

**Scott intro:**

- State of Emergency extended for another month - this is a vehicle for response
- Effective Jan 18th we will move into Phase 2 for sports
  - Right now in phase 1 – only skills and drills – have seen no spread tied to these activities
  - Phase 2 allows to expand practice to limited contact and scrimmages; games and scrimmages between other teams still prohibited
  - Outdoor sports such as Nordic and downhill skiing can resume in small groups
- Vaccination
  - Nearing end of 1A grouping for vaccines – on Jan 25 age banding will begin for those 75 and older; then those with chronic conditions will be included – this is focused on protecting those more likely to die
  - Repeats stats of how mortality is so closely linked to age
  - This method is the simplest, easiest to understand and efficient
  - Supply is still very limited – it will take several weeks to get through each age band

**Sec French – school reopening**

- Data from end of December on in-person learning – fairly stable since October
- Case counts remain very low relative to general population
  - This week 2200 staff tested – 1 positive case = .07% positivity rate
  - About 40% opting in to testing on average across the state each week
  - Very little evidence of in school transmission
- K-12 overall 30% have been in person full time/every day; 50% hybrid; 20% fully remote
  - Elementary level 50% fully in person – virtually unchanged Oct-Dec
  - 20% of middle school fully in-person
  - 10% high school fully in person
  - More difficult to meet in-person in older grades as distancing requirement is greater (6 ft vs 3 ft) and classroom sizes tend to be larger

**Sec Smith**

- Vaccination
  - Our focus is administering doses as quickly as they come into the state
  - Should have vulnerable Vermonters vaccinated by the end of the winter
  - Vaccine is most complex logistics issue state has faced in this pandemic
  - Major limiting factor is the number of doses being manufactured and delivered to the state
- Vaccine progress to-date
  - Dec 15 – first doses administered
  - 35,000 people have received doses
  - All skilled nursing facilities have received first doses – on track to receive 2<sup>nd</sup> doses by end of January
  - All assisted living and residential living should get first doses by end of January
  - Health care workers approaching completion
  - Nearing end of 1A
- Phase 2 – by age
  - Will begin week of Jan 25<sup>th</sup> – starting with those 75 and older
  - 49,000 Vermonters 75+; getting 8-9000/week so this first band will take about 6 weeks

- Want to set appropriate expectations given supply available to Vermonters to avoid disappointment and frustration we have seen in other states
- Register online or by phone starting on Jan 25<sup>th</sup> – will share that when we get closer to the 25<sup>th</sup> – hope family members will help use online system so phones don't get overwhelmed – do not call your own hospital or health care provider to get registered; don't contact other VDH phone numbers – no registration is open yet
- Please keep your appointment – we can't have doses getting spoiled
- Clinics will begin Jan 27<sup>th</sup> – some will be regional through the state, some will be through partner hospitals, pharmacies and partners
- Want to distribute every available dose
- More information coming in days ahead regarding registration process and where the locations will be
- Make appointment at time and place you are administered the 1<sup>st</sup> dose
- If homebound – working to partner with EMS and home health
- As more vaccine comes into the state it is scalable to move more quickly
- For next week – permission for hospitals to administer any vaccines not needed to 1A to being vaccination to those 75+ who are in hospital in-patient unit (does not include ED)
- After this phase – will use same system – for those 70+, then 65+, modifying the pacing of the age bands based on dosing available
- Expect to be done with 65+ by end of winter (March/early April)
- You will have to prove residency or your provider being in Vermont – in most cases, you will have to be a Vermont resident

#### **Mark Levine**

- Prioritizing medical conditions
- Once we finish 65+
  - 18-65 with medical conditions that put them at risk of severe illness as recognized by the CDC (meaning risk of hospitalization, admission to ICU, ventilation or death)
  - Current cancer
  - Chronic kidney disease
  - COPD
  - Heart conditions such as heart failure
  - Immunocompromised state such as related to organ transplant
  - Severe obesity
  - Type 2 diabetes
  - Pregnancy
  - Down syndrome
  - Sickle cell disease
- Will ensure those BIPOC and at-risk population know about access and have access – in language and in locations they need

#### **Case updates**

- 2.7% positivity rate
- Watching hospitalization rate closely – deaths continue
- Only 11% of cases currently are associated with an outbreak
  - LTC was driving outbreaks for a long time – this role is diminishing
  - Many are now household/community transmission

- Addison County has highest rate right now – related to an outbreak at Baptist Church – 115 cases – most appear to be primary – does not appear to be secondary spread
- Otherwise causes are largely unknown or contact with a known case
- Workplaces and schools almost no contribution right now
- Ski resorts – tend to be sporadic cases among employees in a range of roles such as ski school, retail, etc - matching general community
- Youth sports – since resuming skills & drills – have some reports of youth attending while infectious no reports of teammates being close contacts or becoming infected

#### **Q&A: Record of 31 reporters in the que**

- Q: why doesn't VT data on vaccine doses administered match what CDC dashboard is reflecting? MS: there seems to be delay in reporting; 2<sup>nd</sup> doses may lead to further delay – may have it on hand but have to hold it for person's scheduled 2<sup>nd</sup> dose; but we are one of the top in the nation – currently 7<sup>th</sup> – only 100 doses still sitting in state warehouse
- Q: more detail on what outreach to BIPOC communities looks like? ML: we are having many meetings with community leaders, community organizations, a lot of education around the concept of vaccination and make sure communities know when/how they are eligible – perhaps providing within walking distance of certain communities; eventually may include vaccinating within entire household
- Q: How is new PPP program going? Sec Kurrle – be ready to get application in right away – it is first come, first serve – establish a relationship with your lender today
- Q: HHS has said 65+ - why is VT sticking with 75+? Scott- want a simple procedure – we can move through as supply is available – we've seen what happens in other states when it is opened larger – a lot of overpromising
- Q: 6 weeks for those 75+ takes us to early March – is end of winter realistic to get through 65+ A: Sec Smith – need to take off those already vaccinated through LTC and not everyone will opt in to taking the vaccine – we think this is realistic
- Q: would additional approved vaccines change the timeline? Sec Smith: absolutely – we have designed the system so it is significantly scalable - we can just wait for what we get from the federal government
- Q: will smoking be included that allows you to be prioritized? ML: we are choosing not to include this- it is not a "condition"
- Q: Are you concerned about lifting the guidance on contact sports – experts say introducing more contact in school sports will mean more risk of transmission? Governor: Which health experts are you talking to? M.L.: move to Phase 2 does allow a little more contact but not a dramatic change. Using our practice of going through one or two incubation periods to test out the phase
- Q: Health conditions that qualify for higher priority? I didn't hear smoking? In VT we did not include smoking as it is not a condition
- Q: What should people do in the Upper Valley – NH or VT? And do you have to prove residency? Mike Smith: you will need to prove residency to receive a vaccine – if your provider is in VT that could be an exception. Unless they can get it in NH go ahead.
- Q: Seeing reports of businesses boarding up to prepare for the rally's this upcoming week?
- At this point we are not seeing anything at this point in time to make us nervous, we are preparing for next week

- Q: Is Asthma not one of the conditions? M.L.: Chronic COPD will put you on the list – asthma is on the list of what is possible to go on the list. CDC doesn't support asthma – not evidence-based at this point
- Q: Prioritizing and mention of the congregate living situations can also be prioritized? Can all in the household be vaccinated? M.L.: Yes – we think that can be most efficient and think that all of the resources will be going towards that anyways
- Q: What if people don't keep their appt.? M.Smith: We are working on a call-back system for people within 30 minutes in case there is a vacancy
- Q: Do you have an acceptable lot that you would let spoil? Mike Smith: No – we are trying to ensure there is no spoilage in case there are no shows and if EMS has a list of people they have available than that is what we would do
- Q: You referenced state's hospitality industry has hard hit – do you think any of the federal money from December will flow to these businesses? Lindsey Kurrle: Unfortunately, there is no direct money for these businesses – which is why we are encouraging them to use the PPP and get their applications in ASAP
- Q: Better picture of where the vaccine clinics will be and what they will look like? Mike Smith: You will see them along the health district line and what they will look like is similar to the testing sites – and you will be observed for 15 minutes afterward – where there is plenty of parking and space.
- Q: How confident are you that the online system and the call system will not be a mess? Mike Smith: One of the things that we have done is that we roll through 35k tests on average – we are fairly familiar with large amounts of people coming through our platforms and the base capability. Testing is centralized – one database for the registration – and as it does in testing – we have a high degree of confidence in this. Gov. – we need to reset our expectations – we are concerned that every time we open a new band that their will be a bottleneck – it is the call-ins that will cause the bottlenecks – we have 200 call reservationists and hope to ramp them up.
- Q: Transparency – no longer makes the list of outbreaks as public information. We have been waiting for 2 weeks for a FOIA. Is there anything you can do to ensure transparency in providing information about the outbreaks in certain communities? Gov: I can look at that and when you make the request we will expedite as soon as we can
- Mike Smith: If you sign up for tests on our website they are free. We have 17-19 sites – you should be able to get in fairly quick. Everything the Governor has said is true and our partner with Northwest Medical Ctr is a gem – definitely not the rule.
- Q: When will the school guidance change? Dan French: You are a 7-12 school – we are trying to fit the guidance to each school – we have been very aggressive. Our guidance will continue to evolve and our conditions will most likely improve. Our guidance will change after April vacation.