

COVID

- Surveillance report is low
- Hospitalizations at 4.8 per 100,000 people
 - 30 admissions (down from previous weeks)
- Level of syndromic surveillance, is stable at 2 - 3%
- Variants are pretty much exclusively XBB and EG5
 - Vaccine was made primarily against the BA variants, but this is all relative and that these variants should not be evasive to this vaccine
- Deaths were up nationally and in Vermont
 - 21 deaths in October (not a final number yet)
 - 15 deaths for the month of September
- 8% of the VT population is vaccinated - 50,000 people
 - Over 65 years of age part of the population has an 18% vaccination rate (these numbers are still early in the season)
 - These numbers are constrained by vaccine access
- As of October 23rd 36,000, doses were distributed to practices (about 50/50 split between adults and pediatrics)
 - Some pediatricians have not received or run out of vaccines and sent patients to a pharmacy (Medicaid will not reimburse any private purchase of the vaccine)
 - Pharmacies do have the vaccines for those that are 65 and older (not all Medicaid practitioners do have the vaccine), but people are experiencing long waits and having trouble navigating scheduling an appointment online
- We hope that the next shipment will be much larger regarding what we can allocate to clinical settings

RSV and Flu

- The CDC did come out with a new set of recommendations because of the scarcity of nirsevimab (monoclonal antibody immunization)
- 18%/117,000 people are vaccinated against the flu

EEE

- Only death related to EEE is a horse, no reported cases in humans

Opioids

- We are now mailing naloxone
- We have locked bags for cannabis at the place of purchase
- Most recent of the Opioid Resettlement Advisory Committee
 - Heard from primary prevention and will take that into consideration when providing recommendations to the governor and legislature
 - Heard from a community-based program
 - Heard an education proposal from the treatment courts and judges

Age Strong Vermont Initiative

- Recognized the aging of Vermont and the fact that the growing demographic in our state is those over 60
- By 2030, 1 in 3 Vermonters will be over 60
- Has some big goals – secure retirement, coordinated system of services, family care partner support, social connection, flexible transportation, intergenerational community design, affordable housing, etc.

NIH Home to Test Program

- Federally funded where people can sign up and receive a free telehealth consultation if they believe they have COVID and may be able to receive medications
 - Intended to cover those that are underinsured and those on Medicare/Medicaid
- The program is limited to a year, there is still abundant Paxlovid

Questions and Answers

Is there pre-planning for the next year on COVID vaccines?

ML: What we're seeing for the COVID vaccine and nirsevimab, was that a lot of this was developed late summer and then none of the manufacturing was up to speed, nor the distribution for the fall season. We will see what happens going into the future, but hopefully will get the manufacturing and distribution down to a science like the flu.

Do you have any sense on what the older adult uptake is on RSV?

ML: We don't have a sense yet because it is too soon. Think there are some people that want to watch the post marketing surveillance to see if there are any effects.

Do we have any VT data related to pediatric ED visits related to cannabis?

ML: We will, but not yet.

Our next call will be December 7, 2023

Zoom Information

<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJlJ2ZG4yQT09>

Meeting ID: 867 2625 3105 / Passcode: 540684

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+13126266799,,86726253105#,,,,*540684# US (Chicago)

+16468769923,,86726253105#,,,,*540684# US (New York)