• The trends are going in the right direction
• Cases are in the 200s range for the 7-day average and continue to drop by a healthy percentage on a weekly basis
• Testing is done to 5,000-6,000 individuals daily
• Percent positive numbers are continuing to fall
• Getting closer to the 5% that we would feel more comfortable being under
• Hospital numbers have been in the 50s and ICU in the mid-teens
• Uptake in booster vaccine is slowing, but still occurring (several thousand a week)
• Rate of 5-11 continues to increase
  o Astonished by how low the rest of the country is doing here compared to us, we are way ahead
  o Same with adult booster rates
• Tiny bit of pushback regarding the announcement regarding schools (process of not requiring masking if their vaccination rate is 80% or higher)
  o Schools still have cases but less than they had before
  o Antigen tests are abundant, which is a good thing
  o Some teachers are having open conversations with their students about masking in their individual class
  o When the 80% vaccination begins February 28th, it won’t be lots of schools.
  o Seen advance notice from Southern Lamoille, that they’re planning on doing away with the recommendation for masking with the entire district (even though some of their school’s vaccination rates are above 80% and below 80%)
  o Norwich has told their campus that masking is no longer required, left in place for classrooms
• Current data shows that those unvaccinated are 7x more likely to be hospitalized or die than those that are fully vaccinated/boosted
  o That number was higher prior to omicron
• Another monoclonal available bevacizumab (not a lot of data on efficacy of it) – FDA said that it works against variant we are encountering now, but should be used when we don’t have access to other monoclonals
  o 100 doses were received by the state, only 15 have been requested by hospitals
• Under 5 age group – stay tuned in April for more information

Questions and Answers

Any thoughts about a “routine” 4th shot (booster dose)?
Pretty definitively that here is no rush. Do not need an additional booster or variant specific booster right now. New news on interval between primary series and booster, where we narrow it from 6 months to 5 months. Immunocompromised cohort should get a 4th shot across the board.
On the other end of the age spectrum, some of our very elderly are clamoring for a 4th mRNA vaccine dose. We’re asking them to hold on until we hear from the CDC...but I promised I would ask. You should hold on until you hear from the CDC. Age is not attached to the same set of conditions as the immunocompromised cohort.

What are your thoughts about traveling to Chicago for ACP in April? Dr. Levine is planning to go. He is hopeful and optimistic and is sure it will be done well. He thinks travel will be safe and that the Omicron wave will have passed. We need to begin to delve into these activities trend positively.

Masking mandate for travel opinion objections? Dr. Levine would continue to mask on public transportation in that close contact scenario.

What is the state of access to rapid tests? Access is good. More accessible than they were. We are going to have an opportunity as a state to provide more antigen tests than we did previously. Logistics are being worked out. Testing sites may be the distribution site. There may be a pivot over the next month or two that when you go to a state site, many people will accept a person handing them a 2-pack of antigen testing to test at home. Could be a good strategy if there is a prevalence of the virus.

What is low prevalence and how would the public determine if their antigen test was sensitive enough or if they should get a PCR? Reality is that we will know it when we see it, and then we will start education people. There has been a huge educational process that antigen tests are what you should be doing now. If prevalence gets to be very low using an antigen test in a reliable way will be tougher and we’ll have to come up with new strategies.

Any thoughts about pre-operative and pre-procedure testing (PCR)—still necessary? Should that be done at all or is antigen acceptable? Not going to ask hospitals to stop something that makes them feel more comfortable. They will come to the right conclusions overtime based on where we are with the number of cases, number of hospitalizations, etc., but they should keep doing what they’re doing.

Join us March 3rd at 12:30 pm (next scheduled commissioner call time/same zoom) for a Town Hall with our Congressional Delegation to hear about national health policy issues [https://vtmd.org/vms-2022-advocacy-daymonth/](https://vtmd.org/vms-2022-advocacy-daymonth/)