

**Virginia Department of Health
Tele-Press Conference on Contact Tracing, Testing Efforts
and Health Disparities During the COVID-19 Pandemic
Moderator: Marian Hunter
July 29, 2020
1:30 PM**

Coordinator: Thank you for standing by. At this time all participants are on listen-only until our question-and-answer session. At that time if you would like to ask a question please press Star then 1. Please be advised that today's conference is being recorded. If you have any objections you may disconnect at this time. And now I would like to turn the meeting over to Marian Hunter. You may begin.

Marian Hunter: Thank you good afternoon and 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 State Health Commissioner, Dr. Norman Oliver, MD, MA. Our subject matter expert will give an update on COVID-19 in Virginia including contact tracing, testing and health disparities during the pandemic, followed by a question and answer session. Today's call is being moderated by an operator so when we get to the Q&A portion of the call please follow their instructions to ask a question. Now I'd like to welcome Dr. Oliver to share a brief update on COVID-19 in Virginia.

Dr. Norman Oliver: Thank you Marian and thank you to all the media who have joined this call. I look forward to hearing your questions and participating in the discussion following my remarks. As most of us have tried to relax a bit this summer, take some time off unfortunately COVID-19 has not taken the summer off. COVID-19 continues to spread in communities across Virginia. As of today there are 87,993 cases and we've seen 2125 deaths related to

COVID-19 in the Commonwealth.

Yesterday Governor Northam and I issued a joint executive order and order of public health emergency to address a surge of cases in the Hampton Roads area. And we did not take that action lately. There have been significant recent case count increases and test positivity rate increases in the jurisdictions and the Eastern region in particular in the Tidewater area. In addition to high case count hospitalizations are steadily increasing including the number of confirmed intensive care unit hospitalization secondary to COVID-19.

Our data shows that the test positivity rates in the cities of Virginia Beach, Chesapeake, Norfolk, Suffolk, Portsmouth and Hampton range from 9.9% to 18.6%. The cities of Williamsburg, Newport News, Poquoson, James City County and York County are experiencing increased test positivity of 8.7% compared to approximately 3.4% one month ago. The test positivity rate on the other hand for the remainder of Virginia is trending at 6%.

Between July 15 and July 25 the city of Virginia Beach reported an average of 103 cases per day. On July 25 the city of Virginia Beach reported 329 new cases more than triple the number reported the previous day. We've also seen a significant shift to a younger demographic with a market increase in the number of cases testing positive in the 20 to 29-year-old age bracket. Case investigations conducted by our health department are identifying that social events and gatherings where social distancing is not practiced and masks are not being worn are a factor in this disease spread.

I want to say a few words about this case investigation and contact tracing along with what's happening with testing because these are key public health tools that we have available to us to help contain the pandemic. VDH has greatly expanded our capacity for doing contact tracing. We set a goal early

on of having 1200, one-thousand two-hundred, health professionals involved in contact tracing and case investigation by July 1 and we met that goal. As of July 22 we have 1547 health professionals working as contact tracers and case investigators.

The number that we have hired varies by our health district and we've adjusted the ratio of case investigators and contact tracers to provide more case investigators as this was found to be a need by many of our local health districts. A case investigator is a higher skilled more technical job than contact tracing. Some positions are filled by nurses, epidemiologists or doctors. The skills include thorough interviewing and interpreting lab results, talking to clients about their symptoms in the clinical and medical way.

Contact tracers on the other hand come from every background. Here we need people from local communities, people who are trusted by those local communities so that when they get on the phone with them or see them in person they are willing to share information with them, a public health investigation.

We are currently developing regional surge teams that will be part of our statewide containment center. The idea here is to have individuals in each region who can do case investigation and contact tracing as well as we are having five regional training coordinators who can train and onboard additional contact tracers or investigators as needed. We want this as backup so that they can be deployable within the region for in person investigation or to other regions virtually as needed.

We've received some additional help from the CDC foundation in getting more contact tracers and case investigators. And this help has been greatly appreciated. They are providing us with the support to hire five regional

training coordinators as well as I said additional case investigators and contact tracers.

We need this extra backup for surge capacity as we see for example in the Eastern region with the increasing cases there. Having this backup will aid us in providing the additional support that our local health districts will need in keeping up with the increasing cases. Our contact tracing program also has paid special attention to reaching out to underserved and vulnerable communities. We have 166 contact tracers and case investigators who are fluent in one or more languages in addition to English, 102 speak Spanish. We are attempting in the back of team that I just mentioned to include a number of people with who are bilingual in multiple languages so that we can have that additional resource for the local health districts as well.

We've also pay particular attention to hiring a diverse workforce in the contact tracing team and have hired 5% of the workforces Asian or Asian American. That African-American population portion of the workforce is about 23% the Latin X portion is 4%. We are making efforts of working with our Health Equity Workgroup and community stakeholders to increase those numbers as much as we can.

Our contact tracing program has been successful. We published the metrics that we are using to judge how we're doing on this online. As of a couple of days ago July 27, Virginia contact tracers were able to reach a little more than 74% of the cases. And among the cases that we successfully contacted we were able to contact nearly 85% of them within 24 hours. As of that same date July 27 VDH has 8757 contacts who were under public health monitoring in our program.

Contact tracing is still valuable like - and this is a very important point despite

the longer test turnaround times that we have all heard about or experienced. Establishing metrics about how they're - how many contacts per day each trace and case investigator sees is one of our important metrics and we will be - and it varies depending on the complexity of the case. Some authorities would say that five cases per day for a case investigator and somewhere between 12 and 15 contacts per day for contact tracers is the appropriate number.

VDH is preparing to release an exposure notification application that we call COVIDWISE. COVIDWISE will notify users who have been in close proximity to other users who test positive for COVID-19 advising them that they may have been exposed to the disease. COVIDWISE uses the Apple and Google API and we chose this well because we want to protect user privacy.

Every user will decide whether or not to opt in to receive exposure notifications. And if a person is diagnosed with COVID-19 it is up to them whether or not to share that result through COVIDWISE. There's no location data or personal information that's ever collected, stored or transmitted to VDH as part of the app. And you can delete the app or turn it off at any time.

We also have an - not really application maybe Web-based tool called COVID Check that is a symptom checker that can be accessed from the VDH Web site. It's an online tool that assesses COVID-19 symptoms and makes recommendations on appropriate care where people can find testing and ask - and other questions. It answers user questions in either English or Spanish about symptoms and possible exposures. COVIDWISE app will be launched in the first week of August we believe.

I want to say a few words about testing strategy. Virginia will continue to have a high rate of testing. We have as of today done a total number of tests,

that is 1,175,814 PCR tests. We've been averaging a little more than 16,000 tests per day over the last week or so. We've made a concerted effort at testing in nursing homes and other (congregants') settings where we've done what we call point prevalence surveys. That's where you test everyone in that setting at one time at one particular point in time. We've done 456 such point prevalence surveys covering all of our skilled nursing facilities and correctional facilities.

In addition we have coordinated 280 community testing events. Our state testing strategy remains to support private sector testing and to target our use of our public health sector testing to priority populations. We have found that private clinicians are becoming more and more comfortable ordering tests and collecting samples. And in addition to that of course we've seen the on boarding of pharmacy like CVS and Rite Aid and Walgreens who are also doing testing around the Commonwealth.

Virginia will continue our testing after the National Guard deployment ends. The National Guard has been very critical and are being able to carry out those point prevalence surveys that I mentioned. Through their efforts they help to conduct and collect 105,687 tests and we thank them greatly for their support in doing that. The VDH will use local health district resources, the resources of our medical reserve corps and limited turnkey vendors to continue our public testing events.

The health department is very focused on testing in underserved communities. We've supported testing events in these communities as I mentioned having conducted or coordinated 280 such events. We'll continue to carry out such events going forward. We are working with free clinics with community health centers and our local health departments to carry this out. The health department is very closely monitoring the situation with turnaround times.

Most delays and test results are in the commercial lab and they range from seven to ten days but we don't have any system, systematic reporting and test turnaround times. The public laboratories are not experiencing such delays. Our turnaround time is between 24 to 72 hours and increased demand for testing has really strained the process for both processing the samples and the supply chain for resources needed to conduct those tests.

We have established a Testing Advisory Council which consists of a lot of public and private sector partners that's closely monitoring the capacity for testing across the sectors looking at ways to increase capacity, look at other technologies, look at the community testing and also to address this turnaround time delay looking at ways in which we can collaborate to address outbreaks and continue to support the point prevalence studies.

The health department has collaborated with the University of Virginia in a very important testing project. It's called the Virginia Coronavirus Serology Project. We've been using serology tests or antibody tests to get an estimate of the prevalence of COVID-19 in the Commonwealth. The project has so far enrolled 3775 participants in this study. We - our goal is to enroll 5000 participants.

Preliminary results of the study show that about 2.4% of adult Virginians have antibodies to COVID-19. The prevalence of the anti-bodies among Latinx community is much higher. It's about three times that and the antibodies vary by region, age and ethnicity. The big takeaway from this of course is that the overwhelming majority are very large portion of the population in the Commonwealth is still vulnerable to infection and we must continue to take precautionary measures.

I wanted to touch on the issue of the health disparities and inequities that we've seen with the pandemic. These - this is something that's been very concerning to us. When we established our unified command which is a whole government approach to dealing with the pandemic we established with in it a Health Equity Workgroup. And we did that because we knew that this pandemic as with other health issues we could expect to see disparities and that's certainly has been the case.

Case attack rates are higher in the African-American, Latinx and Asian American Pacific Islander communities than - in a disproportionate way. You can go to our Web site and see the for example among African-Americans it's - the number of cases is about 23% of the total cases, the Latinx community is around 40% of the cases. The Asian American community is around 4%. That's an average across the entire Commonwealth.

But if you drill down to particular neighborhoods you'll find that in Fairfax for example the Latinx communities it makes up 60% of the cases in that county. Here in Richmond the Latinx community makes of 47% of the cases and African-Americans are 34% so that the majority of cases are in the black and brown communities of Richmond.

We've addressed this as I said with our Health Equity Workgroup which has helped all of us within the unified command look at the work that we do through a health equity lens and seeing how we can make sure that we reach out to and address the needs of these communities. Specifically we've conducted a number of community testing events in Richmond, and Harrisonburg, Chesapeake, Petersburg, Roanoke, Fairfax, Arlington -- all over the state. And we have tens of localities that we are planning on reaching out to in the coming weeks.

These programs have been integrated in their approach, not just doing testing but doing work in Latino and African-American communities to partner with faith leaders and other local leaders to distribute masks and hand sanitizer, the education around appropriate behavior to prevent the spread of COVID-19. And this has been a very important part of our work. I'd like to now take a break from my summary here and I'll hand it back over to Ms. Hunter.

Marian Hunter: Thank you for that update Dr. Oliver. Before we begin the question and answer portion of today's call I'd like to remind you that our call is focused on contact tracing, testing and health disparities during the pandemic. Please limit your inquiries to one question and one follow-up per person to allow time for everyone.

For questions regarding other topics or if our subject matter expert is unable to answer your question today please email them to the Virginia Joint Information Center at (COVID19JIC@vdem.virginia.gov). Now we'll begin the question and answer portion of today's call.

Coordinator: Thank you. And as a reminder if you would like to ask a question please press Star then 1 and record your name and affiliation 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. Thank you for your patience. I do appreciate it. Our first question comes from Elisha Sauers from VA Pilot. Your line is now open.

Elisha Sauers: Hi. This is a question for Dr. Oliver. You had mentioned the preliminary results of the serology study have come in and that about 2.4% of adult Virginians have antibodies for COVID-19. I'm just wondering if that's higher or lower than what you anticipated? What was sort of your reaction to those results so far?

Dr. Norman Oliver: Thank you for that question. This was about what I would have expected. The prevalence of the disease is relatively low and so I wasn't really that surprised. I would have been more surprised if it was much higher than that.

The other thing that I think is important here as well I mentioned about the higher prevalence among Latinx communities because that is certainly borne out by the higher number of - the higher incidence of cases there with case counts significantly higher in that community.

Elisha Sauers: And as a follow-up question to that, are you seeing that same trend with the higher percentage of participants with the antibodies, are you seeing that also been the case in the Eastern region in the Hampton Roads area?

Dr. Norman Oliver: I think we'll have to wait on that and with the complete results of the study with the preliminary results we didn't see that. But as you know a big uptick in the cases in the Eastern region occurred over the last few weeks.

Elisha Sauers: Right, thank you.

Coordinator: Thank you. And our next question comes from Jackie DeFusco from WRIC 8News. Your line is now open.

Jackie DeFusco: Hi Dr. Oliver. I know that we've heard some about pool testing in the last couple of days. Can you speak to how prevalent this is in Virginia and what institutions are actually using it at this point?

Dr. Norman Oliver: I'm sorry what kind of testing was that you said?

Jackie Defusco: Pool testing...

Dr. Norman Oliver: Okay.

Jackie DeFusco: ...yes.

Dr. Norman Oliver: Pool testing is not being done I believe in the Commonwealth. Pool testing is where you will group a number of people together say like take an entire building or a dormitory say at a university and collect all of the blood there and then do your - all the samples rather than nasal swabs, do your tests on that pool sample. And if nothing comes back positive then you know that no one in that particular setting is positive for the disease. If it comes back positive then you'd have to go and test each individual to find out where that positivity came from.

The machines for during this sort of testing are not readily available. Only a limited number are FDA approved. This is a methodology that we are interested in and would be one way of dealing with the challenges of getting testing done with supply chain problems and other issues like the test turnaround time. But as of this moment no such testing is being done.

Jackie DeFusco: Okay I know that initially the FDA had kind of limited the distribution of this but do you have any sense of the timeline and when the state would be able to obtain this type of technology or is the jury still out?

Dr. Norman Oliver: Unfortunately I believe that this is one of those situations where a more coordinated national response would be needed to speed up the timeline on that. I think that the federal government for example could do more to help get this equipment to the states. We're not able to do it on our own I believe.

Jackie DeFusco: Thank you.

Coordinator: Thank you. And our next question comes from Kate Masters from Virginia Mercury. Your line is now open.

Kate Masters: Hi Dr. Oliver. I just wanted to ask if you knew how many cases this month in July since we've really seen an upswing have been linked to the bars or smaller gatherings that have been attributed to a lot of the growth? And then I'm also wondering whether VDH would consider issuing releases when clusters of cases have been linked to specifically something risky, a setting like a bar, a gathering that's led to new cases especially in high-risk areas?

Dr. Norman Oliver: Thank you for that. We don't have specific numbers related to specific gatherings that I could report over this last month. The information that we have that links cases and contacts to things like bars or large social gatherings big barbecues or parties that sort of thing comes from our contact tracing program. So a case investigator talks a case finds the contacts and then through the course of the investigation can - will discover that it, you know, the index case was at a particular location in a particular time, that data, I don't have it in a portable way at this time. To the second question whether we would release data about a large superspreader event for the lack of a better word, I'll reserve judgment on that.

I think there may be a situation - there could be - I could envision situations we might be concerned about superspreader kind of events and in the interest of public health, we would want to advise people about that to help them protect themselves from the community by avoiding such events. But offhand, I don't know that that's something that would automatically be done with any large event and it's also hard to tell sometimes like with the events I was just talking about.

Woman: And a follow-up on the contact tracing question. I'm wondering how turnaround lags are actually affecting those efforts in Virginia. I know data shows that of the cases we know about, there's been a fairly high success rate at reaching contact. But giving the testing labs, do you think we're catching cases before those people then pass the virus along in a timely way?

Dr. Norman Oliver: The test's turnaround time or the delay in the test turnaround time that we've been experiencing is a big challenge to contact tracing. We can still do the contact tracing but as you sort of alluded to in your question, if we find out about the case you know 10 days after they've been tested, if that person has not been good about quarantining themselves while awaiting the test results, then we obviously have a lot more context that we have to follow-up on.

So that increases the amount of work that we have to do in the contact tracing and from that point of view, it is a challenge. We have in the Virginia Beach area, for example, had to supplement the contact tracing that's taking place there with help from other local health districts in establishing the state containment center that will provide search backup for the Tidewater and other areas that may experience similar sorts of increases. So yes, it's a challenge, but one that I think we can meet.

Coordinator: Thank you and our next question comes from (Brandon Posen) from WTKR. Your line is now open.

(Brandon Posen): Doctor Oliver, kind of a related question but what is the strategy for contact tracing if a positive case is at a crowded bar. If you learned if somebody was at the oceanfront and it was a crowded bar, are you notifying the bar and all of the people who are potentially there? Are you just reaching out to the people there in the immediate vicinity? Does that make it more

challenging?

Dr. Norman Oliver: Thank you for that question. As a general rule what we've tried to do with someone who's been identified as a case, we want to find out who they've been in close contact with. The spread of the virus is in respiratory droplets, perhaps in aerosols. So we feel someone needs to be fairly close for a substantial amount of time within six feet for longer than 15 minutes in order to really count as having been exposed to the virus.

So it becomes more complicated in that if someone has been in a large crowd, a large gathering, you have to try to identify those people with whom they've really been in close contact with. And you know if they are in a crowded bar, that becomes a little more challenging to identify.

As for the establishment itself, yes, we have to identify - let them know because they may need to do some deep cleaning, disinfecting of their establishment as a result.

(Brandon Posen): Okay. Thank you.

Coordinator: Thank you and our next question comes from (Emily Swagger) from WSET. Your line is now open.

(Emily Swagger): Thank you. This question is for Dr. Oliver. I am interested to know if we have any contact tracers in the Central Virginia area because we frequently have had cases that were believed to be related to a group that traveled to Myrtle Beach, but the (VDH), could not confirm that and has not provided any information.

So I was interested if that's because we are lacking contact tracers or what we

need to do to be able to have that information about where these cases are coming from.

Dr. Norman Oliver: So I don't know the particulars of that specific investigation. I do know that we have contact tracers in the Central Region here, but definitely, in Richmond City and (Recon) and the surrounding local health districts all have contract tracers and case investigators. As I said, I don't know the specifics of that investigation and why they were unable to give you all the information that you needed.

(Emily Swagger): Okay. So I guess my follow-up question would be if we are seeing a spike in cases, is there any reason we wouldn't be given information about what those could possibly be linked to?

Dr. Norman Oliver: I think to the extent that we know the source is we would be happy to share that. As I mentioned with the respect with the Tidewater, we know that it's the larger social gatherings in bars and restaurants where people were not wearing masks - other large social gatherings such as big BBQs and that sort of thing.

There are other areas in Western Tidewater for example where case investigations have indicated is people coming back from the Outer Banks to that area and where we know that we are happy to share that.

(Emily Swagger): Okay. Thank you.

Dr. Norman Oliver: Mm-hmm.

Coordinator: Thank you and our next question comes from (Pamela DeAngelo) from Virginia Public Radio. Your line is open.

(Pamela DeAngelo): Hi, Dr. Oliver, (Pamela DeAngelo) with Virginia Public Radio. I am interested in learning more about the asymmetric cases. I'm sorry, asymptomatic cases. We have a lot of college students who are going to be coming into town from other places and we have vacationers still coming in and our you know, residents are going out and coming in. Is there a chance that we're going to get to see a breakdown in cases that show us the number, the data behind the asymptomatic cases?

Dr. Norman Oliver: Okay. I'm not exactly if I understand your question. You're asking whether or not we can give...

(Pamela DeAngelo): Put numbers, put data - like we know that there is x number of cases each day, I'm just wondering does (VDH) know out of those cases how many are not showing symptoms that have been tested.

Like what and I guess the secondary question that would be what drives a person to go in that's asymptomatic to get tested and if you know if they're not getting symptoms but the ones that do go in and get tested do we have a dataset on that to compare it to just people who are showing symptoms?

Dr. Norman Oliver: Right. Okay. Thank you. The overwhelming majority of people who seek testing because they're having symptoms and so the number of asymptomatic people who have gotten tested is relatively low. The place where we would get a better sense of how many people are asymptomatic is when we do these point prevalence surveys.

The majority of the point prevalence surveys have been done in congregate settings. So long-term care facilities, in prisons, are have been where the majority have taken place and we are seeing very high levels of asymptomatic

disease, somewhere in the order of I don't have the exact figure in front of me, but it is somewhere in the order of 30% or so in many of these institutions.

Now those are not your normal settings. As I said the prevalence of the disease that we are estimating from our (seral) prevalence study, the antibody study would indicate the prevalence of the disease is about a little more than 2%. So I think in the general community, that there is a low prevalence of the disease, but I would also say that the number of people who have the virus who are asymptomatic is not an insignificant number particularly because we're seeing the increase in cases being very concentrated in the younger population.

That younger population has a much milder disease and I believe also a high amount of asymptomatic disease. So I don't have numbers for you on that but I do think what we know now where mainly mean that this age group is one in which could expect a significant number - by significant you know like I said, a minority people with the virus will have - will be asymptomatic.

(Pamela DeAngelo): And would this translate to our incoming students who are coming back to college/universities?

Dr. Norman Oliver: I am concerned about the students coming back from around the country and coming to universities and colleges. Our local health departments will be partnering with these universities and colleges and thinking through a testing strategy to try to do some surveillance of the incoming students to be able to identify cases early and do the contact tracing that's needed to be done to ensure that we don't get any real significant outbreaks on the schools.

But I do think it's something that we have to factor into our planning and not - and make sure that we're proactively preparing for it.

(Pamela DeAngelo): Thank you.

Coordinator: Thank you and our next question comes from (Cameron Thompson) from CBS 6 News, your line is now open.

(Cameron Thompson): Hi Dr. Oliver. Regarding the increase in cases you said you have been spotting with younger crowds at these events with no social distancing and masks wearing, I know this is something Dr. (Burks) mentioned yesterday about potentially increased messaging among multi-generational homes about people wearing masks where they have people in at-risk community.

Out of curiosity, with the contact tracing, how many cases have been linked to a younger person picking up the virus and then spreading it to someone in their household who may be in an at-risk community?

Dr. Norman Oliver: Thank you for that question. Unfortunately, I don't have a number to give you (Cam) and that's because I just don't know - we can look and see whether we have any reports of that sort of thing. I've heard anecdotal reports but I don't have actual numbers for you.

(Cameron Thompson): And just a follow-up question unrelated from that, but just you mentioned that with the COVID-19 tracking app set to launch next week, you talk about wanting a larger sample size for this serology test. With this app what are you all hoping to be in terms of participation from people in Virginia downloading this app to actually make it an effective tool in contact tracing efforts?

Dr. Norman Oliver: Very good question. The exposure notification app COVID-wise will have to be widely used in order for it to be effective. The idea behind this app is to

aid in the contact tracing by having people identify themselves as having been exposed and then being able to through the use of this technology identify close contacts and then be able to reach out to them when they identify themselves.

So in order to be effective, we're talking hundreds of thousands, millions using the app. We will be launching a major marketing campaign to get folks to download and use the app. In Ireland, a similar app has gotten to about 75% participation there among adults. We're going to shoot to try and get as many as we can here in the Commonwealth over the next several months to download and use this app.

Coordinator: Thank you and our next question comes from (Patricia Sullivan) from the Washington Post. Your line is now open.

(Patricia Sullivan): Dr. Oliver, as we head into August after what about four months of you know serious concern about the pandemic, are you increasingly concerned whether there will be a second wave of the virus in Virginia or are you happy with you know how control efforts are going so far? Can you tell us - can you kind of flip forward and give us a forecast on what we can expect in the Commonwealth as summer turns into fall?

Dr. Norman Oliver: I believe that we haven't actually gotten out of the first wave yet. Our numbers peaked for most of the state and we are trending downwards, but what we're beginning to see, at least in the eastern region is a rebound of those cases and we're doing our best to try to flatten that curve once again.

No one really knows whether or not we will get a second wave. But when we talk about a second wave, we're talking about having gotten past the first wave. Right. So get this wave behind us, cases are down to you know near

zero and then you get a whole new wave of the virus infecting all those people - the majority of us who have not been infected with the virus previously.

And as I said we don't know whether or not that will happen and if it does happen, it will be a real challenge for us because if it happens in the fall, it will be in the same time period in which we can expect influenza to be a major concern as well. So I won't make a prediction.

I just think we need to be prepared for it and I think as our case investigators and contact tracers need to do everything we can to help put a clamp on this resurgence of the first wave and stand ready to deal with a possible second wave should that occur.

Another thing I would say here is that the actions of individual citizens, people in the Commonwealth are really quite important in this regard. We were able to really flatten the curve - decrease the number of cases that were occurring in the Commonwealth sparing hundreds and hundreds of thousands of people contracting this disease and saving hundreds of lives by everyone staying at home, wearing a mask, washing their hands frequently with soap and water, maintaining social and physical distance from one another.

And to the extent that we continue to do that, I think that that will help us both get this first wave behind us and the possible case of a second wave to ensure that that is one that we can also dampen down, flatten that curve.

(Patricia Sullivan): As a follow-up, there are some people who are saying, look it, we need to go to the strict you know shutdown where everyone stays home, few things are open and get this over with, you know for the next month or so. And I realize it's a fluke question, but as a medical professional would you prefer that we do that in the Commonwealth?

There would be a strict period you know, August, you know into September where everyone repeats what we did in March and April and May so that you can stop any further spread of the disease?

Dr. Norman Oliver: I know you appealed to me as a medical professional, but I think that really becomes a very important policy and question. It has impact not only on the health of the Commonwealth but on its economic well-being and other things as well. So I will leave that one to the policy experts in the government.

(Patricia Sullivan): Okay. Thank you.

Coordinator: Thank you and our next question comes from (Robert Zulow) from Virginia Mercury. Your line is now open.

(Robert Zulow): Hey, Dr. Oliver. Thanks for taking my question. You mentioned the role that individual people and their decisions have played in flattening the curve, I'm wondering why VDH wouldn't want to put out more proactive information on the types of gatherings that have been linked to outbreaks because you would think that that would prevent people from or at least encourage people, you know to be more responsible about attending those gatherings or maybe stay away from them.

Dr. Norman Oliver: I think we have said what those gatherings are like. I would say that large gatherings of more than 50 people congregating in bar areas of restaurants and other establishments, even large private gatherings, the big family BBQ, could be a setting in which you could spread the virus.

So you know any time people get together, even one-on-one is an opportunity to spread the virus. And so we have been very explicit in saying that if you're

with other people and you should be wearing the mask. And you should wash your hands frequently and avoid those gatherings to the extent possible.

(Robert Zulow): But why not tell - you know why not tell people you know that the Department of Health has tracked x number of cases to a bar, you know, I know there's been some reluctance to name specific businesses, to a bar in a certain health district or a certain county?

Dr. Norman Oliver: The reluctance is because the - it's not a particular bar that's the problem. It's any kind of social gathering right? So the fact that you know bar x is a bar where there were a number of cases doesn't mean that bar Y is one that you can go to and not be exposed to COVID-19.

The general rule should be if you're in a place with other people, you should be wearing a mask and not and try to maintain physical and social distance. And that's true whether or not there's been a case there or there's never been a case there. You could be the first case.

(Robert Zulow): All right. Thanks.

Coordinator: Thank you. There are no further questions on the phone.

Marian Hunter: Thank you again for joining our call. I want to remind you that there will be a digital copy and transcript of the call on the VDH website located on the COVID-19 webpage under the Media Room tab. Once again, if we could not answer your question today, please email them to the Virginia Joint Information Center at COVID19JIC@vdem.virginia.gov.

END