

Gov Scott

- US Supreme Court may overturn Roe v. Wade – if so, huge step back for civil rights
 - o A few years ago, VT passed a law that this is health care between patient and doctor without interferences
 - o And Prop 5 will be on the ballot in Nov
 - o At the end of the day, reproductive rights will be protected for VT women
- Discussing economy – gap of working age Vermonters

Mark Levine, MD

- COVID-19 cases
 - o Watching BA. 2 closely
 - o Unfortunately cases not going down yet, but still magnitudes fewer cases than earlier wave
 - o Illness from this version still tends to be less
 - o But much more transmissible and continue to be a state with lower amount of immunity from future waves so continue to expect it to spread
 - o So need to continue to assess our own personal risk and whether we wear a mask and what steps we take to protect ourselves or others
 - o Have spoken of those with high risk, those older or too young to be vaccinated
 - o Can also look at the risk we face in the community where we live
 - o Percent of beds taken up by COVID 19 is still low but new admissions have increased to a higher level
- Mitigation
 - o Might be time to look at wearing a higher quality mask in indoor, crowded conditions and testing with any symptoms
 - o Can take steps to minimize transmission
 - o Make sure you are up to date on COVID vaccines
 - o Recent snapshot from UVMHC shows those hospitalized because of COVID were hospitalized and vaccinated but had NOT gotten their first booster – it is your booster that will keep you out of the hospital
- Treatment
 - o If you do test positive contact your PCP right away about treatment
 - o Vermont will receive 2000 doses of Paxlovid this week – huge increase over 200 per week typically receiving – these all arrived yesterday – will be easier to access and prevent more potential cases of severe disease
- Avian flu
 - o State working with USDA has identified avian influenza here in Vermont – both in a backyard flock and wild birds – working to investigate and follow up on reports of exposure

Questions and Answers

Has he heard from more in his party about response to Roe v. Wade draft opinion?

No, he has not, just heard about it last night, it would be devastating for our rights here in the country and a ripple effect against all areas of our civil rights, what is the next right they could take away like right to marry, LGBTQ, when you see a fundamental right taken away

What is impact in LTC?

ML: we are seeing a variant that is highly transmissible and vaccination not guaranteeing you from being a positive case; we are still seeing higher cases and some more hospitalizations but relatively few deaths even in a very vulnerable population

We heard you say that because VT has been successful at preventing infection is this driving the cases now?

ML: I really do think this is part of it; testing can differentiate antibodies due to infection vs vaccination – average exposure looks to be around 65% in the nation, VT is one of the lowest around 29%

So should we have allowed it to spread faster earlier on?

ML: Absolutely no, this was largely before vaccines, and now you have cases after vaccines but people are at least protected

What about new variants we are hearing about?

ML: yes, we are seeing new subvariants, BA.2.1.2 is the latest, but if you are immune to omicron it likely crosses all the Omicron subvariants; there are some new Omicron variants coming out of South Africa we are watching closely

What about saying “hey, it won’t be so bad” I should just get it?

ML: there are a lot of factors – have to look at your vulnerability, who you live with; maybe not even a policy goal to prevent getting it – unless you sequester yourself in your house you may be exposed

What about those skeptical of taking Paxlovid?

ML: should know you are protected from serious outcomes if you are vaccinated and we have treatments that are VERY effective even if you are vaccinated and exposed; not really any worry about taking it, unless you have some drug interactions or kidney problems, and that is a small subgroup

Where are 2000 doses getting distributed? Coming directly to the state and will increase to pharmacies who have been distributing as well as adding pharmacies, and more to hospital pharmacies; feds also increasing allocation directly to pharmacies; and adding to repository for LTC requests

Hearing AHS is interested in moving All-Payer Model forward in next few years – what are AHS’ goals?

Scott: health care costs have increased dramatically, we want to provide some consistency – this will be the next major issue we face in the next few years – making some gains in negotiating with the federal government

How will you personally vote on prop 5?

Scott – I will vote for it

What about access to reproductive services at this time (e.g. the clinic that closed in Northern VT)?

Scott: this is why we want to focus an economic package in some of the rural parts of our state

Can ML comment on risks to health if women don't have access to safe, legal abortion?

ML: would hate to see practices of a historic era when things were done clandestinely, perhaps by the person themselves, and hemorrhaging and infection rates were astoundingly high. This is a medical procedure that can be done safely and effectively – this was a huge advance.

Do clinics in VT have the staffing and resources to provide abortion services?

ML: not aware that economic issues have interfered with access but doesn't have the data in front of him

Are you recommending that backyard chicken owners wear PPE at this time?

ML: No, that's not a recommendation at this time, hope we won't get to that point

You are saying you ask Vermonters to strongly consider taking measures like wearing a mask – are you recommending people wear a mask in public? And why or why not?

ML: I think I was pretty clear that I was asking people to consider their own conditions, age, living circumstances, and this is a time when cases are at a higher level that people might want to wear a mask; but then there might be people who have had Omicron in the past few months who there is no benefit to wearing a mask; or people who are younger and not at high risk so don't feel it balances to wear a mask

What about latest breakthrough hospitalization data and vaccinated and unvaccinated have similar hospitalization rates?

ML: "Breakthrough" was used originally to mean people who were vaccinated and tested positive – but we know that wasn't what vaccine was designed to do; we do see more people hospitalized but depends what you mean - "fully vaccinated" does not mean "up to date" with booster and you need to have booster to be protected; also depends how you are using numerator and denominator – keep in mind many more people are vaccinated

How are at-home/self-tests showing up in daily case counts?

ML: the majority is home antigen tests and these may well be the only test – do not need a confirmatory PCR tests – some may also be home LAMP tests – 1600 self-reported this week, 1155 positive and this came down a bit from last week – so maybe a hint of optimism

What is update on repeat positives?

ML: just put out report with CDC, 5 cases in VT of prior delta cases, then Omicron – not frequent event but is possible

Update on Long COVID?

ML: takes several months to determine it is long COVID and would just be seeing this from Omicron starting – some sense you may have less chance if you have been vaccinated but would like to see this verified