



Town of New Castle, NH
Settled 1623
Incorporated 1693

Public Health and COVID Update April 16, 2021

1. A non-COVID pest related caution. Ticks are back and abundant. Please check the entirety of your skin after being outside off pavement- or after your pet snuggles you after being outside. Consider wearing long pants outside and tucking them into your socks to help prevent ticks attaching to you, or using insect repellent with DEET.

2. Canadian Geese are also abundant on New Castle. While they are beautiful, their excrement contains E Coli, Salmonella, and other bacteria that infect our waters. This causes closure of beaches to swimmers and can cause disease in humans. Please do not feed the geese as this causes more excrement and more potential infections.

3. Now onto COVID. Some news is positive, some is not.

A. Gov. Chris Sununu announced Thursday that when the state's mask mandate ends Friday night, it will not be renewed. He stressed several times that he expects people to still wear masks and to still take the precautions we've all been urged to take throughout most of the pandemic. It just won't be an order from the state any more. He also stated that cities and municipalities can and may enact stricter guidelines.

Does that mean everyone can take off the masks and go back to business as usual? No. There are still restrictions on various businesses and industries as part of the state's "Safer at Home" guidance. As of May 7, the state will implement new universal best practices that are geared toward offering advice and guidance, but not mandates. Even then, businesses will be able to impose their own restrictions that customers and employees will be expected to follow. Cities and towns can do the same.

B. On Thursday NH had 552 new cases of COVID (an increase) and hospitalizations are increasing 130 on Thursday compared to 118 Wednesday. Hospitalizations are at the highest level since February. Many hospitalizations involve younger people (ages 30-50) who have not been vaccinated.

C. NH is number one in the nation in percentage of people vaccinated. Our state is the only one- or almost the only one which has had a single number and website to contact in order to register and schedule a vaccine appointment. As of Thursday, 25% of the state's population is fully vaccinated and 43% are partially vaccinated. As many issues as some incurred while registering for the vaccine, we have been lucky to be part of this state, as it has been much worse in other (even neighboring) states.

D. Of the 66 million fully vaccinated people nationally 5500 have contracted COVID after full vaccination, for a rate of 0.008%. This includes 3 known cases in NH. It shows that vaccination works.

Now is not the time to relax community mitigation practices despite the ending of the mask mandate. Speaking as a physician and a public health official, until the pandemic or at least the surge is over and those who wish to be vaccinated have had the opportunity to be fully vaccinated, people should wear masks, practice social distancing, avoid crowds and large group gatherings and get vaccinated as soon as possible.

E. A newspaper article that summarizes what you can more safely do once you are fully vaccinated:

https://www.sentinelsource.com/news/local/im-fully-vaccinated-what-can-and-cant-i-do/article_b2a78837-673c-59e0-aed5-7221bf0c6c1c.html

F. Administration of the single shot Johnson and Johnson Janssen (J&J) COVID-19 Vaccine was paused out of an abundance of caution on April 13, 2021:

The CDC and FDA are reviewing data involving six reported U.S. cases of blood clots in the brain (a rare type of clot called cerebral venous sinus thrombosis) in combination with low platelets (thrombocytopenia) in individuals after receiving the J&J COVID-19 vaccine. All six cases occurred among women between the ages of 18 and 48 years old, and symptoms occurred 6 to 13 days after vaccination. One case was fatal and one is in critical condition.

As of April 12, more than 6.8 million doses of the J&J vaccine had been administered in the U.S. This is less than one case in 1 million doses given.

People who have received the Johnson and Johnson (Janssen) vaccine who develop severe headache, abdominal pain, leg pain, or shortness of breath within three weeks after vaccination should be evaluated.

Administration of the mRNA vaccines (Pfizer and Moderna) continues as they are a different type of vaccine. NH DHHS is working with vaccine administration partners to ensure they are adjusting their operations to accommodate this pause and to provide an alternative supply of the vaccine to continue operations

G. Anyone age 16 or older, regardless of residency, will be able to schedule an appointment through VINI starting April 19. Please go to <https://www.vaccines.nh.gov/> or phone 211 to register.

H. As of March 23, 2021, the CDC has made the following updates to its guidance for ventilation of buildings during the COVID-19 pandemic. More information on these changes can be found on the [CDC's Ventilation in Buildings](#) page.

I. For the Scientists in New Castle: Both articles relate to J&J.



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1) Women and the vaccine

NY Times 4/14/21: “The news that six women aged 18 to 48 developed a rare blood clotting disorder after receiving Johnson & Johnson’s vaccine has prompted new questions about whether vaccines affect women differently than men. Christina Caron interviewed experts to learn what women should know before getting a vaccination.

Importantly, we still don’t know if the blood clots actually affect women more than men. (We also don’t know if the shot caused the clotting at all.)

In general, for all shots, we do know that women appear to experience or report more side effects than men. Women reported 79 percent of side effects, even though they had received only 61 percent of the vaccines, a study by the Centers for Disease Control and Prevention found. There might be a biological explanation: Women and girls can produce up to twice as many antibodies after receiving other routine shots.

Experts agree that pregnant and postpartum women can get vaccinated, especially because pregnant women who contract the virus are at an increased risk for more severe disease. On Tuesday, the American College of Obstetricians and Gynecologists recommended the Pfizer-BioNTech or Moderna shots, instead of Johnson & Johnson, for pregnant and postpartum women.

Some women said they had changes in the flow or timing of their period after getting vaccinated, but this is purely anecdotal. The shots could also cause enlarged lymph nodes in the armpit that will show up as white blobs on mammograms. The swelling is normal, doctors said, but if you have a routine mammogram it might be a good idea to schedule it before your first vaccine dose or at least one month after your second vaccine dose.”

2) Johnson & Johnson vaccine rollout paused in the United States. Why baseline rates are everything.

From Brief 19- “The bad news is that in the United States, 6 women ages 18-48 appear to have developed a rare but serious blood clotting disorder after receiving the Johnson & Johnson vaccine. One died and another is still fighting for her life. The good news is that around 1 million women in that age range received the vaccine without incident, saving many, many lives in the process. Even if more cases of this apparently vaccine-induced condition are found—which is likely—we need to watch out for something very important: proper comparisons.

Today, many experts floated a variety of numbers about blood clots online and on television. This can be helpful but may also lead us astray. First of all, we need to understand the baseline rates of abnormal blood clots, in order to distinguish signal from noise. For example, in the Johnson & Johnson trial, around 1 in 2000 people reported abnormal clots had developed; the punch line is that this occurred in the *placebo group*. Around 1 in 1700 people who received the

vaccine also reported such clots. The difference was not statistically different. The fact that it took millions of doses in both the US and Europe for a handful of these more serious cases (which cause a kind of stroke) to emerge suggests that clinically *relevant* clots are rare indeed. But I actually assume that there very likely many more clots in both arms of the Johnson & Johnson trial than we will ever know about. In fact, in a sense there are many that we should not even *care* about. Why? Because most of the undiscovered clots were so mild (or asymptomatic) that they were clinically *irrelevant*. (By clinically irrelevant, I mean that they did not actually require treatment, and led to little or no symptoms, and no long-term effects were caused.)

There are two key things to know about blood clots. First, not all blood clots are created equal. Some cause no symptoms at all and pose no risk. In fact, treating these clots with blood thinners may do more harm than good and may not be warranted. Second, the more clinicians look for blood clots in dangerous places like the legs, lungs, and brain, the more of them you find. However, clinicians rarely find important ones that were not already highly suspected. This means that when doctors and other healthcare providers are over-zealous in testing for blood clots, they frequently find blood clots that resemble danger, but are not actually dangerous. I worry that in the coming days and weeks, the rate of blood clots among Johnson & Johnson vaccine recipients will increase substantially. It's likely, however, that most of these clots will not be dangerous. What we really care about is how many dangerous clots occurred, like the ones in the brain found in many of the patients in the AstraZeneca/Oxford studies published last week and the Johnson & Johnson reports. The same is true for most blood clots caused by oral contraceptive pills (OCPs) made of hormones. The rate of blood clots sounds pretty high among women taking hormonal OCPs, (my friend Dr. Angela Rasmussen, who I respect greatly, tweeted a statistic that one in 3,000 women on OCPs develops abnormal blood clots). But the number of these clots that are truly dangerous events is far lower, in actuality. In the coming weeks, we need to make sure we are using the same power microscope, metaphorically speaking, to compare the rates of blood clots related to the Johnson & Johnson vaccine to other more common causes. After all, what matters is not just how often these problems occur, but how often they have any meaningful effect on those who develop them. If a far higher number of people are found to have developed vaccine-related blood clots than currently suspected, the larger question will be just how many of these events were truly dangerous.

Ultimately, the most important decision to be made is not whether or not to receive a coronavirus vaccine. It's whether to receive a coronavirus vaccine or covid-19. To make that risk-benefit calculation, what matters is the rate of serious covid-19 by age and sex (which we generally know) and the rate of serious vaccine-induced blood clotting problems by age and sex (which we are just starting to study). Once we know the answer to that question, we can safely decide how to proceed. But if we ask the wrong question, we are consigned to a guaranteed wrong answer."

—Jeremy Samuel Faust, MD MS

3) Hope for the immunocompromised

For millions of immunocompromised people, coronavirus vaccines are not an option. Diseases or therapies have wiped out their immune cells, and their bodies cannot learn to deploy immune fighters against the virus. If they do become infected, they may suffer prolonged illness, with



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death rates as high as 55 percent.

Their safest plan of action during the pandemic has been to seal themselves off from the world until the virus retreats. However, scientists are testing another approach: monoclonal antibody treatments.

Patients may be able to receive regular infusions of monoclonal antibodies, which are mass-produced copies of antibodies obtained from people who have recovered from Covid-19, as a way to prevent infection. Convalescent plasma or gamma globulin — antibodies distilled from the blood of healthy donors — may also help, but doctors who specialize in treating immunocompromised people expect at least some of their patients to become infected even with treatment, or encounter other difficulties.

Be well. Stay well.

Yours in Health,

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