



Office of Governor Christopher T. Sununu
Press Conference
Wednesday, December 22, 2021, at 3:00 p.m.

Governor Sununu:

Okay. Well, good afternoon, everybody. Thanks, everyone, for joining us yet again. Obviously we're still in that winter surge, but a lot of new opportunities keep springing up and kind of coming to fruition. Things that we were discussing and planning just a couple weeks ago are actually really taking some solid ground here in the State.

Before we kick it over to Dr. Chan for a Public Health update, just a little bit of data. Somewhat not -- I wouldn't call it good news, but better than some of the news we've had lately, this is where we're seeing some of our cases go across New England. So, Vermont and New Hampshire are seeing our average case count drop over the last two weeks, which is great. Obviously the southern, some of these other States in Rhode Island and Connecticut still seeing significant surges. And again, as we go forward, the case count data, I still believe, is going to get a little more inaccurate over time, just because so many more folks are going to be doing testing in the home, which makes, again, the data a little less accurate, but the ability to push back on the transmission of the virus a little better, because folks are going to be finding out a little faster with a little more convenience about whether they're positive or negative. And overall, that's a very positive ebb, if you will, into the system, especially as we hit this winter surge.

So, we're doing again. Again, we monitor it day-by-day. But over the past couple weeks, we seem to have kind of hit a bit of a plateau. We still may see a spike after the holidays. I suspect that we will. But it's nice to know that we're not skyrocketing on that asymptotic pace that we were at just about a month ago. And hospitalization's obviously one of the most important pieces of data that we have, just in terms of where we are and the burden upon the healthcare system, itself.

Kind of had this kind of early-fall surge; and then this is really our winter surge with hospitals, really doubling in just about the past month. But over the past 10 days-or-so, we're seeing kind of a plateauing, even a slight downward trend. This can spike up at any moment, of course. But, again, we're not kind of in this type of phase, keep going up. We seem to have kind of hit a bit of a peak here, and hopefully it's on a downswing. But, again, we won't really know for a little bit of time.

I still suspect that, after the holidays, we may see somewhat of an increase in both cases and potential hospitalizations, which is why we're so adamant that folks just be careful. We're not here to be the grinch and tell folks not to meet with family or anything like that. We want people to have a happy holiday with family. Just do it safe, be smart. Have an understanding of who you might be with and some of the susceptibilities or underlying condition of family members and friends that you may be gathering with, or elderly parents, or whatever it might be.

So, we would just ask folks to be smart about it. Maintain social distancing, or use a mask where you think it's appropriate. And hopefully we can keep seeing this downward trend in both the hospitalizations, fatalities, and cases, not just across New Hampshire but across New England.

Unfortunately, you're seeing a lot of real spikes in other States: mid-Atlantic States, some other Midwestern States. Those case numbers are really starting to skyrocket. They're kind of where we were just a few weeks ago, unfortunately.

So, we will talk a little bit about the President's speech yesterday and some of the tools and resources that we're seeing out of the Federal Government in just a bit. But before we get too far down that path, I'll ask Dr. Chan to come up and give us a Public Health update.

Dr. Chan:

Thank you and good afternoon. So, some numbers for today. We are reporting 983 new people diagnosed with COVID-19 in the State. We continue to average just over 1,000 new infections per day. And the number of people with active or current infection is 8,495.

Our test-positivity rate continues to hover around 12%. And as the Governor showed in the graph just a minute ago, hospitalizations have decreased, but there continue to be about 400 people hospitalized statewide with COVID-19 -- 400 hospitalized right now with COVID-19. And then, unfortunately, seven new deaths from COVID-19 to report today, bringing the total number of deaths to 1,875 people that have died from COVID-19 during the pandemic. 2 of these new deaths are in people associated with a long-term care facility. But the majority of deaths that we are seeing continue to be community-based deaths.

We are watching very closely what's happening with the Omicron variant. And as I'm sure people are aware, there are increasing infections with the Omicron variant across the country. We continue to see the majority of infections here in New Hampshire with the Delta variant. In the last week, we have identified six new infections due to Omicron. And so, our Data Dashboard tonight will be updated, showing a total of nine total identifications of the Omicron infection. Certainly, this is expected to be an underestimation of all the Omicron that's out there. But the vast majority of infections that we are seeing through New Hampshire continue to be with the Delta variant.

This also stresses the importance of people getting vaccinated before the Omicron variant becomes more widely circulating. Everybody 5 years of age-and-older should seek out vaccination. And everybody 16 years of age-and-older who has already completed a primary series should get a booster dose. The booster dose particularly continues to be important, especially as we see the Omicron variant emerge across the country and in New Hampshire. And then, finally, in addition to vaccination, as the Governor mentioned, it's important for people to also continue to take other steps over the holiday season, as they're gathering with people.

It's important for people to stay at home and not gather publicly, if they're having symptoms of COVID-19. They should seek out testing. For people that are thinking about attending family gatherings, testing is a good strategy. Testing before attending family gatherings is important to identify infection early and before introducing it into groups of people. And then, if people have high-risk exposures, either through travel or through gatherings, getting tested after return from travel, or after return from a family or group gathering is also important. And in that setting, we recommend testing five to seven days after a potential exposure.

And then, finally, we continue to recommend that people keep gatherings small. And as the Governor mentioned, just be aware of the settings that you're walking into and take the necessary precautions.

We continue to advocate for a layered prevention strategy. And while that starts with vaccination and vaccination continues to be the most important tool that we have, it is important for people to also continue to take other steps to protect themselves and family, and friends. And with that, I will hand things to the Commissioner. Thanks.

Commissioner Shibinette:

Good afternoon. Long-term care update, we're holding pretty steady. We've closed three outbreaks since our last press conference. We are opening three new outbreaks. So, steady at 25 outbreaks for the State of New Hampshire. Thank you.

Governor Sununu:

Great; thank you, Commissioner. Thank you, Dr. Chan. A few different things to talk about, specifically about some of what we heard yesterday from the White House and the Federal Government in terms of opportunity.

We will just start off talking a bit about the President's remarks. As part of his announcement yesterday, the President stated that the Federal Emergency Response Teams would be deployed to several States, one of them being New Hampshire. So that was great news. And while we appreciate the Federal Government's support, just we wanted to be clear for everyone. We have yet to receive confirmation that any new Teams will be brought to the State of New Hampshire. Still hopefully will happen, but we just wanted to make sure we're clear that we hadn't heard of any new Teams announced, beyond the ones that I requested to FEMA a few weeks ago and have already hit the ground here, and have been doing a fantastic job, by the way.

They sent -- FEMA did send a Medical Team to Elliot Hospital just a few weeks ago. They've been a huge help. I want to take a moment to thank them, very valuable partners. Unfortunately, tomorrow is their last day. And we haven't received any indication that that deployment will be extended. So maybe it's possible we will get another Team, based on what the President announced yesterday. But right now, that isn't the case. But we will keep advocating.

What we did hear, though, on a positive side, we were sent 30 Paramedics to New Hampshire. They were dispatched to our hardest-hit hospitals. They were supposed to be here for about another nine days through New Year's. And now, we've heard that they will be -- their deployment will be extended another couple of weeks. And again, that's very, very helpful just to know that they will be here, and the fact that they're going to be here working through the Christmas holiday.

These are folks that are, for the most part, away from their families, from other States. And again, we can't just thank them enough for being on the ground here to help specifically our hospitals and our Emergency Rooms, keeping folks moving forward, keeping that flow of patients coming through. They've been very valuable and they'll be on the ground for two weeks beyond, so probably about another three weeks in total, which is really, really great news. And we're still advocating.

We're hoping we will still get a Team in to help administer monoclonal antibodies. We don't have confirmation on that just yet. But we're going to keep advocating for that. We have received more monoclonal antibodies to the State. That's great. What we're looking for is the Staff and some of the folks that can help administer that treatment.

It can be a little bit time-sensitive. It can take up a lot of time. And we want to make sure that a lot of our Nurses and Doctors are on the frontlines. And any help we can get, in terms of deploying those monoclonal antibodies early on in an individual who's symptomatic can very much help keep them out of the hospital. So it's a big tool and we're very appreciative of that. So we will see if we can get a Team up here to help administer.

Testing, oh, that's another big one. So, the Biden Administration was very reluctant, and I would, in some senses, say resistant to the concept of home testing. As a lot of folks know, we were the first State in the country to really make a very large amount of home testing directly available to our citizens a couple weeks ago. We put out just about a million tests. They were taken up in literally about a day, which was great. It really showed that the demand was there. I think a lot of people appreciated how easy the program was. They clicked a button and two days later Amazon was dropping tests off right at their doorstep.

Clearly what New Hampshire did was a -- we were a very good example. The system worked very, very well. And I'm very excited to see the Biden Administration has changed course and the President announced 500 million home tests they're now promoting to be released sometime in January. So, for the other 49 States who I think who are watching what we did, wondering how we did it, it was great to see that Washington kind of saw our success. And hopefully they'll be able to replicate that for the other 49 States that are out there.

In the meantime, we are already going onto Phase 2, if you will, of our Say Yes to the Test Program. So starting tomorrow, any household that did not receive one of the first million tests that were available online will have another shot. We're going to do a second round of Say Yes to the Test. I believe it's about 750,000. Is that right? I just want to make sure I got that number right. 750,000 tests will become available to New Hampshire residents, again, who did not already get one as part of the first round, because we want to make sure we're making sure as many families can participate in that program as possible.

So that will become available tomorrow. You just go on the [nh.gov\COVID-19](https://nh.gov/COVID-19) website. So we're estimating about another 180,000 households will be able to click on and get a bunch of these tests, because they don't just send one. They send a few, which is really, really great. So, [nh.gov\COVID-19](https://nh.gov/COVID-19) tomorrow. I believe the tests will be sent out just after Christmas, on December 27th, I believe. They'll get sent out and hopefully folks will be able to get them even right before the New Year. It just takes a couple days usually for the tests to be mailed out.

So that will be available tomorrow. And we encourage everyone to go onto the nh.gov website and Say Yes to the Test. Click on it. And you'll be able to hold onto them. They don't really expire, at least for a long amount of time. So you'll be able to have them for yourself, your kids, your coworkers, whatever you might need in the coming months.

Switching gears a little bit to the Executive Council, earlier this morning the Executive Council did vote to approve another \$55 million in requests from my offices to respond to the pandemic. They're critical, critical funds. They can help us really immediately.

One of the bigger items in there are new vaccination sites. 6 new fixed vaccination sites that will administer booster and vaccines on a walk-in basis, so you don't even need an appointment. The four fixed sites that we have currently have been very, very successful. They're also walk-in. You don't need an appointment. So if people are concerned, well, I can't get an appointment for a booster for weeks and weeks out, or whatever it might be, you can literally show up at some of these sites first thing tomorrow morning and get a vaccine, or get a booster. It's right there for you.

We're going to put another six sites out there in Manchester, Nashua, Concord, Keene, Salem, and Exeter. And that -- we're also doubling our fixed testing sites, adding locations in, again, Keene, Laconia, and Lincoln, and another one in the Berlin/Gorham area. So, a lot of opportunity, just go onto our website and you can see exactly where all of these fixed sites are. And that's where you can get all the information to be able to just walk right in and get a booster, which is really great.

In terms of adding more beds, kind of a little bit of an update that we provided last week to decreasing the jam on beds in our hospitals. Since December 8th, just over a week ago, we've already moved 40 individuals from Emergency Room and hospital beds to long-term care facilities and nursing homes. So that's freeing up beds in kind of the heart of our healthcare system where we really need it the most. And we will keep working on that program. But so far, that's been a big success in terms of flexing open our opportunities. And then, finally -- or yeah, really finally, there's really one more thing is Booster Blitz 2.0, another great program.

The Booster Blitz was wonderfully successful, just about a week and a half ago. So we're doing it again. On January 8th, we will be doing Booster Blitz 2.0. Sign-ups for this next round of boosters -- and this is not a walk-in. This is sign-ups required for this one. We're looking to put out about 13,000 appointments -- open up 13,000 appointments across 14 different State-run sites on Saturday, January 8th. Sign-ups for this next round of boosters is going to open on January 3rd. So if you check back to our website on January 3rd, you'll be able to sign up as part of Booster Blitz 2.0. You can see the 14 different State-run sites.

Most of the locations will be the same. But you should definitely check in. A few venues may change, just based on capacity and availability. For example, the Stratham location's going to be moved to more of a Exeter-centric location, just to help with a higher thruput. So, nh.gov\COVID-19, and just click on the button that says Booster Blitz. And that'll open up all the opportunities. You can see where the sites are and register for the boosters. And again, that's just boosters, not to state the obvious with the title. And that's not for people getting their first or second shot of the vaccine. That's just boosters on January 3rd. And again, if you're looking for a booster today, you don't have to wait until January 3rd or January 8th. You can literally walk into any one of the fixed sites first thing tomorrow morning, if you'd like, and get a booster. So we're trying to make everything as easy to access and available as we possibly can.

The last thing real quick is the CARES Act. So if you remember way back, back in March of 2020, one of the first things that Congress did, which was very helpful, was release a lot of money in CARES Act funding. We talked a lot about CARES Act programs and opportunities last year.

We did find out late-last week, the program was really set to end in two weeks. But we found out very late-last week that there is a slight extension on the program, which is opening up some opportunity. So, long story short, we're going to be allocating another \$10 million of CARES Act funds to hospitals, based on their bed count, again just to allow hospitals to react to the COVID pandemic, have some flexibility. They can invest it, whether it's in their Nurses or their Doctors, or equipment, whatever they really need to address the COVID issue within their system.

About \$10 million in grants will go out to hospitals. I think all hospitals will get something, based on their bed count, so it's a nice even and fair formula to support the COVID response and the continued COVID surge.

A few other programs in there that we're able to reallocate money to at the very last minute, but that little bit of flexibility that the Federal Government gave us really allows us to reallocate some of the

call it unused funds and untapped funds at the last minute, and specifically the hospitals, which is obviously where a lot of the need is today. Okay. I know that's a lot. We can open it up for questions.

Q&A Session

Governor, as far as at-home testing, as you said, case numbers won't be as reliable as they were before, because of that. How are we measuring the level of the virus in our community? Is it through the number of hospitalizations and beds, or how are we going to know?

Governor Sununu:

I think one of the best metrics is through hospitalizations, because it's not just about transmission. Transmission in the community, you have to get a handle on it. And the viral case data won't be completely useless, by any means. But my sense is there's just going to be a lot of positive and negative results that just aren't going to necessarily be reported to the State or even the Federal Government, with all the home testing going on.

So, what I look at primarily is the hospitalizations. I go back to what we talked about back in March of 2020. This is all about making sure the healthcare system doesn't get overloaded. And that's really the primary metric we use. And you can look at how Delta is a little bit different than the Alpha variant back in 2020, in terms of the number of individuals that actively have COVID, versus the number of individuals that are in a hospital, versus the number of the -- unfortunately the fatality rate of COVID.

So those rates have dropped, which is great. Not quite sure what Omicron's going to bring; I was on the phone with Dr. Fauci and a lot of other Governors yesterday talking about Omicron, what it really meant. Was it more dangerous? Where were the sensitivities? And where could our potential vulnerabilities be with this new variant?

It's still a bit unknown, because it's so early on. We do know that -- or at least have a sense that a lot of the monoclonal antibodies may not work on -- the current ones that we mostly use might not work on the Omicron variant as well as it did with Delta. But there are other monoclonal antibodies that we can have access to. And we've requested those through FEMA that will work hopefully a little stronger against Omicron.

But it's still remained to be seen, maybe more of a question for Dr. Chan in terms will it give you more severe symptoms? Is it more contagious? Still a little bit unknown there; but right now it's really about making sure that we're prepared for whatever it might be. And I think that's what everyone's really gearing up for.

Clearly Omicron is going very, very aggressively through the rest of the country with about 75 -- I think the number they reported was about 75% of current cases as of yesterday were Omicron across the country. Not as much in New Hampshire, which is kind of interesting, but we're monitoring it. And we have no doubt it's already here in pretty aggressive form. We have nine cases confirmed. But I think over the next week-or-so, we're going to see that number really skyrocket.

So, watch. For me, it's really about watching the hospitals, making sure that Nurses and Doctors have the resources they need and they're not getting overtaxed. And that really comes with these additional Teams that we've been requesting.

And just a quick follow-up, as far as the at-home tests, we have heard from people who have tested negative multiple times on those, but positive on the PCR. Do you know if we could get an explanation as to why that may be?

Governor Sununu:

Well, again, the Binax tests are fairly accurate but they're not nearly as accurate as a PCR. We've always known that. We've always talked about that. So if folks have any doubts about the test, if they're symptomatic and have any doubts, by all means we'd recommend that they go in and get a PCR test. But that's unfortunately nothing new. They're still good tests to have, especially if you're symptomatic and positive. Usually, I want to say it's about an 85% accuracy rate, maybe.

Dr. Chan:

70.

Governor Sununu:

70, if you're symptomatic and positive?

Dr. Chan:

Yeah.

Governor Sununu:

Yeah, so it's about a 70% accuracy rate. So it's a good bellwether. If you don't trust it, you can get a second test or go for that PCR test. But that accuracy number hasn't really moved, I believe. It's always been about there, when we're talking about those Binax tests or some of those rapid tests that we deploy.

Is that concerning to you just now that we're providing to so many people?

Governor Sununu:

No, it's still an opportunity to have a sense of where you are, to be sure. I mean, any potential test, even if it's only 70% accurate, is still a good thing to know. And it's still helping a lot of folks pre-identify -- not pre, but identify early on that they may have COVID.

What's the difference there? Is it the viral load, Dr. Chan?

Governor Sununu:

I'll ask Dr. Chan to talk about that.

Can you explain?

Governor Sununu:

I think so, yeah.

What might be the difference there?

Dr. Chan:

Yeah, so difference between antigen tests and PCR tests, right, I mean, antigen tests are not a new type of test technology, right? There's always a difference, always has been a difference in accuracy between PCR-based tests, which detect the actual genetic material of the virus, itself, compared to the antigen tests, which are really looking for the proteins of the virus.

The same issue comes up every year with influenza testing, right? Influenza's a different virus, but we still have the same type of testing technology where the antigen tests have a lower accuracy compared to the PCR tests. So this is a known limitation. And so, the question is really around testing strategy and how to use the available tests that we have to prevent spread of COVID-19. And there's a role for both types of tests, right?

We've always said that PCR tests are more accurate than antigen tests. But antigen tests are better than no test, right? And so, it really comes down to an issue of sort of -- it really comes down to clinical decision-making, first off, but also an issue of accessibility. And so, if somebody can't access a PCR-based test, then we want to make the at-home antigen tests readily available, so that people can much more quickly identify infection, if they have it, so that they can isolate and prevent spread to other people.

This gets a little bit confusing, because we -- there are differences in accuracy, depending on whether somebody is symptomatic or not symptomatic. When somebody is having symptoms of COVID-19, we've always said that either test is appropriate.

When you're talking about screening testing, testing somebody that is not having symptoms of COVID-19, we've always expressed a preference for the PCR test over the antigen test. But, again, an antigen test is better than no test. So it depends on someone's situation, whether they're having symptoms or not. But the testing is available and it's more important to make the testing available than to not do a test at all, for example. Thanks.

What's the most important thing that people should know about the Omicron variant and COVID-19 right now from your perspective?

Dr. Chan:

I think it goes back to what we've talked about the last few weeks is that we believe the Omicron variant is more infectious, is going to be more easily spread, and we can make this determination based on what's happening in other countries, like the United Kingdom, what's happening in other parts of the U.S. that are seeing dramatic spikes, increases in Omicron even overtaking the Delta variant.

So, it's important for people also to recognize that the vaccine is going to be less effective at preventing infection, which is why we've been recommending a booster dose, right? It's being shown

more clearly through emerging studies that a booster dose is going to be more important against the Omicron variant than against some of the past variants, in terms of boosting antibody levels, boosting vaccine effectiveness.

So there's sort of two things there. One is, get a booster dose, because we believe that's going to be important for preventing infection and severe outcomes from the Omicron variant infection. But, also, as we see the numbers start to rise in other parts of the globe and other parts of the U.S., it sort of stresses the importance also of people not just relying on the vaccine, when we have such high levels of COVID-19, but also taking other steps to prevent spread between people.

Given that, should people be gathering with extended family and going to Christmas Eve parties, and things like that? And if they do, should they be wearing a mask? Should they be opening a window? What do you say to those people?

Dr. Chan:

Yeah; so I think it goes back to the multilayered approach that we've been recommending all along. We do want people to be able to gather with family and friends this holiday season. I believe it can be done safely. And with the appropriate layers of protection, it can minimize the risk of spread of COVID-19.

But it is important, especially over the holidays, for people to get together. And so, again, it starts with the vaccination. It starts with getting a booster dose. But we do recommend that people keep group gatherings small. We do recommend that people do not attend group gatherings, or gather with other people, if they are having symptoms of COVID-19. Those individuals should stay home and get tested.

Ventilation, you mentioned, is important. If you're gathering indoors, look for ways to increase ventilation. That could be cracking the windows open. That could be turning on the ventilation fans in the kitchen and the bathroom, for example. There's actually a lot of guidance on the CDC website for how to increase ventilation in a home. And then, it comes back again to testing, right?

I think there are a lot of scenarios where testing can be employed as an important mitigation measure, both testing of somebody symptomatic and staying home; testing before a group gathering to screen for infection, even if somebody's asymptomatic. And that's where at-home antigen testing can come in handy. And then, testing after a potential exposure. So if people are gathering, if they're traveling, if they're gathering together, if there may have been exposure at an event, we do recommend testing about five to seven days after a possible exposure.

So there's multiple scenarios where testing comes into play, which is why making testing more available is an important strategy to control spread of COVID-19. And then, finally, regarding masks, you asked about masks.

That's going to depend upon individual circumstances. Certainly if people want the extra layer of protection, especially if you're going into larger group gatherings, then facemasks may be an important mitigation strategy.

We spoke to a ICU Doctor today who mentioned this year was supposed to be better. Vaccines are here. And that was something we were all looking forward to. The Doctor said that it's actually worse now. With Christmas and the new variant, is it too late to slow it down now within the next couple weeks here?

Dr. Chan:

So, we know how to control spread of this virus, right? So I wouldn't say it's ever too late to control spread. I mean, we're seeing some of the highest levels of COVID-19 in our communities that we've seen at any point during the pandemic.

Certainly, if we didn't have the 65%-plus of the population fully vaccinated, hospitalizations would be higher. Deaths would be higher. So vaccines are having an effect, we believe. But there's still work to be done getting people vaccinated, certainly getting people booster doses, and we know how to control spread of this virus. So it's never too late for people to take those steps that I just talked about to slow the spread between people and between communities.

And just one more: Elliot Hospital, we received confirmation today that there's a refrigerator truck outside in case they need it. Just with your background and all the work that you've done in the last couple years, just your reaction to that, that we're at this point.

Dr. Chan:

So, I haven't heard that report. But certainly anytime we see such -- I assume you're talking about a refrigerator truck for dealing with the deceased?

Yeah, if they need it.

Dr. Chan:

Yeah, that is not something that I've heard hospitals having to employ. But certainly, we saw that earlier in the pandemic, when levels of COVID-19 reached very high levels, when hospitalizations and deaths were very high. That's something we want to prevent. It is preventable with vaccination and would stress, again, the importance of people getting vaccinated to prevent those kind of unfortunate outcomes.

And Governor Sununu, if I could ask for your reaction to that, too, given where we are at this point.

Governor Sununu:

Yeah, so that was the case early on. There's a lot of precautionary measures that hospitals will take, especially during the winter months and as we're seeing the surge. So I don't know if the Commissioner wants to add anything to that.

But it's nothing out -- it's a very scary precautionary measure, but an appropriate one, as kind of a just-in-case. We're not out of the woods on this thing at all. We've seen our case numbers and our

hospitalizations seem to have -- maybe they're peaking, maybe they're not. Who knows? But I think a lot of the hospitals are dealing with a lot and they're going to be prepared.

Along with that, what would your message be to the public about where we are with the severity of COVID-19 right now in New Hampshire?

Governor Sununu:

We're in the peak of the winter surge, the peak of what we've been warning folks about was going to come since last August. That's why the Team has worked so hard over the past few months preparing, getting ready, implementing new ideas, working with hospitals, not just in the past few weeks but over month and months, so that we can be as prepared as possible.

That doesn't mean that the surge becomes an easy process. We always knew this was going to be very challenging for a lot of folks on a lot of different levels. We're getting a little bit of support out of Washington, which is good. More support would be better, and we're hoping to see maybe some of these more Teams and more help come.

Our hospitalization, as tough as it is, it's not near the top right now at all in the country. So there are States that are a little harder hit than us. There are States that I think Washington is seeing a higher priority, and that's where you're seeing some of those Teams out of D.C. move to first. And that's fine. Everyone has issues, to be sure. But my job is to be as selfish as I possibly can for the State of New Hampshire, and constantly advocate and try to push as many resources, not just out of Washington but out of the State as we can, to implement on the plans that we've been putting together.

I have a question about the level of capacity at the fixed-site locations. I think this might be for the Commissioner. My observation has been, at the very beginning, when these fixed sites opened, they had very long lines with long waiting periods. I went yesterday to another site, same site I went to, and there was no wait at all. Is there a way on the website to let people know that this is a good time to go out and get one, if they had a very bad experience? What do you guys see?

Governor Sununu:

No, there's really no way to predict what the rush onto one of the fixed sites might be on any given day or any given time. Obviously I think some of the -- midday, you're not going to see as high of a level. Early in the morning, you're going to see a lot of folks. And when some of the new fixed sites open up, I think there was a big rush to them.

So we've looked at that about how to kind of predict a little bit about what the capacity of some of those fixed sites might be. But they've been very successful. They're walk-up. We don't want to burden people. This is a way to not burden people with the demands of setting a schedule.

For some people, making appointment is much better. They want a much more fixed time so then they know they can go with a pharmacy or their Doctor to make sure that they're getting it. A lot of other folks have a little more flexibility, so they can take advantage of this. But there's no real way to predict it. Our job is to open up more sites, right, so that hopefully none of them are too overloaded, but all of them are maximizing their ability to get the booster out.

Do we know how many went last week, for example, to the fixed sites? Do we have a number on vaccination rate?

Governor Sununu:

No, I don't think we do. No, we don't. We could maybe look at that for you. We could try to get that information. And I don't know exactly. I think there were four fixed sites. Each one could do about 375 doses a day. So we can see exactly how many actually -- how many folks actually took care of that.

But I can tell you when we put these new sites in, we're putting six more sites out there. That's really being done based on demand where we think we can get the highest thrupt and the easiest process to access folks. You have to think about everything from parking to the logistics around individual locations, and hopefully maximize those locations with where the need will be the highest.

And finally, a question about the hospital capacity. 40 new beds, basically, have been freed up by this initiative. What would sort of be the goal for you guys to get to with this effort? Or what do you think is the maximum...

Governor Sununu:

Specifically with the long-term care effort?

Yeah.

Governor Sununu:

Well, as many folks as we can get out as possible. So, I mean, what really happens is you have individuals that are ultimately waiting in a hospital bed for a long-term care bed. We want to make that wait down to zero, right? As soon as the need is there, we want the availability to be there. I don't know if we will ever actually get to that goal. So there's not like a specific number. But it's just about making sure that that aspect of hospitalizations and bed capacity, that thrupt is really moving.

When you look at -- there's so many aspects to bed capacity, everything from length of stay. We've talked -- last week, we discussed a little bit how the average person in the ICU for COVID might be there for five weeks, where the average person with a triple bypass is only there for five days. So that one individual is really taking up the equivalent of seven or eight beds, right? That one COVID bed is worth seven or eight beds for non-COVID issues, because it could be turned over that many more times.

So that's why we have such a compounding problem, every additional COVID-taken bed. It creates more of an exponential problem for the system, as a whole, which is why thrupt is so important. We don't want people waiting in Emergency Rooms.

For example, if individuals need to be IEA'd, we're trying to get those moved forward. If they're behavioral and mental-health issues, if there's long-term care needs, we're trying to get those folks moved forward. If there's folks with COVID but don't need a full overnight stay, or maybe just need one day and then can be moved out for better monitoring at home that can be done safely with their Doctor, all these different aspects are moving people through. So it's working and we're getting there.

Governor, do you have any sense of the vaccination rate among children 5 to 11? And I guess given we've first had our pediatric death in this State, do you hope that will lead more parents to have younger kids vaccinated than there already are?

Governor Sununu:

Well, I just hope more parents vaccinate their kids, I mean, because of what we saw with the data. The data's real. The fact that more younger individuals are getting more severe symptoms of COVID, both hospitalization and otherwise, is an absolute fact of the Delta variant, could become a fact of the Omicron variant. And so, we want people to be very cognizant of that, take it very seriously, and hopefully make the right decision. In terms of the percent of kids that are vaccinated, do you know, Dr. Chan? Maybe Dr. Chan has some information.

Dr. Chan:

So, the data that we have on vaccination percents (ph) comes off of the CDC website. And currently the CDC website is listing almost 25,000 children, 5 to 11 years of age, that have been vaccinated, which represents about 25% of that 5- to 11-year-old population. That's having received at least one dose of the COVID-19 vaccine, right? We're obviously still in the process of starting kids in their vaccination series and then completing the vaccination series. But that approximately 25,000 children is -- are the number that have received at least one COVID-19 dose. Thanks.

Governor Sununu:

I'll just add, for what it's worth, we did find out this week we really had our first young child death from complications due to COVID. And I think that hits home with a lot of folks. Obviously our thoughts and hearts go out to the family. I can't imagine what that family is going through, finding out that that was one of the causes and that there was a relation there.

But it definitely hits home. I mean, you don't want to use that as the driver to get people vaccinated. But I suppose if people are waking up a little more and realizing the severity for young kids, if that helps them kind of come to that realization, then all the better. But, that was obviously a very tough story and we just feel terrible for the family that has to go through that.

Governor, with regard to the Strike Team, where are we in terms of getting them into the process...

Governor Sununu:

Yeah, I think the same process. I think we're probably sometime after the holidays. We're still a few weeks out. Again, it's a matter of contracting with a Private Contractor, bringing folks in from other parts of the country, for the most part. But I think we're still on track to have them in, in the next few weeks.

Commissioner Shibinette:

Early-January.

Governor Sununu:

What's that?

Commissioner Shibinette:

Early-January.

Governor Sununu:

Oh, early-January. So, yeah, just a few weeks out, hopefully, which is great. And that'll be another part of the process.

With kids, do we know where the level of spread is in schools these days, and should kids be wearing masks all the time? And should we be spreading them out again, like we were doing earlier on?

Governor Sununu:

So, again, the level of spread in school today, it tracks similarly with what we're seeing with COVID everywhere, with this winter surge. It is definitely surging in schools. I think schools, overall, have done a fantastic job, because schools, I think, entered even September, before the surge, prepared to use some of those tools and strategies that Dr. Chan put together for them late-last year. They were able to carry some of those strategies forward, whether it be social distancing or masks, if they want to choose to do masks, or how they have lunch, or whatever it might be, but still make sure that kids are in school with that academic opportunity, with the socialization. And I think, overall, we've seen clusters here-and-there in schools.

We've had a few issues, one or two issues where I think some Teacher outbreaks have kind of pushed the -- there weren't enough Teachers really to come in. But, by and large, those Teachers recovered and back into class, which means the students were back into class. And that was all a very positive mix.

So I think schools have done a fantastic job and have been a great model for how to do it without having to shut everything down, how to put a lot of these pieces in place, that Swiss cheese effect that Dr. Chan talks about. All these different pieces that can really help mitigate the spread and keep kids -- and again, you see clusters here-and-there, two or three kids out in that classroom, two or three kids out in that classroom. And eventually, for the most part, they roll back in. They get better and they come back in. And schools are managing it pretty darn well. Do we have some questions online?

Kathy McCormack with The Associated Press:

Hi, thank you. I lost connection for a minute, so forgive me if I missed something on this. I know there will be more free home COVID test kits available and that there will continue to be a heavy emphasis on home testing. But, there's only so many of those kits and pharmacies are starting to limit the numbers they sell now. Are you considering expanding the fixed vaccination sites to also include COVID testing or perhaps create more test sites?

Governor Sununu:

So the question is: are we going to create more fixed test sites? I can honestly tell you we have more flexible testing opportunities in New Hampshire than anywhere in America. And I'm very proud of that.

The first at-home testing push was very successful. As of tomorrow, you're going to be able to go online and there'll be another 750,000 tests put out there to another 80,000 (sic) homes. And to put some of those numbers in perspective, if you look at 1.75 million tests that will be put out between last week and this week, on a given day, on average, people are looking to do 10,000 to 12,000 tests a day, maybe even more. Let's say it's 15,000 tests a day.

So if that rate were to continue, or even get increased to 20,000 tests a day, you're looking at weeks' and weeks', and weeks' worth of the tests that we are putting out into communities in folks' homes. And then, obviously you can still go get tested at pharmacies or Doctors' offices, whatever it might be. That's obviously still taking a large part of the burden of testing, especially around PCR tests. So when it comes to the average number of people that are looking for a test, we've put months' worth, frankly, of tests out there, which creates an immense amount of flexibility.

So if we were to create -- my point in bringing all that home is that -- if we were to create fixed sites, we're going to do it as we are now around boosters and vaccinations. And that's where we're likely going to try to maximize our Healthcare Workforce, in terms of creating walk-up opportunities for individuals to get boosted or get their vaccination. That's really where I think there's still opportunities to increase our capacity.

Testing, I'm not ignoring the issue. But I think we've just knocked it out of the park, in terms of course creating opportunity. I can tell you 49 other States would love to be where we are with our testing flexibility right now.

Alli Fam with NHPR:

All right, thank you. I've actually got three today, so bear with me. And thank you for answering them all. My first one is for Dr. Chan. So, recently the Federal Government's guidance that mRNA is preferred over the Johnson & Johnson vaccine. Health Officials have been saying that, to be fully vaccinated, ideally, means having three shots. So how should Granite Staters who maybe only received two shots -- a Johnson & Johnson first shot and a booster -- kind of think about their protection in light of this changing evidence? So that's my first one for Dr. Chan. And then, my second question is that, Governor Sununu, as you mentioned, our hospital system has been receiving support from Federal Teams. And you mentioned it's still kind of unclear if we will be getting those additional Teams you requested. And if those don't come through, what is your plan to provide the kind of acute support for the hospital system? And then, my third question is: we've been told that the New Hampshire Hospital Association supplies daily updates to the State on

COVID-19 hospital information -- sorry, on COVID-19 hospitalization, including information on whether or not the people hospitalized for COVID-19 are vaccinated. And I'm wondering if you can tell us more about the information you're collecting from the hospitals, how long you've been gathering, and why those metrics are not being shared with the public. Thank you.

Governor Sununu:

Okay. Dr. Chan, do you want to talk first about the difference between the mRNA versus Johnson & Johnson plus a booster?

Dr. Chan:

Yeah, thank you.

Governor Sununu:

I'm curious as to what you're going to say, too, because I'm with the second group.

Dr. Chan:

So, thanks for the question about the mRNA vaccines, meaning the Pfizer or the Moderna vaccines, versus the Janssen vaccine. And you're absolutely right. The CDC, end of last week, came out with a recommendation -- a preferential recommendation recommending the Pfizer or the Moderna vaccines over the J&J Janssen vaccine.

The reason for that preferential recommendation was not because the Janssen vaccine doesn't work. The reason for that preferential recommendation was because of some of the risks that have been found with the Janssen vaccine, specifically the thrombosis with thrombocytopenia syndrome. Thrombosis with thrombocytopenia syndrome, or TTS, that was identified very early on this past spring, after rollout of the Janssen vaccine, that caused the pause, I think, back in April.

So this is not a new risk. But what has been found is that there's been some continuing rare occurrence of TTS, or thrombosis with thrombocytopenia syndrome, despite the pause that happened last spring. And these rare occurrences of TTS have occurred not only in females in their 30s and 40s, which were the and still are the highest-risk group for developing TTS, but they found that the risk of TTS existed in other age groups in females and also in males.

So that was the reason for the preferential recommendation of the Moderna or the Pfizer vaccine over the J&J Janssen vaccine. It's not because the J&J or the Janssen vaccine doesn't have effectiveness against preventing COVID-19 or hospitalizations, or deaths.

Regarding your question about people that may have received the Janssen vaccine, the number of doses that somebody can receive is dependent on which vaccine they got for their primary series. So, for right now, if somebody started their vaccination with the Janssen vaccine, the number of doses that they are recommended and able to get are two, right? The single dose primary series, followed by a booster at least two months later.

For the people that started their vaccination series with either the Pfizer or the Moderna vaccines, those individuals are able to get three, maybe four vaccines, if they're moderately or severely

immunocompromised, right? So, these are different vaccines. They have different authorizations, different recommendations for how they're used. And so, for somebody that has already gotten the Janssen vaccine and already taken the step of getting the booster dose, that's it for now. There's no other doses of the vaccine that are recommended.

But I think it does highlight the importance of people getting the booster dose, right? So if you got two doses of the Pfizer vaccine, or two doses of the Moderna vaccine, or the single-dose Janssen vaccine already, everybody 16-and-over should get a booster dose, again because of the emerging evidence showing that those booster doses will be needed against the Omicron variant. Thanks.

Governor Sununu:

Great, thank you, very informative. So I believe your second question, Alli, was about the acute care support that we have received already from FEMA through our previous conversations, and now hopefully we could receive some more, based on what the President was discussing yesterday. It still remains to be seen whether they'll come.

Clearly, I guess I would answer it. I guess the question is: what if it doesn't come? What else are we looking to do to help take some of the burden off of our healthcare system? I would go back a little bit and talk about some of the things we've already put into place that clearly are working, right?

So we've fast-tracked licensure for hundreds of Nurses and frontline individuals that can work in hospitals to help either allow more folks to be in a bed that might otherwise have gone empty, or give a break, frankly, to a lot of the frontline workers that are out there. So fast-tracking the licensure has been a hugely successful piece.

Fast-tracking the Medicaid payments and those guaranteed Medicaid payments to the long-term care Providers, so individuals are moving out of the Emergency Rooms and beds within the hospital to long-term care has already been fairly successful. We are absolutely keep doing that.

Today, we authorized another \$10 million to hospitals based on their bed count to again allow -- give them a few more resources, so they can compete a little bit better, in terms of bringing in some of these -- either their own Strike Teams. We have a Strike Team coming -- Strike Teams coming in, as well, to long-term care to help that. But maybe bringing their own Strike Teams or the Traveling Nurse Program, which can be a very expensive Program for hospitals, but also a very valuable tool, especially when you can draw off some of the southern States that don't currently have the high rates of COVID just yet.

Also, the men and women of the National Guard, they've been phenomenal. We've deployed 70 individuals about a week ago. We're putting more individuals out there to help with our booster sites and some of our vaccine sites. And we still have more men and women that we can draw upon. And what they're really designed to do in the hospital system is do a lot of that backend administrative -- those administrative tasks, so that everyone can kind of get bumped up, in terms of responsibility and opportunity within the hospitals. And it just helps flex and loosen up some of those individuals in some of those hospitals, in terms of the demand that they're putting on their own Staff. And so, we can always potentially increase the men and women of the National Guard, if we have to, down the road.

So I think there's a lot of other pieces there. And then, the best thing to do is make sure that you don't have the high hospitalizations, that you're really addressing it in a preventative way, that you're providing the testing out there so folks can know that they may be positive earlier, a little more often, and they can take the right precautions for themselves, their families, and their communities.

So it's a big puzzle, to be sure. But I think we've put as many innovative pieces in place to take the burden off of our hospital system as any State in the country. Doesn't mean that we're out of it, but it definitely means that we -- and we've already seen some positive results, which is good. But we got to stay with it and we got to keep giving it 110%, at least until we come out of this winter surge, which hopefully will be in the next couple weeks. We will see some consistent downward pressure on the system, which could be an opportunity. Commissioner Shibinette, do you have any information on the -- I think the question on vaccinated/unvaccinated and hospitalization?

Commissioner Shibinette:

So, Alli, I think your question was on the report or the data that the hospital sends to us each day, and how long we've received it, and what's on it, and why aren't we releasing it publicly? So, historically, this report started off as a PPE report. It was how many boxes of gloves they had and how many gowns they had and what they needed, and that type of thing. And that's how the hospital report started. And I think over the last two years it's evolved to have more information on it.

Currently, it has detailed information on it about hospitalizations, about vaccination status and things like that. Typically, when we're at press conferences or at public meetings, and I get asked questions around vaccination status of people that are hospitalized, or number of people in the hospital, I can verbally release that information.

We have had recent request to release the entire report. And what I can tell you is that I'm having conversations with the Hospital Association now to really look at whether -- what we can include in a public release of that report, because some of the details could allow for constructive identification of a person, right? If you have a 20- or 25-bed hospital and you have one pediatric case in that hospital, in a small, rural area, you're going to be able to constructively identify.

So, really working with the hospital systems to really look at that report and say, what can we release publicly every say so that we don't constructively identify, but we give the public what they're looking for? Most of the things on that hospital report that can be publicly released we talk about at every press conference and almost at every public meeting.

Governor Sununu:

Thank you. Great.

Governor, if anything, is anything keeping you up at night these days?

Governor Sununu:

Really? Sometimes I make the joke, but I'm serious. I feel like Charlie Brown. I got to give Lucy \$0.05 and just download stuff. Little bit of everything, to be honest. Try to focus on the holidays and the gratitude, and people know that I try to stay on the positive side of everything.

But there's no doubt this surge is very real. There's no doubt there is, I think, an extreme hesitancy by a certain amount of the population to get vaccinated. And I mean, we put the messaging out. We try every creative way we possibly can to get the message out so folks can tell their own stories to

hopefully encourage other people to get vaccinated. But there's a lot of hesitancy in that minority population there. But that population is clearly the vast number of cases that are the most severe.

One thing we're looking at is ways so folks, if they're willing to step up and tell their story, where we've heard a lot of it anecdotally, but to have that family, if you will, get out there and get on a television commercial and say, yeah, I didn't get vaccinated. I didn't think it was going to affect me. Next thing I knew, my husband was in the ICU for 3 1/2 weeks and we couldn't even visit, and what that does to families. It's harsh and it's real. It's really real.

I've walked those ICU halls. It's scary. Those are a lot of the same individuals that just aren't going anywhere for a long time. And unfortunately, we know a lot of those people are in induced comas and they won't wake up. And that's a reality for a lot of families that are struggling right now, today, knowing that they have individuals. They didn't think they were going to be there a couple months ago, but, boy, they're there today. And so, I think the number 1 thing is whatever we can do to get people to realize how important the vaccine and the booster is, that's the way out of this, of course.

We have a strong economy right now. We have a lot of opportunity right now. We're very fortunate here in New Hampshire, compared to most States in many, many different ways. But that's probably the number 1 thing that keeps me up. And just the misinformation, too, it really drives a lot of us crazy, I think, because I don't want to speak for the Commissioner and Dr. Chan, and frankly Trish Tilley and the entire Team over at Public Health that do a phenomenal job putting out data.

People know how data-driven I am. And I'm insistent that the data be real and accurate. But there's just so much consistent misinformation out there. And I try to encourage people, don't watch social media. Nothing's real on social media, unless you're watching my posts. No, but I mean, it's just these are the individuals that you can trust. Your Doctor is who you can trust. Your Pharmacist is you can trust, if you want to really know what's happening out there.

But the amount of misinformation, I would say, is also very disconcerting (ph). And again, we just try to push back on it as calmly and clearly as we possibly can, and just tell folks. If you're looking at these press conferences and you're not buying what we're saying for some reason, by all means, pick up the phone to your Doctor. Pick up your phone to someone that you do trust, because it's so clear about what's happening in our system. I'm sorry to go on with the long answer. But I'll give you the nickel when I can later. What else do you guys got?

Governor, with regard to Vaccine Mandates, as you know the legal landscape right now is all over the place.

Governor Sununu:

Jeff, all over the place.

Some Courts are saying it's legal. Some are saying it's not. It may be okay for companies with 100-or-more Employees. It's not right now for Healthcare Workers in New Hampshire and some other States. How do companies/organizations plan for the future, given this thing could be up in the air for weeks, if not months?

Governor Sununu:

That's a great question. So the question for those who didn't hear is really about all the different types of Vaccine Mandates, specifically out of Washington, the Government-driven Vaccine Mandates. Some are moving forward. Some are being upheld in the -- are being stopped in the courts. Some that were stopped in the courts are now moving forward in the courts. So it gets massively confusing for a lot of the businesses out there.

If I might take a step back and just say the number 1 reason why the Federal Government shouldn't have gotten involved in Government-driven mandates in the first place, they had to have known these were going to get held up in potential Injunctions in the courts. They had to know that these businesses that can barely find any workers in the first place were going to be struggling just to figure this system out. And again, I really think it's a symptom of not understanding what's happening on the ground. Washington is this isolated place. They do tabletop exercises. It sounds good on paper. But they really don't have any connection to what it's doing to a lot of these businessowners.

So the point you just made, I've heard in the past 48 hours, in particular, a lot of businessowners saying, where are we with the Mandates? So there's a couple. You have the OSHA Mandate, which is any business of 100 people or more needs to be vaccinated, according to the Federal Government. That was stopped in a Federal Court. And then, another Court vacated stopping it. And so, technically, that's moving forward. And I think that's the number 1 Mandate out there that is very confusing.

Technically, it's moving forward. I think the Supreme Court is likely to take it up in the next week-or-two, before kind of the end date comes. And hopefully they'll put a pause to it again and give everybody time for them to hear the arguments on both sides. I can't say that with any assurity (ph). But hopefully they'll do that.

I know a lot of businesses out there. I'm not advising one thing or the other. I'm not a lawyer. I'm not going to get in that game. But I can tell you a lot of businesses have said, look, we're not getting rid of anybody. There's a certain amount of our population of Employees that just aren't going to get vaccinated. We will wait for the Federal Government to come knocking on our door to tell us that we really did something wrong, because having those Employees is so important. And they'll kind of play the risk game a little bit with the uncertainty.

There's a Federal Contractor Mandate that has now, I believe, been paused by the Courts at the very last minute, again, creating a lot of confusion in the system. So, it's been paused. It is a Temporary Injunction on that. Whether that goes forward or not remains to be seen.

I'm not advising one thing or the other. But I think a lot of businesses are going to take a wait-and-see attitude before they start telling Employees they can't work for them anymore, because there's so much confusion. And hopefully, the Supreme Court will jump in on this stuff quickly and sort it all out, because, at this point, this is one of those things where, I mean, I want the flexibility.

As you know, I don't believe in Government-driven Mandates on vaccines. But clarity and certainty is way more important, one way or the other, to these businesses than anything, because they don't want to run the risk of getting fined and penalized. But they also don't want to tell Employees they can't work for them and then find out two weeks later that the rule that drove them to get rid of an

Employee couldn't have been enforced anyways, right? And so, it's massively confusing. And I don't want to say -- give them my -- I'm not here to do the I told you so.

But this is stuff that really could have been predicted. The confusion over this could have been predicted a long time ago. And I wish Washington had taken, I think, a more sober approach to how to go about this.

Okay? Great, well, look. We want everyone -- I'm not sure if we will be back next week. We're going to kind of see where the numbers go. We know it's the holidays and all that. But one way or the other, Christmas is here, for those who are celebrating Christmas. We want everyone to have a very Merry Christmas. Be smart, be safe. But enjoy time with family.

COVID could be with us for a long time. We know that. But things in '22 are definitely a little better than they -- or '21 were a little better than they were in '20. And I have no doubt things in '22 will even get better.

But we have to stay vigilant. We can't become complacent. Vaccines and boosters, and testing, and all those basics, there's nothing new here. All those basics are just so important to maintaining the health of your family, the flexibility in our healthcare system.

But with all that that's happening, I think the Team here, I can't thank them enough. They're doing a phenomenal job at the State level. I think everyone owes a huge debt of gratitude to the individuals I have the honor of working with, because they're the ones that are making Christmas a little brighter for a lot of people and a little more flexible, and a little more open. So, whatever you guys can do to spend some time and enjoy time with family in a safe way, we just wish everyone the best this coming week. Thank you, guys.