DAILY LIFE DURING COVID-19 FAQs (April 1, 2022)

Q. Do I still need to wear a mask in indoor public places?

A. The NH Face Mask Recommendations, per Governor Sununu (February 23, 2022), are as follows:

NH DHHS is no longer recommending universal masking for all persons in indoor public locations. Instead, DHHS recommends that decisions on face mask use be based on individual choice and informed by a person's own assessment and acceptance of risk.

State epidemiologist Dr. Benjamin Chan advised that the decision to wear a mask or not wear a mask is now a personal choice, noting that NH DHHS has advised layers of protection since September 2021. Dr. Chan stressed that masks work and that the relaxation of mask requirements is being made because severe illness and hospitalization rates are trending downward. A change in course might still be needed if new variants emerge or infectiousness changes.

Portsmouth schools dropped the mask wearing requirement, effective March 7, 2022.

Face masks are still required:

- On public transportation (but not on school buses as of Feb 25, 2022)
  - https://www.cdc.gov/coronavirus/2019-ncov/travelers/face-masks-public-transportation.html
- In health care settings, per CMS guidelines
- To follow NH DHHS guidance on shortening isolation and quarantine to 5 days
- Recommended for those immunocompromised in public spaces
- Encouraged as a layer of protection for anyone who chooses to wear a mask

Individuals should consider the risk to themselves and to others. The layers of preventative measures (masking, distancing, etc.) should still be taken if they will be associating in indoor spaces with immunocompromised or otherwise vulnerable populations, including those under age 5 who are not able to be vaccinated.

Q. I've been following the NH DHHS and City of Portsmouth COVID-19 dashboards to make decisions on what is risky and what is safer. But I understand that those metrics have changed?

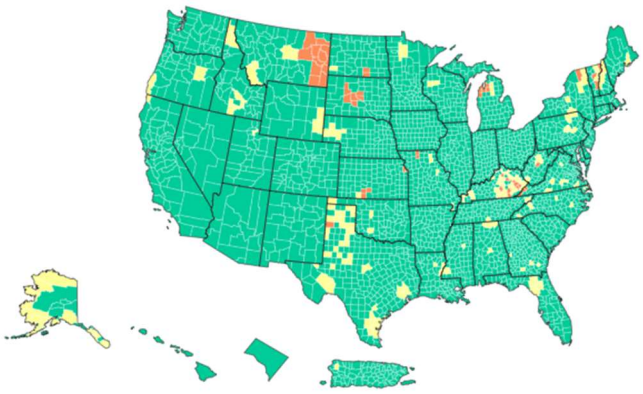
A. Throughout the pandemic, NH DPHS has based its guidance on community transmission. Metrics had included the number of cases and test positivity, by town, county and state. But DHHS no longer thinks that data accurately reflects the risk because in-home test results are not included in the tracking. Instead, DHHS guidance is now focused on:
- Local disease severity
- Awareness that different populations have different levels of risk (high risk among the immunocompromised, children under 5, and their family members and caregivers)
- Acceptability and sustainability of prevention strategies

DHHS assessment of current situation:

- NH has now come down from the winter 2021-22 Omicron surge, but COVID-19 is still circulating and new variants continue to emerge as of this update. A BA2 Omicron variant is being tracked (low occurrence in NH) but existing vaccines are effective in preventing serious illness and hospitalization from this variant.
- COVID-19 severity is declining as population-immunity increases thanks to vaccination and recoveries
- Vaccines are now available for everyone over age 5 and are being studied from 6 months to 5 years old
- Effective therapeutics (pills and infusions) are increasingly available
- Although COVID-19 is expected to continue to circulate the risk in NH is decreasing

Q. What is the latest NH DHHS guidance for assessing my risk from COVID-19?

A. NH DHHS recommends that NH citizens inform their decisions with CDC metrics. **CDC updated its mask guidance on Feb 25, 2022 and created an online tool** -- COVID-19 Community Levels -- to help communities and residents decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area. Take precautions to protect yourself and others from COVID-19 based on the COVID-19 Community Level in your area.



CDC Community Risk Level (Mar 30, 2022)

To determine the COVID-19 community level, **CDC looks at the combination of three metrics**:

- new COVID-19 hospital admissions per 100,000 population in the past 7 days
- the percent of staffed inpatient beds occupied by COVID-19 patients
- total new COVID-19 cases per 100,000 population in the past 7 days

Source: https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 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 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

Q. Is the advice for "living with COVID-19" different for schools?

A. NH DHHS recommends continued prevention strategies for schools

- Increased indoor ventilation
- Hand hygiene
- Exclude and test students and staff who develop new and unexplained symptoms that could be COVID-19
- Cohorting where possible. This means creating small groups of individuals, keeping those individuals consistently together in one group, and preventing interaction between people of different groups.
- Isolation and quarantine under NH DHHS guidance.
- Asymptomatic testing

Existing COVID-19 risk:

- It is likely there will be continued risk, but that is can be managed with reasonable and sustainable approaches
- Depends on vaccination and population immunity
- The public health community will continue to closely monitor for new variants and assess the risk https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/index.html

Q. How do I make sure I'm prepared in case there's another surge?

A. Several precautions are advised.

Keep a supply of masks and home test kits on hand.
The Federal government is still making **free N95 masks** available at local pharmacies:

- CVS, 674 Islington St. at checkout, not pharmacy
- Rite-Aid, 800 Islington St., at checkout, not pharmacy
- Rite-Aid, 1303 Woodbury Ave., at pharmacy
- Walmart, 2460 Lafayette Rd., at doors and Service Desk

Order **free at-home test kits** through: https://www.covidtests.gov/ which also offers 'how to test' instructions. Free test kits are also available to NH residents from this site. To order a free kit, visit: https://learn.vaulthealth.com/nh/

Read the directions that come with them on how to use the at-home test kit. Using the test inaccurately increases the chance of a false negative – and expose those around you to your infections; or can give a false positive and disrupt your plans.

Keep your proof-of-vaccination card with you and make sure it's up-to-date. If you need to replace your card: All vaccination records are kept on file in the CDC National Health Interview Survey (NHIS) system. NH DHHS advises that you can replace a lost vaccination card in either of two ways:

- Download and complete the vaccination card replacement request form here: https://tinyurl.com/4pj4chcz Note that the completed form MUST BE NOTARIZED before sending it back to NH DHHS.

- If your healthcare provider has access to the NHIIS, ask him/her to print out the record directly from NHIIS.

- **If you need more than your vaccination card, because some travel destinations require the full record:** Contact NHIIS (NH Immunization Information System) at **603-271-4028, by email at nhiis.support@dhhs.nh.gov** or click here for the NH DHHS website for the immunization information system (NHIIS). On this site, you will be guided in selecting the correction forms for your PCP to verify

your vaccine card, DOB, etc. You will need to get the form notarized and before sending it back to NHIIS. Once your record is corrected and you can request an official vaccine and immunization record. This record is the one that would be accepted when travelling if the vaccine card is not enough. For more answers to Frequently Asked Questions, click here (including US Health Dept/CDC guidance on booster shots).

Keep a supply of food and medications on hand in case you test positive and need to isolate, or someone in your household tests positive and you need to quarantine.

To help you decide who might need to quarantine if someone in your household tests positive for COVID-19, NH DHHS has created this chart. ***NH DHHS suggests quarantine ONLY for unvaccinated members in the same household.***

Rapid Fire FAQs

Quarantine Scenarios for Exposure in the Home:

Person with COVID-19	Quarantine Timeframe for Household Contacts (HHCs)
Able to separate from others in the home AND wears a face mask for 10 days in the home	5 day quarantine starts the day after the person with COVID-19 goes into isolation (i.e., the last day of exposure)
Does NOT separate from others in the home, but DOES wear a face mask for 10 days in the home	HHCs stay home for the 5 days the person with COVID-19 is required to isolate (while exposure is occurring in the home), then a HHC's 5 day quarantine starts the day the person with COVID-19 comes off isolation
Does NOT separate from others in the home and does NOT wear a face mask in the home	HHCs stay home for the 10 days the person with COVID-19 is required to isolate (while exposure is occurring in the home), then a HHC's 5 day quarantine starts the day the person with COVID-19 comes off isolation

Q. What is the latest advice on vaccinations and booster for different ages?

CDC says everyone over the age of 5 who is medically able should be vaccinated and boosted. The vaccine for those age 6 months to 5 years is in clinical trials with data on a 3-dose series expected to be submitted to the FDA for Emergency Use Authorization in April 2022.

On March 30, 2022 The CDC updated their Interim Clinical Considerations for Use of COVID-19 Vaccines to allow for a 2nd booster dose in certain persons:

o Persons 12 years of age or older who are moderately or severely immunocompromised may choose to receive a 2nd mRNA booster at least 4 months after their 1st booster

o All persons 50 years of age or older (regardless of immunocompromised status) may choose to receive a 2nd mRNA booster at least 4 months after their 1st booster

o Persons 18-49 years of age (regardless of immunocompromised status) who received the Janssen COVID-19 vaccine for both their primary series and 1st booster may receive a 2nd mRNA booster at least 4 months after their Janssen booster

Pfizer-BioNTech[1]	Pfizer-BioNTech[1]	Moderna[1]	Johnson & Johnson's Janssen[1,2]
Ages Recommended 5–11 years old	**Ages Recommended** 12+ years old	**Ages Recommended** 18+ years old	**Ages Recommended** 18+ years old
Primary Series 2 doses[3] Given 3 weeks apart [4]	**Primary Series** 2 doses [3] Given 3–8 weeks apart [4]	**Primary Series** 2 doses [3] Given 4–8 weeks apart [4]	**Primary Series** 1 dose [3]
Fully Vaccinated 2 weeks after final dose in primary series	**Fully Vaccinated** 2 weeks after final dose in primary series	**Fully Vaccinated** 2 weeks after final dose in primary series	**Fully Vaccinated** 2 weeks after 1st dose
Booster Dose Not recommended at this time	**Booster Dose** Everyone ages 12+ years should get a booster dose at least 5[3] months after the last dose in their primary series • Teens ages 12–17 years should only get a Pfizer-BioNTech COVID-19 vaccine booster dose • Everyone ages 18+ years should get a booster dose of	**Booster Dose** Everyone ages 18+ years should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 5 [3] months after the last dose in their primary series.	**Booster Dose** Everyone ages 18+ years should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of a J&J/Janssen COVID-19 vaccine. You may get J&J/Janssen in some situations.

COVID-19 vaccination schedule*

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month
Pfizer-BioNTech (ages 5–11 years)	1st dose	2nd dose (3 weeks after 1st dose						
Pfizer-BioNTech (ages 12 years and older)	1st dose	2nd dose† (3-8 weeks after 1st dose)					Booster dose‡ (at least 5 months after 2nd dose)	
Moderna (ages 18 years and older)	1st dose	2nd dose† (4-8 weeks after 1st dose)					Booster dose‡ (at least 5 months after 2nd dose)	
Janssen (ages 18 years and older)	1st dose		Booster dose‡ (at least 2 months after 1st dose)					

COVID-19 vaccination schedule for people who are moderately or severely immunocompromised

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month
Pfizer-BioNTech (ages 5–11 years)	1st dose	2nd dose (3 weeks after 1st dose)	3rd dose (at least 4 weeks after 2nd dose)			
Pfizer-BioNTech (ages 12 years and older)	1st dose	2nd dose (3 weeks after 1st dose)	3rd dose (at least 4 weeks after 2nd dose)			Booster dose* (at least 3 months after 3rd dose)
Moderna (ages 18 years and older)	1st dose	2nd dose (4 weeks after 1st dose)	3rd dose (at least 4 weeks after 2nd dose)			Booster dose* (at least 3 months after 3rd dose)
Janssen (ages 18 years and older)	1st dose	2nd (additional) dose' using an mRNA COVID-19 vaccine (at least 4 weeks after 1st dose)		Booster dose* (at least 2 months after additional dose)		

Q. What is the latest information on treatments for COVID-19?

NH DHHS reported the following on the availability in New Hampshire of oral antiviral medications, which require a prescription from an authorized healthcare provider.

- Molnupiravir can be prescribed through certain Walgreens, CVS and RiteAid pharmacies
- Paxlovid will be available at Walgreens pharmacy locations
- The federal COVID-19 "Test to Treat" program is allocating Paxlovid and Molnupiravir to certain CVS "Minute Clinics."

To find the pharmacies with supplies of antivirals, healthcare providers and advocates can use the COVID-19 Therapeutics Locator. This link gives access to an interactive tool that lets you search by medication and location: https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/



Q. What about lingering effects of COVID?

A. An estimated 10 percent to 50 percent of people infected with COVID-19 will experience post-COVID or long-COVID, defined as symptoms that last more than 12 weeks past the acute illness.

Physical, respiratory, and pulmonary therapy provides some relief, but there is so far no cure and uncertainty about outcomes.