

Governor Phil Scott

- New variant is cause for concern but not panic
- Getting a booster is key – all over 18 should get one – boosters are slowing cases among those who have gotten one
- Get kids vaccinated – if you start this week they will be fully vaccinated over the holidays and before they come back to school in the New Year

Commissioner of DFR Pieciak – modeling report:

https://dfr.vermont.gov/sites/finreg/files/doc_library/dfr-covid19-modeling-113021.pdf

- Cases look to be going down in VT (down 12% over 7 days) and regionally but testing and reporting changed over the holiday weekend so this is a reflection of decreased testing (down 32% over last 7 days) – positivity rate was actually up (23% increase)
- Expect to see cases rising again this week to where it was before Thanksgiving – question is what happens after that
- Only comparison is Quebec that does not celebrate US Thanksgiving – their cases continue to rise
- Hospitalization is up (in 80s) and trending up – won't see this impacted by Thanksgiving – rate much higher among those unvaccinated, also see lower rate among those boosted – 71% of hospitalizations among unvaccinated
- 81% critical care stay among unvaccinated; 31% increase in 7 day ICU usage
- Vermont leads the nation among 5-11 year olds vaccinated – 41% started - head and shoulders above other states

Sec French – Education Update

- Schools - 43 districts (over 70% of districts) enrolled in Test to Stay antigen testing
- 112 schools did Test to Stay testing last week – approximately 9000 tests
- Helping support schools implement – supporting with contract staffing for temp staff – ATA recruited over last week, have 60 candidates available, 21 have been sent to 16 districts for interviews
- Trying to expand to pre-K
- Encouraging schools to do PCR surveillance testing after Thanksgiving
- Launching vaccination incentive program – schools with high vaccination rates will qualify – kids will help to direct funds – more info coming this week

Sec of AHS Mike Smith

- 19,358 kids age 5-11 have received first dose or made appointment – over 44% of children age 5-11
- Visit aap.org for information about zoom information sessions
- Continue to lead the nation in booster dose use – seeing impact in lower case rates among those 65+
- Now everyone 18+ is eligible

- Teams are working to bring more subacute beds online – 47 more beds available to open identified, 13 are expected to be available this week; 80 more brought on line recently, some still open; focusing on beds in Bennington and Rutland
- Update on opening more ICU beds – 1 more at SVMC, 5 more at UVMC, working with CVMC and Northwestern
- 2 new testing technologies
 - Self-administered – went smoothly – expect more appointments to be of this type – can quickly scale up testing capacity this way
 - LAMP testing deployed on Wednesday and we knew labs would not be available and want quicker results – overall it went well – offered 1130 tests on Wed – many Vermonters pleased to have results that day – some challenges – nearly 100 people didn't get results until Friday, issues with getting results with minors, some told they needed a cell phone (which is inaccurate), some long wait times as sites learned how to implement; but can learn from these to improve
- Some issues with lab processing at UVMC last Wed of 25 tests – both false negatives and false positives – UVMC correcting the error
- Contact tracing
 - State staff will be prioritized to outbreaks and vulnerable populations
 - Now asking Vermonters to follow guidance on the website to contact own close contacts

Mark Levine

- Transmission is still high and you could have it without knowing it – please test 5-7 days after Thanksgiving gathering
- If you test positive with an at-home test, treat it like any other positive: isolate immediate, reach out to close contacts you were in contact with 48 hours before you developed symptoms; reach out to VDH to self-report a positive: <https://www.healthvermont.gov/covid-19/symptoms-sickness/what-do-if-you-test-positive-covid-19>
- Reach out to your PCP to see if you could benefit from monoclonal antibodies
- More hospitals are ordering and administering – have doubled the doses ordered
- Working to increase staffing and capacity at LTC to administer
- Omicron – working to sequence in VT, will report if any are detected
- Can already increase response here in VT – get vaccinated (including those 5-11), get your booster shot (anyone over 18)

Questions:

- We are up in the 80s of hospitalization. You said that was one of the key indicators of when we will do more. What else can we be doing? Scott: we are doing a lot – staffing beds, increasing testing capacity; still only 6-8% of use is COVID – still need to look at what is driving all cases; People have been asked for a mask mandate – I am asking people to wear their mask when they are indoors, they can be effective when you are wearing them; a continued debate about whether it needs to be mandated is not productive; Bennington and Rutland is where we have seen the most strain on hospitals

- Hearing from UVMHC that they are preparing for a surge with this new variant – can we handle another surge? We are trying to build out capacity - have about 100/105 ICU beds, about 20% are COVID; have about 1000 total beds, 8% or less are COVID-related – we do need to do all we can to minimize the COVID cases
 - Mike Smith: Hospitals are reporting 91 patients currently who could move to subacute/rehab beds – we continue to try to staff those beds to move people out; we want to prevent hospitalizations through vaccines, booster, monoclonal antibodies; expand ICU capacity
- Why would patients need to bring idea of monoclonal antibodies to their doctor vs doctor suggesting? ML: the problem is that doctors may not be getting results and we want that connection to be made early and quickly
- Should we act like Omicron is already here? We do know it is close so likely will be here but don't know enough to be doing anything different at this point
- What about vaccine effectiveness with Omicron? ML: will be very balanced and say we need to wait to learn more
- Any more info on outbreak at Crescent Manor nursing home in Bennington – 71 cases? ML: Appears this is the exception not the rule – a number of LTC have had small number of cases, most are very protected by vaccine and boosters; this is now up to 73 cases and 2 deaths; providing staffing support, support on following infection control; unfortunately in part of the state with high transmission
- Is there a plan to provide free rapid tests? Scott: we are looking at what NH did to provide a large number through Amazon – hope to have news in the days ahead; Mike Smith: also looking at other opportunities with the White House; supply chain is the issue; have asked for 250,000 to help with schools, LTC, general public – but this would only be enough for a month or two
- Today Harry Chen came out with commentary that Vermont needs a mask mandate, are we out of touch with a former health commissioner? Scott: a mask mandate does not “make it so” – does not make people wear one – just digs people in – but they are effective if they are worn; ML: does believe masks are effective; does believe mask mandates prior to Delta were effective; but health commissioners in other states now recognizing that compliance and conflict are bigger issues; and also not recognizing where masks are most effective – much more dangerous to be in household with 4 other families than in store for 5 minutes – think about where you are and are not wearing masks right now
- Are we concerned about 4.7% positivity – benchmark had been to stay below 5%. ML: we expect more people to go back to testing than over Thanksgiving; also expect many people who sought out testing over the weekend were symptomatic, so not as reflective of the whole population, but do need to continue to watch
- We are seeing huge disparities between 5-11 vaccinated in different counties – is this reflecting timing of access or ultimate uptake in those counties? French: a bit early to tell, better to look in the new year – there are still a lot of clinics that haven't been held yet in different schools, regions; ML: thinks high ability to predict vaccination rate of children based on parents
- Other states have used FEMA staffing for hospital capacity – is Vermont at that point? Smith: we have asked for FEMA teams for monoclonal antibodies, step down units that VT doesn't currently have – between ICU and med-surge beds – these are the top priorities in discussion with FEMA – they are also very stretched – we should only expect very modest support