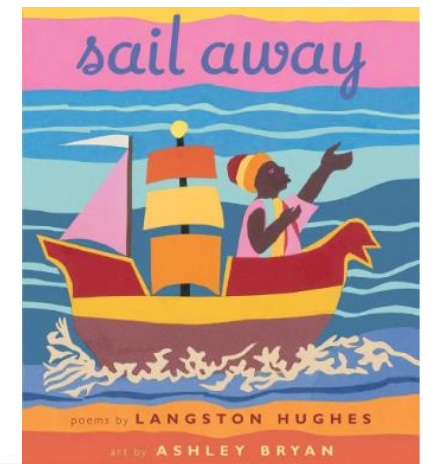
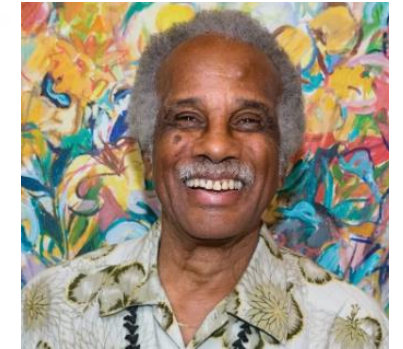
4) If you have technology questions, please directly message **Allison Koneczny, Angela Zinno** or **Ginny Cincotta**.

5) Calls are RECORDED and posted on VCHIP web site for asynchronous review.

Overview

- ***Celebrating (more) Olympic stories!***
 - ▣ Megan Nick (Bronze medal, freestyle aerials skiing)
 - ▣ Lindsey Jacobellis (Double Gold medals: snowboard cross; mixed team snowboard cross with Nick Baumgartner)
- Remembering **Ashley Bryan**, author/illustrator
<https://www.nytimes.com/2022/02/09/books/ashley-bryan-dead.html?referringSource=articleShare>
- Reminder – weekly event schedule:
 - ▣ **February VCHIP-VDH call calendar** (see next slide); Gov. Media Briefings generally ***Tuesdays only***; VMS calls with Dr. Levine 1st & 3rd Thursdays
- Practice Issues: ***VDH Immunization Program Update***
- Q & A/Discussion

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



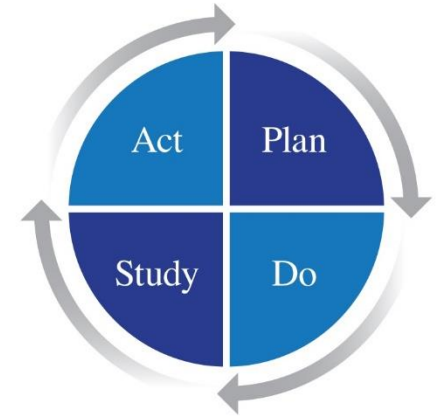
VCHIP-VDH COVID-19 calls – 2022!

February calls – currently all *Wednesdays*:

- ❑ **2/2, 2/9, 2/16, 2/23/22** (will likely continue in March)
- ❑ We recognize that February school vacation weeks may affect your ability to participate!
- ❑ **Continuing via Zoom!**
- ❑ 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 w/VDH Comm. Levine now 1st/3rd Thursdays



And now for something completely different...



In the spirit of continuous quality improvement, we are continuing our **NEW CALL FORMAT** – our own PDSA cycle

- Responding to your comments and feedback – thank you!
 - Desire to be able to focus on content but not miss Q & A from chat; avoid duplication of responses that may be included in presentation
- Content presentation for ~20-25 minutes
- Chat will be monitored, BUT – both verbal and written feedback will occur **AFTER** the presentation
- REMINDER: Chat Q & A is (re)organized, streamlined and made available following the call each day.

VMS *COVID Convos* with Health Commissioner Levine

- ***New Schedule for 2022***
- **Calls with VDH Commissioner Levine now 1st and 3rd Thursdays**
- **Next VMS COVID Convo with VDH Commissioner Levine is 2/17/21**
- 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**

DR. MARK LEVINE
COMMISSIONER OF
HEALTH

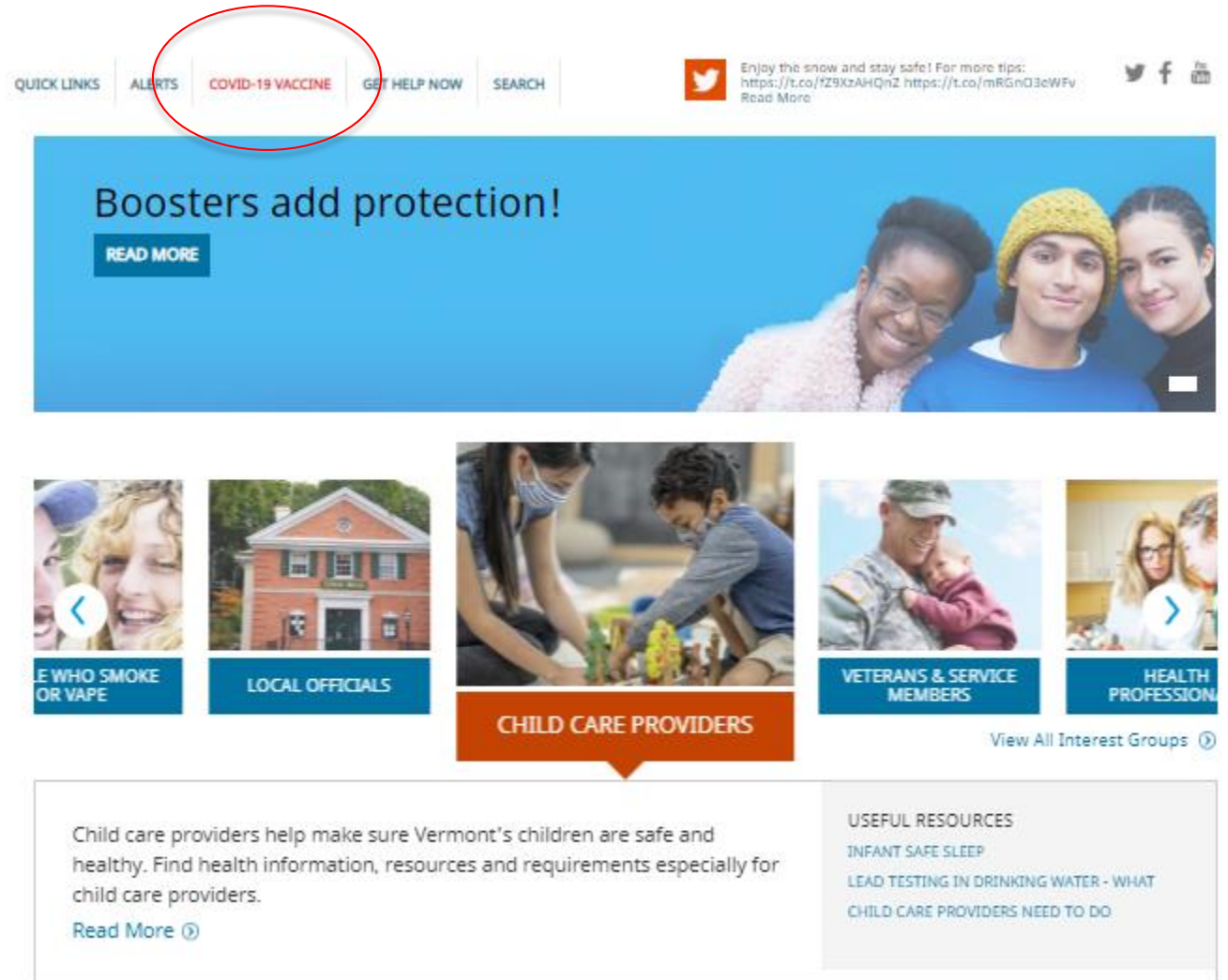
VMS COVID Convos
1st and 3rd Thursday

→ 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 Web Site: Sign of the Times?

- New look to VDH home page: **COVID-19** now occupies top spot on **sidebar** (previously on navigation bar at top of page)
- **COVID-19 Vaccine** still on navigation bar



Situation update

New Cases

375

110,171 Total

Currently Hospitalized

52

Hospitalized in ICU

15

Percent Positive 7-day Avg.

6.3%

New Tests

10,046

3,312,286 Total

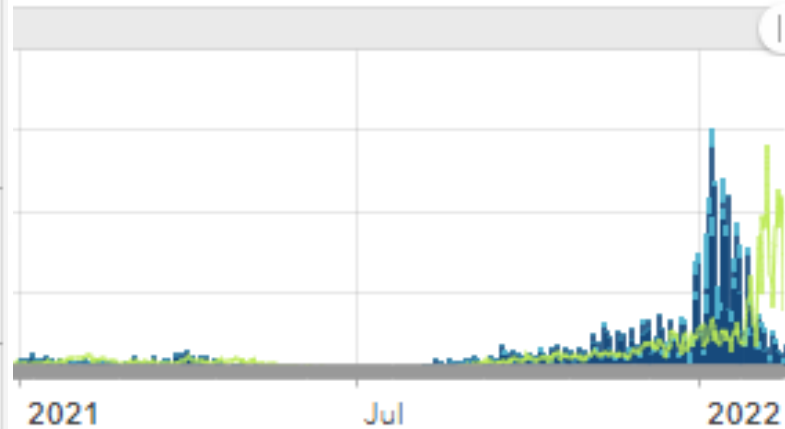
Deaths

575

0.5% of Cases

Last Updated: 2/16/2022, 11:11:46 AM

New Confirmed Cases, Probable Cases, Recoveries and Deaths



The Case Dashboard is M-F, typically by 1 pm.

Case information reflects counts as of the end of the previous weekday. All data are compiled by the Health Department and are preliminary and subject to change.

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

One year ago: 13,917 VT total cases; 53 new/37 hosp.

U.S. **77.9 million+** cases; **923,809 deaths**

<https://www.nytimes.com/interactive/2021/us/covid-cases.html> (updated 2/16/22)

Past week: av. 140,204 cases/day (14d. change **-67%**)

5.83 million+ deaths worldwide; 415.4 million+ cases (+1% & -37% 14-day change respectively)

VDH Data Summary now q.o.week. **2/4/22: NO Weekly Spotlight topic**

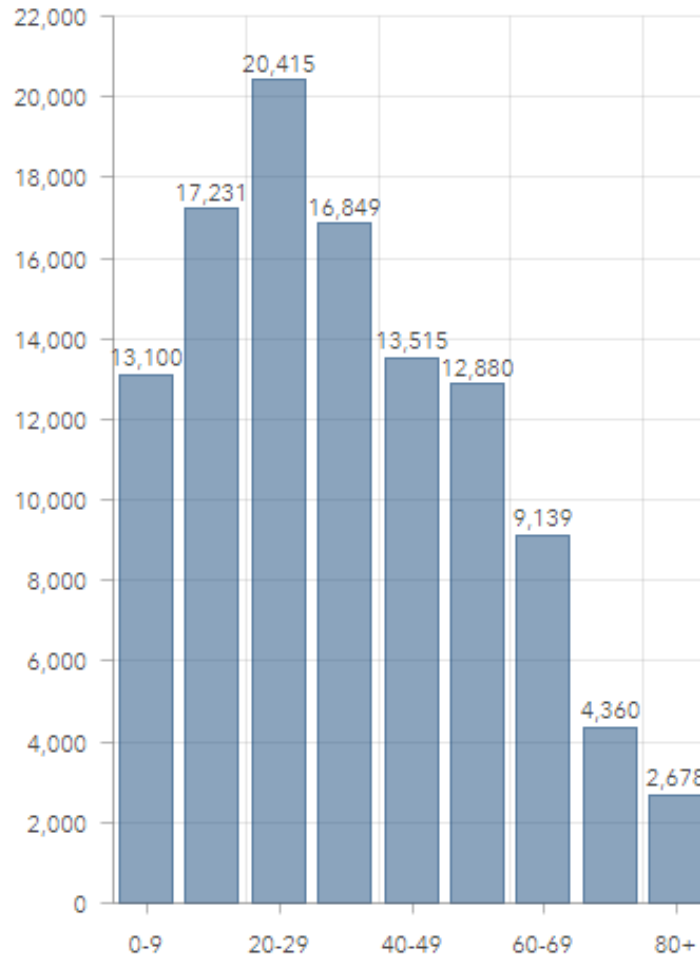
Table of Contents: Overview of COVID-19 in Vermont; Clinical Course; Vaccine Breakthrough.

Vaccine breakthrough cases = 37,561 since Jan. 2021 (~7.9% of fully vaccinated). Find previous summaries at: <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Weekly-Data-Summary-2-3-2022.pdf>

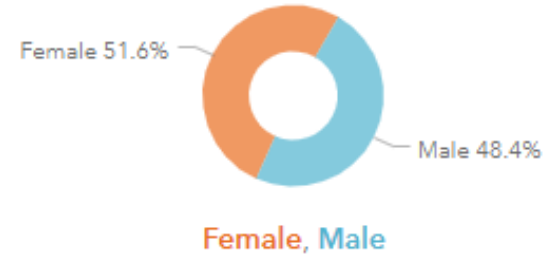
February 16, 2022

Situation update

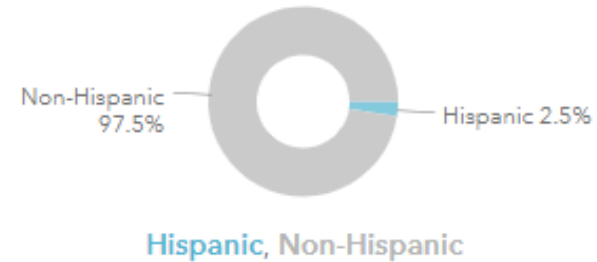
Cases by Age Group if Known *



Cases by Sex *



Cases by Ethnicity if Known *



Cases by Race if Known *

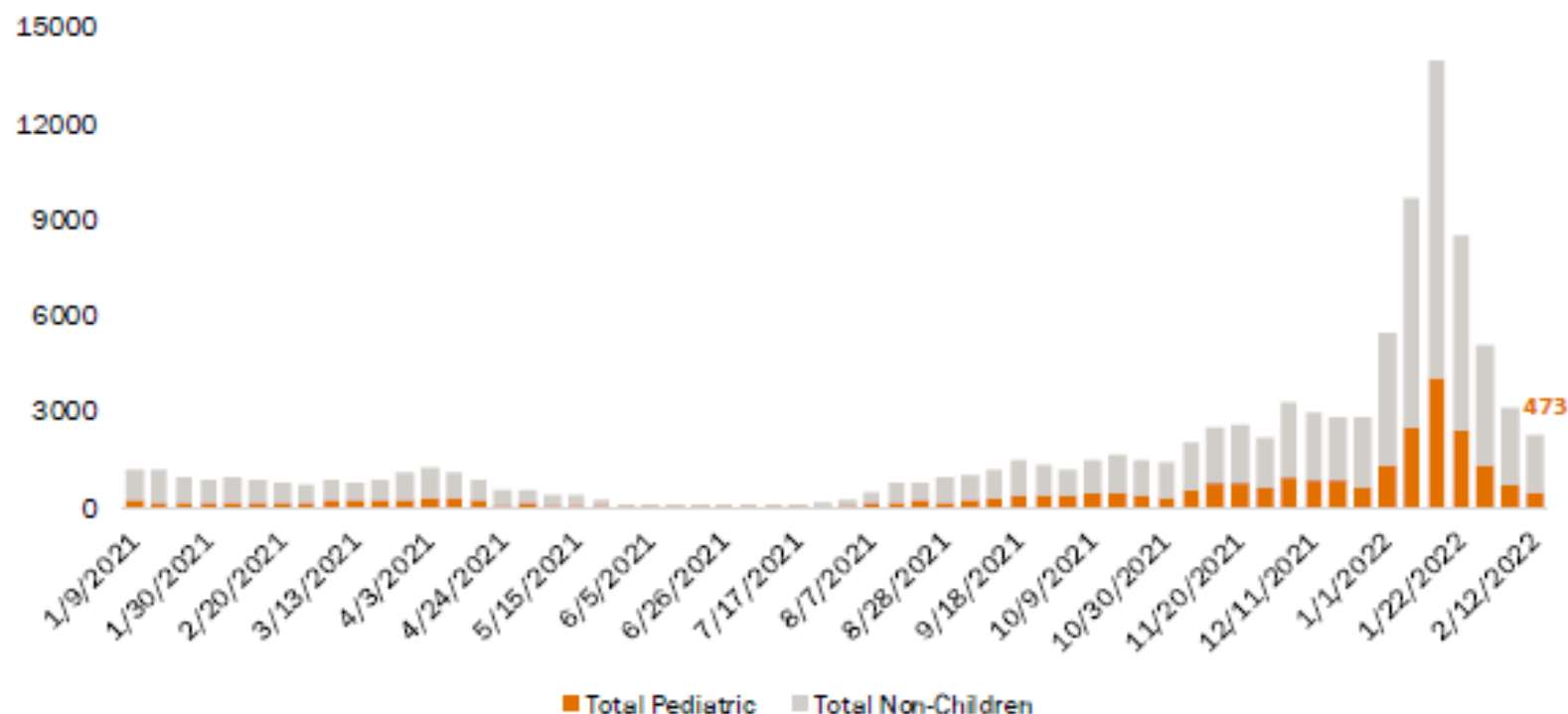


Black or African American, Asian, Other Race, American Indian or Alaska Native, White

Case Demographics

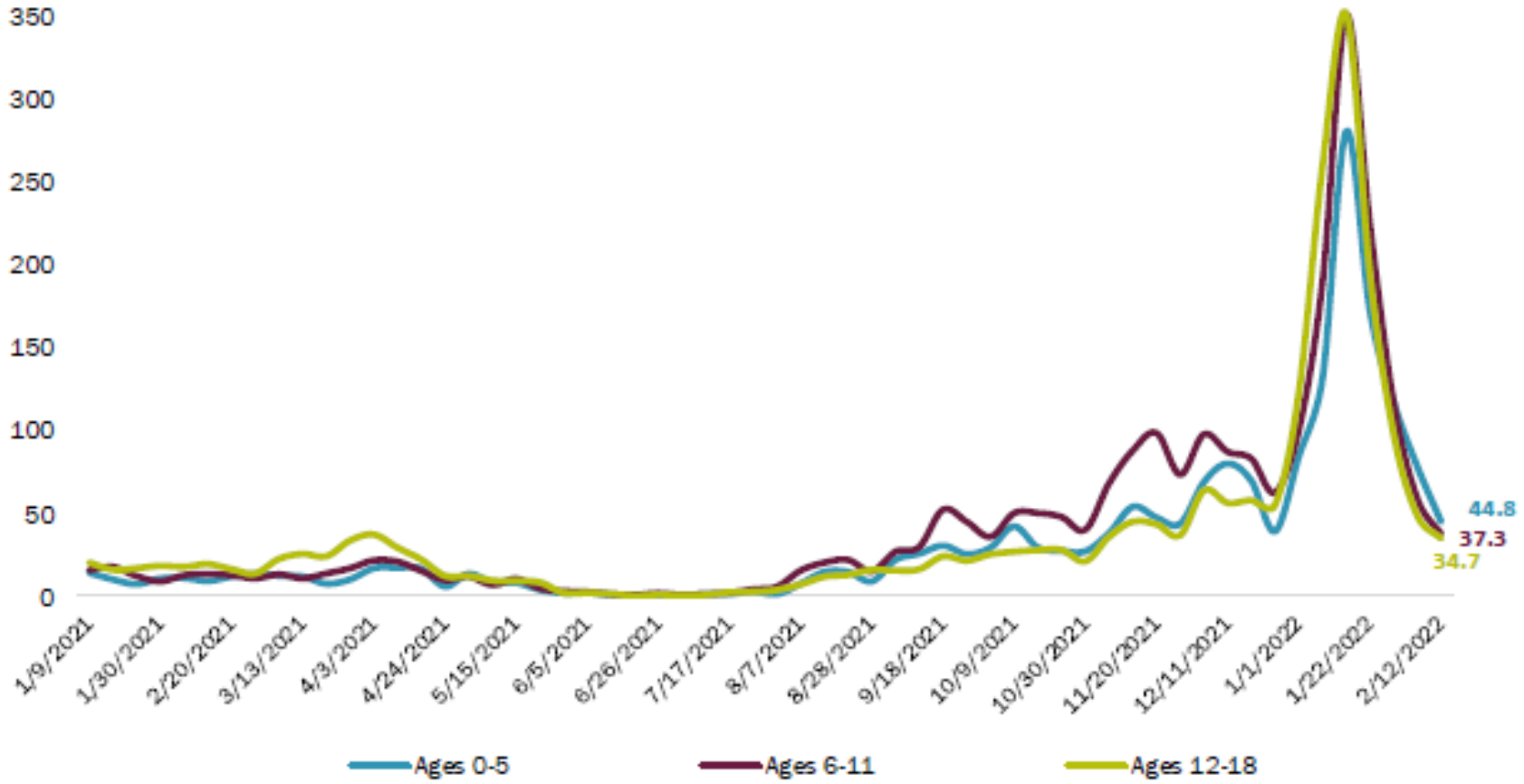
This brief reflects data as of February 12, 2022 (the last complete MMWR week). All rates are calculated per 10,000 people. Data is preliminary and subject to change.

Number of Cases by Week



COVID-19 Pediatric Cases

Rates by Week by Age Category

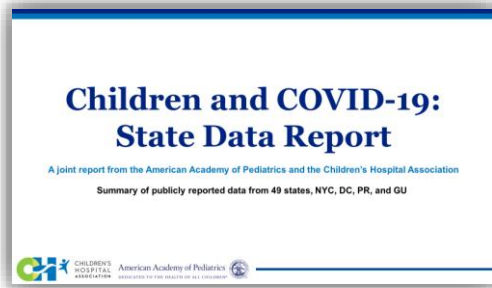


All rates are calculated per 10,000 people. Data is preliminary and subject to change.

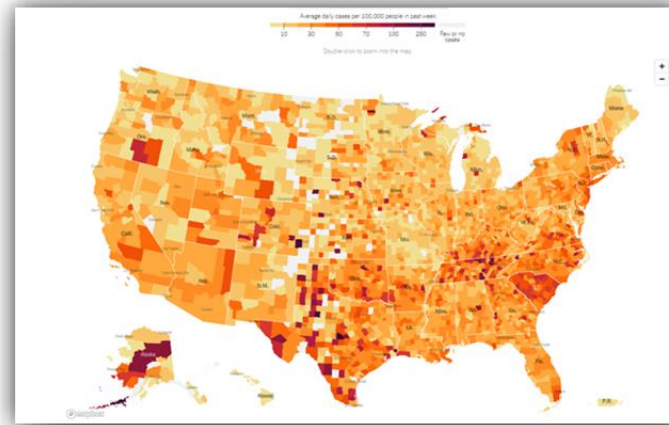
February 16, 2022

Vermont Educational COVID-19 Data

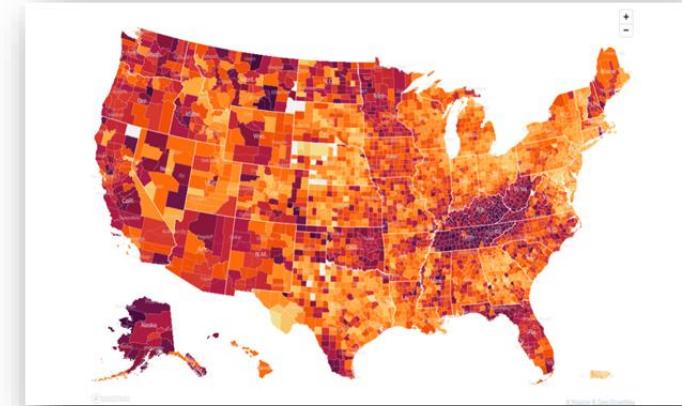
- **NOTE:** VT AOE has **ceased** data collection for “COVID-19 Cases in VT K-12 Learning Communities While Infectious”
 - Find previous files at:
<https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
- VT College & University dashboards:
 - **UVM update** (week of 2/7-2/14/22): 41 pos. tests off campus; 75 on campus; 1 faculty; 1 staff.
 - **Bennington College** (as of 2/16/22): 0 total active/0 new active cases.
 - **Middlebury College** (as of 2/14/22): 21 new cases; 15 total active (15 students/0 employees)



Report posted Mondays on AAP.org



**NYT 2.14.21 all ages
100K child cases/past week**



**NYT 2.15.22 all ages
300K child cases/past week**

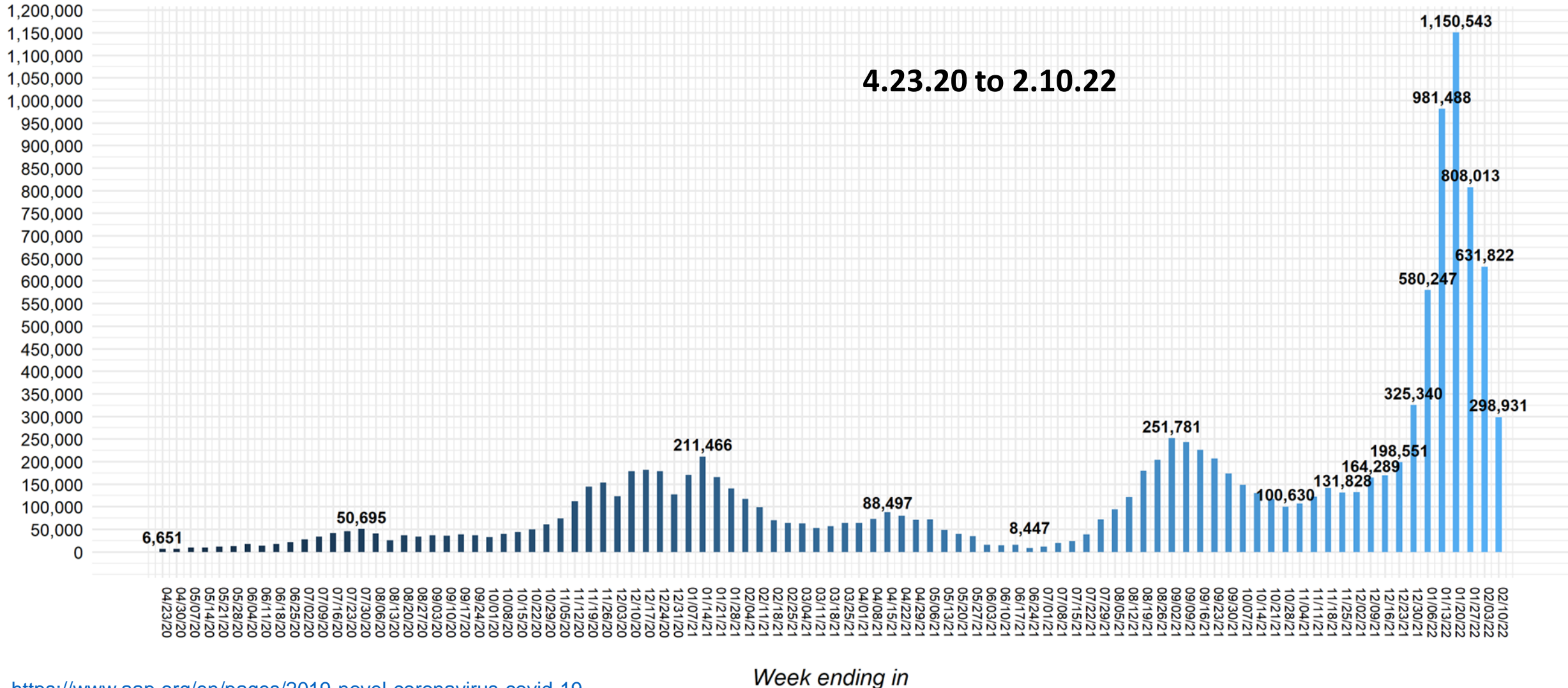
As of 2/10/22 – 12,341,801 cumulative confirmed child COVID-19 cases

- In the past week nearly 300,000 cases were reported
- Down from the 1.1 million cases reported the week ending January 20th; but over the peak level of the Delta surge in 2021
- An increase of roughly 930,000 new cases in the past 2 weeks

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

4.23.20 to 2.10.22

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/>

Week ending in

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

On 1/14/22, TX released new data that is NOT included in cumulative case counts or figures but located at <https://dshs.texas.gov/coronavirus/AdditionalData.aspx> (774,083 cumulative child cases as of 1/20/22)

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 changes made to dashboard, AL cumulative cases through 7/29/21

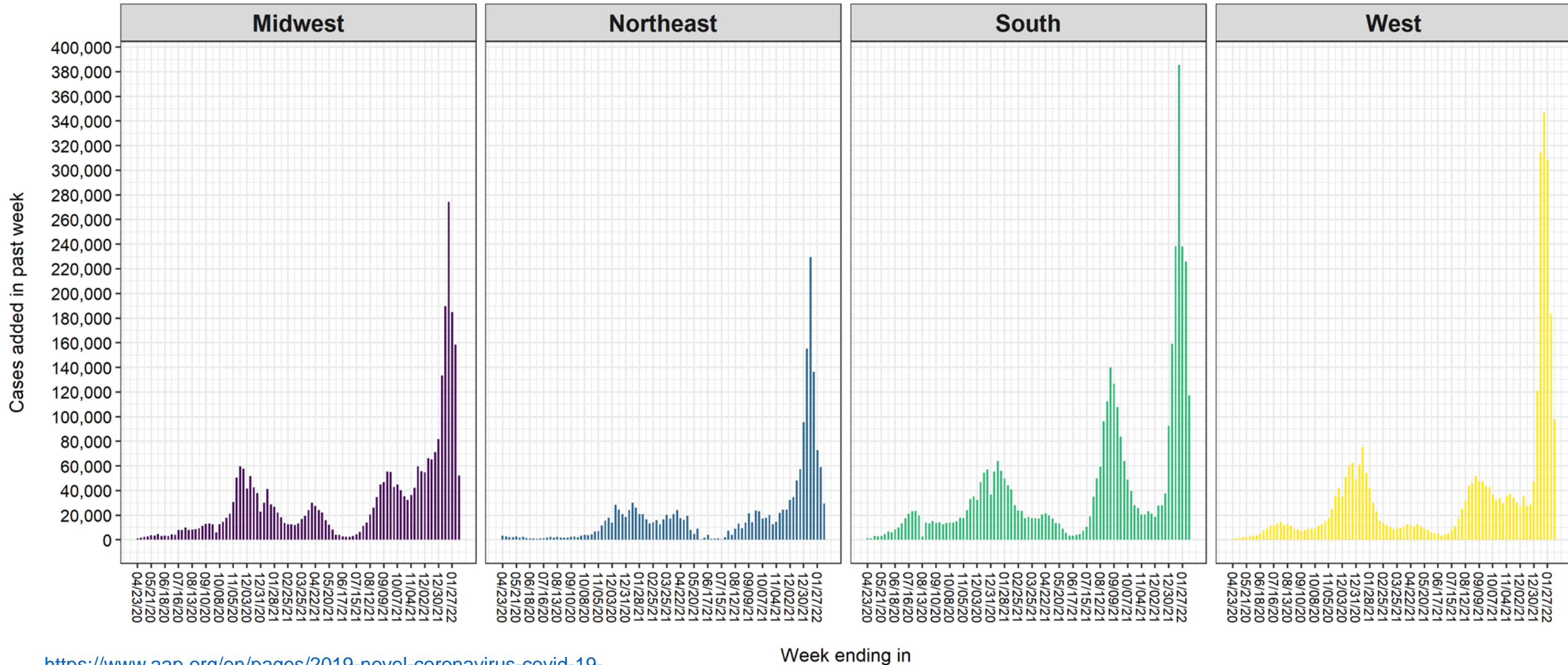
Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate

On 2/10/22, due to available data, HI cumulative child and total cases through 1/13/22

On 2/10/22, due to available data, DC cumulative child cases through 2/3/22

4.23.20 to 2.10.22

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



<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

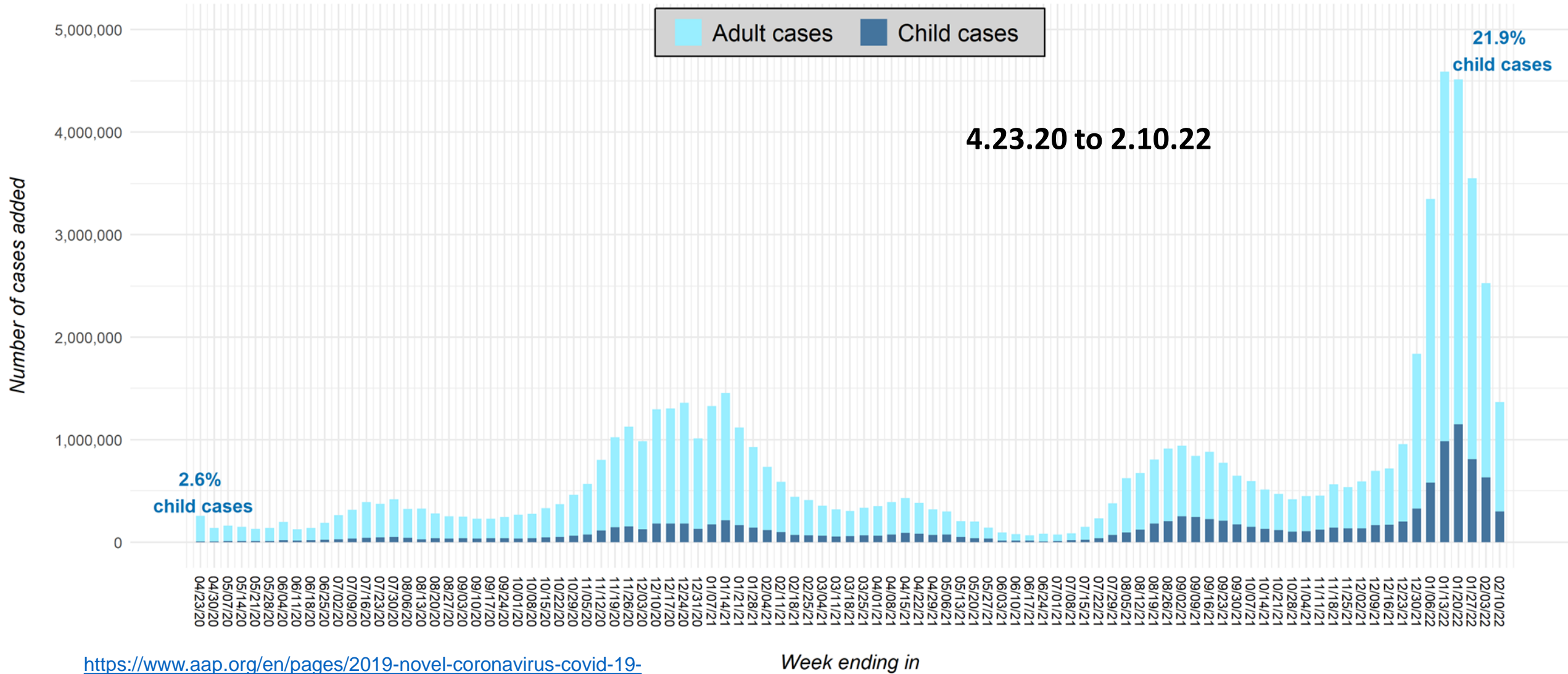
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Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate

On 2/10/22, due to available data, HI cumulative child and total cases through 1/13/22

On 2/10/22, due to available data, DC cumulative child cases through 2/3/22

United States: Number of COVID-19 Cases Added in Past Week for Children and Adults



<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: 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
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 On 2/10/22, due to available data, DC cumulative child cases through 2/3/22

VDH COVID-19 Vaccine Registration & Sites

GETTING THE COVID-19 VACCINE

[Find out about vaccines for children ages 5 to 11](#) ➔

GET THE MOST PROTECTION WITH A BOOSTER SHOT!

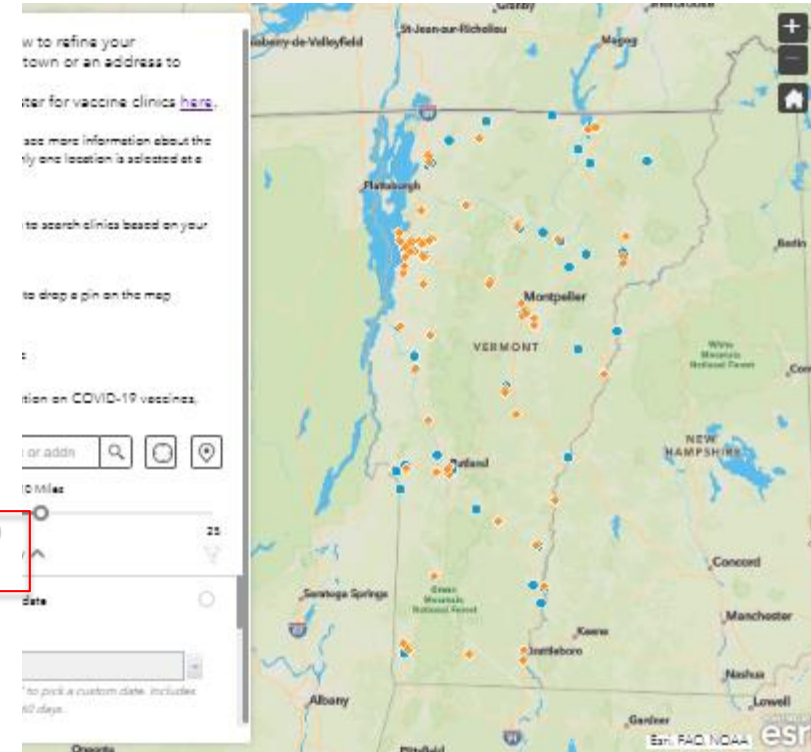
You should get a booster if you are 12 or older and you received:

- your Johnson & Johnson vaccine **at least two months ago** or
- your second dose of Pfizer or Moderna vaccine **at least five months ago**

If you are age 18 or older, your booster can be the vaccine type of your choice: Pfizer, Moderna or Johnson & Johnson, no matter which vaccine you got originally. For youth 12 - 17 the booster must be Pfizer.

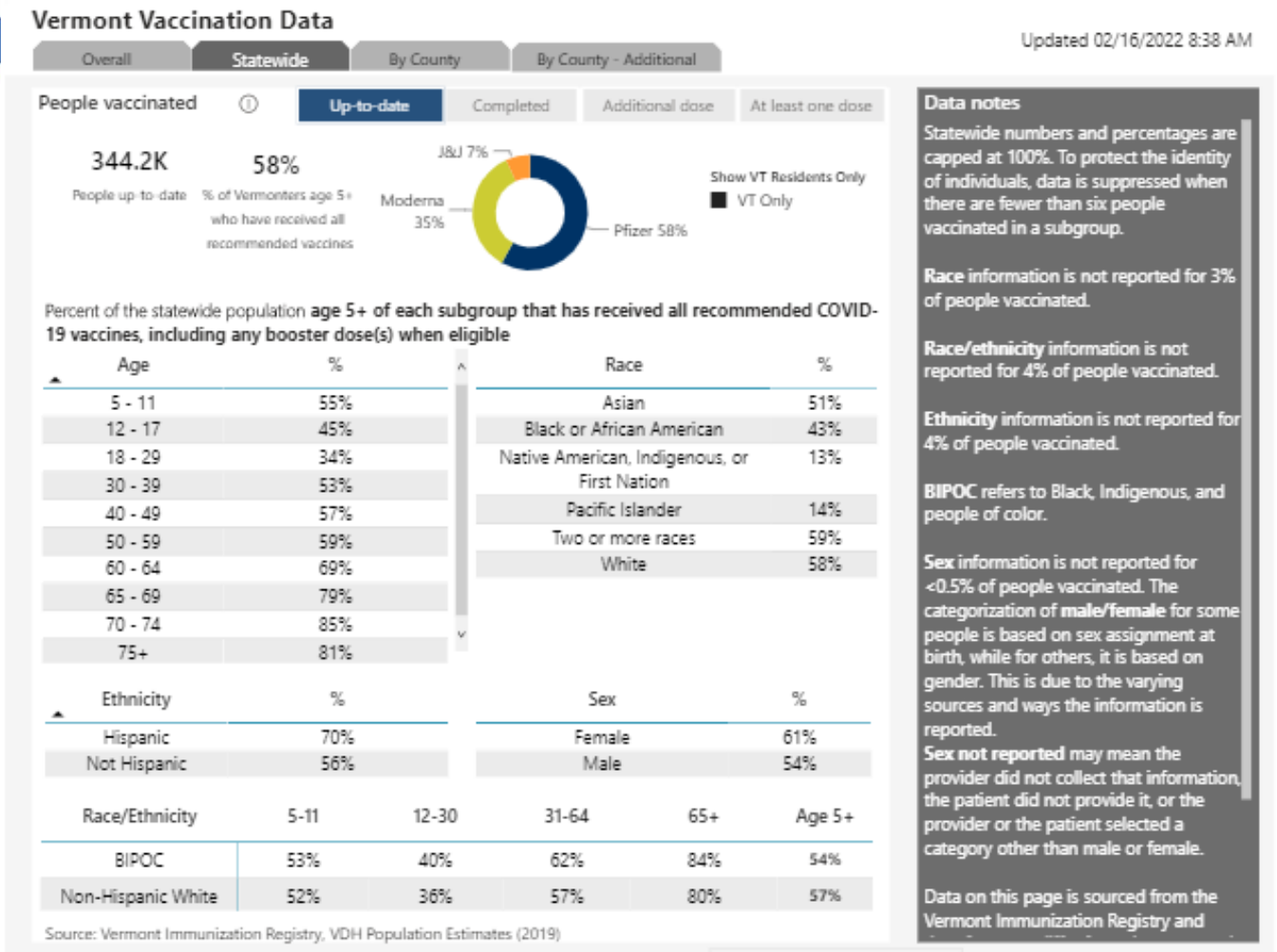
[See Frequently Asked Questions about boosters](#) ➔

WHERE TO GET YOUR BOOSTER SHOT, FIRST OR SECOND DOSE



VDH COVID-19 Vaccine Dashboard (“Statewide” view)

- Daily updates Tuesday thru Saturday; now shows “**UTD**”
- 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):
 - ▣ 5-11 = 55%
 - ▣ 12-17 = 45%
 - ▣ 18-29 = 39%
 - ▣ **VT Age 5+ = 58%**

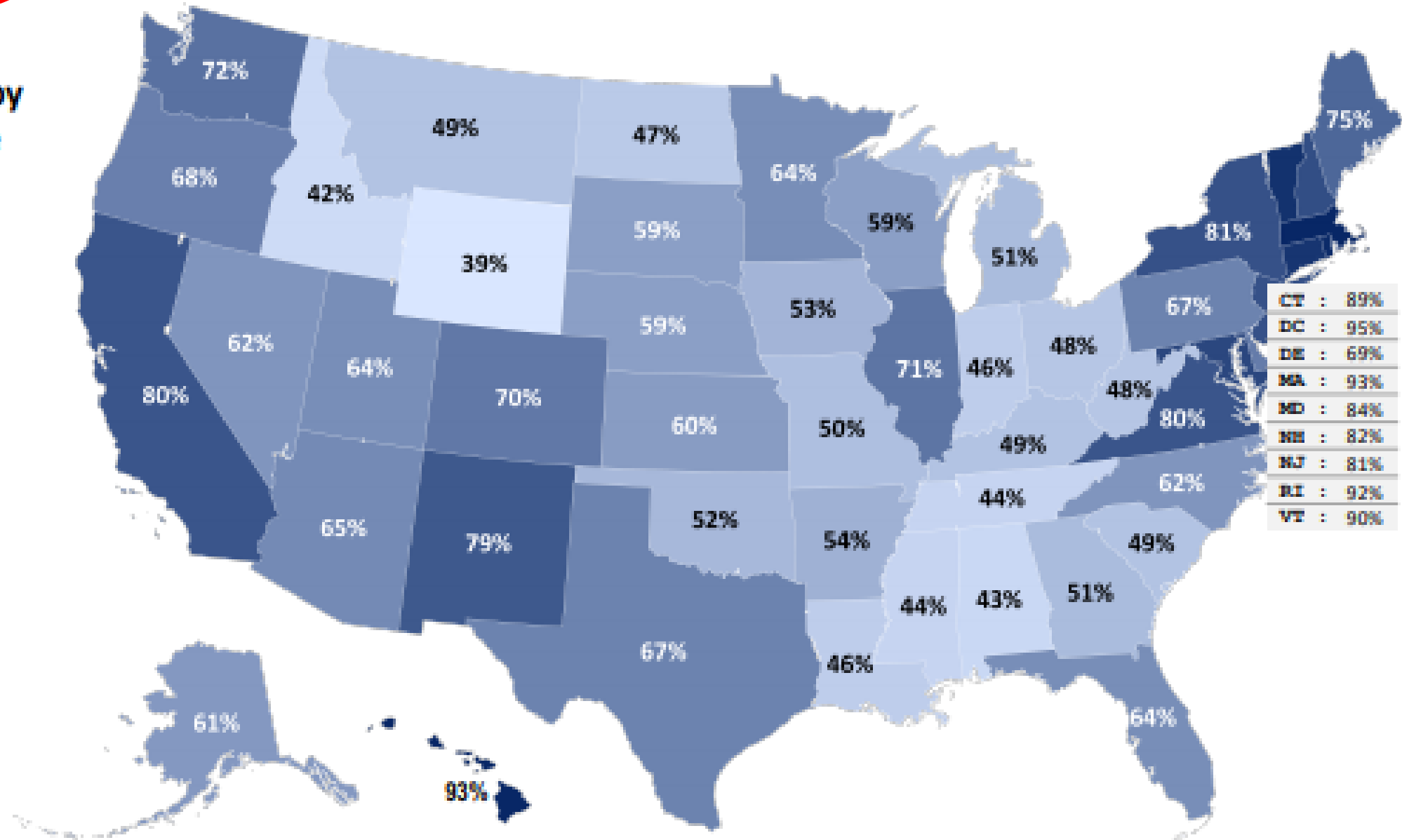


**Proportion of Eligible
US Children Ages 12-17
Who Received the
Initial Dose of the
COVID-19 Vaccine, by
State of Residence**

Received Initial Dose

39% 95%

as of 2.9.2022

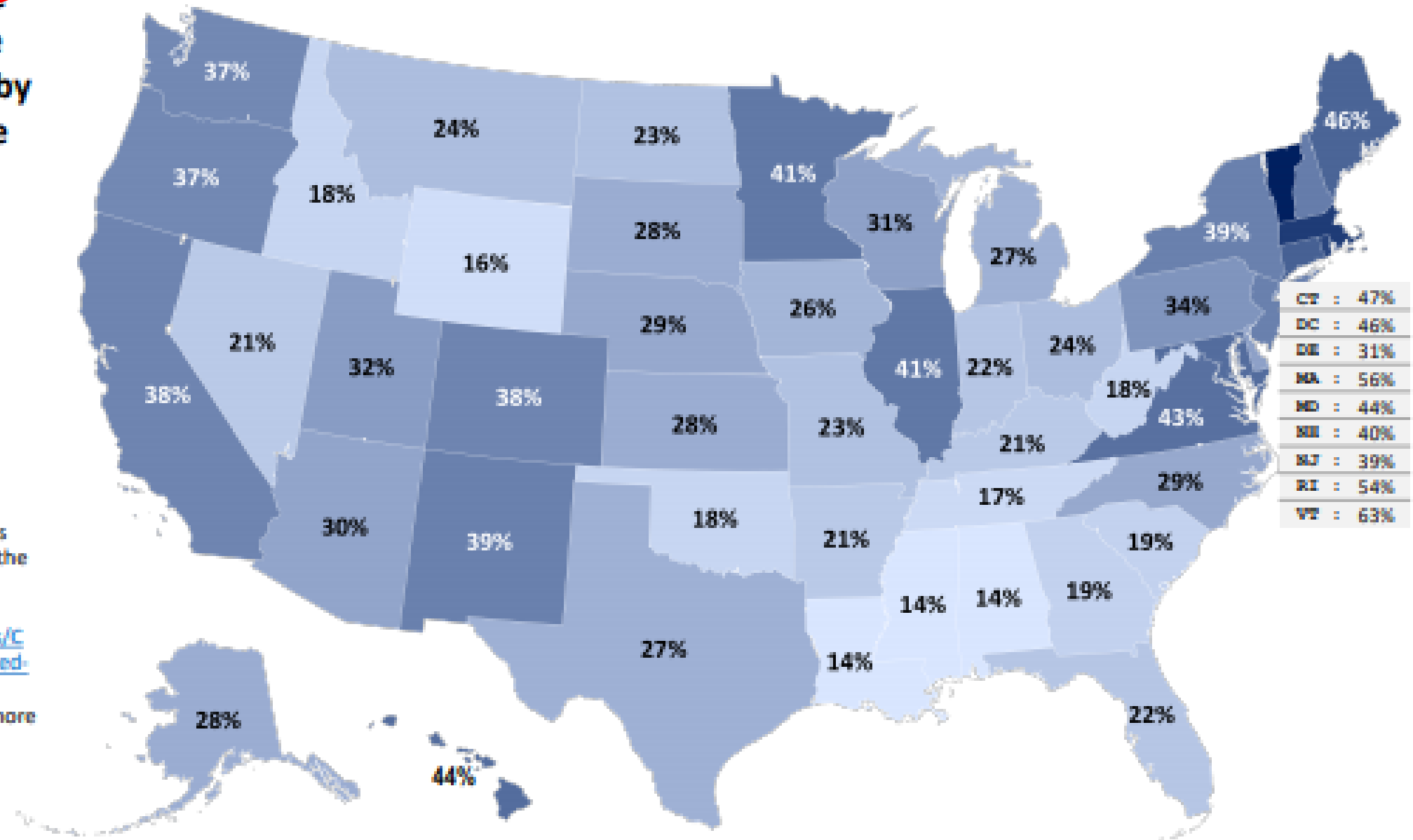


Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction>). Check state web sites for additional or more recent information.

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

Received Initial Dose
14% 63%

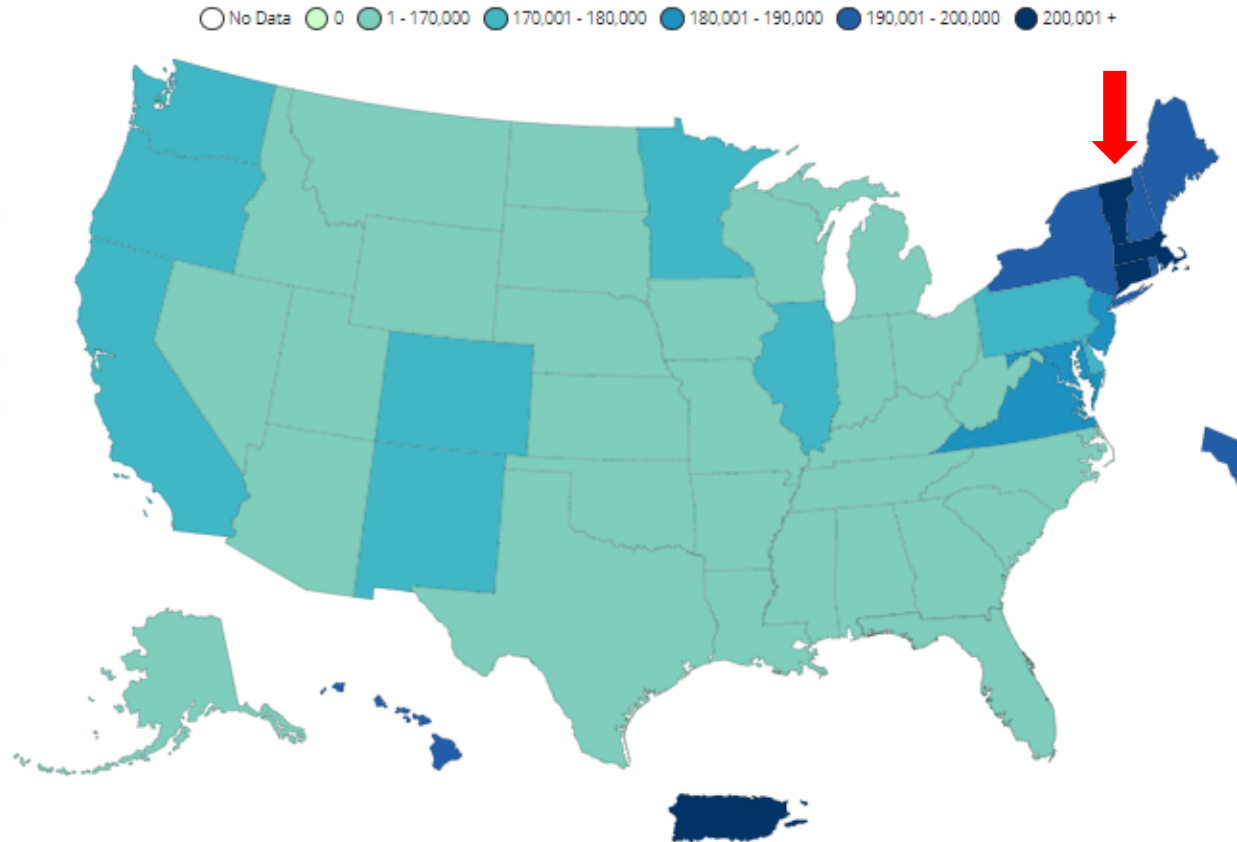
as of 2.9.2022



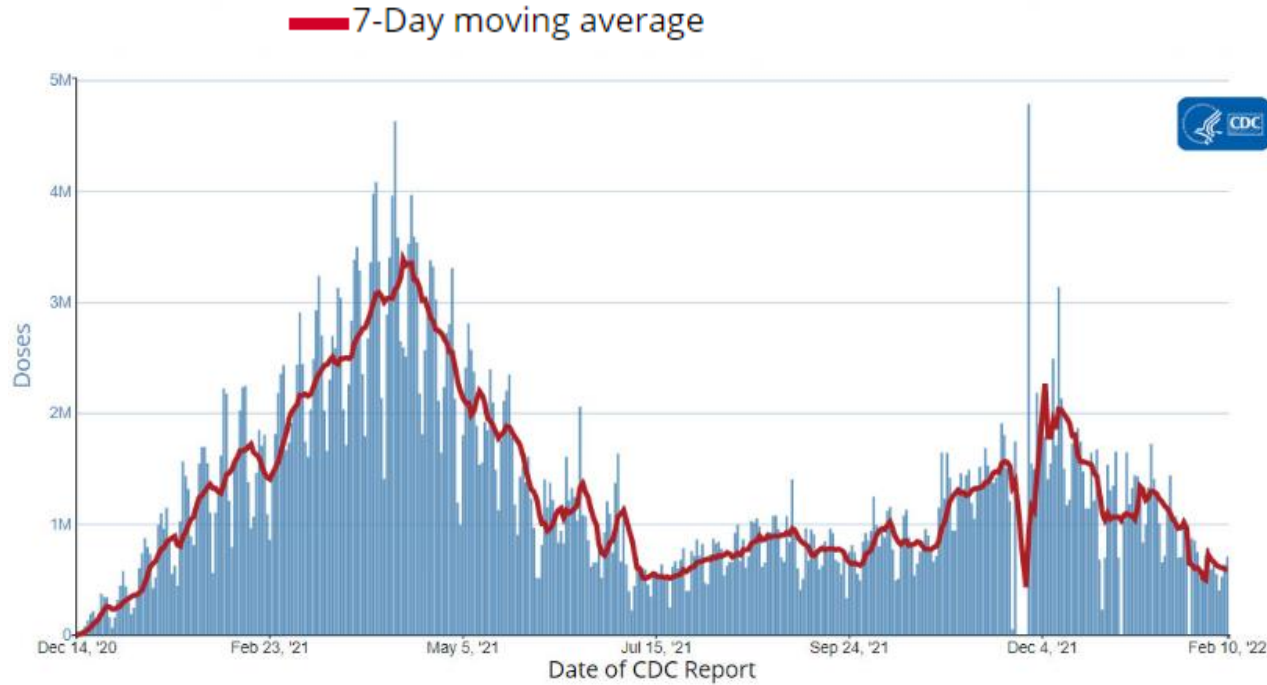
Source: AAP analysis of data series titled "COVID-19 Vaccinations in the United States, Jurisdiction". CDC COVID-19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unskcb7fc>). Check state web sites for additional or more recent information.

From the CDC Vaccine Tracker

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



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

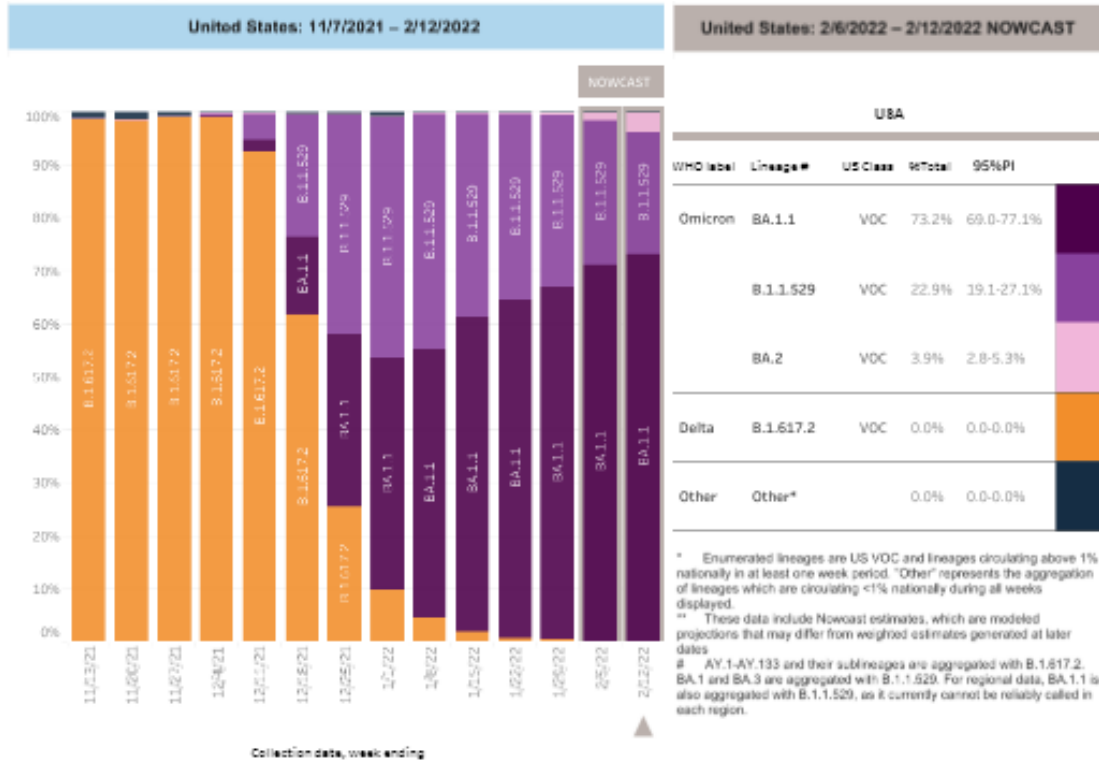


<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

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

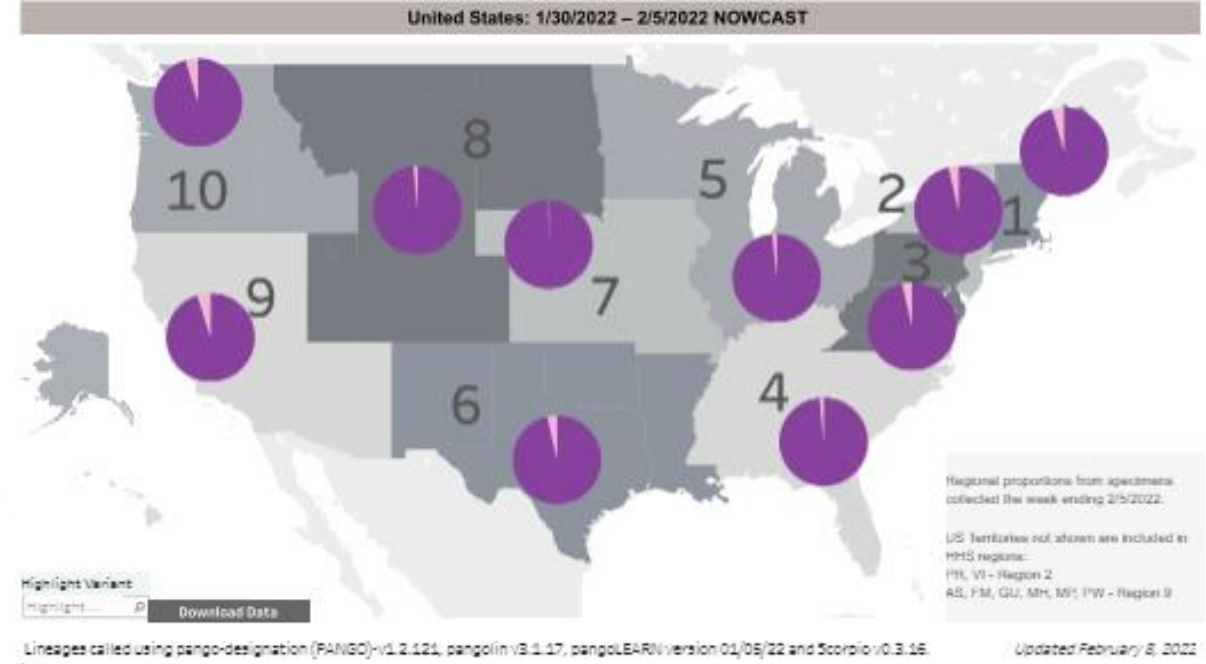
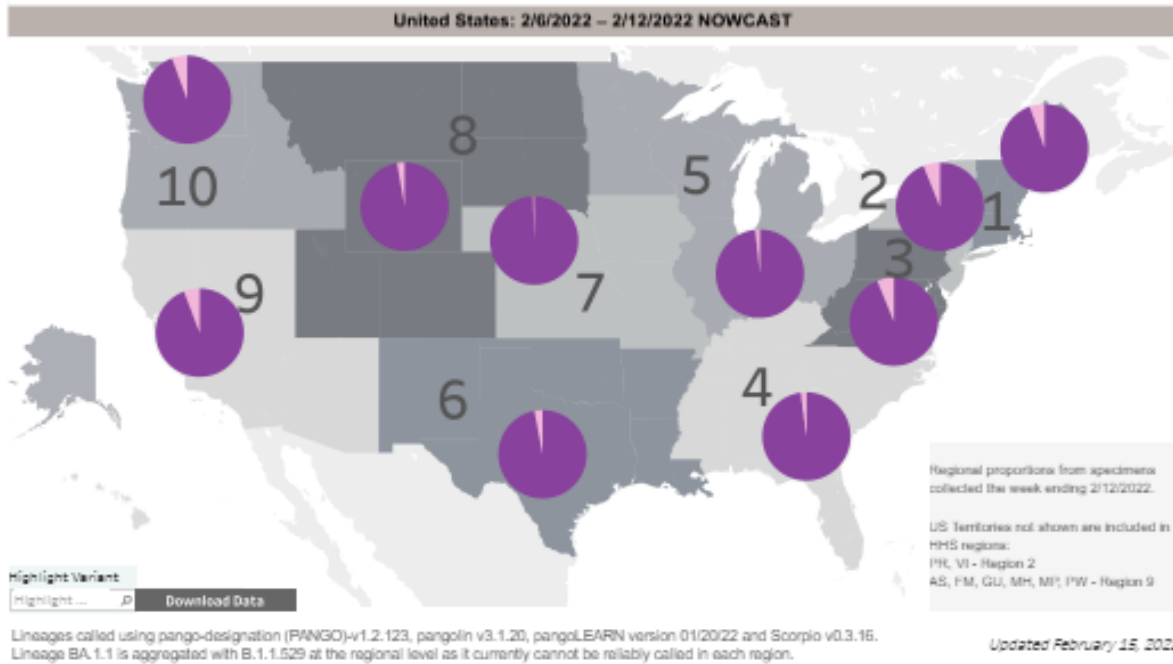
February 16, 2022

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



Note: week-to-week comparison in Omicron variant proportion (purple): far right bar in graph on left is week ending 2/12/22 LIGHT PURPLE is Omicron subvariant BA.2.

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



Note: week-to-week comparison in Omicron variant proportion (purple). Map on left is week ending 2/12/22. Note emergence of Omicron subvariant BA.2 (LIGHT PURPLE) in map on left.

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

Don't Forget Influenza!

- Current Influenza-like Illness (ILI) activity level remains **MINIMAL** in Vermont
- **5** pediatric flu **deaths** this season
 - ▣ Natl. seasonal flu activity decreasing in recent wks.; sporadic influenza activity continues this reporting period. While influenza activity is difficult to predict, CDC expects it to continue for several more weeks.

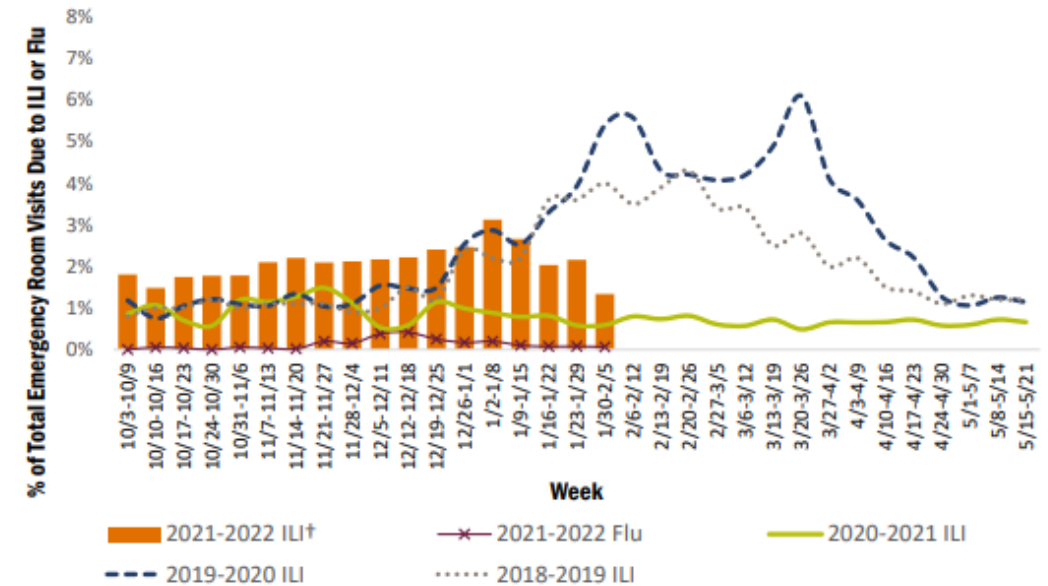
- ▣ Majority = influenza A(H3N2)

- Link to weekly surveillance:

<https://www.healthvermont.gov/sites/default/files/documents/pdf/2021-2022-Flu-WeeklyReport-Week-05.pdf>

Syndromic Surveillance

Vermont Emergency Room and Urgent Care Visits for Influenza-like Illness or Diagnosed Influenza



†The definition of Influenza-like Illness (ILI) was updated in September 2021 to no longer exclude patients with another diagnosed non-influenza illness. The 2021-22 season's ILI data are not directly comparable to previous seasons due to this change. 2/16/2022

Data provided in this report are preliminary and will be updated as additional data are received

AAP (National) Updates

Slides 26 – 36 courtesy of the American Academy of Pediatrics – from today's Chapter Chat (2/16/22)

Slides 27-36 added after today's call

Next COVID-19 Town Hall

- Next Town Hall **Thursday, February 17, 2022 – 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
 - Expert panelists: James Campbell, MD MS FAAP; Ruth Lynfield, MD FAAP; Sean O’Leary, MD MPH FAAP
- 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/>



COVID-19 Vaccine Updates

- FDA VRBPAC meeting to discuss EUA of the Pfizer-BioNTech COVID-19 vaccine in 6 mo. - 4 yo ***postponed***
- [CDC Interim Clinical Consideration for Use of COVID-19 Vaccines](#) posted and includes updates on:
 - Vaccines/boosters for moderately to severely immunocompromised people
 - Timing of vaccines following monoclonal antibody therapy (no delay)
 - Updated guidance on receiving booster dose if vaccinated outside of US
 - Updated contraindication and precaution section to include history of myocarditis or pericarditis after an mRNA vaccine as a precaution



COVID-19 Vaccine Updates

- Encourage enrollment in **v-safe**
 - 5-11 population participation is lagging <1% compared to 3-4% for other populations
- Important for monitoring vaccine safety in near real time



COVID-19 Therapeutics

- Revised interim guidance on "[Management Strategies in Children and Adolescents with Mild to Moderate COVID-19](#)"
 - Updated with information about monoclonal antibody therapies that continue to be recommended given omicron surge
 - Updated information about available antivirals
 - Includes tables that summarize indications, dosing, and other considerations for Paxlovid, Sotrovimab, Remdesivir, Molnupiravir, and Evusheld



COVID-19 Therapeutics

- FDA approved EUA for new monoclonal antibody therapy – Bebtelovimab.
 - Retains activity against the omicron variant
- For treatment of mild to moderate COVID-19 in patients 12 years of age and older and weighing at least 40 kg with:
 - A positive SARS-CoV-2 test
 - High risk for progression to severe COVID, including hospitalization or death
 - For whom alternative COVID-19 treatment options approved or authorized by the FDA are not accessible or clinically appropriate.



Medicaid Redeterminations at the End of the Public Health Emergency (PHE)

- We do not yet know when the federal PHE will end
- Families First Coronavirus Response Act's 6.2 percentage point federal Medicaid increase is linked to requirement for states to not disenroll people from the program
- When PHE = states must make Medicaid redeterminations of eligibility
- There are a number of steps states can take to help protect children and families now



New Advocacy Action Guide

Now Available!

Contact AAP State Advocacy
at stgov@aap.org for consultation and
technical assistance.

MEDICAID AND CHIP ELIGIBILITY REDETERMINATIONS

MAXIMIZING RETENTION AT THE END OF THE PUBLIC HEALTH EMERGENCY

Advocacy Action Guide for AAP Chapters

Overview

Medicaid and the Children's Health Insurance Program (CHIP) have served as a critical lifeline of coverage during the COVID-19 [pandemic](#); as of June 2021 more than 39.1 million children (or 53%) are covered by Medicaid and CHIP. Importantly, states have been prohibited from disenrolling anyone who enrolls in Medicaid or *Medicaid-expansion* (but not separate) CHIP programs during the pandemic thanks to the Families First Coronavirus Relief Act (FFCRA), which has provided a 6.2 percentage point increase in the federal medical assistance percentage (FMAP, or federal match) on state Medicaid spending. As a maintenance of effort (MOE) condition of receiving this [significant federal Medicaid funding](#), states have, among other requirements, been disallowed from removing anyone who enrolled in Medicaid or Medicaid-expansion CHIP as of the date of FFCRA enactment (March 18, 2020) or who enrolled afterward



ARP ENABLED STATES TO EXTEND MEDICAID/CHIP POSTPARTUM COVERAGE

- **Begins April 1, 2022; Sunsets March 31, 2027**
[prefer amend state plan]
- **Who is Covered:**
 - Current pregnant beneficiaries
 - Current beneficiaries in the 12-month postpartum period
 - Applicants who received benefits during pregnancy
 - *States can re-enroll individuals whose coverage was terminated, but are still w/i 12-mo period
- **Federal Match**
 - Normal FMAP
 - Expansion states can get 90% for “newly eligible” adults w/ CMS approval
- **Continuous Eligibility**
- **Reenrollment only at end of 12 months**
- **CMS encourages robust beneficiary and provider education**
- **CMS highlights big opportunity to improve maternal health**
 - Revisit covered postpartum services (e.g. cessation, SUD, MH/BH)
 - Patient-centered models of care
 - Maternal core data set
 - Learning collaboratives



Trends in Hospital-reported Counts of Past-week Confirmed and Suspected COVID-19 Pediatric Admissions by US Census Region Through 2.15.22

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

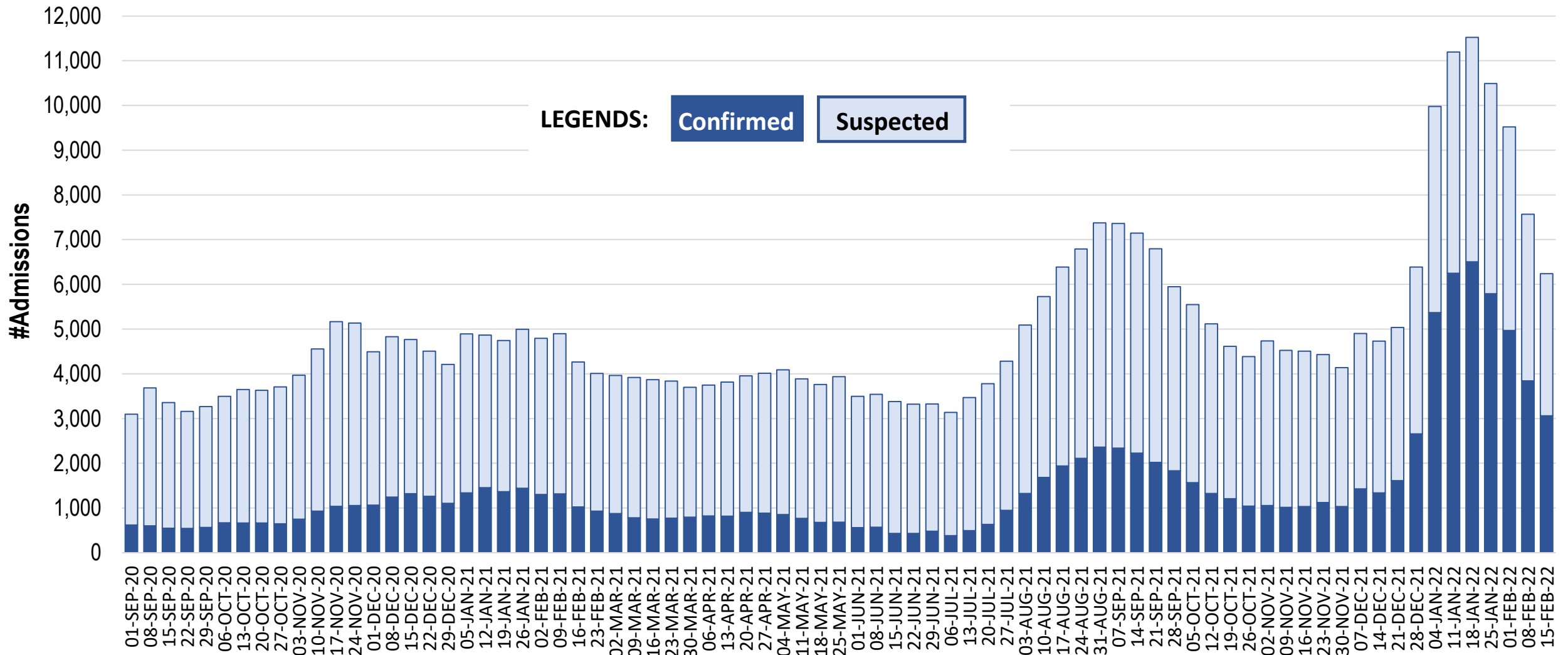
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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

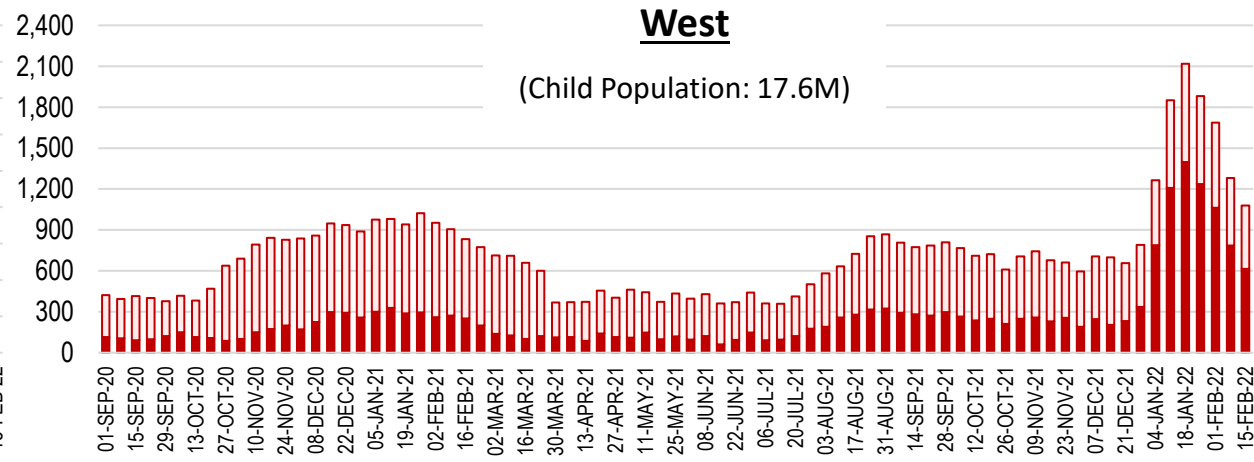
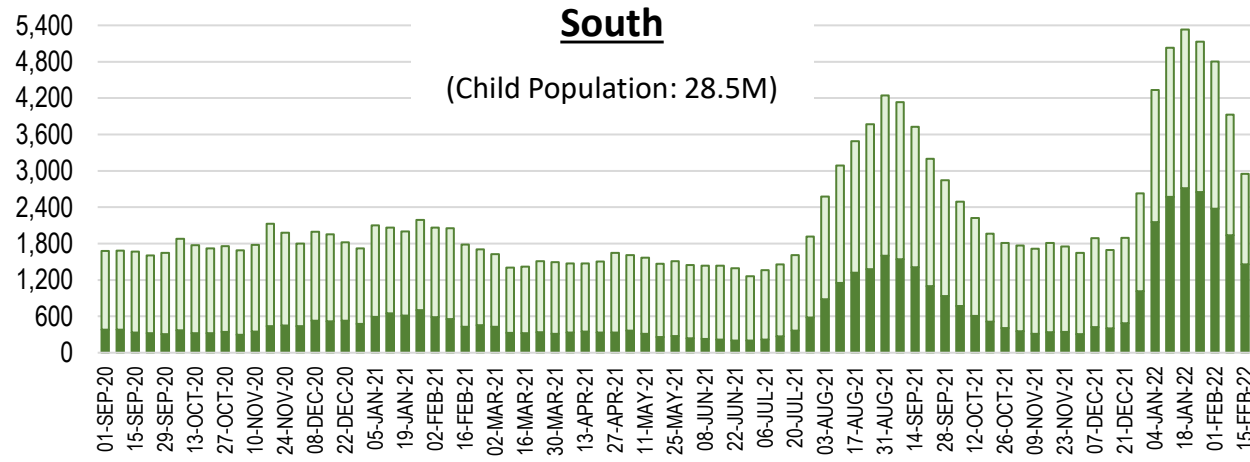
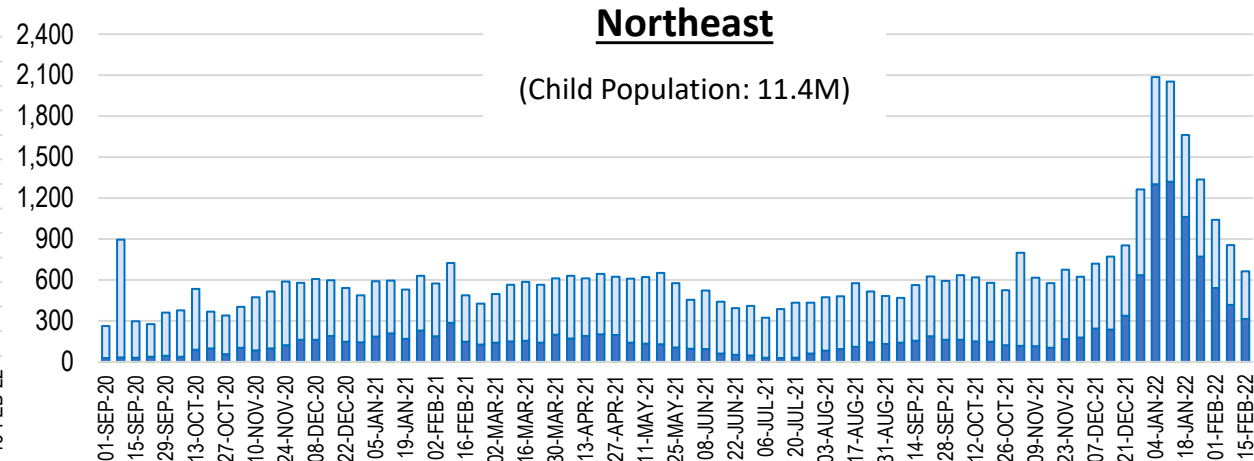
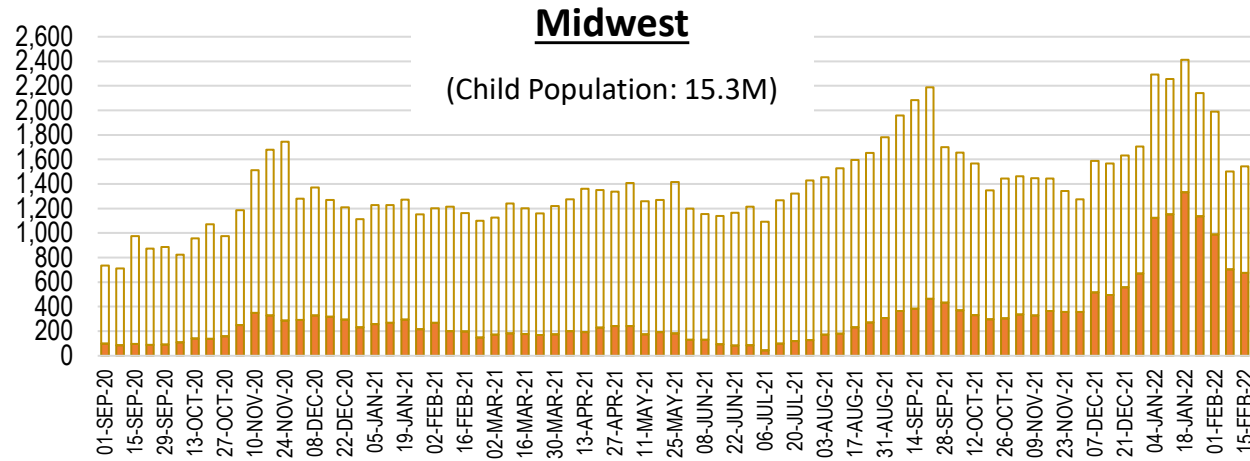
9.1.2020 - 2.15.2022



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

Number of Past-week Confirmed and Suspected COVID-19 Pediatric Hospital Admissions, by Census Region by Week

9.1.2020 - 2.15.2022



Source: AAP analysis of COVID-19 pediatric admissions based on the “COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries” published by the U.S. Department of Health & Human Services. Child populations (ages 0-17) are based on 2020 population projections published by the US Census Bureau (URL: <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-state-detail.html>)

Thank you, VMS!

Vermont Medical Society – February is *Advocacy Month*

- **2022 Virtual Health Care Policy Town Hall**
 - ▣ **Monday, February 14, 12 – 1 pm**
 - ▣ Remarks by VT legislative leaders: Senate Pres Pro Tem Becca Balint; House Speaker Jill Krowinski; Sen. Health & Welfare Comm. Chair Ginny Lyons; House Human Services Comm. Chair Ann Pugh; House Health Care Comm. Chair Bill Lippert
- Discussed top HC priorities; 5-10 year vision
 - ▣ Gratitude for frontline care; pandemic exposure of health care system & work force issues; MH & SUD care, connection to community resources; health equity; benchmarks for success; payment reform



Coming Soon!

Vermont Medical Society

- ❑ **2022 Virtual Congressional Town Hall**
- ❑ **Thursday, March 3, 12:30 – 1:30 pm**
- ❑ Lead the VMS conversation on federal health policy with representation from the offices of:
 - ▣ Senator Patrick Leahy; Senator Bernie Sanders; Representative Peter Welch
- ❑ Via Zoom (no registration required):
<https://vtmd.org/vms-2022-advocacy-daymonth/>



From the Vermont Medical Society

Legislative Update

Bills in motion

- **Prop 5: approved by** Vermont House on 2/8/22; sending the question of whether to amend the state Constitution to guarantee sexual and reproductive freedoms to voters come November. The vote was 107-41.
- **FY22 Budget Adjustment**: includes an increase to Medicaid reimbursement rates through their alignment with the Medicare RBRVS.
- **S.74, Patient End of Life Choices bill**
- **H.654, COVID-19 Flexibilities**: extend regulatory COVID-19 flexibilities until 3/31/23. Passed House & now in Senate Health & Welfare Committee.
- **S.30: Prohibits Firearms in Hospitals**: This bill passed both the House and Senate and sent to the Governor's desk.

From the Vermont Medical Society

Legislative Update (cont'd.)

Bills in motion

- ❑ **H. 655, a bill to establish a telehealth licensure and registration system:** Passed out of committee by House Health Care.
- ❑ **Mental Health legislation aimed at preventing emergency department wait times:** Stephanie Winters testified last week in Senate Health and Welfare Committee on several mental health bills.
- ❑ **H.548, miscellaneous cannabis bill:** aimed at removing THC potency limits was (House Judiciary Committee). Jill Sudhoff-Guerin testified against.
- ❑ **S.244, aimed at strengthening primary care** comprehensively by raising reimbursement, increasing overall spend on primary care & providing parity reimbursement for audio-only telehealth services. VMS, AAPVT & VTAFP will testify at Senate Health and Welfare Committee hearing.

From the CDC / MMWR

- Effectiveness of Maternal Vaccination with mRNA COVID-19 Vaccine During Pregnancy Against COVID-19–Associated Hospitalization in Infants Aged <6 Months — 17 States, July 2021–January 2022 (early release 2/15/22)
 - ▣ **Already known about this topic:** COVID-19 vaccine in pregnancy is recommended to prevent severe illness/death in pregnant women; infants are at risk for COVID-19 complications, including respiratory failure & other life-threatening complications.
 - ▣ **Added by this report:** effectiveness of maternal 2-dose primary mRNA COVID-19 vaccination during pregnancy against COVID-19 hospitalization among infants aged <6 months was 61% (95% CI = 31% to 78%). Effectiveness of completion of the primary COVID-19 vaccine series early and later in pregnancy was 32% (95% CI = -43% to 68%) and 80% (95% CI = 55% to 91%), respectively.
 - ▣ **Implications for public health practice:** completion of 2-dose mRNA COVID-19 vaccine series in pregnancy might help prevent COVID-19 hospitalization among infants aged <6 mos.

From the CDC / MMWR

- Hospitalizations of Children & Adolescents w/Laboratory-Confirmed COVID-19
COVID-NET, 14 States, July 2021–January 2022 (early release 2/15/22)
 - ▣ **Already known about this topic:** COVID-19 can cause severe illness in children & adolescents.
 - ▣ **Added by this report:** Coinciding w/ increased circulation of the Omicron variant, COVID-19-associated hosp. rates in children/adolescents 0-17 yo increased rapidly in late December 2021, esp. in children 0-4 yo not yet eligible for vaccination. During Delta & Omicron predominance, hosp. rates remained lower among fully vaxed adolescents 12-17 yo vs. unvaxed.
 - ▣ **Implications for public health practice:** Strategies to prevent COVID-19 among children and adolescents, including vaccination of eligible persons, are critical.

Coming Soon:

Health Equity Training from VT Program for Quality in Health Care

- ***Structural Competence & Cultural Humility to Address Disparities and Inequities: a Foundational Health Equity Training***
- Dates: March 14, April 18, April 25, May 23, 2022 (all 9:00 am-12:30 pm)
- Presenter: Maria Mercedes Avila, PhD, MSW, MED
- Learning objectives
 - Demonstrate increased self-awareness of racial, ethnic and class biases; define cultural and linguistic competency & stages of cultural competency; describe implications of demographic trends for health disparities; identify links between racial & health inequities & health disparities; integrate National CLAS Standards into practice/service; describe how cultural beliefs shape clinical encounters & pt. health outcomes; incorporate structural competence and cultural humility into service providing
- Registration link: <https://www.vpqhc.org/healthequitytrainings>

Tuesday Media Briefing (2/15/22)



Governor Phil Scott

- ❑ Congratulations Megan Nick on winning bronze in 1st Olympics.
- ❑ White House call: CDC Dir. Walensky “reviewing guidance [natl.]”; one gov. “CDC has fallen behind”...she emphasized personal responsibility & individual decision-making as key re: masks. Dr. Fauci reiterated importance of boosters.
- ❑ VT will not again delay mask requirement for 80% vax benchmark beyond 2/28/22: 1st phase in a process. In very near future, we intend to lift mask requirement altogether. *“No place in America is in a better position to make these changes than Vermont.”* New phase w/this virus – time to adapt.
- ❑ Our kids need to get back to normal...risk of kids not being able to see friends’ faces, anxiety & ongoing strain on kids’ MH is far outweighs risk of COVID in this age group. OK to continue wearing masks – individual circumstances will drive these decisions.

Tuesday Media Briefing (cont'd.)

VT Dept. of Taxes Commissioner Craig Bolio

- Increase EITC for state taxes
- Expand child/dependent care tax credit
- Raise threshold on Social Security income tax exemption
- Exempt military retirement pay from state income tax
- Full student loan interest deduction
- \$1000 credits to Vermonters in nursing and child care fields



Tuesday Media Briefing (cont'd.)



VT AHS Interim Secretary Jenney Samuelson

- ❑ Tax relief: 3 provisions related to AHS services:
- ❑ Tax credits, scholarships & loan repayment for nurses to respond to work force shortage. Need to move away from travelers and address education, recruitment, & retention (1K credit for nurses/nurse educators).
- ❑ Shore up child care work force & alleviate child care costs. Tax credit to make care more affordable; expand child development tax credit (support >14K VT families).
- ❑ Child Care Work Force tax credit: 1K to 5,500 VT child care workers (recruitment/retention incentive).
- ❑ Plan to announce wait time study 2/16/22 – committed to providing thorough evaluation of results.

Tuesday Media Briefing (cont'd.)



VT DFR Commissioner Mike Pieciak

- ❑ Improved trends U.S., region VT. Every state except ME (reporting issues) w/cases down this week, some >20%. Hosps. down 15%; fatal down 7.6%
- ❑ VT cases down 23% past wk. (just >760 cases this wk., lowest since Nov. 1).
- ❑ Testing down 6.7%; pos. rate cont. to drop. Cases down across all age grps.
- ❑ LTCF active outbreaks down; college cases stable (sl. up this wk. = 148).
- ❑ Northeast cases down 29%, w/VT in line (did not see this w/Delta).
- ❑ Anticipate cases falling thru Feb. & into March (poss. \leq 100-200/day).
- ❑ Awaiting fatality decrease; hosp. adm. down 30% (single digits past few d.)
- ❑ Current hospitalizations 15%; 16th straight day <100 (low 70s hi 60s). ICU #s down 10%.

Tuesday Media Briefing (cont'd.)



VT AOE Secretary Dan French

- ❑ Ag test supply strong for Test at Home & schools; expanding to independent schools as planned.
- ❑ School staff assurance testing: 2 Ag tests/wk. (voluntary). Participating staff enc. to test 3d. Apart (e.g., Sun./Wed.)
- ❑ New (voluntary) student testing for return from Feb. vacation: sending 2 extra Ag tests/student; encourage use 2X, at least 24 hrs. apart pre-return.
- ❑ Lots of discussion re: masks: MA, CT won't require eff. 2/28; RI eff. 3/4/22.
- ❑ VT not ready to remove altogether but expect in future. For now, **will** remove mask "requirement" for schools w/vax rate >80% effective 2/28 (wrote rec. in Aug. but delayed several times to allow vax rates to increase. Confident will be able to remove at some point but using phased approach to give schools/families time to prepare.

Tuesday Media Briefing (cont'd.)



VT AOE Secretary Dan French

- When it happens, will be just a recommendation. Encourage to align w/VDH guidance.
- Schools should review **now** local mitigation measures & eliminate unnecessary: e.g., not letting students talk during lunch, masking outside, maintaining playground pods – sends wrong message that schools are not safe from virus.
- Will continue to see cases but our schools are very safe. Need to get our students & schools back to normal ASAP – need to allow students to do normal things.
- Increasingly schools will **not** require separate mitigation strategies but will follow those in the community.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine:

- As picture continues to improve, we continue to plan for the future – world accepting that virus not going away & new variants emerge.
- Will soon be able to coexist w/virus more safely for several reasons: lots more immunity (hi vax rates & more population has been infected); Omicron milder for most people, esp. if vaxed; we know who's at greatest risk, so public health measures will be focused on them (e.g, vax, timely testing & treatment).
- Metrics shifting: hosps., wastewater & focused surv. testing, genetic sequence.
- OK for VTers to move at different paces; accept individual choices w/empathy.
- Encourage VTers to address mental & physical health needs (“health debt”)
- New studies showing fewer adverse reactions post mRNA booster if same product as 1st two doses.

Tuesday Media Briefing (cont'd.)



VDH Commissioner Mark Levine:

- ❑ Study: 10 states – some waning of immunity by 4th month post booster; but booster still very effective. Requires continued study.
- ❑ FDA EUA for new monoclonal Ab (Bebtelovimab) – VT will receive 100 doses this week. Enc. those at higher risk w/pos. test to contact HCP ASAP.
- ❑ Delay of FDA review for EUA of vaccine for younger children, incl. data on 3rd dose. Means we will have much better picture of vax effectiveness when approved.
- ❑ Dashboard update: eff. 2/16/22 – shows # VTers UTD on vax = all recommended doses, incl. boosters, when eligible.
- ❑ New addition to data reporting: self-reported tests (though likely represents only a fraction). Not included on case dashboard (CDC does not include).

AAP-VT on Masking in Schools

- Seeking final approval from AAP-VT Executive Board; shared w/VT supts., principals, school boards (in response to requests) as recommended approach to masking in schools:
 - ▣ Students and staff should follow VDH masking recommendations for the general public; currently, recommends masking in public indoor settings regardless of vaccination status. If the VDH changes recs in community, schools should mirror those recommendations.
 - ▣ Additionally, those in in the school environment should continue to mask in accordance with current protocols. Particular attention should be made to masking recommendations after infection with or exposure to COVID-19 in the school, community, or household setting.

AAP-VT on Masking in Schools (cont'd.)

- Seeking final approval from AAP-VT Executive Board; shared w/VT supts., principals, school boards (in response to requests) as recommended approach to masking in schools:
 - ▣ Well-fitting, high-quality masks are most effective at reducing transmission and should be made available to students and staff.
 - ▣ Students who are sick should stay home and follow VDH health guidance on return to school after illness.

Important Update (Thank you, Kristen Connolly & Jonathan Flyer)

Medical Guideline for RTP (Sports/PE) After COVID-19 Infection



Current as of February 10, 2022

MEDICAL GUIDELINE FOR RETURN-TO-PLAY (SPORTS/PHYSICAL EDUCATION) AFTER COVID-19 INFECTION

Patient Name: _____ DOB: _____
 Date of Positive COVID Test: _____
 Date of Symptom Onset: _____ N/A if asymptomatic:
 Date of Last Symptoms: _____ N/A if asymptomatic:
 Date to start Return to Play: _____
 Clinician: _____ Office Phone number: _____

NOTE: top box label should read “<12 yo ASYMPTOMATIC/MILD symptoms.”
Will post corrected version on VCHIP web site as soon as available

<12yo ASYMPTOMATIC/MILD or MODERATE symptoms (<4 days fever >100.4F, <1 week myalgia, chills, or lethargy)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed without findings concerning for myocarditis
<input type="checkbox"/> RETURN TO PLAY: <ul style="list-style-type: none"> • May progress physical activity according to own tolerance once out of isolation • Mask required for ALL activity until 10 full days from +test or symptom onset has passed • Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise 	

<12yo MODERATE symptoms (≥4 days fever >100.4, ≥1 week of myalgia, chills, or lethargy, or non-ICU hospital stay/no MIS-C)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation <input type="checkbox"/> No exercise until cleared by PCP
SCREENING	<input type="checkbox"/> In-person evaluation by PCP after symptoms resolved and out of isolation <input type="checkbox"/> AHA 14-element screen reviewed without findings concerning for myocarditis <input type="checkbox"/> No concerning cardiac findings on in-office exam <input type="checkbox"/> Normal EKG <input type="checkbox"/> ≥10 days have passed since symptom onset or positive test
<input type="checkbox"/> RETURN TO PLAY: <ul style="list-style-type: none"> • May progress physical activity according to own tolerance once cleared to begin return to play • Start no sooner than 10 days from symptom onset or positive test 	

Important Update (Thank you, Kristen Connolly & Jonathan Flyer)

Medical Guideline for RTP (Sports/PE) After COVID-19 Infection

≥12yo ASYMPTOMATIC/MILD symptoms (<4 days fever >100.4F, <1 week myalgia, chills, or lethargy)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed without findings concerning for myocarditis <input type="checkbox"/> Out of isolation and ≥1 day symptom-free (excluding loss of taste/smell)
<input type="checkbox"/> RETURN TO PLAY: <ul style="list-style-type: none"> • Minimum 2 days of increase in physical activity (ie. one light practice, one normal practice) • No games before day 3 • Mask required for ALL activity until 10 full days from +test or symptom onset has passed • Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise 	

≥12yo MODERATE symptoms (≥4 days fever >100.4, ≥1 week of myalgia, chills, or lethargy, or non-ICU hospital stay/no MIS-C)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation <input type="checkbox"/> No exercise until cleared by PCP
SCREENING	<input type="checkbox"/> In-person evaluation by PCP after symptoms resolved and out of isolation <input type="checkbox"/> AHA 14-element screen reviewed without findings concerning for myocarditis <input type="checkbox"/> No concerning cardiac findings on in-office exam <input type="checkbox"/> Normal EKG <input type="checkbox"/> ≥10 days have passed since symptom onset or positive test
<input type="checkbox"/> RETURN TO PLAY: <ul style="list-style-type: none"> • Start no sooner than 10 days from symptom onset or positive test • Minimum 4 days gradual increase in physical activity (ie, 1 light cardio workout, 2 light practices, 1 full practice) • No games before day 5 • Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise 	

Guidelines are based on national recommendations (<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>) to increase safety and minimize risk. Return to play should be a team-based discussion between patient/caregiver and medical provider with continued team-based care encouraged between school nurses and medical homes. This does not impact ability to return to school and is not the responsibility of the school nurse.

Important Update (Thank you, Kristen Connolly & Jonathan Flyer)

Medical Guideline for RTP (Sports/PE) After COVID-19 Infection

14-Element AHA Screening Checklist

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain/tightness/pressure related to exertion
<input type="checkbox"/>	<input type="checkbox"/>	Unexplained syncope or near-syncope (not including vasovagal cause)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive exertional, unexplained shortness of breath/fatigue or new onset palpitations with exercise
<input type="checkbox"/>	<input type="checkbox"/>	New heart murmur on exam or persistent tachycardia
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)
<input type="checkbox"/>	<input type="checkbox"/>	History of elevated systemic blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Prior restriction from participation in sports
<input type="checkbox"/>	<input type="checkbox"/>	Prior cardiac testing ordered by a physician
<input type="checkbox"/>	<input type="checkbox"/>	Family history of premature death <50yrs due to heart disease
<input type="checkbox"/>	<input type="checkbox"/>	Disability due to heart disease in a close relative <50yo
<input type="checkbox"/>	<input type="checkbox"/>	Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions
<input type="checkbox"/>	<input type="checkbox"/>	History of heart murmur (excluding innocent/resolved murmurs)
<input type="checkbox"/>	<input type="checkbox"/>	Physical stigmata of Marfan Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal brachial artery blood pressure in sitting position on exam

4-Element AHA Screening Checklist adapted from Maron BJ, et al. *Journal of the American College of Cardiology*, 2014. AHA 14-element screening to be reviewed with special emphasis on symptoms of myocarditis (incidence 0.5-3%): chest pain, shortness of breath out of proportion with URI symptoms, new-onset palpitations, or syncope.



Practice Issues:
**Vermont Department of
Health – Immunization
Program**

Monica Ogelby, MSN, RN – *Immunization Program Manager*
Merideth Plumpton, RN - *Nurse Program Coordinator*

COVID-19 vaccine for those 6 months through 4 years -Delay

“Pfizer-BioNTech asked for the delay after the companies discovered that the Omicron wave had led to a far higher rate of infection than they had previously recorded among young volunteers in their clinical trial. The new data underscored that the Omicron variant was better than the earlier Delta variant at evading the vaccine’s protection, and it showed that two doses, which had already fallen short by another measure, were not effective enough.

As a result, the companies and the F.D.A. agreed to wait for the results from a third dose, which are expected in early April.”

[F.D.A. Delays Review of Pfizer’s Covid Vaccine for Children Under 5 - The New York Times \(nytimes.com\)](https://www.nytimes.com/2022/02/11/health/covid-19-vaccine-pfizer-biontech.html)

See Pfizer's official 02/11 statement here:

www.businesswire.com/news/home/20220211005483/en/Pfizer-and-BioNTech-Provide-Update-on-Rolling-Submission-for-Emergency-Use-Authorization-of-Their-COVID-19-Vaccine-in-Children-6-Months-Through-4-Years-of-Age

COVID-19 Vaccine for those 6 months through 4 years-Ordering Guidance (Maroon cap)

- Orders placed last week for the new Pfizer COVID-19 vaccine product (maroon top) for ages 6 months – 4 years have **been cancelled**. Pfizer has postponed its FDA application for this age group pending further review.
 - Practices will be notified when this product becomes available to order again (**prior orders will need to be re-submitted in VIMS**)
 - Please communicate any planned changes to your intentions to vaccinate this age group to the Immunization Program/Distribution team (planning is ongoing to ensure regional coverage in vaccine availability and distribution of limited allocation)

Continuing to prepare...

We have been very impressed with the number of practices that ordered this vaccine and were preparing to serve this population.

- At least 39 facilities with clear interest in administering COVID-19 vaccine to 6 month to 4-year-olds. Of these, 30 are pediatric and 9 are family medicine facilities.
 - Approximately 21,000 kids age 6m-4 are associated with these 39 practices
 - We learned during conversations with office staff that most are ready to administer vaccine during in office appointments immediately, some are planning to do small clinics, and many are anticipating a slow roll out.
- We are continuing to work through a geographic gap analysis and will continue to follow-up with practices.
- As you continue your own planning, please reach out to AHS.VDHImmunizationProgram@vermont.gov with any questions or concerns.

Continue to Normalize COVID-19 vaccination

- Demand for community clinics in Vermont continues to decline.
- There will be an increased reliance on the medical home moving forward, particularly for children.
- If your practice offers other pediatric vaccines, you should also offer COVID-19 vaccines.

The Immunization Program is continuing to work towards making the process as easy as possible

- Within a couple months we will no longer ask practices to reconcile inventory weekly. Stay tuned!
- Vaccine will continue to be available through depot transfers in whatever amount you need.

Barriers given during our conversations

- Concern for waste and desire for smaller presentation
 - Pre-filled syringes/single dose vials will not be available for a long time. Rational:
 - Logistically they are trying to make / package / distribute as much vaccine as possible
 - Single dose vials would cut the manufacturing rate by more than half
 - There are not enough materials to make what they need.
 - Single dose presentations are significantly more wasteful than multidose vials, in both vaccine waste, and material waste.
 - *If you open a 10 dose vial and only use 3 doses (wasting 7 doses), your waste is comparable to the waste in administering out of 10 single dose vials.*
- **15 min wait time:** Many creative solutions have been posed, be willing to try things out to remove this as a barrier!
- **Extra difficulty in ordering process:** Program is working on simplifying
- **Concern with carrying multiple types of vaccine:** Tools exist to help. Please reach out to the Immunization Program if you are concerned.
- **Data barriers:** Bi-directional may be available mid-year. Contact the IMR (IMR@vermont.gov) for assistance in pulling data reports.
- **Communication with patients:** VDH is working to create a communication toolkit.

Updated CDC guidance from 02/04 ACIP meeting

Summary of February 11, 2022 changes to the [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

- Updated guidance for moderately or severely immunocompromised people
 - Clarification of existing recommendation to receive a 3-dose mRNA vaccine primary series followed by a booster dose for a total of 4 doses
 - New guidance to shorten the interval between completion of the mRNA vaccine primary series and the booster dose to at least 3 months (instead of 5 months)
 - New guidance for those who received the Janssen COVID-19 Vaccine primary series to receive an additional dose and a booster dose, for a total of 3 doses to be up to date
- Updated guidance that it is no longer necessary to delay COVID-19 vaccination following receipt of monoclonal antibodies or convalescent plasma
- Updated guidance on receiving a booster dose if vaccinated outside the United States
- Updated contraindication and precaution section to include history of myocarditis or pericarditis after an mRNA COVID-19 vaccine as a precaution

No updates yet on extended intervals: 02/04 ACIP slide deck: [Summary and Work Group Interpretation: Extended intervals for mRNA COVID-19](#)

Pfizer Training – will include Maroon cap information soon

Pfizer Vaccines US Medical Affairs hosts **frequent** Medical Updates & Immunization Site Training for All Healthcare Providers.

In addition to medical updates, sessions will focus on vaccine storage, handling, and administration of vaccines all vaccine formulations. These sessions will be updated to reflect new information and changes that evolve. Updates will be identified at the start of each session and explained during each presentation.

For a list of training sessions, including links and instructions for registration, visit the Pfizer training website

<https://www.pfizermedicalinformation.com/en-us/medical-updates>

Immunization Communication

Vaccine Information for Health Care Professionals website: www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals

- Now links all recent e-mail communications and ordering guidance for the week.
- [Updates: <5 Vaccine Approval and Guidance for Immunocompromised 2.15.2022](#)
- [Current COVID-19 Ordering Guidance](#) – E-mail sent yesterday from AHS.VDHCovidVaxDistribution@vermont.gov with ordering guidance for today.

Immunization Program Provider Update 02/18 – Agenda modified

Agenda:

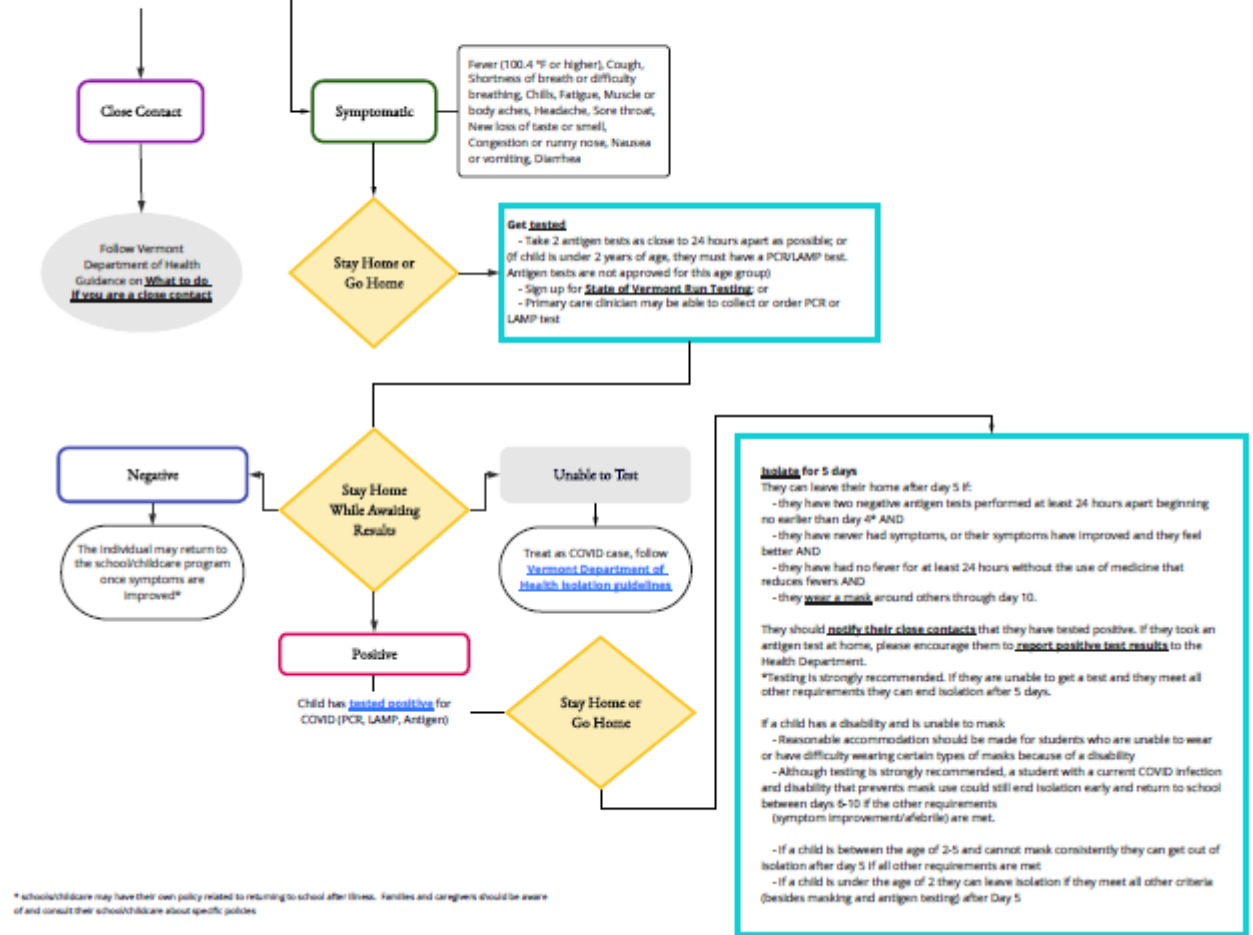
- 6 months through 4 years delay and planning
- ACIP meeting from 02/04 Updates
 - Immunocompromised
 - Janssen
 - Antibody products
- Vermont Vaccine Program Updates
 - 2022 Vaccine Management Plan (Vaccine Storage and Handling SOP)
 - Pneumococcal vaccine updates (PCV15, PCV20)
 - 2022/2023 Flu season

In case you missed it...

FINAL Updated Pediatric Flow Chart

- Posted on VCHIP & AAPVT web sites with live links
- **Thank you:**
 - ▣ Stephanie Winters
 - ▣ Rebecca Bell
 - ▣ Breana Holmes
 - ▣ VDH partners: Kaitlyn Kodzis, Katy Leffel, Molly McClintock, Ilisa Stalberg, Nate Waite

COVID Pediatric Flowchart
Return to School/Childcare



Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



COVID-19 Resources from VDH & VT AOE

VDH Health Advisory:

- <https://www.healthvermont.gov/sites/default/files/documents/pdf/HAN-Prioritizing-Patients-for-CV-19-Therapeutics.pdf>

From Vermont AOE

- <https://education.vermont.gov/documents/covid19-jan-2020-protocol-flowchart>

Thank you, Kaitlyn Kodzis! (VT State School Nurse Consultant)

VT Clinicians in the News



- From Kaiser Health News: ***In Super-Vaxxed Vermont, Covid strikes – but packs far less punch.*** Featuring Drs. Rebecca Bell, Trey Dobson, Tim Lahey, Ben Lee
 - ▣ Dr. Bell: *“I have to remind people that cases don’t mean disease, and I think we’re seeing that in Vermont...We have a lot of cases, but we’re not seeing a lot of severe disease and hospitalization...I have not admitted a vaccinated child to the hospital with covid.”*
 - ▣ Dr. Lee: *“It’s something beyond just the size...There is a sense of communal responsibility here that is a bit unique.”*
 - ▣ <https://khn.org/news/article/in-super-vaxxed-vermont-covid-strikes-but-packs-far-less-punch/>
 - ▣ <https://www.burlingtonfreepress.com/story/news/2022/02/01/post-pandemic-vermont-could-model-living-covid/9296200002/>

VT Clinicians in the News (cont'd.)

WCAX News:

- ***“COVID vaccinations for youngest kids could help stressed families”***
- Featuring Becca Bell, MD FAAP

<https://www.wcax.com/2022/02/09/covid-vaccinations-youngest-kids-could-help-stressed-families>



NEW from VDH Oral Health Office

- Newly updated *2021 Guide to Fluoride Levels in Public Water Systems*; enables health care professionals to determine level of fluoride in patient's public water system before Rx for fluoride supplements. Does NOT include fluoride levels of private wells or springs; DOES include info re: private water source testing. Hard copies may be requested for practices.
- **VDH recommends Vermonters w/private wells or springs test water for fluoride levels before getting Rx for fluoride supplements.**
 - ▣ Impt. to test since exposure can occur through mixing tap water w/infant formula & drinking well or spring water.
 - ▣ Well Water Testing Program offers free fluoride testing for families with children < 5 yo w/private wells. Guide includes. well water testing form (pls make copies for office use).
- Testing Program tracks # of requests vs. # of wells tested; many more kits are given out then are returned/processed by the lab (risks funding loss).

Black History Month Education Resources (Families/Teachers)



- *Thank you, Melissa Kaufold!* [https://www.vermontpbs.org/kids-education/?ct=t\(BLACK-HISTORY-MONTH-PROGRAMMING-20220201\)](https://www.vermontpbs.org/kids-education/?ct=t(BLACK-HISTORY-MONTH-PROGRAMMING-20220201))
- VPR & Vermont PBS: films, activities & lessons to deepen children’s understanding of Black history. Free to families and teachers; support at-home or classroom learning for children of all ages.
- Young children: includes the “I have a dream” vision board activity from PBS Parents and PBS Learning Media.
- Middle school: VPR’s *Timeline* podcast (Great Migration to Chicago/Harlem). 2/17 VT PBS to broadcast *Legacy of Love* (MLK & Coretta Scott's formative years in 1950’s Boston).
- HS students/adults: 2/8 VT PBS to broadcast *Marian Anderson: The Whole World in Her Hands*. 2/10 Made Here will air *The Price of Safety*, which explores conversations of over-policing & racial bias in Vergennes, VT. 2/15 *The American Diplomat*: how three Black diplomats broke racial barriers at the U.S. State Dept. during the Cold War.

VCHIP-VDH COVID-19 calls – 2022!

February calls: currently all *Wednesdays*:

- ❑ **2/2, 2/9, 2/16, 2/23/22** (will likely continue in March)
- ❑ We recognize that February school vacation weeks may affect your ability to participate!
- ❑ **Continuing via Zoom!**
- ❑ 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 w/VDH Comm. Levine now 1st/3rd Thursdays



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

Call login information:

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

Questions/Discussion

- Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- **For additional questions, please e-mail:** vchip.champ@med.uvm.edu
 - ▣ **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 – ***Wednesday, February 23, 2022 12:15 – 1:00 pm VIA ZOOM!***
- Please tune in to VMS COVID-19 call with VDH Commissioner Levine – ***Thursday, February 17 – 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#