June deaths smaller than May and much smaller than March or April.

**Therapeutics**
- VDH is doing a modest amount of stockpiling
- Not getting huge requests for more supply (its adequate and since cases are going down so is utilization).
- Evusheld – continues to chug along at a low place as it has all along in VT.

**Vaccine**
- in week 1 of vaccinating 0-5 year olds we have vaccinated 1375 children with about a 50/50 mix between pediatric/family medicine & EMS special clinics
- Suspect health care office utilization will increase as we go along
- The denominator is about 26,000 for that age range, so just beginning the process
- Nationally less than 20% of parents said they would be getting kids vaccinated right away and 30% said they will never vaccinate – leaving about 50% that are waiting to see
- Suspect there will be robust numbers in the 1st month or 2 because “that’s what Vermonters do and they believe in the vaccine”.
- FDA officially stated that they strive to have a vaccine in fall that uses the best of the old with some element of the newest variants (BA.4 & BA.5) that are escalating at a rapid rate
- VT probably seeing 50% of cases with these variants, but even though the percentage of the new variants are going up, not effecting total number of cases
- A new vaccine (to include the new variants) is already being formulated by Pfizer with the goal to be available in October. There will not be a lot of testing on this – more antibody response than randomized testing - since it is such a short turnaround time.

**Testing**
- there will be opportunities to obtain test kits if people didn’t obtain them before the sites shut down
- Community sites like town halls, libraries, food shelves and other places in towns will have supplies with a nice response when sent request out through VLCT
- More information to come
- At end of clinics being open the number of PCR tests were really low, but utilization of at home test kits were growing each week.

**Monkeypox**
- Vermont has analyzed 6 specimens – all negative
- NH had its first confirmed positive a few weeks ago and it is all around us, so it is hard to believe VT would be spared, but so far no case
- The federal government has started to provide Jynneos, the safer and more effective vaccine, in health departments around the country
- They are focused on states with cases, so Vermont has not gotten any, but expect doses will increase in July
- A lot of the vaccine is in Denmark even though owned by U.S.
• The major goal is not to have this be endemic, but not sure if this goal has already been lost or not
• VDH has been doing education of clinicians and high risk public, and are working with epidemiology and lab staff so that there are no barriers to clinicians that want to have specimens tested
• Dr. Levine noted an open door policy – “if you want a lesion analyzed it will be done”
• The CDC had pushed clinicians to rule out all other diseases before testing, but Dr. Levine noted in VT if a clinician is uncertain about a rash that makes monkeypox a possibility they should use their clinical judgement if they think a test is necessary
• US has a smaller case count then the rest of the world, but that may be because of lack of testing
• Good news is that no uptick of cases following pride month.