

VMS Governor's Press Conference Notes from Tuesday, August 17, 2021

Gov. Scott Intro

- We have been following the cases closely
- Our cases are going up but we are not FL, Miss or other states with low vaccination, high hospitalizations and death
- VT has reached 85% vaccinated over the weekend
- We have lowest hospitalizations in the country
- Since Jan only 2% of cases have been fully vaccinated; only .1% of fully vaccinated Vermonters have gotten COVID, .004% hospitalized, .002% died
- Risk for fully vaccinated Vermonters remains very, very low
- Are not adding statewide guidance or adding other recommendations at this time
- Our top recommendation is to get vaccinated, this is a pandemic of the unvaccinated
- School guidance: all will wear masks for first 2-3 weeks; stay required for all not yet eligible (under 12); lift requirement once reach 80% threshold at that school
- Continue to recommend masks for those who are unvaccinated in indoor places

Pieciak

- https://dfr.vermont.gov/sites/finreg/files/doc_library/dfr-covid19-modeling-081721.pdf
- Beginning to see some encouraging signs in the US – rate of increase week to week is slowing
- Think we are heading to our Delta peak – US is entering 7-9 week period when other countries saw slowdown
- VT rate of growth is ½ of what it was last week, expect case increase to start to slow and then decrease, slightly behind other parts of the country
- Case growth still being led by the unvaccinated

Mike Smith

- Booster shots for those who are immunocompromised – and received Pfizer or Moderna – not currently for those who received J&J
- Talk to your PCP whether an additional dose is appropriate, many PCPs also equipped to give booster shots
- Walk in clinics are also available to give boosters – will have to self attest that you qualify
- Pharmacies can give boosters
- We are already planning for broader boosters for additional categories in Sept – there will be more info on this in coming weeks
- Adding case reporting on VDH dashboard back on weekends and holidays

Mark Levine

- Delta has “changed the game” for the US and VT
- Other variants spread to 2-3 people, on average Delta may spread to 5 or more people
- This is why cases continue to rise, though we see pace of rise may be slowing a bit
- Since last Jan only 2% of cases in the vaccinated with the small number in hospital or death among those who are largely older and/or with chronic conditions
- Reviewing recommendations on masking and mitigation
- Masks can still be highly protective for the public and those around you, especially those who are younger or more vulnerable

- If you are vaccinated, it is still possible to get and transmit the virus, wash your hands, stay home if you are sick, get tested; consider wearing a mask if you have children or vulnerable in your household, travel to higher transmission areas; makes masking a “back up strategy” in VT, compared to other states where there are less vaccinated
- You may be required to wear a mask in some places like health care settings, transportation, long term care, schools, many businesses that are recommending or requiring; they are simple and effective strategy – keep one with you
- Review of who now qualifies for booster based on being immunocompromised
- If you have questions about whether you qualify, talk to your health care provider
- There are people NOT included on this list – not currently authorized for other “high risk” categories that were included in original vaccination priorities like heart disease, obesity, diabetes, but boosters are under discussion for the entire adult population; most likely to be rolled out in sequential way based on initial doses, like health care providers, LTC, oldest age groups
- You will need to self-attest, do not need documentation
- This is for same dose you originally received; if you received J&J originally there is not enough data to say if you will also have an improved response to another dose – this data is being collected

Questions:

- Gov Sunnu in NH saying there will be a spike in Nov & Dec that may be “as high as anything we’ve seen”; Scott – we will have to wait and see, not sure what he is basing this on – maybe based on people heading inside; ML: we do expect this surge to come down but then we always expected more cases in the fall and winter as people gathered together indoors
- Could other people walk in and get a booster? ML: they will be asked to self-attest and pharmacist will not dig further; but there is good data it is not needed yet for others
- What is contract tracing infrastructure right now? ML: numbers staffing are increasing every day; firm in VA has increased their workforce and we are redeploying people within VDH
- Reaction to the data showing case differences for those who are white vs black? ML: we have been transparent from the beginning that there are differences between white and BIPOC population and generations of health inequity that contribute to this, differences in terms of public facing jobs and taking public transportation; does want to address differences in vaccination rates – right now gap is only 2.9% - there have been a lot of efforts in access, transportation, translation to accomplish this
- Masks in schools – is the 2-3 weeks to give time to see the data? PS: yes, this is to give them time to see where they are on vaccination
- Any more thought on hybrid/remote school? French: there is some flexibility for remote learning for needed accommodations, but not for whole school/whole class learning; could use remote learning to keep kids connected who are home sick, specific instances
- What about masks for businesses? Relying on high vaccination rate to keep us safe but going into the fall do you see any more restrictions for any businesses? PS: you are correct, we are at 85%; we are not like other states where hospitals are filling up, in those states things might be different
- Are schools creating plans to address social, emotional health? French: no we are not requiring plans, but we are trying to gather data about needs for social, emotional, academic support
- With increased cases, why not explicitly support protective methods like Ivermectin? ML: this is getting a lot of social media attention, plus scientific attention. It is somewhat polarizing; a lot

of studies do not show that there is widespread effectiveness especially among those who are vaccinated; if you are unvaccinated the data does not look like it is as effective as vaccination

- Will there be the same data/reporting on college and school cases? French: we are starting to set up voluntary testing program but have not discussed reporting yet; testing should be up by the start of school
- Exactly which day will booster shots be available at pop up sites? Any other documentation people should have with them? MS: we will let people know when pop ups available w/in next 24 hrs; for pharmacy look on their websites to make sure they don't need any other specific documentation
- Any pediatric hospitalizations? ML: we continue to have 0 pediatric hospitalizations; can VDH release more frequently than every 2 week report? ML: thinks so but doesn't expect it to change dramatically from the current 0 cases