

## COVID

- still alive and well – but still at low level per CDC community levels (by pcr positives which are diminishing and hospital admissions)
- Deaths continue to occur – about 6 per week – VT has lowest death rate in continental US (Hawaii a little better)
- Therapeutics continues to evolve – Current options are: Paxlovid most efficacious, Remdesivir more complex to administer with infusion, Molnupiravir less efficacious, but good for those with contraindications to other treatments
- No monoclonal antibody to use on current strains of the virus
- XBB overtaking as current strain – VT seeing in increase
- Vaccination rate is 34% for all ages
- New vaccine formula being discussed to incorporate newest strains – but probably won't include the ancestral virus as most have been infected with that. Specifics not set in stone, just projections for fall.
- Expiration of PHE coming in May – everyone is busy looking at implications which are evolving over time – federal gov't will still be a supplier of vaccines and therapeutics for now.

## Other Viruses

- Not a lot to report on other winter viruses – flu gone (strain A) – will we see resurgence of strain B as season tails off? No one knows.
- MPox – VDH accepted 200,000 from federal gov't to use for later this year during major pride events, or other opportunities to access large groups who haven't been vaccinated yet. There will be resurgence and it will be affected by human behavior
- Legionella outbreak from Aug./Sept. – never any more cases after the outbreak – 1 death. Water management strategies were deployed and that stopped the outbreak – raise this now to raise awareness to hospitals that there is a lot of standing water so make sure water management procedures are being followed in your facilities – any questions reach out to VDH

## SUD

- finalizing recommendations next week from Opioid settlement funds – predominantly harm reduction strategies and reducing barriers to access treatment/support.
- 75% of overdose deaths were of people who had no contact with substance use system making it impossible to intervene
- Cannabis – putting out new data pages with rates of use (youth and adults), driving impacts, etc.

## Hospital Data

- continues to be heightened time with poor ability to move people around/transfer people – good news is that DAIL is working hard – contract signed re: proposed new facility that the state is working on to accommodate more LTC residence. Hopeful for summer.
- Very aware of major academic centers in our region feeling same bottlenecks as mentioned above. Helped tremendously when they can transfer back to tertiary centers once stable

## Questions and Answers

**Mike Rouse – there has been discussion about masks in health care facilities – pressure to decrease masking in hospital and clinics especially after May 11<sup>th</sup>. There is a hospital trialing removing masks in ortho clinics where presumably low URI.**

**ML – no state level recommendations but clearly things are moving in that direction. Hoping COVID becomes winter virus and behaves similar to other seasonal viruses. Going to see more and more of this discussion as May date comes about. May be impacted by what the virus looks like at that point. CDC has not revised guidance yet.**