

COVID & HMPXV Update

COVID-19:

- No substantial changes in COVID case counts, slight uptick but VT still remaining in “low” community threshold
 - Each past two days, cases in the 90s
- Hospitalizations have ticked up – in mid- to high-20s; this week up to 40-47
- Number in ICU in low to mid-single digits
- 50% at UVMHC – don’t believe signs of increased community transmission but did see one facility outbreak that contributed
- Is COVID reason for admission or incidental? 40% are hospitalized because of COVID
- ICU still shows lack of much need for ventilators
- Deaths for August with less than a week left look low
- Slight increase in demand for PCR testing but not at a level that is concerning
- Increased demand for therapeutics – 14 calls from LTC facilities – higher number than in past weeks so something to watch
- Vaccination rates – now being reported by “up to date” so only at 39%
 - 0-5 age range now many weeks in – up to 30% one dose, 1/3 of those both doses – you may think this is low but it is way over national numbers of 5%
- Lots of “talk” about long COVID, we are wrapping up a research study with UVM COM – hope to have some data to report soon regarding rates and what we are finding in VT
- Fall planning – worse and best case scenarios based on variants – still very confident we can meet demands regarding to testing, therapeutics, vaccination with the structures we have in place now – though worst case scenarios show may need more facilities
- Have been hearing concerns about school starting but we are in a very different place than we were a year ago – a lot of recent positive cases and booster doses so protection
- Boosters: Sept 7 – date for new vaccine, advisory committee to CDC meeting Sept 1&2, don’t expect to see a lot of real world testing data but will be safety data
 - Don’t expect large statewide mass vax sites – most will be integrating into their health care, primary care, pharmacies, will be EMS sites
 - EMS sites will be able to do flu and COVID – but note if you are over age 65 you cannot get higher potency at state sites (can’t be purchased with state dollars)
 - Would ML talk to medical staff about flu and COVID boosters? Yes – he would be happy to talk about boosters

HMPXV:

- U.S. has 1/3 of world cases – either testing more (don’t think this is the case) or initial response was not as great as a country
- VT – 2 Vermonters have been diagnosed; have managed other cases but they were vacationers/visitors
- Case tracker: <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>
 - Have not required a lot of post-exposure prophylaxis for close contacts
 - Now doing pre-exposure prophylaxis with intradermal vaccination
 - Finding getting 3-4 doses per vial – still good but not the number of 5 per vial
 - VT has 226 vials – not a lot of supply

- Most has been disbursed to partners in the community – PPNNE, comprehensive care clinics, etc; starting to disburse to Health Dept offices so it is geographically available but won't be a lot of doses
 - Can't do as much preventive strategy as we would like until we get more doses
 - Have been told that if having a large community event that would draw target audience feds will try to get you more, but VT hasn't been comparing well to other even larger states that draw tens of thousands – working to get more vaccine to be able to start this
- Sen. Sanders in town doing event at UVM today focused on health care workforce