

Virginia Department of Health
Tele-Press Conference on Contact Tracing in Virginia
Moderator: Marian Hunter
May 21, 2020
10:30 AM

Coordinator: Welcome and thank you for standing by. At this time all participants are on listen-only mode until our question-and-answer session. At that time if you would like to ask a question, please press star then 1.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. I now would like to turn the meeting over to Marian Hunter. Ma'am, you may begin.

Marian Hunter: Thank you. Good morning everyone. Thank you for joining our call today. My name is Marian Hunter and I'm a Public Relations Coordinator for the Virginia Department of Health, Office of Communications.

Today we're joined by the Virginia Department of Health Deputy Commissioner of Administration Mona Bector, MBA, as well as Virginia Department of Health Division of Immunization Epidemiologist Marshall Vogt, MPH, and Chief Workforce Development Advisor Megan Healy, PhD.

Our subject matter experts will give a brief update on contact tracing in Virginia followed by a question-and-answer session. Today's call is being moderated by an operator. So when we get to the Q and A portion of the call, please follow their instructions to ask a question.

Now I would like welcome Marshall Vogt to share a brief update on contact tracing.

Marshall Vogt: Wonderful. Good morning and thank you for having me this morning. I just wanted to take a few minutes to talk about contact tracing in the context of public health and in COVID-19.

Contact tracing for those of you that don't know is really a fundamental component of public health work that is done here in Virginia, and across the United States, and the world. It's something we're very familiar with in public health and something that we really do day in and day out in order to investigate and prevent the spread of infectious diseases.

Often times when we're performing contact tracing in more routine public health matters, it might be something like finding a case of tuberculosis and looking at their contacts that may have been exposed and testing them and sometimes treating them. It's used for a lot of other illnesses such as sexually transmitted infections, pertussis or whooping cough.

And it really involves finding a case of an infectious disease and then looking at when that case was potentially infectious or contagious to other people. And then looking at who they were around and where they were during their infectious period and who they might have exposed.

And then finding those individuals who were exposed and contacting them and education them about their risk, about the illness they may have been exposed to, the symptoms they might develop. And then depending on the illness sometimes there are treatments that we can give to prevent an illness from occurring or sometimes there are treatments we can give if an illness does occur.

And then sometimes what we'll do is ask them to quarantine themselves. So self-quarantine means staying away from other people, not going out, not having interactions with others so that if they do become ill, they're not going to continue to spread that disease to other individuals.

So contact tracing is really important because it can help identify cases of disease and prevent disease transmission down a chain of contact which continues to spread that disease in a community. And so we know as we start to approach the reopening phases in Virginia, we're in that first phase right now, that contact tracing is going to be really, really critical in conjunction with testing and case investigation in order to eliminate COVID-19 transmission in Virginia. So we're going to take that same approach that we always used to contact tracing and apply it to COVID-19.

When we identify a case of COVID-19, our case investigators will contact that individual and find out where they might've been during their infectious period. And then find out where they were not only but also who was with them or who might've been exposed. And after we found those contacts contact tracers will establish a relationship with those.

And we want to make sure that these individuals are highly trained empathetic workers because of course it can be very concerning for someone to be contacted and learn that they might've been exposed to COVID-19. But we're also going to make sure that these individuals follow confidentiality because we want to protect the identity of our cases.

And those contact tracers, after they've reached out and established a relationship with an individual, are going to assess the individual to see if they have symptoms and if they do, to make sure that they're referred to care and to testing. And then they're going to check in with them over a period of time

where they might develop symptoms to ensure that they're remaining healthy and that they're also practicing good self-quarantine and limiting exposure to other people.

If any of these contacts were to become ill, we're ready to refer them, as I mentioned, to care and to testing and then that process would start over where we have a case and we would go and trace those contacts.

So it sounds very simple but on a large magnitude. And we know we have many cases of COVID-19 and those cases will have many contacts. We know that this is going to require a very large number of people both case investigators and contact tracers. And our local health departments have really answered this call so far by utilizing volunteers and really ramping up their contact tracing efforts even using staff from other areas of the Health Department to help them.

But we know we're going to have to hire more people in order to make this happen and really operationalize it effectively in our local health departments where it's boots on the ground and this contact tracing is going on.

To talk a little bit more about that I'm going to turn over now to Mona Bector our Deputy Commissioner for Administration. And she can talk a little about what we're doing to ramp up our contact tracing workforce and how we're operationalizing that on the ground including the use of technology. Mona.

Mona Bector: Thank you, Marshall. Good morning everyone. This is Mona Bector. So Marshall just described how contact tracing is a key part of the process in the containment of COVID-19. Simply speaking there are two aspects to this process, people and technology. And when people and technology are

combined to fight a disease, it'll allow us at VDH, or Virginia Department of Health, to ensure the safety and privacy of Virginians.

VDH is in the process of procuring an AI, or artificial intelligence, enabled triage tool which will be launched some time very soon to allow anyone to check their symptoms and quarantine or get tested as needed from the privacy of their home.

We are also implementing a case management system or a database called SARA Alert to log the positive cases and provide a follow through.

We are also in the process of finalizing a proximity tracking app that will allow the contact tracing process to be supplemented by the human effort.

So, as mentioned by Marshall, any public health agency supports a staff of contact tracers due to disease service and needs. VDH had approximately 129 people doing this work before the pandemic. In response to the pandemic, as Marshall just explained, we reassigned staff to meet the increase demand temporarily. Additionally we are adding contractual staff to assist with this effort.

The agency posted six types of positions to hire to meet this demand. And those are contact tracers, and Marshall very ably explained what they would do. There are provisional containment advisors, those are advisors to the contact tracers, the case investigator, data managers and analysts, and testing supervisor.

We aim to hire approximately 1,300 people though the number is dynamic and it depends on the rate of spread. To date we have received over 6,000 resumes through various sources including staffing agencies, educational

institutions, and reference from non-profit. VDH has set up a process to short-listing these resumes, to conduct phone screening, and then some positions are going to interview via phone.

Upon selection the agency will initiate the procurement process, the background check, and will conduct training before deploying people. All staff will be provided with equipment which includes laptop or tablet. It would include phones, hotspots if needed, and personal protective equipment such as gloves or, you know, masks, hand sanitizer.

VDH is very interested in creating ideal workforce that identifies with the communities being served. So we would like to retain candidates local to their communities with bilingual or multilingual abilities so they can connect with that community, help instill the confidence, and help get us the data that's needed to help prevent the spread of COVID-19.

With that I'll stop here and hand it over to Ms. Hunter.

Marian Hunter: Thank you, Mona. Before we begin the question-and-answer portion of the call I'd like to remind you that today's call is focused on contact tracing.

For questions regarding other topics please e-mail them to the Virginia Information Joint Center at COVID19JIC@vdm.virginia.gov.

For questions about contact tracing Marshall is the content expert for that topic so please direct those questions to him.

For questions about numbers, the hiring process, information technology, and how we're operationalizing contact tracing in the field please direct those to Mona.

If our subject matter experts are unable to answer your question today, please e-mail them to the COVID19JIC@vdem.virginia.gov e-mail.

Thank you again. And we're ready to begin the-question-and answer portion of the call.

Coordinator: Thank you. We'll now begin our question-and-answer session. If you would like to ask a question over the phone, please press star, then 1, and record your name clearly when prompted.

If you need to withdraw your question, you may do so by pressing star then 2. One moment as we wait for the first question.

Excuse me. And our first question comes from (Sherman Thompson). Your line is now open.

(Sherman Thompson): Apologies. I didn't realize I was muting when I did the recording here. Question for Marshall. You talked about getting in touch with the contact of potential patient and asking them to self-quarantine and sort of monitoring that they are doing that. What recourse if any do the contact tracers have if these individuals are not following the self-quarantine recommendations?

And then for Mona if you could just give us a little bit more detail about this - the AI tool that will be coming online soon you said?

Marshall Vogt: Sure. So this is Marshall. I'll start off and then hand to Mona. Thank you for that question and it's a great question.

We find that most people are very compliant with the process for quarantining if they're a contact or isolating if they're ill. Especially those who are ill they often - if they're not feeling very well, don't want to go out.

If people are not compliant, I think first the contact tracers and local health department staff really would talk with them and explain the importance of that and try to build trust in that individual in that relationship between the health department and the person who needs to isolate or quarantine.

If at that point the person is non-compliant, there are measures through law in Virginia where the Commissioner could issue an order of isolation or quarantine that would be enforceable. And we do have processes in place to do that.

Mona Bector: Thank you, Marshall. Go on to the second part of the question. We are employing a few different tools to help supplement the human effort, as I spoke before.

So the first one I spoke about was the Buoy tool, which is going to be called COVID Checker, and it allows people to get on the tool do some kind of symptom checking and then be referred to whether they should be going to a telemedicine or a doctor for testing or that the symptoms are mild enough that they can quarantine themselves and heal. And the tool also allows for daily check-ins and helps guides the person who's going through the quarantine and self-isolation.

And then if the symptoms are not severe enough, the tool is able to, you know, detect the symptoms and tell the person to just stay home or be able to check in with them at a later date. So that's the triage AI tool that will be launching sometime soon.

On the backend we have the data management system. And, like I said before, we're also looking at the proximity tracking app which is also AI powered.

Coordinator: Thank you.

(Sherman Thompson):

And with the proximity tracking app I guess can you say what company this is going to be with? Will it be opt-in or will it be something that you have control whether or not it I guess is implemented with this contact tracing?

Mona Bector: Good question. We will always go with an opt-in option because we're not trying to, you know, force people into it. We would encourage people to use it because it helps protect them and others.

So the company is not finalized yet. We are still in the final stages of looking at whether it's a good fit with our technology the existing technology the platforms, with our needs, and also negotiating on price. So we don't have a name yet.

(Sherman Thompson): Thank you.

Mona Bector: Thank you.

Coordinator: Thank you. And our next questions comes from (Danielle Cheslow) from WAMB Radio. Your line is now open.

(Danielle Cheslow): Hello. Thanks for taking my question. I was wondering what - when will contact tracing begin when will these employees begin their work? And what

connection if any do these contact tracing efforts that you're describing have to the free COVID-19 testing that we're seeing unrolling across Virginia this week and next week will there be any sort of tie to those tests to make sure that people are being followed up with?

And lastly for Mona you mentioned a tool the COVID Checker was that Buoy tool? Could you just spell it? Thank you.

Mona Bector: Sure. I'll go first. It's, Buoy tool, B-U-O-Y. That is the backend platform that we are using. The name of the tool once it's launched will be COVID Checker - sorry COVID Check. I was just corrected.

The other part of the question I think Marshall can answer about the testing and I'll let him do that.

But in terms of when will the work start. There already people doing this work. We are just trying to make sure that before we bring the new hires in and put them out there with our existing workforce, we are able to provide them with training. We have to train on them on various aspects.

One of them being how to protect privacy of our citizens. The other one being the technology aspect. So they will be joining our workforce starting sometime next week. But there are already people doing this work in the field.

With that I hand it over to Marshall for the other aspect.

Marshall Vogt: Sure. And thank you for that question and it related to the community testing that is going on right now.

The community testing efforts that are going on right now I think are really two-fold. One, we're trying to find cases in the community and ensure that people who think they might have COVID-19 are able to get access to testing. We know that, you know, easy and equitable access to testing is very critical across Virginia in order to allow people to be properly diagnosed and manage those cases of COVID-19.

Along with that we know that as we identify cases contacts might need testing especially if they are symptomatic. And we want to be sure that those individuals also have easy and equitable access to testing. And so these community testing events can help with those individuals that are cases or are contacts that are concerned that they might be coming down with COVID-19 and could then go get tested.

So we certainly plan to continue those community testing events. And those are really critical in order to expand access to testing which is kind of the other part. It's a hand in hand relationship between testing and case investigation contact tracing.

Coordinator: Thank you. And our next question comes from (Robert McCartney) from Washington Post. Your line is now open.

(Robert McCartney): Hi. Thank you. Oh yes, this question I believe is for Mona. I'm just trying to get a sense of how big the total contact tracing workforce will be and more importantly how soon do you think you can get there?

You said that originally the Virginia Department of Health had about 129 contact tracers. You've added some contractual staff to assist with this effort. So I'm not sure how many more you've added or how many you have right now.

And if I understood correctly, you said the aim was to add about 1,300 people to that contact tracing workforce. I may have misunderstood. I just want to know what's the goal for the total you want to get to and more importantly how soon do you think approximately you can get to that goal?

Mona Bector: Thanks. Good question. Let me start with there were 129 people doing this work before the pandemic. Because of the pandemic we reassigned people from the other, you know, work they were doing to help meet our numbers or our, you know, address our backlog if any. I'm happy to say that to date we're not aware of any backlogs. And we have about 1,270 people doing this work currently. But they are mostly reassigned staff or people who came to us from MRC to help out.

We are looking at hiring people that number, the 1,300 number is an approximate number and it's a dynamic number. Because of the uncertainty of how this disease is spreading or how it might be coming back in a second surge we don't really have a hard and fast number. It really depends on how things go. As you know, this is the first time we are dealing with this. So we are being flexible and nimble and adjusting to the different needs in the different areas.

So we are constantly monitoring. Marshall and his team monitor the case counts. We look at what the needs are in each district. And then look at what we need to provide them to be able to make them whole. So the 1,300 number is an approximate it's a target. But we may fall a little bit short of it in terms of meeting our needs or we may go over that. We don't really know. It's a formula-based number.

We are constantly adding people as we go. And there's no date that I can give you that this is the date that everybody will be in place or, you know, functioning. It'll be a variance depending on, you know, do we need to pull people from one area and assign them to another based on the outbreak? Or do we have people who joined us but then decided not to work for more than two months so we have to bring in more people?

So it's really not a strict number or a date I can give you. It's something that we are being very flexible and nimble and adjusting with the times. I hope that answers the question. Thank you.

(Robert McCartney): Actually - can you hear me?

Mona Bector: I can.

(Robert McCartney): Hello? Yes. I understand you can't give a date but I think people are extremely focused on, you know, when the public health authorities are going to have the capacity that they say they need in order to, you know, basically go back to containing the virus rather than just mitigating it as we are now.

So I mean can you say are we talking weeks or are we talking months before you think you can get this really crucial part of the response up and working? I mean I've heard from public - other, like, academic experts that you should be able to get a contact tracing workforce of that size up in a month or two. Is that reasonable?

Mona Bector: Absolutely. I believe that our internal aim is just weeks not even months and we're working pretty hard around the clock to make that happen. So it will be weeks. I'm not looking at months here, hopefully not.

(Robert McCartney): Thank you.

Coordinator: Thank you. And our next question comes from (Julie Carey) from NBC 4.
Your line is now open.

(Julie Carey): Good morning. Thanks for doing this so much interest in it. I have two kind of unrelated questions. First, if you could just be more specific too about the time table for COVID Check and for the proximity app when you expect those to be up and running are we talking days or weeks on those? So just a target for those.

And then my second question. I've actually referred a couple of dual language friends to apply but when you connect through VDH, you know, it's a list of employment agencies and it's very confusing I think to applicants about how to approach that. So I'm wondering if that's going to change or, you know, what the best advice is for applicants?

Mona Bector: Okay. In terms of the COVID Check we are expecting it to be announced and operational within days. Could be as early as this weekend or as early as next week depending on the week.

In terms of the proximity tracking app the Google and Apple API, which is really the way to go to be effective, is going to be available next week. So we are in the process of talking with companies to finalize but we intend to use that API in the backend. So in terms of the proximity app being up and operational we're talking about at least three weeks from now.

Your second question was about the applicants. So we are bringing people on as contractors because these are temporary assignments. There's no clear

indication of how long we would need people for depending on, you know, where the needs are and how they evolve.

So we have posted the names of the different staffing agencies that are working with us and that's what you're referring to. But there also people who are applying through Indeed because these staffing agencies are advertising these jobs on indeed.com. So you can either go directly to the staffing agency or you can go and apply through indeed.com

We are very interested in hiring bilingual people. So if there are any concerns or if they are not able to get through, it would be great to know about that so we can help make that happen.

(Julie Carey): Just a quick follow-up though. You know, when you see all those staffing agencies, there's not even any regional coordination there. So someone from northern Virginia doesn't know which agency to apply to. Do you have any advice on that?

Mona Bector: Yes. So we are taking applicants for all over the state. The staffing agencies are not being asked to focus on a region. What we do is when we choose the candidate, we talk to the candidate and ask where they can work or the distance they can travel to work and we will assign them accordingly.

I have said this before and I would like to repeat that we are looking for local candidates who can connect within their communities. So we are encouraging everybody to apply through the staffing agencies and we are hoping to be able to allocate those resources back to the communities.

Coordinator: Thank you. And our next question comes from Brendan Ponton from WTKR TV. Your line is now open.

Brendan Ponton: Hi. Good morning. Question for Mona and Marshall. For Mona just how do you balance privacy concerns with these technologies and a proximity app potentially tracking where people are?

And for Marshall just a follow-up to the first question. And to be clear you said that the health commissioner could issue an order about isolating people. That's not being used right now. Is that correct?

Mona Bector: So this is Mona. We are looking at the privacy issues. Very, very interested in making sure that it's an app that's well used by people. So any app that we choose will have the ability for the person to opt in or opt out and not be tracked as they wish although being able to be open to being tracked and informed is important. Any data that's collected is on the - a very secure cloud-based system which is for government. So it's all HIPAA controlled and there is public information security there.

With that I'll hand it over to Marshall.

Marshall Vogt: Sure. And to your second question about the use of isolation and quarantine orders at this time. I do not know if we have any active isolation or quarantine orders. That's something that is often handled by the local health departments in conjunction with the Commissioner's Office and the Attorneys General's Office. I know that that mechanism has been used in the past for various other illnesses.

But I can't speak to specific ones that might be active at this time as that's something again that the local health department does in conjunction with the Commissioner and the Office of the Attorney General.

Brendan Ponton: Okay. Thanks.

Coordinator: Thank you. And our next questions comes from (Caleb Kerny) from WCYB. Your line is now open.

(Caleb Kerny): Hey I appreciate you guys doing this today. I - my station is in Bristol so we cover a lot of the rural counties in southwestern Virginia. And I was wondering are any of these 1,300 contact tracers that you guys are hiring going to be in our area? And where specifically and how many if you know?

Mona Bector: The answer is yes, they will be statewide. So they will be in your area as well. The specifics of the numbers I don't have that handy right now with me. But we are working with the local health districts to determine the numbers they need to be successful.

Marshall, would you like to add anything here?

Marshall Vogt: I would just say that, you know, the contact tracers are very much going to be placed and, you know, deployed where there are cases. So anywhere that we see cases, which is statewide, we will have contact tracers. And Mona mentioned it earlier we also are hiring and forming kind of regional surge teams that will be able to be deployed to areas within a region should there be as she mentioned an outbreak or a sudden increase in cases.

So we're confident from the far southwest to the eastern region all the way up north and down to the North Carolina border we'll have coverage across the state for contact tracers.

Coordinator: Thank you. As a reminder if you would like to ask a question please press star 1. One moment as we wait for our next question. Thank you, our next

question comes from Luanne Rife from Roanoke Times. Your line is now open.

Luanne Rife: Oh hi, thanks. So you have said that you've gotten 6000 applicants so far. So could you talk a little bit about what type of qualifications you are looking for, for the contact tracers. And then the ones that are selected what type of training they will have, maybe the length and how it will be done? And then I'm sort of curious about the work environment that they will have after they're trained. Are they working from home or out of their car or how's that work?

Coordinator: Thank you.

Mona Bector: Thank you. I think this would be a dual answered question so let me start with the training. There are many aspects that we need to train people on and we are developing and implementing training on how to do contact tracing. We are also talking about how to maintain the privacy and the security of the information gathered.

We are talking to our new employees about how to manage data, how to enter data, how to work on the defense systems. We also are providing them scripts if they have to call people for information how would they do it.

The job is a mix of calling people from a home base or one of our call centers, or going and knocking on doors as needed. So it's really no hard and fast rule that it will be home based or that you will not have any contact with anyone else. But we are making sure that equip our staff so that if they have to go out, they have the necessary PPE and of course that could mean that they need to be able to do their work from the field.

In terms of qualification it really varies. Obviously, a public health background is highly desired, but I will let Marshall speak more about that. As an epidemiologist he can address that better. The jobs are posted on, like I said, indeed.com and other places and one can see the required minimum qualifications there. Suffice to say we are pretty open to bringing people in and training them. A public health background is preferred and it's nice to have. With that I'll leave it to Marshall to explain more.

Marshall Vogt: Sure, thank you Mona. I think particularly for the case investigators that work is a little bit more technical and really involved talking with these cases and understanding when their symptoms developed, what their symptoms were, why they've been and a little bit more of the transmission dynamics of the disease, it's infectious or contagious periods.

Those sorts of things, what their test results might mean. So those individuals we're looking to have that background I public health particularly with some experience in doing case investigations and we're hiring a portion of that 1300 will be those individuals.

But for contact tracers of course a knowledge of public health and the ideas of contact tracing and what we do is wonderful, but we're willing to train people to become contact tracers so if you are able to communicate well with people and empathize with individuals and build trust with individuals, as Mona said, we want to find people from within communities who have those skills and then we can train them about the nuances of contact tracing and the specific procedures.

And the system that we're using that Mona mentioned Sara Alert, is very user friendly and intuitive and so we're confident that when we bring these people on and kind of give them an overview of what contact tracing is and the

importance of the activities that take place during contact tracing that they're going to be able to get up to speed and perform these tasks pretty quickly with this training that we've developed.

Mona Bector: I'll just add to that to say bilingual people are very much needed to be able to address different pockets of the population. So if you are bilingual, you are able to connect with people, just like Marshall said, we will train them and onboard them.

Coordinator: Thank you. And our next question comes for Jill Palermo from Prince Williams Times. Your line is now open.

Jill Palermo: Hello, thank you so much for doing this call. I think it's really helpful for all of us and we've had a lot of questions. So I'm just going to sort of piggy back off of the other questions that I've heard so far, and I have a couple of them.

So number one, the proximity app, I understand that it's something you can opt into if I'm understanding clearly, and I wondered if you could number one, somebody mentioned an API, I don't know what that stands for so if you could explain that, that would be great.

Then I wondered if you could walk through a little bit about exactly how it would work? I'm assuming that this would be something that people would maybe have on their phone, and I'm wondering would have to check the app or would they get some sort of alert automatically like we do with Amber alerts or emergency notifications. So that was my question about the app.

Then with the contact tracing, right now our local health district is only contact tracing in communities that are considered critical to the infrastructure of our community. So public safety organizations, hospitals and healthcare

organizations, stuff like that. And so I'm wondering when are we going to transition to contacting individuals that might just be regular citizens?

And third, sorry I'm having all these questions, but third finally I wondered if you could tell us a little bit about how much the state is spending or investing on these contact tracing and testing efforts? Sorry so many questions, if you need me to repeat them I can, but thank you.

Mona Bector: Yes, this Mona and I would really love to hear the second question again if you don't mind.

Jill Palermo: Okay so that was about contact tracing and we're in Prince William County, we're the second largest county in the state and we've been told a couple weeks ago that our contact tracing right now is focusing on trying to contact people in communities that are critical to the infrastructure of our community.

So in other words, they're not necessarily calling individuals but they are contact tracing in like nursing homes, and healthcare setting, public safety organizations only because of the limited resources they have. And so I was asking about when do we think we're going to transition to a more generalized contact tracing? That was the second question.

Mona Bector: Great. Let me start with the proximity app which was your first one, and API, I'm sorry I used the acronym because I use it so often. It's Application Programming Interface. This is the interface that allows different data sets or different apps to work with each other so it's seamless.

Jill Palermo: Okay.

Mona Bector: If we are looking at bringing in three different things like the triage application or the proximity and then we have the database on the backend it would behoove us to make a seamless system. And the way we do that is through the APIs. I hope that helps.

Jill Palermo: Okay. Mm-hm.

Mona Bector: Great.

Jill Palermo: Thank you.

Mona Bector: In terms of how the app would work, whether it would give you the alert or not, we haven't picked one yet so I don't really think I can give you any kind of details on it. Once we pick one, we'd be happy to answer questions about that one. We are looking at apps that would allow people to opt in or opt out so that we empower people.

However if you are opted in it is not tracking you all the time unless it is able to say hey you came in contact with someone. So everything we are looking at has a lot of privacy and security for the Virginians (unintelligible) in that sense that it's not going to be tracking it all the time.

And the ones that we're actively tracking we are not really keen on, but again like I said it's something we're still exploring so it would be some time before I could give you details on which one we land on.

Jill Palermo: Okay.

Mona Bector: About how much we are spending it really would vary in terms of the triage application that we have procured. It really is user based about how many

people use it and based on that we pay a fee to the company that's hosting it for us. For Sara Alert the backend database we did not pay anything because we procured it through CDC. CDC has a program which allows public health, not just us other states as well, to procure this system through a company called My Chart.

So we did not spend any money on that. I think the bulk of the funds that we may have to spend will come from the people cost, giving them the equipment, training them and so on, and also the proximity app.

But since we are in the process of trying to onboard people, I don't have a determined number yet and since we have not decided on an app, I don't even have that yet. So sorry I can't give a defined number here.

Jill Palermo: Okay.

Mona Bector: To go back to your second question I'm going to ask Marshall to join me in answering that. I know that there are many communities that were struggling with the resources and that's what we're trying to address. We are looking at a week's time here, a week, two weeks, three weeks to be able to get to a point where communities can go beyond the critical infrastructure to the citizens being addressed. But then I'll let Marshall talk more about that strategy.

Jill Palermo: Okay thank you.

Marshall Vogt: Sure, thank you Mona.

Megan Healy: This is Megan Healy. I just want to add one more thing from the Governor's office that yesterday Governor Northam announced \$58 million that's committed from the CARES Act Relief Fund. The state did receive \$3.1

billion that there's discretion from the governor and the state agencies at \$1.8 billion and since contact tracing is the governor's number one priority that he did announce releasing \$58 million of that pot, that CARES Act Relief Fund pot out specifically for contact tracing. And again exactly what Mona said, a lot of it goes to staffing but also goes to technology upgrades.

So Marshall you can answer the rest of the question, I just wanted to throw that out as the big picture of the budget.

Marshall Vogt: Thanks Megan. Just to finally answer the last little bit of that question there I think we realized that we are going to have to do contact tracing for all types of cases regardless of what kind of setting they're in.

That's going to be critical to really extinguish those transmission chains of COVID-19 and to really beat this. And that's part of the reason for the ramp up in staffing and a lot of the systems we're using like these apps and Sara Alert are going to help automate some of these work flow processes that right now are a little bit more tedious.

And it's our hope that by blending as Mona said earlier, the people and the technology together we're going to be able to ramp up and really accelerate these contact tracing efforts so we will be able to focus on everybody because we'll have those needed resources.

Jill Palermo: Thank you.

Coordinator: Thank you. And our next question comes from (Alicia Flowers) from the Virginian Pilot. Your line is now open.

(Alicia Flowers): Hi, thanks, can you hear me?

Coordinator: Yes, we can.

(Alicia Flowers): Okay great. So I had a couple of things, Marshall had kind of been talking about this for someone else's question but I was hoping maybe you could further clarify. At times it seems like contact tracers and case investigators have been used interchangeably, but it sounds like these are two different jobs, so if you could give a definition of each and sort of reiterate how they're different so that we could reiterate that.

Marshall Vogt: Sure. So a case investigator is somebody who is really working with the case of COVID-19, and as I mentioned they might be a little more technical in terms of their public health experience and their ability to look at the cases lab results, look at where that case has been, what settings they've been in and what activities they've been doing and really kind of gauge their risk of exposing others to COVID-19 and then finding those other people.

And sometimes it really involves sitting down with a case, of course using appropriate personal protective equipment or via the telephone, and looking at a calendar, where they've been, where they've gone, who they've been with, what activities they were doing to try to get the case to remember all of those individuals that could've been exposed. And that can be sometimes a very detailed, very arduous process.

Contact tracers are really working with those who are potentially exposed and checking in with them at that first check-in to provide that initial health education and establish that rapport and that trust, and that's why we want people from these communities because it's much easier to relate to somebody who's in your local community and build that trust and that relationship with them.

And they're doing these kind of check-ins with contacts over a period of time to assess them, to make sure that they're doing okay, and then to be able to refer them to needed services even if that's somebody to help them get groceries because they're not able to go out anymore and maybe they live by themselves and don't have family or friends that can help them out.

So the work does overlap at times because of course cases have to talk about who they've been around and where they might have been to help find those contacts, and sometimes if those contacts become ill, they're going to become cases and will go back to a case investigator. So there is a little bit of overlap between the two.

(Alicia Flowers): So does that mean for example a case investigator would have a team of contact tracers? Is it kind of a team system? I'm sorry if I'm getting on a granular level here, but just trying to understand how it works.

Marshall Vogt: No that's quite all right. It's going to be very dependent by health district and every health district sets up their operations a little bit differently because every community is a little bit different. Most health districts I think would have a case investigator and as you said there would be a team of contact tracers so they could hand all of those contacts off to a team and perhaps assign them to people for that kind of daily check-in.

Again we want to be able to build rapport with these contacts and check in with them, so I think that's a model that a lot of people are going to use. In some smaller areas where there are fewer cases and contacts it might be a case investigator who works with the case and their contacts, maybe a family unit for instance, to check in with them. But we are envisioning a lot of districts using that kind of team approach.

(Alicia Flowers): Thank you. And then the other question I wanted to ask was about the state employees who have been reassigned onto contact tracing. I'm wondering what these other state employees were doing before that and could you quantify how many state employees have been reassigned into this role? Is that part of the 129 number that was mentioned earlier or is that since the 129 contact tracers that existed in the state before? Thanks.

Mona Bector: So there were 129 before the pandemic. Since then about 300 and change have been reassigned to do this work. And as we get the contractual staff on board, we hope to slowly be able to, you know, let these people go back to their regular jobs so that we can take care of all the other health needs that we are supposed to be taking care of.

In terms of what they were doing before I think it's a mix of different functions. Marshall can you speak to that a little bit? I know it's a lot of people who were connected to disease surveillance who got pulled in. Do you have other context to that?

Marshall Vogt: Sure so in terms of the reassignment of staff at our local health departments, one of the first groups of people that we used were disease intervention specialists or DIS workers.

And those individuals primarily track and trace individuals with sexually transmitted infections and they're still doing that work, but they had that kind of contact tracing skill set based on the nature of the work that they do, so they jumped in and really helped a lot of health districts at the beginning.

And then we also utilized a lot of our other communicable disease nursing staff, sometimes even our environmental health staff in the health districts and

pulled them in as well to help supplement these contact tracing and case investigation efforts.

And then our medical reserve corps is a group that we've been leaning heavily on because they're folks that are very well trained in public health, sometimes they've even received training about case investigation and contact tracing prior to coming on board with COVID because they might have helped out with tuberculosis investigations or other communicable disease investigations in the past.

So we've been able to pull those staff in and they've been a great help but as Mona indicated as restaurants start to open back up, we're going to need environmental health specialists to be able to go back and do restaurant inspections and do their regular work.

And we're going to need those public health nurses to be able to provide immunizations to children and to help with maternity clinics, so it's really critical that we get this additional work force in to be able to allow some of our work force to go back to those other important jobs in public health.

Megan Healy: And this is Megan, I think one of the other questions was about using other state agencies, I'm not sure. To clarify your question, because I know that within Department of Health they've shifted roles, but we have at the state level is look at agencies that need more staff working with an exchange program with our agencies that some of our state employees they're not working programs.

They have other jobs and they have that exchange program. Was that part of your question as well? Are you familiar with how many other state agencies have borrowed people from other state agencies?

Mona Bector: Yes, I can address that a little bit, thank you for bringing that up Megan.

So what the state also did is institute a program for reassignment of staff across the state agencies. So if there's a state agency that is not able to work during this time at full potential and there is staff available, they are able to apply for one of these jobs internally and be one of the contact tracers or some of the other roles that we have. As the host agency we would host them from their home agency, if that helps understand.

(Alicia Flowers): Yes, thank you.

Mona Bector: Let's see if we have any questions about that.

Coordinator: Thank you. And our next question comes from Mallory Noe-Payne from Radio IQ. Your line is now open.

Mallory Noe-Payne: Hi, I have a question on behalf of a colleague of mine in eastern Virginia. They're curious who's responsible for contact tracing among military personnel stationed in the state? If there was a positive case on a base is that likely to come through the Department of Health contact tracing operation or is the military doing that independently?

Marshall Vogt: I think we have a very good partnership with our military staff here in Virginia and so usually as a case comes up the Health Department is aware of that because it enters our surveillance and case investigation system.

So there's certainly a role that the Public Health Department plays, but I know in many places the military has their own public health component and we're

able to partner with them and they are able to do a lot of the work. So I would say it's a partnership, it's not one or the other.

Mallory Noe-Payne: And I want to follow up on the app that was mentioned. I know a lot of those details are still being worked out as you choose a product, but could you explain how you imagine it fitting into the contact tracing effort or is it something that will be widely available to all Virginians regardless of whether they've come into contact with a case?

Mona Bector: Yes, it's the latter. It will widely available to all Virginians and we would encourage all Virginians to use that to help protect themselves and their family. So it's not limited to anyone, it is something that will be available to everyone. It will be available to your app store whether its Apple phones that you use or Android phones that you use.

Mallory Noe-Payne: Thank you.

Coordinator: Thank you. And our next question comes from Mohana from Politico, your line is now open.

Mohana Ravindranath: Hi, thanks so much for doing this. I'm wondering if you can talk a little bit more about your decision to use the Google and Apple API. I know other states like North Dakota have decided to build their own apps and use GPS. Can you just talk about the calculus there?

Mona Bector: Sure. As you well know Google and Apple have the best proximity and the Bluetooth tracking ability because of the presence that they have through all of our phones. So because of their API there was a choice that we could either use the Google and Apple proximity tracking, what's called the BLE or

Bluetooth Low Energy enablement or we could use the GPS system, which some states have gone with.

And they've gone with that because that was something available immediately versus waiting for the Google and Apple API to be available, which is should be available the coming week. So we decided to go with this option because it allows for better coverage and to be able to alert people better since most phones are either on the iOS or the Android backbone.

The GPS one, the only thing it does more is being able to put hotspots on a map and that capability is also available through other applications, so we wanted the best of the both worlds for Virginia and we decided to use other applications to provide the GPS kind of information if we needed. But we're pretty focused on getting on the new technology that Google and Apple have co-launched to help combat this disease.

Mohana Ravindranath: Thank you.

Marian Hunter: Hi there, this is Marian. I just want to give a quick update; this is our five-minute warning before the end of the call. We have time for one last question.

Coordinator: Thank you. And our last question comes from Lex Gray from WAVY News, your line is now open.

Lex Gray: Hi, yes, my first question is about the contact tracing app and I am wondering how you plan to get public trust on board with that? Whether you'll put out a public persuasion campaign and how you'll convince people that those big tech companies won't abuse that data once people have signed up?

Mona Bector: Good question. So the big companies are also putting out some PSAs letting people know that this technology is available only for combating this disease to help the society open up, the economy to open up and for people to be safe in doing their daily jobs.

So Apple and Google have actually toned down their ability to track people and save all the data they would have collected otherwise to be able to launch this as a publicly trusted app.

We are also doing our own due diligence for Virginia where we look into each of these apps and we figure out where if any data is being stored, who has access to it. And when we do decide to go with one or the other vendor, we will be doing our own campaign to make sure we make people aware of what the app can do to help them and what it does in terms of the backend.

We plan to be very transparent because we are trying to help people and not make them fearful of any kind of new technology.

Lex Gray: Okay, thank you.

Marian Hunter: Thank you everyone for joining our call today. I want to remind you that there will be a digital copy and transcript of the call posted on the VDH website, that will be located on the VDH COVID-19 in Virginia webpage under the Media Room tab. If we were unable to get to your question today, please e-mail them to COVID19JIC@vdem.virginia.gov. Thank you.

Coordinator: Thank you for your participation in today's conference. All parties may disconnect at this time.

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