

COVID

- Low hospitalization range
- 46 new admissions last week
- Syndromic surveillance low at 3%
- Variants are the 2 newest ones – JN.1 and BA.2.86
- Wastewater is going down or plateauing
- Number of outbreaks is less than a dozen
- 23 deaths in January (but probably not a final number since it is the 1st)
 - December was 15
- COVID vaccine rate is 23% of adults/kids and 47% for those over 65
- Flu vaccine rate is 35% adults/kids and 62% for those over 65
- Paxlovid is low in pharmacies due to low reimbursement and other factors
- There is a population wide reluctance to know if you have COVID
- Vermont is still deciding that if after 24 hours of no symptoms if you can exit quarantine

Flu

- There is clearly flu in Vermont, but the reality is that if you listen to the CDC and look at true data, you'll find that we are regarded as low for flu, the rest of the North East is regarded as high
- Hospitalizations and other metrics that are being followed

Blastomycosis

- Unexpectedly, we have learned that we have a high rate of blastomycosis (fungus in decomposing vegetation)
- Not a reportable disease in most states
- 1.8 infected per 100,000

Oral Health

- On town meeting day the city of Rutland will be voting on its fluoridation of its water
 - They have fluoridation now
 - They've had a vocal group anti the fluoridation of water, but this is the first time it is on the referendum
 - There were some reports questioning neuro cognitive development issues regarding fluoride, and those are unresolved at this point

Questions and Answers

Is there anything in the dental literature re: fluoride

ML: There has been no backtracking by the VDH on the recommendation of fluoride being included in water. The ADA has lots of FAQs on fluoridation in water - they strongly support.

- <https://www.ada.org/resources/community-initiatives/fluoride-in-water/fluoridation-faqs>
- <https://bmcoralhealth.biomedcentral.com/articles/10.1186/s12903-018-0684-2>

I am aware that hospital pharmacies are no longer carrying Paxlovid for distribution from ED. I believe this is related to lack of reimbursement.

ML: If you have Medicare/Medicaid, the government will give it to you free. But the government supply will vanish. Manufacturer link to the free Paxlovid access program for Medicaid and Medicare patients:

<https://www.paxlovid.com/paccess>

Information will be posted here: <https://vtmd.org/thursday-public-health-updates>

Are there any recommendations on when to test for COVID with new strains not registering POS on day 1 of symptoms but rather on days 3 or 4?

ML: The guidance is staying the same. If you are symptomatic, you should be 3 tests (1 every 24-48 hours). If you are asymptomatic, you should do 2 tests.

How are diseases designated reportable?

ML: That is part of the epidemiology protocol. CSTE works with the CDC. I don't have all the details, but I will get that to the VMS and they can put in their weekly newsletter.

- <https://healthvermont.gov/disease-control/infectious-disease-reporting-and-data>
- <https://www.visualdx.com/vdhcsi/>

Anything about syphilis rates?

ML: Other states are concerned about rates, genital syphilis, and getting penicillin G. We are not seeing it as much in Vermont.

Should we be doing anything about flareups of Measles cases.

ML: We are not having a large issue with measles cases in Vermont, but it could happen at some point. Epidemic of measles is 1 case and if there is a case, we will be immediately jumping on it.

Our next call will be March 7, 2024

Zoom Information

<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdjJ2ZG4yQT09>

Meeting ID: 867 2625 3105 / Passcode: 540684

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