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North Country Health Officials Give Vaccinations Status, What To Expect In Future

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The North Country Health Consortium's Public Health Network visited SAU 36 schools on May 14 for the first youth vaccination clinic. They are visiting the schools again on June 4 for the second clinic. (Courtesy photo)



This week, healthcare officials in the North Country spoke of the status of the region's vaccination effort, how the process is changing, and what it will look like going forward.

Youth



On May 14, two days after the state gave the go-ahead to vaccinate the younger group, the North Country Public Health Network, one of 13 health networks in New Hampshire, set up Pfizer vaccine clinics at the SAU 36 schools (White Mountains Regional High School and the Whitefield and Lancaster elementary schools) and is holding a clinic for the second dose at the three schools on June 4.

“Those kids will be covered before the school year ends,” said Kris van Bergen, senior program manager with the North Country Health Consortium, a private nonprofit that has partnered with the state for vaccinations in the North Country Public Health Network. “We had a much better turnout than I anticipated.”

Older students, ages 16 to 18, have been accessing vaccines through existing clinics in the communities, as well as at commercial pharmacies, she said.

“We’re hearing from our school partners that there’s strong interest in the youth group in getting vaccinated because they have significant sporting events coming up, they are looking forward to their summer employment, and in some cases are looking forward to college in the fall,” said van Bergen. “We’re not surprised at the 16- to 18-year-olds, but to see interest in the 12- to 15-year-olds is pretty exciting. Some of our school nurses queried the kids as they handed in their consent forms to try to get a feel for who was driving the bus on vaccines, and the kids were right there saying I really want this.”

The purpose of school-based clinics is to reach students who might not have access to vaccines in other ways, she said.

“We do influenza clinics in the fall with regularity,” said van Bergen. “We may not reach huge numbers with those vaccines, but what we aim to do is reach the students who may be challenged to get them in other spaces. They may not be connected to primary care or might face transportation challenges, so the convenience is a primary factor for students who take advantage of school-based clinics.”

If school-based clinics are needed in the fall, the network is prepared to coordinate them, she said.

Littleton Regional Healthcare is offering Pfizer clinics in the SAU 84 and SAU 35 schools and is also inviting students to the hospital campus for shots.

“It’s going pretty well,” said Ed Duffy, chief medical officer for LRH. “Those guys aren’t like the rest of the population. By and large, they are extremely enthusiastic about getting it.”

The Future

Unless they are needed in the future, the mass clinics could very well be a thing of the past.

“The Division of Public Health Services is working fast and furious to get as many primary care clinics signed on as providers of COVID vaccine as possible,” said van Bergen.

By fall, students will probably be getting vaccines at their pediatrician office or at their primary care provider, and primary care providers and pharmacies will be the main route for adults who haven’t yet been vaccinated, but plan to get a shot, she said.

“There is good access at all of our local pharmacies at this point and the state has really pivoted to make sure that by the end of June most primary care providers and clinics will have access to the vaccine and be vaccinating their own patients as they come through,” said van Bergen. “The mass vaccination sites were really to reach targeted populations, the most vulnerable folks, the people who are working as essential workers, the groups who are very interested in vaccinations and willing to go out of their way to get one.”

Because most of the people who want a vaccine have already had it, the rate of vaccinations in the North Country is tapering off.

“We are now working to get more information out to folks who may have concerns or questions and who may be vaccine-hesitant or ambivalent, so they can make well-informed decisions about the layers of protection they adopt, including vaccination,” she said. “They are a harder crowd to get to the vaccination station. The progress will move forward at a slower rate.”

The consortium will continue to ensure that evidence-based information is available to residents, she said.

“Science tells us the vaccines are safe and effective, but we also know that people engage with vaccinations at the speed of trust,” said van Bergen.



A critical piece of information to impart is that the vaccine does not cost anything, she said.

“I think we are seeing less interest in people going out of their way to get vaccinated, so that means we shift our strategy to meet people where they are,” said van Bergen. “Our next step is considering things like pop-up vaccinations at places like farmers markets, for example, or reaching out to local employers to see if they’re interested in having someone come to the workplace to offer vaccinations. We’ll move from vaccinating a couple hundred people in a day to maybe 10 people in a day. But that’s okay, because every shot in the arm is another person who’s that much better protected as we head into the summer.”

After vaccinating nearly 15,000 area residents since the winter, LRH is also seeing dwindling demand and therefore was no real reason anymore to have a big push all on one day, said Duffy.

Instead, if a patient is visiting a provider and that patient is asked if he or she wants a vaccine and agrees, the individual is instructed to drive to the vaccine site on the exterior LRH campus.

“As time goes on, once we shut down the special vaccination site we have, the feds envision it to be through primary care, federally-qualified health centers and pharmacies,” said Duffy. “If it’s recommended there be a booster shot in the fall, we will go back to having mass clinics like we did before ... We will do whatever we need to do and we can meet the needs of the community at the drop of a hat.”

North Country Success

Although some areas of the nation are struggling to get their populations vaccinated in large numbers, New Hampshire and Vermont have been successful in getting theirs vaccinated, said van Bergen.

“Coos County currently has 68.8 percent of our residents with at least one dose and I think we are at 40.4 percent fully vaccinated,” she said.

Because so many people have been vaccinated, the region has reached a point where it could use more single-dose presentations rather than packages containing a dozen or more doses because the many doses not needed right away will only expire, said van Bergen.

“New Hampshire is doing a great job rolling up its sleeves,” she said.

One factor that made the vaccination roll-out a success locally is the state ensuring that health equity was a big driver in distribution, she said.

Equity included not only getting a sufficient supply to people of color, immigrant communities and those with disabilities, but also to rural areas like the North Country, said van Bergen.

Another factor in the success was the state leaning on those in the North Country who know the area and know how to most effectively distribute the vaccine, said Francine Morgan, communications director for the NCHC.

“It’s like nothing I’ve seen before,” said Morgan. “We’ve always been good at it, but this really showed how connected we all are.”

It would not have been possible without all the partners, the fire and EMS crews that helped with vaccinations, the federally-qualified health centers that “leapt in with both feet to make sure their patients knew vaccines were available,” and the local hospitals that told the state “you just send us the vaccines and we will bring those vaccines deeper into the region and make sure people access them,” said van Bergen.

“People are getting vaccines from people they know and trust, their local firefighters and their EMTs and their nurses and doctors, and that goes a long way toward addressing that vaccine hesitancy,” she said. “Those three counties [Coos, Grafton, and Carroll] have the highest vaccination rates right now. I think that speaks very highly to the state’s ability to work with local trusted agencies to move the vaccines along.”

Although a vaccine is a super-effective mitigation strategy, residents should still practice social distancing, masking and hygiene for multiple layers of protection while studies advance to better determine how long a vaccine offers immunity, said van Bergen.

“What we do know today is all three presentations of the vaccine that are in use are effective against the variants that are circulating,” she said. “We’ll have good coverage for quite some time. If boosters become necessary, what we are hearing is they’ll be much like a flu shot.”

They painted a bright picture.

“We’re in the post-pandemic era, that’s for sure,” said Duffy. “We’ve been successful in mitigating this thing to become a minor respiratory illness in people who are vaccinated.”

van Bergen said, “We wish everyone a fun summer. It’s been a long time coming.”

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