

### Cases

- Unclear why it's such a long course here in VT
- Unlike the South, where they saw steep incline and decline – though still to a decline worse than NE States
- Thought we were going down a little but we saw robust number again today
- Always look at 7 day average, not just one day; we are not going up steeply but not down steeply
- NE are all high vaccination states
- Most of the transmission happening in small gatherings
- Are also seeing in VT the counties with the lowest vaccination having the highest cases (Orleans leading the pack)
- 2/3 – ¾ cases in the unvaccinated; still does mean a significant number of cases in the vaccinated but we do believe the data that they are not getting as ill
- New England not out of the woods
- Now New England as a region is seeing somewhat of an uptick, Northern New England doing less well
- Northern counties not doing as well relatively – some of this had to do with vaccination rates
- Numbers of cases somewhat volatile – 100s -300s
- Hospitals generally in low to mid-40s; ICU beds in teens
- Unvaccinated 70% range of hospitalizations; 75% range of ICU
- Deaths at lower pace than September
- Most recent deaths predominantly of unvaccinated or very vulnerable unvaccinated
- Significant correlation between vaccination rate in counties and case counts – Caledonia, Orleans, Essex, Rutland
- ¾ of cases in unvaccinated
- 0-11 are 10-20% of cases, still plenty of middle aged adults (60,000 left to vaccinate)
- Though a whole region can have high vaccination rate, the virus can transmit among the clusters and social networks who are unvaccinated, and school age children

### Hospital Capacity

- We know work force at all levels is incredibly stressed, given the unrelenting pressure of 20 months
- We know pressures of boarding in EDs and inability to discharge to LTC
- Problem is not solved yet, we are working hard to open nursing home bed – capacity in Burlington, St. Albans and Rutland
- Progress in mental health but reversed with the vaccine policy at the Retreat taking some staff off line (and CEO adds this was also due to an outbreak that an unvaccinated staff member brought into the facility)
- Working on several more beds for MH capacity but too early to report

### Hospitalizations

- 70% of hospitalizations among unvaccinated; 75% of ICU

- Yesterday mid-50s hospitalizations but back down to mid-40s and only 11 in ICU; unclear how to synthesize all this data
- Case in Northeastern VT and could not place in an ICU in all of New England, including Boston or Albany – that was scary and unclear why because every day we seem to have capacity in ICU beds – something that made it more difficult to place the patient or the situation? Not enough staff? Too sick to accept?
- Hospitalization numbers are something we are watching very closely and needs to continue to be front and center

### **Vaccination**

- Close to 90% of all Vermonters starting; 80% fully vaccinated – very remarkable
- Boosters: No doubt it will be all 3 vaccines and mix-and-match but we need to wait to see final recommendations from CDC
- Everyone should have access to any booster they want
- Uptake of boosters has not been overwhelming; many people eligible who haven't gotten one – is messaging confusing? Or not feeling the urgency?
- 5-11 on calendar at FDA at end of month, CDC Nov 4 – front and center of White House strategy – very serious about making sure it's available even before we have approval

### **Boosters**

- Now pretty much anyone can get any booster of any type they want – same or different vaccine
- 5-11 getting discussed Oct 26 and soon after at CDC level – have little doubt we will be doing 5-11 in early Nov – doses getting allocated now, predominately to physician offices, school based clinics and state clinics – a lot of activity coming – state is prepared

### **Access to Monoclonal Antibodies**

- Public should know this is available. They should alert healthcare they are positive and are at high risk. Have about a 5 day window to get administered to the pt and make a difference. But we need help to workforce and clinicians to know they should be offering it. See VAHHS survey that many people might benefit but are not receiving it. Also patients in assisted living, residential care who might benefit and prevent them needing hospitalization – state can bring to these sites. We have enough doses in VT – can move them to where they need to be. Devon: we know workforce is an issue is offering monoclonal antibodies.

### **Testing**

- Seeing about 7000 tests per day
- Positivity rate back down to around 3%
- Think we may be picking up more cases than other states – we are doing so much more testing

### **Questions and Answers Session**

**Do you anticipate any change in masking guidelines or requirements based on the continuing high rates? I just spent the weekend in Orleans County, and there was nary a mask to be seen in most places!**

- ML: just went into restaurant last night for take out and no one was wearing a mask, including staff – agree some places are not seeing masking

- Only change will be messaging will be stronger and stronger; clear we will not have a mask mandate despite where we are with cases
- He has looked at data: 6 states have had recent mask mandates during Delta surge – in some states mask mandate came early enough that we might have seen an impact; but in majority he could not create a correlation between a mask mandate and cases – not sure same data we saw earlier in pandemic holds with Delta and high vaccinated population – might be seeing more data showing vaccinated people do not transmit
- Thinks more guidance about gatherings would be more effective – masking, size of gatherings – people really let their guard down there
- There will be clear guidance on 5 points: get vaccinated; get your kids vaccinated; consider monoclonal antibodies if positive; gather responsibly; wear a mask indoors
- Q: will there be messaging about rapid antigen testing? ML: yes, that is part of messaging but we can't overpromise because there is a shortage of them right now and they are not equitably available – but eventually that is a strategy our country needs to adopt

**Do you anticipate any changes in guidelines are numbers/gathering from the governor?**

- Do not anticipate any guidelines/mandates – but just information

**There is a glitch in system with registering for booster dose when 1st 2 done out of state. Can get it but it's considered a first dose.**

- Does this skew the data in terms of who is getting boosters vs first doses? ML: hopes not but doesn't know for sure
- Have to call to register in these cases

**Lakeside Pediatrics strongly urges the State to mandate COVID vaccination for school attendance.**

- ML: keep those comments coming – he will not be the one to make the decision

**Can you comment on 5-11 pediatric doses coming into the state? I heard 15,000 in first few weeks after approval - does that include pharmacies?**

- Will be getting 15,000 in first week, slightly reduced in following weeks; does not include pharmacies
- Becca: AAP will be doing forums with families, hoping to time it so that it comes a few days before a school based system – more info to come as they are scheduled starting week of Nov 8

**Why does ICU capacity seem to be fluctuating so quickly? So much challenge finding ICU capacity?**

- Data is only a point in time, changes quickly. One issue is staff capacity – many who were available earlier in the pandemic are back at their standard positions. We have had to transfer as far as CT.
- One hospital: 4 ICU nurses leaving for traveling positions – will make even fewer beds available
- Another hospital: our ED is so full we need to shift staff from ICU to staff ED – this may reduce ICU beds – it's a shell game
- ML: Senator Sanders convened a meeting recently to discuss nursing workforce, many solutions are not immediate, but they are aware of the issue of nursing leaving for traveling positions
- More issues with difficulty transferring to a critical care setting? It does wax and wain over a week or a day but if it takes 13 calls to get pt transferred to the 14<sup>th</sup> facility, that does not mean

we have adequate access. The system is stressed. Even if we have facility to transfer patients, EMS may not have capacity to transport

### Discussion Section

**We need stronger leadership from the State about the pandemic. Much of the public seems to have pandemic fatigue and are acting like we're in normal times. This is in sharp contrast to the reality that this is the worst we've been since the pandemic started. One recent Friday evening I worked until 8:30 pm seeing patients and working on COVID messaging, and drove home past a bar that was overwhelmingly packed with people - made me question why we're working so hard. We need better messaging from the governor.**

- ML: agrees, this is hard; governor thinks the state should be open and needs to be personal responsibility; there is pandemic fatigue and their appetite for what we are saying is markedly reduced
- There are basically no states that have any restrictions on what you can do anymore; at least we have a governor who is listening to the data and messaging appropriately – not fighting protections like masking