



Office of Governor Christopher T. Sununu
Press Conference
Tuesday, January 26, 2021 at 3:00 p.m.

Governor Sununu:

Good afternoon. Good to see everyone. Well, thanks, everyone, for joining us. I know it's Tuesday, not Thursday. But we did want to kick things off today a little bit because today is a very big day. We're really starting the implementation of the vaccination process for Phase 1B. So it's just been a few days since the first individuals were able to register into the system. And now, on Tuesday, we have thousands of shots going into arms for the 65-and-up population, the medically vulnerable population, so a lot going on in the operational side. So, first, let's kick it off with a update from Dr. Chan and the Department of Public Health.

Dr. Chan:

Great, thank you, Governor. And good afternoon. So, two updates: one is the numbers update; and the other is an update on some updated school guidance that we have just posted today. So we are announcing 435 new people diagnosed with COVID-19 in New Hampshire. 188 of these are people that tested positive with PCR-based tests. And 247 tested positive through antigen testing. The number of active infections in our State is at 5,430. And this is now down below 6,000, compared to last week, so showing an improvement in those numbers.

The test-positivity rate is also showing a promising downward trend over the last seven days. The test-positivity rate -- again, this is for antigen and PCR tests combined -- is at 6.1%, which continues to show a decrease.

And hospitalizations also are going down. 213 people statewide, currently, are hospitalized with COVID-19. Unfortunately, we have four new deaths to report today, bringing the total number of people that have died during this pandemic to 994 in New Hampshire. One of these four individuals is associated with a long-term care facility. And so, in the last week, there have now been 56 people that have died from COVID-19. And thankfully, the trend, in terms of the number of people dying from COVID-19, is also starting to show a decrease along with decreasing hospitalizations, decreasing test-positivity, and decreasing daily incidents of COVID-19. So, the data continues to show promising trends.

But the overall level of community transmission continues to be high statewide. And so, we continue to stress the importance of people following the mitigation guidance, practicing social distancing, wearing facemasks, whenever out of the home and in public locations, and following the other guidance that we have previously talked about.

The other thing I want to update you all quickly on is that we have updated some of our K-12 school guidance on instructional models, learning models during the pandemic. So, throughout the last number of months, we have continued to have weekly calls with our school partners every Wednesday afternoon to help address questions and concerns, and help schools work through issues

around operation of schools during the pandemic and how to implement appropriately mitigation measures in schools.

And so, we have continued to encourage as much in-person learning as possible, and have found that, even with very high levels of community transmission statewide, K-12 schools have largely been able to operate very safely. And this certainly has been a challenge and is, in large part, due to all of the hard work that has been put in on the ground, so to speak, in different schools, school districts, school communities to make schools as safe as possible.

And while there have been hundreds of potential introductions of COVID-19 into schools, there has been very limited actual in-school transmission. And so, yes, we have had clusters in schools. The vast majority of these clusters have been small and limited. And there have been no larger outbreaks of COVID-19 in school settings, and limited in-school transmission.

And so, that's part of the purpose for updating some of the guidance. We also want to always make our guidance science-based, whenever possible. And so, there are several new studies that have come out in the last couple of weeks, two to three weeks, in fact four new studies that, similarly to New Hampshire's experience, have shown that K-12 schools are low-risk for spreading COVID-19. And so, we're trying to highlight some of the science and the emerging evidence in the updated guidance.

And these are issues we continue to talk about and work with schools on a weekly basis. We continue to stress the mitigation measures be implemented in schools, including facemask use, wherever possible. And the updated guidance is meant to be a reflection of the ongoing recommendations and work that we have done with schools around making school a safe place to offer in-person learning and to mitigate the spread of COVID-19. So, with that, let me stop and hand things over to Dr. Daly for a vaccine update. Thanks.

Dr. Daly:

Great, good afternoon, everyone. I'll provide the vaccine update today. So, to-date, 125,000 doses of vaccine have been distributed to our vaccination sites across the State. 98,000 doses have been administered, which includes 83,000 people getting their first dose, and an additional 15,000 people getting that second dose of vaccine.

This week, we received, as expected, 17,575 doses of vaccine. And we expect to receive about that amount next week, as well. Between CVS and Walgreens pharmacies, they have now completed first-dose clinics at 176 of our long-term care facilities. And more than 18,000 people have been vaccinated through that program.

In terms of the opening of our Phase 1B campaign, as of last night, there have now been 200,000 people who have registered to be vaccinated as part of Phase 1B, through our online registration portal. The majority of these came through on the first day. And over the last few days, we've had about 10,000 people register each day.

In addition to those 65-and-older who have registered through our portal, there have now been more than 50,000 people who are medically vulnerable and were referred for vaccination by their Healthcare Provider. Therefore, between these registrations that came in through our portal, as well as those medical verifications, a total of 250,000 people in Phase 1B are currently in the process of scheduling their vaccination appointments.

Of that group, there are 130,000 people scheduled for vaccination currently. And our vaccination appointment schedule is booked through February. However, there are still appointments available in March and beyond.

In order to accommodate the entire statewide vaccination campaign, we've added additional locations in partnership with our hospitals, where people can get vaccinated. So, we currently have 22 sites that are open to the public for this Phase 1B vaccination initiative. This includes additional locations up in the North Country. And so, while we have increased the number of locations you can get vaccinated, we did not have an increase in the number of doses we can do. So it does not reflect additional opportunities for vaccination. It just increases the accessibility of those vaccines in our communities.

So, through the registration process, we know that there are common issues that have come up for the people, as they've been working through that process. And so, I just wanted to provide a few helpful reminders for all of you who are working through that process, or might be scheduling in the coming days.

After you register at that vaccines.nh.gov website, you're going to receive an email from CDC VAMS. That's V-A-M-S. That's the Vaccine Administration Management System. This is a legitimate email that will prompt you to create an account in VAMS to register for your appointment. Please check your SPAM or Junk folder, if you don't receive this email.

And the benefit of creating this account in this online system is that it's going to allow you to schedule for your appointment. You can also reschedule appointments and schedule for that second dose, after you receive your first dose. You can go right back in and schedule the second dose. It'll also send you important reminders when you're due for your second vaccine dose, as well. So that system is really important part of the scheduling process.

If you indicated that you were bringing another eligible person with you during the registration process, you will only receive one email for scheduling that appointment. So even though you're bringing those people, you only schedule one appointment. You just bring that person with you. But, as a reminder, that second person, you do need to note them in the registration process. And they do have to be eligible for vaccine during Phase 1B.

So we do also send along a email with some tips for working within this VAM System, some of those common issues that I just reviewed with all of you. And we do also have on our website a document that takes you step-by-step for how to register in that portal. So if you need any help, those resources are available to you. We want you to carefully follow those instructions and read all the information that you're given during the registration process.

And if you ever have any trouble submitting that electronic form at the end, there might be an error. So you want to scroll up above and look for any red areas, or issues, or errors that have been noted and correct those, before you can hit that Submit button at the bottom.

When you arrive at the site, be sure to bring your identification and come in clothing that allows easy access to your upper arm. If you have a VAMS account, you will receive an email about 12 hours before your scheduled appointment asking you to complete some screening questions. It's very important for you to complete that questionnaire in order to keep things moving at our clinics. If, for some reason, you registered by phone or do not have that email, or have not used VAMS as part of your registration process, you can complete that form onsite if you have to.

And then, lastly, we just want to thank everyone who's been working through this process for their patience. And we also want to thank the people who have been stepping forward to help their

family members, friends, and neighbors work through this electronic scheduling process, as well. If you're still having any problems at all with scheduling, you please call us at 211. We're here to help you. Thank you.

Commissioner Shibinette:

Good afternoon. I'm going to do an outbreak update today, and continuing with the positive news and the positive trends that we're seeing in our COVID cases right now. So, today, we are announcing that we're closing 12 outbreaks, including, which I'm very pleased to announce that we are closing the New Hampshire Veterans Home outbreak effective 01/26. So we're very happy that that's closed.

In addition to the Veterans Home, we are closing Clipper Home, Golden View, Greystone Farm, Hanover Terrace, Terrace Hill, Merrimack County Jail, Nashua Crossings-Benchmark, Pines of Newmarket, RiverMead, Rockingham County Nursing Home, and SP New Hampshire Department of Corrections.

And even better news is that I'm not opening any outbreaks today. So there is -- we're closing 12 and we're not opening any. So, definitely a positive trend that we've been looking for over the last several weeks, thank you.

Governor Sununu:

Oh, thank you, Commissioner. That's awesome, no new outbreaks. We haven't had that in quite a while. So there's still a lot of work to do, long way to go. But we know that outbreaks can happen at any time, and we could have more next week, to be sure. But, any week where you can say we have no new outbreaks, I think that's a huge win for the State of New Hampshire. You add that with all the other positive-trending data, whether it's hospitalizations or fatalities, or even just the overall case count going down, combined with the vaccine being more readily available and on its way. So, good stuff, really good stuff.

Just a couple quick things here, nothing too major, just a little bit of a review. I was out at Londonderry this morning. Today was the first day we got the availability of Group 1B. As was mentioned, over 200,000 people are now in our system and available to register. Over 60% of those individuals have already scheduled and fixed a location and a time.

But I was out in Londonderry at their site today. It was phenomenal. The men and women of the National Guard, some of the local volunteers, some of the local Firefighters, everybody really coming together, great partnership.

There was a little bit of a line, but, man, it really moved. It did. They did a great job. The time you're -- at least this morning, at least -- I don't want to make any promises -- that folks were coming filling out their paperwork if there was any additional paperwork to be filled out, getting verified, getting their vaccine, waiting a few minutes afterwards. They want you to wait to make sure there's no adverse reactions, and then be on your way. It was less than an average Doctor's appointment, right? And it is a medical process. So they are taking all those steps to make sure that they're covering their bases and making sure that individuals receiving the vaccine are safe.

But they were just doing a phenomenal job and moving people right through. So, if the first day can go so well, there's no reason we can't be successful as we go forward. Teams are working

around-the-clock. And as Dr. Daly mentioned, a big thanks to all the State Employees, all the partners and the volunteers that are making this happen logistically on both the front- and the backend, and also a big thank you, as she mentioned, to all the family members that are helping some of their relatives make sure they walk through the process.

It is a two-step process. It can be sometimes daunting a little bit, a little intimidating, if you're not used to going onto a website and signing up that way. It's a State website followed by the Federal Government website. We've tried to provide a tip sheet, once you get into the system. Folks are emailed kind of a tip and a FAQ sheet in terms of helping them get through the final stages of that process.

But as was mentioned, also, if you do -- are having any trouble, be sure to call the folks at 211. Reach out. Again, we have a couple hundred volunteers from the State Employees that are manning that 211 hotline to answer your questions and help you get through that process.

We are still sitting at about the same number of amount of vaccine that we had in the previous weeks. We do anticipate some increases in the coming weeks. That would be great. But, again, we will -- when we see it, we will then be able to increase the opportunity for more individuals. But we are designing our system to only meet the expectations that we know the Federal Government has guaranteed us. As they send more vaccine, we will definitely be able to open up more sites. We have the ability to do that very, very easily. And as I said, if today was a good -- any indication of the -- I think just the success we're having on the ground, Perry Plummer, his Team, with -- working with the National Guard have just been -- I think we're all very hopeful that this is going to go exactly as planned.

The other thing I wanted to mention is -- give me a second here. Yeah, I guess we've covered a lot of this, actually, just in terms of some of the data. Just keep an eye out for some of those follow-on emails. And if you have registered and you haven't gotten an email back saying, okay, now's your chance to actually finalize your location and the time, please reach out. You should have received that by now.

We have a lot of the folks, as was mentioned, in the medically vulnerable population, about 50,000 that have been uploaded to the system. Often, that has been done even without the patients knowing it. So, often, a lot of the Doctors and Providers are being very proactive about preauthorizing folks. So that's a great thing. That takes care of a lot of the folks in the medically vulnerable population already. So you may actually -- may be receiving an email without knowing that you've already been preregistered if your Doctor has deemed you to be medically vulnerable.

Here's a quick screenshot of what you would see. This is the email that you would see. One of the things that we heard early on, folks were registering on Friday and receiving the VAMS email, that second step where you can click on the link and identify your location and time. They were receiving it that night and people thought it was SPAM, because they thought it would come three or four days later. But it was coming so fast. The system was working so well that they actually didn't believe it was real. But this is kind of what you'll see in that second email. So if you see something like this, this is real.

Another issue, check your SPAM folders or your Junk folders. If there's a filter in there that might try to weed an email like this out, if they think it's from a mass mailing, a lot of times folks are calling in, because they don't receive something. But, when we walk them through it, might be in one of their other email folders.

And also just making sure that when you input your information the first time, every once in a while you might get a letter wrong in your email or something like that, when you're inputting it. So just take your time. Take your time and be patient, and try to input it as best you can. And of course, if there's any trouble with the system, be sure to give us a call at 211 and we will do our best to walk folks through it, as best we can. With that, we can open up for questions.

Q&A Session

Governor, there's a Washington Post Report indicating that States could see a potentially 16% increase in vaccine. Have you heard this? And is that coming to you, then?

Governor Sununu:

Yes, we have heard that. So, it is my understanding that Moderna will be increasing their production to the point where we can get a fairly substantial, 20% or 30% increase in the Moderna amount, which, again, equates to about a 15% or 16% increase in the overall amount. Pfizer's keeping theirs steady. Moderna's going up somewhere between 20% and 30%.

So, again, we're planning on those to come in. That's a few thousand more next week, hopefully. I think, is it next week? I think it's as early as next week. So, we are anticipating that. And we will simply build that capacity into our system.

And how do you scale your workforce for administering the shots at the same time? Can you explain how that works?

Governor Sununu:

So, it can happen a couple different times for administering the shots. There are some of the -- our sites can simply be expanded right there at the site. We can add another lane of traffic, if you will. We can add just a few extra people there to administer more shots at those sites, because they still have some flexible capacity.

For those sites that are already kind of at capacity, if we really get there, we can open up more sites. And we have the workforce and the National Guard, and the ability to open those up in about a day-or-two, frankly. So, whether it's expanding the capacity at our existing sites or adding additional sites on, we could do it either way.

This increase of 15% or 16%, that's wonderful. We will take every bit that we can. But, we -- it probably isn't enough to see an -- a significant expansion on the system. It's probably something that, for the most part, our system can handle. We might open up one or two more sites, and, again, more for accessibility rather than opportunity. There's a little bit of opportunity, but a lot more accessibility so folks from the North Country and other parts of the State don't have to travel quite as far.

We're hearing some frustrations from people. Now, good news is they're looking towards their second shot. But scheduling that second shot, some of the confusion perhaps that there's not a way to indicate which actual vaccine this person had, so they're afraid they're going to get the wrong kind. And then, some people just aren't able to get it in a timely fashion and have had to book the second shot further out than the two or three weeks.

Governor Sununu:

Sure, so a couple things. When you get your first shot, it is registered. The person giving -- and correct me if I'm wrong. I'm going to look to the Team. I believe when you are administered that first shot, the person administering will then enter you into the system as having either the Moderna or the Pfizer vaccine. So, when you go back for the second one, they'll know.

You also get a card with it written on it. So, keep your card. Don't throw that away. So, there's a couple different ways to check to make sure that folks are going to be given the right vaccine for the second shot.

In terms of scheduling, the second shots that we're giving out now could be anything from the long-term care facilities, and that's being done with a CVS rescheduling and coming back. It might not happen exactly at the 21-day or the 28-day mark. It could vary by a couple days, or maybe even a week. That's nothing abnormal.

It could also be sometimes if we're giving the second shot out to, let's say, First Responders, maybe they're scheduling -- sometimes they'll schedule an entire Police Department or Fire Department all at once. And so, sometimes it's scheduling.

So, it might not -- you might not get that second shot right at the 21- or 28-day mark. There could be some flexibility there. But if folks are having trouble, just work with your Administrator, or the folks within the Public Health System.

A quick follow-up in the long-term care facilities, incredible news today, no new outbreaks, which is great.

Governor Sununu:

Awesome.

Could that be tied to the vaccine sort of effectiveness kicking in?

Governor Sununu:

It's working. Yeah, there's no doubt that it's having some effect. Especially a lot of the long-term care facilities that probably received their first dose three, four, five weeks ago -- about four or five weeks ago now were the first doses. And it does have some positive effect, when you get that first dose. You need the second dose to get all the way to 95% effectivity. But that first dose definitely does have some. I think it's just over 50% effectiveness against the virus. So, while it doesn't reduce your risk to zero, it is definitely beneficial.

And so, I think what we're seeing now, in terms of the lack of outbreaks, it's not going to be zero going forward. I mean, we hope it is. But we have to be realistic. It's definitely having some positive effects, especially in the most vulnerable populations.

Do you have the number of percentage vaccinated in long-term care for the State?

Governor Sununu:

I believe all the nursing homes have had -- you mean -- so when you say "vaccinated", receiving the first shot, or both their first and second shot?

Just in terms of the population, yeah, received first and second shots.

Governor Sununu:

I think, in terms of the first and -- sorry, Doctor?

Dr. Daly:

Well, it's 18,000.

We actually need you up there.

Governor Sununu:

Yeah, sure, come on up. I'll let you do the -- because we have the exact numbers. I'll let her give the exact.

Dr. Daly:

So, in long-term care facilities, there have been 18,000 people who have received their first dose, and then about 5,000 who have received their second dose.

And do we have that in a proportion of the total universe of LTC, I guess? Do we know, I guess, how close you are to being done?

Dr. Daly:

Correct, so there are an estimated 33,000 people in this population. We know that, for example, not all the Healthcare Providers initially wanted to receive that vaccine. It was higher for the patients in those settings. So it's hard to know exactly where we will land until we're done, because what's happening is, as they're going back to give second doses, then people are raising their hand and said, actually, I would like the first dose, as well. So it's going to take a little bit to have all those opportunities be completed.

And what's your level of confidence right now? Is it approaching -- are you on a trajectory to reach a percentage where this is going to be, I guess, covering the entire population of that long-term care facility? Did enough people get it that it's going to be able to stamp out those COVID fires?

Dr. Daly:

Well, I think the vaccine's not 100% effective, nor are we going to vaccinate 100% of people. So, as the Governor just said, I think we can't expect that we're going to have no outbreaks. But I think the proportion of people who are getting vaccinated in this setting is going to go a long way and provide a lot of protection.

Governor Sununu:

And the only thing I would add onto that is, I think, going forward, while you won't have 100% of the folks in long-term care vaccinated, you'll have a pretty high percentage, especially if the residents -- or you -- unfortunately, for those who might not have chosen vaccination or for the 1 out of 20 that it might have not have been completely effective for, you could get one, an individual here and an individual there.

I think the hope is that, with -- if you can get to 70%-or-higher of individuals, you can at least prevent the outbreaks, right, where it's just running rampant through a facility, entire wings of the facilities where everyone is getting it. I think those are the days we're trying to really put behind us.

But, I think it just remains to be seen. We're going to be dealing with COVID in some fashion for quite a long time. And so, there's always the possibility of individuals, one or two here-or-there, within a facility contracting COVID, or in the community.

I mean, for the first time in a while, our community numbers are actually higher than our long-term care numbers. And you don't want to see any of those numbers high, of course. But simply as a ratio, it really is a great sign that we're getting well-under control within the long-term care community.

Now, in some States, some Governors are actually moving allocation that was intended for long-term care into that 1B population to increase the number of doses. Are we going to be able to do that?

Governor Sununu:

We've started that process. Yeah, we've had conversations with our partners in the PPP program, and making sure that we're not taking it all back, because, as Dr. Daly said, we don't know exactly how many may want it in the next few weeks and ask for that first and subsequent second shot. But there's definitely some safe assumptions we can make to be able to -- we've had the conversations to hopefully in the coming weeks to start taking some of that back into more of our general population of 1B. Great, do we have some questions on the phone? Okay.

Kathy McCormack with the Associated Press:

Hi, thank you. I have two questions, one regarding the virus, itself, the other on the National Guard. Is it accurate to say that New Hampshire still hasn't detected any variants of the Coronavirus? And regarding the National Guard, Governor, I know you had ordered the immediate return of New Hampshire National Guard Members from Washington last week, after reports of Guard Members sleeping in unheated parking garages. Have you received any more requests to send more Guard Members to Washington with the impeachment trial for Donald Trump on the horizon? And if so, how would you respond to those requests?

Governor Sununu:

So I'll answer the Guard question, and then I'll ask Dr. Chan to come up to talk about the viral variants that other folks have been seeing out there, and whether they are potentially present here in New Hampshire. As far as the Guard is concerned, I guess the quick answer to that is no, I haven't received any direct requests to send Guard back to Washington, D.C., for anything at this point.

Again, we have Guard deployed here in New Hampshire. We have Guard deployed overseas. We have another deployment that will be going out very shortly back overseas. But, no, nothing directly -- no direct requests that have hit my desk, at least, in terms of Washington, D.C. Let me ask Dr. Chan to talk about the virus.

Dr. Chan:

Great, thank you. And thanks for that question about whether we have detected any of the variants of concern in New Hampshire. The short answer is no. I think it is worth mentioning that, as New Hampshire steps up and increases our genetic surveillance, strain surveillance of the -- excuse me -- specimens that test positive, we likely will detect some variants of concern in New Hampshire. In fact, this is something that's playing out across the country.

Keep in mind that there's at least a few different variants, or strains, of the virus that are being watched very closely, one of which is a strain out of the United Kingdom terms the B117 strain. There's a strain out of South Africa that's being monitored very closely. And now, there's a strain out of Brazil that was first identified in Minnesota called the P1 variant. These are all strains that are being looked for nationally.

And there have been detections in the United States of some of these strains, but none yet in New Hampshire. And there are efforts not only in New Hampshire but across the country to increase the type of genetic testing and strain sequencing that's required to detect these variants. And we've started to do some of that in New Hampshire, both here in New Hampshire and also sending specimens to the CDC for enhanced national strain surveillance. And we have not yet detected any.

But, people should keep in mind that this is something that is being watched very closely. There's a good chance we will, at some point in the future, detect some of these variants, especially as they're being identified across the country.

And highlights the need for continuing with the mitigating measures: the facemask use; the social distancing. Some of these strains have been shown to be more infectious and more easily spread person-to-person. And the primary way we have right now, until we have very high levels of vaccination in the population, the primary way that we have right now to control spread of COVID-19, including these variants, are still the community mitigation measures. Thanks.

Robert Blechl with The Caledonian-Record:

Thank you. I just have one question. I received some calls and emails from some concerned residents here in the North Country who, a few days ago, scheduled their 1B appointment at Littleton Regional Healthcare and at Cottage Hospital. And a few days later, they received emails back saying their appointments were canceled. So they were a little confused in why that happened. And I did call LRH today. And they said it was a snafu at the State level. So I was just trying to find out why those 1B appointments were canceled. I believe it was over 1,000 at LRH. And I believe they're also being rescheduled now. So, just checking to see how that came about and how that could be avoided in the future.

Governor Sununu:

Sure, so I'm going to have Perry Plummer come up and talk a little bit about the details. We do know that the situation happened, more on the -- I think the Federal aspect of the system in terms of making sure that the sites that could be opened in what we call our open pods -- our truly open pods. But I'll have Perry talk a little bit about the details.

Commissioner Plummer:

Thank you very much, Governor. Yeah, that happened and certainly that hospital up there was the one that had the most patients. But we've had a spattering of few patients that were able to book into Employee-only sites inappropriately, because they don't have vaccine for those people that are not their Employees.

What happened is, on the Federal site, they showed up and they weren't able to be hidden. And we didn't know that they were there, because it's a Federal site. And the people were able to see them when they went in, and they booked the appointments.

So, obviously, that creates a hardship, because you go in. You think you have an appointment at a certain location, and just to find out, when we found out about it, we called all the hospitals and said, please close that site. Do not let them book in there, because it's inappropriate. And they said, oh, we didn't know they could do that. And they closed the sites.

When they closed the sites, it automatically canceled the patients, which is unfortunate. So we've reached out last night. We got those lists from the hospitals. We've reached out to all those patients and said, we will be reaching out to you reschedule that appointment.

A good percentage were able to go right back in and reschedule. A small percentage were not able to, or they're at the end of the line. So we're calling them back right now to try to work with them to get them back in line where they should have been, so that -- to try to make it right. And we're working through that process right now.

So, there has been some of those. We have worked with all the hospitals to fix that. We were on the phone with them for a couple hours yesterday working through getting their lists and trying to make sure that these people get notified, and that we try to get them back in line. And we will be reaching out to them to reschedule them over the next 24, 48 hours.

With that being said, some -- if you haven't been notified for your VAMS email yet, we will be sending out communication first thing tomorrow morning that you can reply to, to say that you haven't gotten it. And then, we will reach out and follow up with you. So, wait for that email from us tomorrow morning. And you can say whether you have been successfully able to get an appointment, or you were

not. And we will follow up with all the people that were not successfully able to get an appointment, and try to make sure that they can get through the system, and get them registered if they haven't been able to get an appointment.

Donna Jordan at The Colebrook Chronicle:

Yes, good afternoon. I'm kind of focused on your Town and School Meetings Executive Order that you issued on Friday. I'm wondering. I -- and I have several questions for you, so I'm sorry. You might want to get out your pen and paper.

Governor Sununu:

Yeah, ready.

Donna Jordan at The Colebrook Chronicle:

Okay. First question: is it recommended or required that all towns and school districts should connect with the Secretary of State's Office or the Attorney General to discuss what their plans are for holding their meetings, and to determine if their facilities are safe for hosting their meetings? There doesn't appear to be any text in the Senate Bill requiring towns to follow the Emergency Order from last year, which is the one you issued on how to conduct public meetings. The next question is: are Town and School Officials required to include remote capabilities in case a voter, or a Town or School Official cannot attend that meeting, if they go forward at the regular time that they would have? There may be voters who don't want to attend the meeting, because they don't feel safe or whatever. The third question is: what happens if, for example, the Selectmen, or the Town Clerk, or the Moderator, or somebody cannot attend the town or school meeting and need to stay home, because they're COVID-positive, or they need to quarantine, because they have a family member who's tested positive? How do they, then, operate the town meeting? Would they be forced to postpone, because those people are needed? Do Town and School Officials have the -- literally an okay, whether it's just days before a town meeting, to postpone, because of that sort of emergency? Fourth question goes into vaccines. If somebody gets a shot one day, and the next day they test positive for COVID, does that mean they continue on with the second shot at the appropriate time? Do they have to start all over again? What's the process? And my last question -- and I know it's early, but we're all looking forward to summer and maybe getting outside, and doing something that we weren't able to do last year. I'm wondering how you're feeling at this point regarding the big events, like fairs and festivals, and if you're saying we're going to be dealing with COVID for a long time to come. How will we be looking at our summer activities at this stage? That's it. Thank you.

Governor Sununu:

That's it, Donna?

Donna Jordan at The Colebrook Chronicle:

That's it.

Governor Sununu:

All right. So I'm going to do my best on the question -- let me just get the last one here in the summer. I'm going to have Dr. Chan come up and deal with question 5. But I'm going to do my best on questions 1, 2, 3, 4, and 6.

So, towns are not required to call the Secretary of State, per se. It's recommended, if they have any questions or concerns about how they're setting up their town meeting. Again, I signed an Executive Order and an Emergency Order last week providing that flexibility, similar to what we saw last year. I know the Legislature's going through the same process. The only reason I signed the Emergency Order was I don't think the Bill was going to come to my desk in time, and there's some towns that just need that flexibility in the coming weeks. So it was really more of a timing thing. But ultimately, if and when the Bill passes out of the Legislature, that would take and effect and authority. So I was just trying to kind of bridge the gap, if anything. But, no, they are not required. But it is recommended they call the Secretary of State if they have any questions.

Are they required to do it remotely? I think the answer there is yes. Well, they're required, as part of the Executive Order, to make provisions so everybody can participate, knowing that some folks may not feel comfortable coming in. So there should be a remote aspect allowed. And they can do it in-person, as well. It doesn't mean they can't do it in-person. But they have to make some sort of adjustment there to allow for some sort of remote participation by the public.

The third question was: what happens if a Moderator or something were to get COVID and have to stay home? Does that mean that the Town and School Officials can just immediately postpone the meeting?

The answer to that is similar to the answer I would give if we weren't in the COVID situation. If a Town Moderator or Elected Official that presides over those meetings were to get the flu, or get sick, or have a medical emergency, the towns do have provisions to allow other Officials to be brought in to be able to handle those meetings. So the quick answer there is: treat those situations, even if -- the same as you would have in any other "normal" year. There's always provisions there in case an individual were to get sick or not be able to attend to their duties as part of the public meeting.

And then, the last part -- and I'll bring Dr. Chan up to talk about number 5, the vaccination process, if you are determined to be COVID-positive after the first shot. My message to what is going on this summer, I feel very confident. I'm not saying it with any absolute. We're not making any promises. But there's no doubt we're on a very positive path to have a very good summer here in New Hampshire, in terms of hopefully being able to loosen restrictions, open things up, whether that -- you're talking about fairs, or larger events, or whatever it might be.

Definitely we had a lot of flexibility last summer, a very strong summer economically for the State of New Hampshire. And there's no reason to think it won't even be stronger with more flexibility, assuming we can get through especially 1A and 1B, those first 400,000-or-so individuals that really comprise the vast majority of our most vulnerable citizens of the State, those that make up 95%-or-more of the fatalities across the State. Those are the ones that we really need to protect. And if we can get through that population, I think there's going to be a lot of opportunity for the State to be even much more flexible than they were last year.

So I feel very confident. I feel very optimistic about the summer, both just in terms of the economy, but just in terms of the opportunity. And I think the positive vibe, whatever you want to call it,

that I think we're all hoping to see in 2021, there's no reason we can't be very successful here in New Hampshire. I'll now ask Dr. Chan to come up and talk about the vaccination.

Dr. Chan:

Great, thank you, and summer sounds nice right about now. So, regarding your question of what should people do if they're infected and develop COVID-19 after the first dose. So, a couple general points: first, the COVID-19 vaccines cannot give you COVID-19. They cannot cause natural infection. These are not live-virus vaccines.

Similarly, the vaccines will not cause somebody to test positive. But we know that no vaccine is 100%, and so somebody can be vaccinated with a dose of the vaccine and still get infected afterwards, or have been exposed and developed infection right around the time of their first vaccine.

So, even people who are previously infected should be vaccinated. And even people that have received one dose of the vaccine and develop infection afterwards should complete their two-dose series of the vaccine.

The only reason why somebody cannot get vaccinated who has COVID-19 is if they're still on isolation, meaning they're still infectious and able to spread the virus to other people. That's typically about 10 days of isolation for somebody who's infected with COVID-19.

So in circumstance where somebody gets dose number 1 of the vaccine, they develop an infection afterwards. Once they come off isolation, once they're no longer infectious to someone else, they can get vaccinated with their second dose at the appropriate time.

If, for some reason, somebody's isolation period runs into when they're schedule to get the second dose of the vaccine, obviously we don't want somebody go -- showing up at a vaccination clinic and -- excuse me -- potentially spreading COVID-19 to somebody else, because they're still infectious. So, that person's appointment would need to be delayed. But once they come off isolation, once they're not infectious any longer, they should get the second dose of the vaccine as soon as possible, if they had passed their scheduled time for their second dose. Hopefully, that was clear. Thank you.

Governor Sununu:

Perfect, thank you very much.

Paula Tracy with InDepthNH:

Good afternoon, Governor. How are you?

Governor Sununu:

Fine. How are you, Paula?

Paula Tracy with InDepthNH:

I'm well. I have a question related to some concerns in the North Country that were referred to by The Caledonian-Record, but also in the Berlin area, related to people who were reached out to by the CDC, who did not have a spot in 1D -- or 1B. Why did the State outsource to the CDC for this project? And can you give us a little bit more detail on what the North Country Health Center issues were?

Governor Sununu:

Sure, so I'm going to turn it over to Perry Plummer, who's been working directly with the CDC.

Commissioner Plummer:

So, the invites that came from the CDC were from the Vaccine Management Site. And the process for Doctors to upload patients that are vulnerable that they feel should get the vaccine and are eligible for the vaccine is on them. They get their patients. They check with them. And then, they upload that site directly into the CDC VAM System. And then, they get an invite. They don't have to go through our registration process. They get an invite and then they can sign up at our sites.

What happened at one location was their filters, when they filtered the patients for two or more comorbidities (ph), the filter didn't work correctly. So it uploaded some patients that were not eligible in 1B. And they -- so they got invites. They immediately saw that that was the problem. And then, they reached out to us. We worked with them to fix the list and then reach out to those patients. And they got a message saying, sorry, you got an invite inappropriately, because you're not eligible in 1B. So we need to cancel you and you need to reschedule when you are eligible.

It was not a large amount of people. But there were some people that were in that. And the hospital up there were very responsibleful (ph). Soon as they saw it, they contacted us and we were able to get those out, and get those appointments canceled, and open them up for people that should be vaccinated in 1B. So it was certainly a data situation and it's been corrected.

Governor Sununu:

Thanks, great. And just to be clear, we haven't outsourced anything here. The CDC, it takes care of the VAM System on their end. That's just part of the Federal process.

Todd Bookman with New Hampshire Public Radio:

Thank you. Thank you very much. So we are hearing reports that some folks who were vaccinated this morning as part of 1B, they logged on and weren't able to schedule their second dose, in some cases, for six or seven weeks out. What advice would you give those people? And is it -- perhaps Dr. Chan can answer -- is it putting the effectiveness of the vaccine at-risk by potentially waiting so long in between doses 1 and 2?

Governor Sununu:

So I'll answer the second part first. It does not affect the effectiveness, in terms of when you get the second dose. The first dose remains very effective. And you could get the second dose. There's a very, very extended period of time. All indications are that it can be stretched out a little bit. But I'll have Perry talk about those specific examples.

Commissioner Plummer:

It's a good question. The question about scheduling second doses is there will be schedules available for second doses. Some of them are not be able to be seen right now, because we didn't want first doses booking into second-dose appointments inappropriately. We had some of that early on that they were able to access them. So we wanted to make sure that we opened up the second-dose appointments in a manner where we make sure that the people that need second-dose at that time have access to get them at a reasonable time.

So, we will be opening up those. We're working that out right now to create schedules and to open up those second-dose appointments to all those people that have received first doses. And we will be reaching out to them with reminders and letting them schedule.

So, if you've got your first dose and you're scheduled for your second dose, and you had to schedule out a ways, we will be able to open up more second-dose appointments. We already have a plan to do that. We have the capacity to do it. It's just a matter of making sure the timing is right so they don't -- so we don't have confusion over this big group of first-dose appointments right now.

Governor Sununu:

Great. Okay, great.

Can you expand on that a little bit, Governor? We're getting a lot of incoming, as well, from people who are anxious about getting that second dose date. And explain to it with the reasoning behind, because there's so much we've heard -- the public and the media -- about you need to get it in that window. Explain why you can wait a little bit longer.

Governor Sununu:

Well, again, there's not a fixed window where the second dose has to come. It has to come either after 21 or 28 days, depending on which vaccine you have gotten for the first dose. And it has to match. I think what we're doing is just making sure that if -- we're giving a bit of a cushion, frankly. Just if we have to give you another week-or-two to make sure, A, the number of second doses is truly going to be there, and, B, you're not cross-covering first and second doses on the appointment schedule.

I think one of the things that Perry and his Team are trying to do is -- and as I've always said, we have to meet expectations, right? We can't overpromise and underdeliver. And if anything, I think we're in these opening days of working with the Federal system, which is a bit clunky for lack of a better word. It can be a little bit cumbersome. I think we're just building out a little bit of a cushion to make sure that there's no confusion in that system, that when we say you can get a second dose, it's actually going to come. So, it might not come right at that 21- or 28-day mark. But it might come shortly thereafter.

Now, as we -- I think that we kind of have better assurances that the second dose is there. We're not cross-covering. No one that should get a second is actually taking somebody's first dose. We will be able to move people up and actually make it a little bit of a tighter window to that three- and four-week period.

What's the number of vaccines that we should be receiving per week to get us to a spot where you are confident that summer will be good, where we're going to be making progress at a rate that we will really try to solve the problem as quick as we can?

Governor Sununu:

Yeah, it's got to be over 17,000. And again, we've got a little bit of an increase this week. I don't have a fixed number in my head, because we don't know what the uptake will be. So, instead of looking at it in terms of how many doses do we need to get to feel confident about being more flexible in the summer, it's making sure that how fast do we get through the 400,000 folks in 1A and 1B. And 2A and 2B are very important, as well. Don't get me wrong. But, when you look at the fatality rate, that's why 1B was made so robust and we're prioritizing those folks.

So, depending on what the uptake is, if we, at least, have the opportunity for those 400,000 people to have that first and second shot, which we've made very much available, right now it goes into early April for those first shots. Maybe some additional folks will come on in the next couple weeks and decide to take that first shot. We might see a little uptake for the first shot after that.

So, by April/May -- I think by mid-May, you're pretty confident that all the folks that are getting their first shot that have at least signed up today will have their second shot by mid-May, right? If you're getting it in early April, there's no reason to think you wouldn't have it within four, five, six weeks after. So there's no reason to think that, at least, at today's levels, we couldn't potentially meet that threshold of putting that bubble around the most vulnerable populations of the 400,000 before summer starts.

Now, as more people want to take it, that's great. We want more people to sign up for the vaccine. And so, that could get extended a little bit more. Every person that gets the vaccine is another person that gets protection against this very deadly virus. But, I think right now I still feel fairly confident that we will -- that's if nothing changes.

Now, if they were to increase the amount of vaccine, let's say they gave us -- start giving us twice as much four, five weeks from now, it kind of goes exponential a little bit. We just start pushing folks that much sooner into the system and it gives us that much more confidence. So, even if nothing changed, we'd kind of be right on the edge of, I think, meeting our goal for the summer, in terms of protecting and at least making that offering to those that need the protection before summer even starts.

Again, those are all very rough numbers. Folks have to understand we're not making any promises or guarantees. But that's the general math that's kind of -- that we're running every single day, when we look at how many folks are getting the vaccine, how fast it's being taken up. We can meet the demand. If the Federal Government gives us more vaccine, we will be using it as fast as we possibly can. It's simply a matter of how fast folks from the general population will want to take it up.

Tomorrow's the first day for some hearings on several Bills, Governor, that would put a check on the Executive during future emergencies. I'm sure you've probably heard of some of them. You didn't have to create a Legislative Advisory Board during this last pandemic. I'm wondering. Are you open to legislation that, in the future, would have a role in Statute for the Legislature to work with Governors just like you?

Governor Sununu:

Sure, yeah. So, early on, when we entered the emergency stages -- phases of this pandemic, I voluntarily said, let's create a Legislative Advisory Board, because they all went home. I mean, the Legislature said, we're out. We're done. And they disappeared out of the State House. But we needed some of that input at some level. So I created the Legislative Advisory Board to kind of push the issue a little bit and have them at least make some recommendations on how we're going to spend CARES Act money and things of that nature.

Look, the Governor, whether it's myself or future Governors, will always need some ability to be flexible in an emergency situation. There's no doubt about that. I can only -- I think it's been talked about enough. But, I can't say enough about the flexibility that's needed to be able to -- whether it's buying PPE, decide how we're distributing vaccinations, decide how we're going to handle the testing. You got to be able to move at a moment's notice. And any Governor would have to, in those situations. And you can't predict every situation in the future. And you can't have every decision go through the Legislature. That's not a smart thing to do, because it's -- again, the Legislature's there for Policy. But the -- in terms of the administration and the emergency powers of the Governor, you really need to have the flexibility to do what needs to be done for the citizens.

But, of course, whether they're financial matters and things like that, there should be opportunities there for that. If we were to receive certain forms of stimulus money, of course some of that should go through the Legislature. If we receive relief funds that have to be put out very quickly, the ability for the State to bring in funds, work through the Legislature, and actually get those checks cut, that can take months and months. And if timing isn't so critical, that might be fine. But when timing is critical, especially around an emergency, any Governor would need flexibility. And you just need to do that. You're not going to get results if you don't. We would have been at the bottom of the barrel if we had to bring every last decision through the Legislature. That would have been a disaster.

And so, I do know there's various Bills that are being discussed in terms of curbing emergency powers. If they want to change the emergency powers, as long as it's within reason and still allows the Governor in the future to protect the citizens as they have to, and still allowing that checks-and-balance system, knowing that the Legislature may decide to up and go home, like they did last year. I mean, I understand maybe why they made the decision. But that's one of the reasons why we had to obviously take some of the steps we did, because they weren't going to be part of the solution.

So, be that as it may, there's always a pathway there. We're also crafting our own legislation to make sure that, as things get passed through the Legislature, we can start getting rid of some of the Emergency Orders, right? It'd be great to turn these Emergency Orders into something legislative for the long-term, or at least with the timeline into next year, or however they want to do it. But, yeah, as -- I think it would be great to start trimming down on the Emergency Orders, turning them into something legislative and moving them on. In terms of curbing the powers, I just think you have to be a little bit careful about that.

Can I ask Dr. Chan if he's optimistic?

Governor Sununu:

You're going to ask Dr. Chan if he's optimistic?

Yeah, right now, with our numbers, where we're heading.

Governor Sununu:

I don't even have to give him a look to know.

Dr. Chan:

Yes, I am optimistic. We're coming up on 11 months into this pandemic. I think all of us throughout the State are tired of dealing with this. But want to stress again that we can't let our guard down. But I think the work that has gone into people adopting the community mitigation measures, the extensive amount of work that has gone into rolling out vaccine -- COVID-19 vaccines to our community successfully are starting to show an effect.

The numbers are coming down. They're still very high. But the daily incidence is decreasing. The percent test-positivity is decreasing. Hospitalizations are decreasing. The deaths are decreasing. We're seeing fewer outbreaks.

So I think there's a lot to be optimistic about. But there are still many weeks and months of work ahead of us with this pandemic. And our ability to continue to control the pandemic are going to be based on sort of, one, people continuing to adopt the community mitigation measures, and, two, people taking the vaccine when it's offered to them.

So, this is going to be a process. But I think there's a lot to be hopeful and optimistic about. And I think that the Team, not just Public Health, but the Manchester, the Nashua Departments of Health that have been working with us shoulder-to-shoulder on this, the hospitals, the healthcare systems that have been right there, the schools, the long-term care facilities. I mean, this really has been a collective community-wide effort. So my thanks go out to everybody that are putting in the long hours and the work to try and control the pandemic. I think we've largely been successful in New Hampshire. And I think a lot of it's due to the great Teams that we have working together collaboratively. Thanks.

Governor Sununu:

Well, great. Great, we good? Excellent. All right. Well, thanks you, guys, very much. I know we had a lot to cover today. We're off and running in Group 1B. Folks have any questions, please pick up the phone. Call 211. Go to the vaccine website, as well, just to get some of your questions answered if you're having trouble managing through the system.

We have a lot of people signed up, a lot of scheduled vaccines underway. And hopefully, as Dr. Chan ended there, hopefully more folks will say yes when the vaccine is offered. They'll take the vaccine, be part of that solution for themselves, their families, and their community. And that's really how it all -- we all come out of this.

And a huge thanks, just a huge thanks to the Team. We wouldn't be in the positions we were in today, not by luck. We're not going to have a successful 2021 just because we want it to be successful. I always say we really need to make it happen. And so far, the Team has done a phenomenal job up-and-down the line, and bringing success for our citizens. So, thank you, all, very much.