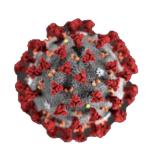
### Joint Economic Briefing March 4, 2022 Representatives Hall



Patricia Tilley

Director

NH Department of Health and Human Services

**Division of Public Health Services** 



# New Hampshire Fast Facts

Health Outcomes (?)	Infections			Hospitalizations			Intensive Care Unit			Recovered and	D.	Dth		NH DIVISION OF Public Health Ser	
Health Outcomes ?	Current	Cum	ulative			ative	Current	Cumulative	Off Isolation	olation	Deaths	**	NH DIVISI	ONOF	
Persons	1,399	29	8,626	82	3,6	24	n/a	1,001	294	1,840	2,	387	£	Public He	alth Services Health and Human Se
Infections Hospitalizations		Deat	ths					(n= 288038) ?							
Persons with COVID-19 ?	Persons	% of Tot	al Pers	ons %	of Total	Persons	% of Total	COVID-19 C	ASES BY	SEX			(n	= 28803	8) (
Healthcare Workers*	11,425	3.8%	12	4	3.496	21	0.996								
Long-Term Care Settings**	12,674	4.296	47	4 1	3.196	1,108	46.4%		13	7,722					
Sex									47	7.8%					
Female	150.316	50.396	1.59	91 4	3.996	1.086	45.5%						E0 216		
Male	137,722	46.196			5.6%	1,286	53.9%						50,316	)	
Unknown	10,588	3.5%	18		0.596	15	0.696					5	2.2%		
Grand Total	298,626	100.09				2,387									
Age Group (in Years)								Unknown	10,58	38					
0-9	31,302	10.5%	29	)	0.896	1	0.096								
10 - 19	48,640	16.3%			0.5%	0	0.096	Sex	Fema	le	1	Male			
20 - 29	51.963	17.496			2.296	4	0.296								
30 - 39	44,493	14.9%	18	5	5.196	24	1.096						,	20000	0) (
40 - 49	36,650	12.3%			8.196	51	2.196	COVID-19 CA	ASES BY	AGE GR	OUP		(n	= 29809	8) (
50 - 59	38.831	13.096	58	1 1	.6.096	133	5,6%			۸۰۰	Graup (	in years)			
60 - 69	25,783	8.6%	79	3 2	1.9%	354	14.896			Age	( droup	iii years)			
70 - 79	12,194	4.1%	82	3 2	2.796	592	24.896								-30K
80 +	8,242	2.8%	81	В 2	2.6%	1,228	51.496								
Unknown	528	0.296	3		0.196	0	0.096	40K-							
Grand Total	298,626	100.09	6 3,62	24		2,387		Ħ							-20K
Test Type		_						- XOS							-20K
Antigen Positive	102,677	34.389	6 72	7 2	0.196	523	21.9%	e c							
PCR Positive	195,949	65.629	-		9.9%	1,864	78.1%	<b>७</b> 20K−							
Grand Total	298,626	100.009			5.570	2,387	70.170								-10K
Grand rotal	250,020	100.00	70 3,02	-4		2,307									
	% of NH	Infec	tions	Hospit	Hospitalizations		Deaths								01/
Race / Ethnicity ?	Population ****	Persons	% of Total	Persons	% of Total	Persons	% of Total	OK_	ת ס	O)	<b>О</b> О	0	o (	D +	UK
White**	90.0%	165,285	84.196	2,864	86.7%	2,046	93.7%			- 29	. 39	. 59	0.0	80 +	
Hispanic or Latino*	3.9%	11,883	6.096	211	6.4%	51	2.3%		9	8	. 6	S	9 6	₹ ~	
Black or African American**	1.496	3,798	1.996	71	2.196	21	1.096								
Other***	1.8%	11,452	5.8%	82	2.5%	49	2.296	Unknown	528						
Asian** Grand Total	3.0%	4,228 196.646	2.2%	77 3.305	2.3%	17 2.184	0.896	Case Cour	_			n. Age Rat			



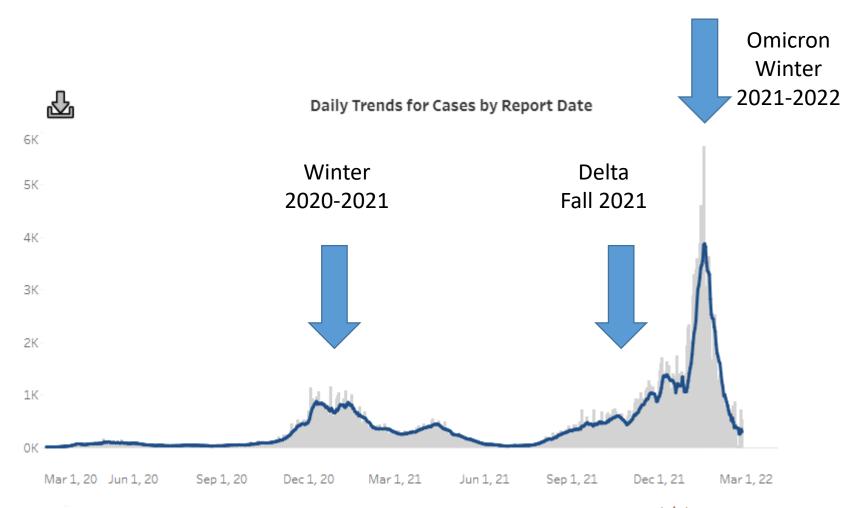
## New Hampshire Residents: Cause of Death

Tan 10 Landing Course of Dooth		
Top 10 Leading Cause of Death	2020	2021*
Diseases of heart	2,653	2,647
Malignant neoplasms (Cancer)	2,593	2,589
COVID-19	708	990
Accidents (unintentional injuries)	787	705
Chronic lower respiratory diseases	629	659
Cerebrovascular diseases (stroke)	500	486
Alzheimer's disease	481	405
Diabetes mellitus	349	371
Chronic liver disease and cirrhosis	182	227
Intentional self-harm (suicide)	227	197

<sup>\*</sup> Preliminary 2021 death data. Data may not be complete.



# COVID-19 in New Hampshire: Three Waves







#### **NEW HAMPSHIRE**

STATE PROFILE REPORT | 02.25.2022

#### STATE VACCINATION SUMMARY

DOSES DELIVERED

3,274,130 240,796 per 100k

DOSES ADMINISTERED

2,417,990 177,831 per 100k

	RECEIVED AT	FULLY	RECEIVED
	LEAST ONE DOSE	VACCINATED	BOOSTER DOSE
ALL PEOPLE	1,331,503	922,804	196,679
	95.0% of total population	67.9% of total population	21.3% of fully vaccinated total pop
PEOPLE 5-11	37,282 38.2% of 5-11 population	23,844 24.5% of 5-11 population	N/A
PEOPLE 12-17	67,562	51,113	7,553
	71.8% of 12-17 population	54.3% of 12-17 population	14.8% of fully vaccinated 12-17 pop
PEOPLE 18+	1,225,659	847,616	189,107
	95.0% of 18+ population	76.7% of 18+ population	22.3% of fully vaccinated 18+ pop
PEOPLE 65+	378,614	235,913	56,578
	95.0% of 65+ population	92.9% of 65+ population	24.0% of fully vaccinated 65+ pop



#### **Vaccine Distribution**

Community Healthcare Distribution Points						
Location Type	Doses Administered					
Pharmacies	1,122,548					
Medical Providers (Hospitals, Urgent Cares, Medical Practices)	152,905					
Long Term Care Facilities	5,894					
Fixed Vaccine Sites						
National Guard (12/26/2020-6/30/2021)	883,472					
NH Motor Speedway Super Sites	39,147					
On-Site Medical Services (12/1/2021-2/26/2022)	18,927					
ConvenientMD (1/19/2022-2/26/2022)	1,284					
Homebased Program						
On-Site Medical Services (10/25/2021-2/26/2022)	1,597					
National Guard (12/26/2020-6/30/2021)	780					



#### Vaccine Distribution: Mobile Clinics & Other Locations

Mobile Clinics						
Vendor	Number of Clinics	Doses Administered				
ConvenientMD (7/14/2021-2/26/2022)	358	11,636				
On-Site Medical (10/29/2021-2/26/2022)	317	13,961				
Mobile Clinics – Workplace Setting						
ConvenientMD & On-site Medical	111	5,038				
Other Clinics						
Regional Public Health Networks (December 26-1/31/2022)		153,000				
Booster Blitzes (December 11, 2021 & January 8, 2022)		21,050				



## **Supporting Business**



- More than 2,000 clusters or outbreaks in community settings since March 2020
  - Schools, Long Term Care Facilities, Childcare, Retail, Manufacturing, Restaurants significantly impacted
- Support for businesses for planning and responding to COVID in their workforce
- Impact on workforce and employers in every sector

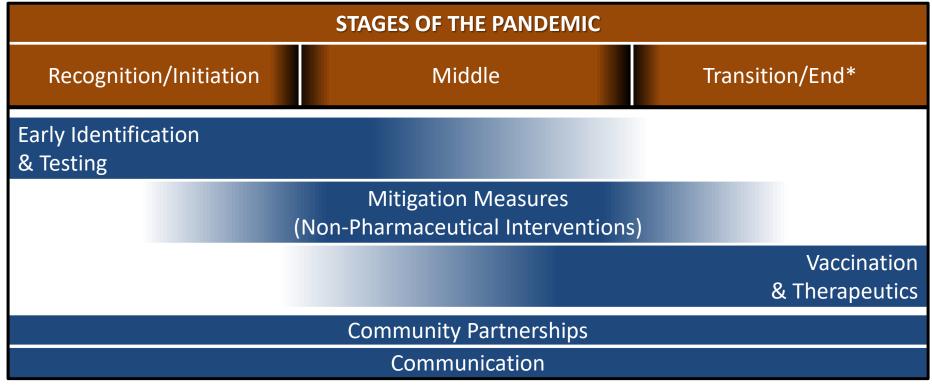


#### **Current Situation**

- Omicron surge is in sharp decline in NH and nationally
- As population immunity increases, there has been a decline in severity of COVID-19
- COVID-19 vaccination has been available to all schoolage children since the beginning of November 2021
  - Vaccine for children 6 months through 4 years expected later this spring.
- COVID-19 is expected to continue to circulate (it remains uncertain what the future "baseline" might be)
- Risk is decreasing



### Pandemic Response Changes Over Time

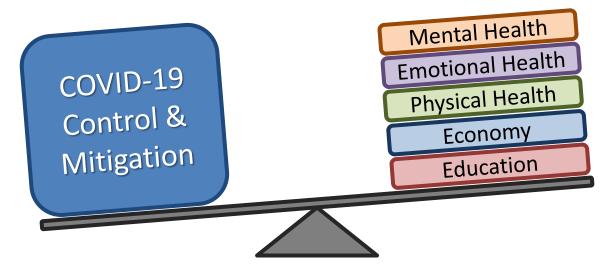


<sup>\* &</sup>quot;End" indicates a formal end to the pandemic, not an end to circulation of SARS-CoV-2



#### **Balancing Competing Priorities**

- Need to balance pandemic control with other health priorities
- As vaccine and other therapeutics become increasingly available, the balance shifts.





# **New CDC Community Indicators**

#### COVID-19 Community Levels | Use the Highest Level that Applies to Your Community

New		Level					
COVID-19 Cases per 100,000 people in the last 7 days	Indicators	LOW	MEDIUM	HIGH			
FEWER THAN 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0			
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%			
200	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0			
OR MORE	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%			

The COVID-19 Community Level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases.



#### **Current Face Mask Recommendation**

With decreasing incidence of COVID-19 and continued decrease in COVID-19 related hospitalizations, DPHS is not recommending *universal* masking.

## Important Considerations

- Per <u>CDC's Order</u>, face masks must still be worn on public transportation, including school buses
- Face masks should still be worn to shorten isolation and quarantine to 5 days
- People who are severely immunocompromised should still consider wearing a face mask for their own protection when in indoor public locations
- Anybody who wants additional protection for themselves or others in their home can choose to wear a face mask when in indoor public locations

#### REGARDLESS OF YOUR COVID-19 COMMUNITY LEVEL, YOU SHOULD MASK IF YOU HAVE



Symptoms of COVID-19



Positive COVID-19 Test



Exposure to someone with COVID-19





cdc.gov/coronavirus

CS329821-B 02/25/2022





# Continue Other Prevention and Mitigation Strategies

- Increase ventilation in classrooms and buildings
- Frequent hand hygiene and good respiratory etiquette
- Isolation and quarantine (<u>NH guidance</u>) for people infected with COVID-19 and household contacts who are not <u>up-to-date on COVID-19</u> vaccination
- Continue symptomatic testing for any new or unexplained symptoms of COVID-19

# On the Horizon: Possibility of Wastewater Surveillance

Wastewater surveillance can provide an early warning of COVID-19's spread in communities.

Wastewater surveillance at the community level can complement clinical testing strategies.





# Ongoing COVID-19 Risk

- There likely will always be risk from COVID-19
- There need to be reasonable and sustainable approaches to managing COVID-19
- We continue to maintain surveillance for new variants and changes in community risk
- This increasingly will rely on new forms of data collection, vaccination, population immunity, and therapeutic treatments

