Virginia Department of Health
Tele-Press Conference on the Pandemic Metrics Dashboard
Moderator: Marian Hunter
September 28, 2020
10:30 a.m.

Coordinator: Thank you for standing by. I'd like to inform all participants that your lines have been placed on a listen-only mode until the question-and-answer session of today's call. Today's call is also recorded if anyone has any objections you may disconnect at this time. I would now like to turn the call over to Ms. (Marian Hunter). Thank you, you may begin.

(Marian Hunter): Good morning and we apologize for the delay. 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 the Deputy Commissioner for Population Health Dr. (Laurie Forlano) DO, MPH; and State Epidemiologist Dr. (Lillian Peake) MD, MPH; along with the Virginia Department of Education Assistant Superintendent of Policy Equity and Communications (Holly Coy).

Our subject matter experts will give an update on the new pandemic metric dashboard 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 today's call please follow their instructions to ask a question.

Now I'd like to welcome Dr. (Forlano) to share a brief update.

Dr. (Laurie Forlano): Hi good morning everyone. Dr. (Peake) do give me a thumbs up if you can hear me all right. Great thank you.

My name's (Laurie Forlano), I'm the Deputy Commissioner for Population Health at the Virginia Department of Health. I wanted to first thank all of you for joining us today and giving us an opportunity to share some timely information and exciting information about some new tools.

We also want to thank the many people that we represent at the VDH. There's been a lot of hard work and long hours that continue to build these tools and enhance these tools to help with the pandemic response and we're grateful for all of our, all the people on our team and their commitment to the pandemic response.

We also are grateful to have a great partnership with the Department of Education and that continued collaboration will definitely help reach success.

The building - the tools you see are building on the key measures that many of you will already have familiarity with. VDH is excited today to announce the launch of an additional tool and some complementary guidance documents to help describe and understand the COVID-19 pandemic in Virginia.

VDH has created this newer dashboard to help users like local and state public health officials, local school officials, better understand the extent of community transmission in a given locality or community.

The transmission extent as you'll soon learn is derived from a set of metrics and indicators that consider burden of disease and the trends associated with different indicators. Includes things like disease extent and also measures that look at healthcare use or capacity like visits to emergency rooms or hospital

beds. Dr. (Peake) will elaborate on some of the specifics and important details in a few minutes.

The composite picture or the description or the picture that's created when one considers all of this information together with local context is intended to help inform local and state decisions about how to respond to the pandemic.

For example, a high level of transmission necessitates increases in case investigation or contact tracing or more testing or more focused testing in certain populations. A high level of transmission may also necessitate the community considering if, when or what type of community mitigation measures might be needed.

Community mitigation is a phrase that we use to describe activities that are actions that people and communities can take to slow the spread of a new virus with pandemic potential such as the SARS-CoV-2 virus that causes COVID -19.

Disease prevention and control I think you can all appreciate by now, necessitates a combination of individual level and population level or community level interventions. Individuals need to follow recommendations on healthy hygiene practices, we need to stay home when we're sick, we need to practice distancing, we need to use our cloth face coverings or masks and we need to follow recommendations from public health like isolation and quarantine recommendations to lower the risk of disease spread. So those individual actions are appropriate regardless of the extent of mitigation at the community level that may be needed at different times.

There may be times when the pace of a pandemic curve or an epidemic curve in a community warrants consideration of additional population level

strategies such as limiting the size of social gatherings or temporarily limiting the occupancy of certain establishments where we know disease to be spreading or contributing to community spread. Those examples are ones that have been implemented in communities when that was needed.

The focus of community mitigation is on reducing transmission by reducing the amount of person to person transmission and the ultimate goal is to decrease the burden on our healthcare system while building or enhancing the existing containment capacity we have via testing and tracing capacity.

In the addition to the data that will be reviewed in a few minutes and the guidance on an approach to considering general community mitigation you'll see that the tool also has information specific to CDC indicators for K through 12 school settings and an accompanying guidance document for that school's function.

These school-specific products are also intended to help guide decisions not dictate decisions by local leaders. The community mitigation and the school mitigation guidance document help users and communities understand how to use the dashboards to help inform what kinds of community mitigation strategies might be considered at different levels of transmission extent.

Again the documents should not be interpreted as dictating measures but rather as guides to help communities choose from options that will best address the disease spread in their area.

There are ways in which we hope communities and leaders use this tool. We hope communities use the tool to understand the data in their locality and also its surrounding counties or localities to help understand the potential risk of introduction and/or subsequent transmission in other settings like schools.

We hope it's used to monitor trends of healthcare capacity or disease burden. We hope it's used to monitor upward or downward or fluctuating trends of metrics like case incidents or test positivity. Those are metrics you should be familiar with through our other dashboard.

We hope the tools and the visuals and the trends and the data are used to have collaborative conversations between public health officials, local leaders and community members. And we hope that those conversations help inform really complex decisions that communities may sometimes need to make for example the decisions related to school programming or large planned events in a given community.

The tools can help users ask questions of public health officials to better understand the nuance behind the data like large outbreaks in workplaces or nursing homes and how those things may or may not contribute to trends or increased numbers in a given area.

We hope it prompts questions and reflections on strategies that have been taken to date and may help identify opportunities for how to evolve a given approach.

The dashboard should ideally be used in conjunction with VDH guidance for community mitigation and the VDH guidance for mitigation measures in K through 12 settings and also the CDC guidance that is linked on the webpage.

For communities that may have already adopted certain models or thresholds this dashboard may help you think about whether they want to adapt any of the approaches if that makes sense to them.

There are some ways in which the dashboard should not be used. It should not be used to take one indicator alone to make a very complex decision. It should not be used to compare concretely with other localities in the absence of more detailed information or local context.

And as a reminder the indicators on the CDC school metrics dashboard that you'll see are intended to be applied at a community level not at a school facility level itself with the exception of one measure that we use which is an assessment of a given school's mitigation strategy.

So in summary we're encouraging communities and local leaders, decision makers, local public health officials to all work together as they have been throughout this lengthy response to consider community mitigation measures depending on the extent of a transmission in a community also the capacity to implement mitigation strategies.

And we've done our best to align our guidance documents in Virginia largely with prior content from forward Virginia phases and also with the phase guidance for schools, for the school-specific tools and the newly available CDC school framework.

Later this morning Dr. (Peake) again will share some more specifics about the measures themselves, et cetera. Then right now I'd like to hand the microphone off to my colleague at the Department of Education (Holly Coy).

(Holly Coy):   Good morning everyone and thank you Dr. (Forlano) for that introduction and explanation of why the commonwealth is moving is this direction today.

As Dr. (Forlano) said my name is (Holly Coy) and I serve as the Assistant Superintendent for Policy Equity and Communications at the Department of

Education. And in that role have had the pleasure of working with the VDH team and the governor's office and local school division leaders in translating that health guidance over to school settings and communicating what the state's guidance is on these matters.

So over the last six months the Department of Education, the Department of Health have been working together to provide guidance to school leaders for their consideration based on the latest research and understanding of COVID-19 but as that research and understanding evolved so has our guidance.

And so the publication of the VDH pandemic metrics dashboard and the new CDC indicators tab today is really the latest way in which we're seeking to support and inform the decisions that school divisions are making.

The divisions throughout the commonwealth have started new instruction for this academic year and they've done so in a variety of modalities that align with the local health conditions, their community needs, et cetera. But we know that throughout the school year communities will be closely monitoring local public health conditions and evaluating the instructional options to go along with those conditions.

So this public facing pandemic metric dashboard and the new CDC indicators tab will provide them timely, accurate and relevant information as they consider their operations throughout the year.

So we remain committed in our recommendations that the decisions to alter K-12 programming including decisions about in-person instruction, school closures or hybrid learning be handled at the most local level possible with local and health leaders working together to consider regional and local

epidemiology, community characteristics and school capacity to implement mitigation measures that we know are important.

Additionally as Dr. (Forlano) mentioned the metrics found in the dashboard have been aligned to the previously issued phase guidance for Virginia schools which provides considerations for school division leaders, community leaders to take into account when making those local decisions about when and how to resume in-person instruction.

That guidance has and continues to prioritize the need for students who have been most impacted by school building closures and for whom in-person instruction is most beneficial and that includes our students with disabilities, English learners and young students in preschool through third grade.

But it simultaneously recognizes the disruption that school building closures have had on all students and seeks to bring them back to the classroom as soon as it's safe and practicable as parents and local school divisions are able to do so.

So we are grateful for the partnership between health and education leaders at the state and local levels who as you tell are working day in and day out to make informed decisions about school operations about serving students and staff safely all under these changing circumstances.

With that I'm going to turn it back over to Dr. (Peake) to share more detailed information about the dashboard and the metrics.

Dr. (Lillian Peake):   Good morning everyone. I'm going to share my screen. Okay I think you should be able to see my screen now. And so I'm going to be talking about the

pandemic metrics dashboard as well as the CDC school guidance and data that they are providing.

There are a number of indicators now through these dashboards that are available to help local localities and schools make decisions. These are not - the data that we're showing are not intended to be a true forecast. They really are available to take within the context of the local setting to understand what steps you need to take to reduce transmission of the virus.

So we just want to emphasize again that these data should be interpreted in combination with other data, qualitative data and other information from local and state public health authorities. The district health directors and epidemiologists in your localities can provide more context about what's actually occurring in their districts and the public health authorities could be included in the review of the pandemic metrics dashboard and the associated decision making. All right let's see.

Okay and so we're going to go through some slides that describe the pandemic metrics dashboard. On this slide we can see where this is placed on our website. And I'm going to - we have four different tabs about the data, the daily region metric, the weekly transmission extent and the CDC school metrics.

So I'm going to start with just going through the tabs that talk about the data. So what these dashboards do. So first of all in the VDH pandemic metrics dashboard there's a daily region metrics tab and that's going to show you where COVID-19 is spreading in Virginia and how that's changed over time.

The weekly transmission extent dashboard takes a lot of different indicators, all those metrics and combines them in a way that helps inform state and local

officials about the effects of COVID-19 on each region and that can help decide whether to take additional mitigation measures.

So we have on this page under methods the technical modes and we also have a set of talking points that make it, try to use some plain language to describe this. And then there's also some guidance documents, the guidance for reinstating community mitigation measures and guidance for K through 12 schools.

So we've also created visualizations to display the CDC school metrics to help communities and school divisions understand the risk of introduction and transmission of COVID-19 in schools. And VDH is recommending that communities and school divisions use the CDC indicators for dynamic school decision making framework together with the guidance document when considering actions related to school decision making.

I'm going to talk you through the daily region metrics tab. So first of all in…

(Marian Hunter): Dr. (Peake)?

Dr. (Lillian Peake): Yes.

(Marian Hunter): Dr. (Peake) before you continue I am having a hard time seeing your slide. Can you try to resume the slideshow to see if that will show your most current one? I apologize.

There we go, thank you very much. It went back to the main one though when you just did that. It showed there and then it went back.

Dr. (Lillian Peake): Okay.

(Marian Hunter): I will direct everyone while you're doing this, we do have this PowerPoint PDF on the media room page. So if you are having a hard time seeing it you can follow along if you download the PDF from the media room page on the VDH website.

Dr. (Lillian Peake):   Okay it should be showing again. Can you see it (Marian)?

(Marian Hunter): I'm still seeing the main…

Dr. (Forlano):   Still title slide.

(Marian Hunter): Yes. It says resume slideshow. There's, like, a box that is open right now.

Dr. (Lillian Peake):   On mine it says that I'm sharing this screen. Let's see. But there's only parts of it that are showing. There seems to be some problems with the actual connection.

(Marian Hunter): Okay so it might be a connection (with the) page. So if you, if everyone on the call goes to VDH.virginia.gov/coronavirus and then you go to the media room page you will be able to download a copy of this. And I'll also send out the link to anyone who could not view it. So if we're just having connection issues you can continue with it and I'll send the PowerPoint after.

Dr. (Lillian Peake):   All right I'm going to stop sharing and try to share again.

(Marian Hunter): Okay.

Dr. (Lillian Peake):   Okay can you see it now?

(Marian Hunter): We can yes.

Dr. (Lillian Peake): Okay that sounds great.

(Marian Hunter): Thank you.

Dr. (Lillian Peake): Okay so I'm going to talk you through the tabs that looks at the region metrics.

So the first thing that you'll see at the top is a dropdown box to select those pieces. You'll then see a select date and select day. We actually have historical data in here. We have data that goes back to mid-April. And then you can also select statistics to graph which I'll show you.

Probably the most important data for you to follow is the statistic called burden and I'll demonstrate that. But so that people can understand how the burden and trend was calculated we actually have the raw data. We have information about how we look at the slope for that helps us understand the trend. So you can look at those different views.

We're looking at eight different region metrics. We're looking at the daily case incidents rate, the daily PCR test percent positivity, the rate of outbreak, the percent of cases that are healthcare workers, the rate of visits to emergency departments for COVID-like illness, the rate of current confirmed COVID ICU hospitalizations, the percent of hospital beds currently occupied and the number of hospitals that are reporting having difficultly acquiring personal protective equipment in the last seven days.

So we are using both the burden and the trend to have a better more comprehensive understanding of what's happening. With the burden we look

at two different metrics. It is showing the most recent rates which is updated every day and then we're also showing you a graph of the seven day moving average.

So burden is a measure of the disease and its impact on the region so it describes the amount or the quantity. It uses rates to standardize comparison of regions with populations of varying size in Virginia. And we use that moving average to smooth out the variability in daily reporting and to remove weekday effects and weekend effects. So this is really telling you the transmission, what's going on and you can look at that, the burden of a number of different metrics.

For trends we're actually using text for you to describe whether the trend is increasing, decreasing or fluctuating and it's a measure of how each metric has changed over time. We evaluate that change over a 14-day period for all of the metrics except cases in healthcare workers and for that one we use the seven day period.

We do not calculate a trend for hospitals acquiring PPE because the unique count is - it's a unique count each day.

So we set thresholds to better understand the transmission. We've set thresholds that are either three levels or two levels. So there's three levels for the daily case incidents, outbreaks and COVID-like illnesses to emergency departments. And there's two levels for the daily PCR test percent positivity to cases that are among healthcare workers and then the confirmed COVID ICU hospitalizations, the hospital beds currently occupied and the hospitals experiencing difficulty acquiring personal protective equipment.

So we use national standards or precedence where they were available to set these thresholds. For example for the daily take incidents thresholds we adopted those from the early CDC technical guidance that's was provided to states for internal use in developing these types of dashboards. For the PCR percent positivity that was aligned with the governor's goal for PCR percent positivity in Virginia's key measures.

When there wasn't a standard or a precedent available we worked with subject matter experts. So for example for the hospital-related metrics we received guidance from the Virginia Hospital and Healthcare Association.

So here's what the page looks like. As I said and at the top of the page you select the region, you select the date and then you select the statistic. On the left hand side you'll see the metrics for burden that describes the burden and we've developed a question for each of those.

So for the first one, cases, we're showing the most recent rate and it's updated daily, it's 11.1. And the question is, what is the daily case incidents rate per 100,000? And then we've showed the two thresholds and then we show the graph of the seven-day moving average.

So you can see here by day what the case incidents was. And you can follow that over time and it begins back in mid-April. And then you can hover over each day to get the full details for the number of cases, the cumulative cases to date, the seven-day moving average, the seven-day rolling sum, the rate per 100,000 and then some of the technical pieces for how we calculate the trends and then the number of days the slope has been increasing or decreasing.

So it is a little more complicated to understand the trends so we have actually put that in text. So for example in this situation cases have been decreasing for

12 days. This did not exceed the threshold of 14 days that I talked about so the cases are considered to be fluctuating. They would need to be increasing for more than 14 days to be considered an increasing trend or decreasing for more than 14 days to be a decreasing trend. If they're in the middle it's fluctuating.

So this also shows some of the other metrics, the percent positivity, the outbreaks, if there's the healthcare workers so what percent of cases were healthcare workers. This is the - what is the visit rate to emergency departments for COVID-like illness? This is the rate of current confirmed COVID ICU hospitalizations.

And then we have what percent of hospital beds are currently occupied. And we indicate what the threshold is. We also have how many hospitals have reported trouble acquiring PPE in the last seven days.

Okay so that's a lot of data. And so the idea behind the weekly transmission extent is to combine that data with it using an algorithm that you're able to look at sort of an overall picture. So we calculate composite scores for the burden and trend each week and that helps us determine the extent of the transmission in each region.

And so you can see for burden you can have a minimal, low, moderate or high score. For trend it can be decreasing, fluctuating or increasing. And these are used to develop five or just to look at five different possible levels. So the region could be at substantial community transmission, approaching substantial community transmission, it could be at moderate community transmission or approaching moderate community transmission or it could be at low community transmission.

We also provide a map so there's a visual to see where each region is. We also provide a graph that shows you the transmission extent by week and by region.

At the bottom of that page there's a gauge and that shows you how or the total score for burden for that week and trend for that week. And that way you can see exactly what the numbers are and how that translates to the information above on that page. To understand how the scores were calculated you can click on that link at the bottom of the page.

So to help you understand how the algorithm works each of the metrics that we have has an indicator value of zero, one or two and that's based on low, moderate or high. And some of them do not have the moderate so it's low or high.

So we take each of the individual metrics, these are all the metrics that I showed you -- cases, percent positivity, outbreaks, et cetera -- and for that day we assign what the indicator was which digit zero through two. So each one each day that could possibly change.

And then we have a fixed rate for each of the indicators. And we use this because to really understand the transmission these have different levels of importance if you will or impact. The case incidents is the most important measure that we have to understand transmission and so it does have a weight of six.

The other ones have a weight of one except for the healthcare workers which right now we're not actually utilizing in the score because we found that this may be underrepresented and we're hoping over time that these data will

improve and then we'll include that in the score. But we still include the indicator so you can look at it.

We also do the same thing for the trend indicator. And so this gives us the total burden score and trend score for the day. We then take the average over the past week to come up with that weekly score. So that's how we calculate the burden and trend composite score and translate that into the weekly scores.

I'm now going to talk about the CDC school metrics tab. So CDC recently released its indicators for dynamic school decision making. This is the first time that indicators with thresholds have been released publicly and by CDC.

And so I wanted to explain that the data that we use in the visualization to show you how these metrics look in Virginia are using it's for the same data that we used for our dashboard but they are slightly different. They're different metrics and they look at different timeframes and different thresholds for evaluation.

There are some key differences between the VDH tab in the dashboard and the CDC school metrics. So we've created our dashboard in June and the local health districts began using the dashboard to understand the level of transmission in July. We used that to help understand the surge in the eastern region so that decisions could be made about how to decrease the transmission. And districts started sharing these data with localities and schools in August. As I said just recently on September 15 CDC published the school's indicators for dynamic decision making.

So the VDH pandemics metrics dashboard shows a daily case incidents rate and a daily PCR percent positivity. So our thought was that we wanted to have

the most real time data that we could get or was reliable to look at every day to understand what was happening.

For the case incidents we've set three levels, less than five cases per day per 100,000 population, five to less than ten and then greater than or equal to ten. For the percent positivity we set two levels with one threshold with greater than or equal to 10%.

Now the CDC dashboard looks at it a little bit differently. They're looking at cumulative case. So they're taking all of the cases, the new cases in the last 14 days and that they calculate that as a rate and they're looking at the same thing, a 14-day cumulative percent positivity.

So we're looking at it by day, they're looking at it by 14 days. They've also set five levels and you can see the different levels for case incidents and they've set five levels for the percent positivity.

So we had created our dashboard and we've been using for some time so when the new dashboard came out we created, from CDC, we created the visualization. And we're going to be monitoring the two different dashboards over the next two weeks to determine whether we want to make any changes to the VDH metrics that more align with the CDC metrics.

It may be that looking at it in the two different ways provides information for better understanding of what's happening in the region and the local data that's needed. But we want to see if there's any differences that are difficult to understand or really that the VDH pandemic metrics dashboard could take on some of these new metrics. So we'll be evaluating that over the next two weeks.

This is what the CDC K through 12 school metrics visualization or dashboard looks like. So at the top you can select the locality. So these data are available at the locality level. And then you can select the date.

It starts out with information describing the levels where the risk of transmission and it has links to the CDC guidance so that will help you understand what this guidance is, what the metrics are and how they're interpreted.

And then it lists the core indicators. There's three core indicators that are listed for each of the localities by day. The first is the total number of new cases per 100,000 persons within the last 14 days. So you see this is going to be a higher number than just looking at, or a higher rate than just looking at one day. And then they look at the percent of PCR positive tests during the last 14 days. So that's going to be a larger period of time.

And then they also have recommended a section if I want to describe the five key mitigation strategies that schools should be accepting. So we don't have at VDH the data that the schools have. They'll be looking at these data to help them make decisions.

And then there are secondary indicators. So this is important to understand that these are not core indicators and they definitely should not be used alone in trying to make decisions.

So for example they show the percent change in new cases per 100,000 population during this past seven days compared to the previous seven days. For a small county a small number of cases changing could have a really significant impact on the percent so it's important to understand that.

They also look at the percent of hospital beds in the region that are occupied and they look at the percent of inpatient beds in the region that are occupied by patients with COVID-19.

So we've taken that data and in addition to providing each of the metrics we've also put it in a map and you can see with the dropdown menu you can choose which of the indicators you want to map and that way you can see what's happening across the state. At the bottom of that page you'll see definitions of the CDC school indicators and so that describes exactly what is above.

So that's what's included in the dashboard. I will stop now and we can take questions.

(Marian Hunter): Thank you for that update Dr. (Peake). I just want to remind everybody that there is a copy of the PowerPoint dashboard demo that Dr. (Peake) just presented at www.VDH.virginia.gov/coronavirus/media-room. So please feel free to download it there.

Before we begin the question and answer portion of today's call I'd like to remind you that our call is focused on the new pandemic dashboard. 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.

Please remember to limit your inquiries to one question and one follow up per person to allow time for everyone. Now we'll begin the question and answer portion of today's call thank you.

Coordinator: Thank you, to ask a question please press Star followed by 1. Please ensure that your phone is unmuted and record your name clearly when prompted. And to withdraw your request please press Star 2.

First question comes from (Luanne Rice), your line is now open.

(Luanne Rice):   Hi Dr. (Peake). On the pandemic dashboard it's just by region, is there any reason that we're doing it more narrowly towards health districts or localities so that people could get a better understanding of trends locally and how outbreaks might affect what's going on?

Dr. (Lillian Peake):   Hi (Luanne) it's nice to hear from you. Yes we do have data by localities. What we are looking at now is in the next two weeks as we compare the VDH pandemic dashboard to the new CDC school dashboard we want to make sure that we have the levels, the timeframe and those thresholds that in a way that best describe what's going on. So we want to compare the two.

And after that period we will be putting out the trends for either the CDC metrics at the locality level or some, either what we have now at the region level or it could be tweaked a little bit so that you will be able to see those trends by locality level.

(Luanne Rice):   Thank you.

Coordinator: The next question comes from (Kate Masters), your line is now open.

(Kate Masters):   Yes thank you. A couple of questions, I saw on the PowerPoint that this pandemic metric dashboard was created in June so I was wondering, you know, why it was, you know, being released now in September.

And then I also wanted to know whether VDH plans on releasing a more detailed case count of where cases in schools are occurring, you know, in preschools versus K through 12 versus universities in addition to these new metrics.

Dr. (Lillian Peake):   Sure hi (Kate). So for your second question if you look now today at our daily dashboard for the outbreaks tab you will see that education settings has now been broken down by K through 12, colleges and universities and childcare. There's a definition of those at the bottom of that page. And so we will, you will be able to see for local health districts the number of cases.

For your first question so we're releasing this now because CDC has released public-facing information with thresholds. And we have been sharing these data with the local health district and they've been working with their local government to understand these data and to help them in decision making.

So these are more technical dashboards. It's interesting, you know, we want to put it out there because the CDC thresholds now are public-facing and we want people to be able to understand what's going on in Virginia. And we think that the work that we've done - so I think the CDC data are really helpful because they've got the thresholds and people can see that now and they can relate it back to their guidance.

What we have in the pandemic dashboards that adds to that though is the aggregate, you know, aggregating all of the data into composite scores and that helps you see a more clear picture.

So we definitely wanted to take time to work through these very technical dashboards with local health departments and localities to ensure that they were good tools and that they're reflecting what's going on in communities

and to develop a new complicated technical tool it takes time to work with it and to get feedback from local governments and localities.

(Kate Masters): Great and one follow up, I was wondering the concept of threshold I was wondering if there's any concern that that there might be some subjectivity in that measure. Like, I know for example the governor has set a threshold of 10,000 daily tests but some health experts have told me they believe that might be too low to really, you know, mitigate the spread.

So I was wondering if you could kind of delve into that concept further, you know, and whether there is a concern of, you know, subjectivity in that measure.

Dr. (Lillian Peake):   Yes so, you know, every individual metric that we look at has some advantages and it also has some limitations. And so it's really important not to look - can you hear me?

(Kate Masters):   Yes.

Dr. (Lillian Peake):   It's important not look at just one metric and so that's why we're providing a variety of metrics. I think that it's what this tool tries to do is to pull some of that information together so you have more of a comprehensive picture.

There's just not one metric that's going to be perfect that describes what's going on. You really need to look at a number of different metrics. And as I said they all have strengths, they all have limitations.

(Kate Masters):   Perfect thank you.

Coordinator: The next question comes from (Ashley Bowls), your line is now open.

(Ashley Bowls):   Hi good morning Dr. (Peake). I also have a two part question. So I wanted to ask first if we can expect updates for this every day similar to the normal VDH dashboard around the same time.

Dr. (Lillian Peake):   Yes this will be updated daily.

(Ashley Bowls):   Okay, and then also you had mentioned the October 14 date, I'm just scrolling through the website I see that's mentioned again as far as a trial period as to, you know, does this work, does this not work. You might not even know the answer to this right now but what would change or what are you really looking at that, you know, may cause some problems or anything of that nature.

Dr. (Lillian Peake):   So what we're looking is the thresholds are a little bit different between what CDC came up with in this publication and what was being used early on when we created our pandemic dashboard.

And so, you know, the virus continues to evolve, the situation evolves. You know, every day we are getting new information and trying to use it in a way that is most beneficial.

So it is possible what we want to look at is what's happening - if you look at the locality metric from the CDC dashboard how is that rolling up to really represent the regions. And are there thresholds better indicators of what's going on? Is it more useful to look at 14 day versus one day? There's definitely pros and cons of doing it both ways.

But we also understand that when people can have consistency across the dashboard with the same metrics it makes it easier to understand. So we want

to look at compare the two and we could potentially reap some of the region metrics either timeframe or thresholds if we feel like the CDC new metrics and thresholds better represent what's happening.

But we also may decide that, you know, they really are rolling up still what we're looking at with the way that we set it up from the, for the region metrics is a good representation of what's happening and using the two together give you a better picture. If that's the case then we will look at the CDC metrics and provide some trend data for that at the locality level.

We do think it's important to be able to have that trend data. We're looking at the data over time to see how it's changed at the locality level.

(Ashley Bowls): Perfect thank you.

Dr. (Lillian Peake): You're welcome.

Coordinator: Next question comes from (Katherine Not), your line is now open.

(Katherine Not): Hey good morning to everyone. I was just wondering I know you said that there's not one perfect metric but what advice did you have for local leaders as they're looking at the CDC metrics and maybe one indicator is at the highest risk of transmission where another indicator's at the lowest risk of transmission. How should they weigh that?

Dr. (Lillian Peake): So that's why it's important for them to work with their local health department to understand the data. There could be something occurring in that locality that's really skewing the numbers.

So for example let's look at the percent positive tests. If a lot of the tests in a certain day in a small locality are done say using a point prevalent survey at a large, like at a prison or in a large setting, that could skew the numbers. Or if there's a really large testing event and a lot of people who are asymptomatic spread are very low risk of really being infected with COVID-19 are tested that could also skew the numbers.

So it's important for the school officials to work hand in hand with the local health departments to understand what the data are showing them and interpret it in the best way that they can.

(Katherine Not): Thank you.

Dr. (Lillian Peake): You're welcome.

Coordinator: No further questions on the phone at this time.

(Marian Hunter): I want to thank everyone again for joining our call today. I do want to remind you the copy of the dashboard demo that Dr. (Peake) presented is posted online. There will be a copy and transcript of the call posted on the VDH website located on the COVID-19 webpage under the media room tab.

Once again if we were unable to answer your questions today please email them to the Virginia Joint Information Center at COVID19JIC@VDEM.Virginia .gov. Thank you.

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