

- We are still in BA.2 land
- Would have thought that we would have crested the wave and come down by now, but seems we are a little stuck
- When we look at what it's doing, we can't say that it is causing tremendous disruption with serious outcomes
- Our hospital numbers remain in the 50s, occasional delve into the 60s
- Today was different than most days, 16 in the ICU (half in medical center and half throughout the state)
 - Most days the ICU is 12 or less
 - Several people were on ventilators, which is unusual
- Deaths are occurring but not at an accelerated rate. 3 more deaths were recorded today
 - These deaths are people that are very susceptible
- We are still giving people boosters, but people getting 2nd boosters are about 1 in 5
- We may have something in the fall that will be different to offer the population
- With regards to testing, we continue to get a fair amount of self-reports (around 1,600)
 - Usually about 2/3 are positive and the rest are negative
- There is more Paxlovid in the state, by today most of the places that were supposed to get it are receiving it
- Federal Pharmacy Program – that gives an unknown amount of vaccine to pharmacies
- Going to try and work with the feds to order a similar amount next week

- We are pleased with what is going on with legislature thus far
- Miscellaneous bill has gotten through so far
 - Kiosks in pharmacies with drug disposal included
- Bill to create an AOS registry
 - Resisted to some degree, because it is a very small number of people in a small state and goals of a registry are to provide more info to help understand pathogenesis, etiology, etc. and most of the data that goes into a registry is not the kind of data that will help that
 - Keep in mind that the only disease that has a registry is cancer
- Opioid Bill
 - Our hope is that the governor's ask for more prevention money
 - Legislature has other ideas of what they want to do with that money (overdose prevention sites)

Questions and Answers

Any insights into influenza trajectory? We're seeing a lot of influenza A in the pediatric population, wondering where things will go with that in the next few weeks/months

ML: My thought is that it isn't more widespread, but Becca Bell is seeing it more in the pediatric realm. Will check with what the trajectory is.

Is the state doing sequencing, and are we doing wastewater testing?

Yes and Yes. The sequencing has a lag period of several weeks. WE combine our sequencing with the CDC sequencing (get reports weekly, but it is 3 week old data). Provides the direction we are going. Wastewater testing, the only reliable one is “Burlington” because they’ve established good baselines and trends. We see 1 plant out of the 3 that is going very high and the other 2 are going down or staying stable and it is not the same each week. There are 6 other places in the state where we’re getting data, but hard to understand trends since they’re so new. But 2/3 have shown increase in wastewater management to COVID. They are pretty much consistent with what we’d expect. Does take time for these things to evolve out.

I’m very concerned, as an elderly Vermonter and someone susceptible to getting COVID, that the department and administration have taken a course to minimize those individuals that need treatments.

Much of the population thinks they have reached endemic. We in public health note we are still in pandemic and transitioning to endemic. But it is not over. The language we are using now, is that people weigh their own individual risk tolerance and strongly considering stronger protective measures for themselves, including wearing masks. Having said that, you will not find one state in the country that has a mandate for masks. In a situation where the population has been fatigued from the pandemic but need to encourage people to respect one another. Mandating things can be very effective, but governments don’t have much of an appetite to do those things right now.

We have been having preliminary convos, about moving away from testing sites and moving to pharmacies/health care providers. Is that the time for this?

As of yesterday, there were still 19 sites offering testing. During May and June, those sites will be tapered down. We are trying to maintain a supply chain of people being able to pick up tests and take them whenever they need to use them.

Could there be some more messaging (HAN, etc.) about the increased availability of Paxlovid?

If you think a HAN is really essential, we don’t mind doing it. But we don’t want HAN fatigue, especially when it would say is don’t ration, we have plenty, when there are other outlets to get this information.

Any sense of how common omicron reinfection is (i.e. BA.1 then BA.2)? Or still too soon to say?

We don’t have data on this in Vermont at this point in time. How much long covid will we see from omicron? Vaccine will improve the odds of long covid.

We’ve been hearing anecdotally there are a lot of people testing negative with antigen tests who then test positive with PCR tests – is this just anecdotal or is there evidence for this?

It is just anecdotal for now because it hasn’t been published but we are hearing the same thing, people aren’t testing positive as soon as you might like for them to be able to take all the precautions like isolating early on when infectious. Rather they have been symptomatic for a few days. The official guidance is still to use antigen tests but there may be more to come from CDC, definitely still use take home tests – could consider LAMP. People seem to be getting the message about using both antigen tests in the kit.