

**Virginia Department of Health**  
**Tele-Press Conference on Virginia's Vaccine Rollout and Response Efforts**  
**Moderator: Erin Beard**  
**December 30, 2020**  
**11:00 am**

Coordinator: And thank you for standing by. Today's call is being recorded. If you have any objections, you may disconnect at this time. All participants are in a listen-only mode until the question-and-answer session at the end of today's agenda. To ask a question at that time, you may press Star 1 and record your name clearly for question introduction. I would now like to turn the call over to your host (Erin Beard). Thank you.

(Erin Beard): Good morning, everyone. Thanks for joining our call today. My name is (Eric Beard) and I'm a public information officer for the Virginia Department of Health Office of Communications. Today we are joined by VDH's Director of the Division of Immunization, Christy Gray. She'll give an update on Virginia's COVID-19 vaccine rollout and response efforts.

Today's call is 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 Christy to share an update. Christy?

Christy Gray: Thank you, (Erin). Good morning, everybody. Thank you so much for joining us and letting us provide this update. (Virginia) has been working to implement a successful vaccination program across the Commonwealth which is critical to flattening the curve and stopping the spread of COVID-19. As of this morning, December 30, Virginia has received approximately 285,000

vaccine doses from two manufacturers. And has administered 54,295 doses to people in the Commonwealth.

We are still getting data and will provide more detail as this becomes available. As of December 18, Virginia is planning to receive 370,000 doses of vaccine in all of December 2020 from these manufacturers. Eighteen Virginia hospitals received the initial shipment of the Pfizer vaccine the week of December 18 and began dispersing those shipments of 72,125 doses to our front line healthcare workers.

Virginia also received approximately 140,000 doses of the Moderna vaccine the week of December 23 and both the previously approved Pfizer vaccine, Moderna vaccines are being distributed to a total of 96 sites geographically dispersed throughout the Commonwealth.

Based on (unintelligible) estimated provided by (unintelligible), Virginia is planning for weekly allocation of a total of 100,000 doses of vaccine which is about 6,000 per each type for the next few weeks. The actual amount of the vaccine received in Virginia is a moving target and is dependent on when and how quickly vaccinations, those that are manufactured.

Health districts have been working with healthcare systems to plan for how to provide the vaccine to those allocated in Group 1A which are healthcare personnel and in our long-term care facilities as recommended by the CDC Advisory Community on immunization Practices and the Virginia Department of Health.

In addition to our healthcare personnel, our long-term care facility residents and staff are starting to receive that vaccine this week. Most have signed up for the federal long term care facility pharmacy partnership program which are receiving vaccinations on-site at the facility location through a partnership with CVS and Walgreens vaccination teams.

I also wanted to update you on our vaccine dashboard that went live last week. There are two tabs. One is a vaccine summary and one is a vaccine demographic. This new information will keep the public informed about the number of COVID-19 vaccines distributed and administered in Virginia. It will be updated daily.

The number of doses of COVID-19 vaccine administered that is displayed on the dashboard will always lag behind the actual number of doses administered. The data on the administered vaccine tab is coming from the Virginia immunization information system provided across the Commonwealth to administer the vaccine to individuals. Enter that information into this, the (unintelligible).

Information entered this will allow providers when to give the second dose to an individual and which type of vaccine to give. Providers can use information to get individuals proof of their COVID-19 vaccination as well. The goal of this is to support patients and their healthcare providers in making health decisions by providing reliable easy pay access information about a patient's immunization history.

It only contains information about immunizations and does not contain other medical history (per individual). Virginia is awaiting recommendations. The

Virginia unified command and the Virginia disaster medical advisory committee to make final recommendations on priority groups 1B and 1C. The CDC advisory committee on immunization practices provide their recommendations last week on who should be in those priority groups.

We are finalizing our recommendations here in Virginia. We have requested feedback from the Virginia Vaccine Advisory workgroup and those comments were relayed to the Virginia disaster medical advisory committee for their review and all this, the committee's recommendations and the comments will be provided to Virginia's Unified Command for final approval later this week.

(Erin), I'll go ahead and turn it back to you.

(Erin Beard): All right, thanks so much for that update, Christy. Before we begin the question and answer portion of today's call, I'd like to remind everyone that our call is focused on the vaccine rollout and response efforts. So if you have questions about other topics or if Christy is unable to answer your question today, you can email them to the Vita Exec Communications Office. Contact information is available at [VDH.Virginia.gov/news](https://www.vdh.virginia.gov/news), N-E-W-S.

Please remember to limit your inquires to one question and one follow-up per person so that we can allow time for everyone.

Now we'll begin the question and answer portion of today's call. So I will turn it over to our operator.

Coordinator: Thank you. And if you'd like to ask a question at this time, you may press Star 1 and record your name clearly for question introduction. One moment, please to see if we gather questions.

Our first question will come from (Darren Stacy). Your line is now open.

(Karen Stacy): Yes, hi. It's (Karen Stacy) from the Financial Times. I noticed on the statistics on your dashboard suggest that around 20% of the vaccines that have been distributed have actually been administered. From what we can tell, similar figures in other parts of the country. Why is it taking so long to get the vaccines from distribution to actually being administered?

Christy Gray: Thank you so much for the question. Yes, there's a lag of reporting for a number of different reasons. We do expect that the number of those administered is actually higher, but we do have to wait for that information to come in. We're working with our providers if they're having any issues entering this information into our registry and troubleshooting those issues as they come up.

The only new systems in operation at this scale, it is expected to be slower, but we, at the beginning. But we are expecting to increase our efficiency over time. I would like to say that 47,000 doses in two weeks is not a small number and we are proud of our Virginia providers for accomplishing that.

A hundred and forty thousand of those doses just arrived Wednesday of last week. So although it, there is a large number that have been distributed, not all of them were distributed two weeks ago. They have been distributed over the course of the past two weeks.

Man: Just judging from your answer, it seems like that main answer to that question then is you think that actually a much larger number of doses have been administered. But it's just not being reported. Do you have any sense of how many just even very ballpark might have actually been administered? What proportion would we'd really be looking at if the 285,000 doses that have been distributed.

Christy Gray: I can't speculate on what number actually is.

Coordinator: Our next question will come from (Jeff Keyland). Your line is now open.

(Jeff Keyland): Yes, thank you. I was looking at the December 4 release that had Virginia preparing to receive an estimated 480,000 doses by the end of the year. And I believe you just said that now you're expected 320,000 before the end of the year. If that's the case, first do you know why those numbers have been lowered that what you initially were expected. And second what is the hoped for timeline to have vaccines available and administered to all of these 1A1 folks that are listed as an estimate of about 500,000 people.

Christy Gray: Thank you for that question. There was a press release that was published. I'm blanking on the date, but (Erin) can help you on that and can guide you to where it is on our Web site. But all states did receive the notification, the week of December 18 that the number of expected doses have decreased. And so it is actually 370,000. I think I heard you say 320,000. I just want to clarify.

So the number did decrease approximately 100,000 doses. And so we have had to update our strategy in getting these vaccines out to the providers that (unintelligible) the long term care facilities as well as our (unintelligible) health systems and local health departments to most efficiently distribute the vaccine out to our healthcare personnel and residents and staff of our long term care facilities.

So, (Erin) if you could follow up and provide that press release that has that information.

The second part of your question was related to expected timeline of completing Phase 1A?

(Jeff Keyland): Yes, ma'am.

Christy Gray: So we are looking at - it is difficult to put down a specific timeline. We are - our health departments are working, coordinating with the providers including the health systems in their districts to identify and vaccinate these healthcare personnel as quickly as possible.

Additionally, our long-term care facilities which include both our skilled nursing facilities and our assisted living facilities are already underway. And we would expect our, the skilled nursing facilities are already scheduled. They started this week and we are expecting our assisted living facilities to be able to start being scheduled in the coming weeks as well.

(Jeff Keyland): Okay so, and do you know whether there's been any particular issues in rural areas which, you know, the area that we cover on our station is highly rural,

far southwest Virginia whether there have been any particular hiccups in terms of getting distributions to those areas?

Christy Gray: I'm not aware of any specific hiccups that are related to the rural areas. We've been able to coordinate with our partners in the health systems as well as our local health department to get vaccine out to all regions of the state to ensure that access is equitably distributed. And I've not heard of any issues or hiccups related to the rural areas.

(Jeff Keyland): Thank you.

(Erin Beard): (Jeff) I will say that the press release is available online about the reduction and the number of visits. It's in the newsroom from December 18, 2020. You should be able to find that information there, thanks.

(Jeff Keyland): Yes, I see it here, 370, 650. My apologies for not having seen that earlier.

(Erin Beard): It's not a problem. I just thought it would be more efficient for you to read it than for me to try to - I don't have it in front of me right.

Coordinator: Our next question will come from (Victoria Sanchez). Your line is now open.

(Victoria Sanchez): Hello, thank you for taking my call. Two quick questions. I'm looking at the data online when it comes to administered vaccines. On December 25 it says a little more than 43,000 and then two days later, it drops to 38,000 administered. I'm not sure if there was a discrepancy there that needs to be fixed or the reasons for that. That's my first question.



Christy Gray: Sure, when we are releasing the dashboard last week, we also were working through the files that were coming through and reviewing the data and there was a need to do some data quality on some of the messages and we have put that now into place. And the number that is reflecting is what is, well we have on record for those that are (unintelligible).

Coordinator: (Unintelligible) next question. One moment. And apologies, the queue has (unintelligible). If you have pressed Star 1 to ask your question, then please have them press Star 1, once again. Again, to ask a question, you may press Star 1. And our next question will come from (Jeff Tegan). Your line is now open.

(Jeff Tegan): Yes, can you all hear me?

Christy Gray: Yes.

(Jeff Tegan): Okay, great, thank you. I just wanted to ask and you may not know or be able to share this, but what uptake percentages have been like in terms of people in various sectors that are in the 1A1 populations volunteering and/or declining to take the vaccine? Are you guys keeping any kind of record on that?

Christy Gray: Thanks so much for the question. We do not have information on declining of the vaccine at this time. We do not have that information.

(Jeff Tegan): Do you have any anecdotal evidence of that?

Christy Gray: We have heard exciting from our facilities that are getting vaccine out of relief and hope for the first time in several, for most of the year, especially in our

high risk, healthcare personnel. So we have been hearing of that excitement both in long-term care facilities and in hospitals and it is very exciting to hear that.

(Jeff Tegan): Great, thanks for sharing that.

Coordinator: Our next question will come from (Ben Tavier). Your line is now open.

(Ben Tavier): HI, I'm curious. I mean it sounds like there's been several reductions in the amount of vaccines you expected to get. For the most recent deduction it sounds like you were expecting 370. Now we're looking at maybe 320 before the end of the day tomorrow if I'm understanding correctly. Did you hear from Operation Warp Speed or from CDC on, as to why that number has been further reduced? Can you speak to sort of, you mentioned you've had to change planning and processes a little bit to account for that. Can you be more specific about what's changed?

Christy Gray: I'm sorry. This is the second person to mention a 320 number. Are you, I've not mentioned that 320 number. That's being taken from somewhere.

(Ben Tavier): I thought you had. I don't know maybe I misheard.

Christy Gray: No, it must have been my - it must have been me because this second person. So what I said before was that we were expecting 370,000 doses of vaccine in total for December 2020. And that is down from the expected 480,000 that we had been planning for earlier in the month.

(Unintelligible) a second reduction since that initial press release from December 18. I just want to make sure I clarify that. And I apologize for not being clear and mentioning those numbers.

The, our adjustment needed to be made and the number of doses that would go to, we just had mass doses that we could hand out. That we could allocate to the different facilities. And so it was just that we had to scale down across. So we had less doses to give to healthcare personnel. And we have to calculate and balance the amount of doses that we're giving to long term care facilities. And to healthcare personnel that are both recommended to be receiving this vaccine during 1A.

So it just overall reduced the total amount of doses that we could allocate to our partners in getting the vaccine out.

(Ben Tavier): Just to help clarify, I mean the current dashboard says, right, \$285,000. Virginia just received \$285,000 so far. Are we expecting, I mean (unintelligible)?

Christy Gray: Yes, we are expecting an additional allotment at the end of this week.

(Ben Tavier): Okay, yes, because the month ends, what, tomorrow right? So.

Christy Gray: Yes, but we are expecting another allotment of vaccine to be allocated on Friday or we get it on Thursday and we have, and that therefore is our allocation we received that amount in December. And then we will work to allocate that in the coming days.

(Ben Tavier): Got it, thank you.

Coordinator: And our next question will come from (unintelligible) (French), your line is now open.

(French): If you were to look at some of the healthcare social media sites, you would see that not everyone in the industry is eager to get the vaccine. It's very divided. So what would your message to the public be when not everyone in industry is excited about the vaccine and they're raising safety concerns?

Christy Gray: And they're raising safety concerns?

(French): Yes.

Christy Gray: Sure, I know that there's a lot of confusion and concern that's been linked to the case in which this vaccine have been gone through the roof, youth process that all vaccines through. I would want to remind people that these vaccines have done through every step that every vaccine goes through to get approved and recommended for use in the United States. There are several steps involved and a normal vaccine, traditional vaccine, development.

There is a need for funding. And that funding is usually raised in many steps and different partners for a manufacturer to be able to bring a vaccine to market. And so, a manufacturer has different capacity and ability to move a vaccine to the next step of review. Because it takes funding to recruit people into a trial. And to track those people and we get into a larger human trail, we talking about thousand.

In the instance of these vaccines, they, the funding risk has been removed from the manufacturer. All they had to worry about is if you work on the vaccine itself and follow it through the process, they did not have to worry about building, the plants and paying and the recruitment involved with the human trials. as well as the manufacturing of the vaccine.

All of this was really put into place. The entire world has been working on vaccine. And these pace in which it has been brought to market is actually a huge accomplishment for these (unintelligible) who have been able to do it as quickly as it did. And that's really because everybody was trying to do it and a lot of the steps that are usually needed, were removed because they were finance-related.

All of the safety review steps happened. There was no corners cut. There was no things waved because of the need to get the vaccine to market. These vaccines have gone to the same through, rigorous review, scientific review by independent scientist to ensure that these vaccines were found to be safe and effective and his trial's that included people of all ages, all race and ethnicities to ensure that the vaccine was tested in all kinds of populations.

And so I do want to make sure that people understand that this process in which the vaccines have come to market, were done so without corners being cut and we have at VVH taken steps to ensure that we have our vaccine advisory workgroup that has a subgroup that's focused on safety and efficacy with our own Virginia waste, infectious disease specialists. Looking at the data that's provided and ensuring that there is another set of eyes, other scientists that are looking at this to ensure that we all agree.

As public health scientists that these vaccines are safe and effective for the Commonwealth, because safety of the Commonwealth is our Number 1 priority.

(French): Thank you very much.

Christy Gray: Absolutely.

Coordinator: Our next question will come from (Unintelligible). Your line is now open.

Woman: Hi, thank you for doing this. My question has to do with the actual distribution of the vaccine. And I'm curious if there's anything you have been doing to ensure that those who are teleworking, who are not you know physically with patients, are not getting the vaccine ahead of front line workers.

Christy Gray: Sure, so we have a prioritization document that our partners are vaccinating, our healthcare system, our local health departments and providers are given to indicate who is involved and who's included as a Phase 1A priority group.

And in what priority order they should be getting vaccinated. And that guidance is provided and requested to be followed. One caveat here is that the least evil in this situation is wasting vaccines. So if we have a situation where they're just, the vaccine has been (thawed), it has a certain amount of time before it can be used. Otherwise it is not - it has to be thrown out.

These vaccines are, three are very specific time measure needs that they have to be treated in. And one of those is once it's thawed, it has to be used with a

certain amount of time. So there are situations in which perhaps somebody might get vaccinated that might be in less priority order because otherwise the vaccine would be wasted. And that is not something we want to do because one more person vaccinated is just another way to protect each other.

So, we have provided this prioritization to our vaccinators and we ask to follow, of course, with the understanding as well that we do not want to waste vaccine.

Woman: I see. So is it the case that someone who may not exactly fit that 1A category just the vaccine inadvertently? Or is it, is the case that they get the vaccine because it's sort of about to expire?

Christy Gray: I'm thinking of a situation where the person happens to already be there. We would not expect people to be scheduling people. We would not expect our healthcare, our vaccinators to be scheduling people to get vaccinated that are in less high priority as others. We are, but if they happen to be in the office and that vaccine is going to get wasted then we'd rather that person get vaccinated that the vaccine be wasted.

Woman: Got you and I'm sorry, just one more quick follow up on that. Is there any way to verify that someone is a front line person beyond just their self-reporting or sort of the honor system at this point?

Christy Gray: No, there's not a way to confirm that.

Woman: Okay.

Christy Gray: There's not a system. There's not a...

Woman: Do you have any reason to think that might be happening despite your best efforts?

Christy Gray: I don't have any evidence in front of me to be able to comment on that. We are all working to try to get as many people vaccinated as possible. And we are asking our vaccinators to work in coordination with our guidance and follow it.

Woman: Wonderful, thank you so much.

Coordinator: Our next question will come from (Drew Wilder). Your line is now open.

(Drew Wilder): Good morning. I have a couple of questions and thanks for doing this. I guess the first question, is there a target or a threshold of in this group 1A once you get X amount of this group vaccinated, then we move onto 1B and then 1C? What's kind of that cut off to when, you know, you feel enough of 1A has been vaccinated that you'll move onto the next group?

Woman: We don't have a specific number in mind right now and we also are consider it that one area of Virginia might hit that before another area of Virginia. So we are balancing the different districts and what their needs are. And want to ensure that there's enough vaccine to cover the 1As whether we need to move that around prior to moving onto 1B and 1C. It's a very fluid situation that we're still learning.



We still have not, we still do not have the approved recommendations of how Virginia is approaching 1B and 1C yet. So this information will be forthcoming. We'll be putting it on our Web site as we are defining more of that.

(Drew Wilder): Sure and a quick follow up to that before my next question. I guess am I understanding that if a particular region of the state, that area's 1A has been met, that area might move onto 1B itself? Or will the Commonwealth move onto 1B as a whole regardless of what one area might have achieved ahead of the others.

Christy Gray: I think it's difficult to comment on that without being in a situation, knowing what the situation is if we need vaccine to be moved around. Or if we don't need vaccine to be moved around. We need people to get moved around, to assist in vaccination efforts and other parts of the state. So we can't really comment on what's going to happen yet. We're still in the process of reviewing the situation and it remains to be very fluid.

(Drew Wilder): I understand. Thank you and my second question, generally, are you satisfied with Operation Warp Speed? Is Operation Warp Speed meeting your expectations?

Christy Gray: I am in daily contact with Operation Warp Speed. We work closely with our federal partners, both the CDC and Operation Warp Speed. And this is a tough unprecedented public health effort all around that we're all trying to work together to make happen. And I'm, we are very fortunate to have great relationships with them as well as our other state partners as we coordinate.

(Drew Wilder): Is it meeting your expectations?

Christy Gray: Yes, we are getting our information we need and working closely together.

(Drew Wilder): Thank you.

Coordinator: Our next question will come from (Gerald Llamas). Your line is now open.

(Jill Palermo): I'm not sure if that might be me. (Jill Palermo), is that correct?

Coordinator: Yes, ma'am. Your line is open.

(Jill Palermo): Okay, great. Thank you so much for doing this call. We certainly appreciate it. We're getting a lot of questions about this. So any information we can pass is appreciated it. I had a question about the pace of the vaccination. You know, obviously we're looking at the dashboard now and you have said that the dashboard reporting isn't quite up to date, but we look like we've got about 1400, excuse me. I'm sorry, 54,295 in the last two weeks. Do you have projections for about how many vaccinations you want to give like either in a week's time or a month's time as we move into the new year? That would be my first question.

And then I just, my second question, I understand you said that the Virginia still finalizing it's 1B and 1C groups. Did I understand you to say that information would be available next week? And finally regarding the pace, can you tell us what some of the biggest obstacles are for Virginia sort of stepping up the pace to be able to administer more vaccines on a weekly or monthly basis?

Christy Gray: Okay, thanks (Jill). All right, the first question was about the pace of the vaccines. And you had mentioned that it's 54,000 since December 14. And your question is are we, I'm sorry.

(Jill Palermo): I'm sorry.

((Crosstalk))

(Jill Palermo): I'm wondering like, do you have a projection for, you know, the coming weeks and months like in January. Is there a goal that you'd like to have a certain number administered each week in January or by the end of the month? I don't know what your, you know, timeframes are. But I'm wondering what can Virginians expect or at least what is the goal for, you know, numbers-wise of getting these vaccines administered? And then what are some of the biggest obstacles that we're trying to overcome now in order to meet those goals?

Christy Gray: So we are trying to get these vaccines out as quickly as possible through a number of different. We have over 100 facilities now that are working through to get these vaccines out. And we're identifying other providers that could serve as locations that could vaccinate people that are not just our staff and not just our patients.

That's really been what a great partnership we've had with our health systems is that they are - many have opted to not only vaccinate their own systems staff but also other healthcare personnel that are not part of their staff. There are some considerations that need to be walked through when doing that

because the person is not necessarily your patient, not necessarily your stock. So you have to consider those that we, so working through those with the different facilities that are interested in serving in that capacity.

We, I had mentioned before, you know, new data systems are and especially at the scale of which we're doing it and the amount of data that's coming in. It is slower than we would have liked to, but we are getting better each day in our providers getting access and putting information in as well as us reviewing the data and making sure that there aren't, you know humans making human errors or systems making system errors, which is the nature when you're transmitting data and the amount of data that we're doing.

So we are being careful and walking that through and making sure that the information is coming over correctly and that it is being updated with the provider if there needs to be an update that happens.

So we are working through our providers also identifying those providers that would want to vaccinate and as we get more vaccine available to us. Because right now we had only so much vaccine to distribute. And there are logistical considerations for specifically the Pfizer vaccine that need to be considered what makes most sense that the different facilities that receive that vaccine. And then the timeline that you have to consider in the, as I mentioned before, the following process and when to administer and how to dispense it out.

Moderna vaccine is not as complex, but you still require providers that have at least 100 doses to administer. So we can't just send the vaccine out to anybody. They have to have at least 100 people they can vaccinate. Because

otherwise they would vaccinate the staff and then it would just sit on their shelf.

So there's several logistical considerations that we are working through to identify how to get the vaccine out efficiently. And then also our local health departments have really started scaling up their clinics to get out, to identify and bring in those Phase 1A healthcare personnel that are getting, that aren't necessarily maybe in an area that the health system can vaccinate then (so) the local health departments are coordinating and creating these clinics to vaccinate these Phase 1A healthcare personnel.

I also want to bring up that our long term care (facilities that just) started this week. There are still nursing facilities with (unintelligible) coming on site. They started this week. It'll take approximately three to four weeks to get that first dose done with the skilled nursing facilities. And then we'll also start these (assisted living) facilities in the coming three to four weeks based off of some scheduling that we're still working out.

And they will start bringing them into the schedule as well. So all of these, I always like to remind people that it's been two weeks that we have Christmas in there. We've got weekends in there. And the amount of vaccine that is getting distributed out is happening on a weekly basis in mass release. And so then they schedule the clinics based off of that vaccine that they received. So we are continuing to look forward and the systems are, the vaccinations are increasing.

And I'm so sorry, (Jill). I don't remember your other question.

(Jill Palermo): Oh, I was just asking. Do you have a projection of how many you hope to do in all of January for example? I'm just kind of wondering what the pace will be as we move into the new year, at least what the goal for the pace is, you know, in terms of getting people vaccinated. Like do you have numbers? Do you have estimates that you're, you know, thinking are reasonable?

Christy Gray: I think that we don't have quite the data yet to be able to show the throughput for these providers and we'll have more information in the coming weeks.

(Jill Palermo): Okay, and can you give me your name? I might have missed it at the beginning. I'm sorry.

Christy Gray: (Christy Gray).

(Jill Palermo): Thank you so much.

Coordinator: Our next question will come from (Ian Monroe). Your line is now open.

(Ian Monroe): Hi, good morning. So, I just wanted to revisit the, you know, the priority list. I'm over here in Western Virginia in Harrisonburg. You know, just over the state line is West Virginia. And with the priorities, we've got - you know, we had our first vaccination at our Sentara Hospital about two weeks ago. And today was our first day for a nursing facility and there are several more dates at other nursing facilities I spoke with yesterday that have finally been sort of set in stone with CBS.

Now, something that I'm curious about. I know that you mentioned, you know, we're looking at a big of a lag here, but sort of the first part about this is

I mean I just want to go over this priority list again. When, according to CDC data, you know, 80% of COVID deaths being in people over the age of 65. I mean I'm looking at the vaccination data from today and overwhelmingly, it looks like it's medical care workers who have been getting the first rounds of doses.

And even again, yesterday, I'm speaking with assisted care facilities which very different from nursing homes. I understand, but still, they still don't have dates. I mean I think this is still something that I really love - other than just following the guidelines, can you go into - and I understand if you can't, but can you go into why these guidelines were sort of set in place if, again, 80% of the (tests) are in a population that are receiving a fraction of the vaccine still at this point, you know two weeks in? And again, even a large number of these populations still don't have dates.

Christy Gray: Sure. So the long-term care facilities had the option to participate in the CDC pharmacy partnership program which has two parts; the skilled nursing facilities and then the assisted living facilities plus others. And VDH activated our, the Part A for skilled nursing facilities on December 14. And the way that this program works is that we had to allocate 50% of our doses initially and then 25%. I'm sorry, allocate enough doses to cover 50% of the part that we were activating.

So we had to take out the amount of doses of our allocation and provide them to CDC to (unintelligible) Walgreens and CVS to this program and it takes two weeks to essentially get everything (set up and they) start their scheduling. So the first date that was set for the scheduling was this past (unintelligible) which the skilled nursing facilities started scheduling their,

started having Walgreens and CVS come on (unintelligible). We've been told that it will take approximately three to four weeks depending on how many - if they needed to come back for an extra visit to vaccinate these residents and staff (on the facilities).

So the amount of doses that needed to get allocated, were allocated. They were removed from ours. We could not use them for our healthcare personnel. Pharmacy partnerships program, however, with the schedule that the way it is, it was meant to, the scheduling (unintelligible) that the actual vaccinations started past Monday.

So they received a Pfizer vaccine which means the time that CVS or Walgreens finishes it, they go back and they will be ready for their second dose.

(Ian Monroe): Yes. And..

Christy Gray: Go ahead.

(Ian Monroe): And going back to that, so it kind of, I hesitate to say sort of went out of yours, if I understanding correct. I hesitate to say it kind of went out of your control, but once it sort of went to CVS it sort of in that scheduling system and then it just, you know, it's kind of out of your hands. Am I understanding that correct?

Christy Gray: The program required that two week timeframe for them to start - that's when they were scheduling all of these, all of the (unintelligible) but yes. It is in the



federal partnership program. We give them the vaccine and they take care of it.

(Ian Monroe): Okay, and my second question too, again, being over here, you know, 20 minute from the state line with West Virginia, it's my understanding that as of now, West Virginia has nearly 2% of their population vaccinated which, you know, I understand much smaller population. But you know Virginia's got about .55%. I mean West Virginia seems to have something that, again, with the proximity is one of the states with the best record going so far as far as getting doses out and administered.

Is there, I know there's that review you mentioned at the very beginning of this call about how things have been going. Has there been any talk about taking notes from how the rollout has been going in West Virginia and using those in Virginia? Or is it sort of a much more internal review of the administration's process?

Christy Gray: The review I had mentioned at the beginning of the call was related to the (unintelligible) 1B and 1C I believe. But I am (unintelligible). We're in the same health and human services region as West Virginia and we have monthly calls. And we do share what's going on in each of our states. What's working? What's not working? So I look forward to hearing from West Virginia.

(Ian Monroe): Thank you.

Coordinator: Our next question will come from (Sabrina Monroe). Your line is now open.

(Sabrina Monroe): Thank you so much. So you mentioned the limited supply, but earlier said there's no system to verify if someone is a front line worker. So I was wondering how is the VDH tracking who qualifies for a vaccination under the first round within the health department itself. The remote working isn't receiving the vaccine before someone who's under constant direct contact with COVID.

Christy Gray: You're asking how local health departments are doing this?

(Sabrina Monroe): Kind of what, how are they tracking like within who's getting the vaccination within health departments. So a remote worker isn't receiving a vaccine before someone who is in constant contact with COVID.

Christy Gray: When reaching out, right now healthcare, local health departments are focusing their efforts on the healthcare personnel and targeting those that are healthcare personnel and asking what their, asking general questions. There is no background checks. There's no, any kind of intense review of ensuring that somebody is actually having patients facing healthcare personnel experience. We are just working all to try to get as many healthcare personnel vaccinated as quickly as possible. And besides the general questions of asking of some ways, it really just does not go beyond that.

(Sabrina Monroe): And this is kind of separate from that, but you know, race and ethnicity have been at the forefront of this pandemic since we're seeing black and Latino communities disproportionately impacted. But right now with the vaccinations by race and ethnicity, there are more than 40,000 vaccinations that are not reported by race and ethnicity. As we delve into essential workers which is predominantly black and Latino in Virginia, what are the efforts to be

having more robust data when it comes to race and ethnicity to kind of track the impact in regard to vaccinations for those populations?

Christy Gray: Sure, well race and ethnicity are definitely fields that we are asking our vaccinators reporting data just to ask for and enter if available. We do not want to withhold a vaccine from somebody or not include a vaccine in the registry because we don't have race and ethnicity information. So we'll continue to request that information and troubleshoot if there's any questions or concerns of how to do that.

Likewise, just regarding equitable access to vaccines, we are working with the (unintelligible) and the Chief Diversity Equity and Inclusion Officer with the Office of the Governor. We develop and modify your health equity guidebook to provide guidance related to providing culturally appropriate community vaccination services in a manner that is inclusive in elevated risk communities.

We're ensuring that our decisions are made using health equity (unintelligible) and working to try to include data that we can find with (unintelligible) populations to be reached. We're conducting community forums and listening sessions with different communities to not only address concerns but receive information back on what exists and how we can update our guidance or our outreach efforts.

As well as our vaccine advisory workers, we have established sub workgroups that work with trusted community organizations to facilitate our communication channels and rapidly decimate the information to those critical populations and we're hoping that the information in this improves over time.

Maria Reppas: This is Maria Reppas, the VDH communications director. I just wanted to jump in and follow up on a previous question. I'll only take a few seconds. A lot of our doses are sitting at Walgreens and CVS as we wait for their vaccine administration program to start. That's the driving reason why (we have to) use everything we've been given yet, but we will. And West Virginia has distributed fewer vaccines than we do, I think at 34,000. But I just wanted to clarify that point.

Coordinator: And our next question will come from (John Jones). Your line is now open.

(John Jones): Thank you very much. My question relates to the prioritization of 1A. And it talks about DOC at 4500 healthcare. So the question is does that include the healthcare workers and local jails?

Christy Gray: We can definitely follow up to confirm that, but my understanding is it does and we can confirm that.

(John Jones): Thank you.

Coordinator: And our next question will come from (Victoria Sanchez). Your line is now open.

(Victoria Sanchez): Hello, thank you. I was actually caught off during my follow up, so thank you for taking my questions again. I just wanted to go back to what was just said from the public information officer. I just want to make sure I'm clear. Did you say there are vaccine doses that are just sitting at Walgreens and CVS right now?

Maria Reppas: Sorry, this is Maria. Yes, there's part of an administration program with CVS and Walgreens right now. The program is going to rollout.

(Victoria Sanchez): Do you know when that will happen?

(Maria Reppas): Let me clarify. They're not - they've been taken from Virginia's allocation for Walgreens and CVS to use, they're not necessarily sitting on a shelf somewhere. But they are not to Virginia to allocate somewhere. They've just been taken away from our allocation and intended to be used by the long term care facility partnership which is CVS and Walgreens going on site to the facilities and vaccinating the residents and the staff.

And so that's why a lot of our vaccines that have been distributed is not necessarily in a hospital or a (unintelligible) to actually get vaccinated. It's going to these long term care facilities over the next few weeks to vaccinate the staff and the residents.

(Victoria Sanchez): Okay, thank you. And then one more thing, and I understand you guys have been working around the clock. And I really appreciate it. This is just coming from me personally. But it seems that this is going much slower than what even the federal government has wanted. I know the Trump administration said they wanted as many as 20 million people vaccinated by the end of this year which is tomorrow.

And the US only has, I think, a little more than 2 million people vaccinated. It just seems like it's going at a snail's pace when throughout this year it was

really warp speed, like Operation Warp Speed to get this vaccine done. Do you feel that this is going slower than what you want?

Christy Gray: I think we are pleased with our progress and with our Virginia providers because as you mentioned, there's a lot of work going in, not only in the logistical coordination side but all of our boots on the ground, the people who are actually vaccinating people. We've had stories of people watching Christmas movies while they're waiting and getting after their observation period of being vaccinated. They're really having a, creating a wonderful situation out of what was going on (of) getting vaccinated.

So working around the clock especially around the holidays and I think we are pleased with our progress, but we have a long way to go. And I think we will continue to get more efficient as we've been planning so long to put all of these moving pieces in place and now that it's working, they're all getting into place. We're getting more efficient about it. We're getting used to all of these interacting with each other.

And so at first, it is expected to be slower, but I think it will get much quicker as we move along.

(Victoria Sanchez): This is Maria Reppas again. I just wanted to add one more detail. We are asking for patients but the long-term care facility partners as CVS and Walgreens are working to schedule those vaccination events, they're looking at 1,442 facilities with three visits each. So that's, you know, quite a significant undertaking. But we are rolling it out with those partners.

Coordinator: Our next question will come from (Kate Masters). Your line is now open.

(Kate Masters): Yeah, hi. Thanks so much for taking my question. I wanted to go back to the question on racial disparities and vaccine allocation. You know, when you look at the demographics on the dashboard. It's showing that a lot of race and ethnicity data isn't reported. Actually, the majority of vaccines administered so far don't have that data. But when it is, it seems like, you know, the predominant numbers have gone to white patients.

And I was wondering if you could go into, you know, why we're seeing that disparity? And then also why so many don't have any race and ethnic data attached even though that's really been a priority as we know how COVID-19 has disproportionately affected minority populations.

Christy Gray: Sure, so as I mentioned before, the race and ethnicity are not required fields when (unintelligible) doses administered to this. And when we think about who's getting vaccines right now, it's mostly healthcare personnel which are usually linked to maybe occupational health systems as opposed to an electronic medical record system. Electronic medical record systems are much more robust and usually a (unintelligible) service type of information with occupational health systems don't. At least in our experience, are not.

And so I think that is a main reason why we're not really getting that information is that the system that's sending the data is not built to even hold that information to send us. There's no field to be selected. And so I think over time, especially as we're getting generation population more medical records systems ready, we would expect that to increase.

We can't, we want to accept the vaccine whether the race and ethnicity are there or not. And we have provided guidance on trying to send that information and we will continue to work with our partners to try to supply that information.

I think there's still not necessarily enough information to really draw any conclusions about the race and ethnicity information that is there, but we are going to continue to look at that information and update with any information we find over time.

(Kate Masters): Okay, thank you. And sort of along the same lines, you mentioned earlier that you weren't aware of any hiccups when it comes to distributing vaccine in more rural or lower population areas. But just looking at the information that is available on the dashboard, you know, you see that Fairfax, for example, has over 5,000 doses administered. But then you look at Cumberland and it has 13 doses administered.

So if that's the case and there has been equitable distribution, why are we still seeing rural areas with so many fewer doses?

Christy Gray: I think that's something that's, it's difficult to draw a conclusion to just looking at that data. I could just be that the information has not been entered yet. Not necessarily that they didn't get the vaccine yet. We would have to look at that. More than happy to follow up with you (Kate) on that. Fairfax does have a lot more people. They have a lot more systems in place that receive vaccines because they have more people and need more doses to be able to give the same access to those persons as others were getting. Be happy to follow up with you (Kate).



(Kate Masers): Okay, that would be great. Thanks, Christy.

Coordinator: Our next question is from (Kate Mansanera). Your line is now open.

(Kate Mansanera): Hello. I just had a question following up on the vaccine prioritization document. Is there any way that we can get access to that? Just so that we can see what the system is for the vaccine getting passed down through Tier 1?

Christy Gray: Yes.

((Crosstalk))

Christy Gray: Available on our Web site.

(Kate Mansanera): Thank you. Also, I just had one more question about ICE facilities in Virginia. During the summer, these facilities had a major outbreak of Coronavirus with specific (Pharmdal ICA). Is there any plan to get those facilities vaccinated ASAP?

Christy Gray: That's something that I'd have to follow up with you on. There are some federal entities that are getting vaccines directly and not through state allocations. So I would want to follow up and see if that's one of them.

(Kate Mansanera): Okay, sounds good, thank you.

Coordinator: And our next question will come from (Brandy) apologies that is (Brendan Foton). Your line is now open.

(Brendan Foton): Hello, kind of a related question to other ones that you've gotten. But just in terms of the federal government, is there anything else you think could be done to help speed up the process? Or, you know, is there anything else that you're looking for? Just going back, you know, they had said 20 million people would be vaccinated by the end of the year. Right now we're at about 2 million. Is there anything else that could be done to help speed up this process?

Christy Gray: I can't comment on what the federal government can do or the manufacturers that are manufacturing the vaccine. There are efforts in getting vaccines from them is dependent on that manufacturing and that there aren't any issues or that could very well happen. So that is independent of what Virginia is planning.

We are continuing to work on focusing on our 1A population and increasing our coordination at the district level with all of our vaccinators in order to complete vaccination of our Phase 1A population as quickly as possible and look forward to implementing Phase 1B and 1C.

(Brendan Foton): Got to, okay. And just one other quick question, in terms of getting the second dose that this vaccine requires, how are those efforts going? And are you anticipating, you know, people who got the vaccine two weeks ago now will be able to get the second dose, you know, next week or the week after, you know, three or four weeks after they originally got it?

Christy Gray: Yes, so the second dose vaccines are actually that allocation is different than the first allocation. They're being overall, the vaccine that is available is essentially half are being held back to be able to send that second dose three to four weeks later depending on the vaccine. So we did get our second allocation of Pfizer this week. We have already assigned to be provided out to the original 18 facilities that receive vaccine the week of December 14. And they are on schedule to receive that vaccine this week so that they will have it in place during January 4 when the first people will (unintelligible) for their second dose.

And that will continue moving forward for the upcoming weeks as we get our second doses the first Moderna vaccine and would continue moving forward. And we will be coordinating that distribution to the providers.

(Brendan Foton): Okay, thanks.

Coordinator: Our next question will come from (Ariana Deal). Your line is now open.

(Ariana Deal): Yes, a couple questions. First, when you were informed by Operation Warp Speed that you would receive about 100,000 less doses, what was the reason that they gave you, if they gave you one?

Christy Gray: Our understanding is that the tabulation when how much vaccine would be available was, it was determined off of the wrong set of vaccines. Like they use the number of total being manufactured, not necessarily the number of, that had completely gone through this data quality process and are ready to be shipped. They were using the wrong number to calculate that off of.

I do want to also emphasize that the original numbers that they did give us were always planning numbers. They were never allocation to us that we actually could place orders for. They were always planning numbers. We just were not expecting the actual allocation number to be so much lower than the planning number.

(Ariana Deal): I see, thank you for answer that. And then my other question was, when we look at, you know, the less amount that you're seeing both distributed and administered. From my own understanding, is it sort of a combination of the lag in your system and the logistical issues? And that you're receiving less doses? Is it a combination of all three or is there one that's sort of one challenge that's superseding all?

Christy Gray: I'm sorry. This is related to - can you repeat that question?

(Ariana Deal): Sure. Were the, I guess, for my own understanding, is it correct to say that the amount that you're administering is lower than you anticipated because of the lag in your system? And because of logistical challenges? Those are the main reasons? Or is there another main challenge that you're facing?

Christy Gray: I think in relation to the ratio dose is administered to doses distributed. It is related to just the logistical timing considering this is also, you know, time when also people take vacation or they take time off. And so the amount of vaccines that you would expect to maybe be able to vaccinate people that are not there. So there's some logistical considerations. There are some people considerations. And then there are some lag considerations where the vaccines just have not made it in there.

There might be some technical issues that we're working with the vaccinator to work through to enter the data into the registry.

(Ariana Deal): I see, thank you so much for answering that.

Coordinator: And our next question will come from (Caroline Vonn) and apologies, that's (Carol Vonn). Your line is now open.

(Carol Vonn): Hi, thank you. Yes, one of the larger groups in our area on the Eastern Shore that was hard hit and will need to be vaccinated also in the next one of the next phases are the poultry workers. What kind of planning is going on at this stage, not just for our area, but for that particular industry in Virginia?

Christy Gray: Sure, so they would fall into our next grouping, so 1B and 1C. And we had this recommendation under review right now within our (unintelligible) and the Virginia Disaster Medical Advisory Committee. And so once we have that information available, we will publish that on our Web site.

(Carol Vonn): Is the Health Department working with those companies? I know they've offered the companies at least one of them has offered, you know, to - they have their own (unintelligible) providers, et cetera.

Christy Gray: Each local health department, health district routinely identified essential personnel in their district that would want to be considered in these types of responses. So I would want to defer to the district, but I would feel confident that they are making those connections (and) having these conversations.

(Carol Vonn): Thanks.

Coordinator: And our next question will come from (Lindsay Bennett). Your line is now open.

(Lindsay Bennet): Thank you very much. Yes, I'm wondering if you have heard any reports of negative reactions to the vaccine. And if so, what might they have been? And potentially what might be a cause of that?

Christy Gray: The (unintelligible) that we typically use for a reaction to a vaccine is an adverse reaction. And there are common reactions that are considered non-serious that people can expect or is common to have those reactions. Two vaccines, for example, caused pain at injection site, tiredness, headache, body aches, maybe a fever and these could last for an hour, could be short or a few days.

It's short term and it's really actually a - it shows that the body is developing the immunity and it is normal and is expected. We've not heard of any serious adverse events happening in Virginia with either of these vaccines.

(Lindsay Bennet): Okay, thank you. And a follow-up question, I know you touched on it somewhat. But how do you think that Virginia stands compared to the timeline of getting the vaccines, getting them administered, compared to other states? And so I guess if you could answer, you know, how do you feel that Virginia compares and what do you think might be some of the challenges or obstacles or differences that are impacting Virginia?

Christy Gray: I really can't comment on what, how other states are doing and our comparison to them. I think that we are pleased with our progress.

(Unintelligible) that we've been able to enter into our registry so far, we think that is actually higher than the bar. There are more than that actually happening and we look forward to getting that data into the registry.

Our local health departments are ramping up and are working very hard with sending clinics outreach to our healthcare personnel. We've been very pleased with our coordination with our hospitals and health systems in Virginia being great partners and opening your doors to vaccinating not only their own healthcare personnel but other healthcare personnel as well and we are, we do recognize though that we have, we're excited about this progress. But we have a lot of room to go. And we will get more efficient as we continue moving along.

(Lindsay Bennet): Thank you very much.

Coordinator: And our next question will come from (Gene Morano). Your line is now open.

(Gene Morano): Thank you. Christy, I think you sort of answered some of this encryption drafts, but I'm going to ask it anyway. As far as when this rolls out to the more general population, Ms. (Gray), what are going to be the big obstacles? Is it going to be the lack of supplies? I know that I've read that some of the raw materials are lacking. Is it going to be distribution points, lack of that? Lack of freezers? Or is going to be even just getting people out of work to come get their vaccine? What's going to be the biggest obstacles to overcome when you roll it out to the general public?

Christy Gray: Thanks for the question. And, you know, the general public, just a reminder for everybody on the phone. So we've got Phase 1A that we're currently in and expect a 1B and 1C and then Phase 2 is the general public. And that's really anybody else who's leftover. We see that the general public, we will have enough vaccine at that point and that's how we would typically know we're in Phase 2 is that we have any vaccine that there's (unintelligible). And we're going to be able to supply it out as if you're used to seeing you flu vaccine.

So you'd be able to see it on the corner of the local pharmacy. You can get it from your primary care provider. You can see wherever you are typically getting your flu vaccine. That's how we would, that's how we foresee rolling this out to the general public.

COVID has a tendency to give us some curve balls along the way. So I don't want to ever say that we absolutely know what's going to happen. And are continuing to update our planning as new information comes out. We still have vaccines that are in the pipeline of approval process that we will need to adjust and update our planning for that will increase the supply of the vaccine.

So there's a lot of things to consider and I wouldn't want to necessarily say exactly what's going to happen for Phase 2, but we expect there to be more vaccines, more access and we will be continuing to address any (unintelligible) as they come along.

(Gene Morano): Just a follow-up, Christy. Does that mean that Phase 2 won't actually be declared or rolled out until the vaccine becomes sort of ubiquitous, like on every corner?



Christy Gray: I can't really comment on what the flag or the symbol will be. We are continuing to update as this evolves. So I will say this (unintelligible) Web site and any press releases we do and we'll be sure to keep you in the loop.

(Gene Morano): Thank you, Christy. Appreciate it.

Christy Gray: And our next question will come from (LeeAnn Wright). Your line is now open.

(LeeAnn Wright): Hi, thanks. My question is sort of similar to (Gene)'s. I think you had said early on in this, you were expecting about 100,000 doses each week. Is that through January? And if so, and then I think I understood you to say that you hold back about half of that so that you can have the vaccine ready for the second dose of the people who've already gotten the first dose. So would that mean that at this rate that you're only going to be able to get to about 50,000 people a week?

Christy Gray: I'm sorry. That is my thought. This is a very complex logistical undertaking. So it can get very confusing. The amount of doses that were withheld are actually withheld by OWS and CDC. Like we never see them. So the amount of doses that I mentioned, the 100,000, this is what we get our 100,000 people. It's not that any of that is being held back.

(LeeAnn Wright): Okay, so the 285,000 doses that you are showing on your dashboard, those are actual 285,000 doses that Virginia has received and has distributed. And are those? And so I'm getting really confused with all these holdbacks. So did half of that get held back for the partnership with CVS and Walgreens for

long-term care meaning only half of that was available for the healthcare component, healthcare worker component?

Christy Gray: I think it's going to be really confusing to try to go through it over the phone. We're happy to follow up so you have it on paper.

(LeeAnn Wright): Yes, I would appreciate that because the questions that we're getting are along the lines of, you know, how many people are actually, you know, doses are coming in, how are they going? How's it being distributed? As far as holding back or starting to schedule the second clinics coming through and so when does that mean that somebody can sort of start thinking about when do we get to the next phase?

Christy Gray: I understand. It is very confusing and we'll follow up with the numbers to make it more clear.

(LeeAnn Wright): Okay, thank you. I had one other question as to whether how the vaccine is being distributed to the healthcare workers in the state hospitals?

Christy Gray: The state hospitals can-

(LeeAnn Wright): (Unintelligible) hospitals.

Christy Gray: I'm sorry. You went in and out, there. Say that again.

(LeeAnn Wright): The state psychiatric hospitals.

Christy Gray: Yes, we're working on DDHDS to get back some allocated directly to them for their vaccination.

(LeeAnn Wright): Okay, thank you.

Coordinator: And our next question will come from (Ken). I'm sorry that is (Kim Hanes). Your line is now open.

(Jim Hanes): Was that (Jim Hanes)?

Coordinator: Yes, sir. Your line is open.

(Jim Hanes): Okay, thank you. I want to talk about long term care facilities. And on your Web site, you have a page that talks about congregate settings. And they give some examples as homeless shelters, group homes, prisons, detention centers, schools and workplaces. There, another group of congregate settings which have probably 20,000 Virginia citizens there living and these are in senior living facilities. They're CCRCs or life planning communities. And they have residents living in gated communities which provide three levels of care or living units, TL nursing, independent living and assisted living. And the residents routinely move between all three areas on a very short-term basis, on a daily basis for several days and what have you.

And as I said, there are about 20,000 Virginia seniors living in these communities. Where do these seniors and these congregate communities fit in the 1A priority list? And I have one more question.

Christy Gray: I believe they would be linked into the second grouping. We've got nursing facilities and then assisted living facilities plus others. And I think they would fall under the other section and have the ability to opt in to the same CDC pharmacy partnership program as Walgreens and CVS. And there are, if there is a campus in which there is facility types on the campus, for example, skilled nursing facility as well as assisted living facility, my understanding is that those are treated separately from one another and the CVS and Walgreens would go on site and vaccinate according to the schedule that has been set up for those respective facilities regardless of the fact that they're on the same campus.

So if there were two facilities on campus, they would get six visits, not, (unintelligible) three for each facility.

(Jim Hanes): Thank you. And my other question is, how much lead time will facilities receive for the delivery of the vaccine? When I order something from Amazon or from anybody else online, I'll say your package has been shipped. And then it says expected delivery date whatever by 9:30. I think this is important because there is some preparation that needs to be done, you know, before the vaccine actually arrives onsite and the people that are going to administer whether it be Walgreens or CVS, et cetera.

They need to prepare for this. So is there a schedule like that provided?

Christy Gray: What's beneficial about this pharmacy program is that the pharmacies are completely responsible for the vaccine storage and handling, administration and reporting of those administered. So the long-term care facilities do not need to receive or handle any of the vaccine.

(Jim Hanes): I understand that. But they need to provide the space and they need to organize the recipients of the vaccine so that they know when to be where to get vaccinated.

Christy Gray: Yes, CVS and Walgreens are coordinating that communication with the long-term care facilities and identifying the date in which they will be on site as well as any consent forms that need to be completed prior to their arrival.

(Jim Hanes): Thank you.

(Erin Beard): Thank you, (Jim). I just want to jump in and say this is our warning before the end of the call. We have time for one final question.

Coordinator: Thank you. Our final question will come from (Hanlan Craft). Your line is now open.

(Hanlan Craft): Good afternoon. Thank you for doing this. My question just really is with going slower than expected at this point in time. When we talk about the general public getting the vaccine in late spring/early summer, are you guys thinking that will now be a little bit more delayed as a result or is the hope that things will just get more efficient in the next month or so and we'll still be able to hit certain markers like that.

Christy Gray: Thanks for the question. I think it is difficult to forecast one way or the other that we cannot be on that (path) because there are likely to be more vaccines that are introduced which increases the supply of vaccines that are available to be used. And we don't necessarily know any other hiccups that might come

and but we are confident that we will get more efficient in the data entry in the different systems that are involved.

So I think there's just a number of factors that are contributing and it is difficult to say one way or the other way whether we can confidently say on that (track, but) I don't see a reason why you couldn't.

(Erin Beard): Okay, thank you so much to everyone today for joining our call and thank you so much, Christy for being such a wealth of knowledge for everyone who had questions today. There will be an audio recording posted on the VDH Web site as well as the written transcript. You'll be able to access these documents in the next few days, [VDH.Virginia.gov/coronavirus/media-room](https://www.vdh.virginia.gov/coronavirus/media-room).

Thanks so much, everyone.

Coordinator: This concludes today's conference. All participants will disconnect at this time. Thank you for your attendance at today's conference.

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