

**Vermont Department  
of Health  
COVID-19  
2023-2024 Check-in**  
November 8, 2023



# Agenda



Current COVID-19 (and other disease) activity levels



2023-2024 Season Outlook



Current Status of Testing & Reporting Guidance

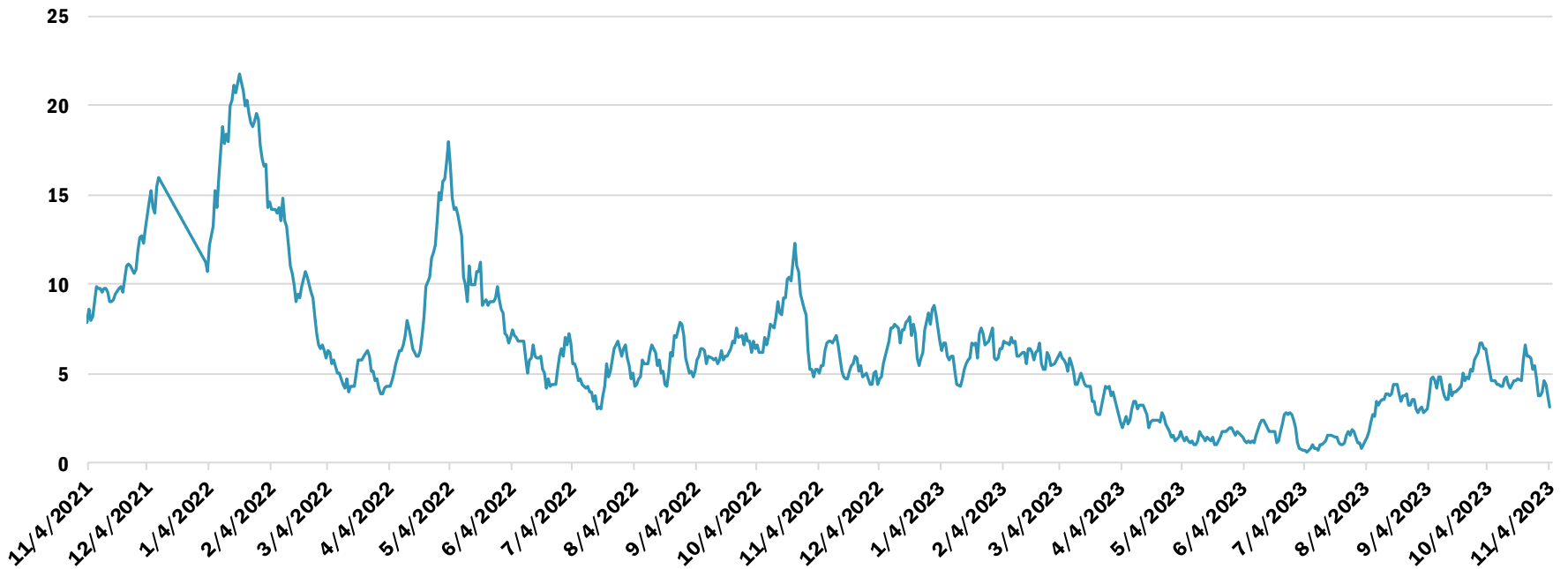


COVID-19 Management & Prevention Guidance

# Current Level of COVID-19 Activity

<https://www.healthvermont.gov/disease-control/covid-19/covid-19-data>

## Daily Hospitalizations With COVID-19 Diagnosis Seven-Day Rolling Average



Source: U.S. Department of Health and Human Services HHS Protect

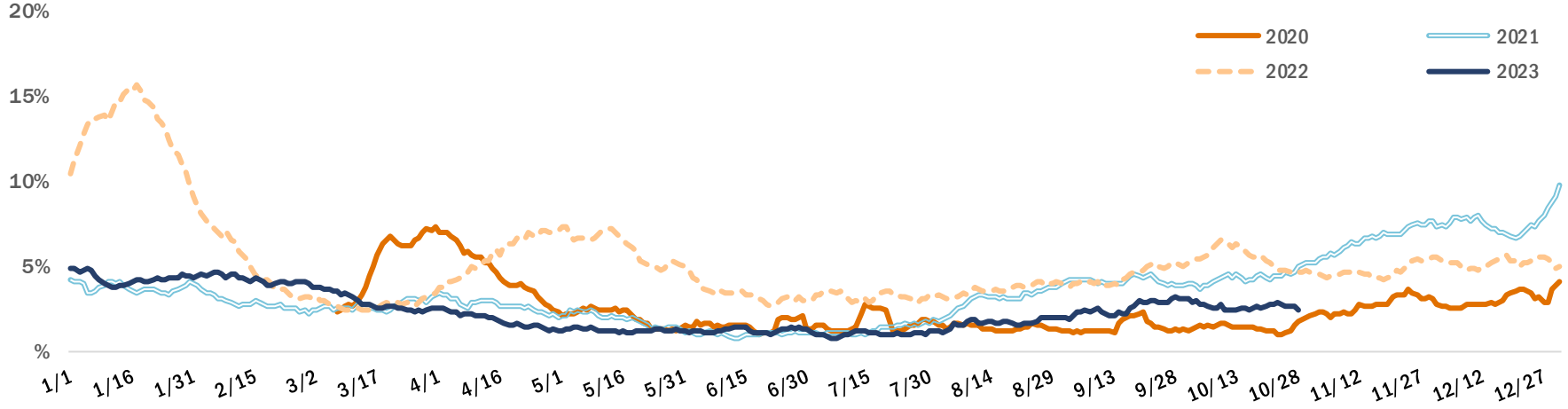
# Current Level of COVID-19 Activity

<https://www.healthvermont.gov/disease-control/covid-19/covid-19-data>

**Statewide hospitalization levels (based on most recent week of hospital data): Low.** New COVID-19 admissions are below 10 per 100,000 Vermonters per day.

- New hospital admissions of patients with COVID-19, last 7 days: 3.53 per 100K
  - 22 total new admissions with COVID-19

## Percent of Emergency Visits with COVID-Like Illness Seven-Day Rolling Average, over Calendar Year



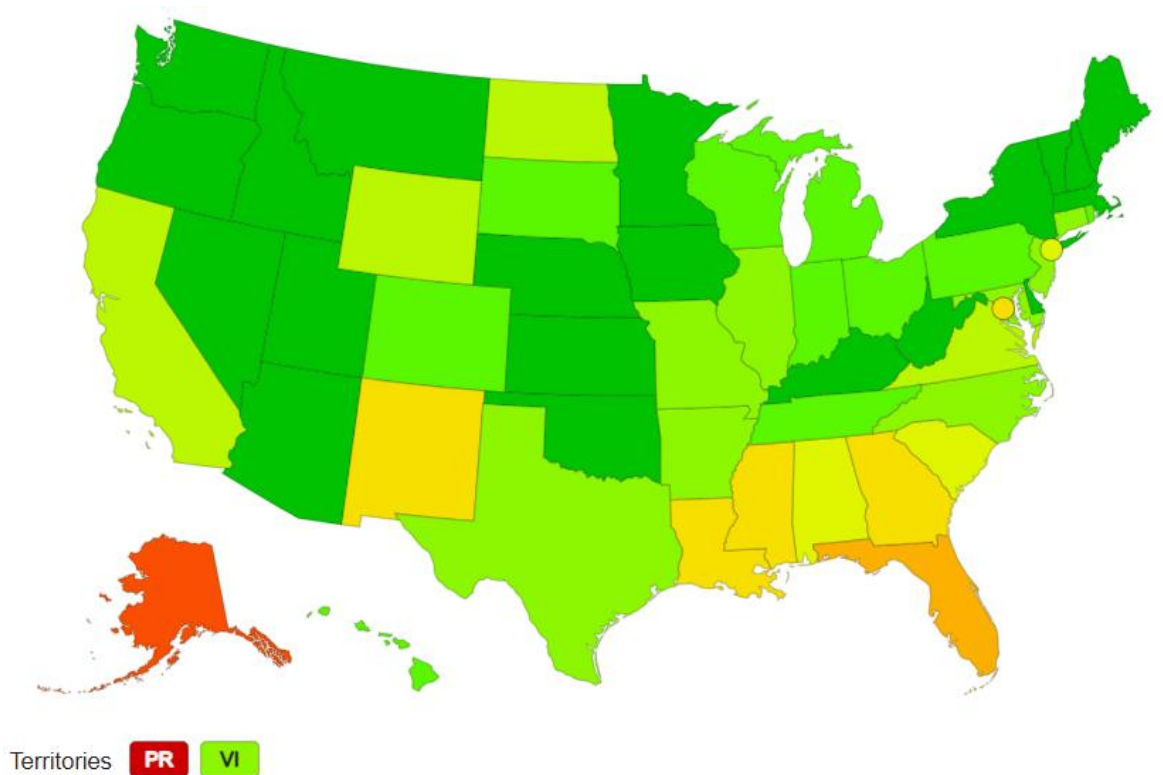
Source: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

# Overall Respiratory Disease Activity

From CDC's [Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov/respiratory/virus-activity-levels) as of 11/3/23:

“The amount of respiratory illness causing people to seek healthcare for fever and cough or sore throat is low in most areas of the country.

“However, the number of jurisdictions experiencing high or moderate levels has continued to increase some. CDC is actively following up with health departments in these communities.”



# Overall Respiratory Disease Activity

From CDC's [Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov/respiratory) as of 11/3/23:

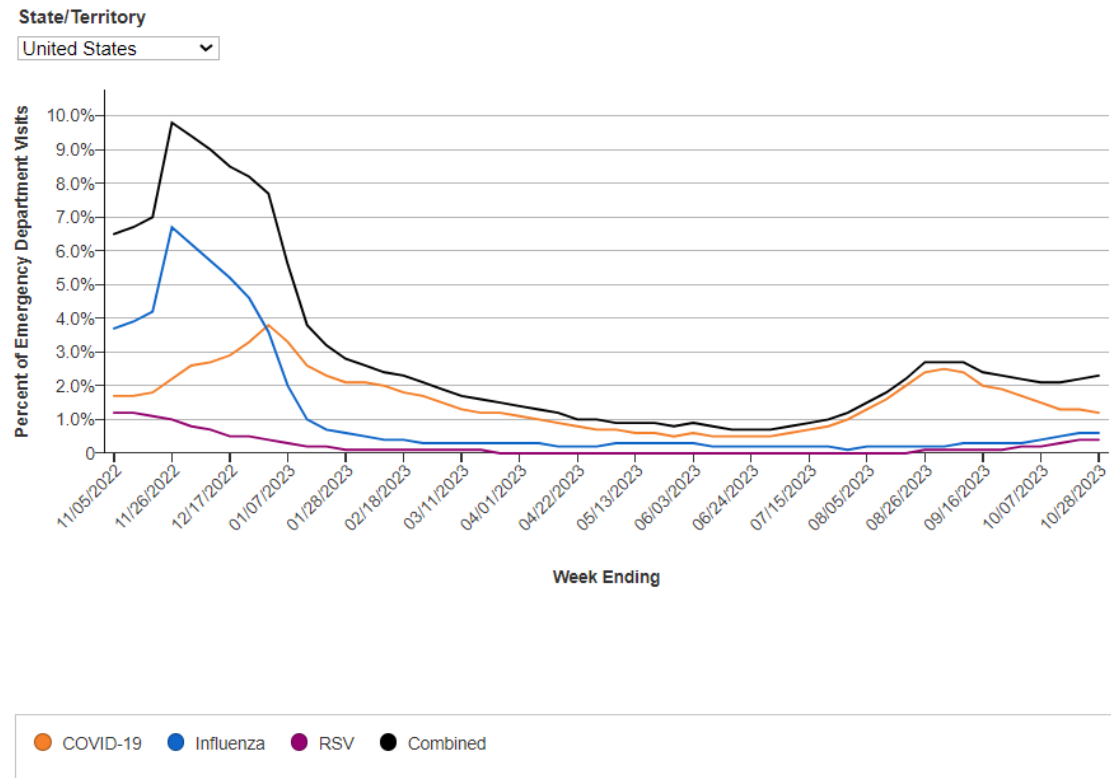
Emergency department visits due to COVID-19, RSV, and influenza are low but are increasing in some areas.

Sustained increases in RSV activity in the southern U.S. indicate the start of the 2023-2024 RSV season, with the mid-Atlantic and Northeastern regions also now experiencing elevated activity.

Vermont Department of Health

## Emergency Department Visits for Viral Respiratory Illness

Weekly percent of total emergency department visits associated with COVID-19, influenza, and RSV.



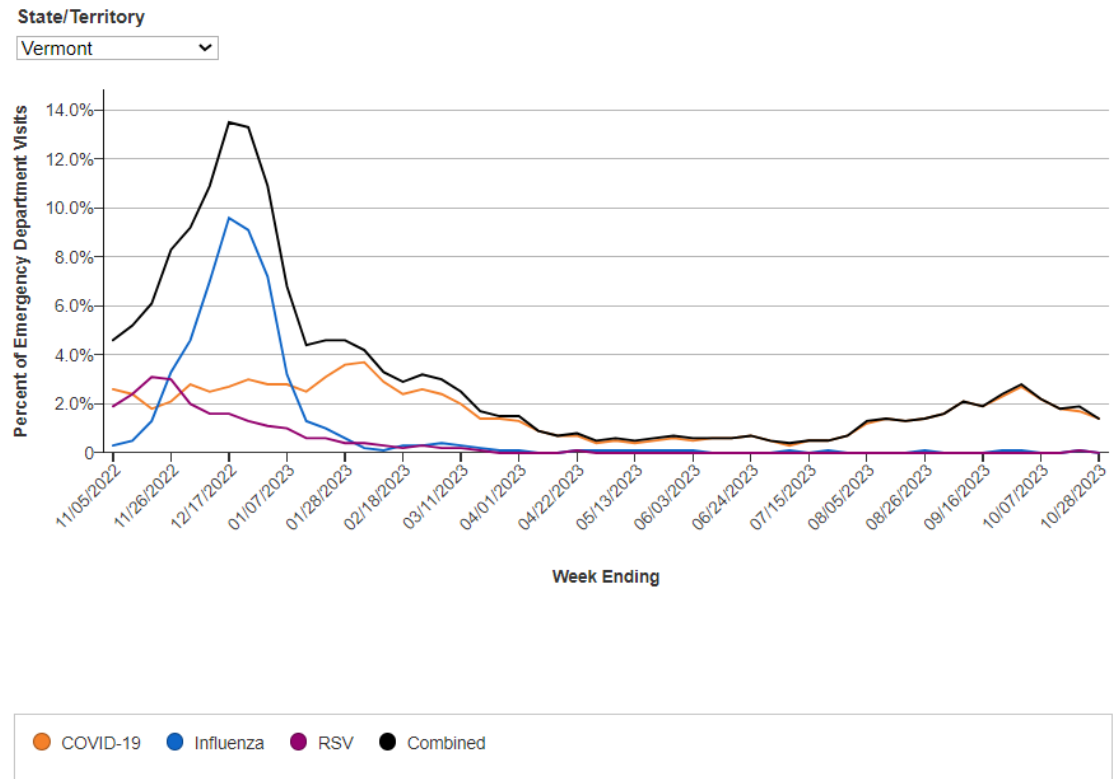
# Overall Respiratory Disease Activity

From CDC's [Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov/respiratory) as of 11/3/23:

COVID-19 remains the cause of most new respiratory virus hospitalizations and deaths.

## Emergency Department Visits for Viral Respiratory Illness

Weekly percent of total emergency department visits associated with COVID-19, influenza, and RSV.



# CDC Respiratory Season Outlook

[Respiratory Disease Season Outlook \(cdc.gov\)](https://www.cdc.gov/respiratory/diseases/season-outlook)

A moderate **COVID-19** wave is expected, which is likely to cause around as many hospitalizations at last winter's peak.

**Influenza** hospitalizations are likely to fall within the range observed from 2010 – 2020, which is consistent with our season outlook for influenza.



# CDC Respiratory Season Outlook

## [Respiratory Disease Season Outlook \(cdc.gov\)](https://www.cdc.gov/respiratory/disease-season-outlook)

Experts anticipate that **RSV** is likely to return to normal patterns following a severe season last year.

- Last year's season likely elevated population immunity to typical levels, which had previously been lower because of reduced RSV circulation early in the COVID-19 pandemic.
- There are also new RSV prevention tools available, which could potentially decrease hospital burden. These include [vaccines](#) for those aged 60 years and older and an [immunization](#) for infants.

# CDC Respiratory Season Outlook

[Respiratory Disease Season Outlook \(cdc.gov\)](https://www.cdc.gov/respiratory/disease-season-outlook)

“CDC continues to anticipate that the upcoming fall and winter respiratory disease season will likely result in a **similar number of hospitalizations as last season....**

- “While this number could be somewhat higher or lower than last season, the United States most likely will see **greater hospitalizations than in seasons before the pandemic.**”

# CDC Respiratory Season Outlook



CDC has **low-to-moderate confidence** in this **assessment** due to uncertainties anticipating the timing and levels of peak disease activity.

It is hard to project eventual strain on healthcare system, due to uncertainties about:

- **Eventual immunization uptake**, particularly for RSV vaccine (older adults) and RSV immunization (infants);
- **Size and timing of peak activity** of each disease, and potential overlap of these peaks;
- **Changed patterns for influenza and RSV circulation** due to COVID pandemic, and possible “lingering effects on **population immunity or behavior** that continue to affect influenza or RSV levels this season.”

# CDC Respiratory Season Outlook

Other disease-specific uncertainties include the following:

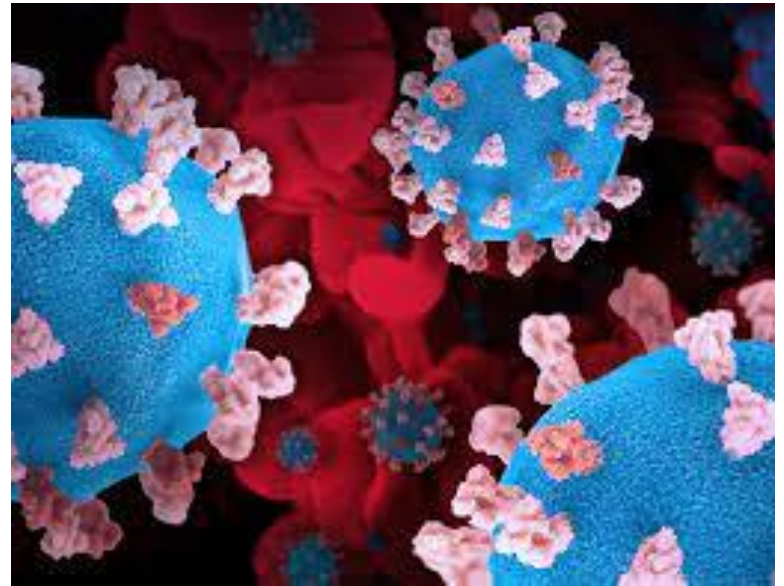
- We do not yet know which influenza viruses will predominate, which can affect the number of severe illnesses and hospitalizations. We also do not yet know how effective vaccines will be against the predominant viruses.
- Particularly for RSV, we have less precise estimates for the burden of illnesses and hospitalizations data on past seasons to inform expectations for this fall/winter.
  - Unlike COVID-19, RSV cases/lab results are not required to be reported to the Health Department; neither are individual flu cases.
- COVID-19 has not yet occurred as a regular seasonal disease, so we do not yet fully understand how the timing and magnitude of waves will vary.

# COVID-19 Outlook & Activity - Variants

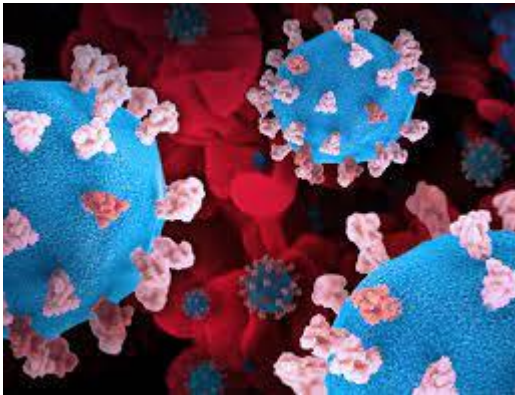
## Recent COVID-19 variants:

- Have not resulted in major changes to the disease;
- There is no evidence that the B.2.86 or other variant is causing increased infections or hospitalizations.

Later data analysis may identify statistically (if not operationally or clinically) significant differences, but no major recent changes are evident.



# COVID-19 Outlook & Activity - Variants



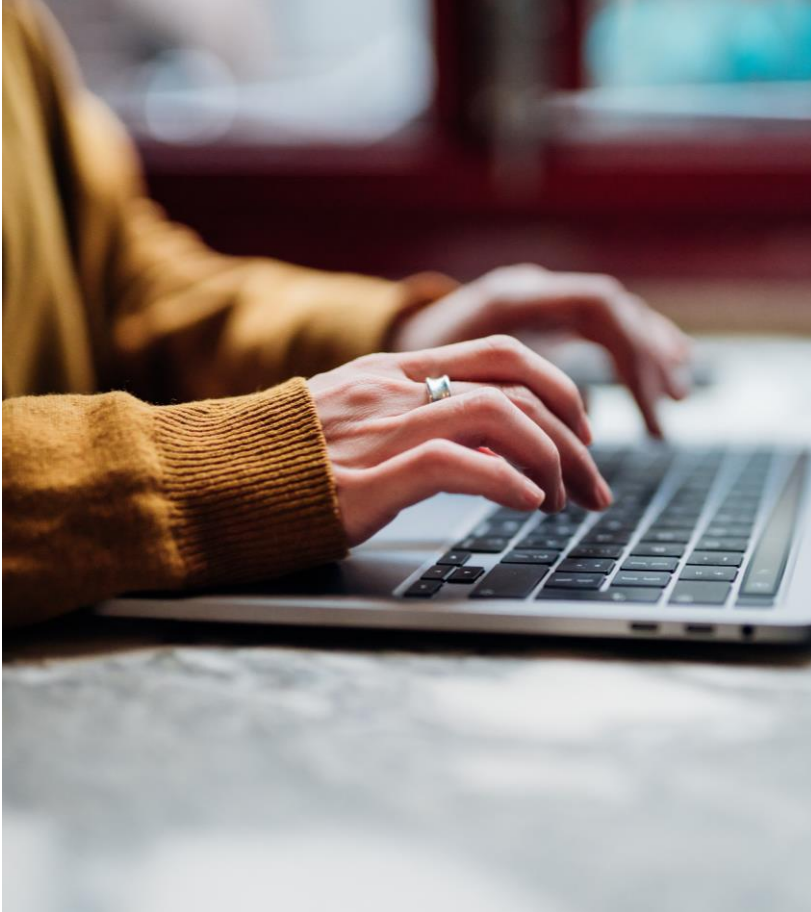
## “Variants Happen”:

“[R]ight now, **99 percent of SARS-CoV-2 variants are part of the XBB group of the Omicron variant**, which is what this year’s updated vaccines are based on. CDC [is continuing to track](#) the spread and impact of .. other variants as they come and go.

“Nearly all [variants] represent relatively small changes.... CDC and other agencies monitor for impacts of new variants on vaccines, tests, and treatments, and will alert the public quickly if anything concerning is detected. Most of the time, new variants make little to no impact.

“Regardless of the variant, all SARS-CoV-2 viruses spread the same way. So it’s important to [protect yourself and others](#) by staying up to date with COVID-19 vaccines, improving ventilation and staying home when you’re sick.”

# Overall Respiratory Disease Activity



The State of Vermont and CDC webpages shown here are public; feel free to review them for planning and decision making.

Likewise, please feel free to reach out to the Health Department with questions about respiratory disease activity.

# COVID-19 Testing in Healthcare Facilities



COVID-19 should **not prevent admission or discharge**, but receiving or discharging facilities should notify the other facility of a positive COVID-19 case.

Test people who **have symptoms or who are suspected to recently have had high-risk contact** with someone with COVID-19.

If there is a positive COVID-19 case in a facility, everyone who had close contact with the person with COVID-19 should be tested. If close contacts cannot be identified, test all staff and residents in the group or unit of the person with COVID-19.



# COVID-19 Testing in Healthcare Facilities

Large-scale testing may be recommended when there is a large, prolonged outbreak with ongoing transmission.

Facilities can test asymptomatic residents at their own discretion or based on Vermont's Hospitalization Level or other public health guidance.

Epidemiologists and laboratory staff at the Health Department are working on plans and guidance for testing/treatment during combined respiratory outbreaks.



# COVID-19 Testing Basics

If you have **symptoms** of COVID-19, test **immediately**.

If you have been **exposed** to someone with COVID-19, test **5 full days after the exposure**.

The State of Vermont no longer has large-scale test distribution plans for providers, households, and facilities. Resources for test access are listed below.

## Antigen tests:

- Recommended if you have tested positive for COVID-19 in the past 90 days.
- If you are symptomatic and test negative, **multiple tests (3) should be taken at least 48 hours apart**.
- Approved for ages 2 and older.



# COVID-19 Testing Basics

## At-home molecular test (also called at-home LAMP test):

- Not recommended if you have tested positive for COVID-19 in the past 90 days. Past recent infections could result in a false-positive.
- Approved for ages 2 and older.



## PCR test:

- As recommended by your provider after clinical evaluation.
- Other uses (e.g., providing samples for variant sequences)
- Approved for all ages.

# Access to Treatment

**People with COVID-19 and who are more likely to get very sick should contact a provider for evaluation.**

- [Effective treatments](#) can reduce the chances of hospitalization and death.
- **Don't delay:** Treatment must be started within days after symptoms first develop to be effective.
- Other medications can help manage symptoms.

**Risk factors for severe illness include:**

- ✓ **Age over 50 years**, with risk increasing substantially at age  $\geq 65$  years.
- ✓ Not being [up-to-date](#) on COVID-19 vaccinations.
- ✓ [People with Certain Medical Conditions | CDC](#)

# Other Support for COVID-19 Tests

NIH Home Test to Treat program: <https://www.test2treat.org/>

Four free at-home COVID-19 tests: <https://www.covid.gov/tests>

CDC ICATT program of no-cost COVID-19 testing for uninsured individuals with symptoms of, or exposure to, COVID-19: <https://testinglocator.cdc.gov/>

Facilities and municipalities can reach out to the Agency of Human Services' testing team: [AHS.COVIDTesting@vermont.gov](mailto:AHS.COVIDTesting@vermont.gov)

- The state still has a supply of at-home Antigen tests. This supply is dwindling and is comprised of tests that are currently due to expire in December.

# COVID-19 Reporting Requirements

Negative  
Lab Test  
Reporting  
Not  
Required!

- An emergency revision to the [Reportable Disease Rule](#) eliminates the requirement to report non-positive COVID-19 tests, effective August 15.

# Reporting Requirements

Nursing and other healthcare facilities, as well as schools, are required to report COVID-19 outbreaks within their facilities

- This includes residents and staff who may have been in the facility while infected with COVID-19.
- Other types of facilities are not required to report, but often reach out to the Health Department for guidance or support– we encourage and appreciate this!

# COVID-19 (and Other Respiratory Illness) Management & Prevention

**Positive and symptomatic individuals** should wear a mask when around individuals who are not known to be infected.

- People diagnosed with a COVID-19 infection should:
  - Isolate for a full five days after symptoms began or, if asymptomatic, after positive test;
  - CDC recommends masks when in close contact with uninfected individuals for the ten days after symptoms/positive test.

For other (or undiagnosed) acute respiratory sickness, please wear a mask until symptoms improve, and you are fever-free for at least 24 hours, or when otherwise indicated.



# COVID-19 (and Other Respiratory Illness) Management & Prevention

During and shortly after a respiratory sickness, you can lower the risk of getting other people sick by:

- Wearing a well-fitting, high-quality mask, or a disposable mask under a cloth mask.
- Limiting close contact with other people as much as possible.
- Washing your hands often with soap and water, or use hand sanitizer.
- Cleaning and disinfecting surfaces as much as possible.



# COVID-19 (and Other Respiratory Illness) Management & Prevention

Guidance for nursing staff, EMS, and other healthcare workers:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

**Health care providers** with a diagnosis of COVID-19 or other illness, or who are showing symptoms of acute respiratory illness, should be excluded from work until:

- At least 7 days have passed *since symptoms first appeared* if a negative viral test\* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Your local health office can help you with strategies to manage staff shortages, such as cohorting (grouping together people known to be infected with COVID-19 during their respective isolation periods) and developing alternate guidance.

# COVID-19 Management & Prevention

## Resources:

[Long Term Care and Group Living Settings | Vermont Department of Health \(healthvermont.gov\)](#)

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

[Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)

# When to Step Up Prevention

An increase to a “High” level of COVID-19 activity, as indicated by Hospitalization Levels:

- A “medium” level of activity, individuals who are at higher risk of severe outcomes should wear a high-quality mask in public, indoor settings. Healthcare and other facilities should consider increased infection prevention strategies.
- At a high level, we recommend that everyone wear masks when in close, indoor contact with others.

The Health Department monitors bed capacity and other health care data, and a wide range of COVID-19 and other disease indicators. Therefore, VDH may issue recommendations for enhanced prevention based on:

- Large increases in outbreaks, reported cases, wastewater, or in emergency department visits with COVID-like, Influenza-like, or other respiratory sickness.
- Hospital report of cancelling elective surgery due to bed, staff capacity or other factors.
- Long-term care facilities unable to take patients who no longer need acute hospital care.

# Reducing Respiratory Illness Transmission



Over the past three years we have learned how layering efforts can help reduce transmission of COVID-19 and similar diseases.

- **Get Vaccinated:** Stay up-to-date with vaccinations
- **Wear Masks** when sick or around others who may be sick
- **Ventilation:** Improve ventilation of indoor common areas by opening windows and/or using fans
- **Hand Hygiene:** Regularly wash hands with soap and water and use alcohol-based hand sanitizer if soap/water is not available
- **Sanitation:** Clean high touch areas and make cleaning supplies available in shared bathrooms
- **Test:** Have access to COVID-19 tests, particularly if you are at high risk
- **Stay home when sick**

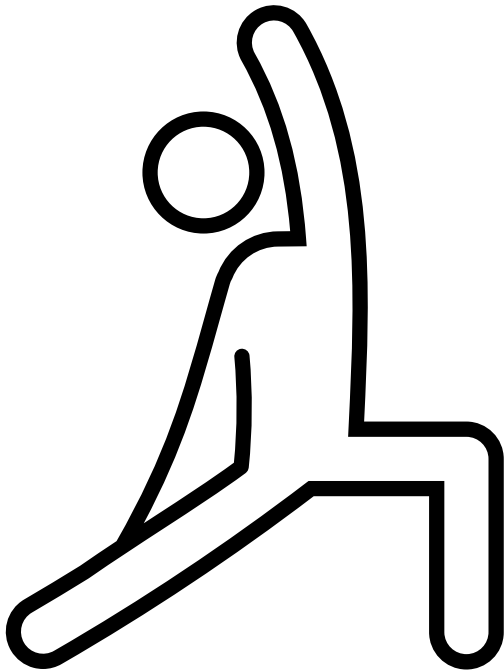
# Questions?

Infectious Disease epidemiology COVID-19 program:

[AHS.VDHEPICOVID19Program@vermont.gov](mailto:AHS.VDHEPICOVID19Program@vermont.gov)

To find your local Health Department office:

<https://www.healthvermont.gov/local>



## Thank you!

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