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.
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]
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=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09](https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09)
  - Meeting ID: 867 2625 3105  Password: 540684  Dial In: 1-646-876-9923
VMS Commissioner Call
Fall/Winter 2021 Schedule

& COVID-19 Clinical Conversations

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

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

Zoom link: https://us02web.zoom.us/j/86726253105?pwd=VkvVnTJJZFO2R3diSVdqlI2ZG4yQT09
Meeting ID: 867 2625 3105 / Password: 540684
Dial In: 1 646 876 9923 / Meeting ID: 867 2625 3105 / Password: 540684
Situation update

One year ago: VT total cases = 1654 (3 new)

- U.S. 40.3 million+ cases; 650,998 deaths
  - 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)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate per 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>53.2</td>
</tr>
<tr>
<td>10-19</td>
<td>42.3</td>
</tr>
<tr>
<td>20-29</td>
<td>47.0</td>
</tr>
<tr>
<td>30-39</td>
<td>55.8</td>
</tr>
<tr>
<td>40-49</td>
<td>43.4</td>
</tr>
<tr>
<td>50-69</td>
<td>34.6</td>
</tr>
<tr>
<td>60-69</td>
<td>26.3</td>
</tr>
<tr>
<td>70-79</td>
<td>24.7</td>
</tr>
<tr>
<td>80+</td>
<td>30.5</td>
</tr>
</tbody>
</table>

Vermont Department of Health
Vermont Children and COVID-19

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Percent of Children with Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runny Nose</td>
<td>56%</td>
</tr>
<tr>
<td>Cough</td>
<td>49%</td>
</tr>
<tr>
<td>Headache</td>
<td>45%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>42%</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>38%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>25%</td>
</tr>
<tr>
<td>Loss of Smell/Taste</td>
<td>24%</td>
</tr>
<tr>
<td>Fever</td>
<td>20%</td>
</tr>
</tbody>
</table>

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.

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

5 days
Average illness duration among children

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

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

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

https://www.healthvermont.gov/covid-19/current-activity/vermont-dashboard
VDH Update
Resuming “Cases in VT K-12 Learning Communities While Infectious”

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

September 6, 2021

<table>
<thead>
<tr>
<th>Learning Community</th>
<th>Cases Reported In the Past 7 Days</th>
<th>Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL FOR ALL SCHOOLS</td>
<td>40</td>
<td>81</td>
</tr>
</tbody>
</table>

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;
X reported age for only a small proportion of total cases each week (eg, 3-20%); TX cumulative cases through 8/20/21
As of 5/2021, NE COVID-19 dashboard is no longer available; NE cumulative cases through 5/24/21
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
If 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 9/10/20, MO as of 10/1/20, WV as of 9/12/21;
TX reported age for only a small proportion of total cases each week (eg, 3-20%); TX cumulative cases through 8/28/21
As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21
Due to available data and changes made to dashboard, AL cumulative cases through 7/26/21
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
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

September 10, 2021

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

- Daily updates Tuesday thru Saturday
- Data = counts reported by end prev. day; subject to change.

### 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.

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-15</td>
<td>71.3%</td>
</tr>
<tr>
<td>16-17</td>
<td>76.5%</td>
</tr>
<tr>
<td>18-20</td>
<td>66.2%</td>
</tr>
<tr>
<td>20-29</td>
<td>62.0%</td>
</tr>
<tr>
<td>30-39</td>
<td>61.3%</td>
</tr>
<tr>
<td>40-49</td>
<td>63.5%</td>
</tr>
<tr>
<td>50-59</td>
<td>64.3%</td>
</tr>
<tr>
<td>60-64</td>
<td>90.8%</td>
</tr>
<tr>
<td>65-69</td>
<td>98.4%</td>
</tr>
<tr>
<td>70-74</td>
<td>92.3%</td>
</tr>
<tr>
<td>75+</td>
<td>96.2%</td>
</tr>
<tr>
<td>VT Age 12+</td>
<td>82.2%</td>
</tr>
</tbody>
</table>

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.

#### By Race - Statewide
The percent of the statewide population age 12+ of each race and that has received at least one dose of the vaccine.

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>78.1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>79.2%</td>
</tr>
<tr>
<td>Native American, Indigenous, or First Nation</td>
<td>29.7%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>25.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>57.5%</td>
</tr>
<tr>
<td>White</td>
<td>80.1%</td>
</tr>
<tr>
<td>VT Age 12+</td>
<td>79.4%</td>
</tr>
</tbody>
</table>

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

#### By Ethnicity - Statewide
The percent of the statewide population age 12+ of each ethnicity that has received at least one dose of the vaccine.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>84.5%</td>
</tr>
<tr>
<td>Not Hispanic</td>
<td>77.4%</td>
</tr>
<tr>
<td>VT Age 12+</td>
<td>77.7%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Sex</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>94.5%</td>
</tr>
<tr>
<td>Male</td>
<td>75.7%</td>
</tr>
<tr>
<td>VT Age 12+</td>
<td>82.1%</td>
</tr>
</tbody>
</table>

Sex information is not reported for 510 people vaccinated.

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

September 10, 2021
Updated 9/8/2021 8:37 AM
Cumulative Number of US COVID-19 Vaccine Recipients Under Age 18

4.07.21 to 9.1.21

<table>
<thead>
<tr>
<th>Date</th>
<th>At Least One Dose^</th>
<th>Fully Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/7/2021</td>
<td>36,000</td>
<td>36,000</td>
</tr>
<tr>
<td>4/14/2021</td>
<td>72,000</td>
<td>72,000</td>
</tr>
<tr>
<td>4/21/2021</td>
<td>1,080,000</td>
<td>1,080,000</td>
</tr>
<tr>
<td>4/28/2021</td>
<td>2,160,000</td>
<td>2,160,000</td>
</tr>
<tr>
<td>5/5/2021</td>
<td>4,320,000</td>
<td>4,320,000</td>
</tr>
<tr>
<td>5/12/2021</td>
<td>6,480,000</td>
<td>6,480,000</td>
</tr>
<tr>
<td>5/19/2021</td>
<td>8,640,000</td>
<td>8,640,000</td>
</tr>
<tr>
<td>5/26/2021</td>
<td>10,800,000</td>
<td>10,800,000</td>
</tr>
<tr>
<td>6/2/2021</td>
<td>13,020,000</td>
<td>13,020,000</td>
</tr>
<tr>
<td>6/9/2021</td>
<td>15,240,000</td>
<td>15,240,000</td>
</tr>
<tr>
<td>6/16/2021</td>
<td>17,460,000</td>
<td>17,460,000</td>
</tr>
<tr>
<td>6/23/2021</td>
<td>19,680,000</td>
<td>19,680,000</td>
</tr>
<tr>
<td>6/30/2021</td>
<td>21,900,000</td>
<td>21,900,000</td>
</tr>
<tr>
<td>7/7/2021</td>
<td>24,120,000</td>
<td>24,120,000</td>
</tr>
<tr>
<td>7/14/2021</td>
<td>26,340,000</td>
<td>26,340,000</td>
</tr>
<tr>
<td>7/21/2021</td>
<td>28,560,000</td>
<td>28,560,000</td>
</tr>
<tr>
<td>7/28/2021</td>
<td>30,780,000</td>
<td>30,780,000</td>
</tr>
<tr>
<td>8/4/2021</td>
<td>33,000,000</td>
<td>33,000,000</td>
</tr>
<tr>
<td>8/11/2021</td>
<td>35,220,000</td>
<td>35,220,000</td>
</tr>
<tr>
<td>8/18/2021</td>
<td>37,440,000</td>
<td>37,440,000</td>
</tr>
<tr>
<td>8/25/2021</td>
<td>39,660,000</td>
<td>39,660,000</td>
</tr>
<tr>
<td>9/1/2021</td>
<td>41,880,000</td>
<td>41,880,000</td>
</tr>
</tbody>
</table>

^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

Source: AAP analysis of data series published by the CDC titled “Demographic Trends of People Receiving COVID-19 Vaccinations in the United States.”
Proportion of US Children Ages 12 through 17 Who Received At Least One Dose of the COVID-19 Vaccine by State of Residence

VT: 72%
CT: 66%
MA: 70%
NH: 54%
NJ: 56%
DC: 55%
RI: 63%
MD: 61%
67%
DE: 48%

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). Idaho information not available. Check state's web sites for additional or more recent information as of 8.11.21
Map of COVID-19 Vaccine Rates by (VT) Town

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

https://www.healthvermont.gov/covid-19/vaccine/map-vaccine-rates-town
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

Above = KEY for doses/100K


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

September 10, 2021
Note striking preponderance of Delta variant (orange) in far right column, two weeks ending 9/4/21.
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.”

VDH Updated Information for Families

September 10, 2021

Return to School Following Illness
COVID-19 Information for Families

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:

<table>
<thead>
<tr>
<th>Fever (100.4°F or higher)</th>
<th>Nausea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>Vomiting</td>
</tr>
<tr>
<td>Difficulty of Breathing</td>
<td>Diaphoresis</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Ristynig Nose</td>
<td>Muscle Aches</td>
</tr>
<tr>
<td>Loss of Smell or Taste</td>
<td>Headache</td>
</tr>
</tbody>
</table>

- If your child has any COVID-19 symptoms for longer than 24 hours, they should obtain a COVID-19 PCR test. Communicate this 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 all 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.
From the AAP

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.
- **WHERE**: [https://www.aap.org/elections](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).

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:
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.**
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](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.
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.

- 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.
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](https://twitter.com/JaneLindholm/status/1435639956458852354/photo/3)
Media Briefing: from today’s modeling


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
Safe Return to School for Vermont Students

https://www.burlingtonfreepress.com/

September 10, 2021
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 screening instrument, and as we gain new knowledge about the virus, updated editions will be provided. The algorithm does NOT apply to children diagnosed with COVID-19 by PCR within the past three months. Please consult CDC protocols in these situations.

Close contact with known COVID-19 patient? (page 1)

Yes

Any of following symptoms? Fever, cough, shortness of breath, sore throat, runny nose, loss of smell/taste, nausea, vomiting, diarrhea, fatigue, muscle aches, headache

Yes

Test at 3-5 days following last exposure.¹
Per CDC guidance, wear a mask until test results are back (including in school)

Yes

Vaccinated?²

Yes

Negative Test

Return to school when:
Exposed in home?

Yes

Exposure in home?

Yes

Positive Test

Return to school when:
Exposed in home?

Yes

Return to school when:
Finished 14-day quarantine, which begins after patient with latest onset of symptoms clears isolation (10 days from onset, fever resolved ≥24 hr, symptom resolution or improvement) or negative PCR test at day 7 of quarantine and meets symptom resolution criteria (≥24 hours afebrile without the use of anti-pyretics and symptoms resolved or markedly improved)

Yes

Return to school when:
Exposed in home?

Yes

Option 1: Quarantine from infected person in household for their entire isolation period/leave household and then Option A or B

Yes

Option A: 14-day quarantine

Yes

Option B: Quarantine, PCR test on day 7 if asymptomatic

Yes

Negative Test

Return to school when:
Exposed in home?

Yes

Negotiate a mask with household

Yes

Positive Test

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?

Yes

Return to school when:
Exposed in home?
COVID-19 in Pediatric Patients
Triage, Evaluation, Testing and Return to School

Close contact with known COVID-19 patient?

Yes: see page 1

No

Any of following symptoms? Fever, cough, shortness of breath, sore throat, runny nose, loss of smell/taste, nausea, vomiting, diarrhea, fatigue, muscle aches, headache

Yes

Consider testing before 24 hour with the following considerations:
- Early initiation of pediatric treatment is desired.
- Initial symptoms consistent with a child’s response to pediatric COVID-19 (fever, cough, runny nose, headache, sore throat)
- Ongoing concerns about the transmissibility of the concerning variant

Obtain COVID PCR test and may consult medical home as indicated regardless of vaccine status

Symptoms >24 hours

Negative Test

Return to school when:
- 24 hours afebrile without the use of antipyractics and symptoms resolved or markedly improved

Positive Test *

Return to school when:
- 10 days have passed since symptoms first appeared and 24 hours afebrile without the use of antipyretics and symptoms resolved or markedly improved

No test but alternative diagnosis made by medical home

Symptoms <24 hours

Return to school when:
- 24 hours afebrile without the use of antipyractics and symptoms resolved or markedly improved

No test and no alternative diagnosis

Return to school when:
- 10 days have passed since symptoms first appeared and 24 hours afebrile without the use of antipyractics and symptoms resolved or markedly improved

Return to school, follow current school policies for any other symptoms (i.e. rash, ear pain, joint pain)

*Please consult return to play documents located here.
IMPORTANT NOTE: following today’s call, VDH Epi Team plans to further review & possibly revise return-to-school pathway for unvaccinated students with ongoing exposure in the home (lower left side, page 1).

- 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 requiring updating as the weeks progress.
- VDH MCH team has also updated parent school/childcare documents:
Algorithm Update [this slide updated after today’s call]

- **NOTE:** following today’s call, VDH Epi Team will review/possibly revise return-to-school pathway for unvaccinated students with ongoing exposure in the home (lower left side, page 1).

- Impt. 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.

September 10, 2021
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

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
Important Change to Surveillance Testing Procedure for Young Students

  - Program overview, participation info, enrollment & FAQ for students/families/staff.
  - 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?
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!
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:
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)?
- 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=VkVuNTJ1ZFQ2R3diSVdqdlJ2ZG4yQT09
    - Meeting ID: 867 2625 3105 / Password: 540684
    - One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#