

Case Counts

- Burlington has picked up some signs of variants in the wastewater but more details to come
- Doing well with the 5–11-year-olds
 - 50% vaccinated first dose
 - Almost 30% for fully vaccinated
- People that were “fence-sitting” on the vaccine have been coming around to the vaccine
- Slight decrease in case growth and decrease in cases (not dramatic, but a nice trend)
- 60 hospitalizations and 19 ICU today (12/16/2021)
 - But plenty of capacity
 - Growth of ICU beds
- FEMA Teams are coming to help UV, Southwestern VT, and Rutland (removing burden of care off nurses)
- Trying to incentivize graduates to stay in VT and practice here
- Omicron is detected in 3% of the cases in US (higher in certain areas)
 - Rapid doubling time, extreme transmissibility, accumulating evidence that you have gotten your booster you will remain protected from serious outcomes) breakthrough cases will become rather common (cold symptoms but nothing more hopefully)
- Pivot towards antigen testing, but supplies are limited so hoping to implement more antigen testing during the mid-January range
- Monoclonal therapy has a very niche audience, but we will have to see how effective it is against omicron

Questions and Answers Section

Do we know if cases at Cornell were boosted or were not boosted

ML: 98% vaccination rate. Would they have been eligible for boosting? Unsure.

Any information on boosters for 12-15 year olds?

ML: Has not heard any active discussion on this.

A plan to talk to public more about COVID if they contract it?

ML: Have tried to get the population into the position to know what to do now (not contact tracing the population completely). We have been specific about isolating, thinking about your contacts, and contacting contacts. That will continue. Everything is becoming a little more personal responsibility (getting a case, how to keep holiday gathering safe, if you should get a booster) <https://www.healthvermont.gov/covid-19/symptoms-sickness/what-do-if-you-test-positive-covid-19>

Any sense of omicron on guidance on vaccination household contacts having to isolate?

ML: We are not changing and guidance at this point in time. Will watch closely on analysis being done on the omicron cases, but right now it is the same guidance.

How is the supply in VT of current monoclonal antibodies

ML: It is going great. We are requesting more each week and using it.

Will the oral medications be available in pharmacies or via another route? Is the new long-acting antibody therapy available? Are there established criteria for whom we should be prescribing it for?

ML: New orals, when available, are envisioned to be in pharmacies, but there will be a supply limitation. You will need prescription. Long-acting antibody will be available as well, sooner rather than later. 2 major criteria - anyone who qualifies for immunocompromised and anyone that couldn't have a full vaccine regiment.

Any update on vaccines for kids under 5? Is Pfizer still on track to deliver data by the end of December?

ML: Unsure about by end of December, but thinks this is premature

Becca Bell, MD: Was in a discussion where it may not come out until mid-February, but we really don't know

General concern that much of the public doesn't recognize the need to test for URI symptoms. I've had several visits and/or phone calls in recent months with people who were scheduled for follow up of other issues or follow up of labs- it comes out during the conversation that they've had covid symptoms for a week or more and hadn't thought to get tested. If it wasn't for random timing that they had a visit with me, or I called for another reason- they never would have known they had covid.

ML: Continue our messaging! Testing options are abundant and should test if they feel any sort of symptoms.

Do you have preferred testing algorithms with sustained URI symptoms and have an initial negative PCR test? How frequently should people retest?

ML: The fact that they got tested when they had symptoms and got negative is key and would accept that. Every other day testing may be overkill.