



Office of Governor Christopher T. Sununu
Press Conference
Thursday, February 25, 2021 at 3:00 p.m.

Governor Sununu:

Well, good afternoon and thank you for joining us. We were just commenting. I hope everyone had a chance to watch Chronicle last night. Our local celebrity, David, we had a great profile piece on him. If you haven't, I'm sure you can go to WMUR and check out the link. It was a great piece and just highlights another incredible member of our Team that keeps getting it done. With that, let's just open it up. We have a few things to talk about. And then, we will open it up for questions. But let's start with Dr. Chan and a Public Health update.

Dr. Chan:

Great, thank you, Governor. So, a brief numbers update for today; we are announcing 355 new people diagnosed with COVID-19 in our State. In the last week, we have been averaging probably around 300 to 350 new infections per day. This is a small decrease from in weeks prior. And currently, there are 2,858 people with active infection.

Our seven-day average test-positivity rate is at 4.2%, which is a small decrease from last week. And in terms of hospitalizations, currently there are 97 people hospitalized statewide with COVID-19. This is the first time that we are below a hospital census of 100 people with COVID-19 since mid-November. So we're making progress in protecting people and preventing hospitalizations.

Unfortunately, there are six new people to announce today that have died from COVID-19. One of these individuals is associated with a long-term care facility. And so, while the overall numbers of people dying from COVID-19 have continued to slowly decrease, there are these six new deaths to report today. In the last week, there have been 13 people total that have died from COVID-19. And actually, now the majority of these deaths are in community settings and not necessarily in long-term care facilities. But we still want to continue to bring not only hospitalizations down, infections down, but also the number of people dying from COVID-19, we want to see continue to decrease.

We continue to stress the importance of vaccinations. So, please, when vaccine is offered to you, get vaccinated. And until we have a much higher level of vaccination throughout our communities, we continue to stress the importance of people wearing facemasks whenever they're out in public locations, practicing social distancing, avoiding social and group gatherings. Combined, these layers of mitigation are still the ways that we have to control COVID-19 and prevent spread from person-to-person. I think, with that, I'll hand things to Dr. Daly. Thanks.

Dr. Daly:

Hey, good afternoon, everyone. I'm going to provide an update on our progress around vaccinations. To-date, here, in New Hampshire, we have administered 288,000 doses of vaccine. This includes 197,000 people that have received their first dose and an additional 91,000 that have received their second dose of vaccine. At this time, this means that about 15% of New Hampshire's population has received one dose of vaccine, and 7% of the population has been fully vaccinated.

This week, we received 27,740 first doses of vaccine, which is an increase above what we received last week. And then, next week, we expect to again receive a small increase, bringing us to 30,080 first doses of Moderna and Pfizer, specifically. And that's an increase of 2300 vaccines.

We are expecting to begin receiving a new vaccine formulation starting next week. This is the Johnson & Johnson-Janssen Biotech vaccine, which is currently being reviewed by the FDA for emergency use authorization. If approved, this vaccine will also be reviewed by the Advisory Committee on Immunization Practices, or ACIP. And if all goes well, this vaccine could be here next week. We expect that to happen.

In addition to these allocations that have been provided to us here at the State Health Department, additional vaccines are coming into the State through the Federal Retail Pharmacy Partnership with Walgreens. And we're using those additional doses to move people scheduled for vaccination forward to get vaccinated sooner, as you know.

An update on the Long-Term Care Pharmacy Program: by the end of this week, all of our facilities that are enrolled in this program will have completed both their first- and second-dose clinics. So that'll be a great accomplishment there for that program.

Not all of the vaccines that we allocated to this program are needed for the Long-Term Care Facility Pharmacy Partnership Program. So we've taken back actually just under 9,000 doses from that Program and redistributed to our other vaccination efforts in New Hampshire.

An update on our Equity Allocation Program, it continues to grow, as our Regional Public Health Networks engage their partners to serve vulnerable populations and establish clinics to vaccinate those individuals. This coming week, we have an additional 18 events scheduled through that program, where they plan to vaccinate 1500 people.

And then, lastly, our State- and hospital-run public clinics are administering, on average, about 5,000 doses of vaccine every day. The first-dose vaccination appointments continue to be available in April. And all people due a second dose should have an appointment. If you're struggling at all with this process, you can contact us at 211 for assistance. And with that, I'll turn it over to Commissioner Shibinette.

Commissioner Shibinette:

Good afternoon, just a couple of updates. We have outbreak update where we are closing five of our outbreaks at Applewood, Birch Hill, Carroll County Department of Corrections, Langdon Place, and Sullivan County Department of Corrections. We are announcing one new outbreak today at Bedford Nursing and Rehab Center with five residents and 12 Staff cases. We continue to see a positive trend downward with only seven outbreaks now left on our outbreak list, under active outbreaks.

A second update is around long-term care facility visitation. Now that we are well-into vaccination and, as Dr. Daly just announced, all facilities will have had their second clinic by the end of

this week, Public Health and our Licensing and Certification Bureau will be releasing guidance in having some communication with our long-term care facilities next week that will require for any non-outbreak -- for non-outbreak facilities, facilities that are not in current outbreak, and have completed two doses of the vaccine, two clinics, plus 14 days, to start requiring compassionate care visits, in-person visits at long-term care centers.

So this is something that we've been waiting to do for a very long time that the families and residents are anxious to get back to in-person visits. And the vast majority of our facilities have started in-person visits already. I've heard from a lot of families and a lot of facilities that are conducting in-person visits.

Once we get on the other side of that second clinic and we get to that 14 days after, it's really important that we start having these in-person visits again. Now, some of these visits are going to be still with some social distancing and some masks. But it's still important that we get back to in-person visits, especially as we can start outdoor visits again in the spring. So we're going to start that up. And we should be releasing that guidance next week.

In addition to that, I just want to talk about homebound individuals for a minute. We've been working on a pilot where we have been vaccinating people that are homebound, unable to get to our clinics. And we've been making plans and strategies around vaccinating all of this population in New Hampshire in the coming weeks.

So, beginning immediately, our Homecare Agencies in our different regions and across the State are reaching out to their clients to establish not only who is homebound, why they're homebound. Is it a transportation issue, or is it that they can't leave the home? We've already done this with our CFI list, our home- and community-based clients. And we're going to marry those two lists together. So we will have a list of individuals receiving care in the community that cannot get to a vaccination site and that will need a home visit or transportation to a vaccination site.

Once this is done, we will, then, start a process of people that are able to self-select, which means that we will set up a call center and a hotline for people that maybe don't receive care through a specific Agency but are still homebound. So we expect that next week we will start, in earnest, vaccinating on a larger scale our homebound population in New Hampshire. We've already done smaller pockets across the State. That project will be done in partnership between the Regional Public Health Networks, the Homecare Agency, DHHS, Public Health, hopefully, and a lot of other partners, including EMS and some of our private partners that have been helping us all along through the vaccination efforts.

I will announce next week what that hotline will be. And that will be staffed by people that are familiar and work within Elderly and Adult Services that will be able to help anybody that calls. I think that's it. Great, thank you.

Governor Sununu:

Great, thank you very much, Commissioner. I need to find my notes. That's great, and a big thanks to Commissioner Shibinette and her entire time. I think that flexibility that we're finding for individuals who want to visit folks in long-term care, now that we've gone through pretty much the full vaccination process in that community, I think that's just a huge, huge opportunity. I know some of the Federal Guidelines have been very restrictive.

A big thanks also to Senator Gary Daniels, he did a great job, I think, bringing a lot of this, and working with us to try to, again, find some flexibilities for all these folks who want to be sure they can

visit loved ones. And those that are in those facilities have those visitations actually start up again, so that's just great news.

So, as was mentioned, a couple things to go through here; as was mentioned briefly, very good news, the fact that the Johnson & Johnson vaccine looks like it could be made available as early as the end of the week. We still have to see what comes out of what they call the ACIP process, what recommendations or risks are identified with that. And then, we will move to quickly -- as soon as they're able to get it to us -- and it could be next week. That would be great. And we will get that into the various populations that we're working with through Phase 1B.

Phase 1B continues to go very, very well. Folks, they're calling up to 10,000 people a week now, moving people out of their original April scheduled dates to this week or next week. And we will keep doing that, working with the Walgreens partners, as more vaccine becomes available. It just really increases our opportunity to move folks up and it gives us more and more confidence that we can maintain our original scheduled deadline of trying to get through Group 1B, or at least the first shot of Group 1B, the majority of which hopefully by the end of March, and then move right into Group 2A.

A couple other things to discuss: housing relief. A very positive development today surrounds a new Housing Relief Program that we announced. The Program will provide assistance to eligible residents of New Hampshire who cannot pay rent or utilities due to the pandemic. And our friends at New Hampshire Housing Finance Authority will work with the five Regional CAP Agencies, the Community Action Programs.

We have five of them across the State that traditionally do this type of assistance. The CAP Agencies are who we leaned on when we did the original \$35 million program to help with rental assistance through the original CARES Act fund last year, again to make sure that that application process is streamlined.

We do have some limitations, based on some of the Federal Government Guidelines. But it is a Program that will definitely help people pay rent and pay utilities. It does allow funds to be used to cover current or past -- this is very important -- current or past due rent, as well as utility and home energy costs for those that are eligible.

This assistance will be available retroactively, which means that it can help cover rent going all the way back from April 1st of last year through the date of the application. The funding can also go -- can be used going forward, obviously. So it doesn't just go backwards. It goes forward, obviously. And any household can receive assistance for 12 total months. So that's up to a year of rental assistance for any of these households who rent.

And again, the payment will be provided directly to the Landlord or the Utility Provider on behalf of that household. So it also makes the process a lot faster. It really helps Landlords and those that have to bear the brunt of the inability of those individuals to collect rent. Obviously, we don't want those individuals to be out on the street or anything like that. And it just allows the whole system to be a lot more flexible going forward.

Landlords, with the Tenants' permission, they also may apply for assistance on behalf of that Tenant. So, again, we're just trying to open up the doors of opportunity to make sure that this can move forward.

It is important to note that, because of the Federal Rules, the Program is only eligible for Renters or Landlords, but not for homeowners. That's a Federal Rule that we really have no flexibility on, but Renters or Landlords, but not necessarily homeowners, themselves.

So the full Program Guidelines and the Application information will be available by March 15th. I guess that they can go to this link now, right? Yeah, go to this link right now. For all the details, go to New Hampshire Housing Finance Authority, which is NHHFA.org. And that's where you can get a lot of the details. But the Program will kick off in the next couple of weeks. But that way, folks can understand what the program is, if they qualify. And then, come back and, again, through kind of a one-stop shop, working with the CAP Agencies to make sure that these opportunities are opened up.

Also, before we close out, I do want to touch upon something that we have been asked about very recently, and just generally in terms of what the next few months, as we go into the summer, are really going to look like. And while no one knows for certain, one thing we just want, we want people to be very optimistic.

I think what the folks at Health and Human Services have been doing, what Perry Plummer and his Team, and Beth Daly have been doing, in terms of getting the vaccines out, it's going really, really well. The administration process here in New Hampshire is going very, very well. And that gives us just all a lot of hope that we can not just protect the vulnerable population in Groups 1A and 1B, but move onto Groups 2A, which is primarily Teachers and Bus Drivers, Childcare Workers, Group 2B, 3A, 3B, and just work our way right through the populations.

We are getting a lot more vaccine from the Federal Government on a weekly basis. Those numbers keep going up and up, exactly as we had hoped. So the Federal Government has been able to commit to that.

We keep looking at data on a daily basis, everything not just from cases but most importantly hospitalization and fatality. There's still a lot out there. There's no doubt. It's great to know that our hospitalization number came down under 100. That's awesome. But, boy, that's still 100 people that are in the hospital with COVID. And that's a very real number.

And so, the number keeps trending downward. That's a very, very positive thing. But we still have a ways to go. But over the next couple months, we have no doubt that, as the increase in vaccine kind of marries itself with the seasonality a little bit of this surge that we're going through, it just kind of accentuates and accelerates the ability to get the fatality and hospitalization number very, very low.

And we will keep reviewing our restrictions and our guidelines. We know there are still some here. This is New Hampshire. We don't have as many as some States. But we still have had to impose a lot of restrictions. And we know that that's been a hardship on a lot of individuals or even businesses. And we will keep looking for those flexibilities, as everything keeps trending in a very positive direction. With that, we can open it up for some questions. Yeah, hi.

Q&A Session

Governor, once the vaccine allocation starts to really ramp up, what is the maximum capacity for vaccines' shots delivered in a day in this State, given locations, volunteers, the Guard, and all that?

Governor Sununu:

The maximum capacity?

Yeah, what's your max?

Governor Sununu:

We don't really have a max. So we have a certain number of sites we have open today. But we have the ability to open up a lot more sites. I mean, there's probably another 100 sites that could be opened, whether it's Providers, community centers, a whole variety of sites and individuals that we've identified and have come forward and said they'd like to be part of that process, that we could open. So there really is no maximum amount, per se.

It becomes a bit of a distribution challenge. It gets a little tough logistically, because the more sites you have, the more you're breaking up larger kind of cases of vaccine, if you will, and just doing a lot of shipments with five vials here and 10 vials there. And long-term, that's where we're going to go. Long-term, it will be the same as you would typically get a flu shot. It'll be with their pharmacy or your Primary Care Provider. That's where this is going to ultimately end up.

But, no, there really is no max. I mean, right now, if you look at just the sites that we have opened, on a weekly basis, I think our maximum number of potential shots is 70,000, 80,000. I'm going to ballpark that.

Commissioner Plummer:

Yeah, right now our sweet spot is 60,000. And we can ramp that up with more vaccinators.

Governor Sununu:

Yeah, so our sweet spot is about 60,000 right now. But we can ramp that up with more vaccinators, as we get more vaccine. And that's just with the sites that we're currently using. So, as we potentially expand those, we could go bigger.

Is that per week?

Governor Sununu:

Per week, yes.

Okay.

Governor Sununu:

Yeah, yeah. So, I mean, ballpark that to about 10,000 a day, let's say. And that's just the capacity we're using now. But we have a lot of ability to ramp that up very, very quickly, which is kind of exciting, knowing that that will not -- space and logistics will not be the limiting factor here.

Can you take us through some of the logistics of how you plan to vaccinate Teachers? The State already has a database, essentially. You've got them all. Are you going to alter at all how you approach that, given the fact that you have that list and you don't want to interrupt schooling presumably with, oh, we've got 30 Teachers from one school suddenly having to go get vaccinated today.

Governor Sununu:

Sure, so we're looking at a couple different options. We haven't finalized plans permanently. A couple things: with Group 2A, it's not just Teachers. It's Bus Drivers, Substitutes. It could be folks in the administration. The private Childcare Providers in the area will all be part of that same mix.

So there's a couple different ways to do it. We have looked at everything from having vaccinations kind of run out of the SAUs, the districts, themselves. We could do it through the Public Health Networks. One of the things that we're looking at is, do you really want to vaccinate an entire school at once? Or do you break that up into chunks, in case folks have some limited reactions to the vaccine, whatever it might be?

So, there's a variety of different ways to do it. And I think we will be narrowing down those details in the next coming weeks. We still have a little bit of time. It is still only February. And I'm anticipating that group being kind of up for their round of vaccinations sometime in early-April. So we hope to have those details finalized maybe not even next week, next week or the week after. And then, we will open it up, once we finalize how logistically it will work. We will open up the process to make sure everyone is registered.

Folks with ABLE New Hampshire, a group I know you've worked with, today said there were parents of young children with Down Syndrome and other disabilities said they've basically felt like they've been caught in the crossfire, in terms of scheduling vaccines and getting consistent information from 211. Have you heard that and encountered any points about that?

Governor Sununu:

I've heard the complaints and I know the concerns of ABLE New Hampshire. To be honest, I think there was some misinformation as part of that. But that's okay. We have a good relationship with them. We definitely appreciate the frustration of not just that population, but any population in New Hampshire that has maybe had trouble scheduling. And we're happy to reach out to those folks, work with them not just as an organization, but one-on-one.

The benefit of working with a lot of folks in the developmentally disabled community is we do have our Area Agencies that manage a lot of these folks and provide a lot of those services. So we do have great communication and contact with these families. And if anyone's having trouble, we will be able to reach out to them and make sure that they're included in that vulnerable population that we highlight as part of Phase 1B.

But, again, I feel very confident that we're going to get through Phase 1B, as the vaccine comes in, with what we're being able to do with our mobile sites, with the vulnerable populations, the homeless populations, the DD community, the congregate settings. It's a lot, but it really is all coming together very, very well. And we will be able to handle them even on a one-on-one basis, if we have to.

Governor, we're hearing from some folks who are celebrating their 65th birthday in the next week-or-two. So, theoretically, they'd be pushed to Phase 2B, after Teachers. But is there any wiggle room for those folks who are going to be turning 65? They can't sign up right now, but...

Governor Sununu:

Well, as soon as you turn 65, you can sign up. So, remember, phases don't end. So if you turn 65 next week, you can come in and sign up into the system. And if you turn 65 in July, you're still technically Phase 1B. But you can sign up into the system. So it's really an ongoing thing. So, as soon as you turn 65, sign on up. Absolutely. And if we get to the 50-and-ups before you turn 65, you can sign up then, too. Or if you're a Teacher that is 65, sign up today. There's a lot of cross-eligibility that goes on.

Have you had any conversations with Governor Baker about any changes to the quarantine rules? I mean, as it stands right now, if we had folks from New Hampshire going to visit people in Mass., they're still supposed to quarantine.

Governor Sununu:

Yeah, I actually had a bit of a conversation with Charlie this morning. We went back-and-forth. We were just texting a little bit. I know he was looking at adjustments to his rules. I don't know if they made any adjustments. I haven't been watching the news today.

Asking how we handled our provisions and specifically as it relates to travel around New England, we really don't have any restrictions with travel. And I explained that to him. And I'm not sure if they made any changes to their plans there.

But, before this, I was on a conference call with probably 17, 18 of the Governors on the east coast and maybe a half a dozen-or-so on the west coast, as part of an NGA meeting. So, we're always talking. We really are. Oh, sorry, I felt like I put pressure on you. You don't have to ask me anything.

On the venues, Massachusetts has targeted the end of March to open up Fenway Park and other large venues. Are we going to see something similar here? I don't...

Governor Sununu:

Well, yeah. So, I believe they announced Fenway Park will open at, like, 12% capacity.

Yeah.

Governor Sununu:

So, to be honest, I don't want to comment on what they're doing. They have different levels of COVID down there and a different situation. They're kind of opening things up to kind of come close to where we are already. We already have our venues open. And we have limited capacity, but we had everything from Canobie Lake Park to music venues, if they wanted to open even last summer and last

fall. I know a lot of the acts didn't want to come and, for obvious reasons, there was a lot of trepidation there.

But, yes, even not just what we have today, but I anticipate, as we keep going through the vaccination process with a lot of success, and as we enter the summer, there'll be a lot of flexibility and opportunity to open venues, fairs, a lot of different things. Oh, hi.

The national trend is a decline in deaths at long-term care facilities. Is that happening here in New Hampshire?

Governor Sununu:

Absolutely.

And what are the reasons for that decline?

Governor Sununu:

The decline in long-term care fatalities in New Hampshire is astounding. I mean, it's great. The vaccine's working, right? We've gotten through the majority of the long-term care facilities with our vaccine. And for those who, at least, who have had the vaccine plus 14 days for the antibodies to build up, there's no hospitalization and fatality for that population. And so, that's exactly what we're seeing here.

And that community, I think we're down to seven outbreaks, as of today. So, it's a matter of everything from controlling the outbreaks, making sure that they're getting very high uptake. And we have one of the highest uptakes of vaccination in the country. I think we're still number 1 with our healthcare workforce in the long-term care. And I think that's setting a great tone, a great example, and it's working really well.

Governor, either you or Dr. Chan, could you hit on the messaging behind the Johnson & Johnson vaccine? Once that becomes available, you may have some folks who show up and say, well, I heard that it doesn't have the 90% effective percentage that Moderna or Pfizer has. Will they have a choice, or what's the...

Governor Sununu:

Sure, I'll kind of give my two cents, and then I'll have Dr. Chan come up. And I know Dr. Chan and his Team have been looking at that very, very closely. Couple things; all three vaccines, Moderna, Pfizer, and Johnson & Johnson are all 100% effective against hospitalization and fatality. And that's a miracle. That is amazing. So, no matter what vaccine you get, we're really protecting the most vulnerable against the most severe symptoms that could lead to hospitalization or even a fatality.

With all of them, you could get mild symptoms. That's known. The efficacy of that vaccine might vary a little bit within demographics. And Dr. Chan can speak very directly to that. But the messaging is they're all very safe. They're all very effective.

We're going to make sure that all three vaccines, and more, right, if more were to come along the line -- Johnson & Johnson, Pfizer, Moderna -- are going to be available to all populations. Now, if you show up at a fixed site and say, I'd like the Johnson & Johnson vaccine, well, that might not be available at

that time. We're not going to have a menu, per se, where you show up at a site and say, I'll take this one and I'll take that one. It's not going to work like that.

You don't have to take the vaccine, if they're offering it, when they're offering to you. But you'd have to go back and cancel your schedule and reschedule. But the vast majority of folks who have even asked, is this Pfizer? Is this Moderna? We explain which one it is. And the vast majority of folks take whatever's offered to them.

They're all very, very effective. I mean, really, really effective. Johnson & Johnson is a lot easier, because it's one shot, to be sure. But they all work a little -- they work a little differently. That's more of a viral vaccine as opposed to an mRNA vaccine.

But, no, we will make sure it's available to all populations. But it isn't so much that you show up and get to pick off the menu. And I think logistically that's probably the most we could manage -- anybody could manage at this point. I don't know if Dr. Chan wants to talk a little bit more about the efficacies.

Dr. Chan:

Sure, thank you. And good question about the differences in the vaccines, right? So now we have currently the Pfizer and the Moderna vaccines, which are very, very similar vaccines, in terms of their makeup and their effectiveness. And then, we're looking at possibly having this Johnson & Johnson vaccine, also being called the Janssen Biotech vaccine, possibly next week.

And I think one of the messages here is that there are differences in the vaccines. For example, the Pfizer and the Moderna vaccines are two-dose series. So people need to schedule a first and then the second dose, three, four weeks after the first dose. The benefit of the Janssen vaccine, or the Johnson & Johnson vaccine, is that it's a one-dose shot.

And I think we need to wait and see what kind of information is put out by the FDA and what kind of information's put out by the CDC. There's still a process that vaccine review has to go through before we have authorization for use of this Johnson & Johnson vaccine and actually have it in our possession.

We have been reviewing the early data that the FDA put out yesterday. The FDA is going to be -- their Science Advisory Committee's going to be discussing the pharmaceutical company's data at a meeting tomorrow. We expect that the FDA could authorize the vaccine as early as Saturday. And then, the CDC's Medical and Science Advisory Committee, ACIP, or A-C-I-P, is planning on meeting potentially Sunday or Monday to review and provide some medical or clinical guidance and recommendations for how to use the vaccine.

So, there's still a process that this vaccine has to go through before we actually get it in-hand. We expect that it'll be authorized. But we're going to wait and see what additional information comes from the FDA, what additional information and recommendations come from the CDC and the Advisory Committee on Immunization Practices, or ACIP, to figure out how best to sort of message use of this vaccine and get it out into the public setting.

But I just want to echo what the Governor said that, while there are differences in the vaccines and even maybe differences in the overall vaccine efficacy, the Johnson & Johnson vaccine has been shown to be very, very effective at preventing severe COVID-19, on the order of 85% effective at preventing severe COVID-19, and then over 90%, 95% effective at preventing hospitalizations and deaths.

As an Epidemiologist, we never like to say something's 100% effective. But the early preliminary data, based on small numbers, shows very high efficacy, effectiveness, at preventing hospitalizations and deaths, as the Governor mentioned.

So, this is a great tool that we have coming to us likely. More information to come; and it's going to be increasingly important, I think, in our tool to control the pandemic, because it is being looked at and authorized as a single-dose vaccine, which is going to help speed up the process of vaccination. Thanks.

Governor Sununu:

Do we have some on the phone today? Sure. Hi, Kathy.

Kathy McCormack with the Associated Press:

Can you hear me? Hi. Okay. Hi, thank you. I have just two follow-up questions. One, regarding ABLE New Hampshire's concerns, so if you're a caregiver of someone who has a disability or is medically vulnerable in vaccine Group 1B, so what's the best way to try to make an appointment for yourself to get a vaccine? And for Commissioner ShibiNette, regarding visiting restrictions for long-term care facilities, I know you're planning to release more guidance next week. But I was just wondering, what's been considered the norm most recently? For example, are most counties allowing just one or two visitors indoors per resident? Can nonessential personnel still visit? Just wanted more info. on that.

Governor Sununu:

Great.

Commissioner ShibiNette:

So I'm going to try to take both of your questions. So, I think the first question was around someone that has been deemed medically vulnerable setting up an appointment for a vaccine. So, the goal here is if the person qualifies by medical vulnerability, not necessarily by age, their Physician should certify that they're medically vulnerable and then send that certification in through either VAMS or in through our Public Health System that we've set up.

And that goes with caregiver, also. So if the child is medically vulnerable and is at higher risk for negative outcomes from COVID-19, the parental caregivers would qualify through the medical vulnerability. Again, the Physician's certification would have to be sent in through VAMS or in through our Public Health System.

The medical vulnerability is the key there. We have a list of diagnosis that automatically, if you have two of these, you qualify. But then, we also gave the Physicians the flexibility to say, although they're not on this list, the totality of this child, or this person's medical conditions qualifies them as medically vulnerable, because they're at higher risk for negative outcomes. And that conversation is between the Physician and the patient, or the patient's family.

And now, originally we had heard that there were -- we did hear some complaints of people saying that they're Physicians weren't offering medical certifications. I know that the Office of Professional Licensure and Certification had sent out a communication to all of their Licensees -- Nurses, Doctors, everybody -- to tell them, you do need to engage in this practice. And you do need to engage with your

patients around medical certification. And for the most part, I think that took care of a lot of the questions.

There will always be a dispute if someone is in the gray area of whether they're medically vulnerable or not. And that could be part of the complaints that we're getting is that while the patient or the family feels like they're medically vulnerable, the Physician doesn't agree.

So if you are medically vulnerable and the Physician has sent in a certification, you will be registered during [sic] VAMS. If you have a question about this and whether your medical certification, you can certainly call 211.

In regards to nursing home visitation, initially the visitation is with typically one or two people. I think that there is a variety of things happening across the State, which is one of the reasons why we're putting together guidance and we're going to communicate through licensing and certification. And basically, what we're doing is we're taking the definition -- the Federal definition that is out there on compassionate care visits, and we're expanding that definition, because we do believe that the psychosocial wellbeing of our elders is very important. And that qualifies as a compassionate care visit.

So, right now, there's a variety of things that are happening across the State. One of the reasons we're doing this is so that we can have consistency, so we don't have one family that can visit and one family that cannot visit, based on just the decision within a facility. We want everybody to consistently have access to their elders. So, really, there's nothing consistent across the State right now. I think that you'll see some consistency coming forward in about two weeks.

Governor Sununu:

Great, thank you very much.

Nancy West with InDepthNH:

Thank you. Good afternoon, Governor. Thank you for taking my questions. Couple of these I really get from people calling in or emailing, asking about these issues. And the first is, the State School Dashboard says there's one COVID-19 case at Dartmouth College. And the college says, on their dashboard, that there's actually 37 cases. And we see the same discrepancy with UNH. The State's shows 138 cases. The university says there's 240. And I've heard of this also in K-12 schools. So, I guess, why should people trust the State's statistics? And the second question has to do with the GOFERR and the \$1.25 billion that's gone out to Agencies and businesses. Now, I'm told that they're required to file Reports on how they're spending that money and that's not public information. But why shouldn't people know how that money is being spent? And I guess the last question has to do with the contentious days at the House of Representatives. And yesterday, House Speaker Sherman Packard locked out some of the Democrats during at least one of the votes and locked some people in. So I'm wondering, is it legal to lock out elected House of Representative Members? And also from a fire safety perspective, is it safe to lock the doors and lock other people in? Thank you.

Governor Sununu:

All right. So a lot there; first, as we have always said from the very beginning, the dashboard is always going to be a little bit behind schools, whether it's K-12 or the university system, based on the numbers that you see. That has been the case, because, again, the schools -- it comes up through the

State, but it's how the schools are reporting it might be very differently. They can get notification in a variety of different ways. We can get a notification in a variety of different ways.

So, again, the data is real and it's trusted. But there's always going to be a delay. That has been the case since we started the dashboard. And there's really no way around that, because it isn't like when somebody comes up positive, that person at the lab gets on the phone and has a call list of 10 people that they call and tells them who it is and what the situation is.

There's also HIPAA issues there. So we can know that there's an individual, but we can't know who that individual is. So there's always going to be a bit of a discrepancy. There always has. We just try to update it as best we can going forward.

But, I mean, what we try to tell folks is especially, when you're looking at the university system right now, there's a lot of COVID in the university system. The kids came back. They socialized. They did things they weren't necessarily supposed to be doing. And that created a lot of these kind of scenarios, where, whether it's through a dorm or at a restaurant, or a fraternity party, whatever it might be.

And again, I think the universities have responded very well. Obviously, they're in limited classes and even remote classes. And so, we really need to manage that. They still make up a decent percentage of the cases that we see on a daily basis.

You had a second question on the \$1.25 billion, the CARES Act money. The question was why there's a reporting process on the backend but you can't see how the dollars are being spent. You absolutely can see how those dollars are being spent, because each of those recipients on our website, you can see who they are. You can see how much they got. You can see where they are. And you can see what funding program they were part of.

So if they're part of Main Street Relief Fund, you know that that money is there to replace some of the lost revenue for business loss. If they are there, part of the Rental Assistance Program that we did on our own last year, obviously that money's going to rental assistance.

So, the funds were so specific in their designation. And that can all be seen on the website. So all of that is very, very transparent. And then, all of it is subject to an audit process that the Federal Government makes sure that we spent the money exactly as they prescribed it could be spent at, and there was no abuse of the system. And I think the Team at GOFERR's done a phenomenal job at really making sure that we've created opportunities, but haven't crossed the line. And we do our own internal audits, as well, to make sure that those businesses, entities, and individuals really are spending the money exactly as it was designed.

But if you have any questions on how they were supposed to spend it, you can just look at the funds. I mean, we had dozens and dozens, and dozens of them all with different missions and all with different purposes, in terms of how those dollars need to be spent.

And finally, you bring up the Democrats were locked out. Well, let's be very clear. Yesterday, my understanding -- and I wasn't there. And I didn't see the process. I know the Democrat Leadership had a bizarre strategy to get up and leave the room.

The question is whether -- and then the doors were locked. The question about whether the doors can be locked, I'd have you ask former Democrat Speaker Steve Shurtleff, who also locked the doors. It's a practice that has -- my understanding -- has gone in the Legislatures for years. So it happens. For whatever reason, the Speaker has control of that room.

And if people choose to get up and leave the room, nobody kicked them out. They left. They decided that they didn't want to be part of the rest of the day's votes. If I were constituents of those individuals who left, I'd be very upset, because you got to see the job all the way through, even when

you're not winning votes and you're not getting what you want on the floor of the House or Senate. You've got a job to do. And I think that Democrats that walked out of that room have a lot of explaining to do. As far as locking the doors, I'd refer you to former Democrat Speaker Steve Shurtleff and ask him why he used to lock the doors from time-to-time. Next question?

Todd Bookman at New Hampshire Public Radio:

Thank you. I have two questions. Could you provide an update on when the State will release the data it has on the racial and ethnic breakdowns for who has signed up or received the vaccine? And second question, perhaps best for Dr. Chan, for the very small percentage of people who've had a moderate or severe negative reaction to the first dose, an allergic reaction, should those people still receive a second shot, maybe in a hospital setting, or are they not recommended to get that second dose? Thank you.

Governor Sununu:

Sure, so I'm going to have Dr. Daly come up and discuss the idea of when some of the racial and ethnic data might be released for those who have been vaccinated.

Dr. Daly:

So, thank you for that question. We do have data on the demographic features of the people that we're vaccinating, including race and ethnicity. The way the data's currently available is that it's for all doses administered. And we're working to determine if we can tease out the first and second doses, because that would be important, if you're trying to look at, from a population perspective, how many individuals have been vaccinated, versus looking at all of the first and second dose together, right? So we do have that data. We are working through that particular aspect of it to make sure we provide the most accurate information. And then, we're happy to release it.

Dr. Chan:

Yes, so, thank you for that question about vaccine reactions, because I think it's an important point to make in that people can and should expect to have some side-effects, after getting vaccinated. This is normal. This is typical. This is expected. And the side-effects can range anywhere from a localized reaction, such as pain, redness, swelling at the site of the injection where the vaccine was administered, all the way up to systemic symptoms.

And we're hearing common reports of flulike illness, including fevers, chills, muscle aches, body aches, people feeling like they have flulike symptoms for 24 hours-or-so after they receive the vaccine. These are well-documented, expected symptoms that people may experience, after they get a dose of the vaccine.

If they have those types of symptoms after getting the first dose, absolutely they should still get the second dose of the vaccine. It is important to get the second dose of the Pfizer, the Moderna vaccines to have the highest level of protection and the longest duration of protection. That continues to be the recommendation. And we don't want some of these normal, expected, vaccine side-effects to dissuade people from getting the second dose of the vaccine.

Now, there are individuals who, if they have an allergic reaction to the first dose of a vaccine, are disqualified, or should not get the second dose of the vaccine. But those types of instances are relatively few and uncommon, and include instances certainly of, like, anaphylaxis. If somebody has anaphylaxis after the first dose of the vaccine, they shouldn't get the second dose. Or if they have a very clear immediate allergic reaction within a few hours after getting the first dose of the vaccine, they're disqualified from getting the second dose of the vaccine. And that's a disqualification not just from getting the vaccine at a State-run vaccination site, but a disqualification to receiving the vaccine in any location. It's what we call a vaccine contraindication.

But those types of instances are very few and uncommon. And in fact, the CDC released some preliminary, or some early, data a couple of weeks ago, I think, at this point, showing, for example, that the rate of anaphylaxis after receipt of one of these vaccines is on the order of, like, four to five episodes per million people vaccinated. And that's inline with the rates of anaphylaxis or serious allergic reactions with other types of vaccines that are commonly used, as well.

So the rate of serious allergic reactions that would disqualify somebody from getting their second dose of the vaccine are few and uncommon. What's more common is for people to have some of these more typical, expected side-effects, after receiving the vaccine. And most of the time, these are of limited duration. People feel better within one or two days after having symptoms. And those individuals should still get the second dose of the vaccine. And we will give that vaccine to people, even at our State-run fixed vaccination sites. Thanks.

Governor Sununu:

Great; so, vaccine contra -- what was that? Vaccine...

Dr. Chan:

Contraindication.

Governor Sununu:

Vaccine contraindication, well, we're adding that one to the COVID Lexicon. Wow. That's a good one, thank you.

Michael Graham with the New Hampshire Journal:

So, Governor, tomorrow the two Democratic Representatives of New Hampshire will be asked to vote on the COVID relief package. And it includes some things that you've mentioned that you're not a fan of, including a mandatory \$15 an hour minimum wage. It also uses a formula that gives more money to States with higher unemployment rates. So the States that stayed locked down longer, who did more damage to their economy, will actually get more tax dollars than a State like New Hampshire that has gotten unemployment moving in the right direction. My question is: number 1, what do you think of the approach of the Bill? Number 2: do you want the two Representatives to vote for the COVID package tomorrow?

Governor Sununu:

It is not a COVID package. That's my fundamental problem with the \$1.9 trillion. So much of this has nothing to do with COVID. And I think that's a lot of the concerns that Governors on both sides of the aisle have expressed, to be sure.

Whether it's the \$15 minimum wage and I don't know if they've taken out the Student Loan Repayment Program, increasing funding for different Departments out of Washington, D.C. that have absolutely nothing to do with COVID, they called it a Christmas tree and it really is, because it just gives out money to everybody.

Look, there are real COVID costs that States are incurring. And I wish they would just focus on those opportunities, frankly, instead of just trying to load all of this stuff into one Bill. So, in that sense, no, they keep calling it a COVID relief package. It's really so far beyond that.

This idea that they're going to provide revenue relief to States, which, by the way, we don't need, all right? We're going to run a surplus here in New Hampshire. Many States across the country are going to run surpluses. But they Federal Government's going to keep piling more and more money into States. And now they tell us they're going to do it in a very unfair way, where States that were poorly managed and their unemployment is still skyrocketing, they're going to get more money than everybody else. That's inherently unequitable. It's inherently unfair. And again, I've heard Democrat Governors also raise those concerns that that would be an unfair process.

If they're going to give money to States, fine. Lord knows here, in New Hampshire, we're smarter and we will be able to spend that money better than almost anybody. It's one-time money for one-time opportunities. But this idea that we're just going to pile a lot of money and bail out States that were poorly managed, that's really what this has evolved to, over the past month and a half. And I think that's where some of the challenges are.

I think we all wish there was a lot more bipartisan compromise here, as opposed to just voting it on a party line. The idea of unity and working in a bipartisan way in Washington, I think we were all very excited about that. I don't think we've seen really much of any of it to-date. And obviously we all hope that that changes.

But this Bill has a lot of problems with it. And someone's got to pay for it. It is a lot of money. And the fact that when you look at what States are going to reap the financial benefits of it -- and frankly, they are the worst-managed States -- they're bailouts. They really are bailouts.

And so, it's just unfortunate that the opportunity of focusing on COVID and putting relief efforts where they need to be, whether it's in education, money for vaccinations, money for our National Guard, or whatever it might be who are giving so much time, bringing some of our private partners in to be part of the solutions, getting us through this economic opportunity for some of the businesses who may have struggled, a lot of that has been pushed to the side for all of this other stuff. And so, I have a fundamental problem. I think most of America frankly has a fundamental problem with that approach. Great, great.

Just to clarify, Governor, if you had a vote, you'd be a No vote on that relief package?

Governor Sununu:

Yes. I'd be a No vote, because you have to make it better. You can't just accept a Bill and say, well, something's better than nothing. They were voting No on a \$500 billion package back in October. The Democrat Delegation of this State voted no on a package that was purely COVID relief. But they voted no and did nothing until, what, the end of December, December 27th? They finally got around to it, after we had already dealt with our surge and the CARES Act money had been allocated out.

But now, they're going to vote yes for something that's four times as big and that really has nothing to do with COVID. It doesn't make any sense. And Leaders, as Elected Leaders, you got to stand up and say, no, I'm not going to vote for this here. Just one of the Senators or one of the Congressmen, it doesn't take a whole lot to make a big difference, when you have margins that thin. They could stand up and say, look, let's make this better. Let's focus this on COVID.

And by all means, you want to talk about minimum wage or any of this other stuff? Give that its due in a public discussion and a public debate on its own, but not part of this giant reconciliation process, just trying to stick it in, ram it through, and call it a COVID relief package, when that's not really what this is anymore.

So, no, I think sometimes you have to have the courage to say no, and go, it doesn't mean it's dead. It just means you force the issue back to the drawing table and try to find a better solution that's truly fair and equitable, and provides relief exactly where it needs to be, and not just some of the Christmas tree stuff that they want to throw in there.

Given how the virus went through the Veterans Home -- this was discussed a little bit at the Council meeting recently, and I just wanted to ask you about it.

Governor Sununu:

Sure.

Is there an independent review going to look at best practices there? The Commandant made reference to it. Who's going to do that review? Is there a timeline for when it's finished? And will the public see the review?

Governor Sununu:

Yeah, absolutely. So my office is working with Public Health and the folks at the Veterans Home to do a review specifically of that facility. I mean, there were a lot of outbreaks across the State, unfortunately.

But, let me. Again, I'm going to take the time and just reiterate what a fantastic job -- it's my understanding -- that Commandant LeBrecque and her Staff did. They kept coming in through the outbreak, providing a lot of care and comfort to folks that were going through some very tough times, family members that couldn't have visitation in some really tough situations. And it's a terribly unfortunate situation.

I know a lot of folks want to politicize that. I saw the letter from Senator D'Allesandro. That was pure politics, pure politics. And God bless Executive Councilor Joe Kenney for standing up and calling that for what it was.

Those folks up there at the Veterans Home did a phenomenal job taking care of those individuals. These outbreaks, we've seen what they can do across the country, when they get into long-term care facilities. And it's a very unfortunate situation. But of course we're going to review it. Of course we're going to be very transparent about it. Of course we're going to make sure we get to the bottom of not just what happened at the Veterans Home but a lot of the other long-term care facilities.

We've started that process and we're going to continue it and, again, get something out in short order, because we know that even though the vast majority of those facilities have been vaccinated, you want to get to the hows and whys, and make sure that you're providing whatever mitigation efforts that you possibly can.

Okay. Great, well, thank you, all, very much. We will be back next week. We're rolling along. We're doing well. And again, pick up the phone. If you're scheduled for a vaccine -- I just want to leave folks with this -- we are calling you. We're calling over 10,000 people a week -- well-over that, actually, and moving them up. So we will call you. We won't necessarily leave a message, because we don't want to get 211 overly inundated with the callbacks. But we're going to keep calling until we get a hold of you. Keep moving people up, whether it's to a Walgreens site, whether it's through some of the other opportunities, as we get more and more vaccine into the State.

The administration of this thing is going very, very well in New Hampshire. And again, we're on track to stay on schedule. And so, pick up the phone and we will keep moving people to get their vaccination a little sooner than anticipated. So we're on a good path. Thank you, everybody.