



Office of Governor Christopher T. Sununu  
Press Conference  
Wednesday, October 27, 2021, at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon. Hey, David. How are you? Good to see you. I saw you with Governor Scott yesterday.

**David:**

Yes.

**Governor Sununu:**

We like to have you here on the 603. Well, good afternoon, everybody. It's great to see everybody. A couple things, before we get started, I'm going to kick it off for a Public Health update with Dr. Chan in a moment.

Just again something that we alluded to earlier, we are going to start resuming our weekly COVID update, because unfortunately, as we had predicted months and months ago, that fall surge, that winter surge that we talked about, really exactly as we had predicted, unfortunately is upon us. And we are seeing both cases, hospitalization, and some of the effects of the seasonality, if you will, of this viral surge. We have the flu coming on.

So, we just have a lot of health conditions that we want to make sure people are aware of, in terms of where we are with COVID, what tools that we're providing, all the new resources that are coming into the State, and how they're being implemented, because, unfortunately, we still very much have to continue to manage the COVID process for the State.

We continue to do very, very well, without a doubt. We continue to create great opportunities and great access to both the vaccine and testing materials across the State, with new opportunities coming all the time.

We've always tried to stay ahead of the ball, not to be in a reactive situation. I think the State has done a phenomenal job at that. So knowing that we did predict this months and months ago, we've been working hard for the past couple months, building up our infrastructure, building up our resources, preparing, unfortunately, for this winter and fall surge.

So, we do feel very ready. But it is something that all of us within our communities, our families, our schools, our workplaces have to acknowledge that COVID is going to be with us. And it's going to be something that we're going to have to contend with for some time. With that, I'm going to kick it over to Dr. Chan for a Public Health update.

**Dr. Chan:**

Great, good afternoon, everybody. I have number of updates for today. First, a quick numbers update. As many of you have heard, or are aware, our infectious disease reporting surveillance system was down over the weekend. And so, we're still in the process of getting caught up and going through some of the backlogged cases and reports that came in over the last several days.

But I think it's safe to say that we continue to have high levels of COVID-19 in our State and across the different counties. We continue to have a high or substantial level of community transmission. Statewide, we are averaging 500 to 550 new infections per day and our test-positivity rate continues to be around 6%.

I do have updated hospitalization and death numbers, however, for today. Hospitalizations remain high with 207 people currently hospitalized with COVID-19 statewide. And then deaths also continue to be high with four new deaths from COVID-19 to report today, and then seven new deaths from COVID-19 that were identified yesterday, bringing the total number of people that have died from COVID-19 in the last couple of days to 11. So the total number of people that have died during this pandemic stands at 1,556. 6 out of these 11 people that have died in the last couple of days are associated with long-term care facilities.

In terms of vaccinations, COVID-19 vaccines remain readily available and are still the most safe and effective way to protect oneself and prevent spread of COVID-19. We've highlighted these numbers in the press conference before. But I want to reiterate that we know that vaccines are protective of people.

Unvaccinated people are at a 5 to 6 times higher risk of infection, a 10 times higher risk of hospitalization, and an 11 times higher risk of death from COVID-19, when compared to people who are fully vaccinated, excuse me. So, people who have not yet taken the step to become fully vaccinated are encouraged and strongly recommended to do so.

I want to update everybody on booster doses. We've been asked to provide numbers for booster doses administered within the State. According to CDC data -- and this is coming from CDC's data, not the New Hampshire IIS. But according to CDC data, there are more than 12,000 New Hampshire residents who have received a booster dose, which represents about 1.5% of all fully vaccinated people. So we still have our work cut out for us. We're getting booster doses rolled out to people.

I am pleased to say, though, that booster doses are now available for people who are 18 years of age and older, including people who got their primary COVID-19 vaccine series with either the Pfizer vaccine, the Moderna vaccine, or the J&J Janssen vaccine. In fact, people who received the single dose Janssen vaccine should, are recommended to receive a booster starting at least two months after their first dose. This is regardless of any health conditions or risk factors that a person may have. If you got a single-dose Janssen vaccine, you are recommended to get a second, or booster, dose at least two months after your first dose.

For people who got either the Pfizer or Moderna vaccines for their primary series, they are able to receive a booster dose starting at least six months after completing their primary series. And this is particularly important and recommended for people who received one of the MRNA vaccines, one of the Pfizer -- either the Pfizer or the Moderna vaccines for their primary series and may be at higher risk c of their age, because they're living in a long-term care facility, or because of a chronic medical or health problem.

We're also pleased to announce that heterologous dosing, also called mixing and matching of vaccine products, is now also allowable for people who are seeking booster doses. So, the mix-and-match vaccine strategy is an option for booster doses only, so that somebody who got the Janssen COVID-19 vaccine can get a booster dose with either the Pfizer or the Moderna vaccines. And in fact, some studies have shown that this mix-and-match approach can result in higher antibody boosting levels for people that got their first dose with the Janssen vaccine. So there are options available for people seeking booster doses.

And then, finally, the last thing I want to comment on is that we are looking forward to being able to vaccinate children, specifically children 5 to 11 years old. Many of you may be aware that the FDA's Science Advisory Committee voted yesterday to allow vaccines to be used and administered in this age group, the 5- to 11-year-olds. This recommendation still has yet to be formally adopted by the FDA. And then once it does -- or is formally adopted, it needs to be discussed and recommended by the Advisory Committee on Immunization Practices and the CDC in order to be able to start administering vaccines to children 5 to 11 years of age.

So this is a process that is currently playing out. The CDC and their Advisory Committee on Immunization Practices is set to meet next week. So we are hopeful that possibly by the end of next week, the beginning of the week after, that we will be able to start administering vaccines to children 5 to 11 years of age. That's all I have for an update. I will hand things over to the Commissioner. Thanks.

### **Commissioner Shibinette:**

Good afternoon. Just a few updates from me today for outbreaks, as an outbreak update, we are announcing three closures from the past two weeks. Cheshire County Department of Corrections; Lebanon Center of Genesis; and Summercrest Senior Living all closed their outbreaks the last two weeks.

We have seven new outbreaks to announce: All-American Assisted Living; Brookdale Spruce Wood; Edgewood Center; Golden View Healthcare Center; New Hampshire State Prison for Men; Riverwood Manchester; and Woodlawn Care Center Nursing Home. That brings our total to 16 institutional outbreaks that are current.

Some more news, just an update on our testing sites. As you know, we opened four new testing sites in the last week or 2. 2 opened 2 weeks ago; 2 last week: Manchester, Claremont, Nashua, and Newington. In the last week and a half, we've tested over 2300 people at those four sites, and they still have additional capacity to do additional testing. So those test sites are available. And we encourage the public that need testing to make an appointment at those sites. Most of the traffic through those sites have been word-of-mouth, but they are fully up-and-running and really are open for business.

The last update I have is around the Homebound Program. We are relaunching our Homebound Program. Any residents that are unable to leave their home that want a booster shot, or even if they're looking to get their initial series, we are ready to start vaccinating again. This is going to be through our onsite Contract with Onsite Medical.

So we will be releasing the details today in a press release. But to make an appointment for someone to come to your home and start the vaccination series, or to give you a booster, residents can call (603) 338-9292, or you can go to [www.onsitenewhampshire.com/vaccine](http://www.onsitenewhampshire.com/vaccine) and fill out the form to request an appointment. Thank you very much.

## **Governor Sununu:**

Great, thank you, Commissioner and Dr. Chan. A variety of things to talk about a little bit and just to build on what both the Commissioner and Dr. Chan were discussing. Obviously the very good news with the FDA's Advisory Committee voting to recommend a child-sized dose of the Pfizer vaccine, it is a different dose than the adult-sized dose. It's a welcome step that now goes before the CDC. And as Dr. Chan said, we expect that official ruling to -- and with the recommendations for the administration of that vaccine to come within the coming days.

Obviously opening up availability to more age groups for the vaccine is just another big step for us, another big step in making sure our communities are protected and making sure parents and kids, if it is their choice to get the vaccine, that they have that accessibility, that it is available to them. And it does add obviously additional layers of protection. It's one of the most powerful if not the most powerful tool we have in the toolbox to managing the COVID pandemic.

The first step, we've gotten some questions from some parents in terms of, well, what do we do next, if we want the vaccine? Well, the first step we always recommend is to talk to your Doctor, talk to your Physician. The child's Primary Care Physician is available.

But there's other options, as well. The State has preordered children's doses, approximately 15,000 children's doses, actually. And we plan to receive the first wave of this supply and be ready to ship it out to the Providers immediately upon the CDC approval. So we've already put a large request into the Federal Government so that, again, when it's available to us, it's available to the general public, as well.

Pharmacies are receiving their own shipments directly from Pfizer within that same timeline. So that's also good news. And based what we're hearing from our Federal Partners, we expect that some appointments could be available as early as the end of next week or the beginning of the following week. So it really is imminent and, again, a positive step and tool in the toolbox.

Jumping around a little bit, as a lot of folks know, the Executive Council couple weeks ago voted down the \$27 million in Federal funding to help administer vaccine to certain populations, specifically around a lot of the school clinics. But working with Commissioner Shibinette, my Administration was able to find about \$4.7 million in additional Federal funds that didn't come with some of the stipulations that had caused some of the concern over the initial funding mechanism. And some of those funds will now be used to facilitate State-run vaccine clinics at schools to start up within the month.

So, again, if schools choose to have a clinic, we will have a lot of our regional partners be able to provide those clinics hopefully by the end of the month. And again, if parents choose to get the vaccine for their child, it will be available. It's all about increasing accessibility and making sure it's not too difficult to both receive and administer the vaccine.

Before these State-run clinics get up-and-running, though, we do encourage parents to contact your Primary Care Physician. We are creating a new map. We encourage folks to check out this new map, which is pretty cool. It'll be posted at [vaccines.nh.gov](https://vaccines.nh.gov). You can see it right there, [vaccines.nh.gov](https://vaccines.nh.gov), to find all the locations that would be specific to having a child vaccine.

There's about 200 locations that have already confirmed to the State that they will be available and willing to provide a children's vaccine. So, again, you can go onto the website to find the location that is most convenient to you. And then, obviously, as we discussed, opening it up to some of the school clinics, similar to the school clinics we've done before to make sure that it's available.

Additionally, I wanted to update everyone on a few of the Contracts that were passed today by the Executive Council on a variety of things. Number 1 is the CDL Drivers. We talk about CDL and licensing for Truck Drivers a lot, because there's such a shortage, not just across the country but also here in New Hampshire.

So the GOFERR, as a lot of folks know, Governor's Office for Relief and Recovery, facilitated a grant to fund a recruitment program for our Transportation Employers. Given the massive supply chain issues that we have seen across this country, the impending increased Federal Regulations that unfortunately are going to come down in February, these are more Federal Rules that could prevent, or just create another layer of Regulation, if you will, we do want to make sure that, at a State level, we're doing everything we can to support those businesses in New Hampshire to face the impending challenge.

So whether it's shipping supplies or delivering fuel this winter, the State is investing about \$4.6 million and doing everything it can to create opportunity to lower cost and, again, create accessibility for a lot of the supplies and shipments that we need to see. Focusing on this is obviously especially important as we get close to the holiday season, as we get close to a colder season, as we head into 2022.

If you remember four or five years ago, we had, during a severe cold snap, we had quite an issue with fuel delivery. And again, we've kind of rebuilt our infrastructure. I want to make sure that we're ahead of that game. But it all depends on having the drivers and the availability to deliver that fuel.

We know there's, for example, a School Bus Driver shortage in the State. We want to make sure there's not a Fuel Truck Driver shortage, as well. And so, these dollars will allow the State to create more testing sites across the State, just an ease. We're not easing our Regulations, by any means, but an easier process to go through and just make it more accessible. So I think right now we have two locations. We're going to open up more so it's more regionally available for folks, and hopefully get more folks to participate in our CDL Driver Program.

Now, additionally, today, we are also moving forward with a couple GOFERR Programs that utilize CARES Act funding. Remember CARES Act money is what came in 18 months ago. The Federal Government, at the end of last year, extended how long we could use some of the remaining funds that we have. And so, there's some other really great opportunities.

First is an \$11.5 million program for the COVID-19 impact of long-term care. We've always known that long-term care facilities are -- very often can face the brunt of the COVID-19 pandemic. They have many of our family members that are either immunocompromised, or they're elderly. They are just more vulnerable for the COVID pandemic, unfortunately.

So we're going to provide these Long-Term Care Providers grants based on their Medicaid beds. The program will also include incentive payments for Providers that are able to safely increase its number of occupied Medicaid beds over the next two months.

We know that not all long-term care facilities just have Medicaid beds. There are some that are purely private payer. We're looking at other options. We don't have options with the CARES Act funds, but we are also looking at other options to make sure that all long-term care facilities have some option to either get grants or get some opportunity, a little more financial flexibility so they have the tools in the toolbox to either help their Staff or invest in equipment, whatever it might need to make sure that they're ready for what unfortunately is the oncoming surge of the COVID pandemic this fall and this winter.

Second, this is a very exciting program. We're reallocating \$3.2 million for the food distribution storage and site program. So this \$3.2 million really goes to our food pantries. We have hundreds of food

pantries across the State. So we're going to put millions of dollars out, again just to make sure that we're doing everything we can to address the food insecurity issues here in New Hampshire.

We're economically in a very good place here in New Hampshire. But we always know there's about 10% of our family and folks in our communities that are food insecure. Our local pantries, there's about 400 or 500 of them across the State, some are at a very small level. Some are very -- don't have all the resources that some of the larger ones have.

But we're providing a grant program that they can all participate in to make sure we're really addressing their need at frankly an unprecedented level. Traditionally the State has not been able to make investments like this. We put some investments into the foodbank last year. We sent them some money, and now we're reallocating some of those funds, as well, that didn't get used, into the smaller food pantries and making sure that everyone can participate.

Third, there's a \$6 million program for our shelters, our COVID-19 Impact Shelter Program. So building upon the investments that we did make last year in 2020, the Impact Shelter Program provides shelters across the State with funds to address COVID-19-related costs. They can apply for the funding for these investments and the COVID mitigation measures, as well as increased operating costs that may come, due to COVID-19.

So, again, shelters are a big part of making sure our communities are safe, our individuals are safe, especially during some of those tough cold snaps. And again, we're going to provide over \$6 million into this program that they can all apply into.

And fourth, there's a \$4 million program for the Impact Senior Center Program. So we're talking about long-term care. We're talking about shelters. And now we're talking about the senior centers across the State.

They've been hit extremely hard, because, again, seniors are a little more reluctant, for obvious reasons, to gather altogether. They're a little more vulnerable, as we all know, to the COVID pandemic. And these centers really rely on a lot of those programs. So they've been hit especially hard. They're so vital to our communities, so vital to keeping a lot of our elderly active and engaged with the community. So we're going to be providing \$4 million for our senior centers across the State.

All these programs are moving very quickly. These dollars will be allocated over the next six weeks. The application process is going to happen very fast. GOFERR is really, really good, frankly the best in the country at streamlining a process, making the application process simple, and getting the dollars out into all of these programs. So, again just, I think, a lot of opportunity.

The last one I want to talk about, I think, is a really great one. This is \$12 million for the Emergency Equipment Matching Program. So this is \$12 million we will be providing to cities and towns all across the State for emergency equipment.

There's a staffing shortage across the State. So, often, with staffing shortages, especially for our First Responders, our Firefighters, whatever it might be, they need to rely more on equipment, more on technology to help them in a lot of these often lifesaving situations, or transportation of individuals situations.

So whether it's a lifting chair or some other investment that they can make to deal with both the staffing shortages or the COVID-19 costs that they have to deal with on a day-to-day basis, this is another really exciting grant program that we're going to make available, and that folks will be able to apply at [goferr.nh.gov](http://goferr.nh.gov) apply. Same program that we've always had, and what this really is, is a matching grant of up to \$50,000 for the purchase of emergency equipment.

It's a need that we've heard all across the State. And again, we're creating these programs so simply when we get out there, we talk to these individuals. I've spent a lot of time with Fire Chiefs and Chiefs of Police, and folks from the EMTs, folks that are out there on the frontlines. And this is one of the biggest needs that we have heard. And so, again, we just want to create an opportunity to address the needs, as the communities are looking for the assistance.

The last thing I'll go into, and then we will open up for questions, we have received a lot of questions recently asked if, while we provide the new opportunity for vaccines for kids, if we're going to be providing financial incentives to get kids vaccinated. The message there is exactly the same as it has always been.

I've always said that I don't think it's appropriate, frankly, to mix financial incentives with personal healthcare decisions. So, no, we're not going to be offering financial incentives to get kids vaccinated. And in fact, there's been a couple studies that have come out. The National Bureau of Economic Research -- I think that's the name of the organization -- have come out and shown that those financial incentives really don't increase your vaccination rate. There's some articles in the Wall Street Journal about this.

So, again, I think the choices we made early on were the right choices. Mixing, again, those financial incentives and personal healthcare choices is not a pathway that we're looking to go down. We never have and, again, we just want to make sure it's a decision people are making for themselves, for their families, with consultation with their Doctors. It's a very personal decision. But we want everyone to obviously get the information and make the right choice and get vaccinated. But it does have to be a personal decision without financial incentive.

I just want to close with kind of where we started. As Dr. Chan talked about, we're averaging over 500 cases now. Especially here in the Northeast, I think the Northeast States are the States that are kind of seeing the biggest increases in the country.

Unfortunately, again, it's as was expected. This is the time of year when we're a little colder, a little more damp. This is when the flu season is taking off, as well. And it's, unfortunately, exactly what we saw last year. And I anticipate it's going to be very similar.

Frankly, I believe that we're going to be in a worse situation, in terms of cases and hospitalizations, than we saw even last year, even with the vaccine. This Delta variant is very different. It is not the original version of COVID. It's much more aggressive. It has a much higher rate of incident, especially now that we're seeing some breakthrough cases, as the vaccine starts to wane a little bit from those that were vaccinated early on. Our breakthrough cases are increasing, to be sure. We're seeing a slight increase in breakthrough hospitalizations, still a low number. But we are seeing that number increase.

The vast majority of folks in hospitals, unfortunately, are still the unvaccinated. They're very serious situations. We're seeing the fatality rate increase. We're seeing the severity of cases in younger people increase, without a doubt.

So we just want folks to understand that we have a lot of resources, a lot of tools in the toolbox. The vaccine is the best way out. We want them to make that decision for themselves and their families, of course. But we just have to appreciate that this winter could be tough and we're going to have to manage all the way through it.

Please go to the website if you have questions, if you're looking for information, whether it's on grants, availability of testing sites. We have access to testing. It's a big question for a lot of parents. We have access to testing. Go to one of our State sites. They did a lot of testing this week, but they still had

capacity, which is a really good thing. We've tried to build out that extra capacity ahead of the oncoming surge.

So we just want to be there for folks. And if they have additional questions or additional needs, they can always interact with my office, the Department of Public Health, or the folks over at GOFERR. With that -- I know that was a lot of stuff, but it's all really good. We've just got to stay right on top of it. But with that, we can open it up for a few questions.

### **Q&A Session**

*Governor, what's your outlook on hospital capacity right now? Obviously we know that hospitals around the State are working together to keep beds open, moving patients where they need to move them. But, here we are in October and, as you're saying, that couple months can get bad. So, how bad could it get for the hospitals in the next couple months?*

#### **Governor Sununu:**

Hospital capacity right now is tight. There's no doubt. We're still in a better shape than a lot of other States. I will say I'm very pleased that the Hospital Association and all the hospitals tend to really work together, whether it's on temporary diversion. Maybe a hospital has to divert patients for a few hours, while they can kind of clear out the Emergency Room. They don't just divert people and say, sorry, we can't take you. They're calling over to the next hospital, the nearby hospitals, and making sure they're working as a team. That's very good news.

A lot of hospitals, we're not shutting their services down. But they are choosing to delay elective procedures or elective surgeries. And that's a tough situation, to be sure. But the good news is we're still able to meet the demand for the highest and most vulnerable population.

To your point, it will get worse. There's just no question about that. I'd be shocked if all of a sudden our hospitalization started to drop. That wouldn't make any logical sense, unfortunately. So we are going to see it increase.

But we do have a system that works together, works collaboratively. So while we may have to -- hospitals may have to create different Management Plans -- and they already have. But enact their different Management and Surge Plans internally, they are ready to do that. They've trained for that. They've prepared for that. We've made sure. We talk to them multiple times a week, always talking about what the numbers are.

So, we're all in it together. We really are. And we all work as a team there. So we're going to hit some really tough points in terms of hospital capacity. But, again, I think we're in as good of a position as anyone in the country to kind of manage that resiliency.

*On long-term care, if I could add something on that?*

#### **Governor Sununu:**

Oh, sure. Yeah, and then I'll go to you, sorry.

*Commissioner Shibinette, as well, obviously we're seeing those numbers bounce back up again. Are you worried about those outbreaks breaking into more fatality? And specifically big problem at the Veteran's Home last year, obviously, and that started around this time and then peaked in November/December.*

**Governor Sununu:**

Yeah.

*So, the outlook on that, and then specifically the Veteran's Home and if you're worried about that.*

**Governor Sununu:**

Sure; so obviously anytime you have a congregate living setting -- and I'll turn it over to Commissioner Shibinette, as well. But I'll say, anytime you have a congregate living setting, whether it's in a prison or a long-term care facility, that's just an area of higher risk, because folks are around each other 24 hours a day. It's a lot more hands-on contact, especially in long-term care.

In many of the facilities, the vaccination rate amongst the residents is very, very high, which is good, and likely only going to get higher. Some of the outbreaks we're seeing are specifically among Staff, not just residents.

But, again, we just want to make sure that everyone is as vaccinated as possible. And hopefully, even though you could see some breakthrough cases, if you've been vaccinated, it's not a hospitalization. It's not an issue of fatality, per se, and at the level of the fatalities that we saw last year. I think that's one of the hopes. But the tool there is the vaccine. Not just to avoid cases, but to avoid the severity of cases, most importantly. I'll turn it over to Commissioner Shibinette to add a little bit in there.

**Commissioner Shibinette:**

So, we are definitely seeing an uptick in long-term care cases. I think what's really important is that we do have high vaccination rates among both our residents and our Staff. And the vaccine is still being protective.

But we do need to get our boosters. And the long-term care facilities started doing boosters a week, week and a half ago. The sooner we get the residents and their Staff boosters, the more protection that they're going to be afforded.

I mean, the outbreaks today look different than the outbreaks a year ago. A year ago, we would go week-to-week and we would go from 30 to 0 to 30 in a week. Now we're going up 2, 3, 5 cases, not the double digits every week. So the vaccine is obviously still being protective.

The one other thing that I want to stress, especially to the Nursing Home Providers out there, is monoclonal antibodies is so important for the long-term care residents that as soon as there's a positive test, you should be able to contract with your pharmacy, because your local pharmacy, your contracted pharmacy in long-term care centers, have access to monoclonal antibodies. And they are the first line of defense for a resident that has already tested positive for COVID.

**Governor Sununu:**

Great.

*Can I ask you a question while you're up there?*

**Commissioner Shibiinette:**

Sure.

*How many people -- obviously these people were the ones that got the first shots to begin with. That's what? About six months has gone by. How does the lack of the \$27 million impact that group of people, specifically? Will there be a delay opportunity for boosters? And do you know roughly how many boosters you're going to need?*

**Commissioner Shibiinette:**

So, for nursing homes, it is not going to result in a delay, because the vaccine, the boosters were already in inventory at the pharmacies -- the contract pharmacies. Nursing homes started giving boosters as soon as they were approved. So, much of the nursing home industry and the residents got Pfizer early on. And so, there are facilities that have already held a couple of clinics -- at least one clinic in their facility. So boosters are well on the way. I would say it's more than 50% done at this point. So there is no delay for boosters in long-term care because of that \$27 million.

I think where you're going to see delays is more around getting appointments. When you get all three vaccines being approved for boosters and 125,000 children becoming eligible for vaccine, if you look at the fact that we have maybe five spokes in the wheel of how our vaccine administration is done, right? You have your health systems, your Pediatricians, and your pharmacies.

Typically, we would have school-based clinics, community-based clinics, and FQHCs for the vulnerable. What affected the \$27 million rejection by Executive Council affected those latter two: the Regional Public Health Networks and the FQHC.

The great news is that got passed. The exception expend got passed by Executive Council today. And now we have to go back and contract with those Providers and bring the Contracts back to the Executive Council in a couple of weeks.

So it's likely that the children's vaccine will be approved before those Contracts are approved and executed. So I think what's going to happen is you'll see parents, or people looking for boosters, instead of right now where you can call and maybe get an appointment tomorrow, you're going to get an appointment two weeks. It's still going to be there. You're just going to have to wait a little longer.

*So would you say two weeks is the effective time?*

**Commissioner Shibinette:**

I have no idea how long, because I don't know what the uptake's going to be. So I don't know if 50% of those kids are going to get vaccinated, or 75% of those kids. So we will know, as it starts to roll out. But, we're moving very, very quickly to execute the Contracts to get these school-based clinics up-and-going, to alleviate some of that stress.

*And just one more question, on flu shots, will the flu shot be also available at some of these clinics that you're going to have at the high schools and...*

**Commissioner Shibinette:**

We've already been doing school-based clinics for influenza. We've always done school -- the Regional Public Health Networks have always done school-based clinics for influenza vaccines, and they did them this year, also.

*Okay.*

*Commissioner, you said last week to Fiscal that there was an increased percentage of breakthrough cases in the hospitals.*

**Commissioner Shibinette:**

Yes.

*Were those predominantly people that have really serious healthcare problems already before they got COVID and that's who they are, these breakthroughs in the hospitals?*

**Commissioner Shibinette:**

I don't have the particulars on the breakthroughs. But, I mean, what we've seen throughout COVID is that people with underlying health conditions generally had poorer outcomes or had a higher rate of hospitalization.

We talked a lot about earlier in the pandemic, through this summer, the percentage breakdown was about 90% of the hospitalizations unvaccinated. 10% were breakthrough, were fully vaccinated people. And we've watched that start to change over the last two months. So it was about 80/20 in September. And it's about 70/30 in October. So 70% are unvaccinated, and about 33% are fully vaccinated. Now, we would expect that, as we get more boosters out, that we're going to see that again move the other way. That's the hope.

*Oh, while you're up there, just some of those delays you mentioned, so it sounds like those are more of the kind of community-based clinics where you're working with schools. I know a lot of the Regional Public Health Networks are already, like, coordinating with schools. Is that kind of what you're talking about in terms of delays? Or is it like even just kind of other what the State is doing with schools?*

**Commissioner Shibinette:**

No, it's going to be the school-based clinics. So the Regional Public Health Networks have established relationships with their school districts.

*Yeah.*

**Commissioner Shibinette:**

They have for decades, right? So they have the process and are able to execute the plan fairly quickly, once they have the Contract in-hand. So we have to get the Contracts completed and get them through Governor and Council in a couple of weeks in order for them to hold the school-based clinics, to pay their Staff, to pay for the shipping cost, all of those things. So that's what we will be waiting on.

*Okay.*

*I have a question. The vaccination rate on the State's Dashboards does include data from the Federal Vaccine Program. So I was wondering why is that information not there, and what is the best source for the State's true empirical vaccination rate?*

**Commissioner Shibinette:**

Yeah, I think that with -- in the coming months, I think that the data accuracy -- we've always had -- there's always been a disparity between State data and CDC data. There's a lag time. There's different report -- we've never had access to the pharmacy reporting data from long-term care, Federal Employees. So there was always a little bit of a disparity.

I think what you're going to see, though, is right now our Pharmacy Partners who do a lot of vaccinations in our State, specifically the booster shots, a lot of that is going through the Pharmacy Program. They are getting their supply directly from the CDC, from the Federal Government. So they are reporting directly to the CDC and the Federal Government.

Prior to June/July, they were able to migrate that data into our Immunization Registry, or into our State System. Since then, since early summer, because they don't provide an opt-out, because you don't need to provide an opt-out for the Federal Program, but you do under State Law, we can't migrate that data into our State Program. So we are missing that chunk of data.

Now, the resolution -- or the solution to that problem was in the \$27 million that we just talked about. That \$27 million had a connection in there to connect the Pharmacy and the State Programs to get the Staff and to get all of the equipment needed to make sure that they offer the opt-out. They're able to migrate the data, that there's not duplicate reporting so that right now they would have to input the data

into the Federal Program, and then input the data separately into the State Program. A lot of them don't have the resources to do that.

The solution was in that \$27 million, called an HL7 Connection. Unfortunately that was rejected and it isn't in the \$4.8 million that was approved today. But we're still evaluating that other \$22 million and how and if we're going to go back and ask for that in a different way.

*On that note, over the summer, I mean, I feel like I've watched the gap between CDC data and State data just grow to become over 100,000 people, which is huge and quite frankly makes it difficult for us to report what New Hampshire's vaccination rate is.*

**Commissioner Shibinette:**

Yeah.

*Where would you suggest going for the most accurate numbers? Is that the CDC? Is that the State? And is that, I mean, now pretty large disparity just due to what you just explained, or are there other reasons?*

**Commissioner Shibinette:**

Yeah, I note that that is the reason. I think that -- I think because we're not able to advance our Immunization Registry to the point where it's a mature system, we are going to have to rely on the CDC data more and more, because they get access to all of our data. Like, we send our data that we get at the State System into the CDC. And the pharmacies, who do not report into the State System, they report their data into the CDC.

So you're right. Since early summer, mid-summer, that gap has increased. And I think that it will continue to increase, as long as we do not have a fully functioning IIS system. And like I said, that solution was in the \$27 million.

*And how will the booster shots be factored into that data collection? And where will those appear within the data center?*

**Commissioner Shibinette:**

The booster shots, specifically, we will be relying on the CDC data to report out our booster shots.

**Governor Sununu:**

Great, thank you. And the CDC site does break out boosters, as opposed to first and second vaccines. They do have a column for the boosters, so you can see that data.

*Governor, the money funding these new programs that came from the CARES Act, what happened with the CARES Programs that you said to get set up towards the end of last year, where that was all allocated?*

**Governor Sununu:**

Sure.

*I guess can you identify sort of what didn't -- or where that money didn't get spent that it's available now?*

**Governor Sununu:**

Sure; so, again, we've had dozens and dozens and programs through the CARES Act, as a lot of folks know. We might have allocated \$40 million here or \$50 million there. Well, maybe only \$36 million got spent here and \$42 million.

So a little bit of almost every program got a little bit underspent. And so, we, again, just trying to collect all those allocated-but-unspent dollars together and reallocating of the \$1.5 billion we received out of the CARES Act. We have about \$40 million or \$50 million left. And that's kind of what you're seeing today.

Anything that truly doesn't get spent out, doesn't go out the door by December 31st, kind of waterfalls into our Unemployment Trust Fund. And again, that's fine. But we want the dollars to get out into the communities as much as we can. So even with only two months left, we're pushing every -- pulling every level we can to get dollars out the door. Yeah.

*So the Federal Vaccine Mandate for Federal Contractors is pretty broad but also kind of confusing.*

**Governor Sununu:**

Very confusing, yeah.

*Very; but, I mean, when you look at State Agencies like the Department of Health and Human Services, or the Department of Transportation, that operate on budgets with a lot of Federal dollars that kind of have Contract-like agreements, I mean, are those Agencies -- do they fall under -- are they Federal Contractors?*

**Governor Sununu:**

Are we part of the Federal Contracting Vaccine Mandate?

*And are you kind of -- yeah, that...*

**Governor Sununu:**

The answer's no. The State of New Hampshire is not a Contractor to the Federal Government. We receive Federal funds that we can, then, contract ourselves. But we are not a Contracting Agency of the Federal Government by any means.

There was a question at the Executive Council meeting today if they would try to get very aggressive and do that. We're monitoring it. That would be a real stretch. But, I mean, if that were to happen, we would obviously push back on this, just as this OSHA 100 Employees-or-more new Federal Rule that they've just created out of nowhere to force a Mandate onto these businesses. We've always very aggressively said we're going to push back and participate in a lawsuit there.

So, no, the State and State Agencies, just because we accept and use Federal dollars does not mean that we're subject to a Federal Mandate, per se. There are direct Federal Contractors with the Federal Government that they're essentially -- it's not even that blanket, because, to your point, it's very confusing.

All the Executive Order really says is that Contractors can and should be, including this language. It doesn't even force it. So there are some Federal Contracts that may have it and some that may not. But again, those are direct Federal Contracts between the Federal Government and the Contractor. But anything that comes through the State, per se, is not subject to that.

*What do you think of the uptake rate, once the vaccines for children start? Do you think it will be low? I mean, the polling obviously shows a lot of parents are either confused or very concerned about whether to get their child vaccinated?*

**Governor Sununu:**

Yeah, look. We don't really know what the uptake rate is. I've talked to other Governors about that and everyone kind of has a different take on it. My sense is it'll be about what we saw with teenagers. I mean, I think that's just a reasonable assumption.

If you're under 18, parents seems to, I think, have the same consensus, whether it's 12 to 18, 5 to 18. Probably going to see that rate, which is fairly low. And again, that's why we want folks to talk to their Doctor, their Pediatrician, what it is, what the risks might be, which are very incredibly low.

I mean, the most amazing part of this vaccine isn't just that it's incredibly viable, it works really, really well, better than pretty much any flu vaccine that's ever been developed. But it's incredibly safe. If you remember, we used to think that the side-effect rate was going to be much higher than it actually is. It's very, very few side effects, even for children. And they've adjusted the dosage. They're not just saying, oh, we're just going to give kids what we gave to the adults.

They've really done -- I give the FDA some credit -- they've really done their work in terms of dotting the Is, crossing the Ts, taking their time. I mean, they really took an extra, I mean, six to nine months to make sure that they got the kids' vaccine really right, because I think they appreciate that there is a lot of concerns on the parents' side. And again, they want to make sure that people feel confident with it, which they should. Take a few on the phone, then I'll come back and take more?

**Cathy McCormack at The Associated Press:**

*Oh, hi. Thank you. I just wanted to clarify something. You're preordering 15,000 vaccines for children age 5 to 11. Would those be the very first vaccines that they would be receiving for this age group? And are you considering any public service announcements targeted to families regarding the vaccines for younger children?*

**Governor Sununu:**

Absolutely, so the answer's yes and yes. So the 15,000 doses that we've ordered will be the first ones of its kind specifically for children. They come in a differently marked vials for safety reasons and all that. They're very different than the adult doses. The State will receive those and then distribute them out to the 200-or-so Providers, or even more potentially down the road, that are going to be administering the vaccine.

We will have PSAs and community information, not just to the Doctors but also just to the general public that it's available, where to get it, not just having press conferences but similar to the program that we had early on in terms of just letting people how safe it is, the efficacy of it, how important it is that they kind of participate in the program to keep their community safe. And again, we will just make sure they understand where the clinics might be, if they have any questions, and where to contact. We just always want to be super transparent with as much information as we can. That was it? Great. Yeah.

*I have another. Commissioner Shibinette, I believe it was you this morning who told Executive Councilors that rejecting future Contracts that contain some of that language that folks were up-in-arms about in those rejected Contracts could end up costing the State tens of million dollars in lost aid. And I mean, how concerning is that for just the future? And what are either of you doing to just kind of...*

**Governor Sununu:**

Yeah. No, so if you don't mind, I'll jump on that one. And then, the Commissioner can correct me. So, there is, I think, a very high likelihood that the CDC will continue to offer Federal assistance and funding, similar to \$27 million, with the same type of language that the Executive Council and other folks have expressed this concern with.

We have allayed their concerns. We've talked about how that language really does not hold any water, does not bind the State to anything, does not infringe on our sovereignty. The Attorney General has put that into writing.

So there's no doubt that that's actually the case. But for whatever reason, they're continuing to say no. The fear is that, as more Contracts come, the State could potentially -- or the Council could potentially keep saying no to those Contracts.

So what it does mean, it doesn't mean those programs won't necessarily go forward. Today's a good example. We might not be using those funds, but we can always find other funding methods, whether it's ARP funds or otherwise, to keep them moving forward. Maybe they get delayed a week-or-so while we find another avenue.

Of the ARP dollars that we have received to-date, I've put aside about \$200 million for additional unexpected, COVID-related costs. So we've planned ahead, really, in terms of not just that Contracts might get rejected or the surge gets bigger than we thought, or we have to provide additional funds to Healthcare Providers, whatever it might be. We've built in a contingency here.

So we do have some room to play with. But, again, we shouldn't have to use those dollars if the Federal Government is offering us money over here, right? So anytime you turn away Federal dollars, especially dollars that do not come with the strings attached, with all the misinformation and conspiracy theory garbage that is out there on this, those dollars have to be accepted. They should be accepted. And folks have known how aggressive I am with both the Executive Council and the Fiscal Committee about

the importance that they accept those dollars, adhere to the advice of the Attorney General. I love it when Elected Officials think they're smarter than the Attorney General. It doesn't make any logical sense.

So we're going to keep pushing as hard as we can. But we always have, I think, an outlet, if you will, to use some other funds that we have planned ahead as a just-in-case method. We don't want to have to use those. But we can, if we will. So it's not that the programs won't happen, the opportunity won't happen. We're always going to create that opportunity. We just don't want to leave good money on the table.

*The delay, though, the consequence is lives lost, is it not?*

**Governor Sununu:**

The consequence of -- sorry?

*Delaying the funds, I mean, that's going to make an impact in terms of people not getting shots.*

**Governor Sununu:**

Well, look. I don't want to get so severe as to say there's clearly lives going to be lost because funding was delayed two weeks. The programs don't necessarily get delayed two weeks. In other words, let's use today's example.

The opportunity for parents to get vaccines for kids does not get delayed one bit, not one bit. Maybe having the clinic in the school and that ease of access might get delayed a couple weeks. But it's not like we're not providing vaccines, not providing testing, not providing all the most important opportunities that these families or individuals need.

So it's just about the ease of access that more gets delayed. So I don't know if it's fair to say that lives are definitely going to be lost because they choose to delay funding a couple weeks. But the ease of access, the availability gets delayed and gets hindered.

I've been pretty creative. I can always find a way around it, to be sure. But it's still a lost opportunity for the State in terms of leaving those Federal dollars on the table, Federal dollars that, frankly, every other State has taken. I mean, it really makes no sense that we're going to be the only State to not take this Federal money.

It's illogical. And that's very frustrating. I live with data. I talk very transparently about trends and making sure we're doing things open, and people can understand the hows and whys of what we're doing. I can't explain why these Elected Officials are being so adamant about these Federal dollars, because we've made it very clear that their concerns aren't real.

So, no, I don't think it's safe to say that absolutely lives are going to be lost. I think that there could be a delay of additional opportunities. We're never going to let testing or vaccines get hindered in terms of the availability for the State. We're not going to run out of vaccine. We're not going to tell people that, sorry, other States have an opportunity that we don't have. Yeah.

*Can I just follow up with the Veteran's Home? I'm not sure if that got addressed. I know that's not on your ledger. But it was a serious issue last year, and we're coming back around to that timeframe.*

**Governor Sununu:**

Oh, sure.

*Are you concerned we could see another situation there...*

**Governor Sununu:**

Not like last year with the Veteran's Home; I mean, we could have outbreaks, of course. And of course, unfortunately, you could have people that we have a breakthrough case of someone that's very medically vulnerable or medically frail, that could result in death, of course.

But we didn't really have the vaccine back in December when this outbreak was hitting us so severely, especially at the Veteran's Home. We have a very high vaccination rate of both our residents. I want to say it was maybe even 99%. I'm telling the Press at a press conference, don't quote me on that. But that was at least the vaccination rate a few weeks ago. It could still be that high. Very high vaccination rate for the Employees, as well.

So, there's a very strong layer of protection around there. Going to be administering the booster shots as they're needed and available; so, we just, I think -- I feel very confident we have a robust layer of protection there.

Doesn't mean it's going to be perfect, but clearly a very, very different situation than last year. And then, I think that goes for all long-term care facilities, not just the Veteran's Home. I think we will see a much, much higher number of cases this winter with a lower rate of hospitalization and fatalities. But it's still going to be potentially higher than what we've seen in the past. That ratio is just going to be a little more disparate.

Okay. Well, great. Well, we, again, appreciate everyone spending some time. We're going to keep coming back week-after-week going forward. COVID is with us, unfortunately. But we are creating the opportunities, not just for funds, for grant programs, for testing, for vaccines, for boosters, for kids. All of this is on the table. All of it is going to be readily available. As it becomes available, we're going to be out there on day 1 providing that opportunity for individuals and communities.

We want folks to get vaccinated. The vaccines work. The boosters work. Makes all the difference in the world in making sure that New Hampshire stays as flexible, as strong, and as safe as we've been able to keep it to-date. Thank you, guys, very much.