Virginia Department of Health Tele-Press Conference on Virginia's COVID-19 Vaccine Developments
Moderator: Melissa Gordon
February 12, 2021 3:00 p.m.

Coordinator: Welcome 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 of today's agenda. To ask a question at that time, you may press star 1 and clearly record your name for question introduction. I would now like to turn the call over to you host Melissa Gordon. Thank you.

Melissa Gordon: Good afternoon. And thank you for joining our call today. My name is Melissa Gordon and I'm the 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 an operator so when we get to the Q&A part of the call, please follow their instructions to ask a question. Now I would like to welcome Dr. Avula to share a brief update.

Dr. Danny Avula: Thanks Melissa. Good afternoon everybody. Just where we start. So today 1.243 million doses administered across Virginia. Continue to

make good progress in adding new channels and are (cut in) the boat we were last week with a couple of new additions to the vaccination program.

Our total first doses are up to 130,000 first doses this week and if you remember three weeks ago we were at about 105,000. So we have seen a steady small percentage increase each week.

We continue to really focus on the long term care facilities that fall outside of the CVS-Walgreens partnership as well as some other priority populations that are centrally - that we are distributing vaccines centrally to like the Department of Corrections. And then the rest is going to localities primarily based on a population model.

And I think primarily because there are still a few localities that have lower rates per 100,000 in terms of the number of people who have had vaccines administered. And so we are trying to help support vaccination events in those areas.

You all also probably saw the release from this morning that as we prepare for the launch of our call center and our centralized pre-registration process next week, the pre-registrations that the various local health departments have been using will all go into (unintelligible) this weekend. And so that's simply because we want to integrate all that data. We don't want to have multiple data streams sort of adding new data while we are merging it all into the centralized intake process.

You know, at the end, you know, the lists are thousands of people long and so, you know, hitting pause for a couple of days won't significantly impact anybody's - you know, the timeline under which someone would get vaccinated.

The other addition as we talked about the end of last week was CVS coming through the Federal Reach Out Program. Today was the first day that they actually started giving vaccine and as I understand it they continue to open up new appointments on a rolling basis for those who are 65 and over across the state. So 65 and over about 26,000 new doses per week. So a really nice addition to the overall amount of vaccine coming into our community.

Okay. So I will stop there and see where the questions go.

Melissa Gordon: Thank you, Dr, Avula. Before we begin the question-and-answer portion of today's call, I would to remind everyone that our call is focused on the latest development 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. Please remember to limit your inquiries to one question and one follow up per person to allow time for everyone. Now we will begin the question-and-answer portion of today's call. Operator?

Coordinator: If you would like to ask a question at this time, please press star 1 and clearly record your name for question introduction. Our first question will come from (Bret Hall). Your line is now open.

(Bret Hall): Hello Dr. Avula. I wanted to clarify what you just said about vaccines mostly being sent by population but also maybe supplementing those that aren't doing as well. Is there also supplementation for those that have extra needs? I saw that Perdue Firm put out a release this week that they are working with VDH to begin vaccinating the upwards of, you know, 3,000 employees that work in the chicken plants up there.

Dr. Danny Avula: We are doing kind of specific allocations when there are high priority minority residents or elderly minority residents. So an example might be down in Denville last week we had a great partnership between a health department and the NACP where we were able to vaccinate over 800 elderly African-American residents.

And so, again those decisions are really going to be made on data driven priorities. Right. We know that our 65 and over population is absolutely highest priority. We also know that African American and Latino residents have significantly two to four times higher rates of both hospitalization and deaths. And so there is a reserve of vaccine that goes to fund those types initiatives.

I know there was some discussion between the allocation team and the Perdue factory on the Eastern Shore. My understanding is that they had worked through their demand for 1B and so as you start to work down the 1B tiers if you go to the VDH Web site you can see where that takes you. So the food and agriculture is the next bullet there. So police (unintelligible) corrections, homeless shelters, childcare and K12 and so they ask can we go ahead and progress to the next tier.

So I don't know that's an additional allocation. I can check on that with our allocation team. But I think that was more a request to progress through their essential worker tiers.

(Bret Hall): Thank you. And the other question having to do with the new system for pre-registration will this only have you signed up for allocations that are using the pre-registration system? So for example, the private provider is getting vaccines from a local health department but is not using the pre-registration method would just have to inquire separately?

Dr. Danny Avula: Yes. So for providers that are giving vaccine not in conjunction with the health department -- CVS would be a good example of that -- those will all run through separate registration processes. Any providers that are working in conjunction with - because how it's working in many places is that, the health department orders vaccines for specific providers for specific purposes.

So an example might be, a health department partners with a local pharmacy and so the local pharmacy you are going to provide vaccine to child care workers and you are going to do those for individuals off of our list.

And so that's probably the primary way this is happening right now throughout the state. But there are more and more situations where, you know, like CVS and like some of the health systems that have their own registration processes and so those wouldn't come from the pre-registration listed health departments are doing.

(Bret Hall): Thank you.

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

(Sabrina Moreno): Hi, thanks so much for this. One of my first questions is so Biden announced that, you know, there is intended push that there is, you know, 200 million vaccines that we added into the reserve. And I was wondering how soon or as Virginia know show soon would that reach us? How soon would it affect Virginia?

Dr. Danny Avula: Yes, (Sabrina) we are still - and we get a weekly allocation and what we are told is that that allocation will hold for at least three weeks - so at least it won't get lower for at least three weeks. The federal government is kind of using different pathways to distribute that vaccine into states. So there is the core state allocation we get which is 100,000 this week - 130,000 new first doses. But then there is also the federal pharmacy partnerships so the 26,000 doses coming to CVS.

We have heard that in three to four weeks they are going to start saving in other retail pharmacies. I don't have any sense of what that volume will look like but I would expect that, you know, the other large chains like Walmart and Walgreens and Publics and giants this (unintelligible) will start to join that retail pharmacy partnership and bring additional vaccine in.

Also the Whitehouse announced this week that a separate federal allocation will be going to federally qualified health centers. And so they announced a million new doses for FQHCs across the country. FQHC are Federally Subsidized Primary Care Provider that exist to provide wholistic primary care to the un and under insured and so there are a number throughout Virginia.

I was told yesterday that Virginia won't be included in the first phase. We are trying to understand why and how that decision was made. But likely what it means is that a week out we will have a few FQHCs that get on boarded into that program.

And so the rest of it really depends on how the production goes with Moderna and Pfizer and then the timeline for introduction of Johnson & Johnson and AstraZeneca and the potentially Novavax down the road.

Johnson & Johnson has submitted their application for authorization. That decision is due to be made on February 26.

And so our hope is that first week of March that that brings new vaccine into the supply line and then the Moderna and Pfizer production will just continuously increase over the course of the next couple of months.

So the only other sight line I have is what we are hearing out of the federal government that by April almost everybody who wants vaccine should have access to it. But we haven't seen numbers shared what that means specifically for Virginia.

(Sabrina Moreno): And my last question. Local health districts have been left to build their own interest forms while awaiting the centralized portal and, you know, also left to figure out what prioritization looks like which varies depending on the locality, you know, and of course that has lead to a disconnect between local and state.

Do you expect that having that, you know, state registration system will kind of ease some of that disconnect and what are the efforts to kind of, you know, close that connection between local and state VDH?

Dr. Danny Avula: Yes. You know, in the beginning of this the role of scheduling vaccination events and, you know, populating the vaccination events really were passed out to the localities. Right. The local health departments were driving a lot of that. It made sense particularly on the scale that we were talking about, it made sense for them to be scheduling the events and planning the events.

When we moved into 1B and really naturally shifted the supply demand curve that clearly overwhelms all of us -- I mean the local, the state, the entire country.

And so what we have done in response to that is to create this more centralized process and it allows us to have consistency to kind of follow the guidelines that we are crafting at the state level. But there is still got to be local flexibility, right?

And I think by (Bret)'s question earlier about the workers in the Perdue Firm. Like in a particularly community you are going to move through your demand at different rates and different segments of our state are going to have different desire for the vaccine. And so we have got to allow some local flexibility in that.

I think the same is true for like 16 to 64 population with underlying conditions. Those are the topline, right, because that is a large number of Virginians and when you look at the CDC guidance around this there are two categories.

There are conditions that do put you at increased risk or the technical language adults of any age with these conditions are at increased risk and it lists several groups of conditions.

And then there is a second tier that says, the following conditions might put you at increased risk. And the way that the CDC intended and the way that Virginia has adapted like all of those people technically fall into 1B. But there is no like - it's really difficult to create an algorithm that is specific enough to say hey, a 45-year-old who is in remission from cancer versus a 16-year-old

with Lupus. Or, you know, a 52-year-old recovering from a ruptured aortic aneurism versus a 16-year-old who has MBI of 41. Right.

Like we just don't have the science or the ability to assign a risk order criteria. And so there has got to be some room on the ground for providers to make decisions about which types of underlying conditions do we push to the center line and which types of conditions do we ask to wait.

And this is a hard place for America, right? Like we have never really been in a place where we have had to ration a scarce resource and functionally like that's where we are right now. We have a very limited resource in vaccine, a very large number of people who want it and we have got to use guidelines and our best judgment to try to meet individuals with the highest risk.

Coordinator: Our next question will come from Carol Vaughn. Please state the name of your affiliation before asking your question. Your line is open.

Carol Vaughn: Hi, I'm with the Eastern Shore Post. And we are having a lot of calls come into our office from people that own like second homes, vacation homes on Chincoteague which is the resort area. And they are asking about healthcare providers here, you know, getting their shots here even though their main home is out of state.

And then someone also contacted us today and said he knows Maryland residents who are just, you know, to the North of us here who have already received both shots in Virginia. Does the health department have any protocols for weeding out people coming from other areas to get their vaccinations here?

Dr. Danny Avula: I wish we did. Here is what we are doing and part of this is really dictated by the federal guidelines. Right. This is a federally funded resources, the FEDs are pretty clear that regardless of place of residency or citizenship or anything that ties you to any location that none of those things should be barriers to getting vaccinated.

What we have tried to do in our health department run clinics and the guidance that we have provided providers who are receiving vaccine is to provide vaccines to individuals who qualify into 1B based on their age or based on their underlying condition. Like those folks should go to the locality that they reside in.

And so I guess as you are passing out your first and second residents I would say first residents but everybody obviously is going to try to find the quickest way to vaccine.

But again, if you qualify in 1B by age or underlying condition it's where you live. If you qualify in 1B by your employment status, by your potential worker status then your vaccine will come through code parts the health department is setting up with your employers. And so that would be through where you work.

There are also a number of situations where people have gotten their first dose in another state and are coming back into Virginia and trying to get their second dose. Sometimes that flow happens from district to district. What we are really encouraging everybody to do is to get your second dose at the pace you got your first dose. And this will be made better as we get into the practice of scheduling your second dose appointment at the time of your first dose.

Providers have started doing this. I think there was a lot of hesitation to do this early on because they just weren't sure what they were going to get from the federal government, if they were going to get those second doses.

I think we had some negative experiences very early on where health systems who were receiving large amounts of vaccine made appointments a week or two out and then when capacity to vaccine grew around the state those health systems had to cancel appointments because they weren't getting what they had the first three weeks.

And so I think that experience among others have led to some hesitancy to go ahead and schedule second dose appointments. But what we have clearly communicated throughout and what I think we have now seen reassurance around is that the federal government has delivered on every second dose that Virginia is due.

And so we really again just to reiterate the need to schedule that second dose appointment at the time of first dose. This will get better moving forward but that there are going to be extenuating circumstances where somebody got their first dose somewhere else, they are here in Virginia now and we need to make sure they get their second dose.

Carol Vaughn: Thanks.

Coordinator: Our next question will come from (Carl Willis). Please state the name of your affiliation before asking your question. Your line is now open.

(Carl Willis): (Unintelligible) for those seeking a vaccination but there could be a delay now. Can you kind of explain why there wasn't more notice given to the public before closing these pre-registration forms?

Dr. Danny Avula: You know, I think we are working through the process of building out the tool. Why there wasn't any notice for the public? And it's actually not much change is called, right, because what you are doing when you pre-register is that you are getting in line for an upcoming event. Right. And right now these lines are tens of thousands of people long. There is really no practical impact for individuals to not be able to access this for 40 to 72 hours.

And it makes sense in terms of moving to a centralized process that we would just have a couple of days of down time to integrate the data and then move smoothly with a coordinated central launch.

So, yes, I don't think this should cause much concern for the public again because, you know, whether you entered your name on Friday or entered it on Tuesday there is still unfortunately thousands of people ahead of you and that's the reality of where we are right now with supply.

(Carl Willis): Thank you.

Coordinator: Our next question will come from Amy Knowles. Please state the name of your affiliation. Your line is now open.

Amy Knowles: Hi Dr. Avula. This is Amy Knowles with the (unintelligible) and thanks for taking our questions. Mine is, are there any projections on when areas that don't have one like say Southwest Virginia and

South Richmond for example when they might get a dedicated COVID-19 vaccine site and I'm just curious what all goes into that process.

Dr. Danny Avula: Yes. Thanks Amy. So I think when you talk about a dedicated site I think you are probably referring to like the six site community vaccination centers that we talked about along the way. And I think, you know, the planning is still ongoing for this like we - but the reality is, we don't have enough supplies to feed those six sites on a regular basis.

And so the National Guard are making their way back into Virginia March 1st now. The plan initially will be to have them staff some of the large sites that are currently happening around the state and then we will evaluate our ongoing need for those based on vaccination supply. So if we get the kind of supply - a ton of increase in our supply in April or May then it may make sense for us to open up those large scale vaccination sites.

But we kind of have this nimble with that decision because extending the time, energy and resources to stand up these mass vaccination sites like we have already turned the corner on our supply and demand that may not be needed. Like we have already proven that we have tremendous capacity to just get vaccination out at large scale. Right. We have had multiple days where we have logged over 50,000 doses in a single day.

And sop through the channels we have, through health departments, health systems, pharmacies and private providers we have the ability to get vaccine out in scale.

So I think it's like finding the sweet spot of how much vaccine are we getting in and is there enough demand that we need to meet quickly and we

just don't know the answer to that. All we can do is plan and be ready to pull the trigger as supply gets there.

Amy Knowles: Wonderful. Thank you so much.

Coordinator: Our next question will come from (Scotty Depivo). Please state the name of your organization before asking your question. Your line is now open. Please check your mute button. Your line is open.

Our next question will come from (Alice Sandra-Lays). Your line is now open. Please state your organization.

(Alice Sandra-Lays): Yes, I am with ABC13 and thank you so much for taking our question. So is there any mechanism that you are guys are working to create a wait list for people to be notified if a person cancels their vaccine appointment so they can try and schedule one themselves?

Dr. Danny Avula: Yes. So I think providers are handling this in different ways. I was on an email this week about what CVS's policy is going to be. They are creating a wait list so that they can call people. I have talked to provider groups across the state that have done that as well that when they get vaccines they are also developing a wait list.

You know, by enlarge for the mass events this is not really an issue because the show rates are extremely high and then there is enough volunteers and staff that you can turn to vaccinate at the end of an event.

It's really more of an issue in smaller clinics where, you know, you open a vial and you get through and you have two to three doses left at the end of a day.

So, you know, obviously everybody is doing their best to schedule every single appointment and then each individual provider is developing a wait list system so that we can minimize waste.

(Alice Sandra-Lays): Absolutely. And my last question is can you walk people through the timeline of when we expect more vaccines to come in and where people can get their vaccine of CVS and their local health departments are booked up?

Dr. Danny Avula: Yes. Well, right now there aren't a lot of options, right? Most of the appointments are coming through health departments, CVS and then the various providers that are working in a coordinated way with health districts.

So when is that going to change? I think that we are seeing small increases in vaccine every week. It is really allowing us to more aggressively get to the highest risk 1A individuals that we haven't gotten to yet and then to continue to really be focused on our elderly and minority populations.

You know, what I'm hearing is kind of March, April we should expect to see bigger jumps in vaccine. Again the prospect of Johnson & Johnson coming online the first of week of March, AstraZeneca likely in April, Navavax maybe somewhere in the similar timeframe.

And so I think it's going to be at least six weeks before we see - well, no, sorry, not six weeks. At least three weeks before we see a big bump in vaccine availability. But the federal government is saying that, you know, by April there should be pretty ready access through multiple channels for everybody who wants to be vaccinated.

(Alice Sandra-Lays): Thank you so much. Operator, are you there?

Coordinator: Our next question will come from Elisha Sauers. Your line is now open. Please state the name of your affiliation before asking your question.

Elisha Sauers: Hi Dr. Avula. This is Elisha from the Virginian Pilot. Can you hear me?

Dr. Danny Avula: Hi Elisha.

Elisha Sauers: Hi. I just wanted to get clarification again on the centralized pre-registration system. So it sounded like this is a temporary downtime over the long weekend for the local pre-registration. My previous understanding of this was that the centralized system would be supplementing what local health departments are doing in terms of pre-registration but not to necessarily replace it.

But could you clarify is this just a temporary downtime for the local pre-registrations and then they can resume on Tuesday or no, everybody is going to the centralized system?

Dr. Danny Avula: Yes. The reason for the downtime is to integrate the data stream so that nobody who has registered already will lose their place in line. But the goal is that integration happens and that the local tools like a lot of our districts are using a red cap database or a Google form or, you k now, various ways to capture the data.

And so what this state tool will do is integrate all of those time stamps so nobody loses their place in line do duplicate any lists that get entered into there. And then on Tuesday everybody will have a standard form that feeds into the list.

But, you know, each health district will seek their particular list. Right. So while it will be on a new platform they will still be managing their local list. Does that clarify?

Elisha Sauers: I'm just going to (unintelligible) the point. So for example if you have one particular county that has been using their own form, you go to their Web site, you fill out that form and you submit it. Will that form still exist or they are just going to redirect you to the centralized pre-registration system?

Dr. Danny Avula: No. They should be able to go back to the same site on their county Web site but it will be a link to the state form. So the form will change, the process will not.

Elisha Sauers: The form will change but the process will not. Okay. So when are we going to know what that wavelength is and what the centralized health center phone number will be?

Dr. Danny Avula: That will be launched mid-week next week at the Governor's press conference.

Elisha Sauers: Okay. Thank you.

Dr. Danny Avula: No problem.

Coordinator: And our next question will come from Lola Fadulu. Your line is now open you may ask your question. Please state the name of your affiliation.

Lola Fadulu: Hi, this is Lola Fadulu with the Washington Post. Could you just say a little bit more on how exactly the statewide pre-registration system will be better than what currently exists?

Dr. Danny Avula: Yes. The primary thing is that someone will actually be able to answer the phone and walk you through the process. Right. So some health departments have built the capacity to do that, many have not. And really the need for the centralized process grew out of the just the reality that there was so much more demand than health departments could keep up with.

So the improvements will be that you have got a centralized health center where someone can answer the phone, they can answer other vaccine related questions. And then there will be consistency in the actual Web form, right. They will have consistent fields, similar applications for eligibility and prioritization across the state because everybody answers the same questions at this point. And I think, you know, the fact that that has, you know, there has been some variability in the way those forms have been created and most of them have aligned pretty well to the CDC and VDH guidelines but not entirely.

So, you know, I think the example of 16 and 64 underlying conditions has been interpreted in different ways in different districts. And so I think it creates a much more consistent application of the CDC and VDH guidelines.

And then it also provides some due duplication because I think there were many situations where people have applied through different local health

district forms. Right. There is such an appetite and such a hunger to get vaccinated that they are filling out every form they can. And so the duplication process will really assign people to their appropriate district and thin out a lot of the forms that currently exist.

Lola Fadulu: Thank you.

Coordinator: Our next question will come from (Luann Rae). Your line is open. Please state the name of your affiliation.

(Luann Rae): Hi, it's (Luann Rae) (unintelligible) Times. Thank you for talking a little bit about the 16- to 64-year-olds with underlying conditions, you know, there is a question I guess about where they sit in the priority of things. Should they be getting vaccinated now out in these mass vaccination places or should they be concentrating more on the elderly?

Dr. Danny Avula: Well, the state guidance is that each locality is splitting at about 50/50 (Luann). So 50% of your locality's allocation should go to the elderly and that can happen at a mass vaccination site, that can happen in pharmacies, that can happen in provider practices. It really depends on, you know, how a particular health district has decided to allocate that vaccine and what segments of the vaccinating community will meet that need.

The other 50% will go to those essential workers with 16 to 64 with underlying conditions who work in there. And that's, you know, obviously essential workers will capture some of that population just inherently.

But for others who are 16 to 64 and especially, you know, this will be to the last reporter's question about, you know, what will be better about a centralized state pre-registration process. Is that those questions will be asked

consistently and so then we will have a clear idea of who has those underlying conditions and how should we prioritize them.

It's still going to be really challenging (Luann). I can say, you know, to my earlier point about trying to write an algorithm that allows you to know who really is at higher risk among different types of underlying conditions. And so there will continue to be a need for local flexibility in making these determinations.

But, you know, I think for the public at large I would really just encourage everybody to like know who is at highest risk. There is no doubt that the 65 and older population are significantly higher risk for hospitalization and death.

And so, you know, I think there are extreme circumstances that individuals who are immune suppressed or are currently receiving treatment for cancer. Like there are a handful of really extenuated circumstances that ultimately are going to need to be decided at a local level.

But, you know, for most of us who may be a little overweighed or be hypertensive or have diabetes like those are not conditions that are going to result in hospitalization and deaths for the most part.

And so we are going to try and use as data driven a process as possible but the folks providing the vaccination on the ground are going to need the flexibility to make those decisions in real-time.

(Luann Rae): Okay. Thank you. And I have one other question in sort of a different topic. All the different ways that doses are coming into Virginia now and then you have the state allocation, you have the ones going to the FQHCs and the ones going to pharmacy partners. Is Virginia made aware of

all of those doses coming in? I mean are you reflecting now or will you be reflecting that on the dashboard and also, you know, how many are getting into arms?

Dr. Danny Avula: Yes. So anybody who is vaccinated in Virginia that information does map to our state database and so all of that will be captured. There is one caveat to that right now and we are working on this piece which is that there are a number of people who are federal government employees or contractors who have been vaccinated through a separate federal allocation and it's a pretty significant number.

I mean the last time I checked it was about 75,000 people - 75,000 Virginians who had been vaccinated through the federal government. So these are people who perhaps work at the VA or are military personnel in that area or military or DOD or contractors up in the Northern Virginia area.

So that's a significant piece that actually gets us further along in our goal to get Virginia vaccinated but we are not yet seeing consistent reporting. We have asked for that from the federal government and so they are working on consistent reporting that we will then build into our public facing Web site.

Coordinator: Our next question will come from Kate Masters. Please state the name of your affiliation. Your line is now open.

Kate Masters: Yes. Thank you. I'm with the Virginia Mercury. And I guess I had a micro question and a macro question. And the first is just whether you knew why Fairfax County is not going to be participating in the statewide registration system.

Dr. Danny Avula: Yes. We spoke with them just a few hours ago. I think the county had - they have worked really hard to build their own registration process. And for reasons that you would have to ask them about they weren't ready to make that transition. So we absolutely encouraged it. Their Fairfax Health Department is not under the jurisdiction of the state. They are one of the ones that are independent and integrated into their local government.

So I mean it was a productive conversation. We absolutely hope they will join soon I think when they see the product roll out I think it will be a short while before they hop on as well.

Kate Masters: Okay. And sort of the macro question, you know, there has been more discussion recently about, you know, reaching hard immunity and whether that would be accomplishable with all the different vaccine streams that are coming in and the new variants some of which affect the effectiveness of these shots and, you know, some shots have lower total effectiveness in the Pfiezer and Moderna.

So I guess I'm wondering if state officials A, you know, think that Virginia is still geared to reach hard immunity at some point in the future and then B, have thought about what that might look like. Like will we ever reach a stage where we are just not seeing cases of the disease or are we anticipating that this will still be a part of our lives and, you know, there will be outbreaks from time to time even as more and more people get vaccinated?

Dr. Danny Avula: Yes. I mean we are certainly paying close attention to the variant situation and I think the entire country and the entire world are in similar boats in the way that we approach this. Right. We don't know what's to come. We k now right now that we in Virginia we have got evidence of both the B117 and B1251 so the U.K and the South African variance.

We also know that this has presented a really significant issue in other countries obviously in the United Kingdom but in other countries as well where this has become the dominant strain very quickly.

I was on the phone with colleagues in Israel last week who said that they are within two months of identifying the B117 variant. It became their dominant strain and they were reporting last week anywhere from 70 to 80% of their new infections were the U.K strain.

Our modelers down at the CDC expect that it will be the dominant strain here in the United States by the end of March and this is, you know, fairly concerning on a couple of fronts. One, we know that it looks to be more contagious, more infectious. But also the preliminary data now is showing that it actually may cause more severe disease in the elderly.

There is one paper, it's not peer reviewed yet but it looks like there is a slightly increase risk of hospitalization in those who are 65 and older.

So we will continue to monitor that data around the country and adjust guidelines and recommendations as appropriate. And I think, you know, what it does mean for Virginia is we have got to double down on all of those core mitigation strategies like the masking and distancing.

And the sooner we get vaccinated the sooner we will be able to kind of move particularly with the U.K strain because the vaccine still appears to be very effective against that B117. The jury is still out on the B1351 and I know that Moderna as one company has started to develop a booster that would incorporate B1351 strain.

So, yes, it's a constantly evolving situation. We are absolutely considering, you know, paying attention to the data and factoring it into our strategy but I don't think it changes anything right now about, one, our commitment to mask and distancing and staying home (unintelligible) or to try and get vaccinated as quickly as we can.

Kate Masters: Okay. Thank you.

Coordinator: And our next question will come from Barry Condrey. Your line is now open please state the name of your affiliation.

Barry Condrey: I'm Barry Condrey, I'm the Chief Information Officer for Chesterfield County Government. Hello Dr. Avula, thank you for taking my questions. We understand that the registration and scheduling tool PrepMod has the capability to send single use registration links and this will allow people to forward PrepMod invitation to clinics to others via email that may not be on the attendant audience list or the pod in question.

Can you give us an update on when the one time use link function will be available for PrepMod for early scheduling when you bulk upload listed people into PrepMod and then the links go out to the intended recipients?

Dr. Danny Avula: Yes, absolutely Barry. Leaning hard on PrepMod we have clearly identified both the bulk upload issue and the ability to share single user links and so really it's a fix we are waiting on any day now. I'm hoping sometime this weekend or early next week they will provide the solution so that we have more control over the appointment registration process.

Barry Condrey: And as a follow up…

Maria Reppas: Hi this is Maria Reppas, the Communications Directors. Just a reminder, this phone call is for accredited press only. Thank you. Next question.

Coordinator: Our next question will come from Jonathan Schwab. Please state your affiliation before asking your question.

Jonathan Schwab: Hey, it's Jonathan Schwab from The News-Gazette. Thanks for taking my question. I just saw there was some issues with the CVS appointments spilling up pretty. I just wanted to get you to tell me what has been done to address that.

Dr. Danny Avula: We have zero control over CBS's process. I think any appointments they are going to go quick. Right. There is a lot of people who want to be vaccinated right now. So what CVS is doing is they are opening up new appointments every few days and that's how they are going to roll it out and I imagine, you know, what that means for people who are 65 and over in Virginia is that to the degree that they are able they should get on the Web site or have somebody in their state get on the Web site every morning and look for appointments.

This is really one of the core issues that I have with CVS's process is that it does not allow equitable access. Right. It does not take into consideration people who don't have Internet access or who don't have the ability to wake up at 5:00 am and try to sign up. And so, you know, this is not a Virginia specific problem. This is how CVS has rolled this out across the country.

On a call last week with the National Governor's Association there were multiple governors who raised this concern and so my hope is that naturally

CVS will introduce other pathways that really prioritize equitable access but that is not the case currently.

Jonathan Schwab: Okay. Thank you.

Coordinator: Our next question will come from Leanna Scachetti. Your line's now open, please state the name of your affiliation before asking your question.

Leanna Scachetti: Hey Dr. Avula, it's Leanna Scachetti with WDBJ7 in Roanoke. Now you talked a little bit about the benefits from the centralized system, you know, particularly on the end of VDH but I also wanted to understand it from the user end for the folks who are going to be signing up once it is fully up.

So when they click on that link are Virginians across the state going to be asked the same questions and along with that will they get some sort of physical confirmation -- because I have heard from a number of people who called our news room and say, "I think I signed up but I don't know that I'm actually registered."

And from the user end will the form look identical for all Virginians and will they get some sort of physical confirmation?

Dr. Danny Avula: Leanna, I'm so happy you asked that question. I can't believe I forgot to mention that. So, yes, it will be a standard form across the state but this is actually one of the most important and most valuable upgrades of having a standardized consistent form -- is that there will be a confirmation on screen when you actually put your information in the form.

But you will also get weekly reminders that let you know, hey, you are still in the queue. We are still here. We are still working through our list but you are still in the queue.

And then you are also able to go at any time and do a status check to make sure that you are still in line and you will get a reference number that allows you to do that. So gosh, thank you for asking that.

And that again is one of the - to one of the reporter's earlier question, one of the other reasons we really felt the need to have a standardized central system was that that very few of the local solutions were able to provide that and we have just had that frustration from so many residents that I'm on the list but I don't know if I'm actually there. And then they have to try to call and get in touch with somebody to check that status. So that will be one of the big upgrades here.

Leanna Scachetti: Great. My second kind of question is and you kind of talked about this with being a core issue with CVS, you feeling that it's not allowing for equitable access. I know it seems like the main way that people, you know, have been signing up with VDH has been online. I know they have had people call our newsroom and tell us they have a hard time getting VDH on the phone as well. I know you guys feel like the centralized system is going to help.

But I think it's still an issue of access for a lot of older folks here in Southwest Virginia folks who still don't have access to Internet or don't have computers. I know VDH in some locations have said that they will put hard copies outside the library or government offices.

But how are you going to continue to increase access for folks at the state level who are not computer literate, don't have a computer or don't even have Internet?

Dr. Danny Avula: That is a question that is great. So the other reason we are rolling out both the centralized registration form but also a centralized call center is to address exactly the issue that you have raised. So what will be coming next week is a central call center with 750 call takers. They will be in English and in Spanish. They will also have access to a third party translation service in 100 different languages.

So this really allows people who are non-English speakers, who don't have Internet access to call the centralized call center to get walked through the process and actually pre-registered.

And then there will also be an option for outbound calls. And so we are still working through some of the protocols around how that will work but this will address the issue of Internet only access.

You are right that some local health departments have used Web forms for the most part but local health departments have also had phone lines and call centers in some areas that have tried to meet that need but they have been overwhelmed. And so that again underscores the need for the central solution.

Leanna Scachetti: Thank you.

Coordinator: Our next question will come from Rick Massimo. Your line is now open, please state the name of your affiliation before asking your question.

Rick Massimo: Hi, Rick Massimo from WTOPP. Thanks for taking these questions. My big question is, how is this going to work as far as locality? You know, I'm analogizing the CVS situation and I heard people say, well, the closest CVS appointment could gate was five and a half hours away and I can't do that. And I have heard other people say the closest CVS appointment I could get was five and a half hours away and that's annoying but I can do it so I'm going to do it.

In the centralized system are vaccines still going to be ad ministered locally or are you still going to be waiting in the queue for your own health district? Or can appointments be statewide as well as the registration process?

Dr. Danny Avula: Yes, thanks for that question. Another one of my concerns with the CVS roll out is that it favors those who can be mobile, right? So you have people in parts of Northern Virginia who are willing to drive down to get an appointment and so we need to figure something out there.

The way that the centralized state pre-registration system will work is that, you will get assigned to your local health district and so you don't need to figure that out. You provide your address and they map you to your health district. So you are getting in the pre-registry line for the place that you reside in. Again if you qualify through 65 and up for underlying conditions and then it will be the place of your employment if you qualify through your essential worker status.

So the pre-registration system doesn't change or impact the distribution strategy for locality. You just get in line in the appropriate local health district that you either live or work in.

Rick Massimo: Okay. And so I mean I guess at this point with supply there isn't a question of we have got some, you know, we have got some extra vaccine Arlington if you are willing to drive five and a half hours. At the moment that's not really - I guess at the moment that's not really a question or a factor or?

Dr. Danny Avula: Yes. That's correct. The demand is intense in every part of the state. And so, you know, through the pre-registration process, you know, they are pulling off their lists of their (unintelligible).

Rick Massimo: And that will affect the allotment for each county I suppose?

Dr. Danny Avula: How do you mean?

Rick Massimo: Well, I mean the number of people who sign up for a particular health district that will affect how much vaccine each health district gets, right? I mean, you will be able to send the vaccine to places where people have, you know, for a certain week for people who have some appointments that week, right?

Dr. Danny Avula: Well, the preregistration process will not impact the allocation strategy. So our allocation at this point again when we are only getting 130,000 new doses a week, the allocation is still primarily going to be on population.

And there will be a point where you start to saturate demand in different parts of the state and then you can move around the vaccine as you are suggesting, move it around to the places that actually have appointments coming up. But we are still a long way from that state. Like every locality in

Virginia has incredible demand right now and so the primary mechanism for allocation is going to be per population.

Rick Massimo: Right. So it's not an issue yet?

Dr. Danny Avula: Correct.

Rick Massimo: Okay. Thanks.

Coordinator: Our next question will come from Tom Lappas. Please state the name of your affiliation before asking your question. Your line is open.

Tom Lappas: Hi, Tom Lappas from The Henrico Citizen. Just wondering if you could clarify was there a plan all along to have a statewide registration system and call center or that was just kind of (unintelligible) until a few weeks ago when phase 1B begun?

Dr. Danny Avula: Sorry, you got a little muffle there, Tom. Can you repeat that?

Tom Lappas: Sure. Just wondered if there was a plan all along to have a statewide registration system and call center or were those elements not part of the state's plan until a few weeks ago when phase 1B begun?

Dr. Danny Avula: Yes, you know, we were certainly planning more of a coordinated process but later. We thought we had more time. Remember that in the beginning of the roll out we didn't expect to be in 1B until end of February and so I think a lot of the need to move towards more flexibility in communities, the shift to 1B and 1B you all remember three, four or maybe

five weeks ago now more than doubled in size when the federal government instructed states to add 65 and over and the underlying condition population.

And so I think the need for this solution definitely accelerated and became more complicated with that expansion. But, you know, the original plan really relied on local health districts and local providers developing local solutions and then we thought we had more time to plan out a statewide process.

Tom Lappas: Thank you. And then as far as from a local health district's perspective you mentioned obviously having a call center benefits where local folks don't have to take calls or, you know, have concerns from folks who haven't gotten an email. But are there other ways that this will help local districts kind of relieve them of the burden in any way. I mean, is prioritization still going to happen at the local level or will state officials be making those decisions now?

Dr. Danny Avula: Absolutely. Prioritization will remain with the local level. All this does is create a standardized mechanism of input from the pre-registration list. The local health districts are still fully responsible for curetting their list. So for example, if they have a 1,000 person event for individuals who are 65 and over, they are going to pull from this list. So the state will not be doing the assigning of people. The localities will be doing that.

The other way that it will be helpful is that in addition to pre-registration the call center is equipped to just answer general questions about COVID. And so I know for us in the Henrico Richmond Health District our call center folks have been phenomenal. They have had a ton of knowledge overtime that's constantly evolving and so some of that burden will be removed off of local health districts.

And then this functionality around outbound calls and language accessibility.

And so those are the many ways that the centralized call center will help relieve the burden for local health districts.

Tom Lappas: Great. Thank you.

Coordinator: Our next question will come from (Connor Shrigner). Your line is now open. Please state the name of your affiliation before asking your question.

(Connor Shrigner): Hi, this is (Connor Shrigner) with BTN News. Looking at the state data for vaccines we are seeing some pretty big differences between localities even within health districts. So for example, in the Crate District between Dinwiddie and Greenville -- Dinwiddie is about three and a half thousand per 100,000 an d Greenville is closer to 18,000 per 100,000 and I'm just wondering, you know, what is behind those large differences within health districts.

Dr. Danny Avula: Yes, you know, I talked earlier about our constant look at sort of the geographic equity lens making sure that every locality we try to get the rate of administration up in those communities. So, you know, I think Crater is a large health district and has got eight different localities but it's small by population and so, you know, it's going to be more difficult to sort of get there.

But a couple of specific things. One, there are still some data reconciliations that need to happen. I know Crater they did like eight pods this

past week for different segments of that community and so I think those number will peak up.

We also recognize that because Crater is a fairly large district with a pretty underfunded local health department we recognize the need to come alongside and build out additional capacity. And so, you know, when I was talking about that geographic and racial equity lens that is a place where we will be directing more vaccines this week to help reconcile some of those differences.

(Connor Shrigner): Excellent. 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: And our final question will come from Jimmy LaRoue Your line is now open. Please state the name of your affiliation before asking your question. Thank you.

Jimmy LaRoue: Hi, Jimmy LaRoue with the Suffolk News-Herald. This is kind of sub-tailing a little bit off of the just the previous question. In Western Tidewater it's been - hasn't received as much vaccine doses as districts from similar or even smaller sizes and understanding that there has been a shift in the allocation process the one that you are using is more population based. Are there other factors that are determining in allocation to a health district at this point and do you or have you already planned to tweak the allocation formula at all, you know, since you have rolled out this new one?

Dr. Danny Avula: Yes. Jimmy, thanks. I think the allocation formula is going to likely evolve week in, week out. There are I will say four primary considerations, maybe five. But even that will evolve maybe during this call.

But primarily it will be the population of this locality. That's kind of the primary lens we are using to drive that allocation.

But then we need to look at things like the weighting of the 65 and older population since some parts of our state just have many older residents. And again because we know their risk we will get to a point where we are going to have to make decisions between do you send vaccines to a place with a bunch of younger population or do we weight the allocation for folks with more seniors.

Two, black and Latino residents so we will need to - and we are doing this already not necessarily by formula but more by opportunity as providers and health departments and health systems partner with NACP and congregations and other networks in their community to really get at those harder to reach populations that we are prioritizing vaccine for those types of efforts.

Three, hospitalization and death rate and obviously those are kind of integrated or part and parcel of the African American and Latino resident (leap) so figuring out exactly how to think about that and how much do we weight that.

And then four, essential workers. There are places in our state and Northern Virginia and Richmond are the ones that immediately come to mind but as you start to work through the essential worker populations if we are sort of relying on the local health department to do the people by employment, then there is going to be an undue burden on some communities to vaccinate more essential workers.

So we have got to look at that data and figure out how much that's impacting vaccination demand in different communities and we have got to drive allocation as well.

So it's a work in progress. Those are the major factors we are looking at and what I would like to try to do is to get that into more of a formula but really so much of it depends on weekly supply so that will kind of morph from week to week.

But I think as long as people know what are the factors that we are taking into consideration and how heavily are we weighting them my hope is that local governments will, you know, have a sense of how this is playing out and what went into their allocation.

Jimmy LaRoue: Great. Thank you very much.

Melissa Gordon: I want to thank everyone for joining our call today. There will be an audio recording 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. Once again, if we were unable to answer your question today please email them to the VDH's Communications Office. Thank you.

Coordinator: This will conclude today's conference. Thank you for attending and thank you for your participation. You may now disconnect.

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