

## COVID

- COVID community levels remain low
- XBB.1.5 variant is becoming more important – 40% of samples show it
- Wastewater showed a steep spike upwards in Burlington, and it came back down to baseline
- North plant had a similar spike
- There were 6 communities that increased in viral detection by wastewater detection and 5 that decreased
- 33% vaccination rate, 68% in those above 70
- As of January 31<sup>st</sup>, there state-run clinics closed
  - people either not getting vaccinated or getting them at their PCP or local pharmacy
- Number of outbreaks is at 17
- Deaths have been around 5 per week
- FDA had a meeting with an advisory panel
  - Annual booster with or without the flu shot combined
  - Probably will be made based on the newest strain, not the Wuhan

## Influenza

- Question remains on if we will see an influenza B outbreak

## MPox

- \$160,000 grant for MPox
  - goal is realizing that it is endemic now, but it could from time to time raise its head again

## Hospitals

- They are often stretched to capacity
- Stressed on how to get patients out the door to long term care facilities or homes where home health is an issue
- Hospital to hospital transfer has been working well
  - Takes a lot of communication and coordination

## Opioids

- Re: decrim of buprenorphine last session: a report coming out on impacts – really it shows people were not aware of this change – prescribers or patients - so didn't impact behavior – but did not have bad impacts – so will likely see that sunset go away this legislative session
- Substance misuse prevention council continues to meet
  - Focusing on potency limits for cannabis concentration
  - CCB asking to eliminate limits ; VMS, Health Dept and Gov aligned on protecting kids' brains
- Opioid settlement – push for more of traditional approaches like more Narcan distribution, sober beds, recovery services so they don't relapse; some interest in overdose prevention sites – will be interest in this from some sources but not likely from the committee at this point
  - Transportation – especially to hubs

- Prevention but probably not immediately when limited funding – like community coalitions, school curriculum (currently very heterogeneous across the state); SAPs (Student Assistant Professionals)
- Q: what can physicians do to help with prevention? Really goal is to use CHT staff for screening, referrals – more early intervention than education
- What about CDC prescribing guidelines? Considers this a success – continue to show decreases in number of prescriptions, MMEs – last thing we want to do is further impose on the provider community – pathway from prescribing to addiction is much smaller than it ever was
- The department has started an emergency rule making process to remove references to needing an X-waiver now that this has been eliminated at the federal level. Anyone can prescribe buprenorphine without patient limits.

#### Legislative Session

- VDH supports the increase to dental rates but also committed to prevention, which means more attention to dental hygiene – if you don't have fluoridated water or have access to regular dental care you need access to things like fluoride varnish – aspiration would be integrating oral health and varnish more into medical care/pediatric offices – but we understand we can't put more on primary care right now
- Expanding the Blueprint (CHTs – more screenings, navigation of services especially those with co-occurring illnesses), Hubs, DOLCE (family specialist expanding services over first 6 months of life )
- Intimate partner violence – highest reason of calling police in VT for violence
- Ban of menthol

**Our next call will be March 2<sup>nd</sup>**

#### Zoom Information

<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdlJlZG4yQT09>

Meeting ID: 867 2625 3105 / Passcode: 540684

One tap mobile

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