

Cases

- Hope to see things burning out soon in VT - started here earlier/northern New England – not seeing things going
- All of southern New England now seeing significant increase, now seeing mid-west, spreading western/South
- % of BA2.12.1 will be up to 40% in VT soon we expect
- Not yet documenting B4 or B5 getting documented in South Africa and not sure how they would perform in the US
- South Africa different situation – not
- Hospital data rather stable

Hospital beds

- Just over “green” to “yellow” on number of admissions per day; rather low on percent of staffed inpatient beds occupied by COVID (below 5%)
- ICU beds stable, in single digits
- Ventilator patients very low – 1 to 3 per day
- VAHHS: still very challenged by staff being out due to COVID, still under a lot of staffing pressure; a lot of patients still coming in sicker, with multiple serious conditions

Deaths

- 4 deaths recorded this morning – this month will be higher than March & April – low 20s
- Percent in LTC in ages in 80s, 90s and 100s is striking as of late – very different than Delta, when we saw people in 40s, 50s and 60s as well
- But this is still concerning that these very vulnerable individuals are still succumbing to Omicron
- Syndromic surveillance – about 5-6% of ER and urgent care visits, a little downslope

Treatment

- Paxlovid abundant at this point – 6000 doses over past 2 weeks
- Have put out a HAN, worked with public to let them know – have heard stories from physicians discouraging people with mild symptoms due to fears of scarce resources – want to hear how this is going

Testing

- By end of June phasing out state test sites
- Encouraging pick up of home tests until then
- Have 100,000s left
- Can order from fed govt as well
- How do you feel your hospital/health system/network can deal with symptomatic people who may be looking for symptomatic testing? Hospitals with testing sites do have capacity so they are feeling ok with state testing winding down
- ML: we do have the capacity to set back up if needed with another big surge, have the contracts in place, etc

Other

- Study from Mass General – regional disaster response – want to understand credentialing obstacles and lessons learned – encouraging CEOs to make sure your hospital is a participant
- Federal COVID relief – he is confident that federal government will not ultimately let the public suffer through lack of access to vaccines, treatment, testing – thinks they will ultimately fund –

especially need support right now for expanded development/testing of a better tailored booster for the fall

- Contrast Media: VAHHS working to collect survey from all hospitals on supply, burn rate, lead to an informal way for hospitals to exchange supplies if needed to avoid VDH reallocating on a mandatory way and avoiding a crisis, but if there are multiple hospitals running out of supplies may need the state to step in to help – ML is open to talking about this with the public and setting expectation that imaging may be getting
- Formula: are hospital having trouble accessing what they need for in-patient use? Not hearing this