



Connecticut Department of Public Health

Testimony Presented Before Legislative Leadership on the Continuation of the Governor's Executive Orders

February 8, 2022

**Commissioner Manisha Juthani, MD
860-509-7101**

Good morning Senator Anwar, Representative Steinberg, and Representative Petit. Thank you for including me in today's public hearing regarding the continuation of the Governor's Executive Orders in response to the COVID-19 pandemic. I look forward to sharing my perspective as the Commissioner of the Department of Public Health.

This pandemic has been unlike anything we have seen in our lifetimes, and it has challenged us as a government, as a community, and as individuals. I am proud to be part of an administration that uses the most relevant federal recommendations and scientific data available to drive our decision making, while prioritizing the health and safety of the people of Connecticut.

COVID-19 Status Update

I would like to begin my testimony by presenting a status update on the spread of COVID-19 throughout our state and the effects it has had on our communities. This holiday season brought an unprecedented surge in COVID-19 spread, with the introduction of the Omicron variant. Omicron, the most transmissible variant of COVID-19 experienced so far, spread at a rate that we could not have predicted. It spread faster than the initial onset of COVID-19 in the spring of 2020 and faster than the Delta variant in the late summer of 2021.

With Omicron, during the week beginning January 2, 2022, we saw that people who had received a vaccine booster dose were four times less likely to contract COVID-19, yet positive cases among fully vaccinated and boosted individuals were higher than anything previously seen, with over 29,000 boosted individuals in Connecticut testing positive for COVID-19, as of February 2, 2022. Among those, 93 died as a result. We also saw increased reinfection numbers, with almost 22,000 people testing positive for COVID-19 after having previously been infected. Among this population, 78 died, of which 58% were over the age of 80 and 5% lived in congregate settings. Most notably, 50% of those who had a reinfection died were unvaccinated. During the peak of Omicron the week of January 2, 2022, we saw that unvaccinated individuals were 21 times more likely to be hospitalized with COVID-19 and 30 times more likely to die of COVID-19 complications than people who had received a booster dose, proving that the vaccines remain incredibly effective at preventing severe disease. With Omicron we also saw a rise in pediatric cases, with 437 total pediatric hospitalizations to date.

Omicron peaked in the first week of January, with over 63,000 positive cases, not including positive self-tests that were not reported to the Department of Public Health. To put this into perspective, in the

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2018-2019 season, we had 10,619 influenza cases, and we've had 1,638 cases this year. Since the January peak, the positivity rate has fallen just as quickly as it rose, with about 4,000 cases reported to the Department last week. We do not know exactly where we will be in three to four weeks, but if we continue on this downward trajectory, community spread of COVID-19 will be much lower. While I am optimistic about this decline, as it represents a quieter time, it is cautious optimism, and it is important that we remain vigilant and use all the tools at our disposal to prevent or remain safe during a future surge.

The tools to keep us safe remain the same and should offer us comfort. Social distancing, masking when necessary, testing, and vaccination. We will need to learn how to ramp up and ramp down these interventions as disease prevalence in our community changes. I am encouraged by the fact that over 2.6 million people in Connecticut are fully vaccinated, that is 74.4% of the state's population, making us the fourth most fully vaccinated state in the nation.ⁱ Another 37.5% of the state's population has received a booster dose. When solely considering the populations who are eligible for a COVID-19 Vaccination and booster, those rates increase to 78.4% and 43.1% respectively. Although not everyone is eligible for a booster, we can see that we still have work to do in getting more people boosted. I encourage everyone who is eligible for a booster to get one. Information on how to obtain a COVID-19 vaccination can be found at www.ct.gov/coronavirus.

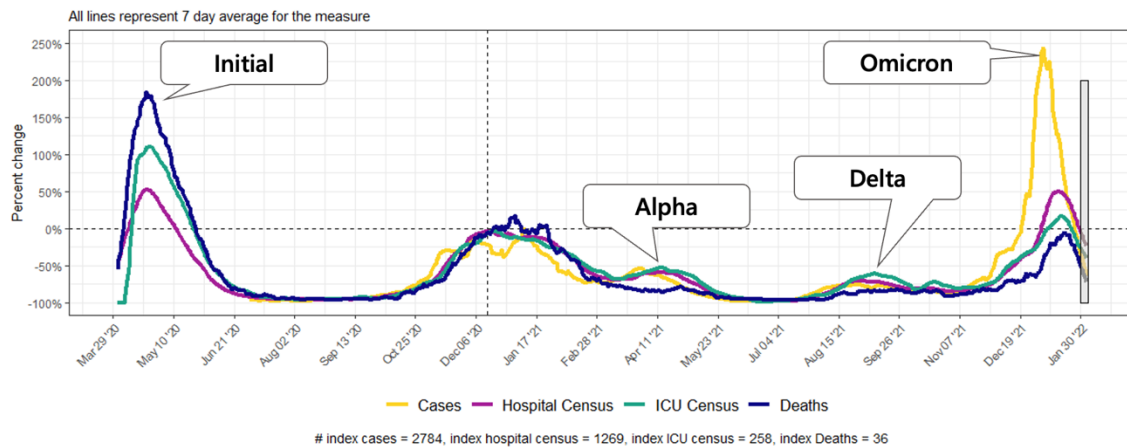
Guidance from the Department of Public Health

With COVID-19 spread rising and falling, we are starting to understand its trends better and can prepare for the future. Having been through two winter seasons now, we can expect that like the flu and other respiratory viruses, COVID-19 will continue to peak in the winter, with colder weather, lower humidity, and holiday travel. In general, we can anticipate increased prevalence of COVID-19 from October to March, the months in which we typically see influenza circulating. We saw an uptick in transmission in the late summer of 2020 and 2021; it is unclear if this trend will continue and represent the beginning of the fall and winter respiratory viral season for COVID-19. As we anticipate these trends, it is important that the guidance we issue to keep our communities safe from transmission reflect the status of the virus. Tracking these trends means the Department is constantly monitoring percent positivity, case rates, and hospitalizations in Connecticut and in our neighboring states.

The way we interpret these metrics has changed as the virus has evolved. For example, percent positivity today does not mean the same thing as it did a year ago. With the emergence of self-test kits, the Department does not track the total number of COVID-19 cases in the state, only those that are reported by health care providers and testing centers. Results from self-test kits cannot be verified so we do not ask people to report them. Omicron has proven to present with milder illness than other variants, particularly in vaccinated and boosted individuals, and the vaccines are very good at preventing severe disease and deaths. Given the milder disease course from a less virulent variant and our highly vaccinated population, hospitalizations didn't rise proportionally to cases, capered to other variants (see figure 1). Taken together, while the percent positivity and case rates were higher, we had lesser severity and lower hospitalization-to-case count ratio. But because of the sheer volume of number of cases, there was a maximum of 1,939 hospitalized patients during this wave, which approached the peak of 1,972 hospitalized patients in April 2020. Going forward, we will likely transition to monitoring cases and hospitalizations since these metrics will more accurately reflect the burden of disease on our community and healthcare system.

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Percent Change in Cases, Hospital Census, ICU Census and Deaths from Index Date 12/14/2020 as of 2/2/2022



February 2022

Figure 1. Cases, Hospital Census, ICU Census and Deaths across the span of the COVID-19 Pandemic

As we monitor the course of COVID-19, the way we rely upon and interpret the metrics may have to evolve as the virus does, and this will be reflected in the guidance we release. Myself, my staff, and other subject matter experts weigh the most recent data available and the relevant Centers for Disease Control and Prevention recommendations with the needs and safety of the public when formulating and issuing guidance. We have seen that the guidance we follow may need to change with the course of the virus, and we should expect that to continue. We now have the tools we need to keep us as safe as possible, with vaccination being our most protective tool. There will likely never be a time of no risk. People and communities will need to determine their risk tolerance understanding that more highly vaccinated communities have lower risk. As we get into the warmer months, where respiratory viruses circulate less, we can expect that it will be safer to unmask, assuming we continue on this downward trajectory with a less severe variant.

Using this framework, we will continue to advise the Governor and the Legislature on existing and new Executive Orders and guidance documents in order to keep the Connecticut safe as we navigate the challenges associated with COVID-19.

Prioritizing Health Equity

When settling into my new role as Commissioner of Public Health, I had the opportunity to set my own priorities for the Department and determine where I plan to focus my efforts as its leader. While addressing COVID-19 is paramount, my overarching priority is health equity. As we continue to navigate this virus and set a new path for public health in Connecticut, central in all our decisions and policies must be the eradication of health disparities.

Racial and economic health inequities are not new to Connecticut with COVID-19, but they have been exacerbated by this virus. Connecticut's Black, Indigenous, and People of Color (BIPOC) population has

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been hit hardest by this pandemic, with higher rates of transmission and death, and lower immunization rates. As we enter this legislative session, I want to make a public promise that in my role as Commissioner, I will put equity first in all policies that I consider and propose, especially as they pertain to COVID-19. This is particularly true as we look to build trust in our BIPOC Communities and close the racial gaps in COVID-19 vaccination status.

Thank you for the opportunity to testify before you today. I appreciate you taking a moment to hear the Department's strategies for our continued response to COVID-19. I am happy to take any questions that you may have.

ⁱ <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html#by-state>