



Office of Governor Christopher T. Sununu
Press Conference
Thursday, January 6, 2022, at 3:00 p.m.

Governor Sununu:

Well, good afternoon, everybody. Thanks for joining us for another COVID update and briefing. Before we get into kind of the heart of what's going on around COVID, I want to recognize a couple different issues that folks are talking about today around the Granite State.

First and foremost, obviously, as I think most folks recognize, it was a year ago today that we had domestic terrorists attack our nation's Capital. Very poignant day, and which a lot of us were watching those events unfold on television, a day in which I think it's safe to say a lot of Americans will never forget. And on this anniversary, one thing I do want to remind folks is the time that is necessary to pay tribute to the men and women of the Capitol Police and all those individuals who jumped into action to protect and defend American democracy, the U.S. Capitol. It's a responsibility we all must remain devoted to and we don't want to lose sight of those victims of that very tragic day.

I also want to take a moment and talk about Harmony Montgomery. Harmony's been in the news for the right reasons recently in that we need to bring her home safely. We want to make sure that we have all hands on deck, whether it's assistance from the public, from other Agencies, making sure that everyone is working together to bring Harmony home safe.

Authorities have now proceeded and arrested her father. But we know that Harmony is still out there. Since being notified of her disappearance, New Hampshire DYCF, along with Manchester Police, have been working diligently to bring her home safely. And if you've seen her or know where she might be, or any other information that can assist in this search, please reach out to the Manchester tip line, (603) 203-6060. That's 203-6060. There's currently a \$60,000 reward. Any incentives we can to get more information to bring her home safe is on the forefront of everyone's mind right now.

As we move forward, we want to talk. Obviously there's a lot going on with COVID, both here within the State of New Hampshire and nationally. Each week, we try to look at the data. So we have some folks who are asking us to look at the data.

So, first, what do we have? I think we have some maps. This is where we were. This is not current. This is back in December 8th. So it's a little bit of a memory lane, seems like a year ago. But it's only been about a month. So this is where the country was. You can see really the hotspots: obviously New England; the upper Midwest; and certain parts of the American Southwest, where COVID cases were really rearing back on December 8th. And this is where we are today. And this is really the national story.

The reason we look at these national numbers is because this is where we see a lot of pressure on the system, as it pertains to tests, as it pertains to the availability of monoclonal antibodies, as it pertains to the availability of vaccines and boosters, and the need to folks to get vaccines and boosters. So, go back to the 8th and now to the 6th. It's huge. I mean, this is just in about 30 days. It's really unbelievable where the rest of the country has come.

Locally, I think we had some numbers locally in terms of where we were. Folks are asking just how we compare across New England. And again, I think the case data may become more inaccurate as we go along. It's something I've been saying for quite some time, as more people are doing home tests.

But, across New England, you can see the numbers are still substantially up, not so much here in New Hampshire and Maine. Even Maine has their numbers down a little bit. But you have almost a doubling of the COVID case rate just in Massachusetts, Rhode Island, as the seasonality of the virus moves down not just through the mid-Atlantic States now, but, as you saw from that previous map, across the entire country.

This all becomes important because, as I said, it's not just getting resources or when we go to look for Strike Teams, additional supports and services to help us in New Hampshire. We were really ahead of the game, I think, in terms of providing that flexibility for hospitals, which is really great, bringing in Strike Teams and the availability of trying to be first in line to bring those Strike Teams in from across the country. The process is already well underway, as other States are, just over the past week, seeing their numbers skyrocket. And they're kind of getting up to where we were six weeks ago.

So, New Hampshire, the numbers seem to have leveled out a little bit. I still think we're in a post-holiday potential increase in the next few days. I think whether we're really at the top of this or not, it kind of remains to be seen. But clearly a lot of the mitigation strategies we've been implementing over the past month to six weeks have had some really positive effect here in New Hampshire.

Oh, this is -- is this the national numbers? I think these are just some other States, States like California, Florida, New York, Illinois, Michigan. They're all up really substantially. I think that if you look at the national average of case change again we're now the second-lowest in the country over the last two weeks, in terms of the rate of COVID increase. So we're definitely moving very much in the right direction, as opposed to a lot of our other States.

But, again, it's the seasonality of the virus. It's a little bit of Omicron coming in. We haven't seen as much Omicron here as in other parts of the country. But that is probably just a matter of time, frankly. But other States are seeing four-, five-fold increases just in the last two weeks for what they're dealing with, with the COVID pandemic.

Oh, and here's our hospitalization, again probably the number 1 metric that our Office is looking at. We always look at case data, of course. But, hospitalization really is the most telling sign of whether your healthcare system is being overburdened, is being taxed. And it is. We know that it very much is.

But this could be skyrocketing numbers that we were nervous we're going to keep rejecting up here. We started implementing our Executive Order back in here. Some of the strategies go in place around here. And already you see some lessening of the hospitalizations by moving folks into long-term care, by getting folks through the system a little faster, by having more monoclonal antibodies available. We got a big increase in the amount of monoclonal antibodies we have which, frankly, just keep out of the hospital system.

Licensing of all the Nurses, 650 Nurses licensed in just a three-week period in December. That was pretty awesome, again providing a little more flexibility for those and allowing a little more capacity within the healthcare system. And then, all the Teams we've been bringing in.

So, again, this is just where our hospitalization rate is. And obviously we keep track of it day-to-day and sometimes even hour-by-hour. And we will keep watching it as we move forward. This does not mean that we're out of the pandemic. We don't want anyone to think this by any means. What this means is our healthcare system is managing. It's tight. There's no doubt. And God bless all those Doctors and Nurses. It's been very tight.

We have more Teams coming in to provide assistance to them, because they need a break, frankly. There's no doubt about that. But, we're not seeking the skyrocketing capacity that's shutting doors or anything like that, which is the one small positive take that we can pull out of this winter surge that we're still managing through. With that, we will turn it over to Dr. Chan and then just grab a couple more items.

Dr. Chan:

Thank you and good afternoon. So I'm going to provide a brief numbers update, and then we will spend a few minutes talking about our updated isolation quarantine guidance. In terms of the numbers, we are reporting 2,184 new people diagnosed with COVID-19. In the last week, we have averaged about 1500 new infections per day. And the number of people with active or current infection is 14,936.

Our test-positivity is now over 20%. And I think, as the Governor has mentioned at past press conferences, as more at-home testing is being conducted and occurring, this test-positivity number will become less and less accurate and less and less reliable. But we continue to post these numbers on our Data Dashboard.

In terms of hospitalizations, currently there are 359 people hospitalized statewide with COVID-19. And then, unfortunately, four new deaths to report today from COVID-19, bringing the total number of deaths to 2,017. None of these four new deaths occurred in people who were associated with long-term care facilities. And the majority of deaths are occurring in the community. And in the last week, we have been averaging about 9 to 10 new people dying from COVID-19 each day in our State, so still a very high burden of COVID-19, a high burden of disease, including high number of hospitalizations and deaths.

So let me transition and talk about our new updated isolation and quarantine guidance. I think we have a few slides here to highlight some of the changes. This guidance is now posted and updated online on our website. People can go to [COVID19.nh.gov](https://www.covid19.nh.gov), click on the buttons for Infection or Exposure, if somebody's infected or exposed, and can find the details of this guidance online right now. We're also in the process of sending out a Health Alert Network message to our Healthcare Providers with these same recommendations.

But first, I just want to highlight that this new guidance applies to the general public, including workplaces, including K-12 schools. This guidance does not apply to healthcare settings. And it does not apply to correctional institutions and homeless shelters. Healthcare organizations have a different set of guidance, which will be highlighted in our messaging to Healthcare Providers. And CDC is still working on putting out additional guidance for some of these other settings, or specific settings where there may be more nuanced recommendations. But this is the guidance for the general public, for businesses, for K-12 schools.

So, first, let's talk about quarantine. Anybody who is a household contact and is either unvaccinated or is not up-to-date on receiving all recommended doses of COVID-19 vaccines, including booster doses, are recommended to quarantine.

Now, what does that look like? People are recommended and need to stay home for at least five days after their last exposure to somebody with COVID-19. They need to get tested at least five days after an exposure, even if that person does not have symptoms. Obviously if somebody tests positive, they would then need to isolate. And if negative, continue to watch for symptoms for an additional five days. Continue to wear a well-fitting facemask for an additional 5 days, so for days 6 through 10, after an exposure. And then, avoid people -- avoiding visiting or coming into contact knowingly with people who are immunocompromised. And avoid travel for a full 10 days if possible.

Next slide; people who are required to isolate include anybody who has symptoms of COVID-19 while awaiting test results, or who test positive for COVID-19. So this is true regardless of someone's vaccination status, regardless of somebody's symptom status, regardless of the presence of a previous infection. If somebody is symptomatic and needing testing, if somebody tests positive for COVID-19, they should isolate at home.

What does this look like? So isolation involves staying at home and away from other people for at least five days. This includes trying to isolate from others in the household for at least five days. Wearing a mask during that time, when out of one's isolation room at home. Isolation can end after five days, if somebody is without fever, off any fever-reducing medications, and other symptoms are improving for at least 24 hours. But we continue to require people to wear a mask for days 6 through 10 after ending isolation; continue to avoid coming into known contact with people who are immunocompromised and at-risk for more severe disease, and also avoid travel.

Now, there is a Provision within CDC's guidance that a person can consider taking a test, or an antigen test, on day 5, before ending isolation. This is a strategy that individuals can consider and that businesses and organizations can consider implementing before ending isolation. But this is not a requirement to end isolation. And then, as shown on the last slide here, this slide highlights what I was talking about previously about people that need to quarantine. So I'm sorry that the slides are a little bit out-of-order. But this slide highlights those who are required to quarantine and those who are not required to quarantine.

So, again, this new guidance is posted online on our website currently. The details of this, please go take a look. Even if people are exposed and not required to quarantine, we still ask that those individuals take precautions when in public locations and around other people. Still wear a mask in indoor locations, and anybody with an exposure should get tested about five days after their exposure to identify infection early, before they may even have symptoms or before symptoms develop. With that, I will end and hand things over to the Commissioner. Thanks. I'm sorry.

Commissioner Shibiante:

Good afternoon. Just a brief outbreak update: since our last press conference, we have closed five outbreaks in long-term care facilities. We opened nine new outbreaks since our last press conference. So we currently are at 29 outbreaks in New Hampshire. That's all I have. Thank you.

Governor Sununu:

Great; well, thank you, Dr. Chan. Thank you, Commissioner. Couple more items, just as it relates to COVID, then we can open up for some questions. Today, we're also announcing that I have authorized another deployment of our National Guard.

In addition to our earlier deployment back in December, we are now deploying an additional 100 men and women of our National Guard to help the healthcare system. Approximately 30-or-so will be deployed to long-term care facilities that have required some assistance. About 70 of those individuals will be deployed specifically within the hospital system to provide some critical support for the pandemic.

So we have some flexibility in capacity there. And there's no doubt that the men and women of the Guard who have just knocked it out of the park every time will continue to do a tremendous job and give us flexibility in our healthcare system.

We also continue to make progress on opening up beds across the healthcare system, obviously to ease the burden faced with hospitals, specifically around long-term care. Our State-facilitated Strike Teams -- and that's not to be confused with the Federal Strike Teams. But our State Strike Teams are deploying to two facilities so far: Premier Rehab and Healthcare in Nashua and Ridgewood Center over in Bedford. That's going to help open up new beds for patients.

The ability for the State to provide those Teams has already been very, very successful. And we're going to continue to do so. Dozens of new beds, frankly, should be able to open up with just these Teams being deployed.

The hardest part continues to be workforce -- we know that -- both in long-term care, finding additional resources, finding additional Personnel to help provide these flexibilities. It really is a capacity issue around workforce more than anything right now. And so, we will keep trying to provide additional Personnel for that type of flexibility.

Also, the Booster Blitz, this weekend we do have our Booster Blitz 2.0 for anyone eligible to receive a booster dose. While we have a few sites that are fully booked for the weekend, there are, I think, something like nine sites-or-so that still have some availability. So, by all means, go onto the website. But, on Saturday morning, the Booster Blitz will have opportunities available for anyone just to walk in and get a booster. But you do have to sign up at [nh.gov\COVID-19](https://nh.gov/COVID-19).

For parents, there's a lot of questions around the younger teenagers. So for parents, for 12- to 15-year-olds, we know that they've been anxiously awaiting with a little bit of urgency to have the go-ahead for the boosters. And despite the announcement earlier this week, the CDC has not released full clinical guidance for booster doses for 12- to 15-year-olds. So this weekend, unfortunately, 12- to 15-year-olds will not be eligible for the Booster Blitz. We just wanted that as a reminder that 12- to 15-year-olds still are not eligible for the Booster Blitz this weekend. But hopefully, as we continue to move forward and if and when we do another one, we will have the full guidance implemented and be able to accommodate the demand there for that population. And then, speaking of kids, one thing we want to mention before we close out surrounds our schools.

Virtually everyone agrees that in-person learning is best for our children, which is why our schools have had in-person learning all year, been doing it very successfully, been managing through COVID clusters here-and-there to be sure. But far and large, and by and wide, the schools really have remained open very, very well here in the State of New Hampshire. Hat's off to all the Teachers and Administrators who have put a lot of the protocols in place to allow that to happen.

But in order to keep schools open safe, this is more of a reminder. Kids should not be going to school when they are sick at all. And so, a message to parents: if your child is sick, please do not send them to school. Keeping them home when they're sick is really the number 1 thing we can do to keep our schools open and safe, which is just so important. So, if your child does have any symptoms of sickness, get tested. Monitor for developing or worsening symptoms; contact your Physician, of course, if they worsen. But please make sure that we're not sending our kids to school sick, especially before they've been able to verify that it is not a COVID-positive test. With that, we can open up for questions. Great, yeah.

Q&A Session

A question for Dr. Chan on the guidance regarding quarantining.

Governor Sununu:

Sure.

So, if you're a student or a Teacher, you're up-to-date on your vaccinations. Someone in your house tests positive. Can you, then, go to school if you're not positive, but someone in your house has it?

Dr. Chan:

Yeah, so, thank you. Question about households contacts; so if somebody is up-to-date with their COVID-19 vaccines, they've received all their recommended vaccines, including booster doses. If somebody in the household comes down with COVID, obviously the person with COVID in the household should separate themselves from the family still. They should ideally have their own room, have their own bathroom. If they're moving throughout the house for whatever reason, the person with COVID-19 should be wearing a mask. But the person who is up-to-date on all of their COVID-19 vaccines is not required to quarantine. So they can be out in public. They can go to school. That is correct.

And could you just address it? I know there's been a lot of concern among folks after the CDC came out with these recommendations around the five days. Just any thoughts that you might have on this?

Dr. Chan:

Yeah, so, this is something we actually talked about with our Education and Childcare Partners yesterday on one of our routine webinars, one of our routine calls that we have with them. And I think the CDC first has just recently posted their isolation and quarantine guidance, their sort of full recommendations just a couple of days ago. And with that guidance, they posted some background information and rationale, and reasoning for their changes.

So, first, I would encourage people to go look at that guidance. But really, this comes down to sort of the realities of the pandemic, where we are now, and the need, as we said all along throughout the pandemic, to really balance priorities, right? We need to still work at preventing COVID, controlling spread.

But as this pandemic draws on now over two years, there's a need to still maintain our education system, still maintain our workforce, address the emotional and mental health impacts of this pandemic, which are becoming more and more pervasive, as the pandemic draws on. And so, there's a need to find a better way to live with the virus, and that includes and involves lessening the impact of isolation and quarantine.

Now, there's still a need for isolation. And there's still a need for quarantine. But the most recent guides really focuses that on people who are the highest risk for either developing COVID-19, or the highest risk, if they have COVID-19, of transmitting it to other people. And so, the guidance also sort of highlights the importance of a multilayered approach, right?

It doesn't rely just on isolation or quarantine. It doesn't rely just on somebody staying home and away from the public. It also relies on the same mitigation measures we've talked about all throughout this pandemic: mask use; avoiding people who may be immunocompromised, if you're at-risk; avoiding travel; avoiding higher-risk settings potentially. So really we're sort of looking at this as the next step in the pandemic, trying to lessen the burden of isolation and quarantine, learning to live better with COVID-19, and still control the spread, but allow society to get back to normal while implementing a multilayered approach.

What are some of the concerns that you heard yesterday? There was over 200 questions in the chat box you weren't able to get to. And are you using them to inform a sort of a Q&A or a fact FAQ, where you can tell people? And also, what other areas of the society are you hearing from who are concerned about this change?

Dr. Chan:

Yeah, so a couple comments, right? There were a lot of questions from our Education and Childcare Partners on the call the other day. And we're currently in the process of collecting and grouping those questions, so that we could better respond to them in the future.

I'll just acknowledge that some of the questions we don't yet have full answers for. And part of the reason for that is because CDC is still working on developing out their guidance for some of these specific situations.

This is the reason we didn't just adopt CDC's guidance a week and a half ago when they made the Policy change, when the Federal Government made the Policy change through their media statement. We didn't have the full details. And so, we knew these kind of questions would come and wanted to at least wait until we had some of the details of the guidance before adopting.

Now, that we have those details, we've adopted. We're starting the messaging and communication of that. But there still are many questions that remain that we're working with CDC to get answers on. And I know that we've had multiple calls with our CDC Partners. They're working actively on developing answers to some of this guidance. And so, we will continue to review and address those concerns, but we may not have all the answers right now.

But I know that in the next few days, in the next week, there will be further guidance coming from CDC around some of these settings, like childcare settings, schools. We've also heard questions coming from healthcare settings. Now, there's separate healthcare guidance already out there. And also colleges and universities, our understanding is that there's guidance updates coming about applying this isolation and quarantine guidance to settings like colleges and universities. And we will review that when it comes out and message it appropriately.

Well, why would they say to you that this is going to make their life difficult? What are they articulating are the difficulties as a School Nurse or as a Provider of a nursing facility?

Dr. Chan:

Yeah, so sometimes it's easy to put out guidance and it's much harder to operationalize it, right? So a lot of the concerns and questions really are around specific situations and what does applying this guidance look like in specific situations? And those are some of the questions, for example, like in the lunchroom setting, where people need to take their masks off to eat lunch. Does the fact that somebody needs to eat lunch mean that they can't go to school? They need to isolate or quarantine for 10 days instead of five. And the answer to that is no.

But some of the details of this guidance are still being worked out. And we will continue to work with CDC to get the details of the guidance, and then work with our Partners at the community level to help them understand that guidance. Thanks.

Also on the guidance, I think sounds like some schools are kind of looking for clarification about what's guidance and what's a requirement. Are you kind of requiring that they start shortening the quarantine and isolation period to five days? Or could schools kind of stick with that 10-day requirement? And then, second question is: in that guidance, returning after five days is contingent upon masking for the next five days. And obviously not all schools have Mask Mandates. So if a student isn't wearing a mask for those five days, could a school decide to send them home, or...

Dr. Chan:

Yeah, so this is where I would perhaps point people back to the details of CDC's guidance. And this is part of the many questions we got the other day is that this is more complex guidance. So, as we lessen the burden of isolation and quarantine, as we shorten the duration of isolation and quarantine, we're not relying only on isolation and quarantine. We're relying on these other measures.

Now, Public Health authority extends to enforcing isolation and quarantine, right? We can't require schools to then have students wear facemasks. So I think part of the difficulty is for schools figuring out how to implement this more complex guidance.

Now, we continue to recommend -- New Hampshire Public Health, CDC -- continues to recommend facemask use indoors, in all locations, because of the high levels of COVID-19. Not all schools are requiring facemask use. And so, part of what schools now need to work through and some of the questions we got the other days were, what does this look like in schools where maybe somebody's required to stay home for five days, because they're isolating or quarantining? But then, when they return to school, how do you make sure that people are, for example, wearing facemasks? And I think my first response to that would be we continue to recommend that facemasks be worn by everybody in public settings in indoor locations. If that's not a requirement in a school, then schools can look at how they might identify somebody who recently tested positive and make sure that they're wearing a facemask in school.

Obviously the goal is to get people back to class, back to work, back into society sooner and safely. But part of doing it safely involves making sure that some of these other mitigation measures are also being followed.

So if a school decided -- and let's just say -- it's simpler to stick with the 10 days, so we don't have to worry about this, is that kind of within their right to do still?

Dr. Chan:

No, I mean, I think we want schools -- we want people to adopt the five-day isolation and quarantine. But even within CDC's guidance, there are Provisions for people that should stick to the 10-day isolation and quarantine, right? And so, if somebody can't return to school safely -- and this applies to younger children, for example, that maybe can't wear a mask or aren't recommended to wear a mask -- CDC still recommends sticking with the 10-day isolation, 10-day quarantine. And so, there are situations where people may need to stick with the 10-day isolation or quarantine, based on CDC's guidance. Thanks.

Governor Sununu:

Oh, okay. Let's go to the phones.

Rick Green with the Keene Sentinel:

Hi, thanks. Yeah, the Fiscal Committee last month decided to table a GOFFER measure that would have set up a college loan forgiveness program with \$17 million in Federal funds. And the Committee Members said they (inaudible) at it, because they felt there was a fairness issue for college students who may have paid off the loans without any Government help. So I was just wondering what you think of that argument and what you think of the program.

Governor Sununu:

Well, we had GOFFER bring the program forward. So obviously the colleges loan forgiveness program, I'm very much in favor of. It incentivizes young people not just to get to work, but to get to work here in New Hampshire, with the idea that we can help pay down their student debt. And again, it's a 1+1=3 win on that issue, because you want students to have some financial flexibility. And most importantly, you want them working here in New Hampshire and you want them in the workforce. So we have Federal money that allows us to implement programs like that.

I think you said it was tabled, so I hope they reconsider. But I wasn't at the hearing. I just hope they reconsider and move forward on these college forgiveness loan programs. And again, it isn't just blanketing out college debt. That is not what this is. I think there was a bit of misinformation there on it. It's simply saying that, as you stay and work here in New Hampshire, in most industries, we can help pay down your student debt as you stay. And that's a win for everybody.

I have a question about the National Guard. How many people do we already have working out and what areas of the State are they working in?

Governor Sununu:

Currently, we have 70 National Guard deployed across the healthcare system, mostly in the hospital system right now. All across the hospital system, we did a survey to see what hospitals' needs were. And they were deployed in various areas. And now, we're putting another 100 men and women of our National Guard to supplement that, as well as I think 30 of that 100 will go into long-term care.

And when would that...

Governor Sununu:

Within a couple weeks; I mean, we worked with the General last week. General Mikolaities would have to give you an exact date, but very shortly.

Just on with the National Guard, the Booster Blitz, I mean, do you think that it is making a real impact? Are we seeing that impact right now in the State?

Governor Sununu:

Of course, yeah, absolutely. I mean, look at the data we just showed. We're having a better impact here in New Hampshire than almost anywhere in the country, in terms of the mitigation strategies that we've put forward to provide flexibility in our healthcare system.

I think we're one of the only States where you've actually seen hospitalizations go down. I think we're one of the only States where we've been able not just to put out National Guard, but everything from -- we talked about the fast-tracking of the Licenses. That's been a huge win. That continues today, too, which is great.

With what we've been able to do with all these different types of Strike Teams, whether they're providing assistance in hospitals, assistance in long-term care facilities, there's a variety of different Federal Support Teams that have come in and that hopefully will continue to come in. But, yeah. No, I think the data shows we're -- I think, over the last six weeks, we've made some huge strides.

We're not out of this. I mean, we're still very much in it. But all of the things that we planned over the fall that we put into place as soon as the surge hit, now we're seeing a lot of those results and the benefits of them take fruit. It doesn't mean the pandemic goes away.

We never -- the Government can't just sign Executive Orders and make COVID go away, of course. But, can provide flexibility into these systems. And I think I'll stand behind the results that we've gotten almost anywhere else in the country.

How many positions for the Booster Blitz are there? I mean, how many? Do you have any idea how many openings are left?

Governor Sununu:

Open appointments?

Open appointments.

Governor Sununu:

I want to say there's about 1500-or-more open appointments, something like that, at least -- I mean, we could get you an exact number. But there's lots of appointments available.

And you hope to get, what, 12,000 people?

Governor Sununu:

12,000, I think, yeah.

Yeah.

Governor Sununu:

Across the over about a dozen sites across the State, yeah.

Yeah.

Governor Sununu:

So, there are still positions available. And every once in a while, I'll still hear somebody say, I have to wait too long to get a booster. You can walk into one of our walk-in sites tomorrow morning and get your booster. You really can. We have walk-in sites all across the State, not just the Booster Blitz sites. And I think those have been very, very successful, which has taken some of the pressure off of the Booster Blitz, which is great.

Other States, good luck trying to get a booster. Other States, good luck trying to get a test. Our home-testing program, we're the model for the rest of the country, very proud of that. And I think Commissioner Shibinette and her Team at HHS really deserve a lot of the credit there, because we were able to do it once, show that it works. We actually did it a second time, while the most of the rest of the country is just waiting for the first chance to do it on this national scale that the Biden Administration has talked about, after they saw our success. They pivoted 180° and started doing it. So, things like that have -- our willingness and ability not just to talk about doing something differently, but to actually do it, to actually execute on it with real results, has been just awesome.

Are there any more of those BinaxNOW cards available, and are we talking about 180,000?

Governor Sununu:

Yeah, you can go online right now and get the tests. I mean, all across the country, I hear, we can't find a test. We can't find a test. If you're in New Hampshire, go on the website. You'll have them delivered to your house in about two days. I mean, that's how amazing our program is.

And how many tests do you get?

Governor Sununu:

That's how different we are.

You get four...

Governor Sununu:

I think you get four out of this one. Yeah, your households can get four tests, just like that, no cost, pretty awesome, pretty awesome.

Worth \$40.

Governor Sununu:

What's that?

It costs \$10 every time I go. So that saves me \$40.

Governor Sununu:

Oh, you mean if you buy it at a store?

If you can get them for free from the State, that's a lot of money.

Governor Sununu:

Yeah, that's great.

Yeah.

Governor Sununu:

What else we got? Yeah?

On the guidance for healthcare facilities, some of the ones I spoke to earlier in the week said they were still kind of waiting for the State to update its guidance and for the CDC to give out more guidance. Is that kind of your sense that they're not implementing the kind of standard-day isolation period, that they're not implementing it?

Governor Sununu:

Yeah.

And sticking with 10 days?

Governor Sununu:

Do you want to?

Dr. Chan:

Well, I think when it comes to healthcare facilities, I think a lot of hospitals -- and we've been communicating with our Healthcare Partners on a regular basis. But I know that many of them were unsure where to land with the general isolation and quarantine guidance.

So, there's two sets of guidance that are out now. One is for the general population. The other is for healthcare organizations, particularly around Healthcare Workforce that are exposed to COVID-19 or are infected with COVID-19. And the Healthcare Provider guidance provides a range of options, based on staffing capacity and whether the Hospital or Healthcare Agency is in surge, or in crisis. And so, I think in order to implement that guidance, it's helpful for Hospitals and Healthcare Agencies to know what the general State guidance is around isolation and quarantine.

So, I think a lot of hospitals were sort of waiting to see where our general population guidance would end up, so that they could factor that into their plans for hospital or healthcare organization Policy. And so, now, the Health Alert Network message went out to Providers just in the last hour. And so, hopefully this will help clarify some of that. Thanks.

Just one follow-up to the -- Mike had asked about the household member that tests positive and can a Teacher or child go to school. The booster is a key to that, right, when you say fully vaccinated?

Dr. Chan:

Yeah, so great question about terminology. So, we're not using the term "fully vaccinated". The definition of fully vaccinated hasn't changed. CDC is introducing a new term, "up-to-date" on all recommended vaccines, right?

So, if somebody has received two doses of the Moderna vaccine, for example, and they are more than six months beyond completing that primary series with the Moderna vaccine, and they're eligible and recommended for a booster to stay up-to-date on vaccinations, they need to get that booster dose. So, there's potentially situations where somebody is exposed in the household setting. They've gotten their primary series, like two doses of Pfizer, two doses of Moderna. They're eligible for a booster,

recommended for a booster, but haven't yet gotten it. Because they are not considered up-to-date on their COVID-19 vaccinations, they would still be needing to quarantine.

So that is an important nuance and an important point within the new isolation and quarantine guidance. It's no longer about people who are "fully vaccinated". People need to be up-to-date on receiving all recommended COVID-19 vaccines, in order to avoid quarantine, if they're exposed in the household setting.

Dr. Chan, on the one hand, there's this recommendation to be wearing masks, if you test positive, after-the-fact. But there are still some schools that don't have some of these mitigation measures in place. So, I mean, is this going to slow down if the schools aren't implementing some of these mitigation measures?

Dr. Chan:

Is the pandemic going to slow down, right?

No, just in general, the cases among kids?

Dr. Chan:

Yeah, so there's multiple factors that go into the pandemic trajectory, whether it's slowing down, whether it's going up. We're entering a very difficult period in the pandemic where we already have high levels of COVID-19.

The last month-or-so, we've seen a low level of Omicron in New Hampshire. But we're starting to see increases in the number of infections due to Omicron. And so, given what's happening in the rest of the country where we're seeing this dramatic surge being driven by Omicron-variant infections, we're likely, we believe, to see further increases in the already high level of COVID-19 we're seeing now.

That's going to apply across-the-board in schools and businesses, and our communities. And so, I think it stresses the need for people to continue to take the necessary steps. Starts with a vaccination, but we continue to recommend sort of a multilayered prevention approach. Starts with vaccination, certainly isolation and quarantine are important. But it still remains important for schools and other businesses to implement these prevention strategies, including facemask use.

I can't speak to what's going to happen in individual specific schools. Each one has a different Policy and a different way they've adapted the guidance. But certainly we continue to recommend sort of the multilayered approach, including facemask use in indoor settings, including in schools. Thanks.

Governor Sununu:

All good? Okay.

One more, Governor.

Governor Sununu:

Yeah, sure.

Just on the fixed vaccination sites, we've heard from some people like in the Manchester and Nashua area that they're traveling a longer distance to go to these fixed vaccination sites.

Governor Sununu:

Yes.

Are there any plans to have some in more and more populated areas of the State? And if not, why?

Governor Sununu:

So, for example, we tried to put one specifically in Nashua. But Nashua Public Health has their own fixed vaccination site that they've already set up. So we kind of work in conjunction with them. I think we have one in Milford. Yeah, in Milford nearby. But, yeah, that was kind of at the request of Nashua, so as not to kind of confuse and pull down on their Personnel that are already doing that.

So, no, we work with all the major areas in making sure that we -- we try to make sure we have geographic distribution and equitable access to vaccines and boosters. So, look, it's a really small State. And I understand if you're using to driving 10 minutes away and maybe you have to drive 20 or 30 minutes away to get your vaccine or your booster. But the fact that we have so many walk-in sites and it's so available has been pretty great.

I'd love to see them on every corner. Don't get me wrong. But we only have so many different locations. And we have to make sure we're hitting our rural areas. And some of the rural areas, I mean, they're driving a lot longer than -- if you're in Manchester, you're pretty fortunate, frankly, in that area, because there's always something around. But in rural areas, it's really tough. Sometimes it's 35 minutes just to get to a pharmacy.

Are there four or six locations? I've got Rochester, Claremont, Plymouth, and Berlin. And you just said Milford?

Governor Sununu:

Yeah, sure.

For fixed sites.

Commissioner Shibinette:

Milford was the Booster Blitz site. And we will -- I know we're looking at a fifth site coming up for fixed vaccination site that hasn't been announced yet. But let's not discount the mobile sites, right? We have two mobile vans and mobile sites that pop up all over the State. And word on the street is there are times in those mobile sites where you can walk up and get vaccinated in 10 minutes, and there's no wait at all.

So we post the scheduled for our vaccine van on our Facebook page every week. So I would encourage people that don't have a fixed vaccine site locally to look at that schedule and take advantage

of the mobile vaccination sites, because that's what we set those up for is so that we can hit all of the rural communities, so people don't have travel far distances.

Okay, two vans now?

Commissioner Shabinette:

There's two vans. But there's other popup vaccination sites, too.

Okay.

Governor Sununu:

But it's on the website. I mean, folks, if they have any question, I think the website does a pretty good job. There's a giant button there that says, I'm looking for my vaccine or my booster. Click it and the vans, the fixed sites, the popup mobile sites, and the Booster Blitz stuff is all right there.

Dr. Chan, thank you for your patience on some of these kind of (inaudible) questions. Just looking at DHHS' guidance, you guys notes individuals and businesses can consider but do not have to adopt this testing strategy for isolation. Does that -- in terms of schools, where do they fall? Can they, individually, the school decide they're going to require it?

Governor Sununu:

Yeah.

Dr. Chan:

Yeah, thanks for that question. It's about testing and testing at the end of isolation. There's different purposes to testing. And there's different reasons to test. So certainly if anybody's having symptoms of COVID-19, even if they're vaccinated, even if they've been infected in the past, we recommend they test.

We have given schools the option of implementing what we call the SAS program, or asymptomatic screening testing, as a way to routinely screen their school population to identify infection and transmission that may be in students and Staff in the school. And I think what you're asking about is, well, what about more targeted testing at the end of isolation or at the end of quarantine?

Certainly, we recommend testing at the end of quarantine to identify infection, if somebody's been exposed. Testing at the end of isolation, after somebody is already diagnosed with infection, remains optional.

So, your question: can schools require testing before somebody comes back? I suppose that, yes, that could be a consideration for schools to implement. I'd have to -- I'm not an expert necessarily on what schools can and cannot require. Certainly we have put it out there as an option for businesses or organizations to implement. Whether schools can implement that, we'd have to sort of look into that and get back to you probably.

Governor Sununu:

If I may, School Districts have a lot of flexibility in the mitigation strategies that they put forward. So that's the most important point that if schools want to implement those flexibilities, add additional mitigation strategies, most often than not they're absolutely able and encouraged to do so. It's just completely their choice. It's the essence of local control, right?

Yeah, okay. All right. Great, well, thank you very much. We will likely be back next week with another update. New Hampshire is definitely on a decent track. But we are still well in this pandemic. There are still a lot of issues that have to be managed. And we just want, again, to remind folks that everyone has the responsibility in terms of not just managing themselves, their family, whether it's getting a vaccine or a booster.

Please get out there. Understand that we're still well in this winter surge. We don't even have a whole lot of Omicron yet, and who knows what that will bring, if and when it could rear its head, and as it continues to grow here in New Hampshire?

So we just want folks to be very aware that we're still very much in this. We all want it to not be here. We all want to not have to deal with this. But there is a collective responsibility here without a doubt. So, thank you, guys, very much.