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 2nd 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 25th – 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
  o Register online or by phone starting on Jan 25th – will share that when we get closer to the 25th – 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
  o Please keep your appointment – we can’t have doses getting spoiled
• Clinics will begin Jan 27th – some will be regional through the state, some will be through partner hospitals, pharmacies and partners
  o Want to distribute every available dose
  o More information coming in days ahead regarding registration process and where the locations will be
  o Make appointment at time and place you are administered the 1st dose
  o If homebound – working to partner with EMS and home health
  o 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)
  o After this phase – will use same system – for those 70+, then 65+, modifying the pacing of the age bands based on dosing available
  o Expect to be done with 65+ by end of winter (March/early April)
  o 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+
    o 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)
      o Current cancer
      o Chronic kidney disease
      o COPD
      o Heart conditions such as heart failure
      o Immunocompromised state such as related to organ transplant
      o Severe obesity
      o Type 2 diabetes
      o Pregnancy
      o Down syndrome
      o 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
    o LTC was driving outbreaks for a long time – this role is diminishing
    o 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; 2nd doses may lead to further delay—may have it on hand but have to hold it for person’s scheduled 2nd dose; but we are one of the top in the nation—currently 7th—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.