

COVID-19

- We were at low community level for a long time
- Now at medium community level
- New COVID cases is up, but this did not push us to next level
- New hospital admissions did increase to 73 last week – pushed over 10/100,000 – that was the data that moved us to medium
- Staffed hospital beds occupied due to COVID has gone down
- 30-40% because of COVID
- Hospitals are packed and full and busy, because of med/surg needs, respiratory illnesses, not just COVID
- Number of cases this week are in the 60s
- Still seeing very few deaths, mid teens between Sept & Oct so far
- Variant data: shows BA5 still leads though BA4 is being seen and some BA1
 - All Omicron, including a new variant, BA4.6
 - Still expects vaccine to protect us
 - No major variants on the horizon internationally at the moment – but have to keep watching
- Syndromic surveillance – just over 5% visits to urgent care/ED with symptoms – not a surprise we would see a slight uptick in this due to fall, indoor gatherings
- A few outbreaks, generally small in size and low impact on health – a few in schools, LTC
- Continue to do well with vaccine, even though numbers won't sound like we're doing a tremendous job this compares well to the nation
 - 15% of those eligible have received bivalent
 - 20% of kids 0-5 with new vaccine
 - Will continue to increase, will continue at a steady basis – more integrated into routine health care visits
 - Early adopters have been going to EMS sites – delivering about 50% of doses, Pharmacy 35%
- Therapeutics
 - NYTimes reports VT providing more Paxlovid than other places in the country
 - Feels good those who are self testing are calling about treatment
 - Will see move to transition treatments into the commercial market

HMPXV

- Have decommissioned response center
- Precipitous drop in new cases nationwide
- VT still has only seen 3 cases
- Have delivered about 800 doses of vaccine
- Seems to be on the wane as a whole

Legionella

- Not finding any new cases or clusters since end of August

Opioids

- Putting out report in overdoses in month of July
- This is usually a high month but this is even higher – 7 more than year before
- 44% of deaths had association with xylazine
- CNS depressant, can be used to extend high of narcotics
- It cannot be reversed with naloxone

Questions and Answers

What are you seeing in terms of RSV so far?

ML: There is an uptick, and this is a bit earlier than typical. Entire New England region is seeing this, leading to pediatric admissions, ICU need. Just a plethora of respiratory illnesses right now – more playing a bigger role in hospitalizations than COVID. Ped units getting overwhelmed in Southern NE. Even tertiary medical centers getting overwhelmed and not taking transfers.

Lack of bed capacity is crushing all of us. Especially in terms of step down or rehab beds. As bad as ever in the pandemic.

ML: Seems to be less workforce capacity than beds not available due to other patient use. Would not say workforce is not an issue. Usually shifting workforce to different units – e.g. shifting to ICU so limiting step down or med-surg beds.