

COVID-19

- Cases
 - o Remains at our own assessments “low” level of transmission
 - o CDC also qualifies as “low” with Bennington & Rutland at “medium”
 - o 100 fewer cases reported this week than the week prior
 - o Epi curve continues to show decreases
- Hospitalizations
 - o lowest in New England and lowest we’ve been in a number of weeks
 - o Mid-Aug: mid 20s; later Aug, 40s; week ending 9/7: 35
 - o 4-0-50% admitted “because of” COVID
- Deaths: June & July were 13 each compared to April of 33; Aug is at 19; Sept currently at 0
- Treatment
 - o Last week to obtain Bebtelovimab from fed gov’t – tried to order to restock for LTC and hospitals
 - o Free medication now at an end with that antibody – getting more details on fed program to get for those who are underinsured or uninsured to still obtain it and reimburse the setting for the medication cost (not administration) – unclear what the requirements of that program will look like but trying to have access for those who don’t have good insurance status
 - o Otherwise will get administered and billed through insurance
 - o If you have inventory that has been provided by the fed gov’t you cannot bill for those – will have to segment inventory to know which is which
- Schools are back – early for conclusions – but so far it is “quiet” – about 300 cases – 2/3 students, 1/3 adults out of 80,000 students and many staff
- Vaccines
 - o Have bivalent vaccine for booster
 - o Monovalent is discontinued as a booster – will continue to be used for initial series
 - o Have received 17,000 doses, pharmacies got about the same amount plus FQHCs
 - o No “mass vax” clinics but there are EMS clinics and local health offices
 - o EMS clinics are walk ins – provide about 500 shots/day on average by each site
 - o Everyone will be on their own timeline, hope those who are higher risk go earlier but will also weigh against how recently they got booster, had COVID
 - o Expect to see uptake quite variable and over time
 - o Primary care can order beginning next week and hope a lot of the vaccination goes on in the primary care setting
 - o If need arises could ramp up for mass vax clinics in the future but don’t think we will need to do this
 - o Don’t have flu vaccine yet but expect at any moment
 - o Communicating to get flu and covid concurrently – but can also do separately
 - o Goal is EMS clinics to do both flu & COVID but working out some reimbursement/logistics issues – trying to confirm by next week (remembering EMS cannot do high dose for those over 65)
 - o National strategy is to continue the new bivalent booster to be your annual fall booster

- Hope that matches covid looking more like flu with a fall and winter rise but not waves throughout the year
- Not seeing new variants nationally or globally coming our way at the moment
- Otherwise we do risk booster fatigue

HMPX

- Very quiet
- Major news is WHO feels like Europe is beginning to see moderation and decrease in cases
- Our country is not there yet, up to about 21,000 cases
- Still only 3 Vermonters in VT
- Still very little vaccine in VT – need to qualify to get more and our numbers don't do that
- We are continuing with pre-exposure prophylaxis if fall in high risk group – MSM, multiple partners
- We do see people who traveled to Canada for first dose and now are back for 2nd doses – we are happy to do that
- Not seeing a huge surge for demand for vaccine in VT – even from sites like HIV clinics
- Believe a lot of the messaging has also led to a lot of behavior change that has decreased spread
- Hope is that for larger events like Pride parade in Burlington can have enough vaccine to do a clinic

Polio

- Nothing going on in VT
- NY has only had the 1 case of paralysis despite measuring in waste water
- The virus has been around and people have been infected but worst outcomes are rare
- 94% vaccination of kids entering kindergarten in VT – that hope it won't become an issue

Avian flu

- Had a fear in domesticated birds at a show
- But test turned out to be negative

West Nile, encephalitis

- no major activity in VT
- but there are cases in New England in humans
- mosquito vectors are still alive and well this time of year