

**Virginia Department of Health Tele-Press Conference on  
Virginia's COVID-19 Vaccine Developments  
Moderator: Melissa Gordon  
January 22, 2021  
3:00 p.m.**

Coordinator: Welcome, and thank you all for standing by. At this time, all participants will be in a listen-only mode until the question-and-answer portion of today's conference. During the question-and-answer portion, if you would like to ask a question, you may use Star 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Ms. Melissa Gordon. Thank you. You may begin.

Melissa Gordon: Hi. Good afternoon and thank you for joining our call today. My name is Melissa Gordon, and I'm a Public Information Officer for the Virginia Department of Health, Office of Communication. Today, we are joined by State Vaccine Coordinator, Dr. Danny Avula. He will give an update on the latest developments with the COVID-19 vaccine.

Today's call is being moderated by the operator. So when we get to the Q&A part of the call, please follow their instructions to ask a question. Now, I'd like to welcome Dr. Avula to share a brief update.

Dr. Danny Avula: Thanks, Melissa, and hello, everybody. It's been a long week, and I've talked to a lot of media, but - so some of this may sound repetitive. Apologies for that. Where we are today, we have a total of 1 million, 10,150 doses distributed into Virginia.

Our total doses administered is up to 424,857, and our average doses administered each day over the course of the last week or so, the seven-day rolling average, is just shy of 20,000, 19,405 doses a day. So a lot clearly

happening. And as I've shared in different areas, the effort is really organized into three phases.

So the first is closing the gap, and we have right now, as you look at the data, you see that there's just, under 600,000 doses that are not accounted for in that. And so there's really a need to understand why that is, where those doses are, and how does the public understand the current state of vaccine supply in Virginia?

The second phase is really around the supply and demand gap that we see each week. Right now in Virginia, we're getting about 105,000 new doses per week. And clearly much more demand (in) that. And so, why is that and how do we address it?

And then lastly, the third phase is, how are we building the infrastructure for the mass vaccination that we need, the 50,000 doses a day that we need moving forward? We clearly - to get to our goals of herd immunity, to get to 70 to 80% of the population vaccinated, we are going to need to have that kind of infrastructure. But right now, when we're only getting 105,000 new doses a week, that infrastructure will sit idly until our supply increases. And so, we'll talk a little bit more about that.

So, as I think about the first phase of closing the gap, you know, a lot of my work over the last couple of weeks has been identifying, you know, just where the vaccine is and how it's moving, and recognize, you know, when we have a total dose of distributed, there will always be a segment of that vaccine, a segment of that number, that will not - it will never be at 100%, right?

So, we got new deliveries on Tuesday and Wednesday of this week. Those numbers just got added some today. And what we expect to see is that there's

always going to be about a 200,000 dose gap, right? So about 200,000 doses, 105,000 new doses that we get, and then the additional second doses that we get that vary.

Sometimes it's 60,000. Sometimes it's a little more, but somewhere around 170, 100 - between 170 and 200,000 doses that will have been delivered and are used, or are set aside for upcoming events, for all of the events that all of our providers have planned for the upcoming week.

So, as we think then about what's left, we know that there are a number of those doses that are currently committed and earmarked for the long-term care farm - sorry, long-term care facilities, through the federally - the federal pharmacy partnership.

So remember that the federal government's plan to prioritize and vaccinate those very important members of our 1a population, the residents and staff of long-term care facilities, with the contract to CVS and Walgreens to do those vaccinations.

And so, at that time, 226,000 doses were earmarked and set aside for CVS and Walgreens. Now, not all of those doses have been delivered. Not all of them have gone down, but they are set aside and - to ensure that CVS and Walgreens have what they need to vaccinate that high priority population.

Of those doses, CVS and Walgreens, at this point have vaccinated, at least according to our data, 47,000 individuals, residents and staff. According to their data, it's more like 56,000 as of yesterday. And so, there's a data lag there that we're addressing and figuring out, how do we make sure we get caught up?

The answer to that is that when they publicly report their data, you know, they finish their vaccinations at the end of the day. They enter it into their CVS or Walgreens database, and that's what posts on their public website. They then send that data over to Tiberius, which is the federal government database. And that's what we are often extracting from for some of this information.

And so, that accounts for some of this lag. But what it also means is that there is a large number of doses, probably around 100,000 at this point that have been distributed into Virginia, but have not been administered yet, right? The CVS and Walgreens are working through those various nursing homes and assisted living facilities as quickly as they can.

We have been on the phone with our State leadership multiple times this week, and they are accelerating their pace. They are scheduling as many of these facilities as possible, but there are circumstances that do push out that scheduling.

So, for example, if a facility is undergoing an active outbreak of COVID, that they're not going to come in and vaccinate at that time. And so, we've got to wait till some of the infections or the clusters clear, before we set up vaccination opportunities.

Sometimes the facilities just need more time, because it is a large sort of organization - that the organizational effort takes - just take some planning. And so, often CVS and Walgreens are calling facilities, and they're saying, you know what, we're not really going to be ready until about February 2.

So, you know, taking all that into consideration, that helps to - helps hopefully the public to understand that a significant amount of this vaccine is being

reserved for CVS and Walgreens for those long-term care facilities. They're working as quickly as they can. Their goal is to get through all of the nursing homes and assisted living facilities on their lists by the end of January. And it looks like we're going to be very close to that target.

Now, the other reality that they're facing is that in addition to the difficulties of scheduling, they also - you know, the uptake is low in certain circumstances. And so, we've heard kind of anecdotally different numbers that it seems like the residents, the elderly residents of these facilities, have higher uptake, 70 to 80%, but the staff are lower, down like 30 to 40%.

And so - but what they were reporting today was that, much like we have seen in hospitals and health systems and in - you know, with EMS and other people who have gone through vaccination, is that there is a certain subset of the population that is just going to want to wait and see. They're going to want to wait and watch their colleagues and make sure that their colleagues do okay with it.

And once they see that, they will - some of their fears will be calmed and they'll want to get vaccinated. And so, we are hearing that from CVS and Walgreens around the staff of long-term care facilities. As they set up and go back for their second visit, they're seeing many more people ready to get vaccinated and join for their first visits.

So that's encouraging, but it still is an area where we need to do some work to close that gap. And so, that closing the gap is going to happen through CVS and Walgreens accelerating their schedule. It's also going to happen - you know, there's a subset of facilities, not licensed facilities, ALS or skilled nursing facilities, that are still absolutely in that 1a priority population.

And so, we're going to start looking to other pharmacies to see if we can employ them to augment the efforts and reallocate some of that vaccine. Alternatively, we're considering other strategies to make sure that that vaccine that we have been allotted in Virginia under the federal pharmacy partnership, can get out to other individuals quickly so that we're not just holding on to that vaccine.

So that's one of the gaps for long-term care facilities. I think another one that we've talked about and that we're everyday working with our health systems on, is the doses that have come into hospitals. You know, the hospital received a large amount of the vaccine in the early goings.

When we launched 1a back in mid-December, their requests were allocated at 100%. And similarly, you know, they did not have 100% uptake. And so, they were vaccinating 50, 60% of their residents. And so - I'm sorry, not the residents, the staff.

And now that we're going through the second round in some of those health systems, they are similarly seeing the wait-and-seers come forth and getting ready to get vaccinated. So one of the things that has been a little unclear, I think, for our health systems, is the way that the federal government is delivering second doses.

So the federal allocation plan automates second dose delivery. So if you are a health system that received 10,000 doses of Pfizer, three weeks from now, which is the dosing interval for the Pfizer vaccine, you will receive another 10,000 doses of Pfizer. And that is above and beyond the 105,000 dose allocation that we receive every week in Virginia.

So there are second doses that are coming and that are being shipped directly to health systems. I think because of that uncertainty, there were a number of health systems that just weren't sure and wanted to ensure that they had second doses for the staff that they had vaccinated.

And so, many of the doses that hospitals have right now, are scheduled for second dose appointments for their staff. And I will say that, you know, many hospitals have also quickly pivoted to reallocating. We've had some great examples of where hospitals have seen needs in other parts of the state and shifted their vaccine to those needs.

We've seen lots of great examples of where hospitals and local health departments have worked together to do larger scale vaccination in their own communities. And so, you know, every day, there are examples of, you know, thousand-plus person events where vaccination is taking place.

So - but there is still a need to move that vaccine quickly and to really ensure that health systems and other providers who have vaccines, understand that second doses are coming and that we need to use the doses that we have now. So the second phase really around the supply-demand gap, again, 105,000 doses a week does not go very far.

And so, this is a very different circumstance than we've been in, in previous weeks. Up until last week, we were able to, you know, allocate the vaccine to everybody who wanted it. But last week, we had over almost 300,000 dose requests and only 105,000 doses to allocate.

This week, similar numbers. And so, about 100 and - 105, 106,000 doses to allocate. And so, as our allocation has evolved, we have had to kind of tweak

the way that we do it. And so, this week we moved to a geographically, population-based driven distribution.

So for each community, we know what percentage of the State population they have, and then assign that percentage of this week's allotment to them. So, you know, as an example, Chesapeake is approximately 3% of the State's population. And so Chesapeake got approximately 3% of that 105,000 dose allocations.

Now, what we also did was, we really leaned on our local health departments as the ESFA leads in their community, the emergency support function aid leads in their community, to coordinate the response in a public health emergency.

And so, what our local health departments did was, they were notified about how much vaccine their districts were going to receive. And then they worked with partners to determine, what is the allocation strategy that's best going to serve the residents of our community?

And so, that looks different from district to district. In some cases, health departments and hospitals are working hand in hand to do large-scale PODs. In other cases, hospitals are saying, hey, we've got a lot of acute care needs that we've got to be focused on right now, sort of the, you know, Lynchburg area, Southwest Virginia. They were real - they've been hit really hard with acute care COVID patients of late.

And so, their ability to commit staff and do more community-based vaccination, is limited compared to other parts of the State, but they still were very willing to be partnered with and work with health departments to get vaccine out.



But - and all that to say that in different areas, you'll have different vaccine channels. Some of that's going to happen through large-scale vaccinations. Some of it's going to happen through partnership with pharmacies that focus on segments of the population. And it's just - it's going to vary community by community.

But I think the other thing that just should be abundantly clear is that with 105,000 doses being distributed equitably by population across the State, that leaves pretty small amounts for various communities. And so, you know, you take an area like Chesterfield County, that's a sizeable county, but they're getting about 4,700 doses a week with this allocation, based on their percent of the population.

You know, another example, Prince William County, again, a populous county, but they're only going to get about 6,000 doses a week. And so, I think it's really important for everybody to understand that there is not a lot of new vaccine coming into the State. And when you start to drill down to the county level or the health district level, that is a very limited amount of vaccine each week.

So, health departments are really working hard to figure out how to prioritize that vaccine. We are continuing to prioritize 1a individuals who did not - who may not have gotten vaccinated on the first round. And so, they will be worked into clinics as available.

And then we have this very large 1b group. And I think the challenge of this is, when you're only getting a couple thousand new doses a week to be distributed between hospitals, health systems, health departments, providers,

and pharmacies, how do you do that in a way that even comes close to meeting demand? And the answer is you don't. You can't.

And understandably, that has led to a great deal of confusion and frustration on the part of our public, who says, hey, I'm in 1b. Why can't I find a place to get vaccinated? So really the approach that health departments and partners are taking on the ground, is to provide some capacity each week for the 65 and up and underlying condition population.

So those individuals who fall into those two categories will be - you know, there will be some limited opportunity for those individuals that each week to get vaccinated. Simultaneously, health departments are charged with creating vaccination opportunities for the essential functions, the essential worker functions outlined in phase 1b.

So if you go to the Virginia Department of Health website, you see that most of the State, and by Monday, the entire State will be in phase 1b. You'll see that 1b includes a number of categories. So, police, fire, hazmat, correctional facilities, the homeless individuals who, you know, work in childcare or K-through-12 teaching, and so on and so forth. There's these different tiers.

Now, the hope of that guidance was that vaccinators would systematically work through those essential functions in their own communities. And so, a closed POD would start at the top of that list, the police, fire, and hazmats. Once that closed POD vaccination opportunity was made, they would move to the next tier.

And so, if you look again on the VDH website, you'll see that the goal was to kind of work through those in order. And I think the other thing that has

created some confusion among Virginians, is that different communities are moving at different paces.

And so, now that we have pretty clear ideas of how much vaccine we're going to be getting for the next four weeks, we've been able to commit to, you know, a ballpark number of vaccine for each community. And so, now there'll be more ability to plan and advertise those vaccination opportunities.

And the goal really is that, you know, by next week, that the local health departments will have, you know, on their local websites, hey, here are the upcoming vaccine opportunities. Now, again, we need to manage and temper expectations, because with just several hundred, or in some cases, a couple of thousand doses coming to each community, there are not going to be that many slots for people to get vaccinated.

And so, folks who are in 1b and are looking to get vaccinated, need to realize that it will likely - without a significant change in the supply of vaccine, we're looking at two to three months to work through this population who wants to be vaccinated.

So we can talk - I'm sure there'll be many questions about that. So I'll just shift to the third bucket, which is building the infrastructure for the future. You know, I mentioned we've got to get to 50,000 doses a day at some point. There clearly is tremendous capacity already with the health systems and health departments.

And then around the state, we have about 2,000 different provider groups who have gone through and gotten approved as CDC vaccinators. And then additionally, there are about 400 pharmacies throughout the state that are approved to provide vaccinations.

And so, you know, even just looking at that footprint, there is a significant amount of capacity. And then in addition to that, we will continue planning towards the fixed site mass vaccination concept, where the National Guard will be deployed starting in February, just from a planning standpoint, and at whatever point vaccination supply increases to the degree that we need, you know, those seven-day a week large-scale operations, we will be ready to put those into action.

So yes, continue to work on that. The capacity is growing well. I don't have any concerns about us being able to get to 50,000 doses a day, except that we don't have the vaccine. All right. Melissa?

Melissa Gordon: Thank you for that update, Dr. Avula. 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 latest developments with the COVID-19 vaccine. For questions regarding other topics, please email them to the VDH communications office. Contact information is available at [vdh.virginia.gov/news](http://vdh.virginia.gov/news).

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. Operator?

Coordinator: Thank you. We would now like to open the phone lines for any questions. If you do have a question, please unmute your phone, hit Star 1 and record your name clearly when prompted. Again, that's Star 1 to ask a question. If you need to withdraw your question, you may use Star 2. One moment while I get the name for the first question. Our first question is from Cameron Thompson. Your line is open.

Cameron Thompson: Hi, Dr. Avula. Just to clarify something that you had - I think I heard you say about, are you looking at taking away some of the vaccines from this federal partnership to put out to the broader public and sort of just - can you elaborate on that and sort of a timeline, how many doses you're looking at?

Dr. Danny Avula: Yes. We are - you know, that would have to be done with CVS and Walgreens' approval. And so, we're not taking it away, rather than reallocating it with their permission to other partners who can help us get to those senior living facilities sooner.

So, as of today, they are looking at their projections for how much vaccine that they're going to need to get through. There are three phases that - they're doing three rounds, a first dose round, a second dose round and then a third dose round, or a third round to catch any second doses for the wait-and-seers.

So, both CVS and Walgreens will be getting to us with the amount of vaccine they think they will need for that task and that they would be willing to allow us to reallocate to other pharmacies. So, I'll know probably Monday or so what that number is and how we would go about approaching that.

Right now, we're looking at - you know, all these facilities have relationships with - sorry, all these long-term care facilities have relationships with pharmacies. And so, what makes sense - and we're just exploring the viability of this right now, but what makes sense is to just reallocate doses to those pharmacies who are already in these facilities and use that capacity to get them to be vaccinated.

Cameron Thompson: And then just as a follow-up on sort of a different topic. I think you touched on this as well, but we just heard from some local leaders here that

the State and VDH has sort of reached out to all the local health departments, health districts, and said, we know we're only going to be getting roughly 105,000 doses. So we're telling you, you're going to get X, you're going to get Y, you're going to get Z?

Dr. Danny Avula: Yes, that's correct. I mean, again, the population density or the population distribution is what defines that number, that percentage of the total allocation for the State. And then the health department works with their local partners, their health systems and other pharmacies and providers to determine, where do we want this vaccine to go? Where should it be prioritized for this week?

Cameron Thompson: Thank you.

Coordinator: Thank you. Our next question comes from Brett Hall from WAVY-TV 10. Your line is open.

Brett Hall: Hello, Dr. Avula. Two questions here. First, were you made aware that some citizens are leaving and going to North Carolina to get their vaccines, and they are being given to them in the Hampton Roads area at least? And will that affect numbers of vaccines eventually given to communities?

And the second question would be, you said how the vaccine that determines given to communities by population. When you have places like Accomack County that half the population is working in - maybe not half, but a sizeable amount working in the chicken plants up there that are all in 1b, does that change the allocation?

Dr. Danny Avula: You know, it's not right now. I mean, I think there are 100 different arguments for how we should prioritize and allocate. You know, at this point,

you know, you could just easily argue that the people who are most vulnerable, are actually your 65 and older.

And when you look at the relative risk of death for somebody who's 65 who gets COVID, you know, they're 90 times as likely as somebody who's 30 to die. And if you go up then to the 75 population, they're 220 times as likely to die if they were to contract COVID.

And so, you know, I think that analysis is a challenging one to do. And at this stage, there's so much - so many people who fall into high risk categories, that we will likely continue to use the geographic driver to distribute for the next few weeks.

Again, you know, we are hearing from the federal government that this is likely what we can expect for the next few weeks at least. The Biden administration has come in and said, we're going to get to 100 million doses in 100 days, and that's encouraging.

And so, we just need to see that happen. And some of that will happen because of the entry of new vaccines, some of it, you know, with AstraZeneca and Johnson & Johnson on the horizon. Some of it may happen with increased production of Moderna and Pfizer, and I just don't have a lot of clarity about that yet.

The first question was about individuals going to North Carolina, and how will that affect us? Yes, I have heard sort of pretty limited instances of that. I don't know exactly how that's happening or what the situation is in North Carolina that allows that to happen.

I mean, we are - you know, these are federally supplied vaccines. And so we

are not - you know, especially on those border towns that we'll vaccinate anyone who comes. So we're not requiring State residency. So it doesn't surprise me that that's happening, but it wouldn't really affect our numbers - nor do I think it's happening on a significant enough volume.

But right now, I mean, like every dose that comes in, every 105,000 - all of our 500 - 105,000 doses, are going to be used, you know, by the end of that week pretty easily. There's so much demand right now.

Brett Hall: Thank you.

Coordinator: Our next - thank you. Our next question comes from Carol Vaughn from Eastern Shore Post. Your line is open.

Carol Vaughn: Hi. Thank you. The WAVY fellow asked the question about the poultry plant that I was thinking about, but we have about 44,000 population in our health district. Like somewhere close to 3,000 work in the poultry plants. But in addition to that - so you've kind of already answered that question, but in addition to that, is there - are you hearing any discussion, either at the State or federal level, about taking into account the percentage of elderly?

It's similar to his question, but, you know, we have a higher percentage of older people, and according to past research, we've got a higher percent of people with underlying conditions. And then also kind of a second question, or a follow up is that, out of 4,250 doses requested, local health department said they got 1,000 this week, and they've been told they're only going to get 500 next week. You know, why are they - why is that being cut in half?

Dr. Danny Avula: So the second question is really on population. So Eastern Shore is slightly less than 1%. You know, it's about half - actually it's rounded up to



one here. But, you know, whatever the number is of the total Virginia population, that's how - that's what gets translated to the number of vaccines that they're going to get.

So, yes, for this week and likely the coming weeks, unless our supply increases, that's about 500 doses per week. So there were different - you know, this is the first week that we're kind of using that geographic population distribution as the primary driver.

And the reason why is because in previous weeks, not everybody had the capacity to vaccinate. And that's not necessarily meaning that we didn't have a lot of vaccinators, because clearly there are tons of pharmacies and providers who were willing to do that.

It's that we didn't have enough places that had ultra cold storage. And so, that limited our ability to distribute Pfizer. We didn't have places that, you know, were set up with the VIIS connection, and that's still been an issue, you know. I think when you look at States that have done well with doses administered to distributed, they've had more of a centralized approach where they've really had more control of where the vaccine has gone and how the data is entered, and that is extremely important.

And we've had a number of cases where vaccine has gone out to different providers, and because of whatever platform they're on, or the, you know, misunderstanding about how data needs to be entered, the more distributed your model is, the more opportunities there are for a lack of data integrity.

And, you know, some people might say like, isn't the most important thing that we just get needles in arms? And yes, that is - like from a saving lives perspective, absolutely. But the way that this system is set up, in a scenario

that has really scarce resource, we've got to track every one of those doses and make sure that we can be accountable to the public and to the federal government to say, hey, we're doing what we need to be doing with these vaccines. Give us more.

And then there's another aspects of sort of the data collections and sort of the importance of that, which is surveillance, right? You know, with any vaccine, there's always a concern that there may be some incidents of adverse effects. And so, we need to make sure that we have those patients registered and logs to individual doses and individual batches of vaccine.

And so, there is a really important backend surveillance function that requires us to have the data and to be able to monitor, you know, are there things emerging with the effectiveness and potential for adverse events? I think there was another question, Carol, but I can't remember if I got to it or not.

Carol Vaughn: It was about whether ...

Dr. Danny Avula: Oh, distribution of elderly, yes.

Carol Vaughn: So any consideration about the demographic, elderly.

Dr. Danny Avula: Yes. you know, at this stage, I don't think it's needed because we - I mean, the gap between how many people want it, how many people would fall into that elderly category, and the amount of vaccine that we're able to provide each week, is so huge. Even if we were to adjust slightly, we'd be talking about, you know, 20 doses here or 40 doses there.

I do think there will come a point, you know, if vaccine availability increases significantly over the next few weeks, and we still haven't gotten through that

elderly population, that would be a time where we would potentially change our allocations based on the percentage of population over 65 in a certain community.

Carol Vaughn: Thanks.

Coordinator: Thank you. Our next question is from Sandy Hausman from Virginia Public Radio. Your line is open.

Sandy Hausman: Yes. Within the category 1b, is the State providing any guidelines in terms of who has priority? In other words, would somebody who's 75 have priority over a police officer? Would a teacher have priority over someone who's over 65? Is there any kind of breakdown or waiting that's going on, and is the State providing guidance?

And second question, with regard to the population that you're basing your dosage - number of doses on, are you including college students and State prisoners?

Dr. Danny Avula: Thanks, Sandy. Yes. So on the guidance, if you go to the Virginia Department of Health website and you click on that 1b definition on the COVID-19 webpage, what you'll see is what - who falls into 1b, and then you'll see that frontline essential workers are by order of vaccination planning, right?

So it says, because there's not sufficient supplies this time to vaccinate everyone in Phase 1b at the same time, local health districts will reach out to engage the frontline essential worker groups in vaccination planning in the following order.

So there is a prescribed order that health departments are working through that vaccination effort. And - but those who are 65 and older and have underlying conditions, are to be done at a parallel track. So 65 and older are not, you know, behind police.

the health departments have to figure out, based on their events in any given week, and based on how much vaccine they have, how much - how many folks who are 65 and over, or have underlying conditions, can they provide slots to, and how many slots can they provide to these essential workers? So those two categories are really happening on parallel tracks.

The second question was, are we counting college students and corrections? We basically just pull the census data. And so, I would guess that college students fall into - by place of permanent residence, but corrections don't. But I don't actually know the answer to that. So whatever the - whatever formula census uses for its population distribution, is what we're using to drive our allocation.

Sandy Hausman: Thank you.

Coordinator: Thank you. Our next question comes from Luanne Rife ...

Dr. Danny Avula: Oh, actually ...

Coordinator: ... from - yes,

Dr. Danny Avula: Sorry. So there's one other thing I would add to that is that, you know, because corrections, you know, fall in - so on this 1b, they're the second tier. This week, as an example, there is a carve-out for the Department of

Corrections. So statewide, corrections are getting about 5,000 doses above - or not above and beyond, as part of that 105,000, and then the remainder was distributed to different communities.

Coordinator: Okay, thank you. And our next question comes from Luanne Rife from the Roanoke Times. Your line is open.

Luanne Rife: Hi, Dr. Avula, I'm glad you had mentioned public accountability. My question goes to the transparency issue, that not much information is provided to the public through the dashboard. And so, you know, are there plans, especially now that you've got sort of a fixed number of doses per district based on population, is to show who all is getting these doses and who - you know, how many are going where, and how quickly they are using them so that the public would be better informed about this?

Dr. Danny Avula: Yes. So right now, Luanne, the dashboard does show, you know, how many doses have been administered in each locality, how that breaks down by age and race and ethnicity. Although admittedly, we have many, many fields of - that have not been included.

And so, that is a high priority for us to figure out, how do we improve the data entry on race and ethnicity? I remember we faced similar challenges with testing. And I think that - sorry, I just got a text that I need to answer real quick.

So, I think your question is, will we have more explicit information on the dashboard about who specifically is receiving vaccine? I think we've got to think through how we present that, because one of the challenges that may arise is if we say, you know, Kroger Pharmacy in this particular community

has 1,000 doses this week. But Kroger is being used as a part of the health district strategy to do the 65 and over population.

They may get overrun with calls and emails trying to figure out how to get vaccinated, because that's just how the supply - and how off the supply demand curve is right now. So I think that we've got to be respectful and cognizant of the challenges that that will present for smaller provider groups and smaller pharmacies who are receiving vaccine.

But the fact remains that we also need to do much better at communicating what opportunities there are to get vaccinated. And so far, there just have not been many opportunities that have been open to the public at large to do that. And as we move forward and we really simultaneously focus on those two groups, you know, working through the essential workers, but also doing your 65 and up population, you - like we'll have to have an open, accessible pathway, not just for people who are internet savvy but also a phone number that can be called so that folks can register.

And each - I mean, and different districts have done this to varying degrees. So, you know, in my case here in Richmond and Henrico, you'll see a web form that is available, that tells you what phase you're in, and then allows you to get in line for upcoming events. And that has happened in many other districts as well.

And then we're figuring out, how do we support the districts that don't have that accessibility yet? As well as, you know, the need to stand up more of a centralized call center to be able to ask questions and route people to the right places, because again, the supply-demand gap has been so huge that health departments are getting overrun with phone calls, but they just cannot keep up with the number of inquiries and phone calls to health departments every day.

And so, I think we all just need to be aware of the challenge that our very limited and historically underfunded public health footprint, is under right now.

Luanne Rife: Thank you for that, because that answers some of the questions I didn't ask you. but - you know, and I can actually see the challenge in saying, you know, the Kroger on a certain road has 1,000 doses, but there seems to be a question as to exactly - and now that you're saying that the health districts sort of have control over - I mean, they're going to get so much - many doses, can you not at least let people know how many doses are coming into their health district, and how many are being used? Because there seems to have been a question of equity.

I was talking with one health district today that received zero doses this past week, and others have seemed to have gotten thousands more, you know, if you looked at a population kind of thing. So, you know, there are a lot of questions surrounding equity, and I'm just wondering, can you not show somehow where all of these doses have gone and who's using them? Because you started out talking about the gap and you addressed the long-term care numbers, but that still leaves about half a million doses unaccounted for.

Dr. Danny Avula: Yes. So we're - we can gladly share the distribution by districts each week. Last week was the first time that we had, you know, more dose requests than we had doses to allocate. And so, the algorithm we used last week, had to some degree, looked at geographic distribution, but it also looked at, I guess, effectiveness at administration, as defined by being able to both give the vaccine and do the data entry.

And so, you know, when we were looking through that data and seeing a

number of different places where people had big allotments in the past, but hadn't caught up on their data, then we felt like, okay, we can't spend more there. We've got to send it to other communities.

So, you know, I think the short answer to your question is that moving forward, there will be a much clear - like what we tried to do is commit a set amount of doses to each health district each week so that they can plan around that and they can work with our partners to plan around that.

So I think last week was a bit of an anomaly because it - again, it was the first time we had that huge mismatch, and we had to look at kind of past performance on ability to both vaccinate and enter data correctly. But at this point, you know, pretty much every community in Virginia has built up that capacity, and then some.

So, it's no longer an issue of, do we have places that can receive the vaccine and give it reliably? Like that has been established. Now, it's just, how much can we get to these different communities?

Coordinator: Thank you. Our next question comes from Julie Carey from NBC4. Your line is open.

Julie Carey: Hi. Two questions. Second one's really quick. You know, a lot of jurisdictions right now, or health departments, have open PODs, in that people are - particularly up here in Northern Virginia, where people are traveling across jurisdictions and across health departments and districts, you know, with this new population-driven allocation, you were speaking about closed PODs for specific groups, but are you kind of recommending that most of the health jurisdictions now go to closed PODs? Won't they be hurting themselves if they allow people to come in from outside their jurisdiction?



Dr. Danny Avula: Yes. We'll see how that issue emerges, Julie. I mean, I think the closed PODs - every health district has been using closed PODs since the beginning of this, right? Because as - even with healthcare workers, for example, in 1a and then with police and teachers in 1b, a portion of the vaccine that each district was receiving, was clearly being set aside for closed PODs.

I don't know at this point, you know, the degree to which various districts are doing open PODs. I mean, they may open them for registration to folks who are 65 and over and have underlying health conditions, as they should, because I think the guidance that the State has given them is, hey, we've got to do both of these populations concurrently.

And so, I think everyone is trying their best to figure out, okay, how do I create a pathway for those who are 65 and over, and how do I create the output to these essential worker functions? And so, that's most of what I see happening around the State right now.

with the question of crossing over jurisdictions, you know, we've tried to be as permissive as possible, but that, you know, if there are situations where that seems to be abused or is creating big inequities because people in a neighboring districts have more ability to drive themselves across the county line, then we'll need to re-look at that and revisit, do we just - are we more restrictive about place of residence?

Julie Carey: Just a quick follow up on your number of the 400 pharmacies, are you talking about - are those - you're talking about those outside of the federal center programs?

Dr. Danny Avula: Yes. Right. Correct. Yes.

Julie Carey: Okay. Thank you.

Coordinator: Thank you. Our next question comes from Bill Atkinson from the Progress Index from Petersburg. Your line is open.

Bill Atkinson: Thank you very much, Dr. Avula. Thank you for taking the questions today. My two questions are, when we were - a lot of the State was getting ready to move into Phase 1b, was when the news came about the lack of reserves that had coming (unintelligible) and (unintelligible) the public was wondering about exactly how long it would (unintelligible) for (unintelligible) before they'd be able to get their shots?

The question is, is the (unintelligible) reserves having any (unintelligible) distribution - the distribution plan? My second question pertains the geographic centers that you were talking about. Down here in the Crater District, and it goes from Petersburg down South to the State line, and there's a lot of people that are down around Greenville and Emporia. They're not going to want to drive past Petersburg to go to Richmond or one of the other locations for the mass centers.

My question is, have you identified any more geographic centers, like particularly around the Crater District and South side Virginia to care for one of these mass vaccination centers?

Dr. Danny Avula: You were breaking up a little, Bill, for the first question. I heard the second question about the mass vaccination centers. You know, if we're going to do fixed site and we're going to staff it seven days a week, it's got to be in a place that has the population density to actually justify that allocation of resources.

So, you know, I don't think it's likely that we will do a fixed site down there on the State line, but I do think it's likely that we will do larger one-offs at different sites. And so, as I was talking to the Crater Health District director this week, you know, he was talking to some of his local government leaders about potential spaces to create access.

And I think that, you know, right now, the challenge of having so few doses, makes that - for Crater, this week it is just under 1,800 doses, right? And so thinking about how you distribute that around eight localities, again, you're going to do it by population, but really try to focus on the 1a and 1b populations.

So I don't think that a fixed site every-day opportunity to get vaccinated makes sense in some of the more rural parts of the State, because you're right. People aren't going to want to or be able to drive. I would say the same is true for Southwest Virginia.

And so, a more distributed model makes sense, although there may be a need for the big one-off vaccination events that happen. The first - yes, sorry, the first question, you were breaking up a lot, and I'm not sure I caught the gist of it.

Bill Atkinson: The first question dealt with the news of the lack of reserves that the federal government said it had for allocation of the next shots. A lot of people became concerned because especially like, you know, the rest of the State was supposed to be going into 1b come Monday. Is there any - how is the lack of reserves affecting the distribution count and the distribution strategy, or is it at all right now?

Dr. Danny Avula: Is it affecting the distribution? I mean, it's clearly impacting our overall supply, right? And I don't have enough clarity about what - how this is working with the federal government to know, are there reserves or are there not reserves? I mean, over the last two weeks what has been consistent is that they've told us, yes, you've got 105,000 doses, first doses, and then they are shipping out second doses on that three and four week schedule that I mentioned earlier.

So they have been able to do that consistently. Now, what's going to happen over time, is that the more first doses you do, the more you shift into second doses. So that number is going to grow. And my assumption is that at least for the next few weeks, the total number of doses that can be produced every week, is a fixed number.

So there may be a distribution where, you know, this week it was 105,000 first doses, and 60,000 second doses. Next week, it might be, you know, 95,000 first doses and 70,000 second doses. So, you know, we'll monitor that each week, but I don't know how the federal government is going handle that. That's just kind of what I anticipate may happen, unless we can fix the underlying problem of production of current vaccine.

Bill Atkinson: Thank you.

Melissa Gordon: Hello everyone. This is our five-minute warning before we end the call. We have time for one final question.

Coordinator: Thank you. Our last question comes from Mike Still. Your line is open.

Mike Still: Okay. Thank you, doctor. I'm just curious. A lot of confusion going on in localities. I'm in the Lenowisco Health District. When they have been able to

have these closed PODs and sometimes limited clinics, what sort of wastage rate do you have with unused doses from each - from various clinics? I mean, are you all seeing like a 1 or 2% loss of doses because nobody's there to get them?

Dr. Danny Avula: I do not know the answer to that, Mike. I know you are required to report wastage through the CDC, but I'll have to look that up and pull those numbers for you. I've heard sort of anecdotal stories where you have a clinic and you've opened a vial, and there's a few doses that people aren't showing up for.

I don't know how rampant that is, but we should be able to pull the wastage numbers and get back to you on that by our next press briefing.

Mike Still: Okay, great. And just quick follow-up. Also too, we're getting reports from Lenowisco Health District here and pharmacies are not even doing waiting lists anymore for vaccinations. They're - you know, especially the people in the 65 and older group or underlying conditions, they're just, you know, not even giving any definite time, and they're not accepting any sort of names for waiting lists or anything like that. Is that something that's pretty much ...

((Crosstalk))

Dr. Danny Avula: I get the - yes. my guess is that the reaction to - you know, over the last three weeks, they've probably seen their dose allocation bounce around, and it's really hard to - you know, if you're a pharmacy that said, you have a waiting list and create expectation without knowing if or when you'll be able to deliver on that.

So that's my guess is that because the allocation is bounced around some,

they've decided to stop doing that. I think now with longer planning windows and more central coordination by their health departments, that may be easier because now they'll know, okay, we're going to get this many doses for the next four weeks, and then we'll be able to plan around that.

And that's the - that was the intent of making four-week commitments. Now, that could change, right? Like if either dose supply increases, then we can bump up the allocation. Or if a particular provider is not reliably reporting data, then that's going to decrease their allocation.

And so, I think, you know, we are on the hook to the federal government to make sure that we are stewarding this resource well, that we are administering it, and that we are following up with the data entry. I think that that requires us to have that same level of accountability with the providers who are receiving it.

And so, that's where you'll see that come into play - any changes come into play. But for now, most recipients should know that they're going to pretty reliably get what they're getting for the next four weeks or so.

Mike Still: Okay. All right. Thank you.

Melissa Gordon: And I want to thank everyone for joining our call (unintelligible) (an MP3 recording of this call will be posted on the) VDH Web site, as well as a written transcript. You will be able to access these documents at [vdh.virginia.gov/coronavirus/media-room](https://vdh.virginia.gov/coronavirus/media-room). Once again, if we were unable to answer your question today, please email them to the VDH communications office. Thank you.

Coordinator: Thank you all for participating in today's conference. You may disconnect your line and enjoy the rest of your day.

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