Cases

- Northeast continues to be only location with much BA.2 activity – very curious
- VT most likely to be exporting the virus now
- Would expect we would be transmitting across the nation like we saw in the UK
- Though no where else is like the Northeast with how much testing we are doing and our colder climate that hasn’t warmed up yet – so that may explain some of the difference
- All of the Northeast is in unison in cases going up about 25% per week
- Northern NE is looking a little worse on CDC map than Southern NE but RI and pockets of Mass also seeing increases
- Not seeing same kind of “surge” as we saw with Omicron 1 but seeing a “wave”
- CDC map now has 2 Vermont counties in the red – Bennington and Washington
- Don’t want any 1 school or county reacting too quickly to the change to the map in a state where so many people are frequently crossing the counties
- Had call with White House Coronavirus Task Force yesterday regarding why VT looking the way it is- more VT giving them update than hearing any explanations for why cases in NE higher; some discussion of other subvariants of BA. 2
- Waste water monitoring – still trying to determine what we can take away from them - 3 plants never seem to react in unison even in same Burlington community; other communities don’t have good baseline established yet – showing some increases but have only been collecting data for a few weeks
- Such a wide range in confidence level in modeling for future cases that we can’t take much from this but can take some from UK – we would predict another week or 2 of cases gradually rising until they stop rising; hospitalizations about a week behind; this is just our guessing based on UK

Hospitalizations

- Saw a decreasing admission rate but an increase in prevalence – longer hospital stays
- Has predominately been in the 40s but it is now at 50 – we will see which direction it goes
- About a 50/50 mix of those admitted because they have COVID vs found to have COVID incidental
- Decoupling from ICU – on average only 2-3 per day; 0 people on ventilator most days
- Decoupling from mortality rate: Death rate was 50s-60s in Nov/Dec, March was 17; April at 5

Vaccines

- Still seeing vaccinations at a few 1000 per week for boosters
- Not a high percent of those eligible for a 4th booster who have received but this is expected since it was not a strong recommendation

Therapeutics

- Sufficient Paxlovid – ordered 200 more doses from feds this week, have asked for the same next week – to allow to spread across more pharmacies, doing well geographically
- No “test to treat” sites in VT because don’t have urgent care facilities on-site but do appear to have sufficient access
- If can’t get at first pharmacy are still able to get in region
- Have available directly to LTC – shouldn’t have to go through hospitals/pharmacies
Questions and Answers

- Seeking input – how is absenteeism going?
  - One hospital – seeing highest staff absenteeism due to positive COVID cases seen all pandemic; have had to close beds due to nurses out
  - ML: don’t think we are in different standard of care yet but there is the tool in the toolbox to bring staff back who have tested positive if you reach that level
  - Another hospital – still seeing sporadic absenteeism, not all at once; almost all unvaccinated employees who received exemptions have now gotten COVID
  - ML: still do have TLC contract if reach those levels
  - Pathways to LTC and mental health facilities have opened up a bit – still ongoing issue but a little smoother

- What are we thinking about a fall booster that is variant specific? ML: that is the way we hope to see things going into the future – testing/developing in spring with a fall booster; some of this private sector will take care of this but also dependent on federal funding