Vermont Medical Society

Notes from May 19, 2022 – Call Notes with Commissioner of Health, Dr. Mark Levine

COVID Update

- We're still officially community level high, early signs cases are moderating and hospitalizations are moderating
- Unfortunately, deaths are currently the same number that have occurred in March and April and we're not done with May yet. There will be more deaths recorded at the end of May.
- Still dealing with BA.2 variant and sub variants
- Wastewater data, only have Burlington/South Burlington aren't changing rapidly but aren't coming down
    - Rest of state is accumulating data to see trends at relatively new wastewater sites. Have about 8 sites now
- Have transitioned data reporting to weekly surveillance report
    - https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19%20Surveillance%20report%2020220518.pdfBy end of June we will be phasing out test sites around the state.
- Tremendous influx of Paxlovid into the state and we're getting some sense that it is being used. Don't have total insight

Formula

- Will share insights from meeting this afternoon
- Putting out public health messaging on what not to do, but it's hard to tell parents what to do because we don't always have the insight on where the supply is and where it isn't.
- VDH put out a press release yesterday

Monkey Pox

- Can be a serious illness, but generally should not be
- A case in Massachusetts (only travel was to Canada)
- Being seen around the world now
- A lot is being investigated by CDC as we speak
- Don't believe there is a reason for great alarm/panic

Questions from Dr. Levine to the Group

- A HAN was sent out about treatment to address two concerns: (1) that many patients who should consider themselves high risk did not consider themselves high risk and (2) there were physicians who were not prescribing to patients even if they were in a high risk group but because their symptoms were mild, perhaps to preserve medications. But there is plenty of supply now and it should be prescribed. (ASPRE Therapeutics Decision Aid-https://aspr.hhs.gov/COVID-19/Therapeutics/Documents/COVID-Therapeutics-Decision-Aid.pdf)
    - How onerous is it for the health care system to take on prescriptions for this? As we transition testing, can the state count on the health care system and pharmaceutical system to provide PCR testing when/if needed?
        - Don't think there is consistency if health care providers are doing testing. Not sure what practices are able to do testing.
        - A conversation was held at BiState Primary Care and their concern was capacity at their health centers with actual staff. They're experiencing staff being out

with covid and they've really relied on those bigger testing sites to take that overflow of people to be tested. They had been receiving funds from the state and once that funding ends, they won't be able to continue. They also can't space out patients physically that are higher risk. They appreciated the state being so forthcoming. They're happy to send their tests to Quest, but have no control over how quickly they'll get the results back. BiState also sees an influx of tourists during the summertime, but how can we easily help these people that come from our state

- Have not heard confirmation on whether pharmacies will increase their testing. Will testing increase at pharmacies? More of an infrastructure in place where LAMP tests can be available at pharmacies?Will insurance companies/Medicaid pay for those tests? Would be a great convenient option to get reimbursed and get tests. Unclear if this will happen at pharmacies in the future.
    - The state is currently still giving these tests as well at state sites but mainly antigen tests
- Dr. Levine said that he's hearing pediatric offices aren't encouraging under 2-year old's coming in for testing.
    - AAP: Health department folks have been speaking with them, that folks are doing okay. Different practices were able to accommodate, but still needed extra staffing and funding. Want to see kids who they would see anyway (sick enough they need a visit) but the issue is kids who are not that sick. Families also have concerns about copays. What we really need is rapid tests approved for kids under 2.

Questions and Answers

High risk of progression for severe disease in the pediatric realm. If we're encouraging more paxlovid, how does that factor into clinical decision making when we're thinking about isolation, especially with the rebound phenomenon.

ML: I don't have the answer to that, but I've seen a deemphasis of that on the national scene. I agree with you that it must be addressed. I would hate for it to discourage people from getting a prescription or discourage those to prescribe it.

Can you help with any public communications about the contrast shortage, so people know why there are delays/schedules, and that certain people will be prioritized?

ML: We've been intentional with only presenting a certain number of crises at a time but will share this information more broadly at the next press conference next week.

Ryan Sexton: Right now, a few hospitals are likely going to run out within the next few weeks if we don't have any significant reallocation. There needs to be a reallocation plan across the state if we don't have any allocation from the manufacturers.

Impact of the state ramping down state PCR testing on any case tracking and tracking of positivity rates. Any more up to date data on where the cases are

ML: This is only going to accentuate the problem of people not reporting. We are deemphasizing cases and emphasizing serious outcomes. Going to expand amount of information in surveillance report on hospitalizations. Syndromic surveillance will have to play a bigger role (percentage of urgent/emergency care visits that are comprised of people that present with COVID like symptoms).

Those that were vaccinated for smallpox, does that give any immunization on s monkey pox?
ML: I don't have a firm answer.