

COVID Update

- 7-day case average has decreased from 223 10 days ago to 171
 - NE area is decreasing
 - Rest of country outside of NE has increased
- Testing is decreasing, over the month of June more test sites will be demobilized
 - Testing has gone down about 30%
- Recent positivity rate was in the mid-teens and is now closer to 11%
- Hospitalization 7-day average has been in the low 50s, yesterday the number was 36
- ICU 7-day average was 4, yesterday was a bit of an outlier at 7
- Deaths for the month of may tally is not completed, but at this point of time it is 33 (about double of what March and April were), but it is less than half of what the peak omicron months were
 - Over 600 deaths in the state (mainly in very susceptible, elderly, congregate living, etc. populations)
- Change in definition of “up to date” by CDC – if you’re 5 years or older you are not considered up to date unless you’ve received all the boosters you are eligible for. Those 12 and over and 50 and over should get the 2nd booster now
- Therapeutics
 - Abundance of paxlovid
 - Have insight in the only monoclonal antibody
 - Are going to start labeling test kits that will say if you qualify for a therapeutic
- Seeing mainly BA.2 and BA2.12.1
- 2 new South African variant BA.4 and BA.5
 - We have one positive BA.4
 - We do not know a lot about these yet
- Wastewater levels around the state, show decreases. Burlington showed stability in 2 plants and a major increase at 1 plant (which we can’t explain)

Legislative

- Governor signed bill to have an ALS registry (Practitioners would have to report that disease to the government)
- Opioid bills that have just reached Governor’s desk. Remains to be seen how they will play out in their currently written form

Questions and Answers

Any themes re: disease/conditions where people don't realize they're at risk?

ML: There really weren’t because we don’t have a statistically significant sample. Surprising how many people were in both categories (age and underlying conditions) that didn’t see their risk as a big deal.

Recap current test availability when it comes to state-run sites. They had no LAMP tests and didn't necessarily expect to get more at a state-run site yesterday.

ML: They probably have ton of antigen tests. Do understand that people want LAMP tests as a substitute to PCR. Must ask, who we will be testing in the future? Those that are symptomatic and continue to test negative on antigen tests, those that internationally travel, and infants.

Would VDH consider putting out stronger language that LAMP results are closer to PCR. Would be helpful if places accepted LAMP testing.

ML: hard to control what positive entities do, and don't think the language on our website would help with that.

Do pharmacies have to report positive PCR tests to

ML: we're trying to get an idea of how many pharmacies to testing, and it is a requirement that a positive PCR test be reported.

Any updates on health department on when people can still get PCR testing?

ML: Don't have this yet and has been challenging to gather this and we hope to.

Are LAMP tests covered under insurance like antigen tests?

ML: That is a DFR question. We know blue cross/blue shield of VT is covering fully insured individuals and federal guidance says it should be covered. Don't have information on who doesn't cover but will share cleared information in the future.

Has mentioned that the percentage of people testing have dropped, would you define this?

ML: PCR testing aka reportable testing has dropped.

CDC is getting its case rate numbers from all states if most states aren't doing state testing - and where this will be coming from in Vermont when state testing closes?

ML: State sites are still getting positive PCR testing results. Will come like other disease where we have lab tests to show a positive case.

Data collection and suicide: Some states have stopped tracking use of substances in suicide cases.

Does the state of Vermont keep track of this? If there is a suicide, do we test for cannabis use in those people?

ML: We gather suicide data and overdose data and know factually from medical examiners what is a case and what is not a case. I would suspect that it is true that we test for cannabis use in patients. Of all of our overdose death data, we have it by substance. We know when cocaine was involved other stimulants, pretty sure we know THC as well. Almost always true that it isn't a single substance.