

COVID Update

- New England as a whole region has significant decreases in cases (and testing/reporting)
 - VT has 70-85 cases per 100,000 people
- We don't know how many cases there are in the whole country
 - Many people don't report their at home tests. In VT we let you report them, but don't include them in the case count
- Did a little over 1,100 PCR tests in the last week. Peak of omicron was about 7,000-8,000. A month ago, about a couple thousand
- Hospitalizations have slight uptick (in the range of about 30) ICU was almost absent (2 beds)
- Total of 13 deaths in month of June (lower than May)
 - After 1 week of July, we have 3 deaths of COVID
 - Almost every death is considered someone that is elderly or has significant underlying co-morbidities

Vaccines

- Just began vaccinating the very youngest (those under age 5)
 - About 2,000 vaccines have been administered
 - 50% of the vaccines are being delivered in the primary care setting
 - The American Academy of Pediatrics Vermont Chapter is holding a forum for families to discuss the COVID-19 vaccine for children under 5 on Monday, July 11th from 8pm to 9pm.
- Wastewater surveillance – Only have Burlington, but still low levels and going down
- 5 genome sequences in the last week - 4 of them were BA.5 and one was BA.4
 - From other data we estimate the NE is at a 50% level for BA.4 and BA.5
 - Becoming the more dominant strain, but not the more lethal strain
- Strong uptick in the fall and winter expected
- FDA is pushing Pfizer and Moderna to produce a vaccine for the fall to incorporate protection against BA.4 and BA.5 as well as protect you against older strains

Therapeutics

- Paxlovid is abundant
- Allowing pharmacies to prescribe
- HAN should be coming out soon to attest to this new pathway of receiving therapeutics
- Bebtelovimab is projected to run out of supply in the middle of August and is unclear what will become of this

Monkeypox

- Haven't had a case yet, but is a matter of a time (due to those travelling)
- Post exposure prophylaxis must be done including contact tracing, but the community is large and may prove tricky to trace cases
- The VDH epidemiologist will not put up any barriers if you think you have a patient with monkeypox, and are comfortable with you immediately testing for it
- COCA call regarding Monkeypox
https://emergency.cdc.gov/coca/calls/2022/callinfo_062922.asp

Questions and Answers

Do we know anything about BA.5 prevalence?

See information under vaccines above.

As a primary care physician, the widespread belief of all my patients is that COVID is over. Is the VDH aware that the majority of the population believes this and how will messaging shift to address it?

ML: No matter what we say, people think it's over. This is indeed the direction the country has gone in. There is this real movement to get back to "normal", even though that won't happen. People know lots of people that have had COVID and out of those people that got COVID, they didn't have bad repercussions. It is allowing us as a state government, to refocus on the recovery and revitalization of things. We can start to address other things that fell out of the spotlight (opioid deaths, mental health, suicide deaths, etc.). I do feel that vulnerable populations are doing the right thing in protecting themselves. We are still trying to share on our website the right communications, and there will be a few more things in the press. Not as much as being shared during the press conference about COVID as other backburner issues are being brought up. Modeling study in JAMA:

<https://www.cidrap.umn.edu/news-perspective/2022/07/two-or-3-vaccine-doses-may-cut-risk-long-covid>

Continuing to have patients that had 1 J&J vaccine, and one Pfizer/moderna vaccine ask about 2nd doses, is there a way to get them a 2nd dosage of the vaccine?

ML: We still must abide by the emergency use authorization. The CDC quietly changed the definition of up to date to include all vaccines/booster a person is eligible for.

If you have not gotten a 2nd booster yet, would it make sense to wait for the new vaccine?

ML: I would say to get the 2nd booster and get the one when it comes out in the fall when eligible to.