



Office of Governor Christopher T. Sununu  
Press Conference  
Wednesday, January 12, 2022, at 3:00 p.m.

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**Governor Sununu:**

Well, good afternoon, everybody. Thank you all for joining us. I think let's just start by kicking it straight over to Dr. Chan for a Public Health update. Yeah.

**Dr. Chan:**

Good afternoon. So I have just a brief numbers update for today, then I'll turn things over to the Commissioner. But we are reporting 2,438 new people diagnosed with COVID-19 today. In the last week, we have averaged about 2,500 new infections each day. And currently, there are 20,458 people with active infection.

Compared to one to two weeks ago, we are now seeing about double the number of new infections identified each day on average, compared to what we experienced a couple of weeks ago. And we believe that this is likely due to the Omicron surge now hitting New Hampshire and being experienced in New Hampshire.

Our test-positivity number continues to be high, over 21%. Currently there are 415 people hospitalized with COVID-19 statewide. And then, regarding the number of COVID-19-related deaths, going forward, because the daily numbers fluctuate so much, going forward we are going to start reporting the average number of COVID-19 deaths that have occurred per day. And so, we continue to see about 9 to 10 new COVID-19 deaths occurring each day in New Hampshire. The total number of deaths currently stands at 2,032 people that have died from COVID-19 during the pandemic. With that, I will hand things over to the Commissioner. Thanks.

**Commissioner Shibinette:**

Good afternoon. With our increase in case numbers, we are seeing an increase in outbreaks in congregate living settings. So since our last press conference, we are closing two outbreaks at long-term care facilities, but we are opening 10 new outbreaks at long-term care facilities. So currently we have 37 active outbreaks at nursing homes and assisted livings across the State. Thank you.

**Governor Sununu:**

Great; thank you, Dr. Chan and Commissioner. A variety of different things to discuss today, the main thing I think we want to talk about and make folks aware of is, as Dr. Chan said, there is a very strong surge [ph] of Omicron across New Hampshire. I want to talk about a little bit what it means for the State.

Like the rest of the country, we are likely to see more cases than we've ever seen. Omicron is now the dominant strain here in New Hampshire, even over and above Delta and definitely the original Alpha viral strain of the COVID virus.

Up until now, we were really at the peak of the Delta wave. And obviously now, as was indicated, we're going to see a surge of Omicron across the State. We know that cases are going to increase. Cases are not likely represent -- the cases that are reported are not likely representative of the total infection, given that we have so many folks in New Hampshire, especially compared to the rest of the country, that are just doing a lot more home testing, which, again, is a very positive thing in that folks can find out earlier and often that, if they are positive and isolate themselves from the rest of the population. But what it also means is that not all the data is reported up to the State. So whether it's the case numbers or the percent positivity, all that could be skewed a little bit.

We still continue to look at hospitalizations and fatalities. Those numbers still continue to be extremely high, at their highest levels, frankly, still. And again, it's nothing that's likely going to go away in the next week-or-two. This is part of the winter surge, part of the long haul, which is why we put so many of the mitigation strategies and measures in place early on to help provide some flexibility to hospitals and healthcare systems.

We still want to encourage everyone to get vaccinated, get boosted. We had a successful Booster Blitz 2.0 this past week. It went very, very well. But, at one point, we were just inviting walk-ins to come in, because we didn't have enough folks that were interested in getting their booster.

I think over the past month, we've done a great job getting the boosters out there. But clearly we're trying to push the message as hard as we can. The difference between maybe getting infected even after a vaccine, or the likelihood of getting reinfected, it drastically decreases with getting that booster shot. It's easy to do. There's walk-in facilities all across the State. And so, we just really encourage people to definitely make sure they get that booster shot. And if you're feeling sick, pull yourself out of the population, get tested. Use a home test, go for a PCR test. Whatever it is, whatever is most convenient, easiest, and where you can get the best results so that you know the risk of potentially infecting other folks as we go forward. Even if you're vaccinated, please monitor for symptoms and keep an eye out, because even a lot of folks that were vaccinated, and especially those that might have been vaccinated but not boosted, those folks, we are seeing a lot more breakthrough cases at that point.

The good news, if there is any, is that the studies so far show that Omicron is less severe than previous variants. We still have a very high hospitalization rate. That's somewhat positive. But the data also suggests it is far more contagious. And that's why we're seeing these outbreaks so aggressive throughout our populations: young people; schools; a little bit of everything.

I want to talk a little bit about the Monoclonal Teams. As we reported a few weeks ago, New Hampshire was set to receive Federal assistance and Federal Teams dedicated for administrating the monoclonal antibodies. And these Teams, set to arrive last week, they were delayed. But the good news is that they did arrive earlier this week and immediately began providing treatments.

Unfortunately, now that Omicron is the dominant strain here, Omicron is resistant to the vast majority of the monoclonal antibodies that we've traditionally been using. So, because New Hampshire's now facing an Omicron surge, what we're going to do is basically transition some of these FEMA folks. We're not just going to send the Teams back, because we need an all hands on deck effort. We are going to press forward to ask our Federal Partners to allow us to reutilize these individuals at vaccine sites and other means within the healthcare system, so that we don't lose the ability to fight the COVID pandemic, whether it's through vaccination or other avenues.

There are antivirals that are available for Omicron. But they're in extremely limited supply. The entire country, every State is shorthanded with these antivirals, because they're really just coming onto the market. So, I believe there's two or three that are now available. Maybe Dr. Chan can enlighten us a little bit more on those.

So, there are treatments available for Omicron. But they're different. They're administered differently. And because of the national surge with Omicron, it is unfortunately very short supply. We will keep pushing our Federal Partners and the Manufacturers to make sure that we have as many of those as we can get our hands on.

Also want to talk about our Paramedic Teams, kind of a different group that FEMA helped us with. They were here for a couple weeks, and we asked them to extend their stay, which they've done. And these Paramedic Teams are going to extend their deployments at least until the first week in February, which is great. Late-January/early-February, these Teams are going to continue to assist our hospitals in, again, flexing out some of the capacity within Emergency Rooms, in particular. They've been great. They've worked in a couple different settings. And they continue to be a huge asset for us.

Last week, if you saw on the news, we also welcomed another Team of assistance, our DOD Team. Active-duty service men and women from active Military Service, they came from across the country, specifically to support New Hampshire within Elliot Hospital. Elliot Hospital in Manchester has really taken the brunt of the COVID pandemic.

We met the Team over there. They've been on the ground a little bit. And they've just been doing a fantastic job. And again, these are Department of Defense Teams that are active Military Personnel to again be part of that all hands on deck effort with a variety of different skillsets to assist within the healthcare and the hospital settings. And then, finally, as we announce, we have 70 individuals, men and women, from our National Guard deployed in healthcare and hospital, long-term care settings now. We have another 100 that are being deployed in the next week-or-so, which is terrific, and, again, all part of the assistance to create some flexibility.

We also know there were some questions about our Prison System. We had a lot of folks out. A lot of our Corrections Officers were out with COVID in our Prison System. And so, we've also deployed about 25 individuals, men and women, from our National Guard to assist within the Prison System, as well.

So, it doesn't just affect the healthcare system. COVID is having its presence felt in a variety of different ways, similar to what we saw with some of the pressing issues in the early days. And a lot of it is just with folks out. There becomes staffing issues in every area and industry across the State. So we're utilizing every resource that we possibly can.

One not directly COVID-related issue before we open up to questions, but healthcare is just so important. We talk about healthcare all the time. Before we close it out, I just want to remind folks that the open enrollment period for our individual health insurance marketplace, that ends on January 15th. So if you have not enrolled into the healthcare marketplace, over the past few years New Hampshire has been very fortuitous. We've been able to drop the premiums, the cost of insurance in our healthcare marketplace, about 35%. So those benchmark premiums have been plummeting, which makes it much more accessible, much more affordable for families across the State. And having that healthcare, being signed up within that system, can be so critical if you really need to rely on it. And as we've learned with COVID, you never know when you're going to have to rely on additional healthcare insurance.

So, again, the premiums keep coming down. The costs keep becoming more affordable. It keeps becoming more accessible. You can go to [healthcare.gov](https://www.healthcare.gov) to sign up, within our individual insurance

marketplace. But that is open. Open enrollment is still open for a few more days, until January 15th. And we just want to remind folks to sign up, if they can. With that, we can open it up for questions.

### **Q&A Session**

*Governor, why the change in the reporting of deaths from COVID? Why the shift to average count?*

**Governor Sununu:**

Oh, so we're really looking at the weekly average in terms of deaths, because some days the number might be very low, because somebody is out of the office, right? It's really a logistics thing, if anything. Some days the number -- well, oftentimes, earlier in the week, the number will be extremely high, because you're accounting for Saturdays and Sundays.

So, what we found was the number doing this. But that wasn't really indicative of what was happening day-to-day. So, we're looking just to give a more, I think, true representation of what's going on in the State, where we've asked to just do an average number per day for the week.

So, it's a constant rolling average, and it's constantly being updated. But there could be certain days where we come out and say zero deaths today, right? I think today was technically a zero day. But that doesn't necessarily mean that no one died of COVID. We don't want to give a false implication of the seriousness of the issue. Some days could be 25, because it's making up for 3 or 4 days over the holidays, right? But that's really three or four days of numbers. So we're just kind of averaging it out over the week. That's what most States are doing now, I believe. But you can still get the day-to-day numbers on our Dashboard.

*So, the daily deaths will be on the Dashboard?*

**Governor Sununu:**

I believe the daily deaths. Yeah, we're still going to keep those on our Dashboard. Yeah. But in terms of just general reporting, we will probably focus more on the weekly average, because I think we want to know where the real general trend is moving on those numbers.

*Why now, though, with that? I mean, it's been that way for almost two years now, in terms of the weekend kind of up-and-down thing.*

**Governor Sununu:**

Yeah, I think it's just becoming a little more extreme. Really it's really pinned on a lot of folks have been out of the office with COVID. And so, a lot of the numbers, they get reported in, but they don't get reported all the way through. We have a whole series of checks and balances on those numbers, so they're super accurate.

So, I think we're just seeing more drastic fluctuations. Everything from people being out to what's happening over the weekend, and just knowing that the numbers will get a little higher and a little more extreme, if you will, potentially, over the next few weeks.

*Question for Dr. Chan: Doctor, I get the sense that every time I've mentioned the words "herd immunity" in the past, it's kind of been like Doctors are trying not to kind of roll their eyes at the media, because we're always asking about that. But is the Omicron variant a variant that could take us towards a herd immunity to COVID-19?*

**Dr. Chan:**

Yeah, so I think if I can reframe your question a little bit, you're asking if Omicron is going to spread so rapidly and so widely that everybody gets exposed, and then we don't have to worry about COVID anymore. Is that...

*I wouldn't go that far. But I was just wondering if we're going to get closer to that number, when, before that, it just wasn't a possibility.*

**Dr. Chan:**

Okay. Yeah. So I think as we've seen all throughout this pandemic, prior infection does not necessarily guarantee somebody to -- that somebody's going to have full immunity or full protection, right? So, as we've said before, herd immunity is sort of an elusive concept, I think, when it comes to talking about COVID-19. And we've always sort of shied away from using that term.

What I think is likely going to happen, though, is that, given what we're seeing with Omicron and how infectious it is, and how easily spread it is, that many more people during this current surge and the pandemic are going to be exposed, are going to be infected. And so, that may offer some protection. But it's not going to make COVID-19 go away.

COVID-19 is still going to keep circulating. There'd still be other variants in the future. And it's important still, especially during this most recent surge, for people to protect themselves, because we don't advocate for exposure to the virus as a way to protect oneself, because there can be a whole host of complications arising from that, whether it's people getting severe disease, ending up in the hospital, getting MISIC, the Multisystem Inflammatory Syndrome, long-COVID symptoms. The better way to protect oneself is to get vaccinated.

*Doctor, while you're up there, just kind of looking long-term at the Omicron surge here, I mean, can we say with certainty how long this is going to last, this surge with the Omicron, and when we could start to see cases start to trail off?*

**Dr. Chan:**

Yeah, so question about how long this current surge is going to last for, when we might see cases begin to trail off. We always hesitate to predict what the trajectory of the pandemic is going to be, or what the trajectory or pattern of any particular surge is going to be, so would hesitate to put out any timeline on this most current surge.

What I can say is that we're in the very beginning of the Omicron surge. It's just in the last week-or-two that we've really seen infections transition from predominantly Delta to now almost solely Omicron that we're seeing. And that's, we believe, leading to this dramatic surge we're seeing in cases.

How long that's going to last is unclear. There's data coming from other countries that have entered this surge even earlier than we have that are showing a quick surge and potentially even a more rapid drop-off than what we've seen in other surges of the pandemic. But that's not a sure thing. We're going to know on the backside of this curve, as we're coming down from it. Thanks.

**Governor Sununu:**

Hi.

*I had two questions about school tests. Schools are saying they don't have access to enough of them. So what is the State's plan, if it has one yet, to get more tests to schools? And then, second, the Biden Administration announced, I think, this morning maybe that there's 5 million tests they're making available to schools, but States have to apply. So does the State plan to?*

**Governor Sununu:**

Yeah, so a couple avenues. Any program where their tests are made available, if they release a big chunk of tests, we always try to be first in line to apply for those. So the answer there is absolutely. In terms of our home-testing program, I believe there was a bunch of tests that we did hold onto specifically for schools. So I'll let the Commissioner talk about that a little bit.

**Commissioner Shihinette:**

Yes, so the Say Yes to the Test and the bulk testing, in both programs we set aside several thousand tests for schools to preload them, so Nurses or Administrators could give a child that maybe developed symptoms an at-home test to take when they go home. Now, some schools did not want to do that within the schools. So we still have at-home tests in our warehouse for schools. So if there's any school that needs at-home testing, they need to contact the Department, so we can get them some at-home tests. We're not aware that there is a shortage of them for the school system.

*And is there a limit to how many tests one District or one SAU can have?*

**Commissioner Shihinette:**

I wouldn't say there's a limit. But it has to be commonsense, right? We're not going to give Manchester and Littleton the same number of tests. So it just has to be within reason.

**Governor Sununu:**

And just to expound a little bit, there is a testing shortage across the country, everywhere. I mean, there are some States where you're waiting weeks and weeks to get a test. It's really bad. I got to tell you. I think Commissioner Shihinette has done a phenomenal job with her Team.

It is easier to get a test in New Hampshire than anywhere in the country. I've talked to Governors all across the country and I have no doubt, because of that home-testing program we did, because we



have tests in our warehouse, and if a school is looking for tests, by all means pick up the phone. We have some. We can send them down. I don't know almost any other State that can say that, frankly. And so, it doesn't mean this is going to last. I think we have a few weeks here of a lot of tests in the State that are out there and available. Some are in people's homes. Some are in the warehouse. Some are just out in the field.

I know nationally, when you get a PCR test for some of our National Contractors, it's taking a couple days where it should really only take one day. And so, we're pushing on our Contractors to meet that 24-hour threshold.

Unfortunately, though, I mean, we are still so much better than other States. The stories we're hearing across the country on the lack of tests are really scary. And I just can't thank our Team enough for getting ahead of the ball on the Say Yes to the Test program. It's taken such a burden off of our system. It really has. But folks should, by all means, contact us if they're looking for -- school systems, especially, should contact if they're looking for bulk tests.

*I had another question on schools.*

**Governor Sununu:**

Oh, okay.

*Just while we're on the topic, we know of at least one District that had to go remote, because of cases among Staff spread in the school. I know you've been an advocate for local control when it comes to decisions among School Districts. But has the State offered any other solutions for schools, or other ways to be creative for these Districts, knowing that, for Districts to go remote, it's not great for the mental health of children?*

**Governor Sununu:**

No, again, it's about the flexibility that we provide for Districts. Every District's different. Every school is different. Every age is different. Every classroom is really different, when you get down to it. And so, I think the schools have done a phenomenal job. I think the Teachers and Administrators -- two things -- I think they all want to be in school. They all understand it's so much better for the kids to be in school, when you look at the other negative health aspects of going remote, the hardships it places on the kids, the hardships it places on families and parents, and all of that.

So, remote was a stopgap in the middle of the early days of a crisis. It is not the long-term solution. And I think most schools understand that. They're going remote when they really, really have to, specifically around staffing. But the Schools' Districts I've talked to, I think they're doing a great job, frankly, trying to find some flexibilities.

If there's any other requests or flexibilities out there, I know the Commissioner talks to the School Districts a couple times a week, sometimes every day, depending on what the topic is. So, we're very proud of the communication we have with those Districts. And if there's any additional requests or flexibilities, they come up through the Commissioner and very often even to our office, as well. We work hand-in-glove with that. But I think they've all done very well.

*Yeah, as healthcare facilities navigate the kind of limited supply of treatments available that are effective against Omicron, I know some of them are kind of looking at like a set of criteria that they will start to apply as supply gets really limited, so they can kind of ensure that people at the highest risk of developing COVID are getting that treatment. And I'm wondering. Is the State planning to make any kind of specific recommendations around which risk factors they should be looking at and also specifically is the State considering a recommendation around which way to proceed, as a risk factor?*

**Governor Sununu:**

So, I think, just so folks can understand the question, given the extremely limited supply, not just here in New Hampshire but across the country, frankly, of the antivirals and the ability to push back on Omicron, for those who are COVID-positive, yes. I mean, I'll say, generally, those of highest risk should always come first. I believe, do we address the risk profiles as part of the HAN? Yeah, sure.

**Dr. Chan:**

Yeah, thanks for the question. So, actually two different questions there. One is a question about equitable distribution so there's equitable access. And the State is involved in helping the Federal Government allocate some of these limited resources around the State. And so, certainly we're taking that into consideration, trying to figure out how we can make sure that not one location within the State, geographically we're speaking, has access to the medications, how we can utilize normal healthcare mechanisms to make these therapeutics available. And so, there is an effort to make sure that these are allocated and distributed around the State geographically, so that there can be better access to some of these therapeutics.

Regarding the prioritization of individuals, because of the limited supply, it is recommended that those who are at highest risk for severe disease be prioritized to receive limited quantities. We have not created our own guidance around this. The NIH COVID-19 Treatment Guidelines, National Institutes of Health, has created guidance for Providers. And so, in our most recent messaging to Providers around COVID-19 therapeutics, we have also messaged and informed Providers about the NIH Treatment Guidelines and how they should think about prioritizing people that are at highest risk for severe COVID-19. Thanks.

*Governor, what do you think is going to happen with our hospitalization numbers? I mean, if Omicron's less serious in infection, could they start to go down? But is it going to be so ubiquitous, Omicron that is, that even if a small percentage of people get seriously sick, we're still going to have more people in the hospital?*

**Governor Sununu:**

Yeah, so the quick answer -- and to repeat the question -- two or three times more people are likely to -- what we're seeing in other countries and with the contagious effects of Omicron, it's realistic to think two to three times more people could get the Omicron variant. It is less severe, and so it doesn't necessarily mean that our hospitalizations go up two to three times.

But I think they're going to be up there for quite a while. I really do. I think we're still hovering around 400 hospitalizations. They could go up. That's just my -- again, Dr. Chan doesn't do the



predictions. I do. And then, I take credit and blame for them. But my sense is that's why hospitalizations will still be at very high capacity, at least over the next four, five, six, seven weeks, or if not longer, potentially, because, again, when you go in for the hospitalization because of COVID, if you have to be in an ICU, you're not there for a week-or-two. You're there for four, five, six weeks, in itself. So the numbers, I think, as the Omicron numbers stay very high, the numbers, I think, in our hospitalizations are just going to naturally stay very high, as well.

*Governor, is there a hospitalization number that scares you that it's a break glass in case of emergency-type? If we get over 450, 500, something like that?*

**Governor Sununu:**

There's not a specific number that scares me. But whatever it is, we've passed it. I mean, yeah, that's why I go to these hospitals. That's why we're putting these Emergency Teams in. It isn't run around with your hair on fire-type stuff, because you got to get control, understand the situation, look at each individual hospital. Where are the cases coming that are the strongest? What are the nursing staffing levels? What's the ICU levels? You put in all these pieces of data and then you attack it very strategically.

Big States can't do that. We can do that here and I think we do it really, really well. And again, Commissioner Shibiante and her entire Team at Public Health that integrates and talks to the hospitals every single day. We're getting reporting from all the hospitals every single day, which is really great, so we can work with them on an individual basis. We can say, look, we need five more National Guard here. We need another FEMA Team here. We're going to move these Paramedic Teams over there. And we're going to put the DO Team over there. It's really awesome, our ability to be nimble here in New Hampshire. We do it better than -- I'm just going to tell you, we frankly just do it better than everyone else.

So it isn't break glass, it's complete crisis out-of-control mode. It's let's buckle down. Let's address the problem at a very individualized level and provide those resources we need exactly where they need to be. And I think that's why we've been able to manage, frankly, better than most. We really have.

So we take our time to go to other States and learn from other States, and learn from other models. We don't try to just live in an isolated situation here. I think we're very good about if someone is doing something really well, we're happy to copy it, right? No pride of ownership here, like let's just copy it and see what works. And I think we were able to do that early on with what we learned in some other States like Kentucky. And we're still able to do that a little bit, as things evolve, as the monoclonal antibodies become less effective, how we use our Teams, how we reallocate.

Like, the Monoclonal Antibody Teams showed up. We asked for them a month and a half ago. They finally show up literally the week that monoclonal antibodies are determined not to be very effective against the virus. Are we sending them home? Heck no, right? We're finding a way to kind of reallocate them based on their skillsets that are here and put them right in the right places to kind of maximum the efficiency of the system that it's not broken by any means. But it's sure as heck is at capacity.

*And Governor, what about the people who aren't having a good experience with the testing regime right now, who are waiting days? It's keeping kids from being able to go back to college. It's stopping people from taking flights. I mean, sometimes there are some extensive delays in testing.*

**Governor Sununu:**

Oh, sure. So, again, there's a couple things there. If folks can use a Binax or an Abbott, or a different types of home and rapid tests, we encourage folks to do that. There's a lot of them out there in that maybe they're in your home, or your neighbor's home, or whatever it might be. If there's a school that's in need, by all means let us know. We do have some -- not a ton -- but we do have some contingency tests available at the State, where we can, again, direct those into the areas of the highest need. And we will continue to do that over the next few weeks.

So it could be a frustrating process. I get it. If you need to get tested for travel, make sure you're getting tested as early as you possibly can, based on those Guidelines that allow it, knowing that it could be a day or two, or maybe even three before you get a result back. It could be frustrating as a parent and I'm a parent. I've had the same frustrations, to be sure.

But, again, we're just going to keep making these tests and opportunities as available as we possibly can. And I just ask folks to share. I mean, I know it sounds like a silly request. But be open with the tests. And hopefully the burden on the system as a whole might be -- hopefully is hitting a crescendo here in the next few weeks and will start to really go down over time.

Then, you have the other 500 million tests that are supposedly going to come on the market from the Biden Administration. That was an announcement that was made weeks ago. I don't know if we have any more information about what that program's going to look like or how it's going to be done. I know they talked specifically about New Hampshire and our success here. And they want to replicate that across the country. But 500 million tests is a lot of tests. So my sense is they'll do it in different phases, different programs, maybe focus on schools early, maybe focus on another area down the road. So we're still waiting for that opportunity. But that should really take a burden. But, over the next few weeks, we just ask folks to be patient and be flexible with the tests that we do have.

*And do you or Dr. Chan know anything about the efficacy of the home tests in detecting the Omicron variant of the virus?*

**Governor Sununu:**

I mean, I'll let Dr. Chan answer, but I don't think it varies too much.

**Dr. Chan:**

Yeah, so, not really a lot of clear data at this point. So your question is about the efficacy of the home tests, meaning the antigen tests against the Omicron variant. This is something that we've heard for a number of weeks now that the FDA, or the U.S. Food and Drug Administration, is evaluating. But it appears that the antigen tests still work. We're hearing that there may be some decrease in the accuracy against the Omicron variant. We don't know how much. We haven't seen a lot of details or a lot of studies about this. So it's really unclear.

But we do know that the tests still do pick up the Omicron variant. But as with most antigen tests, antigen tests are going to be less accurate than the PCR-based tests. And so, we know still that PCR-based tests will pick up infection earlier. They will pick up lower levels of infection. They can also be prolonged -- have prolonged positivity for longer periods of time, the PCR tests can, compared to the antigen tests. And so, it's important to really look at testing and apply the different tests to the situations where they'll have the most utility and the most benefit. But we still promote. We still recommend the antigen tests. They should still detect Omicron. But certainly will be less accurate or less sensitive than the PCR-based tests.

**Governor Sununu:**

Sure, we will go here then here. Sure.

*I think you mentioned the State will be updating the Dashboard still on the daily deaths. (Inaudible) that we've seen the Dashboard be updated since December 31st. Are those now coming in soon?*

**Governor Sununu:**

I'm not aware of that. We will look into that. Is that the specific data mark within the fatality data, specifically within the Dashboard?

*One of my Colleagues just let me know that this was...*

**Governor Sununu:**

Okay.

*So I don't have any...*

**Governor Sununu:**

We will take a look and try to get an answer even before you leave today. I can see the Team scurrying trying to figure out what the situation is.

*I have a question about the Registry. I think I have heard you say that you would support making it opt-in versus opt-out. So I wanted to check that. And then, if so, what would you say to the folks who say doing that is a public health risk, because it's harder to get people to opt in, and then we don't have as much information?*

**Governor Sununu:**

Obviously, we'd prefer an opt-out. If you're going to have an option, opt-out is the best way to do it. If the choice is between an opt-in model and no Registry, I'll take the opt-in model, because it's so important to have a Registry. So I'd be supportive if that were just basically the choice of last resort, if

there was any thought about getting rid of it. But the law right now is an opt-out model. And that's what we're going with and that's what's being developed.

*Do you believe there is a risk to public health purpose of that Registry if people don't opt-in, if there's a large number of people who do not opt-in?*

**Governor Sununu:**

Oh, I'm sorry. I'm just trying to understand the question. Is there a risk if a large number of people aren't in the Registry?

*Yeah.*

**Governor Sununu:**

Yeah, I mean, the Registry becomes much less effective, in terms of being able to keep people informed and the transmissivity of that information for those individuals, if very few people are in it, right? So we're not doing a Registry because it's a nice exercise. We're doing a Registry because there's a public health benefit. And that benefit is increased the more people that are actually part of the Registry.

*Then, one last follow-up, will you be talking to Sponsors of that Bill who want to make it opt-in? Will you be twisting their arms like...*

**Governor Sununu:**

I don't twist anybody's arms. But I'm happy to talk to -- what, I'm sorry?

*You twist FEMA's arms.*

**Governor Sununu:**

I twist FEMA's arm. Yeah. I wouldn't twist my own Legislator's arm, never, no matter what their Party. FEMA has a lot of arms to be twisted. It's fine. They'll be okay. No, look, I'm happy to talk to anyone about any Bill. I think we've done a very good job and I know they've been talking to the folks at Public Health about why the Registry's important and all of this.

There's a lot of misinformation out there. We're the only State in the country, up until now, that didn't have a Registry. The most conservative States in the country all had Vaccine Registries and it was just fine, right? There was no violation of Civil Rights or anything like that. So all the misinformation out there has been proven 100 times over of how it's just not correct. And so, the Registry that we're putting up now, it's the right thing to do. It's going to be a good Registry. And obviously we want to keep it viable. And I think the way it's been designed now is the right way to go. And I'll be happy to tell that 100 times over to anyone willing to listen, with a smile.

**Holly Ramer with The Associated Press:**

*Hi, thank you. When the Hospital Association recently began publishing not just the number of actively infected people who are hospitalized, but those who are considered recovering, they said they started collecting that data because they know that they were seeing people remain in the hospital for increasingly longer stays. Do we have any data that might show trends on, like, the average lengths of time folks are spending in the hospital? And does anyone have any thoughts about what is behind this current situation? Is there something about their symptoms that require longer treatment? Or is this like a backdoor issue, in terms of folks who might be discharged to nursing homes not being able to leave?*

**Governor Sununu:**

So I'll give kind of a broad answer. And then, I don't know if the Commissioner wants to add anything further, in that we're working with the Hospital Association very closely who represents all the different hospitals to make sure we're kind of getting the most detailed level of data that we can. And in some cases, we're asking for new sets of data. We're asking for new sets of data based on not just who has COVID in the hospital, but everything from the severity of symptoms, the average length of stay, the average number of people in an ICU versus the average number of individuals that might just be in an emergency bed; the number of folks that might be intubated; the recovery times, all of that sort of stuff. We're asking the Hospital Association to really dig in with their hospitals and provide a much more robust level of data, given that the surge is not likely going away. And as we go forward, it'll help us understand Omicron a little better. It'll help us understand the severity of symptoms and if there are other resources or opportunities to better treat folks, both in a hospital setting or in a recovery setting, as well. I don't know if you have anything to add to that, Commissioner, but...

**Commissioner Shibiante:**

So, I think it's both a front door and a backdoor issue. Through our Strike Teams and some agreements with the county long-term facilities, we were able to discharge 50-plus people out of hospitals into long-term care beds in the last couple weeks.

I think there is an opportunity to increase rehab beds. So what I'm hearing from the hospital is about 2/3 of the recovering COVID patients need a higher level of care than nursing home, or a more acute level of care than a nursing home. So they may still need high-flow oxygen or aggressive PTOT. And COVID, especially if you're ventilated, debilitates your physical body so much that you need several weeks-to-months of this type of therapy. So I think there is an opportunity to expand the rehab section of our healthcare system to decant some of our recovered hospitalized COVID patients.

***Ilene O'Grady with the Concord Monitor:***

*Hi, thank you. I'm wondering if one of you could explain what responsibilities School Districts have or don't have to provide personal protective equipment for their School Nurses who are working with COVID-positive patients. And what should that PPE consist of? Do you have current guidance on that?*

**Governor Sununu:**

Well, I'll say this. If someone is COVID-positive, they shouldn't be in a school. That's the most important thing there. So if a student is sick or has symptoms, we ask them to either stay home or to be sent home, probably.

The issue around PPE, we don't have the PPE crisis of 2020, thank goodness. But if any District is somehow lacking in any way their ability to get masks, gowns, gloves, or whatever it is, the State has built up a three-plus month stockpile of those types of materials. So we have plenty of those things and we can help any School District out if they are specifically looking for that.

So, our responsibility at the State level is to make sure that we can provide the schools as much of the backup materials as we can. But if someone is COVID-positive, they shouldn't be -- that student or that individual should not be in a school setting.

***Paula Tracy with InDepthNH:***

*Yes, good afternoon, Governor. I have two questions. One, do we have an idea of how many or what percentage of the cases that are current are Omicron? And also this is one for Commissioner Shibinette: do you intend to investigate an outbreak from the House of Representatives last week?*

**Governor Sununu:**

So, the question about the number of cases that are Omicron, so we do selective genomic sampling of cases all across the State. We don't sample every single case. Not every test that's done is sent to the lab to determine Omicron versus Delta. So it's a representative sample from across the State. And only in this past week has that number not just gone over 50%, but now it's really surging. It's the vast majority of cases are now Omicron. I don't have the exact number today other than to say this is clearly an Omicron surge that we're in.

As far as the House of Representatives, I don't know if there's anything to say other than -- I mean, sorry, I'll throw my two cents in. And then, I'll have the Commissioner. So, under kind of Public Health guidance, broad discussion of those cases is really not required.

I will say that it's my understanding that they have followed the notification process and been in constant consultation with Public Health and the Department about any cases that have been detected there. I don't know if there's any -- I think that's really all to say there.

***Rick Green with the Keene Sentinel:***

*Thank you, two questions. Now that three Representatives have tested positive after last week's two-day session, should the Legislature reconsider its masking and remote participation protocols? That's number 1. And the second would just be for a comment on today's Executive Council vote having to do with Planned Parenthood and the Contracts for it, and the other two organizations having to do with health.*



**Governor Sununu:**

Well, sure. Well, I'll simply say that I do know there have been a few cases identified in the House of Representatives. I believe it's roughly the same percentage of community transmission we're seeing all across the State. I think you said 3 cases. 3 out of 420 individuals-or-so that were there, when you include all the Staff, is less than 1%. And that's about the number of cases we get across the State. Across the State, about 1% of this State is getting COVID right now. That's a very high number every week. That's a really high number, and that's about what you saw in the House of Representatives.

So I think they've moved out of the House of Representatives. I think they're taking an abundance of caution, frankly, but still allowing that meeting to happen and that I know most of the folks are wearing masks. They're all physically distanced and separated in Manchester. They're making provisions for how they eat lunch and all that sort of thing. So I think they've really gone out of their way. They have machines in there that are constantly -- I mean, dozens and dozens of these machines that are constantly filtering and cleaning the air, while individuals are in there.

So they're meeting as an elected body should, as frankly I believe almost every Legislature across the country is doing. So our Legislature's not doing anything different than most of the other Legislatures across the country. They're doing it differently. But they are still meeting, as they should and as the Constitution provides. And I think they've done a lot of work to make sure that it is as comfortable and safe of an atmosphere as possible, while allowing those individuals to meet.

I know they're constantly pushing vaccines. They did their own -- they're doing their own inhouse Booster Blitzes and all that sort of thing to make sure that those individuals have as much safety and protection as they possibly can.

As the second question unrelated on the Planned Parenthood Contracts, I was hoping those Contracts would pass. I thought Councilor Warmington did a very good job articulating -- and the Commissioner, as well -- articulating exactly why those Contracts not just are important, but they have nothing to do with taxpayer-funded abortion or any of that misinformation out there. Those Contracts are vital. They need to pass. Maybe we will bring them back again, if we can provide some more information and we think we can get the Council to a yes vote. But we will keep advocating for it. But it was an unfortunate result that the Council turned it down.

Hat's off to the Commissioner and the Department. They provided so much information and so much clarity. Belt and suspenders on all the different issues surrounding the Family Planning Contracts, the Women's Healthcare Contracts, the Planned Parenthood Contracts, however you want to -- whatever you want to call them. They're important. They really are, especially in parts of the State where you just don't have -- especially lower-income women and families, and kids don't have as easy access to healthcare. Those facilities provide it. And they do it with those Contracts. And so, it's unfortunate that it didn't pass, but we will keep fighting for it.

*Governor, what's the total, in terms of deployment from the National Guard, say, by the end of this week when the next one goes out? I don't know which Prison. What's the number that's out there?*

**Governor Sununu:**

About 200 individuals, yeah, just shy of 200 individuals that the National Guard will have been authorized for deployment.

*And they're going to be at the Prison until March. Is that correct?*

**Governor Sununu:**

I believe so. I'd ask you to follow up with Commissioner Hanks or General Mikolaities. I had them kind of work out the details. I wasn't going to get involved with the need there. But I think there will likely be a pretty severe need there until about March.

*You sort of mentioned the ability to flex some of the Federal staffing. How were you thinking about that, as hospitals right now are dealing with an increase in Staff absences due to COVID? Have you been able to address that need, particularly, with the Federal Teams?*

**Governor Sununu:**

Yeah, if you don't mind me to expand your question a little bit, we've had a shortage of Nurses and Healthcare Staff in the State for 10 years. Then, COVID hits and it really becomes exasperated as the number of individuals requiring care go up, and the level of care that's needed go up.

Then, you get this burnout across the country, frankly, of Healthcare Workers. Then, you have all this Federal money that comes in that can be used to create all these cross-border State Teams or these Traveling Teams, if you will, that had been in place before. But now, with all the money out there, it becomes very lucrative, frankly, for Nurses to jump out of your State and potentially travel across the country to help other systems.

So, those issues have all compounded themselves in the past. We saw that really this past fall. And now, with the Omicron variant, especially, you're getting another surge of a lot of Nurses out of the hospital, to the point of your question. They're just out and they might be out for two weeks or four weeks, or whatever it might be, depending on the level of COVID they have. Maybe it's five days.

But to the heart of your question, we're always looking every day at the map, right? Where the needs are the most, talking to the hospitals, where the shortages are, maybe an entire wing got COVID, God forbid, and they all have to go out and isolate and quarantine. Then maybe we can pivot some of the additional Teams or other resources to that hospital.

So, again, it goes back to what I said a little bit ago. We take a very specialized and individualized look. We talk to every CEO of every hospital almost every day. So, we can get that feedback about where the need is the most and then we can pivot as best we can.

Now, you don't want to be moving Teams of Nurses every single day to a different hospital, right, because when you go into a hospital system, I mean, I'm an outsider looking in and I can tell you. You have to learn the system and understand where everything is, and how the protocols work. Every hospital is a little different. So you can't just shuffle people around on a daily basis. But where the need is the most, we can kind of activate folks. And the key really is -- I'll use the National Guard -- we can activate folks into a system to take over some of the less direct care jobs, so that those individuals that were doing that kind of move up the chain a little bit, and they're providing more of the direct care.

So, talking to hospitals every single day has been a huge benefit and I think has really allowed us to be nimble. But looking down the road, as more and more Nurses might be out for a period of time, or Doctors might be out, or whatever, for a period of time, we will constantly look at that to see where we need to pivot.

*Yeah, and then long-term (inaudible) staffing challenges kind of beyond the...*

**Governor Sununu:**

Yeah, it's a great question. Long-term, where do we go, because it isn't a localized issue. It's not like, gee, what is New York doing that they've sold the -- no one has solved this problem. Long-term, I can tell you, we're trying to make a lot of investments in schools, a lot of investments in kids, right? We want to make sure that if someone is in high school and interested in becoming a Nurse, we're not waiting until they graduate high school to say, hey, why not be a Nurse? We're making sure those programs are available early on in the process.

We're trying to build literally schools and hospitals here that aren't just taking care of patients, but that are doing a little more teaching, as well, kind of grow our own, if you will. We expanded. I'm very proud. About two months ago, three months ago, we cut the ribbon, because I expanded. I doubled the number of Nurses coming out of UNH. That was awesome. And they have a whole new facility over there with the funds that we put forward. And that's going to yield some great results. We have an expanded variety of nursing programs in our community college that I put in two or three years ago, the LNA programs and additional -- I'm sorry, the LPN programs and additional LNA programs that are out there.

So, we're trying our best to kind of grow our own. And you do that because, again, you don't wait until they graduate. Hopefully they're taking internships in programs within the hospital systems before they even graduate. And that way, it's just a natural warm handoff. And so, I think that's probably one of the best ways to get our system where it needs to be.

We're one of the -- it's amazing. We're actually one of the faster-growing States in the country right now, in terms of population. So that's an opportunity for us, right? A lot of folks want to be in New Hampshire, more so than any other State in the Northeast. We're growing faster than anybody. So, let's take advantage of that, with those young families, or those younger individuals, people that are looking for a change of work, or retirees that are looking to come out of retirement.

Really focus on kind of skilling up and growing our own, I think, is one of the best ways that you can have a long-term sustainable solution. But it ain't going to happen overnight, unfortunately. And it's not just direct healthcare. It's behavioral health. It's all the other needs across the State. But healthcare's obviously in that general compass. It's going to be a big need for quite a while.

*I feel like we've asked this question of you before, in times that even weren't so bad compared to what it is now. But the whole mentality of we're all in this together, the COVID fatigue and all that stuff, it just seems like there's an atmosphere out there right now where people don't feel like that, that they don't feel like they can rely on other people as much. So, I mean, what kind of message is there...*

**Governor Sununu:**

I'm sorry. They don't feel like they can rely on people?

*Well, I mean, the atmosphere is not one of unity, I would say, right?*

**Governor Sununu:**

Oh.

*How do you respond to that, I guess, where people feel like there's really this kind of like fractured feeling within society?*

**Governor Sununu:**

Boy, how do you respond to a fractured feeling within society concerning the epidemic, in particular, keeping politics as best we can out of it?

*Yeah.*

**Governor Sununu:**

Unfortunately, it's become political, as we know. Look, I think the best messaging we can do to get people a little more grounded that we are all in this together is look at your next-door neighbor or your Coworker that's not there. There's someone that might be out, or someone's parent that maybe was elderly and passed away. This is hitting everybody. It doesn't discriminate, so to say. And I think a lot of folks figured, well, if I get COVID, it won't be that big of a deal. And next thing you know, they're in an ICU and they can't see their family, sometimes with really drastic results.

It isn't about the -- one thing obviously the vast majority of folks that are getting COVID are the unvaccinated. We know that. But I don't mind telling you I don't like the shaming that's out there. There's a lot of that. And I think that creates a lot of the division. It's their fault. It's that group's fault. And then, that gets political. It's the Republicans' fault. No, it's these guys.

Stop, guys. This is a pandemic. Government doesn't solve a pandemic. Our job is to create as many doors of opportunity for individuals to get as best results as fast as they can. We don't run the hospitals, nor should the Government, per se. But we want to assist the hospitals. We don't -- the State Government doesn't run your schools. Schools are run on a localized level. So we want to provide as many opportunities to assist at that level.

Everyone getting COVID didn't think they were going to get COVID a month ago. Everyone getting it today didn't think they were going to have it a month ago, and sure enough they have it. So, the virus doesn't discriminate. And so, we just try to keep pushing that message, not isolating one group or one region, or anything like that. And I think more and more folks -- I don't want to say they're becoming complacent with COVID, because they have. I mean, there's no doubt about that. Across the country, there's been complacency.

But I think most folks just understand that this -- are starting to really get this is something we're going to have to manage potentially for the long-term. And it can be frustrating, because we all wanted to be out of it. But I think it's a reality that's hitting a lot of folks' home. And there's no doubt people are just seeing their friends and neighbors in really tough shape, their Coworkers and family in really, really tough shape, sometimes a much dire position than they ever thought.

It's real. Get vaccinated. Get boosted. If folks out there say, well, even vaccinated people sometimes get COVID, they do. But the vast majority of them walk away from it, too, at a much higher rate than the unvaccinated.

So, it's not about shaming one group or the other. But it's highlighting the fact that one group is definitely more at-risk. And we just want to make sure that we're making the vaccines and the boosters as readily available to everyone that we can. Making sure that, if a school needs a test, by all means, give us a call. We will provide the tests. We just want to provide all those opportunities as best we can, regardless of political status, vaccination status, whatever it might be. We are all in this together.

*Governor, with regard to the case of Harmony Montgomery, it came up in the Council Meeting. You're obviously concerned about it. You talked about it last week at the briefing. So many of these at-risk families can be transient. I mean, will this case, once this crisis is over and hopefully she's found, is it worth looking at whether we're doing enough as a State to track a kid that maybe that our system identified as being really at-risk and a month later she was no longer in New Hampshire?*

**Governor Sununu:**

Yeah.

*What happened to her?*

**Governor Sununu:**

Yeah, so, obviously, we're turning over every stone we can to hopefully bring Harmony home safe. I mean, there's still a lot of hope that that is possible. There's still a lot of unknowns. The State, from day 1 of this process, the State has been very clear that we were going to be very transparent about every piece of information that we can be transparent about. This is an active case. So there are a lot of things.

I know it can be frustrating for the public. But there's a lot of things that we're simply not allowed to say, because of confidentiality provisions and whatnot. And we feel that frustration. We'd love to just open up the books. But that's not fair to the individuals involved. There's still a lot of unknowns out there. And again, we have to be very cognizant of that.

That being said, any time there is a critical case of a child, regardless of who the child is or the timing, we always do an internal review. And I've instructed DCYF to already start that process, right, to do that understanding of not just where were we in this specific case, but was there any point where information wasn't being transmitted? Was there any point where we hit a roadblock and/or didn't respond to something, or anything like that?

Right now, I feel very confident that DCYF has done, I think, a good job of staying on top of the case, a good job of transmitting the information that they can transmit, working with the City of Manchester all the way back to November. I mean, I think that somebody had said, in late-December, that they had just started working with the State in late-December. That's not true. No, they were working with the State back in November. For months, we've been working with the City of Manchester on this. And as soon as we found out that this child may not have been showing up for school for quite some time, it was reported up to us, the Team got right on it. There wasn't a delay. It didn't sit in a file on somebody's desk. They moved right on it, which I give them credit for. And obviously the search starts.

But to the heart of your question is about transient families, right? You have to understand this is a dad and a daughter, and maybe a stepmom, or whatever it might be, with individuals that were not just here in New Hampshire. They were in Massachusetts for a while. They may have been working with that system for a while.

So, again, transient families can create a lot of confusion. But it doesn't relinquish your responsibility to follow up on everything you possibly can. And I think DCYF is just pulling out every stop they can to make it happen.

But we're doing an internal review, as we always do. And if there's anything to be found and learned from it, of course we will bring that to bear and change any processes that need to be changed. But I think they're doing a very good job putting all hands on deck on this one.

Okay. Good? Great. All right. Thank you, David. Always good to see you, my friend. Look, Omicron is here. And unfortunately, it's going to be here next week, which means I'm going to be here next week.

So, again, we just want people to be safe: the vaccines, the boosters. If a District needs tests, if somebody needs something, be sure they call up to the State. We have some supplies available. We ask folks to be patient with the antivirals and the ability to treat Omicron. It's very limited all across the country. We're pushing as hard as we can. We've got a lot of new people on the ground here working in our healthcare system to help us out. That's great news. And a lot of our mitigation strategies that we started implementing six weeks ago are still underway, whether it's drawing people out of Emergency Rooms or more into long-term care systems, or whatever it might be, to create a lot of flexibility in the healthcare system.

It's all very, very important. And we're not letting up. We're going to continue to put all these efforts to bear, to make sure that we can weather the storm, because this one could be a little while. All right. Thank you, guys, very much. Be safe, everybody.