



Office of Governor Christopher T. Sununu
Press Conference
Tuesday, February 9, 2021 at 3:00 p.m.

Governor Sununu:

Well, good to see everybody. Thanks for joining us today. Again, we're doing our press conference today a little differently, because, on Thursday, I'll be presenting the State budget at noontime on live television. And I know this is somewhat -- I think there's an impeachment trial supposedly going on somewhere that some folks may be watching. So we appreciate that.

I did get off the -- some folks were asking, prior to coming out -- I did get off the phone with a call with the National Governor's Association and the White House. So, the good news is, it looks like we are going to be getting a little more vaccine and another slight increase of 5% or 10%, not quite sure yet, but a little bit of an increase in vaccine in the coming weeks. So that's always some good news.

So, I want to talk a little bit today about just how vaccine distribution is going, a little bit about our new and expanded partnership with Walgreens to provide more opportunity for vaccination in Group 1B. But, before we get to all that, we will start with Dr. Chan and a Public Health update.

Dr. Chan:

Great, good afternoon. And thank you, Governor. So, just a very brief numbers update for today, we are announcing 421 new people diagnosed with COVID-19 in New Hampshire. In the last seven days, we have averaged now between 350 and 400 people being diagnosed with COVID-19 per day, which is a decrease from what we announced last week. And there are currently 3,170 people with active infection, which is also a decrease compared to last week.

Our test-positivity rate continues to decline with a seven-day average of 4.4%. The number of people hospitalized with COVID-19 continues to decrease. We're currently at 159 people hospitalized with COVID-19 statewide.

Sadly, we have three new people to report who have died from COVID-19, bringing the total to 1,109 deaths from this pandemic. One of those new individuals is associated with a long-term care facility.

I want to just ask for people to please to continue to wear the facemasks when in public locations. Please practice social distancing and avoid group and social gatherings. Please get vaccinated, when the vaccine is offered to you. The vaccine, combined with our community mitigation measures, are continue to be -- or will continue to be the important way that we have to bring this pandemic to an end. With that, I will hand things over to Dr. Daly. Thanks.

Dr. Daly:

Okay. Good afternoon, everyone. I'll provide a quick update just on some vaccination progress numbers. So, to-date, in New Hampshire, we have vaccinated 123,000 people. This is the first dose of vaccine. Additionally, we've provided 49,000 second doses. So that's a total of 172,000 doses of vaccine administered in our State.

This week, we received 21,475 first doses of vaccine, which is a small increase above what we received last week. And then, for next week, as you heard, we're expected to receive an additional small increase above what we received this week. Going forward, we continue to expect to receive these incremental increases in vaccine in the coming weeks.

All facilities that have been enrolled in the long-term care facility pharmacy partnership program have now had their first-dose clinics completed. And those second-dose clinics will be completed at all of those long-term care facilities who are enrolled, by the end of February. More than 24,000 people have been vaccinated through that program.

In terms of Phase 1B, our new registrations for Phase 1B have slowed down. We now have fewer than 1,000 people registering at our vaccination site each day currently. People in Phase 1B can continue to get vaccinated at one of our 19 State- or hospital-run sites. The schedule for these sites is open to book additional first-dose appointments. There are appointments available. And we're currently booking in April for those first-dose appointments.

For people who are due their second doses in February or the first week of March, there are plenty of appointments available for you. You can either reschedule your second-dose appointment in VAMS or call 211. So, at this point, there should be no one due a second dose who has not been able to schedule a second-dose appointment within a week of that dose being due. We will continue vaccinating people as quickly as our vaccine supply allows, in order to protect you all from COVID-19. And I'll turn it over to Commissioner Shibinette.

Commissioner Shibinette:

Good afternoon. Very briefly, we continue to see a downward trend, when it comes to institutional outbreaks. We have five outbreaks to close today: The Arbors at Bedford; Bentley Commons at Bedford; Harmony Home by The Bay; Kendal at Hanover; and Lafayette Center. Two new outbreaks to announce: one at Carroll County Department of Corrections; and the other at Langdon Place of Exeter. Thank you.

Governor Sununu:

Great, well, thank you very much. So, as you can tell, all very good news. We're definitely trending in the right direction in a variety of different areas. Let's just talk a little bit about the vaccine rollout. And we will open up for questions in a moment.

As was mentioned -- as Dr. Daly mentioned and as we announced last week, we had a bit of a scheduling snafu last week. Hat's off to the Team for addressing it, for owning it, and coming up with a solution within a week's time. And so, we're already moving forward and, again, making sure that that guarantee we gave folks last week is really coming to fruition that if you were having trouble scheduling your second shot, you can now go into VAMS. Please go into the system. You should have no trouble getting that second vaccine shot reregistered and reallocated either on the date it's due, or at least within

seven days. We always give a little bit of a buffer there. But, the vast majority of folks are getting that second shot now, within a couple of days of when it was originally due.

So, again, we apologize for that. But I think the Team did a great job. A lot, a lot of long hours of keying in all these new dates and times for folks, and making sure it's available. So go onto VAMS, if you haven't been able to yet. There were maybe 10%-or-so of folks that were in the system that that was affecting. And that has been cleared up.

Also, starting this past Sunday, we started, when people get their first shot, we no longer ask folks to go onto VAMS and schedule their second shot. We're essentially preregistering everybody for their second shot.

We've also expanded our hours at 11 of our State-run fixed vaccination sites. They've now expanded their operations to 12 hours a day. 7 of those are now 7 days a week. So we're expanding times. We're expanding opportunity, as we get more vaccine. And that just, I think, is creating the ability for us to get the vaccine administered even faster. So, as the Federal Government gives us more, we're making sure that we're responding in kind and getting the vaccine out as fast as we possibly can.

In addition to increasing the number of appointment times available, the number of the New Hampshire National Guard continues, as they continue to train additional Soldiers to increase those staffing levels. And that's been very, very important, in making sure that wherever we need to find the Staff, we're bringing them in. We're training them. We're making sure they have the right messaging.

It's going very, very well, not perfect. Nothing's ever perfect. I tend to -- I think Perry Plummer and I tend to be in the same category of we don't demand perfection. We do expect it, though. And we expect it of ourselves, most of all. And so, we're just trying to make sure that, when folks go to that site, that those assurances are there. We want to take that anxiety of rescheduling or even trying to schedule the second dose off of folks. And so far, it's going fairly well.

So, we talked a little bit about the possibility of increasing weekly doses. We are going to get more vaccine, maybe 5% or 10% more. We don't know exactly how much, starting, I think, next week or the week after. That's great.

But, over and above that, there's now a partnership here. It's across the country. But we're doing ours a little differently with Walgreens. We have Walgreens in many of our communities across the State. And Walgreens, over and above what the State already receives for vaccine, will, starting next week, receive about 3400 additional vaccine.

And they're partnering with us to make sure that we can compress the time that folks in Phase 1B have to wait for their first shot. We know that there's a lot of folks out in April or maybe even early-May that have had to schedule their first shot, given the limited amount of vaccine that we've been receiving from the Federal Government. Walgreens is now going to partner with us, whereas we are going to start kind of at the back of the list, those that are furthest out, and start directly one-on-one calling them and rescheduling them to go get their vaccine at a much earlier date, and using Walgreens as our partners to administer that.

It will currently start at about 3400 next week and could potentially grow in the following weeks. But, again, it's just another opportunity we're trying to create. And it gives us a lot of hope that we can really get all these first shots in, in the allotted time that we prescheduled, that February/March timeframe. It's really about making sure that everyone in Phase 1B has an opportunity for at least their first shots. And this will start taking the folks furthest out.

So, listen for your phone to ring. We're going to start on that list. We have folks that some of our Staff out of Department of Transportation have been just phenomenal about helping us. They've been on

the phones. They're reaching out to folks very aggressively with our list, calling them and saying, hey, we know you were scheduled out in April. Would you like to come in and get your first vaccine as early as next week or the next after?

So, that's just a great opportunity. We're really leaving no stone unturned. And we just want to thank all the State Employees and the various folks who have stepped up to make those calls, really kind of do a one-on-one.

Any -- there were also a few other folks that maybe we didn't have their email in the system correctly or maybe there was some incomplete information. There were a few thousand of those individuals. And again, I asked the Team to reach out on a one-to-one basis. Call them personally. Fix their information. Make sure it gets complete into the system. And those folks that were incomplete and having trouble getting their first shots scheduled, again, we're reaching out very directly.

So, please, if the phone calls and it's from the State, and you're waiting for some better information on vaccination, take the call. Our Team is there to help. And we will get you registered for that first shot. And then, the second shot will come automatically through that process.

I guess that's about it. I'm trying to see. I have some other notes here. But we can just open up for questions. So, all good news, moving through the process, and, again, as we keep getting more vaccine, we will just keep opening up more sites. We will open up more hours and just make sure that we keep up as much as the Federal Government gives us. We're going to keep getting those shots out. Yes, Adam.

Q&A Session

Governor, we're hearing from some people emailing our newsroom saying that they're getting that first shot and then not able to schedule the second appointment there. They're not getting the card. Anecdotally, are you guys confirming some...

Governor Sununu:

Yeah, of the first few thousand folks that went out, there were a couple examples of people either they didn't realize they had to turn the card over to see the information on the back. There were some examples of where the information was incomplete put on the card. And again, we're reaching out to anyone who had questions or concerns, who might have been in that group, to make sure that they know that their second shot is scheduled. We will schedule it for them. We're taking care of that.

So I think there were, of the first few thousand, there were definitely some that either the information was incomplete on the card, or there was just some misunderstanding of how to turn the card over and see where their second shot was going to be scheduled. So, we're just walking people through that. It's the first days of it. But, overall, it's gone very well.

And that small amount of people you're talking about in Phase 1B who are still waiting for a call, do those tend to be people with medically-qualifying conditions who had the Doctor trying to reach out?

Governor Sununu:

That's exactly right. So, a lot of Doctors kind of prequalified a lot of their patients, which was great. That's exactly what we wanted them to do, that might have had comorbid issues that qualified for Phase 1B.

A lot of Doctors didn't have their patients' emails address. So the information was a bit incomplete. So that's a great example of their system. Their information's in the system, but it's incomplete. So, therefore, you can't actually get in to register.

So we're reaching out to all of those folks and saying, hey, we don't have an email here. We didn't have your apartment number right there. We didn't have your zip code there. Once that information goes in, VAMS allows you then to schedule that first shot. And we're just calling them. We're just trying to reach out.

Only about maybe 75% of the folks have picked up the phone on the first time that we've called them. So, we are getting a lot of non-pickups. So we will just keep trying. But, again, if folks are -- if the State is calling you and you get a message or something, please respond. And we just want to make sure that you have the same opportunity as everyone else to get into the system for that first shot.

And what about those who have not received a call, Governor, who are waiting? They've reached out to us saying, we're still waiting to hear. How long should they wait before they call 211?

Governor Sununu:

Those calls should be done by tomorrow, if not later today, by tomorrow. I think there's maybe a couple thousand left that we're getting to of the first 300,000 folks that were in the system. I think there's a couple thousand left that we know of that had incomplete information. And so, we will be reaching out to them over the next 24 hours. If you don't hear from us in the next 24 hours, please pick up the phone and give 211 a call.

Governor, will these Walgreen doses be administered at the State sites? Or is Walgreens going to be opening up its own vaccination...

Governor Sununu:

They'll be administered actually at Walgreens. Yeah. There's various Walgreens that have been identified. It won't be necessarily every single Walgreens. But they'll all reach out. And again, other States are doing it differently. In this State, you can't call Walgreens and say, I'd like to be on that list. Walgreens is using our list, because we predetermined who's qualified and eligible. And they're basically starting at the back of our list to make sure that we get folks that are the furthest out, right?

And we just want -- often, those folks that were the furthest out were the ones that just were at a bit of disadvantage. Maybe they didn't know how to use the internet or the website as well, or they were away and didn't have a chance to get on the phone with 211, whatever it might be. A lot of those folks

just ended up at the back of the line. We're going to go after them first and make sure that they just have as strong of a shot as anybody.

And Walgreens, as a partner with us, using our list to do that, we just want to thank them. They've been great in kind of being, I think, innovative in terms of how they go about it. I don't know how they're going about it in other States. I know a lot of other States aren't doing it like we're doing it. But I think the way we're doing it is great.

Can you clarify for us, Governor? So, people -- you just stated that anyone who is due a second shot has that scheduled now. Is that, as of right now, because we were hearing this morning incoming to our newsroom people saying, I still can't get this?

Governor Sununu:

Yeah, as of -- if it wasn't appropriately put on the card, or they didn't know it was on the card or whatever, it is scheduled. So we will call them. We will make sure they know. It's either on the card, or they are scheduled. And we will make sure it's taken care of.

They don't need to go into VAMS to schedule the second shot. No one else needs to do that. Those days are done. In terms of you or I, or someone just going in personally and saying, well, I was told I have to go into VAMS to schedule the second shot, you do not. If it's not on that card, the State will reach out and just make sure that you know that the information's complete, and we will make sure it's scheduled for you.

Okay. So we're receiving emails from people who are in VAMS. They haven't made that second step yet of rescheduling an appointment. Perhaps they've given up.

Governor Sununu:

Okay. Yeah.

So, we were hearing from people as of this morning saying they had not been able to get an earlier...

Governor Sununu:

People that got their first shot?

Yes. And they've not been able to get an earlier second shot yet.

Governor Sununu:

Yes, again, everyone should be through that system. I think that's right, Perry.

Commissioner Plummer:

Yeah, and we're reaching out to everybody and pulling them forward proactively. If they're out a ways, they can go in and book it. Or we're going out and running the reports, and pulling them forward to get them.

Governor Sununu:

But they absolutely, if they're in there, let's say they booked their second shot and they had to get pushed nine weeks out or something, they should absolutely be able to go in and rebook that, as of right now. And if people don't, if we don't see people doing it on their own, we're reaching out to them proactively. If people are like, well, I'll just get my second shot nine weeks from now, no, no, no. We're calling them and saying, hey, you have an opportunity to get it in the appropriate timeframe.

One group in 1B that's gotten less attention, I think, obviously, is this group where they have less access to healthcare. Do we have any sense on how many doses have been set aside for those folks, and how many have received vaccines in that group?

Governor Sununu:

Yeah, so we set aside about 10% of our vaccine allocation from the Federal Government per week for that group that we call the inequitable health access group. I think that process started. It's a series of everything from using mobile sites to deliver the vaccine. It could be working with homeless shelters. It could be working with communities who don't speak English. Maybe English isn't their first language. And so, they're hesitant to step forward and ask for the vaccine, if they don't understand the system. And there could be a variety of reasons for that inequity.

But we're making sure that those populations are reached and addressed, and allocating 10%, which is a good solid number. And I think the Department of Public Health thinks that it's the appropriate number to start moving it forward. And that program's been going on for a few weeks now.

And are those folks responding and wanting to get the vaccine in as high numbers as other groups?

Governor Sununu:

Do we have any information on the response specifically?

No?

Governor Sununu:

No, we could look that up and see what the response is. I mean, everything I've heard anecdotally is it's going very well. But we will try to get some more exact numbers for you.

Governor, in those long-term care settings, are you guys seeing the results of people getting those shots? Are enough Staff Members getting those shots? And is it making a difference in those really vulnerable populations so far?

Governor Sununu:

New Hampshire is ranked the best in the country in terms of long-term care Staff, I believe, getting their vaccination. We are number 1 in the country. And that's great news, because that just reduces the risk for the entire population within those facilities.

So, we've done, I think, a great job getting the messaging out, the positive aspects. Remember, whether it's J&J, which is coming online soon, Moderna, Pfizer, when you get that second shot and you have 14 days for your antibodies to build, your risk of hospitalization and fatality goes to 0, 0. It isn't just 95% effective anymore. It is literally 100% effective is what they're claiming. That's amazing, and I think that's a very powerful statistic that folks really have to understand.

This isn't -- some folks say, well, the Johnson & Johnson vaccine might only be 65% or 70% effective. But that's just for the symptoms. You may get light symptoms. But it still has the same claim of effectiveness as Pfizer or Moderna in terms of reducing hospitalization or fatality. That's a really, really -- I'm going on a little tangent. But that's a really, really important point that it doesn't matter which one you get. The whole point is to reduce fatality and your risk of going to the hospital.

You might get some slight symptoms, of course. That's expected, frankly, with some of these vaccines. But the fact that it's reducing the fatality and hospitalization to zero, all three of them look like they're going to be doing that. That's phenomenal. And I think that gives -- I think that understanding that information in our long-term care facilities is why we saw such a high uptake within those facilities, themselves.

Our overall hospitalization is down to about 160, maybe less, around 160 folks in today's census. That's about half of what it was just a month ago. The fatality rate is clearly coming down a little bit. That'll lag and that's still going to be up there for a little while. But, clearly, we're seeing some more positive results. And I think, over the next few weeks, we will continue to see better and better results there, as those second shots get taken at the long-term care facilities and as that 14-day incubation time, if you will, to build the antibodies. There's always a little bit of a gap. But we're already seeing some very, very positive results.

Yeah, I was going to ask about the deaths, because we do see some every day. And I know they are starting to come down a little bit. Are those people who it just -- they didn't get the vaccine, or, perhaps, like you said, just that lag there?

Governor Sununu:

So, if you look at the folks that were part of Group 1A that, let's say, in long-term care that just got their second shot and have had the 14-day incubation period, that's a smaller group right now. We're not there yet with everybody.

Everyone's gotten their first shot. That's great. But that means it's probably a week-or-two more for some folks to get their second, and then a couple weeks after that for that incubation time period to elapse.

So we're definitely seeing some positive results from the folks that got it earlier on. And there's no reason to think that those results won't continue on a very aggressive downward trend. I believe our seven-day average of fatalities is about half of what it was about a month ago. And so, that's positive. It's in the right direction. But we always say one is too many. But everything is definitely trending in the right direction, as we predicted.

Governor, for now, the State is going to schedule the Walgreens appointments. Will that change, moving forward? Will they become autonomous at some point, and people might be scheduling their own? I mean, obviously, looking way down the line, where there might be more vaccine. Or is the State still going to handle that?

Governor Sununu:

For the time being, the State will still handle that. I guess, really just working in partnership. So the State will call and say, Fred Smith, you're scheduled to get your first shot in April. Would you like to come in next week to your local Walgreens? And my guess is Fred is going to say absolutely. We will sign him up. We will send the list over to Walgreens. And he'll be into the system.

For the time being, I think we're going to keep with this system. I think it creates an opportunity to really reduce Group 1B. And maybe, as we get to other groups, 2A and 2B, and as more vaccine becomes available, obviously, I think, long-term, we all want it to be more of a autonomous system, where it's just a systematic thing.

But we're just trying to really be aggressive about making sure that our guidelines are really adhered to, given that we've focused on the most vulnerable populations. We don't want any of our partners to really deviate out of that. And again, Walgreens, I think, is very happy to allow us to use our list. And we will sign them up for them. We will make it a lot simpler. Oh, sure.

I'm hoping to not monopolize this. Can I hear from Dr. Chan real quick about a long-term question?

Governor Sununu:

Sure.

Doctor, if things continue to progress with the vaccine, when does the State get to go back to a point where you are trying to fight fires at a lower level? I think the word was "containment", right? When do we get to go back to trying to contain?

Dr. Chan:

Yeah, so, good question. I think it's relative to partly the work we do around contact tracing and isolation, and quarantine, and the strategy for control of the pandemic, and when we go for more of a mitigation and slowing the spread to trying to contain it. And I think that, as our numbers drop, our ability to investigate each and every case and try and contain spread is improved.

And certainly, as we have more people that are vaccinated, the vaccination's going to obviously prevent people from becoming sick, but also we believe slowing the spread of the virus. And so,

vaccination combined with the ongoing social distancing and facemask use that we're recommending, and avoiding social gatherings, combined with the Public Health contact tracing and isolating people that are sick, and quarantining people that have an exposure is all part of the strategy for slowing the spread of the virus.

And when we talk about containment, oftentimes we're talking about the contact tracing piece of it and investigating each and every person diagnosed with COVID-19 to prevent it from spreading to others. We are in the position now, given that our numbers have dropped from, on average, 800 to 900 new infections per day to now we're closer to 300 to 400 infections per day. We're actually in the process of looking at transitioning back to Public Health investigating each and every person diagnosed with COVID-19 and identifying people exposed, so that they can be quarantined, staying home, out of public locations.

I think we're currently in that transition period. And as the numbers continue to drop, we will be able to more effectively and more timely reach out to people diagnosed with COVID-19 as part of this sort of constant shifting back-and-forth between relying on mitigation measures and then focusing more on contact tracing and isolation, and quarantine.

And one follow-up: as the variants come into play, as they naturally probably will, will we start to see a leveling? What is the curve going to look like? Are we going to see that anytime soon, I guess?

Dr. Chan:

So, the question I think, generally, is: what's going to happen with the numbers and the pandemic with the variants that are circulating out there? And just keep in mind that there's actually three different variants of concern that are on our radar that we're monitoring both at a national and a global level. There's the U.K. variant, the South African variant, and the Brazil variant. These also go by different numbers, like B117 variant coming out of the U.K.

Each one of these variants is slightly different. And what happens over the course of the pandemic with these variants really is a little bit up in the air. It's hard to predict. We don't want to speculate on what's going to happen. But what we do know is that all three of these variants appear to be more infectious and more easily spread person-to-person. And so, when you have a virus that is very easily spread, it takes a higher compliance with the mitigation measures, higher vaccination rates to control spread of the virus.

And so, certainly, if and when these variants are introduced into populations such as New Hampshire, we could potentially see numbers go back up. And this is why we continue to stress the importance of not just getting vaccinated, but also continuing to practice social distancing and the facemask use, and avoiding nonessential travel still. Even if somebody's fully vaccinated and there might not be a requirement for that person to quarantine after traveling outside of New England, we still recommend that people avoid the nonessential travel, because we're still understanding how these variants impact the spread of this Novel Coronavirus.

And so, there's still a lot we don't know. There's still a lot we're learning about, both in terms of how easily these variants spread, in terms of how infectious they may be and the efficacy of vaccines and prior infection against these variants. But it's something we're keeping a very close eye on.

We have not identified any of these variants yet in New Hampshire. It's certainly on our radar. We're doing the increased testing to try and identify if and when these variants are identified in New

Hampshire. But these variants continue to stress the importance of not just vaccination but continuing to practicing the social distancing and the facemask use. Thanks.

Dr. Chan, I just wondered if I've had -- if I have COVID-19 and I'm sick with COVID-19, what evidence is there that getting the vaccine will improve my symptoms?

Dr. Chan:

Improve your symptom -- you mean improving your chance of getting infected again?

Or getting -- will it improve my chances of getting better quicker because I just got the vaccine?

Dr. Chan:

Yeah, so, good question about vaccination for people that have previously been infected with COVID-19. And just a point of clarification there, the vaccine is not going to help somebody get better from COVID-19. The purpose of the vaccine is to increase, or boost, someone's immunity, or protection, so that they are less likely to become infected again in the future. And if there is a chance of reinfection, that they have less severe disease, lower risk of hospitalization and death.

Even people that are previously infected, we recommend that they get the vaccine, when it's available and offered to them. Obviously, if somebody's actively infected and they're able to spread the virus to other people and infect other people, they should stay at home. They should not be going out and seeking the vaccine. But if somebody has previously been infected, even if it's within the last 90 days, they're off isolation. They're prioritized to get the vaccine. We encourage those individuals to still seek out the vaccine, because we believe it offers better, higher levels of protection and longer lasting protection than just natural infection alone.

And so, I think the important point here that there's two pieces we're looking at. It's the level of protection. It's also the duration of the protection. And so, we're still learning and studying some of these factors, like how high somebody's antibodies levels needs to be to be protected, and how long somebody's protection lasts, both after natural infection and after vaccination. But it is recommended that even people who were previously infected should get vaccinated, when that vaccine is offered to them. Thanks.

Governor Sununu:

Do we have some questions on -- over the telephone?

Holly Ramer with the Associated Press:

Hi, thanks. I have two quick questions. Just to clarify with the Walgreens partnership, do you know how many locations will be involved and are they spread across the State pretty evenly? And then, when do you expect the next phase to start? As the signups slow down for the current phase, do you wait until they totally stop? Do you wait until they slow to a trickle? Is there a certain threshold where you say, okay, everyone who wants it in this group has signed up and now we can move on?

Governor Sununu:

Great question, so I believe there's 32 Walgreens locations that will begin administering the vaccine as part of this partnership. And again, they're receiving about 3400 doses per week at least in the short-term. And those are spread out across the State. Walgreens actually has some pretty good coverage across the State, both in the southern tier and to the north and west.

In terms of when do we open it up for Group 2A, we're still a ways away from that. We're still at least, I think, eight, nine weeks away from finishing Group 1B. But we won't wait until that group completely finishes. I think as long as the majority of spots are filled during the week, we're not going to open it up to 2A just yet.

My guess is sometime in early- to mid-March, we will probably make an announcement that folks in Group 2A should prepare. And again, our hope, obviously, is that the new State system will be up-and-running. It'll be a one-stop shop. People will just go in, a much simpler system for them to register for their first shot. And we'd take it from there.

So, hopefully we won't have to -- we feel very confident we won't have to stumble through the VAMS System again. But that's probably a good month away before we're even really talking about that just yet.

Nancy West with InDepthNH:

Yeah, thank you, Governor, for taking my questions. I have two quick questions today. New Hampshire's pretty consistently been lower than most of the New England States relative to the percentage of people -- of the population who've received their first dose of the vaccine. Now, is that because of the scheduling snafu? Or are we getting less vaccines than we need? And my second question has to do with these Regional Public Health Network mobile sites. According to the data that you put out last Friday, it looks like fewer than half of the doses that are available have been administered. And is that in the inequitable group? And is there a problem getting the vaccine to the people?

Governor Sununu:

So, I'll take the first question and then, Beth, do you want to maybe try to answer the second question? So, in terms of the percentage of population that have received their first dose, we are still better than average across the country. I don't know what the other New England States, what their situation is. I know Vermont and Maine have done a pretty darn good job.

It seems like a lot of the more rural States didn't have to rely and didn't -- and chose not to rely on the PPP, pharmacy partnership, as strongly. You saw that in West Virginia, I think maybe even North Dakota, States like that. And they're at the top of the list, because, frankly, that program was going a bit slow. Those are the folks that were taking care of registering all of our long-term care facilities. And I think that slowed us down a little bit in the beginning.

We're still better than average across the country. I just can't speak to -- every State does it differently. So it's not about us versus Vermont or us versus Massachusetts. Every State has somewhat different dynamics, different dynamics with our hospital affiliations, different dynamics with this new Walgreens partnership. So, I think we're doing a pretty darn good job in terms of administering it. In terms of the Public Health partnerships, I'll have Dr. Daly talk about that.

Dr. Daly:

So, thank you for asking about our Regional Public Health Networks. There's 13 of these across the State, and they're really our partners in making sure that we reach all the populations that we want to. They're doing kind of special projects, going out in their communities, making sure that they cover any of the long-term care facilities that didn't enroll in the Federal Program, covering those facilities that house individuals with developmental disabilities. They're doing those facilities. They're also working on that equity allocation, identifying the key partners in their region to be able to vaccinate.

And so, because this work is so specific and it's really based on building those partnerships in their communities, they might not be able to vaccinate as quickly as, say, we can at a fixed site, where people are flocking to us to get vaccinated. And so, as a proportion of all of our doses, the Regional Public Health Networks gets relatively little. In fact, we've only allocated 15,000 doses to them out of the total of 250,000.

So, while, on paper, it looks like perhaps they haven't used as much vaccine, they really actually have a very small proportion. And a lot of that just has to do with the timing of this Report. It's a snapshot in time. Some of those doses that have been allocated to them, we just got in. And now, they have to work on scheduling those and getting those out into the community. So, generally just they have a harder job to do of working in their communities to set up those special clinics.

Governor Sununu:

Great. Thank you, Dr. Daly.

Michael Graham with the New Hampshire Journal:

Yeah, a question for Dr. Chan and a couple quick ones for Governor Sununu. Dr. Chan, Scott Gottlieb, the former FDA Chief, said this week that he expects that, by the end of March, we will be awash in vaccines and not enough people to take them, because there's still a significant number of people who are unwilling to take the vaccine. And obviously, we haven't gotten to them yet, here in the early days. Is that what you're projecting for New Hampshire, that we will have an excess of vaccines by the end of March or early-April? And secondly, when you say that people still have to wear masks, socially segregate, keep doing what they're doing even after they've received their full vaccines, isn't that a message that discourages some of those fence-sitters from getting the shot?

Governor Sununu:

Yeah, so I'll actually take the first one, if you don't mind. So, the quick answer there is no. We're not going to have too much vaccine and not enough to go around by the end of March. I don't know who made that statement, but that's silly.

The fact of the matter is, is that we are -- even if we received -- or I should say if Moderna and Pfizer, and Johnson & Johnson meet their goals of how much vaccine they're making, there is clearly, at least in New Hampshire -- and I imagine we're no different than the other 50 States -- clearly enough demand to go around to take care of. That would barely take care of Group 1B. And never mind getting to Group 2A or 2B, or 3A, or 3B.

So even if the uptake is less in those subsequent phases -- and I suspect it will be less -- there's no reason to think that we're not going to have enough people to take the vaccine by the end of March. I think that's a silly statement, frankly. I'll have Dr. Chan address the mask issue.

Dr. Chan:

Yeah, thanks for that question, because I think it's an important point. And just to reiterate what you asked: is continuing to recommend the social distancing and the facemask use a discouragement for people from getting the vaccine?

And I can't predict how everybody perceives that message. But I don't think the intent -- and it certainly is not intended to discourage people from getting the vaccine, right? I think what people are saying is a prolonged transitional process. As we roll out vaccine, the vaccine is going to become increasingly important for control of the pandemic. But until we have a large percentage of the population vaccinated, we still need to be also implementing these additional mitigation measures.

So the vaccine is important. And continue to recommend that people take the vaccine when it's offered to them. It's important not only for protecting their own health. It's important for protecting their family's health and preventing family and loved ones from becoming sick and severely ill, and possibly needing hospitalization and deaths from COVID-19. It's important for protecting the community and being able to maintain community operations, maintain healthcare facilities, schools, long-term care facilities, business operations throughout the State. And it will become increasingly important for stopping the spread of this pandemic.

But we're still in this transitional period where we don't have what people have referred to as herd immunity. And so, until we do, we need the multiple layers of protection. Vaccine right now is one of the most important layers. But it's not intended for people to let their guard down.

But as more and more people get vaccinated, as individuals get vaccinated, there will be more opportunity for beginning to relax the restrictions. And I think people are seeing that already with pulling back on some of the quarantine requirements, right? So we're saying that if people are fully vaccinated and they're newly exposed to somebody with COVID-19 that there's not a requirement for them to -- that they or their loved ones -- to stay home out of work, out of school for the 10-plus quarantine period. That's part of the slow relaxation of some of the requirements. But until we have very high levels of population immunity from the vaccine, we need to continue to also practice the social distancing, the facemask use.

I think most people, it's not a huge burden for most people to practice the social distancing, to wear the facemasks. And so, we're simply asking for people to continue with the patterns of behavior that they've been in and have been, I think, quite successful at the last several months, bringing the pandemic under control, while we get individuals vaccinated, while we get populations vaccinated. Thanks.

Governor Sununu:

Thank you, sir. And did you have a couple others, Michael?

Michael Graham with the New Hampshire Journal:

The issue of the minimum wage is part of the COVID-19 package, as presented in Washington, and even though both Senators Hassan and Shaheen voted to remove it last Thursday night. But my question for you is you've seen the economic impact of the COVID-related business downturn. What do you think of the idea of New Hampshire raising, yeah, minimum -- or imposing minimum wage up to \$15 at this point? And then, the second question has to do with the conversation today about adding a Lieutenant Governor, someone who could step in, in time of emergency, since New Hampshire doesn't have one, if you have any thoughts on that. And perhaps it could solve the problem that whatever super genius gave an even number of State Senators to the State, you could possibly fix that problem with a Lieutenant Governor. That's it.

Governor Sununu:

Interesting question; so I'll just reiterate. There's no doubt that raising the minimum wage in New Hampshire would be really disastrous to New Hampshire small businesses, without a doubt. The CBO, the Congressional Budget Office, has confirmed very clearly that you would have job losses.

Sure, some people would make more money. Some people would make less money. Hours would have to give. Something has to give on that labor pool. And at a time when we're asking businesses -- we're trying to create opportunity for businesses to come back into the fold -- maybe they're starting their business up again. Maybe the business was surviving, but had some tough times during the downturn. To go to that business and tell them that they effectively have to increase their labor costs by 20% or 30%, as they're trying to open up, makes absolutely no logical sense whatsoever. And that's just math. There's nothing political about that. It's just math.

New Hampshire has the lowest poverty rate in the country, the lowest. And if you wanted to look at the metric there, if you're saying, well, we have to raise minimum wage to get people out of poverty, look, we're doing a really, really good job of it here. We're doing better than anybody else. And we don't do it by worrying about the minimum wage. We do it by creating good competition, a very business-friendly atmosphere. Businesses want to be here. They want to grow here. They want to create jobs here. And they invest their dollars into that labor pool. And that's why we have some of the highest wages in the country.

Increasing the minimum wage creates a domino effect on -- in what we call labor compression, meaning that if you're forced to put more money into that labor pool, a business is forced to do that because the Government says so, something has to give. The money has to come from somewhere. And so, what happens? They end up reducing hours. They end up laying off Staff and Employees. Usually the Employees they lay off are the ones on the lowest level of experience. So, you're going to have less jobs for high school kids, less jobs for paid interns, less jobs for students coming out of college. And that's just taking us in the absolute wrong direction.

It would be a real disaster. And I can't express that enough, as somebody who ran a business. I used to run a calculation on a monthly basis that says, well, if they moved minimum wage here, here's where -- here's what would happen to our business. I think a lot of businesses are looking at that.

And again, it's not political. It's just math. It's the economics of running a business. And I think if more folks in Washington actually ran businesses and had the responsibility of waking up in the middle of the night sometimes sweating, how are you going to make payroll? I've been there. And it's tough. And you want to keep everybody employed. You want to create all that opportunity for your Staff and Employees; but to have something like this effectively double New Hampshire's minimum wage, when it

would do nothing but create a problem and worsen what is already a very positive situation for our Employees.

A Lieutenant Governor? We're good. We're good. We don't need a Lieutenant Governor. Look, New Hampshire's gone without a Lieutenant Governor for over 200 years. We have a good system in place. If the Governor's ever incapacitated, or if I were -- every time I leave the State in travel, I let the President of the Senate know, whoever that is. And we have a decent system in place. It's always worked very well. There's no need for a Lieutenant Governor.

If you asked me what Lieutenant Governors in other States do, I don't know. I got to be honest. I've asked them. I'm not 100% sure what they do. But we have a great system here in New Hampshire. And it's not just me. I think I speak for most previous Governors and future Governors. I think our system does it right.

Todd Bookman with New Hampshire Public Radio:

Thank you. I've got two quick questions. Governor, you touched on this earlier. But I just want to confirm. Is the State planning on releasing the data that it's collecting, breaking down the race and ethnicity of those who've received the COVID-19 vaccine in the State? And second, regarding the Walgreens announcement, is the State or Federal Government paying Walgreens for this partnership? Is there a Contract then in place? And why Walgreens versus CVS or Rite Aid? Thank you.

Governor Sununu:

So, good question. So, yes, ultimately, as people get vaccinated and we bring that information back into our system, we will release some of the demographic data around those folks that do get vaccinated, both geographically and demographically, similar to as we've done with our testing.

In terms of the Walgreens partnership, I'm not aware. And I'm kind of looking to Perry here. I'm not aware. We kind of have an understanding with Walgreens about how we're going to administer this program here in New Hampshire. But we're not paying Walgreens for this. This is a partnership that the Federal Government allowed, because they're giving vaccine to Walgreens directly over and above what the State already gets.

And so, we just picked up the phone and said, well, we want folks to kind of stay in the lanes in terms of eligibility. And we wanted to partner with them. They, I think, liked our plan and our idea. And we're just moving forward with it.

But it's not like we're contracting with Walgreens to do this. I believe they're getting paid directly by the Federal Government as part of their Federal Contracts that are already existing, because they've been part of that PPP program.

Robert Blechl with The Caledonian-Record:

I had two questions, but Dr. Chan had answered my first one about the COVID variants. So the question I have is pretty simple here. Have there been any severe vaccine reactions in New Hampshire? And if so, what were they? How many were there?

Governor Sununu:

I'll have Dr. Chan answer that.

Dr. Chan:

Yeah, so the question was: have there been any severe vaccine reactions in New Hampshire? And let me say that we don't have an exact number or a complete tally. There is a national reporting system by which people normally report vaccine reactions -- serious vaccine reactions. And that's also in place here in New Hampshire called VAERS, the Vaccine Adverse Event Reporting System, which, by the way, I believe is publicly available data.

But, there is the possibility of a severe allergic reaction with any medication, with any vaccination. And so, we are aware of a handful of reports of people having to -- being required to be evaluated by EMS, Emergency Medical Services, or potentially go to the hospital. I don't have an exact number. But the number is quite low.

The vast majority of people out of the tens of thousands of people that have been vaccinated have had no serious allergic reactions, although side effects can be expected. Normal expected vaccine side effects can be expected after the vaccine, including localized symptoms of pain, redness, and swelling, and even some systemic symptoms that can mimic a flulike illness, where people can have chills and muscle aches, and potentially even fever. But those are normal, expected vaccine reactions after receipt of the vaccine. Serious allergic reactions are rare and uncommon, both in the national reports and also, to our knowledge, here, in New Hampshire, as well. But I don't have an exact number. Thanks.

Governor Sununu:

Okay, great. So that's it for folks on the phone. Anything else here? Adam?

Yeah, sorry.

Governor Sununu:

No, it's fine.

Okay. Can we hear from Dr. Daly again about the long-term care facilities? I just wanted to clarify. Who's enrolled and who's not enrolled, and what that distinction means? And I guess, if there are unenrolled long-term care facilities, how are they getting the vaccine? And when will you know that all LTC is covered?

Governor Sununu:

Sure.

Dr. Daly:

So, back in October, the Federal Government rolled out the long-term care facility pharmacy partnership program. And at that time, there's a list of eligible entities that could have enrolled in the program. But, generally, it includes our skilled nursing facilities and the assisted living facilities.

And so, any facilities that were interested in enrolling signed up for that program. The vast majority of our facilities in New Hampshire, over 200, signed up through that program. And then, there's

about 30-or-so that did not sign up through that program and are being handled by our Regional Public Health Networks.

And what reason would they have for not participating, just out of curiosity?

Dr. Daly:

I'm not sure, actually. I don't know why they would choose to participate or not. Some of them already had developed relationships with their Regional Public Health Network and had plans in place for if a pandemic should occur. And so, they may have rather worked with that local entity that they were aware of, rather than working through the Federal program.

Are there any differences in the progress between the more local programs versus the ones administered by the pharmacies? Or are they relatively similar, in terms of being able to get it all done?

Dr. Daly:

Yeah, I believe they're relatively similar. Our Regional Public Health Networks have been working with the long-term care facilities for some time. I'm not sure if all of them have completed their first dose like in the pharmacy program. But that's something we can look into.

Governor Sununu:

Anything else? We're good? I can't believe someone asked me about a Lieutenant Governor. I can't get that one out of my head. Maybe Dr. Chan could be Lieutenant Governor. He's too busy. He'd be great at it, though. Maybe David could be Lieutenant Governor. Yeah. I'm kind of serious. I think he'd be phenomenal. He'd be phenomenal. It doesn't pay very well.

Well, thank you, guys, very much. Again, we have the Budget Address this Thursday at noon. And that will be carried, I believe, live on WMUR as well as YouTube. You can check YouTube and the social media channels to see that. And then, we will be back next week with our weekly updates.

But I think the good news is we got through the scheduling snafu last week. Hat's off to the Team for working right through it, not really letting it slow us down, being very proactive, reaching out to folks on the phone. So if the State is calling, please pick it up. It really could be an opportunity to move yourself right up in line, especially if you're waiting for your first shot in Phase 1B.

And we are making sure that those second shots are scheduled. And if there was incomplete information on the cards or anything, we know there are a few cases of that now. But we will reach out, again, proactively and make sure that everyone knows that they're in the system and their vaccine is scheduled.

So we're rolling on. We're not out of the woods yet by any means. Things are going very well. But we still have at least a couple months here to really make sure that we're operationalizing this opportunity for New Hampshire citizens.

And get the vaccine. It works. It's safe. As was discussed earlier, the amount of issues that stem from the vaccine, very, very minimal. It's really been quite a miracle. And the fact that it is so effective at reducing and preventing hospitalization and fatalities, I think, is a really good sign and hopefully gives

folks a lot of confidence that they should be getting the vaccine, and it really is a way that all of us, as a State, really come out of this on the other end with. And we hopefully open up for the summer and things are really cooking along. So thank you, guys, very much. We will be back next week.