



Office of Governor Christopher T. Sununu  
Press Conference  
Thursday, December 3, 2020 at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon. Nice to see everybody. Hope everyone had a good holiday week with Thanksgiving. I have to say we were looking at some data. It was nice to see that the number of individuals that were traveling last week was clearly down. The roads were fairly clear on Thanksgiving, which gave us, I think, a bit of a sigh of relief, if you will, that folks really were heeding the warnings and keeping a lot of their Thanksgiving gatherings smaller than usual.

And we know it's a sacrifice. We know it wasn't great. I was just commenting. If anything, they did less dishes and more leftovers, which isn't always the worst thing in the world. But we know it is a sacrifice and it's going to be the same approach as we enter the holidays of December, right, the same approach of personal responsibility, minimizing the gatherings, knowing that our numbers are so high. Before we get into it too much, let's kick it over to Dr. Chan for a update from Public Health.

**Dr. Chan:**

Great; good afternoon. Thank you, Governor. So I have three updates to provide today. I'm going to provide the general Public Health update. I'm going to provide the institutional outbreak update that the Commissioner normally provides. And then, I want to say a few words about the relief of CDC's new quarantine guidance yesterday and how we plan on adopting that in New Hampshire. We've been getting a number of questions about that over the last couple of days.

But first, the numbers; so we are announcing 625 new people diagnosed with COVID-19 in New Hampshire today. 470 of these are confirmed by PCR. And 155 of these individuals tested positive through antigen testing. In fact, in the last week, we have been averaging about 500 to 600 new infections per day statewide. And the current active number of infections stands at 4,342 people with active COVID-19.

Our PCR test-positivity rate is now averaging the last several days around 6.5%. The Governor in a minute is going to be announcing some updates to our data dashboard. That data dashboard now includes antigen and PCR testing data. And when we factor in the antigen testing data, along with the PCR tests, the percent-positivity of all tests is just over 7%. So we're around 6% to 7% of tests that are positive for COVID-19.

And then, our hospitalization numbers, we have 156 people currently hospitalized with COVID-19 statewide. This is certainly up from even a couple of weeks ago, where that number was below 100. And then, sadly seven new deaths to announce today. All seven individuals were associated with long-term care facilities, bringing the total number of people that have died from COVID-19 to 544. So I just want to highlight that, in the last two days, we've had 16 people who have died from COVID-19. The majority of these, residents of long-term care facilities.

So, I just want to pause and briefly comment that we continue to hear people comparing COVID-19 to influenza. And while the symptoms of COVID-19 and influenza are very similar, if not the same in most circumstances, the consequences and the impact on our communities from COVID-19 is much more severe. And I think that that's clearly highlighted in the number of people dying from COVID-19, compared to the number of people that normally die from influenza every year.

In fact, we average about 40 to 50 people yearly that die from seasonal influenza. The number of deaths from COVID-19 so far during this pandemic, as I just highlighted, is 544. So the deaths from COVID-19 over the last nine months of this pandemic in New Hampshire are at least 10 times higher than the number of influenza deaths each year.

And this is what happens when we have a new virus, whether it's Novel Influenza Virus, or a Novel Coronavirus, introduced into a population that has very little immunity. The impacts, especially on our vulnerable population, is significant and severe.

The pandemic continues to show very high spread within our communities. And as community transmission increases, we know that the risk to our individual, our families, our communities, our schools, our businesses is only going to increase. And the community mitigation measures, the social distancing, the facemask use, avoiding social gatherings, practicing good hand hygiene continues to be the primary way that we have to control this pandemic, at least until we have widespread supply of a vaccine.

Let me transition now to talk about institutional outbreaks. This is the update that the Commissioner normally provides. We have no new outbreaks closed to announce. We have seven new institutional outbreaks that we are reporting.

Grace House in Windham has three residents and five Staff associated with their institutional outbreak. Green Mountain Treatment Center in Effingham has three residents and two Staff with COVID-19. Hanover Hill in Manchester has 15 residents and 2 Staff. Hanover Terrace in Hanover, New Hampshire, has 21 residents and 15 Staff. Nashua Crossings has 14 residents and 14 Staff. The Department of Corrections Secure Psychiatric Unit has a cluster with 10 residents and 3 Staff. And then, finally, St. Joseph's [sic] Residence in Manchester has nine residents and three Staff associated with their institutional outbreak. So a total again of seven new institutional outbreaks that we're announcing today and no new institutional outbreaks that are closed.

And then, finally, I just want to give some brief updates on quarantine. So, just a quick terminology definition here, so we oftentimes talk about isolation and quarantine. And we use those terms very intentionally. Isolation refers to people who are infected with COVID-19 needing to stay home. And quarantine refers to people who are potentially exposed to COVID-19 and at-risk for developing illness and the need for them to stay home.

So, up until today, the two time periods for isolation and quarantine have been different. But we are announcing that we are decreasing the required quarantine period for people who have potentially been exposed to COVID-19 from the recommended 14 days to 10 days. So, now these two timeframes will align. Typically we recommend at least 10 days of isolation for somebody infected with COVID-19. And we are now decreasing the required quarantine period to 10 days for somebody potentially exposed to COVID-19. This is inline with the new guidance that CDC released yesterday and announced publicly yesterday.

I will say that the CDC also outlined a test out of quarantine option for people exposed to COVID-19. And we are choosing not to adopt that in New Hampshire for a couple of reasons. One is that obviously I think the testing resources and the testing supplies need to be targeted to those most at need,

and those people who might be developing symptoms of COVID-19 and need testing. So logistically the capacity to test everybody exposed to COVID-19 is limited.

But the greater point of importance is that with each of these decreases in the quarantine period, it's associated with an increased risk of transmission. And so, we believe that we can safely move from a 14-day quarantine to a 10-day quarantine period with very minimal risk of forward transmission, as is outlined in the CDC guidance document.

But when we start to implement -- or if we were to start implementing a test out of quarantine option, the risk of missing somebody with COVID-19 and of spreading it further within our communities increases even further. And that is not acceptable to us at this point in time.

There are some caveats. We just released a Health Alert Network message about this. There are some situations, organizations, or institutions where we continue to recommend that they keep a 14-day quarantine as the most protective measure. And this includes places like jails and prisons, and long-term care facilities, where we still believe a 14-day quarantine could be most protective.

But for the general public, we are looking to decrease the burden of quarantine in our communities with, we believe, minimal increased risk, by moving our quarantine period to 10 days. And we are not, I repeat not adopting the test out of quarantine options that the CDC recommends.

For those who are traveling, the travel guidance remains in effect. And there continues to be a test out of travel quarantine option. But we're not broadening that to all people exposed to COVID-19 at this time. With that, I will hand things back over to the Governor, thanks.

#### **Governor Sununu:**

Great; well, thank you very much, Dr. Chan. Three quick things I just want to cover, and then we can open it up for questions. Just to kind of be a little bit repetitive, over the past six to eight months you've heard us up here talking about the expected rise in cases. And that's the surge that we're in right now. We're likely going to be in this surge at least for the next few weeks, hopefully not until Christmas. But it could be. And I think we all have to plan that that definitely could be the case.

But we are prepared, without a doubt, with whether it's testing capacity, with the PPE resources that we have at-hand, the additional therapeutics that hospitals have now to treat individuals. We know that the rate of hospitalization this time around is lower. That's a good thing. But you still have well-over 150 people in hospitals today that are battling COVID. And so, we have to make sure that those supplies and resources are there. And we will continue to take it seriously.

And we just want to remind folks that, whether it's the Mask Mandate, the guidance documents that we put in place for their businesses or restaurants, or whatever it might be, to take them very, very seriously. Refresh yourself and your knowledge of them, because it really can make the difference of not just someone in your household being infected, but also accidentally infecting somebody else, and the quarantining domino effect that is very, very challenging for families, when it comes to work or remote learning and getting back to school. You get this real domino effect.

So it goes without saying to wash your hands, do all those basic things. Maintain the social distancing; wear your mask. Hopefully, we're getting towards the end, but we are not at the end. That's the most important thing that we want the expectations to be realistic.

When the vaccine arrives -- and it will be arriving very, very shortly here in New Hampshire, the first doses -- that's a great sign. But this is not over. It won't be over with the vaccine arrives. It's not going to be over on January 1st, just because it's the new year. We still have a few months to go before I

think the vaccine is fully implemented throughout the State, before everyone who wants a vaccine can get a vaccine. And then, I think we will have a better assessment of really where we are, the effectiveness of the vaccine, which right now looks very good, which is very, very positive news. But we have to kind of get there before -- what do they say? Don't count the chickens before they're hatched. And so, we're at the end. But we all have to stay very disciplined.

On the vaccine, as 2020 comes to a close, towards the end of the year, we know that within the next couple of weeks, we will get the first round of vaccine. The Pfizer vaccine will be the first one to arrive in the State of New Hampshire sometime probably in the third week of December, with the Moderna vaccine to arrive likely sometime in the fourth week of December, early in that fourth week. So you could be seeing anywhere between 10,000 and 40,000 doses of the vaccine here in New Hampshire within just the next few weeks, which is really great news.

And we stay in constant contact with our partners in Washington, D.C. The situation at the long-term care facilities, the vast majority of those facilities have agreements with CVS and Walgreens. And that partnership, which is really being driven by the Federal Government, will manage making sure that those individuals, which are some of the first ones to get the vaccine, that those individuals will be handled kind of through that process.

We want to remind folks that the vast majority of people will still get their vaccine through their Doctor, or, as we talk about, hopefully as easy and traditionally as getting a flu shot. We have to kind of prioritize who gets it. But that's the ease that we want to be able to do this.

We're going to have a reservation system, kind of like testing. You make your reservations, so they know when you're coming in. But we will be able to do a lot in partnership with the State, our private partners and hospitals, and Healthcare Providers, long-term care facilities working with CVS, utilizing our National Guard for more public centers of vaccination as we get further down the line and more of the vaccine becomes available to us. So, I think we have a great plan in place. We're constantly tweaking it, just getting ready and making sure that, when the vaccine hits the ground in the next few weeks, we are going to be ready.

We do have a new dashboard, in terms of data. Everything we do, as folks know, is really driven around data. And we are always updating that so folks can not just get some data but get the most relevant data, the data that we're looking at, on a constant basis, to make assessments in terms of where we are.

The dashboard, as a lot of folks know, is [nh.gov\COVID-19](https://nh.gov/COVID-19). That's [nh.gov\COVID-19](https://nh.gov/COVID-19). That's the website that we're really looking at and sharing today. Do we have some slides on that? Okay. Here we go.

So here's one of the -- a slightly different look to our dashboard. And we're just putting a couple -- I just want to show a couple slides up here and hopefully people can go. There's a ton of data in here and it's very interactive, both in terms of the maps and the data you can see.

Up here, you'll see kind of our main bar on the Overview page. On top, you'll see all our total numbers, so total number of cases since March, total hospitalizations, our total recovered, you'll see on the right, at 17,000. And then, on the bottom, the second line here, you'll see kind of where we are today. And that's more of our active cases, current hospitalization, our current active daily tests -- I'm sorry, our average daily tests over the last week, the total number of deaths unfortunately that we are seeing.

So, we have our total data, where we've come. But this second line is obviously quite pertinent, because that's really where we are today, what we're seeing today and some of the datapoints that we're looking at.

You can see down here you can break things out by age, by fatality, if you wanted to look at that, daily trends for new cases, as well as, on the right side, you'll see kind of some of the areas that are higher impacted over the past week, in 7 to 14 days. So you'll see in this case, Belknap County, you're seeing some of those long-term care facilities with much higher rates. And Manchester, as well, are still in that higher level.

And while Coos and Grafton, Cheshire, Sullivan Counties are still in that lower range, we know that they are impacted. They used to be almost zero. But they are impacted. It's a little lower relative to the rest of the State, but that data still really is there.

The other real piece of data that we're doing is we're normalizing everything. You'll see a lot of our numbers, when you go through here, where it'll say cases per 100,000. It's a datapoint that we've been talking about quite a bit for schools and whatnot, and counties. But that's really kind of normalizes those new cases per 100,000 individuals, that way you're always accounting for population density differences between either counties or towns.

This slide is pretty interesting. It shows you can map things out by county, by Public Health region, or by your town. And over on this side -- I know you can't really read this too well -- but there's a whole different set, I mean 20, 25 different things that you can look at, different pieces of data, whether it's the cumulative antigen and PCR tests for your town or your region, the number of active cases in your town or your region, the new cases over the last 14 days. So, really going in and looking at this, we tried to make it very interactive, so we can really drill down and you, as individuals and as citizens, can drill down and kind of have that up-to-minute data, just like we do here for transparency sake.

And then, finally, this is a -- there's a couple different screenshots with schools. And I wanted to show one. This is one of our more active areas of our dashboard. Again, we want to make sure that parent or folks in their community can see exactly what's happen with their school at any given time.

So you can go in. You can even put on your school name here to look at the active cases, recovered cases, if there's clusters or outbreaks within those schools, the last reported case that might be in a school, where they're located. And over here, this is what this map is showing on the left is which schools are hybrid, which schools are fully remote, which schools are fully in-person.

So you really get a good sense of what's actually happening in your community in real-time at any given time. And obviously schools are an area that we've been watching very, very closely. And again, you've heard me say it before, but hat's off to the Teachers and the parents, and the Administrators for the schools that are in-person. They're doing a phenomenal job. It's one of our great success stories in the State. The students are doing a great job wearing their masks, social distancing, and showing that, even when our numbers do rise, we can have some sense of management of outbreaks and clusters within even a school setting where obviously naturally kids are going to be a little closer contact.

I guess, with that, let me see. I mean, yeah, again, just a reminder. If you go to the website, there's a lot more there. There's literally like almost hundreds of pages that you can look at and hundreds of ways to look at the data. So, we just want to remind folks to be able to go. And if they want to know what's going on at any given time in their town, or in their school, it's right there for you.

And hat's off to the Team at Health and Human Services, Department of Public Health, Beth Daly and her Team that are doing all the constant contact tracing. It's just unbelievable the amount of contact tracing that's actually going on that provides a lot of this data in a real-time way so we can be very accurate and spot-on for all of you, and all of us that are watching this stuff.

We still have a ways to go. And we just want to make sure we have all the tools available that everyone can utilize. With that, we can open it up for some questions. Adam, hello.

## Q&A Session

*Good afternoon, Governor. Can you describe who's going to be getting the vaccine first, when those first Pfizer doses arrive?*

**Governor Sununu:**

Sure.

*Is it First Responders? Is it going to be surged into the long-term care facilities?*

**Governor Sununu:**

Yeah, primarily when the first Pfizer doses arrive, primarily they will be going to hospitals and the Doctors, and the Nurses that are on the frontlines in some of our highest-risk settings to be sure. Then, also, as part of that, I think we call it 1A. We have a 1A and 1B, depending really on the amount that we get. There would also be folks in congregate settings, long-term care facilities, the elderly in those settings. First Responders are also part of that group, as well.

But, we don't know exactly how much we're going to getting. I'm going to guess. This is a strict guess, somewhere between 10,000 and 15,000 of Pfizer, somewhere in the 15,000 to 20,000, maybe even 25,000 of Moderna. We're not 100% sure. But that's the ballpark range that we feel fairly confident.

And that's really a nice range for us in terms of that covers a lot of high-risk individuals. And when you're talking about these long-term care facilities and these congregate settings which are just not just here in New Hampshire but across the country, really these outbreaks are getting really, really dangerous. Knowing that, within the next few months, we can at least get that first administration of the vaccine, knowing that you have to wait 21 to 28 days to get that booster, right? So you're not out of the woods just by Christmas here with those settings. It's probably not until mid-January or even late-January that we feel comfortable that those that needed it got it, and had their second shot, as well. So we still have a ways to go.

*Do you have more vaccine in reserve that is? I guess if you have to -- like I guess of the total number, if you get 30,000, does that mean 15,000 people are going to get vaccinated? Or are you going to give everybody one shot and then hope that more comes back?*

**Governor Sununu:**

So, yeah. So that's individuals' numbers. So, yeah, it's a little funny. When I say 15,000, you really should be doubling that number.

*So it's two shots?*

**Governor Sununu:**

Yeah, it's two shots. We will never count vaccine if we don't have the second dose to go with it. We're not going to count, oh, gee, I hope that second dose comes in. We will always have it as part of our mix. Yeah.

*Governor, can you tell me what you think the next wave would be, in terms of the timeframe, for the next? And what the size would be, and when the average person might be expecting to get the vaccine?*

**Governor Sununu:**

The vaccine, so two separate questions there. My sense is that over -- we don't know how much and how fast it'll come in. But the vaccine will likely come in on a weekly basis from both Pfizer and Moderna. We have a system in place where we put an order in at the end of the week. We tell them exactly what we need. We get out proportionate share that is made available to us. And then, we distribute that share based exactly as our Vaccine Plan prioritizes it.

How much we get each week is very variable right now. It could be 10,000 or 20,000, or 30,000. We just don't know how much we will get per week through January and February. The good news is, is that as you kind of go through those populations, my sense is -- and this is just a guess, to be honest. But I think we're guessing that the general population, healthy adults under the age of 60 without underlying health conditions, because hopefully you've taken care of all those other folks by then, in the March/April range is, I think, possible.

Could it be sooner? It could be. Might it be later? It could be. But I think that's why we have to all have some patience before we get to the sense that you're really getting to 60% or 70% of individuals in the State that have been able to take the vaccine.

And again, we're not mandating it. We are not mandating a vaccine at the State level. I think there's going to be a very high demand for it, knowing its efficacy. But we understand it's a new vaccine and there may be some hesitation on some individuals' parts.

*But do you expect that it's going to be hard to get people to take the vaccine, or not? And do you plan a marketing campaign for any kind of info. to tell them what to expect?*

**Governor Sununu:**

Yeah, so I don't suspect it'll be hard to get people to take the vaccine. But there will be, to your point, a very strong PSA informational campaign. We just want people to understand all the information. The final, the ACIP, I think is what it's called, which is immediately before the vaccine comes out, the FDA and the CDC will release basically their final determinations on everything from the risks involved, the side effects, all of those sorts of things. And that's where it's kind of codified in stone, if you will, what this vaccine is for an individual.

And through making sure that we are walking hand-in-hand with that information, that's the information that we will do at a local level in terms of making sure people understand all of that, right? What are the risks? What is the efficacy, those types of things? And so, we will build an informational campaign based off of that.

But, I think everyone knows that the vaccine is our best chance to get through this, as individuals and also as a community. And my sense is you're going to see a lot of folks lining up and saying, yeah, this

works. The FDA did their job. It went fast, but it wasn't rushed. And I think that's a very important distinction.

Operation Warp Speed was incredible. Nothing has ever been done like this on the Planet Earth. But steps weren't skipped. They were just fast-tracked, right? They made sure that they put every amount of effort that they could to get the data and information so that, when it did come out, it could be done reliably and safely. So we will have a whole informational campaign there.

To your second question, if I may, about will see another surge, yes, you bet we will. We have, I think, the strongest surge that you're going to see is we're right in it right now. My sense is you're going to see another surge, if not late-winter, early-spring. That's typically how this stuff goes.

And so, will it be as big and intense as what we're seeing now? No, hopefully not. Hopefully, we will have our most high-risk, like those in long-term care facilities, our most high-risk individuals vaccinated by then, which will help reduce hospitalization, which will reduce the mortality and the death rate, will reduce that burden on our system.

But we're not going to get COVID to zero, per se, if ever. I mean, I don't know if you ever really get it to zero, but definitely under a more manageable situation, I think, by springtime. But there will be other surges in the future, without a doubt.

*Governor, since we've gotten together a pretty deadly outbreak at the New Hampshire Veterans Home, could you address what you folks have done with regard to that? And given the increased number of outbreaks we've had here in long-term care, are you considering any further restrictions?*

**Governor Sununu:**

Sure, a great question. So just to talk, obviously the outbreaks in long-term care facilities are always of a concern. They're always of our highest risk. And they're always where we're putting the highest value of our assets, if you will.

We are in constant communication specifically with the Veterans Home, as we are with all of our long-term care facilities. Anyone that is having an issue, whether it's with COVID or otherwise, we make them a priority in this process, because we know that the risks are so high when an outbreak does occur there.

Commandant Peggy LaBrecque and her Staff have done a phenomenal job at the New Hampshire Veterans Home, a phenomenal job. For 8 1/2 months, they had absolutely no COVID, which is just incredible. It really is. They worked tirelessly using PPE and testing, and all the tools and resource.

But, as we know, it just takes one or two cases to get into a long-term care facility setting and the outbreaks can become rampant. We have had assistance from the Federal VA for some time. They've provided additional staffing, which we requested. And they supplied it.

We have an Infection Team from the VA that has been onsite in that facility looking at exactly the hows and whys. Why is this outbreak a little worse than others? Again, the Team has had anything that they need. They've had. And that's why maintaining constant communication with Commandant LaBrecque who's done a great job running that facility is so important, because we just want to make sure, if they have an additional need, we're there for them.

As with many long-term care facilities, their highest need right now is staffing, right? A lot of Staff are either out, they're quarantined, whatever it might be everybody. I think they're doing a very good managing. But they're not unique in that situation. A lot of long-term care facilities and healthcare



facilities are short of Staff. We're even seeing that in some of our hospitals at this point. And so, that's where we're putting as much pressure as we can to get as much staffing help as we can. And because they're part of a larger Federal System, we have had some assistance there. So, we continue, and as we have been, putting every resource we have to the Veterans Home. But again, any long-term care facilities that needs help and assistance, we're going to be there for them.

*Governor, can Dr. Chan give us an update on hospital capacities?*

**Dr. Chan:**

Sure, I don't have many numbers, specifically, to share. I think, as we've seen in other countries and in other States, even, as community transmission increases, the strain on not only our businesses and schools, but our healthcare system, is going to go up. That includes dealing with staffing shortages, as the Governor mentioned, and dealing with more people hospitalized with COVID-19 and the implications of that with use of PPE and other resources.

What I can say is that I'm not aware of any hospitals being at surge capacity. At any given time throughout the State, I think we have anywhere from 3,000 to 3500 beds statewide available. And we have not reached capacity at that level yet.

If and when hospital capacity does increase, hospitals, themselves, have internal surge plans to be able to increase their own capacity even further. And the State has the option of standing up alternate care sites to help offload the burden on the hospitals.

So, this continues to be a very dynamic space where the number's constantly changing and hospitals and Healthcare Agencies dealing with staffing shortages, which may limit bed capacity, as well. So we will continue to work with hospitals to try and get them the necessary resources that they need. But, I'm not aware of any hospital currently being at surge, so to speak, or above capacity.

*Is there a rate, though? In a couple weeks, three weeks, if we continue like this, are we going to be there?*

**Dr. Chan:**

Yeah, so it's always hard to say what's going to happen weeks from now. But I think, given what we have seen in other States reaching capacity, it remains a risk. And we continue to stress the importance of the community mitigation measures, the social distancing, the facemask use, the hand hygiene, avoiding social gatherings, especially indoors. Those are still the primary ways that we have to control spread of this virus and bring the numbers down.

If we don't, absolutely, the numbers could go up. That includes the hospitalization numbers. And we could be looking at a very different picture several weeks from now. But, currently, again, I'm not aware of any hospitals being at surge capacity.

*But are there specific hospitals that are of concern, particularly in Hillsborough, perhaps in Rockingham County, where the PCR rate is going up as high as 10% in those communities?*

**Dr. Chan:**

Yeah, so, certainly I think all communities are at-risk, right? I mean, every county in New Hampshire is at a substantial level of -- or very high level of community transmission. Obviously, healthcare resources varies region-by-region. But the areas of the State that currently have the highest burden -- southern and southeastern parts of the State -- are going to see the greater number of cases, which is going to put strain on the healthcare system.

**Governor Sununu:**

I'll just add two datapoints to that. Really interesting to note, the capacity actually moves. And the reason for that is, I mean, technically, in the beginning of October, we had less capacity than we have today. Well, how is that? Because in October the capacity was about 70%. Today, we've used about 65% -- not capacity; we had utilized about 70% of the beds. Today, we've utilized about 65%, even though more folks with COVID are in hospitals.

One of the reasons is -- it could happen for a couple factors, but either less people are going in for some of their optional things. The person that needs the bed for two nights because of a knee surgery is choosing not to go in for that knee surgery. There could be a little bit of pullback from some of the hospitals in doing some of these procedures, because of not just, well, we're going to pull back to open up more beds, but also because of some of the staffing shortages that some of these folks had.

So, in early-October, I know that we had utilized about 70% of the beds. And as of last week, it was at about 65%, even though the COVID number. So if 2 or 3 weeks from now, our numbers were to really start to spike, hospitals could, in theory, and likely would, start pulling back on some of their optional procedures and services that could potentially move the capacity number. As we increase, capacity could increase a little bit, as well.

But, I think Dr. Chan makes a great point. We're ready. And if we have to hit that surge capacity, we can provide that type of care, those types of additional hospital beds, specifically in Hillsborough, as that's typically where -- not only does Hillsborough have the highest rate of COVID, but they have the highest rate of individuals coming from Massachusetts that may be utilizing some of those hospital beds. That does happen sometimes.

If you notice, every once in a while we will say -- for a while, we were saying there were four more people that were hospitalized today, but the total number of hospitalizations might have gone up seven or eight. Well, that was because those four individuals that we're talking about are the four New Hampshire citizens. But beds may have been taken by COVID patients from out-of-state. That does happen sometimes. So, now we really just talk about the overall hospitalization number, the current census, if you will, of COVID. But the capacity number does move a little bit, which is kind of interesting.

*So the census number on how many out-of-state people are here using our hospital beds?*

**Governor Sununu:**

I asked that same question. There's not an exact number. It's not an exact number, because sometimes people have second homes here. They might not be fulltime citizens. But they're second homes. They may have just been up here and used a hospital bed for a night-or-two, before they went back home, and either got transported into a hospital in their own community, or maybe they're saying.

So, it moves a lot and it's very hard to tell, actually. I have asked that question. And for a variety of reasons, it's hard to really pinpoint down. The vast majority of folks are obviously from New Hampshire. I mean, I don't want people to think that all our hospital COVID cases are from people from out-of-state. There is a small percentage that I'm just going to put a rough number of 10% to 20% potentially could be from out-of-state at any given time.

*Can we limit it, if our capacity is getting so high, and ask them to go to Vermont or Maine, or...*

**Governor Sununu:**

Well, if someone comes in for care, there is a responsibility on the Healthcare Provider or the hospital to provide care, right? We don't turn away. They don't turn people away. But obviously I think most people want care in their own community for the most part. And so, if we can provide that opportunity for them to get back to the community into a hospital, or a facility, that can care for them for their COVID situation in their own community, I think that's probably best for everyone. But if someone walks in the door and needs care, the New Hampshire Doctors and hospitals are going to be there to provide it. That's right, right? I'm just making sure.

*A question about testing in schools, I know Dr. Chan was on the call with HHS and school partners yesterday. There was some frustration voiced among the school partners that the BinaxNOW cards aren't planning to go to the schools. Is there anything being done right now to increase the access?*

**Governor Sununu:**

Absolutely, the Binax cards were really designed to make sure that -- around the concept of schools. I completely understand the schools' frustration, and we've had discussions about it over the past 48 hours to make sure that those Providers that have access to the Binax cards are prioritizing Teachers and students, symptomatic and asymptomatic, because that's exactly what they were designed to. But it's a great point. And we heard them loud and clear, and we're pushing as hard as we can to make sure that those that are doing the tests are making sure that they are prioritized, as was originally designed.

*Just so I understand correctly, the Providers that have the BinaxNOW cards will prioritize students and Staff. But there's no plan right now to have School Nurses be doing these tests?*

**Governor Sununu:**

Not right now; if we got into a real jam, we could go that route. That becomes problematic for a variety of reasons. I'll just take the practical, if you will. A 4th grader, Timmy, has the sniffles. He goes down to the Nurse. The Nurse dons up, puts all the stuff on, as you see people do when they have to give a test. They give Timmy the COVID test. Timmy, you have COVID. I guess I'll call your parent. That could be a pretty traumatic situation, right, with a 4th grader sitting there without his parents and he's being told he has COVID.

So, that's an extreme case. But that's kind of what we want to avoid, right? So, if there's ways to do that in some of the larger schools that do have the certifications to provide the tests -- not all schools could provide it. Not all Nurses would have the ability to do that. But if that case does arise, we could do it down the road. But we're really trying to avoid those situations.

And because the Binax cards are so out there, they're really readily available in virtually every community in the State. We're trying to direct a lot of those parents and students to those Providers to provide it, and to your point earlier, making sure that they are prioritized. Yes, sir?

*Just a couple of quick ones for Dr. Chan real quick.*

**Governor Sununu:**

Sure.

*On the CDC change in recommendations between the quarantine and isolation, 10 to 14, can you just give us a Reader's Digest version of what that means exactly and why they've made that recommendation?*

**Dr. Chan:**

So the CDC guidance that was released yesterday gave local and State Public Health jurisdictions some options for how to decrease the burden of quarantine, right? So, as COVID-19 circulates more widely, more people are being diagnosed with COVID-19 and are being isolated. And as a result, more people are being identified as close contacts to someone with COVID-19 and are required to quarantine.

So, there's general interest to try and decrease the impact and the burden that quarantine has for people that are close contacts to someone else with COVID-19. And so, the CDC released some guidance yesterday highlighting some options.

Now, just to be clear, nothing has changed with this Novel Coronavirus, right? We still believe that if someone is exposed to COVID-19, they can develop -- or could develop infection, themselves, COVID-19 disease, anywhere between 2 to 14 days after an exposure. That's the reason why there has been this 14-day quarantine. Nothing has changed with that. There's still the possibility that somebody who's exposed to the virus can develop COVID-19 within 2 to 14 days after exposure.

The question, though, is: what is the risk with decreasing the quarantine period, so going from requiring somebody to stay at home out of the public spaces after an exposure for 14 days, versus going

down to 10 days, versus going down to 7 days, if somebody gets a test? And so, the CDC did some modeling around this and looked at various options to assess the risk of post-quarantine transmission, so the risk that somebody would go on and spread it to other people, if they ended the quarantine at 10 days versus 7 days with a test-out option.

And with each step down in quarantine time period, there is some increased risk of a person with COVID-19 being missed and spreading it to others. But that risk is relatively minimal, when you're talking about going from a 14-day to a 10-day quarantine. But the risk goes up even further, if you're looking at a 7-day quarantine, even if there's a test required to get out of quarantine after 7 days.

And so, given the spread of COVID-19, given the risks involved, given the testing resources at-hand, the best option we felt to try and balance the risks/benefits of quarantine was to go from a 14-day to a 10-day quarantine period. But I would highlight again that there are still populations, and still groups/facilities that will likely should stick with a 14-day quarantine period, especially those higher-risk settings, like long-term care facilities, jails, and prison.

*Just to follow up real quick, there's been a lot of mixed information coming from various Federal Governments. I mean, you had Dr. Fauci the other day now saying, close the bars. Put kids in schools. Wasn't that long ago when he said don't wear a mask, now wear a mask. I mean, are you confident that the drop to 10 days is a good idea for us right now?*

**Dr. Chan:**

Yeah, so, again, there is no requirement that New Hampshire adopt these different strategies. We assessed the information and the data that the CDC put out. We've actually been discussing -- we've been aware of this guidance coming out now for a week-or-two -- little over a week. And so, we've actually -- Public Health Agencies around the country have been discussing this planned guidance rollout with the CDC for the last week. And we've been expressing our concerns and getting clarifications on how the CDC came to these numbers.

So even though there -- and people can go and look at the CDC guidance, themselves. But even though there might be some small increased risk going from a 14-day quarantine to a 10-day quarantine, we felt that the overall benefit of reducing the burden of quarantine on people was favorable to go from 14 days to 10 days.

*Thank you. Governor, can I ask you just a follow-up question on the same things? So, there was a lot of bruhaha made of the fact that there were some Republican Leaders who had tested positive, apparently, before their leadership meeting at the McIntyre Ski area on November 20th. Under this new...*

**Governor Sununu:**

Well, I'm sorry. Just to be clear, they tested positive, I believe, after the meeting.

*Right, but the belief is that they were infected before the event. So they were well-within the two-week period time. And some of us have been watching and the public has been saying that a lot of this has been politicized. And we had kind of hoped after the election that it would no longer be politicized. Yesterday, you saw Activists yelling at people, recording them not wearing a mask while they're walking outside, when*

*you really don't have to wear a mask sometimes when you're outside. What can you do, say, as our top Leader in the State, to kind of say, look, let's stop politicizing all of this? We now have data that you don't have to be isolated for 14 days exactly. And move onto the election is over, and we've got 18 months of stuff.*

**Governor Sununu:**

It's a tough question. How is the top elected -- how, as the top elected Politician, do I help depoliticize the situation? And it's exactly where I think we all want to go, without a doubt. One thing I've tried to do, through this whole process, is not allow politics to come in, I think, as anyone who's watched these briefing knows. And by leading by example there, trying to show data that shows exactly why we're doing it, so when we put a Mask Order in place, we had all the data up here to back it up.

I got to be honest. I see people saying, you put in a Mask Order but you haven't shown us a bit of data. So much data that you can look at and very specific data that we explained that drove the Mask Order, or that drives some of the Regulations, or even when we augment Regulations. So we try to be very data-driven in it.

If individuals are so frankly stubborn that they -- and I don't care what Party you're from. I don't care. The virus doesn't care. If you're going to be stubborn and not manage and be responsible, then, yes, individuals are going to get infected. And we've seen that, unfortunately.

So, it really is about personal responsibility at the end of the day. This is the Live Free or Die State which means that, while we tried to limit the size of Government and the overreach of Government as much as we possibly can, that also means we also take on, as individuals, that responsibility for ourselves and for our community, and our families, and the gatherings that we might be involved in. And that's why it's so important to take that responsibility, as we've said it 1,000 times. When we put on a mask and we keep social distancing, we're doing it for others, not for ourselves, right? And that's kind of the greater good. And there's no politics behind any of that.

I'm surprised how the -- I think to your point, that the political acrimony hasn't dissipated a little faster, frankly, after the election. If anything, there's certain sparks of it that are firing up even more. At the end of the day, my job is just to manage, be very transparent in how we're doing it, why we're doing it, and the opportunities we're trying to present.

If other folks want to try to politicize certain aspects of this COVID crisis, that's shameful, frankly. That's on them. I don't think there's any place for it. And I just try to lead by example by not allowing that into our decision-making process.

*One more real quick; when we were here before Thanksgiving, you had said that you would not be interested in locking down the State for four to six weeks, as the incoming Biden Administration has been floating. The White House Task Force recently gave Governor Baker -- it was implementing curfews and other things, which seems to just make it worse. I mean, if you close the liquor store two hours early, there's going to be more people in the liquor store. Anyway, you know what the point is. So the question is: they're now saying -- the White House Task Force is telling Governor Baker not to reopen and to stay where they are. And now there are some border communities here who are thinking, maybe they should implement curfews and other things on their businesses. Do you have any thoughts about that?*

**Governor Sununu:**

Well, I can tell you. I haven't talked to a White House Task Force. I haven't spoken to either President Trump nor Vice President -- and President-elect Biden about -- or his Team about any of this, frankly. So, we make the decisions based on our data.

There are a lot of parts of the country that are clamping everything down. They've been clamping down. I think California's a great example. They just keep clamping harder and harder, and harder. And their numbers keep skyrocketing and skyrocketing, and skyrocketing. It doesn't mean that there's not some benefit to that. But you have to weigh the negative aspects of when you shut down an economy, when you drive the isolation issues, when you drive the other very negative health effects of that.

We had to do it in March and April. There's no doubt we did the exact right thing. But that was a very different time. We have more resources available. And we've talked about that, whether it's testing and PPE, and guidance documents. And so, we just can manage this a lot better and a lot more effective.

There's virtually nowhere in the country where numbers aren't skyrocketing. The value that we have, I think, is having that balance that we've been able to maintain, having a strong economy, what creates a lot of not just economic opportunity for families but healthcare opportunities for families. It keeps people off unemployment. It keeps people off Medicaid. It keeps more in private health insurance situations, so they can get the better healthcare. And we take a lot of pride in the great healthcare we can provide here.

So, you can go on all day about the positive benefits of not just cramming and shutting everything down when you don't absolutely have to. I think we've struck a good balance. It's all about not overwhelming the healthcare system. We do have capacity in the healthcare system, even though we have five, six times as many cases on a given day today, or even the -- maybe the active cases, 4,000, something like that, maybe? Just over 4,000 active cases; I think the highest we ever got with our active cases was maybe 2,000, something like that, back in March and April. Yet our hospitalization rate is right now maybe 20% higher than it was. So, the rate of hospitalization's lower.

My point being there is even though the case numbers are higher, we're just managing it a lot better. And so, you don't have to just crunch everything down. And the negative effects of that would be quite dire. I'm not saying it could never happen. But I got to tell you, we're nowhere near that. And there's no plans for that right now, because of those negative effects.

*Can I ask a question for Dr. Chan about the number of total active cases that we have in long-term care facilities? And is this the worst that we've seen?*

**Dr. Chan:**

Yeah, I don't have an answer for you. We can try and find that afterwards. The question is: what's the total number of cases in long-term care facilities, and how does that compare with earlier in the pandemic?

I think what I can say, though, is that the first wave of the pandemic heavily impacted our long-term care facilities, and a majority of people infected with COVID-19 in April and March were associated with long-term care facility outbreaks. The last couple of months, the majority of people infected with COVID-19 have not been associated with long-term care facility outbreaks.

But I think what we're seeing is that, as community transmission gets to such high levels, the risk of it being reintroduced back into our long-term care facilities is going up. And we're seeing that reflected in the numbers. I don't have exact numbers for you.

As I mentioned today, there were seven new institutional outbreaks. And one piece of information that I need to correct -- my notes were incorrect. So this is a little bit of a tangent. My notes were incorrect in terms of the numbers at one of the new institutional outbreaks. Green Mountain Treatment Center in Effingham, New Hampshire, I think I said earlier had three resident cases and two Staff cases. Those numbers were incorrect. It's actually 13 infections in residents and 14 infections in Staff, so just a correction to my earlier announcement. But I don't have exact numbers of the burden in nursing homes in long-term care facilities now.

*But we've seen from the past two days, we've seen seven deaths today. Were they all long-term care-related?*

**Dr. Chan:**

Correct, yes, they were all long-term care facilities-related.

*And yesterday, same thing; we're seeing a lot of death.*

**Dr. Chan:**

Right; and those numbers I highlighted in the beginning, seven new people dying from COVID-19 today all associated with long-term care facilities. And then, there were, I think, nine yesterday that we had announced, seven of which, I believe, were associated with long-term care facilities. So 16 total people in the last two days that have died from COVID-19, the majority of whom have been in long-term care facilities, and I think that highlights what I was just talking about, which is, as community transmission increases, the risk to our vulnerable populations and institutions, like many of our nursing homes and long-term care facilities, is going to increase.

*Real quick, just speaking on this, was Hanover Hill -- didn't they have a previous institutional outbreak?*

**Dr. Chan:**

I'm getting the nods of yes. I don't have a lot of details on that.

*So you have no idea why, even though they put all in the protocols not to have this happen again, why it happened again?*

**Dr. Chan:**

Yeah, so, why are long-term care facilities experiencing new outbreaks, or reexperiencing outbreaks? We've been working extensively the last number of months with long-term care facilities to try and prevent introduction of COVID-19 into the facilities and further spread. And I think the long-term



care facilities' Staff and Administrators have been under a tremendous amount of pressure and have overall done a phenomenal job at implementing the testing and the mitigation measures.

But, again, it requires multiple layers of protection to prevent COVID-19 from being introduced. But in those high-risk settings where there's frequent close contact occurring, healthcare visitation, residential living settings, the risk is very, very high for once it's introduced. It can spread very easily between people. And I think that that's what we've seen.

For many, many months, long-term care facilities were successful at bringing their outbreaks under control, preventing new introductions. But, as community transmission gets to such a high level, it becomes very difficult to prevent any introduction or any clusters and spreading of COVID-19 in facilities.

*So is it your sense, Doctor? And maybe Chief Daly has any thoughts on this, given the contact tracing that you folks do, that a lot of these outbreaks probably occurred from either visitors to the facilities, or workers who brought the transmission in? As the Governor said, at the Vets Home there were no issues. And then, all of a sudden, it blows up. Did it come from the outside into the facility in all likelihood?*

**Dr. Chan:**

Yeah, so it's hard to speak to any specifics. And a lot of times, we don't always know how COVID-19 is introduced into a facility, or into a long-term care facility. But certainly if you have residents there that are not going out and interacting with anybody, it has to be brought in, in some way. And likely that is frequently through Staff or visitors. And that is where we target a lot of the community mitigation measures to prevent that type of introduction, either PPE, personal protective equipment, for Staff, the screening procedures, the testing that's being implemented, limiting visitors to the extent possible, although we acknowledge that residents of long-term care facilities need to have social visitation as part of their overall health and wellbeing. So we try and make that possible.

But the goal is to try and minimize the risk of introduction. But there's nothing that's 100% perfect at preventing COVID-19 from being introduced, especially when it spreads so easily, especially when it's spread from people that are maybe feeling fine and are not having any symptoms of disease.

**Governor Sununu:**

I think we can grab a couple on the phone, if that's okay. Thank you.

**Holly Ramer from the Associated Press:**

*Hi, thank you. I have a couple of questions related to the vaccine distribute. I'm wondering if you're hearing from any interest groups, such as Teachers or workers in a particular key industry, that want to squeeze to the front of the line. And if so, how are you handling that? Or are you just planning to follow the CDC recommendations? My second question is: so, under the Draft Plan, Phase 1A includes Healthcare Workers, nursing home residents, and First Responders. How many people roughly are in each of those groups? And how does that line up with the initial number of doses that we're expecting? So I'm trying to figure out how many people in each of those groups would get the vaccine, initially. Would the initial batch be enough to cover all of the Healthcare Workers plus some nursing home residents, or just Healthcare Workers, if that makes sense?*

**Governor Sununu:**

Sure; so the first question is: are folks trying to squeeze to the front of the line? No. I really haven't heard from any individual groups, whether it be Teachers or whatnot, saying, oh, no, you have to put us first. Frankly, I think that's the testament to the Vaccination Plan that we've put forward. We've made it very public. And I think people understand where the highest risks are. And they understand where they are in line, so to say. And I think it's a good plan. It meets the needs the priorities of the State. And so, it's been received, I think, very, very positively from that respect.

In terms of the total number of individuals that are in Priority Group 1A, I'm going to be careful, because I don't have it directly in front of me. I want to say it's approximately 35,000 to 40,000, something like that. Why don't you come on up, Beth? Maybe Beth knows.

**Dr. Daly:**

Hi, Beth Daly. So, in terms of our planning for Phase 1A, there are probably around 100,000 individuals who are going to fall into that group, including all of the Healthcare Workers that we want to get to. We are not going to have enough vaccine to do them all obviously the first week. And so, there is a prioritization even within 1A, where we're going to target those high-risk Health Workers working in hospitals, then moving to ambulatory care settings and other settings, as well, our Home Healthcare Providers. So there's obviously a lot of people who work in healthcare and we want to get to them. We also have the long-term care facility residents that we want to get to, as well as the First Responders.

As you heard the Governor describe, we're going to get allocations of vaccine on a weekly basis. And that will be provided to those groups as quickly as possible. And we are certainly going to get them to the long-term care facilities as quickly as possible, too, just calling up, tying that into our prior conversation we just had.

So, no, the initial vaccine that we're getting is not enough immediately. It's going to take many weeks for us to be able to vaccinate everyone in Phase 1A, which is why you heard the Governor estimate that we're not going to be able to get to general population until probably March or April.

**Governor Sununu:**

Perfect, thank you, Beth.

**Michael Graham at the New Hampshire Journal:**

*Yeah, I have a financial question. After a couple of months of blocking Bills of COVID-19 relief, Senator Shaheen and Hassan have now joined a group of people across the aisle to work on a deal around \$900 billion. I'm curious, Governor, how vital, how important, how much trouble is New Hampshire in? How badly do you need the money right now? And what would you say to communities like Dover, where they're already looking at tax hikes, etc., to deal with revenue issues, as they struggle with the cost of COVID-19 and whether or not they need this money to come?*

**Governor Sununu:**

Sure; so there's no doubt that, economically, New Hampshire's better off than most States in the country. Without a doubt, I think we've managed very well. I think, with that, it's important that Washington do something.

I know they've proposed this \$900 billion Bill. I don't know whether it really comes to fruition now, or if there's some type of middle of the road agreement. The good news is it looks like you have enough bipartisan support to get something done, which is great. It'll likely come in the form, as I think a lot of us have read, not just State support but stimulus support, maybe with some unemployment support potentially for the States that really need that. And then, most importantly, some additional funds for vaccine distribution and for testing and PPE; let's not forget we're still going to be in the management side, if you will, of the COVID crisis. Not just the vaccine distribution, but kind of more the traditional costs of COVID are still going to exist for us for many more months, without a doubt. And so, having some of those more traditional funds that you saw related to the CARES Act, making those available would be terrific for the State.

So, we need it. We expect it to be here in some form. I'm not going to comment too much on what we'd like to see. We've done a lot of that. At this point, we will take just something. Get something done, for goodness sakes. Yeah, and I don't care whether Republicans vote for it, or Democrats vote for it, all 100 Senators vote for it. Just somebody give me 51 votes and get some relief.

My hope also was that there would be subsequent packages. And I think there's a belief there that President Biden -- or incoming President Biden -- Biden's Administration, they would probably push for another package, whether it be stimulus or economic relief.

But we're in good shape. There's no doubt we're in very good shape and we can manage, even if nothing were to come. But the fact is something's going to come and it's something that we can use and make sure that it just provides a little more economic flexibility, not just at the State level and at the city and town level, but really for the private sector and the Healthcare Workers that are managing these.

**Jordan H. with New Hampshire Public Radio:**

*Hi, I also have a question regarding vaccines. You wrote a letter to the Trump Administration a few weeks ago saying that National Guard would be critical in distributing this vaccine when it's available. I was wondering if that's going to be important in the first few weeks of distribution, getting it out to Healthcare Workers. And if it's not possible, if we're not able to almost double our National Guard presence, is there some sort of backup plan to make sure that we have enough people on the ground to make sure the vaccine is distributed?*

**Governor Sununu:**

So, in the first few weeks -- so there's really two answers there. Yes, we will be utilizing the National Guard, likely not in the first couple weeks. We have an infrastructure in place for the first vials of vaccine to get it out to the Providers, out to the long-term care facilities, working directly with CVS and Walgreens, with their distribution networks.

So, likely the National Guard will come into play, but probably not until we're really more into a process of vaccinating the general public, where the National Guard will help us stand up and logistically manage that vaccination center, similar to what they did with our testing sites across the State. They'll

help us manage vaccination sites across the State. But that's likely more as you get into the February/March timeframe, something like that, when you just have more of the general population pushing forward, and hopefully more of the vaccine available.

So nothing in the first coming weeks, but ultimately yes, and we've laid all that out with the National Guard. They're ready to go. They've been great partners to-date. And they're going to continue to be a vital asset, as we move forward. Well, that's great. Adam?

*Follow-up for you, Governor, on the cases that arose from the GOP Caucus in the McIntyre Ski area lodge: do you think that that gathering happening, and then the fact that there was going to be Organization Day within the 14-day window? Public Health has said they treated this as a private event. But would it not have been in the public interest to inform at least the other Reps who were going to meet on Organization Day? You ended up having to swear in a number of other people, because they were just worried about the exposure potential given that potentially a number of their colleagues were exposed. Do you think Public Health should have made public, or at least informed, knowing that a future even larger gathering was coming, that people should have been informed of what happened?*

**Governor Sununu:**

Well, the people should have been informed, but not necessarily by Public Health but by the Republican Caucus. It was horribly managed, horribly managed. You had a lot of individuals there. Our understanding is there were a lot of individuals that were refusing and not wearing masks. You had them trying to socially distance, but you had an open buffet, as well.

I mean, it was a little bit rumor mill, because, again, you can't say who and way. So it was a little bit rumor mill about who had it and how many cases there were. I think there's four known cases at this point in time. There could be more down the road.

Yes, of course they should have reached out. But that's really the Legislature's role there. It wasn't an outbreak. It wasn't something that I think they had done both -- Public Health had done contact tracing. There was a letter that went out to those Members. So there was good communication amongst that membership. There wasn't a broader risk to the public, per se.

But, as things moved forward, the communication really should have been happening between both Parties, both Bodies within there, and making sure that everyone understood and knew the risks, and the ramifications of that. I don't know how that information transpired between Republicans and Democrats prior to Organization Day, per se. But my understanding is it wasn't good. It wasn't complete, is my understanding. But I'm really not involved in that piece of it. But, no, it was badly managed from the beginning. And communication should have been much better. Yeah.

*Can I have one quick last question?*

**Governor Sununu:**

Sure.

*Where does the Governor stand in the priority list? When are you going to get your vaccine?*

**Governor Sununu:**

I don't really have my own -- I'm 46? I'm 47. I just had my birthday and I swear to God, I'm forgetting.

*You're not 60?*

**Governor Sununu:**

No, I'm 46. Is that right? Yeah, 46, I was born in '74. Took me a second there. No, 46, fairly healthy, I'm in the mix with probably the bulk of the general population. But when it's time to get vaccinated, I'm happy to be the first one up there, absolutely.

*But how about Commissioner Shibinette? I mean, she's an important person to manage the State's business in this matter. If she gets sick, how does that put us in exposure, and the same for you?*

**Governor Sununu:**

Yeah, well, look, there's a lot of, I think, important people with great roles and responsibilities. We all surrounded ourselves with great Teams, too. So God forbid either I should get sick or the Commissioner gets sick.

Again, I think the overall health risk to us, as individuals, as fairly healthy and younger individuals -- I think Commissioner Shibinette is much, much younger than myself. But we're in the risk pools with be else. Just because you're an Elected Official or we're driving the boat up here a little bit on the vaccine distribution doesn't put us further ahead in line, because if we put ourselves ahead in line, that's one other person that is of higher risk that isn't getting the vaccine. So you have to always keep that in mind, to be sure.

But, look, so far, from what I've seen, the vaccine, it's going to be safe. It's going to be reliable. And for someone like myself, there'd be no reason not to get it, especially given I have kids. I have older parents. So, yeah, it just makes sense. Yeah.

Okay. Well, I lost the bet on that one today. I thought that was going to be a short one, but apparently not. So we appreciate everyone being patient. As we keep saying, there is a light at the end of the tunnel. It's getting closer and closer.

The Team has done a phenomenal job preparing for the vaccine, as it arrives. And I think, in the next few weeks here, we're going to have the first individuals receiving their first dose of the vaccine. But, again, expectation is this doesn't go away on January 1st. I can't say it enough.

We have to stay disciplined for at least the next few months into the winter. Winter could be a little tough still. And it's going to require a few more sacrifices, but nothing we can't manage to get through. So, thanks you very much, and we will be back next week. Good to see everyone.