



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

Governor Sununu:

Thanks for joining us. Kind of an exciting day, we have a lot to talk about. So, we will get through. And I know folks must have a lot of questions about really being in this kind of transition period, right, as we hit spring, as the vaccines keep rolling out, a lot happening both locally and nationally. We have some new financial opportunities coming out of Washington, D.C. So a lot of stuff to go over; I'm going to turn it over to Dr. Chan for a Public Health update in just a moment.

Later on in the press conference, we're going to announce dates, talking about when everyone can register for the vaccine. So that's pretty exciting and I think it's going to be a little sooner than a lot of folks think, which is a very positive opportunity for the State of New Hampshire.

Want to talk a little bit about the mass vaccination site that we have going at the New Hampshire Motor Speedway this weekend. It is by appointment only and there are still appointments available. So if you're currently within our system, you can go into VINI and move yourself up. I think there's still a few appointments left for this Sunday.

And again, it's open for anyone age 50-or-over, the same group that we opened the process up to not even a week ago, or anyone in previous groups, as well, if you're part of 1A or 1B, and, for whatever reason, you chose not to get the vaccine. You can still come into the system. You still qualify, as well.

Doing these mass vaccination sites, these larger sites up at the Speedway, very efficient way of getting the vaccine out. It's a lot of opportunity to folks. So we just want to encourage folks to feel free to go on. And if there are, for the few spots that are left, folks can go on and take advantage of that opportunity. With that, I will turn it over to Dr. Chan for a Public Health update.

Dr. Chan:

Great, thank you. And good afternoon. So, we are reporting 418 new people diagnosed with COVID-19 today, bringing in the total number of infections during this pandemic to 8239. The average number of new infections per day over the last week has increased. And so, we're currently averaging about 300 to 350 new infections per day. And there are currently 2,856 people with active infection, which is also up from last week.

Similarly, our test-positivity rate is showing some increases, as well. The seven-day average is currently at 4.4% of people that have been tested, have tested positive for COVID-19. That's combining antigen and PCR tests together.

And then, there are 82 people currently hospitalized with COVID-19 statewide, and sadly one new person that we're announcing that has died from COVID-19. This is an individual that was associated with a long-term facility. And the total number of people that have died during this pandemic is now 1,229.

So, as previously highlighted, the number of new infections, the test-positivity rate are and have been increasing the last couple of weeks. There is no one specific cause for these increases. The increasing infections are being seen across multiple different age groups, primarily in people under the age of 60. In fact, people 60 years of age and older continue to show slow declines in the number of new infections. Likely, this is an effect, we believe, of vaccination and rolling out vaccine first to the older age group.

But, we are seeing increases in infections in people under the age of 60. And these increases are more pronounced in the younger age demographic, so teenagers and people in their 20s. And so, certainly, some of these increases that we've seen have been associated with increasing infections seen on colleges and universities, which are contributing but are not the whole story.

The most prominent increases are being seen in the counties of Hillsborough, Rockingham, and Strafford Counties, which continue to have the highest overall burden of infection. But I would stress again that there's no one specific cause for the increases.

We know how this virus spreads. It primarily spreads through close contact with other people who are infected with COVID-19. And so, we continue to stress the importance of people practicing physical distancing, keeping at least 6 feet apart from other people, when in public locations; wearing the well-fitted, multilayered facemasks; avoiding the larger social group gatherings; and then, importantly, get vaccinated, please, as soon as an appointment is available.

You just heard the Governor talk about how there are appointments available even this weekend. So, please get vaccinated as quickly as possible. We have three currently authorized COVID-19 vaccines. All are safe. All are highly effective at preventing COVID-19. And all are important. And vaccination is important for bringing this pandemic under control. And with that, I will hand things over to Dr. Daly for a vaccine update. Thank you.

Dr. Daly:

Great; well, good afternoon, everyone. To-date in New Hampshire, 537,000 doses of vaccine have been administered in our State. This includes 354,000 people that have received their first dose, which is 26% of New Hampshire's population. Of those, 194,000 have been fully vaccinated, which is 14% of our population.

In the last week, we have administered more than 65,000 doses of vaccine in our State. We received 35,000 first doses of vaccine this week, and we're expecting to receive 45,000 next week, so a increase in doses. This includes 8,000 doses of the Janssen Biotech vaccine.

I wanted to provide an update on Phase 2A, which you'll recall is our school, childcare, and youth camp workers. Our Regional Public Health Networks and partners continue to carry out those regional vaccination clinics to vaccinate Phase 2A individuals. To-date, they've held 65 regional clinics and have vaccinated 14,000 people through those clinics. An additional 20 regional clinics are scheduled through the rest of this week with plans to vaccinate another 10,000 people. Together, between these regional clinics and an additional 14,000 people who have appointments at public vaccination sites, approximately 38,000 school, childcare, and youth camp Staff, out of the estimate 55,000 in this group, have been or are in the process of being vaccinated.

In terms of Phase 2B, on Monday, our registration for this group opened up. And 88,000 people have registered and scheduled appointments. There continues to be plenty of appointments available, as you've heard. And so, we encourage everyone in New Hampshire who is eligible for vaccination to get

vaccinated. It's not too late to say yes to vaccine. So if you were included in an earlier phase and just haven't decided to get the vaccine yet, we hope that you will make this choice.

These vaccines are safe and highly effective. And they're the best way to protect yourself and your family members, and to help us all return to a more normal way of life. And with that, I'll turn it over to Commissioner Shibinette.

Commissioner Shibinette:

Thank you and good afternoon. We are doing a brief long-term care update. Today, we are closing two outbreaks: one at the Hillsborough County House of Corrections, and the other at the New Hampshire State Prison, the Men's Prison. Both those outbreaks are now officially closed. We have no new outbreaks to announce today. So, in total, we have three congregate-living setting outbreaks. Alpine Health Center; Bedford Nursing and Rehab; and the Granite Recovery Centers in Salem is all we have left on our list. Thank you.

Governor Sununu:

Great; well, thank you very much. Great news, I think, on the outbreaks, the fact that we're down to three, didn't even add any on this week. That's tremendous news. So, I got to take just a second. I was supposed to do it when I first came out.

This morning, I had an awesome opportunity. I was traveling around with Meals on Wheels from Hillsborough County and we're delivering meals on wheels to a lot of the residents in Manchester. And they asked me to give them a shoutout and I promised I would. So I just want to give a quick hello to Gertrude, Mary, Roger, Jules, the Powells. There were a few other families there. So, I didn't forget about you. Hey, guys. How are you? They were all quite excited about that.

But that was pretty awesome. We got to visit some homes. A lot of those folks can be homebound. Almost all of them had gotten their first and second shots, which I thought was pretty great. And they all had very good experiences with it. So that was kind of the -- it ended up turning into an inadvertent polling of seeing how our homebound program was going. And apparently, it is going very, very well for a lot of them. So that was great.

Couple things, and then we will open up for questions. First, we continue to press obviously for more vaccines. And we're going to get a significant increase next week, from about 35,000 to 45,000 to the State, at least, in terms of vaccines for next week. And a lot of that, I think there's maybe 8,000 or 9,000 of J&J. And a lot of folks, I know, are -- we're very excited about that. It's the first significant increase we've seen in the Johnson & Johnson vaccine in weeks, really, since this began, which is great.

It may go down in subsequent weeks. And so, we're trying to not build our expectations too high. But it is good to know that we are getting a slight increase, but, also, at the same time, the Federal Government is using their Federal Partners, as well. Walgreens, which is also a partner of ours, or some of the other opportunities, you'll see different sites and opportunities continually open up across the State. So it isn't just the vaccine that's coming to the State. It's the direct Federal Partners, as well.

And so, we all feel very confident in using VINI. Everyone uses pretty much the same scheduling system, which makes it very easy to organize and make sure there's no redundancy or gaps in the system. So, the good news is all that keeps moving forward.

I did have the opportunity to speak with the CEO of Johnson & Johnson earlier this week, obviously pressing for more doses, talking a little bit about why there's been such a gap from the first week of the Johnson & Johnson being released to now. I think they're trying their best to manufacture as fast as they can and hopefully we will keep pressing it and we will see an increase. I know a lot of folks are, as we are, very excited about the Johnson & Johnson vaccine, given that it is one shot.

The Moderna, the Pfizer, both terrific vaccines, they are all virtually completely effective against hospitalization and fatality. They all work amazingly well, regardless of what vaccine you have. But, any chance we can get more, that's something that we're always going to -- we're going to keep pushing.

A little bit of a recap, we rolled out obviously VINI, rolled out to its next phase. It started with 2A. It rolled out to 2B on Monday to get appointments for those that were 50-and-up, primarily that 50- to 64-year-old range, those individuals that had not had the opportunity to register for a vaccine earlier. We saw about 100,000 individuals register on that first day. I know there was some news of the first couple hours, things slowed down. The system didn't crash. It didn't fail, nothing like that. It did slow down for a little bit.

But, folks that were registering on Monday morning were getting shots on Monday afternoon. And that was awesome. That's the first time we've heard of that happening pretty much anywhere in the northeast. That was just a great opportunity. Obviously, there was a lot of traffic there.

And so, based on what we saw on Monday and the fact that so many folks came into the system, the vast majority of folks within the 50-or-up phase have now been registered in the system. They now have their appointments. And knowing where we are likely going to be with vaccines, we can make some estimates over the next few weeks, and even further down the road. And we can adjust our system as we go. But there are hundreds of thousands of appointments in our system available right now today, even some as early as this coming Sunday at the supersite, which folks should feel free to go on.

The system is designed so you can move yourself up without losing your previous appointment. Your previous appointment only gets canceled after you confirm your new appointment. So that gives folks a lot of flexibility to keep going back in the system, checking what might be available in their area, or other areas of the State, as more vaccine becomes available. And that's the flexibility we really want. And that's going to allow us to move so much faster, in terms of getting the vaccine out.

So, given this, and given that I think we feel very confident about VINI and the system moving forward, by the end of next week, everybody 16-and-over will be able to book an appointment for the COVID vaccine. And so, we're going to put up on the screen here, if we can get it -- oh, no, that's not it. That's me. There we go. Okay.

So we're going to break it up a little bit. 40 to 49, so 40-and-up will start on this coming Monday, March 29th. 40 to 49 years old, you can go into VINI, register. You'll get your email back. And that allows you to get your appointment.

On Wednesday, two days later, 30-and-up can then go into the system. And then, on Friday, it's pretty much everyone else, all the remaining adults 16-and-older can then go into the system. So we're taking everyone else. We're just breaking them into three groups to make it a little easier and a little better.

We don't want hundreds of thousands of people jumping into the system again and slowing it down at once. So we feel very confident that, by breaking it up, everyone gets into the system next week. We're still maintaining our philosophy of doing it by age. And we're ensuring that we will have enough spots for everybody that wants to come in.

So I think this is a great way to do it. I know Perry Plummer and his Team have been working very, very hard. Our IT guys, Denis Goulet, just making sure that we have the ability to do this, we can do it with confidence. So, Monday, Wednesday, Friday of next week, 40-and-up, 30-and-up, 16-and-up, as we go forward. And as folks know, unfortunately the vaccine is not approved yet and there are no vaccines approved yet for anyone under 16. So we'd have to wait on that population.

But the good news there, it allows everyone to get into the system, everyone to have a guaranteed time, and everyone the opportunity in the future to then move that time up. As we get more vaccine, we will let folks know and allow themselves move up maybe into a supersite. If we can do something at the Raceway again, maybe something more local in their area, but there's definitely going to be a lot of opportunity to move up.

When you add in all where we think we will be, between now and Memorial Day, we feel fairly confident that everyone should be able to get their first shot by Memorial Day, which is pretty incredible. We thought that might take into June, July, or even August later of this year. But the fact that we're talking about March and everyone will be able to sign up by April 2nd, technically, with first shots probably by all -- if all first shots, if not fully completed, by Memorial Day.

So huge opportunity for the State, the system works. We just want to open up that portal. And one thing we've found is that when people actually finally get that appointment locked in, there's definitely a sense of calm, if you will. There's like, okay, I'm in the system. I have something guaranteed. We know that the State can commit to making that happen. And then, obviously the opportunity to maybe even happen and maybe making it happen sooner. Thousands of people this week started moving up into the supersite that we opened this weekend, so always a chance to make things go a little faster.

Last thing I want to talk about and then we will open up for questions is schools. As folks know, a couple of weeks ago, we announced that schools would need to return to in-person instruction for at least two days a week, which they have. And again, we made this decision based on looking at the data and the science, the lack of outbreaks in classrooms, the safety protocols and guidance that we had put into place.

Subsequently, the CDC has kept reissuing their guidance, even allowing and recommending down to 3 feet, not 6 feet of spacing. That all comes into play, because it just gives classrooms more flexibility to be safe and to open it up to larger and larger cohorts and groups. We have still a large number of our schools are in five days a week, full classrooms, using the right guidance, not having outbreaks, maintaining I think a positive educational environment, and doing it safely, which is all very important.

And so, we just want to let folks know that, while we haven't picked a date for it, we know every day more and more schools are coming online to five day a week learning, kind of getting back to normal for the kids, so to say. And so, for those remaining schools that have not come into five days, over the next few weeks we're going to be working with them to try to get them there. We haven't set any mandates, any dates that they have to meet just yet. But that's probably not too far down the road, seeing that so many schools are having a lot of success going to five days.

So, we just want folks to know we are pushing and trying to work with the districts to show them how to get to a five day a week schedule. More and more Teachers are getting vaccinated every day. That system seems to be going very, very well. So, all of that is headed in a very, very positive direction. And we will keep pushing for the five day in-person learning not just in our rural communities where there's less COVID, but every community across the State, because every one of those kids really deserves that opportunity to be in school with that full breadth of opportunity that being in a classroom really does provide. With that, we can open it up for questions. Yes, Adam?

Q&A Session

So, Governor, is it safe to say the phase system is being sort of set aside, once we get to this next week, where they're all just coming at once, basically?

Governor Sununu:

Well, we're done. After this week, everybody who wants a vaccine can get a vaccine.

So 3A, 3B?

Governor Sununu:

Yeah; this is 3. Phase 3, we're kind of putting everyone in, because the system, we've been able to adjust and allow the whole system to move a little quicker. So, 40-and-up, 30-and-up, 16-and-up, that's everybody. That's Phase 3. And everyone who wants a vaccine can get a vaccine, as of Friday, everyone. So that's it.

Curious, the Mask Mandate, I believe it's up soon. What's the outlook on that, in terms of when there might be a change?

Governor Sununu:

Well, the Mask Mandate, we are reupping it for 21 days, same with the State of Emergency and all of that. Yeah, so, as we have done all through this entire process, we just take it in kind of bits and chunks. And we will reup that for at least the new 21 days.

Look, we just crossed 400 cases today. We still have individuals that are 65-and-up that still haven't received their second shot. So we just take that into consideration. It's still not a majority but still a large portion of that population hasn't been fully vaccinated yet.

So those are the types of things we really look at, in terms of making sure we protect that vulnerable population, while we're making some loosening of restrictions. I think Dr. Chan and his Team have done a great job providing additional guidance, loosening things up as things are getting better and better all the time. But, yeah, we will kind of just take it in this next chunk and see where we are in a few weeks.

And just to clarify, those dates that were up there, that's when people should register, or can they preregister now?

Governor Sununu:

No, that is when they should register. So, as of Monday, you'll be able to go into the system and register, can go in, can go in, because we don't want everyone to flood into the system at once. We're just kind of breaking it out.

Each of these groups, there's about 150,000 people in each of these groups, in total. So if, let's say, 50 -- I mean, we hope they all come in, frankly. The system could handle it, if they all came in. But if 50%, 60%, 70% come in, that means we could be registering 70,000, 80,000, 100,000 people at a time in each of these groups.

And it's amazing. When we open these phases, there's really like a one-day surge and it quickly drops off, and a one-day surge, and it drops off. So that's why we can feel confident just spacing them out by a couple days will give us more than enough time for the system to handle the load and give that flexibility to the individual to still have a lot of changes.

And what changes have been made that makes you confident that VINI will be able to deal with the influx, where there were some issues on Monday?

Governor Sununu:

A few; it's just about keeping the funnel as big as possible, working with Salesforce. There's a few different pieces. There's the website piece, right? There's the scheduling piece. There's what we will call the Salesforce piece, which really allows the gates, a lot of the traffic that comes in. And a little bit on all of those, we've just tried to do everything we can to maximize those opportunities at each of those levels. And it kind of compounds on itself.

If the first phase opens up a little bit and the second one opens up a little bit more, and the third phase kind of opens up a little bit more on the IT side, it just creates a lot of opportunity. And we feel very confident that the system can handle it. We've been stress-testing it. So we've been testing the system to make sure that it can handle not just these numbers but even potentially bigger numbers. So we feel fairly confident.

Could it be slow? Yes. Look, any time you have a rush of people in, there's always the potential for things to be slow. Just like Monday, it's not going to crash. It's not going to fail. We have no reason to believe that that's going to happen, aside from someone hacking into the system, which, again, Denis Goulet's been doing a great job with the cybersecurity around this whole process for the past year. So, no, we feel very, very confident about the system. It could be a little slow, I suppose. But I think people are going to have a very good customer experience by gating it this way.

And we don't know exactly. I'm really curious to see. We hope everybody gets the vaccine. You should all get the vaccine. We can't say that enough. But it'll be very interesting to see just how many individuals in each of these demographics take it up.

So you're going to sign up on Monday?

Governor Sununu:

I am, yes. It took me a second to realize. Well, yeah, I guess I am. I am? No. Yes, I will sign up on Monday. Probably I'm not going to be there at -- you don't have to be there at 8:00 a.m., literally hundreds of thousands of spots available. So I will not be signing up at 8:00 a.m. I'll probably wait until the afternoon or something like that. But, yeah.

Governor, you may have people in Phase 3A with a risk factor who may be looking at this and saying, if they're in their 30s, for example, they see that people ages 40 to 49 will be able to sign up before them, despite them having a risk factor. Could you explain the logic behind it?

Governor Sununu:

Well, everybody gets in next week, right? It's a matter of a couple days. But everyone is -- the fact that we are able to put everybody through in such a tight timeframe, the system is just working that well. And we have so much available. We're just gaiting everybody on.

And so, yes, we're kind of foregoing any additional -- all the more significant health-risk factors have been handled. We've given the Doctors all the flexibility in the world, if they really feel like their patient needed to be put ahead of the line. Doctors have had the ability to do that for quite some time. So it really is about age demographics now, when you look at the risk levels.

Can I ask you or Dr. Chan just about the rise in cases? I know Dr. Chan mentioned there's no specific reason. But, is there any message that you'd like to convey to folks?

Governor Sununu:

Yeah, I have a message. I personally -- and I honestly don't know what Dr. Chan would say about this -- but I think we're going to see continually slow rise in cases, potentially for a couple weeks. This is the spring surge, right? I think we're in a very similar surge phase as we saw last year, without the amplitude that you potentially would have saw last year.

The reason we have more cases than we did last year is because we weren't testing, right? I mean, we had a fraction of the testing. You had to have very severe symptoms and be at a very high risk level at this time last year to even get a -- I think we had tests. We had some tests. It was like the initial weeks of testing.

So, I think that you're going to continually see cases to be up and then down, and then maybe even up again. I've always said that. The key for us is hospitalizations and fatalities. That right now is kind of leveled off. It's still bumping up. It's a little higher than I feel very comfortable with, which is why we're sticking with the Mask Order and some of the restrictions in place.

But, I think, in terms of case numbers, there's a bit of seasonality here that you're seeing. We had a huge winter surge. I think the winter surge -- I can tell you it lasted longer than I thought. I thought the winter surge was going to be down closer in the late-February/early-March range. And it went down in March, but not nearly as fast as I think a lot of us were hoping.

Now, we're kind of coming back up a bit. Everything plays into that, I think. I mean, and I'll bring Dr. Chan up and he can correct me. But, everything from COVID fatigue, you see a lot of the stuff happening with students, the key here is you're not seeing it at the long-term care facilities like you were before, because they've been vaccinated, it worked. You're not seeing that older population like you were, because they've been vaccinated. It worked. You're seeing more of an even-spectrum distribution of the cases of COVID, a lot more asymptomatic cases of COVID, and a lot less symptomatic. And that's good. That means people, they might get it but they can work through it.

The last thing is we also have just better therapeutics, right? So, I think more folks are apt to go to the hospital, if they have any sort of potential, which is a good thing. We want folks to make sure that

they're taking care of themselves. And hospitals can treat a lot of these individuals and get them moving forward. If you are having symptoms, the earlier you go to a hospital, the more effective those therapeutics are going to be for you.

So, these are just all tools in the toolbox that allow us to manage the case numbers a little better. But I wouldn't be surprised if the case numbers don't really go down for a few more weeks. I just think that's kind of the phase that we're in. But, again, I always point to Memorial Day and summer, similar as we saw last year.

I believe our case number peaked out last year around May 8th, something like that. So is it realistic to think that our numbers could stay high for another three or four weeks? Yeah, maybe. I don't know. I'll let Dr. Chan put the more scientific bent on it than my just speculation.

Dr. Chan:

Thank you, and thanks for that question. I'm going to try not to speculate too much or pull out my crystal ball. It's always hard to predict what's going to happen during a pandemic. But certainly, cases are rising, right? There is increasing infection in the State. The daily number of new infections shows that. The test-positivity shows that.

One of my concerns is that people have heard about some of the relaxation and restrictions. And my concern is that some people have taken that to mean that there's no need for any precaution, or caution, or any restrictions. And that's far from the truth, which is why we continue to stress the importance that, even as we're trying to find this balance between control of the pandemic and trying to lessen restrictions, we still need people to sort of heed the Public Health advice here.

Take steps to limit their exposure to larger groups, social gatherings; still wear the well-fitted multilayers facemasks. And CDC has guidance about how to get a better fit with your facemask. Continue to practice the physical distancing, and there's a real balancing act, I think, to be had here. It's not all-or-nothing. Even though we're trying to loosen restrictions, we still need people to pay attention to what's happening with the virus. It's still in our communities. It's still spreading person-to-person. We still need people to take those precautions.

And then, the other point here is that we are sort of in a transitional period and also a higher-risk period. We just had February break for some schools. We have April break coming up. As the weather gets warmer, people are going to want to be out, moving around, potentially traveling. And I think there's ways to conduct some of these activities safely, or to minimize risk for COVID-19. And we need people to take those steps.

Certainly, it doesn't take travel, or travel outside of New England, or getting on an airplane to be exposed to COVID-19. People can be exposed to COVID-19 right here in our own communities. It's still in our communities. It's still spreading person-to-person. And so, whether somebody's here on break, or traveling on break, we need people to take the appropriate precautions. Thanks.

Governor Sununu:

Great, if we could go to the -- oh.

I have two. Dr. Daly had indicated, with the Teacher cohort, it looked like about 69% of Teachers, Daycare Staff, childcare have taken the vaccine. I guess for us is that a number that is acceptable to you, and what you expected? And do we know anything about the 30%-or-so who haven't gotten the vaccine? Are they younger? Are they part-timers versus full-timers?

Governor Sununu:

Yeah, so a couple things. Is 70% what we expected? I think that's about right. I think when you look at the populations that we kind of outlined as being potentially vulnerable, the elderly, Healthcare Workers, of course, First Responders, that's why they all came first, we did prioritize Teachers as part of that, just because we want to minimize any fear or anxiety about potential transmission in a classroom. And they -- depending on how you look at each of those groups, around the 65%, 70% range is about what you see in those groups. And then, it slowly trickles down a little bit from there.

But I think it might be too early to know any sub-demographic data within those groups just yet. But we can look into that. I think what we will look at is, maybe in a week-or-so, let's let them all kind of funnel through the system. We will be able to see what the difference between public school classrooms and maybe private childcare, versus administrative uptake, folks that are more on the administration side versus working one-on-one with kids. So that'll be very interesting to see.

But it's good to see that it's higher than 50%. It's good to see that folks in that group are taking it seriously and they're getting the vaccine. And hopefully, that'll keep translating to all these other groups. Oh, sorry, one more.

Yeah, no. I'm just curious, since we got a chance to read the Veterans Home Report. I had some follow-up questions there.

Governor Sununu:

Sure.

In Section 9 of the State's Infection Control Assessment, it indicates that the VA did its own assessment during the COVID outbreak on December 3rd. Have you received and read that VA Report?

Governor Sununu:

Are you talking about the Veterans Home, not the Manchester VA? I just want to be very clear for everybody.

Correct; well, no, but the actual VA did a virtual assessment on December 3rd, during the outbreak.

Governor Sununu:

Yeah, I received a summary on that Report. I don't know if we have a finalized Report. I don't know if there was a finalized Report submitted to HHS. But we got a summary of that Report from the Commandant, herself. But, again, that was kind of during the whole process. And that was a matter of, do

you have what you need? What are you lacking? What's happening with staffing, training protocols, things of that nature, in the moment?

We couldn't send the Team in, during the outbreak. Obviously, we had to wait until after that. And when we did send in the Team with this Report, they followed the CDC Guidelines for Infections for Long-Term Care Facilities exactly as the CDC outlined. And that's why it was nice to see that there were so many positives out of that Report.

I think there's some good lessons learned, new training protocols and things like that, that we have to make sure that we not just put into place, but make sure that we're repeating and training to constantly. But overall, I think it was a very thorough Report.

In that same section, nine, of the State's Report, it says, "Please summarize any changes made in infection prevention and control practices as a result of the assistance from the Federal VA." But that section in the State's Report was left blank. Do you have any explanation for why that part of the Report didn't include that information?

Governor Sununu:

I don't know, unless there wasn't -- I believe that -- I don't have it right in front of me. But I believe that was really pertaining to the assistance received from the Federal VA directly to the Home. So, I don't know. I couldn't tell you why, if it was left blank, because there was no assistance. I think there was. They had workforce assistance, if I remember correctly. But I can't answer without it having right in front of me.

It would appear the Report's incomplete.

Governor Sununu:

Yeah, I can't. I don't have it right in front of me. So I really can't -- I haven't heard that as a complaint or a concern. But we can follow up on it.

Is that something...

Governor Sununu:

Because, if I may...

Should that be made public, I guess? Is this something? It's a Report that's complete by the Federal VA that was in the timeframe of the actual outbreak. Shouldn't the public be able to see that now?

Governor Sununu:

I would think so, at some point. It's all about timelines, sorry. So, just to be clear, as soon as the Report is done, obviously you've got to give folks a chance internally to review it and make sure that -- take any actions that might have to be taken immediately, or whatever it is. And then, at an appropriate

time, of course you make all that public and you release that publicly. So I don't know the timeline we're talking about. And if it's a Federal Report -- you're talking about the Federal Report?

Yeah, so the State Report includes a section that says essentially please say what changed from the Federal Report, but that's blank. It's just there's no information there.

Governor Sununu:

I can't comment on the Federal Report, because that's not the State Report. We didn't do the Federal Report.

But the State Report says, please summarize what was in the Federal Report.

Governor Sununu:

Yeah, again, you're kind of going back to the previous question you just asked. We can go back and look, and to see why certain things may have not been included, or if there was anything -- if there just wasn't anything to report in that section.

Right.

Governor Sununu:

But the thing, I guess, I want to stress is this isn't just done, right? We will continue kind of a constant review process, not just during COVID, but even outside of COVID, once we get on the outside of this thing, just to make sure that, again, we're constantly reviewing ourselves and internal review. What are the needs? Where are the gaps in the system? Where do the training protocols need to be updated, whatever it might be? So this isn't like a one-and-done. We're just going to constantly update ourselves and make sure that we're staying on top of it.

Just to be clear, you believe you can release and will you release then the VA Report, or the summary that was delivered to you?

Governor Sununu:

The State Report.

The Federal VA Report that we...

Governor Sununu:

I would have to go back and looked to see. I don't know if I have the authority to release Federal Reports. I'm not the Federal Government. So, honestly, I don't want to commit to something here when I just don't know what authority I would have with the Federal Report. That may have to come from the Feds, and the Manchester VA. We don't run the Manchester VA, and that side of the system, if you will.

When it comes to the New Hampshire Veterans Home, that's a State-run facility. That's where we do the internal investigation, which was done very well, very thoroughly. I got to be cautious. I just don't know the rules surrounding the Federal Report aspect of this.

From a philosophical standpoint, though, should the public know? I mean, should the public know and have some idea of what...

Governor Sununu:

Oh, sure. Oh, yeah. No, I don't think there's any question about keeping information private or anything like that. It's really, I think, more of a timing thing. But I just can't speak to the Federal Report. I'm sorry. Yeah.

Governor, what we saw over the weekend with J&J vaccine, the school, sick outs, if you will, a number of Teachers and Staff in Concord, Hopkinton.

Governor Sununu:

Sick outs, is that what you said?

Well, yeah, in other words, some of the Teachers and Staff, who were sick that they canceled school.

Governor Sununu:

Oh, all the Teachers that called out at once. Yeah. I got it. Yeah. I see, sorry.

And see, it seemed to be an anomaly, something we really haven't seen happen since these vaccines began.

Governor Sununu:

It was a true anomaly.

But do we know anything about what happened there?

Governor Sununu:

No.

And should it cause anybody...

Governor Sununu:

It shouldn't cause any...

Were you concerned about getting...

Governor Sununu:

We don't have any reason to believe that there's any concern. A lot of Teachers in a single district all called out at once, on Monday, after getting the vaccine. But, there's no reason to believe that this was a true anomaly. I can't explain why those Teachers all called out exactly.

But I would just say there's no additional information to say that there's something different going on, by any means. The vaccines are very safe. They still have very minimal side-effects. There are some. I talked to a woman who had a achy arm today. My father, when he got the second shot of the vaccine, just had some -- was feeling a little tired the next day. So there's some minor things like that that are to be expected. But I can't speak to why all the Teachers called out on the same day from the same district.

Kathy McCormack with the Associated Press:

Hi, thank you. I have two questions. I noticed that the Speedway vaccination site this weekend, it was announced that participants would be getting the Pfizer vaccine. Going forward, as more people register for their appointments, regardless of where they schedule them, would it eventually be possible for them to find out ahead of time which vaccine they will get? And related to that, isn't the Pfizer vaccine the only one approved for 16-year-olds at this time? And signing up a 16-year-old next week, for example, how would you know you're going to the site that's offering the Pfizer vaccine?

Governor Sununu:

Great question, Kathy. I feel like I threw you a softball. Thank you for bringing that up. So, yes, this week the supersite happening out at the Speedway will be a Pfizer vaccine. We do know that now and we can announce that.

For the majority of sites across the State, we still won't know, because we're never quite sure what we're going to get. But, there are certain sites that we will designate, especially around the 16-year-olds that can only -- the 16- to 18-year-olds, only the Pfizer can be given to that group. And we will make sure that those sites that are Pfizer-only -- and there'll be a couple of them -- are denoted on the website. Is that right, Perry?

Commissioner Plummer:

All our fixed sites will have that.

Governor Sununu:

All of our fixed sites will have that identification. So, yeah, going forward, that's a great point, as we hit some of these areas where the vaccine may be specific. But there are still a lot of times when you may not know up to the minute, if you're booking way, way in advance. We just may not know how much Moderna and Pfizer we're going to have a month in advance. But you can still book your appointment.

So, it's not like you can pick-and-choose just yet. Hopefully, we will get to that point. Hopefully, we will get to the point, to take the question a little further. Once we get through the bulk of this final phase, 3, I think the goal is to get to the point where the pharmacies and your Doctor, they're the ones that really have the vaccine. And I think there'll be a little more specificity. You can make a little more of a decision for yourself, in terms of what vaccine you want to take and when. But, again, we're just trying to get everybody through the system as fast as we can. And so, we just ask folks to be patient and be flexible with the vaccine that they're given.

Kathy McCormack with the Associated Press:

I was just wondering, too, with more people being able to register, how many more sites would be opened to accommodate that? And would more Staff be needed to help vaccinate them?

Governor Sununu:

Yeah, I'll ask Perry to come up and talk about how we're managing the sites on the system.

Commissioner Plummer:

Thank you very much. We have plenty of capacity in our fixed sites. Rather than adding additional fixed sites, we are adding additional partners, whether it be through the Federal Program, the partnership with pharmacies. We will be adding more pharmacies, and we will also be adding other Healthcare Partners as we progress. But our fixed sites right now can handle the capacity all the way through Memorial Day.

Nancy West with InDepthNH:

Yeah, good afternoon, Governor. I have two quick questions and would you like them one at a time?

Governor Sununu:

Let's do them one at a time, if you don't mind, Nancy. It'd be great.

Nancy West with InDepthNH:

Oh, that would be great. I know this first one has been on your mind a lot, and that's relative to psychiatric patients who are boarded in hospital emergency rooms, because there's not enough capacity at the New Hampshire Hospital. And that hit the Supreme Court today. And I wonder. I heard there's 53 adults and 33 children as of Monday being boarded in hospital emergency rooms. And in the case today, the woman had been held against her will in an emergency room for 17 days without a probable cause hearing. So, that was what the basis for the arguments were today. And the State Department of Health and Human Services argued that it would be up to the individual hospital to provide treatment before a bed opens up at the New Hampshire Hospital, and that no hearing is required until a patient actually reaches the hospital. And I know this has been a problem that's been on your mind. And it's been ongoing since 2012. I hear there's been 8,000 people who have suffered in this way. And I'm wondering. What would you tell these families that have children and relatives in emergency rooms waiting now? Is there any help for them in the near future? Or is this going to be some long-term solution?

Governor Sununu:

So, look, it's a great question in that working with not just getting where I think we made huge progress, when it comes to the mental-health crisis that we inherited in 2017. Everything from much more funding through the 2017 budget, through the 2019 budget, really attacking the issue, trying to focus a lot of our efforts on community-based care, mental-health care. That's oftentimes where you can get some of the best care, some of the best preventative services, as well.

The amount of money we've put into the system is unprecedented. We have a lot more money and opportunity to put into the system. The dollars aren't really the issue. As you know, we've put dollars out and bids out for more designated receiving facility beds. And in many cases, nobody even bid on those, right? So we realized very quickly there's a workforce issue, right? We're trying to get more Workers in and using not just the funds that we have available today. Obviously, the workforce issue was really compounded through COVID, which really saw, going from almost nobody waiting in an emergency room situation just prior to COVID, to seeing these very high numbers over the past 12 months.

So, I think as the workforce comes back into play, naturally more beds are going to open up. There are beds out there that are not being filled today, because there's literally no Staff to manage a lot of those beds, not New Hampshire Hospital but beds all across the State. New Hampshire Hospital's not the only solution, when folks need inpatient in-depth treatment and care.

We've convened not just a group and to study it, as you know I don't like Study Commissions. I think that's just kicking the can down the road. Working with the Legislature to move some initiatives forward; everything from more flexibility, in terms of how we bill insurance, which sounds like an indirect issue but can often create pathways for better care for individuals, if they know their insurance can pay for a lot of these community-based services, these more peer-to-peer counseling-type services.

Initiatives to increase the workforce capacity; as you know, I've been putting forth for three years now trying to get my plan to have student payback programs, so student loan payback programs, I should say. We're looking at opportunities to expand the ability for folks to essentially work for an organization but still go to school and get paid while they're doing so. And so, not just paying down their debt on the backend, allowing them to be paid on the frontend, while they're going for schooling and training, and really being a competing, if you will, with the surrounding New England States and the surrounding opportunities to make sure we're driving that workforce in.

In terms of the court case, I really can't comment on that. A, I don't know what happened in court today and it is a legal proceeding. So I have to be honest. I don't feel comfortable commenting on anything that might have happened in the courtroom.

But the situation is very, very real. And the situation is very real for those parents, who are going through kind of for many parents it's the first time they're going through something like that. It can be very scary to have a child in such a situation and not have immediate answers. I can imagine that is a very scary, very high-anxiety situation for a lot of these families.

So, a combination of hopefully getting more of these DRF beds up-and-running, a combination of making sure that the changes and we've built more beds at Philbrook, as you know. We've opened more beds at the State level to allow more transition beds, if you will. We've have a better partnership with some of the private Providers to provide beds in a more appropriate setting for children. So that has opened more beds up at New Hampshire Hospital. So it's a bit of a domino effect of opportunity that we've already started down the path of. And those beds are up-and-running and open today.

But COVID has created an unprecedented amount of demand on that system. There's no doubt about it. The mental-health system was on the path and continues to get better all the time. But with COVID, we had this massive influx of very, very high demand.

I'll say this -- and I'm going to ask Commissioner Shibinette to come up and add whatever she wants to add in -- I got to tell you. The fact that our Commissioner of Health and Human Services used to run New Hampshire Hospital, understands these issues, has worked with families and parents, and children on a one-on-one level should give a lot of folks a lot of solace that we have the right folks attacking this issue at the right levels to make sure we get not just some short-term solutions, but real long-term, strategic success, not long-term, strategic planning. Everyone can plan.

The success is going to lie in a much more robust, community-based, mental-health system, a much more decentralized system. I think a lot of us believe that it can be done. There's a lot of dollars that we can invest into those systems. You got to have the workforce behind it, as I've been talking about. But it is a very real thing.

We can talk about systems and funding, and all that all day long. That doesn't give a mom who's watching her son sit in a bed in a hospital for weeks or even more on end a whole lot of comfort, because she's living that moment. And I think that's something that we need to make sure that we're carrying that empathy and that connection with. That's the anxiety that a lot of these parents are feeling all across the State, and frankly all across the Country.

New Hampshire's not immune to this situation at all. All 50 States, I've talked to Governors in virtually every State, all 50 States are dealing with issues with mental health for both adults and children right now, because there's such a demand on the system, much of which is driven by COVID. So we're not unique in that.

But, again, for that parent that's sitting there in that situation, that's a very tough place to be. And so, we're going to do everything we can to provide real solutions at the frontend for a lot of these folks. But it also does take some long-term strategic planning, solutions, and actual implementation to actually make sure that New Hampshire can be that gold standard for where we want to be with community-based mental-health. So, that was a lot. I understand. I don't know. Commissioner, did you want to add anything?

Commissioner Shibinette:

No.

Governor Sununu:

Okay. I think we're good. All right, thank you.

Nancy West with InDepthNH:

Yeah, Governor, do you have final say over what information is released relative to COVID, and whether different news outlets can speak with Health Officials outside of the press conferences? I know we've been -- at InDepthNH.org, I've been asking for a year to speak at different times. Maybe it's a story we're working on that's not on a press conference day, and have been told many, many times that they're just too busy. So I'm wondering who's in charge of releasing this information. There's documents, as well, that I've requested and that we have not been able to obtain.

Governor Sununu:

Sure, so, I mean, I can't speak to any one individual press outlet or another other than to say we try to make ourselves, not just from the Governor's Office, folks at Health and Human Services, the folks at Emergency Management, all the way on down, Safety, I mean, the National Guard. Everybody really comes into play, especially around the COVID crisis. We try to make all of ourselves as available as we can, given that folks are really putting 27 hours a day into getting through the crisis.

So a lot of times, we rely on these press conferences. That's why we do them on such a regular basis. We put everything out on our website. Any document that is public and available for the public that relates to this goes out on the website.

I don't have final say on who talks to the press or anything like that. I think a lot of these ultimate operational decisions may come through our office. So obviously my office tends to be kind of a clearinghouse, if you will, for a variety of different issues surrounding COVID. But, no, we don't keep anybody from the press. We don't do anything like that.

If you're looking for public documents, they're on the website. Dr. Daly, for example, and her Team are the ones that really designed the data that comes out and which demographics we look at, which populations we look at, and really trying to do those predictive analytics, I think, in a very robust way to make sure that it's a little easier for folks to digest and take in that data. But it's really a team effort across the board.

Carol Robidoux with Manchester Ink Link:

Thank you. Hi, Governor. I have two questions. First one I'm asking on behalf of several bar and restaurant owners in Manchester. They're interested in hearing today about the data being used around restrictions that affect their businesses, particularly the restrictions on standing or dancing, and when those restrictions might be adjusted. For example, what's the difference between standing and playing games, or standing at a bar to have a drink? And also, the data being used to determine that being seated to eat and drink with the mask off is somehow different than standing at a bar with your mask off, it's the same air circulating in the bar. And they can also open their windows and doors, this time of year. And so, I think it's really just

capacity issues. If people are seated, that that restricts their capacity as a bar, if they have to have every body in a seat. Can you speak to that one?

Governor Sununu:

Sure; well, just a week and a half ago, we created more flexibility for restaurants and bars, music venues, having more flexibility with what music and live music could be played. So, we just went through a whole round of more flexibility for restaurants. And again, we will kind of see where the numbers look from there.

The cases are rising in this State. There's no doubt about that. So, I'll point to that datapoint right off, just cases are rising. It's not because of restaurants, per se. But we just need to be cautious. But we are constantly providing more flexibility and will continue to do so in these final weeks, as we get through these final weeks and couple months of the crisis.

So, we just opened up a lot of opportunity for restaurants and bars, frankly. And we will continue to do so. But let's be realistic. We were averaging about 200 cases a day. I have over 400 cases today. And I guess I'll just leave it there. There's other venues, not just restaurants and bars, we're providing more flexibility to, as well.

Carol Robidoux with Manchester Ink Link:

Okay, yes, there is. And I guess I would just tack onto that first question that would like to know more about the data being used to particularly make determinations about bars and restaurants. I mean, we can talk about that at another time.

Governor Sununu:

Rising cases, Carol, rising cases. That is a -- rising cases, the fact that hospitalizations isn't going down, the fact that we've seem to hit a stabilization point, especially in some of our smaller city areas of Nashua and Manchester. Those numbers have kind of stopped dropping. So we just need to, again, not just open everything up, but be a little bit cautious. We're providing more flexibility. But we're being cautious. And I'm telling you exactly the data that we're looking at.

Carol Robidoux with Manchester Ink Link:

Okay. And that's a lovely segue to the next question which is, I've been looking at the COVID overview dashboard pretty much for a year. But I don't see data about the percentage of those with the most severe cases, those requiring hospitalization, or those that result in deaths, that have preexisting conditions, which is obviously something we've learned puts people at higher risk for severe outcomes. And I wondered. Is that data available and I'm not finding it? Or do we not find that to be relevant to tracking cases?

Governor Sununu:

Yeah, I'm going to ask Dr. Daly to come up. She's been looking at a lot of this data.

Dr. Daly:

So, thank you for the question. The question is about whether or not we track underlying medical conditions for severe illnesses and deaths, which we do. The data are not publicly available. What we have observed is not unlike what we know about COVID, just from the basic science that people with underlying medical conditions are more likely to be hospitalized and die.

We don't release specific information about people who have died, in the interest of privacy and respect for those individuals. But obviously the vast majority of deaths have occurred either in older individuals and those who have been under the age of 60, have had underlying medical conditions, except perhaps for a very, very small, less than five or 10 individuals who we're just unsure if they have an underlying medical condition or not.

Michael Graham from New Hampshire Journal:

Thanks. I've got a question for the Governor in just a second. But first, I want to start with Dr. Chan, because I'm trying to understand the position on fully-vaccinated people being asked, urged, required to wear masks, continue to socially distance. And science was not my strong suit. So maybe I just need smaller words. But, I'm looking at study after study that show that asymptomatic, excuse me, infection goes down to very, very low when you're fully vaccinated. The casual conversation I'm hearing, Dr. Chan, makes, I think, some people think that, if you're vaccinated, you walk around like the virus is, like, on your sleeve, or something, or it's sticking to you, as opposed to what I think is the case, which is you still get infected, which rarely happens. It's an asymptomatic infection and therefore you're a spreader. So, you can start with the basic science, if I'm right about that. And if this is the case that you're telling people as you did last week that they have to keep wearing masks long after they've been fully vaccinated because the risk is less than zero, there's never going to be a point where the risk of catching COVID is less than 0. 3, 5, 10, 12, this virus is going to be with us probably for a long, long time. So, does that mean the mask wearing never ends? And given the numbers you've already seen about vaccine hesitancy, you have sectors where you just acknowledged in the press conference that 70% of people are getting vaccinations, 30% aren't. How does spreading the message of mask wearing must continue long after vaccination encourage those people on the fence to get their shots?

Governor Sununu:

Yeah, I'll let Dr. Chan take the first half of that.

Dr. Chan:

Yeah, thanks for that question. I think this is an important point to make. I think there's a couple comments to make on this. The first is that we are in a transitional period, right? We are working on getting vaccine out as quickly as possible. But currently only about 14%, I believe, of our population in New Hampshire's fully-vaccinated, meaning they've completed their COVID-19 vaccine series, or if it's the Janssen vaccine, it's a single-dose series.

Your characterization of I think the risk of asymptomatic infection going way, way, way down, I think, is not necessarily supported by the data. I would say that we believe that the risk for asymptomatic infection after full vaccination does go down. The data is still emerging on this. It's

difficult to fully quantify. And these are new studies that have come out in the last several weeks. And so, I think the bottom line is we don't know how much the risk goes down for asymptomatic infection, when somebody's fully vaccinated.

The other point of this that we don't really have a lot of good data on is the risk that somebody who's fully-vaccinated can pick up the infection and then spread it to other people. Again, we think likely the risk is much lower than somebody who's not vaccinated. But how much lower is still unclear.

And so, it's still important, when you have only 14% of the population fully-vaccinated, we're in this transitional period of trying to roll out more and more vaccine. From a population-health perspective, attempting to control spread of this virus, it really needs to be a multilayered approach that will increasingly rely on vaccination. But, until we have a much higher percentage of our population vaccinated, for the protection of not only the person who's vaccinated, but their family members, their community, the State, as a whole, we still need people to implement multiple layers of protection -- this physical distancing, the facemask use -- because we know that vaccines are not 100%.

People can still become infected even after full vaccination. People likely can still transmit that infection to other people, even though it's likely lower. We don't have good, solid data on these two points yet. And so, in this transitional period, we're continuing to stress the importance of physical distancing and facemask use, even for people that are fully-vaccinated.

Now, that should not turn people off from getting vaccinated, right? The whole goal of getting the vaccine is to be able to relax the restrictions, pull back on the physical distancing, at some point pull back on the facemask use. So, these are not measures that are going to be in play forever. But these are measures that are still important in this transitional period that we're in right now. Thanks.

Governor Sununu:

And I would just add, from a practical standpoint, while I think the transitional period point is very, very important, if we said, if you've been fully-vaccinated, you don't have to adhere to any rules. You don't have to wear your masks. You don't have to do anything.

Now, you're getting to the point where people are going to -- we're not going to be giving people official government cards, you're vaccinated. You're not. It's the haves and the have-nots. Now, you're really segregating people out. And you're going to cause a lot of problems in a variety of different areas.

So, it is a transition period. We're erring on the side of caution, as we transition through, until the point where I think we feel comfortable moving forward on a lot of these restrictions: the Mask Order. And all that is literally weeks or a couple months away. I mean, it could be a couple weeks. It could be a couple months. Somewhere in between is probably the reality, based on where the data takes us.

But, again, we ask folks to be patient. We're not at the end of this. We're in a transitional period and we don't want to create segregated populations of the have and have-nots, the masks and the mask-less, so to say. We're just asking folks to all adhere to some prudence and a little more patience, as we get through the spring.

Michael Graham from New Hampshire Journal:

Just very quickly, you may have seen the poll out today, Governor, from UNH, showing that the vaccine-reluctant community is disproportionately made up of Republicans, Conservatives, Trump-voters, etc. Do you think that Republican Officials, like yourself, have a special duty to try to reach these people who

are reluctant to get the vaccine, and should either speak out more or do more? And do you have any ideas as to why it is so disproportionately among Republicans, Conservatives, and Trump-voters that vaccine-reluctance is common?

Governor Sununu:

Yeah, the vaccine is not political at all. There's nothing political about the vaccine. You can make the same argument that young people will likely take the vaccine at a disproportionately lower rate. So, therefore, we got to get the young Leaders to get their folks into the mix. You can split up those demographics in a variety of different ways. You could do it regionally. Right now that same data looks like folks in more rural, or the northern part of the State, are less likely to get the vaccine than those in the southern or more metro areas of the State.

So there's always a way to slice it up. And there's always a way to look at it. If you ask the question based on politics, you're going to get a segregation that is political, right? So it's really the question. That question was asked with a purpose of defining us, Republican versus Democrat, when it comes to the vaccine. I think that's horribly irresponsible.

Everybody should be getting the vaccine. Everybody should know that it is safe. If one geographic area, demographic by age, political party, left hand versus right, I don't know. I mean, so you could look at data 100 different ways to start segregating why certain folks aren't doing certain things. And I just think that's a very dangerous place to be.

We need to look at the State as a whole, 1.356 million people. Everyone really needs to look at getting the vaccine, except for the 16-and-unders [ph]. They're not allowed yet. But I don't adhere to any of that political nonsense.

Alli Fam with New Hampshire Public Radio:

Okay, thank you. So, I have two questions. First one is, as everyone in the State becomes -- or 16-and-older becomes eligible to get the vaccine, is that going to include college students who don't have a New Hampshire Driver's License, but who might be residing in the State for school?

Governor Sununu:

No, it's for permanent New Hampshire residents. If you're a resident of Colorado but you're going to school here, no, you cannot get the vaccine. You can go to Colorado and get the vaccine for Colorado residents. But you will not qualify for the vaccine here. This is for permanent New Hampshire residents. I'm sorry. Was there another question?

Alli Fam with New Hampshire Public Radio:

Yeah, and I'll go for that one now. So my second question is Republicans in House are loading up the budget with some Policies that you opposed, including items to limiting Governor's executive powers in emergencies, undue sanctions levied against businesses that violated State COVID Guidelines, and HB 544, so-called Divisive Concepts Bill. And you said that, with this Bill, in particular, you view it. So I'm wondering what do you think about it being in the budget?

Governor Sununu:

Well, I would say I think the whole budget process over in the House has gotten a bit offtrack, frankly. I don't think it's financially balanced. I think they're adding a lot of nongermane things. So, it's not -- we've seen this kind of stuff before. It's the very beginning of a long process.

The folks, Chuck Morse and Senator Hennessy over in the Senate, I think, are going to really pick up the reins, and especially Senator Morse has gone through this process quite a few times. So, it's unfortunate but it's just a very early part of the process. The budget is going to look a lot different by the time that the Senate gets through it. And hopefully it comes to my desk as something that's balanced, that's financially responsible, that's fiscally responsible, and is germane.

I mean, if they want to take those Bills separately, that's their choice to do so. But they should do that. They should not be attaching nonbudgetary items to a budget just to try to hijack it or get it through. So, whole process has gone a little bit off-the-rails in the House, but nothing that worries us too much.

Adam Sullivan with WCAX:

Governor, another question about reluctance to get the vaccine, there have been Reports and surveys suggesting that younger people, specifically 30-and-younger, are more reluctant, for a variety of reasons, to get the vaccine. Is that concerning to you? I know you addressed this a moment ago. But is that concerning to you? And what is your pitch to that specific age group?

Governor Sununu:

I don't think I have a pitch to the 20-somethings as different than the 30- or the 40-, or the 50-somethings. The pitch is everybody should get it. It's safe. It's viable. It's important to make sure we reduce community spread and any of the potential risks that it could bring -- that COVID can bring even to a younger population.

Obviously, it's not a secret that the younger population is more asymptomatic, has less symptoms, much less risk for death or anything like that, which is wonderful. But I am a big believer that everyone still has a responsibility from a community standpoint, in terms of getting the vaccine. But to be honest, that's the same pitch for everybody. I don't really segregate by the demographics. Okay.

Governor, do we know if there's been any cases or deaths among people fully-vaccinated? And is that something that the State is tracking?

Governor Sununu:

We're tracking it a little bit other than to say if there were any cases of fatalities with anyone who had received a vaccine, and each of those cases is very few, but, in each of those cases, those folks, they had contracted COVID prior to getting the vaccine. So there are no known cases of folks getting the vaccine, allowing their antibodies to build, then getting COVID and dying. So there's no cases of that.

But I think, as we first came into the process, some individuals in the long-term care facility, there were some folks that looks like they had COVID, even before they were vaccinated. They got their first shot and then passed away.

The data also just reaffirms you need that second shot. It doesn't -- you're not kind of protected with the first. You really need the second shot for it to be viable. And give that a week or two weeks for your antibodies to build up to have full protection there.

If we do hit a wall at some point where signups and vaccinations start to go down, and supply is still going up, is it possible that you will throw open the potential for vaccination to the college students who might want it, just because we have so much left over?

Governor Sununu:

Oh, sure. Oh, no. No, at some point the answer's yeah. At some point, I think it becomes much more flexible, like getting a flu shot, right? We always talk about that. But the practical timeline of that, though, is if you look at the 40-, 30-, and 20-somethings, the everybody else's [ph] that we announced today, they can all sign up next week. The first shots that will be likely available between now and the end of May will likely allow that group to get first shots for New Hampshire residents.

If you were talking about an out-of-state college student, even if they were on the backend of that group, they wouldn't be getting their second shot into June, potentially. And they wouldn't be here, right, because schools and most colleges will end in May.

So, even from a practical standpoint, it doesn't make much sense to offer it to out-of-state college students that are currently here. It just makes more sense for them to go back to their State, be part of their system, and get the vaccine while they're home.

Do you anticipate that'll change by the time the fall rolls around? Just so I mean, your instincts of go back to Colorado, doesn't that put Durham at more risk if somebody's like, all right, well, I'm going to get on my plane and...

Governor Sununu:

Sure, potentially. I mean, look. I think it's safe to say all of America's going to have a shot at the vaccine and be fully-vaccinated well by the middle of summer. And then, we will look at kind of coming into the fall. I think, at that point, it's at Walgreens. It's at your local Doctor. Everything is a bit different in the fall.

We're not making any predictions on what that will be just yet. But we will have a couple months to kind of look at that data, look at protocols in colleges. Some colleges might still have certain protocols and restrictions in place. That's possible, while the States are a little more flexible. We will look at all of that and make sure it's an easy glide path for anyone. But, clearly, come the fall, we're going to have a lot more flexibility with vaccines, without a doubt.

Now, I will also add there could be a booster, right? They could say, well, every six months, the older population needs a booster, or every year. So we don't know what the long-term requirement demand will be for those populations. And that will dictate how much vaccine we really have available.

But, overall, I feel very confident in saying we're going to have plenty of vaccine available, based on the manufacturing rates that we've been hearing out of Washington, and from the Manufacturers, themselves, plenty of vaccine available by midsummer. And really, as it comes in today, we get it right out. And the fact that it looks like everyone in the State could get a first shot before May is even done is

pretty awesome. We're definitely way ahead of schedule and going very quickly, and definitely the fastest in the northeast.

Okay, great. Well, thank you, guys, very much. I hope everyone has a great weekend. We will be back next week. A lot of good stuff moving forward, but keep checking in. Even if you're in the VINI system, keep checking back in that system. As we get more vaccine, that'll open up more opportunity for folks to move themselves up. There seems to be still a few spots left on Sunday for the supersite, so folks can move themselves there. And by the end of next week, we will have everybody into the system that wants to be. So, we will see you next week. Thank you, guys.