

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

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During the Q&A session, if you'd like to ask a question, you may press Star 1 on your phone. Today's call is being recorded. If you have any objections, you may disconnect at this time. I'd like to turn the call over Ms. Melissa Gordon. You may begin.

Melissa Gordon: Thank you. 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 Communications. 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'd like to welcome Dr. Avula to share a brief update.

Dr. Danny Avula: Thanks, Melissa. Good afternoon, everybody. Wanted to just kind of tell you where we are in terms of allocation. So we've had a big bump of new vaccine this week, which is pretty exciting. We've gone from 130,000 doses up to about 161,000 doses for this upcoming week. And so, that is our core state allocation.

In addition to that state allocation, we have two other pathways for vaccine from the Fed, the retail pharmacy partnerships and then the federally qualified Health Center partnerships. And so, the retail pharmacy partnerships has also seen a big increase. They went from a million doses a week around the country to 2 million doses.

And as you all know, that first portion of the Federal Retail Pharmacy Partnership has gone to CVS. That began a week ago, Friday, and that was 26,000 doses, and that'll continue to be 26,000 doses a week. And now, the federal government has added another 26,000 doses. And so, those will be split among a number of different pharmacies.

We - I know that many of the questions that that will raise for you all is, are they going to work with our state registration system? Again, this has been a really short timeline. We saw the White House press release on Wednesday, had to make a decision within a four-hour period on Thursday about where those doses could go.

They're all Pfizer doses. And so, there were some logistical realities around who could actually store and keep Pfizer. And then, Stephanie Wheawill, who is our State Pharmacy Director, is working out all the details on how those pharmacies will integrate into our state plan.

So I don't have a ton of answers for you on that today. We should, by the beginning of next week - Stephanie, I know, has been working hard yesterday, today, and through the weekend, to really iron out the logistics. The good news is that all of the pharmacy partners we have added have all said, yes, we are absolutely willing to work with you. The question is logistically, how does that happen, right?

And so, you know, some of that could be us just downloading our preregistered lists and handing it to them, and then making appointments. When we have multiple pharmacy chains in a specific locality, there's just some organizational work we'll need to do. But the intent certainly is to have those folks who have been waiting on a pre-registered list be prioritized. And I think we have some clear pathways to that that we should be able to talk about later next week when we figured it out.

Other things that are going on. So, I mentioned the long-term care - I'm sorry, the federal pharmacy partnership. And in addition to that, there's also a new federal pathway for Federally Qualified Health Centers. So FQHC is our specific designation of clinics that are federally funded and specifically serve the un and under-insured all over the state.

So they are anticipating the onboarding of four different FQHC networks throughout the state in cohort two. So I'm expecting that'll be the end of next week. And then in cohort three, which would likely be the end of the following week.

So - and I don't have numbers on that yet. We haven't been told how many doses that will increase into our Virginia allocation. But again, an exciting step to be able to bring more doses into Virginia and with FQHC, to ensure that that's going to a medically vulnerable population that FQHCs inherently serves.

Other updates. So weather has been a big challenge all over the country. And so, because much of the distribution happens through some key distribution

points in the Midwest and Kentucky and Tennessee and Texas, we have had big delays in vaccine deliveries.

About 106,000 doses of our Moderna, didn't get delivered this week. That first and second doses. And so, those will get pushed into next week. And what that means is that we are going to have to see a ton of output next week, right, 105,000 doses that get pushed into next week.

And in addition to that, the new deliveries that come. And so, there should be lots of headway made on our pre-registration list, lots of opportunity to vaccinate, and an expansion of partners in some cases about how that vaccination actually happens.

And the last thing I'll touch on is second doses. I've gotten a lot of questions about that this week. You know, our desire and intent and the guidance that we're giving to providers, is that second dose appointments get made at the time of your first dose.

Now, up until recently, that had not been happening because many providers were hesitant to make appointments without assuredness of having doses in hand. They weren't certain that that production line was going to be maintained from the federal government.

There was some, yes, just uncertainty and hesitancy to do that. But now that we have just seen four straight weeks of very consistent production and, you know, guaranteed delivery of the second doses that were due every single week, I think providers are understanding that they can and should go ahead and make those second dose appointments.

So that is the practice moving forward. And I think obviously, there are a

few, you know, examples where that hasn't happened. The providers are reaching out to those individuals now who they gave first doses to, about their second dose appointment.

And so, that's typically how that's going to get handled in this interim period until everybody catches up and gets the second dose appointment made at the first appointment. Now, there are also some situations that have been raised where people try or like maybe got their first dose elsewhere, and are trying to get their second dose where they are now.

And the guidance that we are really providing to providers and to the public is that you need to go back to the place you got your first dose to receive your second dose. The primary reason for that is because that's how the doses are allocated, right? The providers get second doses delivered based on the first dose is that they had delivered.

And so, we really need folks to go back to their provider where they received their first dose to get their second dose. In specific one-off situations, perhaps you were incarcerated, for example, during your first dose, then we will coordinate with the local health department to make sure you get your second dose, or maybe you moved.

But those situations are really few and far between, and people should go back to the provider that they received their first dose. Okay. Well, let's open it up to questions. Melissa?

Melissa Gordon: Oh, thank you for the update, Dr. Avula. Before we begin our 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).

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: Yes. The phone lines are now open for questions. If you would like to ask a question over the phone, please press Star 1 and record your name. If you'd like to withdraw your question, press Star 2. Thank you. First question in the queue is from Sabrina Moreno with the Richmond Times Dispatch. Your line is now open.

Sabrina Moreno: Hi. Thank you so much for this. My first question is, I've heard there have been discussions about vaccine prioritization among the VDH. And I was wondering, you know, what has come from those conversations?

Dr. Danny Avula: Thanks, Moreno. So, vaccine prioritization, right? So, what we've been doing over the last few weeks is doing mainly population-based distribution. We recognized that to get vaccine to the most vulnerable, we need to relook at that distribution methodology.

We have been, over the last couple of weeks, kind of holding back a certain amount from our state allocation for some key priorities. I've mentioned this to you all in the past. Long-term care facilities are one example. Corrections are another example, and then specific efforts to reach primarily African-American elderly residents.

And so, for example, this past week, there were probably 10,000 doses that were channeled towards various providers and events, specifically working

with the African-American community. Some of those events got postponed because of weather. And so, they'll be coming up this week.

But moving forward, we are finalizing details on like what our actual week in, week out allocation methodology will be. And it likely will be a weighted model that prioritizes individuals who are 65 and up, communities that have higher rates of people who are 65 and up in specifically Black and Hispanic, Latino residents who are 65 and up, and then what we call COVID impact.

So like rates of hospitalization and deaths and then rates of - sorry, rates of hospitalization and deaths specifically in the Black and Latino population. And then, I guess the one other factor would be the ability to get some of those priority populations vaccinated.

So we'll start to look at, you know, how well a particular community is doing at vaccinating the 65 and up population, and then try to channel more vaccine there. So that, I think - I mean, it probably won't go into effect for, you know, the allocations that we're doing right now, but for the following week, we should see more of a weighted distribution based on those factors.

Sabrina Moreno: Yes. And my follow-up is, you know, prioritization for vaccinations has been age-based, you know, since older residents have high rates of deaths. But the majority of cases and spread are from younger age groups and Black and Latino communities also have lower life expectancy. And the UVA model today released that Black and Latino residents between the ages of 20 to 49 actually have, you know, nine times - nine and five times the death rate.

And so, with this in mind, I was wondering, has the state considered implementing guidance where vaccinations are done by zip codes hit hardest by the virus? And if so, what have those considerations looked like?

Dr. Danny Avula: Yes. I mean, that whole methodology I've just laid out is by locality, right? So when you have higher rates of hospitalization and death in the Black and Latino community, that will weight the allocation to that particular locality. So, that - I mean, like exactly what you brought up, is what we're baking into the weighted allocation methodology.

And - but, you know, I think what a lot of health directors have brought up, for example, as we've talked about this, is that getting more vaccine doesn't guarantee that you're going to get them to the right populations. And so, in addition to ensuring that vaccine is going to communities that have a higher rate of those vulnerable residents, we've also got to make sure that we have the right partners at the table, right?

Whether that's the right vaccinating partners or the right community engagement partners, just the right strategy to ensure that those populations are willing to be vaccinated. So, you know, at this point, so much - there's so much demand kind of across every angle, but vaccine hesitancy is a real thing. And we've seen a lot of examples of how communities are engaging non-English speaking populations, engaging African American populations, and that work will need to continue.

And then another big part of that will need to be providers, right? We know that healthcare providers in many, many cases are really trusted sources of information. I think this is a large part of why the federal government has prioritized the FQHCs in their allocation methodology, because they know that that trusted relationship with a provider to many minority populations, will result in higher rates of vaccination.

So it's just a few of the ways that we know that we've got to prioritize those



populations, and the kind of educational and distribution work is underway to make that happen.

Sabrina Moreno: Yes. Thank you so much.

Coordinator: Next question is from Brett Hall with WAVY-TV. Your line is now open.

Brett Hall: Hello, Dr. Avula. How are you doing? So, we learned today that Walgreens has announced they plan on opening up vaccine registration in three days. Is that part of the program, the federal program you were talking about? And has your team had conversations with them?

Dr. Danny Avula: Yes, absolutely. So Walgreens is one of those pharmacies. So, again, the Federal Retail Pharmacy Partnership, 26,000 doses to CVS. And then this week, the Fed announced they were doubling that. So, Walgreens is one of those partners.

There's a whole network of them. Let me try to find the others. Walgreens, Walmart, Safeway, Giant, Food Lion, Martin's, and then a network of independent pharmacies. Oh, Harris Teeter and Kroger as well. So, you know, we really, in those selections, try to prioritize geographic spread, making sure that there was access in parts of the state that haven't seen that, which is why there was a big focus on Walmart in particular, and then of the independent pharmacy network of places like Southwest Virginia, that those channels have better coverage.

And then as we did with CVS, really, we haven't gotten to the place where we are choosing specific locations yet. That's the work that Dr. (Wheawill) is doing right now. So, again, probably early next week, we'll have more

information on what those locations are, what the numbers look like and how they integrate into our state process.

Brett Hall: And as a quick follow-up to mention what you alluded to earlier, is it too early to say if these pharmacies will be able to go through the prioritization or the - I'm sorry, the pre-registry list that local and the statewide health department now has?

Because I know even though CVS is the only program in the federal pharmacy system currently giving vaccine in the state, in the City of Chesapeake, only Rite Aid is getting allocation from Chesapeake Health Department but is not using the Chesapeake Health Department's list. They're using the Rite Aid platform that you have to sign up through with luck of the draw.

Dr. Danny Avula: Yes. I think pharmacies that are not getting their allocations directly from the Fed, I mean, every health district kind of defines how its district allocation is going to be spread out, and they pick those pharmacies based on a number of different factors, you know. For example, like, are they going to agree to see a 65 and up population or a 16 to 64 with underlying population?

So that selection varies district by district, and really ultimately is up to the local health directors and their partners. With the retail pharmacy, I mean, as I said, all of these pharmacies I just named have absolutely expressed their desire to be able to work off of our lists.

And now we've just got to work out the logistics of that, you know. What does it look like for us to pull lists, to provide lists on a weekly basis, and for them to schedule appointments off of our list? We're just figuring out how much of that has to be a manual process versus an automated process.

Brett Hall: So it's still kind of up in the air. All right. Thank you very much, Dr. Avula.

Dr. Danny Avula: Yep.

Coordinator: Next question is from Julie Carey with NBC4. Your line is now open. And Julie, if you're there, please check your mute button.

Julie Carey: Sorry about that. Good afternoon. Sorry about the delay. I was speaking to an elected leader in Northern Virginia this week, who was mentioning that they were briefed that the state does plan to eventually take over vaccine appointment scheduling. We know the local health departments are doing it now. Is that correct, and what's the timetable for that?

Dr. Danny Avula: I think we're a couple months from that, Julie. I mean, when we talk about scheduling, right now, the state system is a pre-registration system, which means anybody who goes to [vaccinate.virginia.gov](https://vaccinate.virginia.gov), is entering their name to be in line for an upcoming appointment. And the appointments that people are scheduling are still very much restricted, right?

So the health department will do a large event. They may do that for a 65 and up population, or they may do that for childcare workers and teachers, if that's the part of 1b that they're in. And they curate their lists based on whatever the specifications are for that vaccination event.

So we - I mean, based on demand - I mean, supply, I think we're still a couple of months away from, you know, being able to have a scenario where people can just go and schedule open appointments, right? I think that that is the ideal end goal.

And so, the way that the call center is built out, and what they're preparing for, is to be able to integrate PrepMod into the call center's functionality, and into the state Web site's functionality, so that you can just go online and schedule an appointment through PrepMod.

But because all of our appointments are still what we call closed POD, they're intended for very specific populations, we're not there yet. I think, you know, I guess - I would guess the end of April is when we will have enough supplies to be able to shift to more open PODs, and then we will - and, you know, between now and then, we'll build out the functionality to be able to go on the Web site or call the call center and schedule an appointment.

Julie Carey: Thank you.

Coordinator: Next question is from Carol Vaughn with Eastern Shore Post. Your line is open.

Carol Vaughn: Yes. Thank you. We're in a bit of a unique geographical situation here on the Eastern Shore. We're separated from the rest of the state by a 20-mile long bridge - toll bridge. And I'm not seeing any of the pharmacies over here offering vaccines yet.

Has there been any discussion about, you know, the geographical difficulties that people here - it would be easier for most of our people to go to Maryland, but I believe you have to be a resident to sign up on those - on the pharmacy programs particularly. Has there been any discussion about that kind of thing?

Dr. Danny Avula: Yes, for sure. I mean, part of our selection of pharmacy chains is their accessibility to the hard to reach parts of the state. So, again, the work that Stephanie started yesterday when we found out about this, and then will continue through the weekend. We'll absolutely prioritize getting pharmacies into places like the Eastern Shore that are more geographically isolated. So more to come on that. When we finalize the locations, we'll make sure everybody knows where those are. On the question of whether they could go to Maryland, so technically, you know, the federal government rules are that these are federally funded doses, and you can't restrict where - you know, you can't restrict based on residents.

And so, our urging is that people really do go - like go to where they live, that they sign up through where they live. But, you know, I think if people were to go to Maryland and there were options, then they wouldn't necessarily be turned away.

I mean, we saw that, some in Maryland, some in North Carolina, when people would go across the border and get a vaccine because, you know, they were able to find an appointment in the more rural part of their states.

Carol Vaughn: And is there any update about timing for local jail populations? I know we had an outbreak over here at our local jail, which has sort of subsided, but, you know, they're waiting to be vaccinated. Is there any timing on that? Any update?

Dr. Danny Avula: Yes. I mean, every community sort of moves at a different pace based on how much vaccine they're getting and how much goes towards these other populations, right? So right now, the allocation methodology, let's say to Eastern Shore, gets, I don't know what the number is, but 1,500 doses a week. And then they - 50% of that is directed towards individuals who are 65 and

over, and approximately the other 50% go towards those essential worker tiers.

And so, you know, inmates, and I think they fall into the second bullet there, which is correctional officers and then inmates, are included in that for efficiency sake. And I think that - so it really just depends where the Eastern Shore's allocation lays out.

Let me see if I can say that in a way that's more helpful, right? If 50% of what their weekly allocation has gotten them through all of their police officers and firemen and hazard workers, then the next tier would be working through that, the correctional officers and incarcerated residents.

Carol Vaughn: Thank you.

Coordinator: Next question is from Amie Knowles with The Dogwood. Your line is now open.

Amie Knowles: Hi, Dr. Avula. Thanks for taking these questions today. Mine is actually about the wintery weather that we've been getting. Like say a vaccine - the vaccination site remains open, but due to the increment weather, those with appointments are unable to make it to that site, what happens to their dose? Like does somebody else get it? Do they go to the back of the line? What's the protocol in that situation?

Dr. Danny Avula: Yes. I mean, there are - every provider is going to handle that differently. I think in most cases what they're going to do, if they have an appointment cancellation, if they have the option to get someone else there, they probably will, and then we'll just reschedule that individual for an upcoming appointment. I mean, I think you'd have to check with the provider if their - if

- to see how they're handling that, but no, no standard rule or protocol from our end.

Amie Knowles: Got you. Thank you. And then as a follow up, for those who are receiving their second dose, if a major winter storm impacts the day or the week that they're scheduled to receive that shot, what is their window to still be able to get that second dose in a way that would still be effective? And what happens if they miss that window?

Dr. Danny Avula: So the manufacturer guidance basically says, you know, plus or minus four days is fine for when you would receive the dose. And the CDC has subsequently said up to six weeks out is - 42 days is really okay. And then there has just been recent evidence, like new studies that are showing that maybe a longer window actually improves vaccine efficacy.

And so, we'll wait to see more data that is collected around that, and see if it - to see if it really confirms that conclusion. And if it does, then the dosing interval will change, right? The recommended dosing interval will go from three weeks for Pfizer and four weeks for Moderna, to whatever the optimal dosing interval is.

But all that to say that, you know, waiting up to six weeks is totally fine, and it appears that perhaps waiting even longer might actually be better.

Amie Knowles: All right. Thank you.

Coordinator: Next question is from Cameron Thompson with WTVR. Your line is now open.

Cameron Thompson: Hi, Dr. Avula. Thank you for the time today. Mine is just about the new statewide system that launched. Since it has, we're still getting several people who reached out expressing concerns that their names weren't in the system, despite them saying they had registered with their local departments back when those were active.

I know you said that - and others have said, it's going to take several days for names to migrate in some cases, but out of concern, they still went ahead and registered on the new system. Assuming their names eventually do transfer from the local systems, I guess, what's the process the state has taken to weed out the different registrations and giving precedence to that earlier sign-up, as some localities have said that when you signed up is kind of sort of based where you are in the system? And just, is there going to be a way in the future that people can check to see which sign-up was used?

Dr. Danny Avula: Yes. Great question, Cam. So there were a couple of issues that led to people not being able to find themselves in the system. One of those was that when the system originally rolled out, there was a - the email address was case sensitive. That requirement has now been removed.

And so, I would certainly encourage people to go back on the system and see if that's what might have been causing that. And then there were, you know, some delays either because we were waiting on a data transport, or in some cases, a health district might have been working from a couple of different lists and we only got the REDCap database.

So a lot of those are being ironed out and really should be settled tomorrow. In the cases where people went ahead and registered again, there is ongoing work to de-duplicate. And so, I just talked to Carlos Rivera earlier today. He



said, you know, pulling the data from all of these different sites and over 1.6 million total entries, after de-duplication, that dropped to about 1.2 million.

So there were a lot of duplicate entries. And then there was about 6,000 - and, you know, a lot of data cleaning that's been happening as well, right? Like a recognition that the email entered had a space in it or extra dots or whatever. And so, I think there are reasons like that that people may not be able to find what they originally entered on.

And so, what we're asking folks to do is, go ahead and pre-register again. We'll then confirm, as we continue to do the data cleaning with the local health departments, when we find yours from an earlier timestamp, we'll then merge those records so that you won't lose your place in line.

So, you know, the - I think there's a lot of different reasons that folks may not have been able to find that, but to summarize, with the data merges pretty much being completed by tomorrow, and the case sensitivity, I'm imagining a huge number of those will be able to find themselves by tomorrow.

Cameron Thompson: Got you. And just to follow up on that. Will there be a way for people to find out and confirm, I guess, you know, which one was used? And sort of to that, I know a lot of people are asking if adding the function of, you know, finding out where exactly they are in that line, as some other states have done, to be able to say that, you know, you're 1500th in your local health district.

Dr. Danny Avula: Yes. You know, we've thought through that. And I personally, am not - I don't know. I'm not sure that giving people a sense of where they are in line, will make sense because there's a lot of movement, right? Like the way that the lists are being extracted from, the way that events are being curated.

So, let's say that a health department is really trying to work through their 65 and up population, and they pull all of their 65 and up. That means that somebody who was 100 on the list or 3,000 on the list, could get the call in front of a lot of people.

And, you know, I would say that's appropriate because our 65 and ups are at higher risk and we need to get them in. So, I'm wary about, you know, assigning a place in line because it creates an expectation that may not be met. So that's where we are now.

I mean, certainly up for more discussion as this evolves and maybe when we get beyond the 65 and up population, that becomes less of a concern. But that's how we're thinking about it right now.

Cameron Thompson: Got you. Thank you.

Coordinator: Next question is from Charlotte Woods, Charlottesville Tomorrow. Your line is now open.

Charlotte Woods: Thank you. My question is, are you planning on fixing the link sharing issue with PrepMod? And if so, how long could it take?

Dr. Danny Avula: Yes, Charlotte. This has been such an area of frustration for so many of our providers or health departments that are trying to get, you know, vaccination events off the ground. I think this specific issue of links that can be shared and signed up by people who they're not intended for, has been highly problematic. It's led to security issues at certain events.

I would ask that, you know, while we're working that out, that people really

don't share that link. And otherwise, the - if you sign up off of a shared link that was not intended for you, you should expect to have your appointment canceled and be turned away. PrepMod had said that they will - they're continuing to fix that issue. We're expecting a delivery date probably mid to late next week.

Charlotte Woods: Thank you. And I guess my follow up question is, how many districts are reporting problems with individuals sharing PrepMod links?

Dr. Danny Avula: I mean, I think that's - it's probably a pretty universal concern. I don't know the answer. I mean, I know at least three or four that I've talked to that have expressed their concern. I don't know if they're finding ways around it by doing more manual registration, but it's pretty - I mean, yes, it's pretty widespread.

Charlotte Woods: Thank you so much.

Coordinator: Next question is from Kate Andrews with Virginia Business Magazine. Your line is now open.

Kate Andrews: Hi there. Hello?

Dr. Danny Avula: Hi, Kate.

Kate Andrews: Hi. This is Kate. Thanks a lot. Sorry. I just wanted to make sure that I have the numbers correct. So you were saying that like this week we had 130,000 doses. Is that that were sent to health departments and hospitals, or does that include the number that were at CVSs?

Dr. Danny Avula: Yes. So, that 130,000 was our total state allocation that gets distributed to health departments, hospitals, some smaller pharmacies and private providers. And then the 26,000 doses for CVS was above and beyond that 130,000.

Kate Andrews: Okay. Got you. So the 161,000 dose total is going to be just those, and then on top of that, it's going to be 52,000 doses per week at the retail pharmacies?

Dr. Danny Avula: Yes, that's right. And then there'll be another amount on top of that for Federally Qualified Health Centers.

Kate Andrews: So that totals out to 210,000.

Dr. Danny Avula: Yep. That's right.

Kate Andrews: Okay. Yes. That's - I just wanted to make sure I'm correct. Okay. Thank you.

Dr. Danny Avula: Yes. Great.

Coordinator: Next question is from Alessandra Young with ABC 13 News. Your line is now open.

Alessandra Young: Hi. Thank you so much for doing this. And so, you already touched on this, but I wanted to go a little bit deeper. You said weather has been a big challenge. So, how has it specifically impacted getting more vaccines into the Lynchburg area and other areas like that, and what's being done to fix it?

Dr. Danny Avula: Weather is a challenge all over the country, and that has resulted in, like I said, 106,000 doses to - a delay in delivery of those until next week. What's

being done to fix that? I think they are - you know, the federal government is trying to accelerate delivery.

It should be happening through the weekend. I feel like I got an email earlier on this. So, I think that Pfizer should be caught up by Monday. Moderna's backlog should mostly be caught up by Tuesday, but no later than Wednesday. And then Wednesday through Friday, they'll start shipping the non-backlog orders.

So I mean, what - that's the fix. And then what it means is that there's going to - there'll be a lot more output this coming week, a lot more vaccine, and a lot more people getting vaccinated.

Alessandra Young: Absolutely. And do the delays - like what do the delays mean for getting more appointments for people in the next few weeks? Is that going to change at all?

Dr. Danny Avula: I think anybody who had an appointment that was canceled or postponed because of delivery, will just get pushed into next week, and then providers that aren't necessarily able - so what we're looking at in our methodology this week is, we're really, with a fine tooth comb, going through each provider, looking at their inventory, figuring out what their actual output can be.

And if a new order would mean not enough output, we're encouraging the local health districts to spread that out and to put - and to give it to other providers to make sure it can get out next week.

Alessandra Young: Thank you so much, Dr. Avula. I appreciate it.

Dr. Danny Avula: Of course.

Coordinator: Next question is from Laura Perrot with WRIC. Your line is now open.

Laura Perrot: Hi, Dr. Avula. Thanks for doing this. I just had a quick question, clarify something about the new partnership with the various different pharmacies. When will those pharmacy partners start administering the vaccine?

Dr. Danny Avula: Oh, I don't actually know the answer to that. Yes, I'm going to need check with Stephanie and get back to you on that. My guess is at the end of next week, just based on when the announcement was made and what the previous pattern with the long-term care, but it could possibly be the following week. So, I need to find that out.

Laura Perrot: Okay. Thank you.

Coordinator: Next question is from Evan Watson with WVEC. Your line is now open.

Evan Watson: Hi there, Dr. Avula. Last Friday, you mentioned that there were 75,000 or so military personnel, DOD and such, you know, in some Tidewater area that were - got vaccines through the federal government but weren't part of the state database. You'd be working on getting a system or front page and date on that. I was curious if there's an update to that. Any new information on that front?

Dr. Danny Avula: Yes, thanks, Evan. I just pulled the numbers again yesterday and they still show about that. It's like 73 and change. And just so you're clear, it's not just the Tidewater area. That's the total number of federal - the total number of Virginia residents who have been vaccinated through federal pathways. So that would include Tidewater in Northern Virginia and any other installations around the state.

I did talk to our federal partners at two different points this week. They know that this is an issue not just for Virginia, but really for the entire country. They're trying to find ways that their - that we can set up regular data feeds so that that can show up on our public facing dashboard.

And they also recognize they need to, yes, just be able to provide the information in a more real-time basis, which they haven't been able to do yet. So, it's noted. I don't have a delivery date for that yet, but we'll continue to bring it up with federal partners.

Evan Watson: Got it. And if I can ask just one more. I noticed data on the sites today said 99.1% of doses received had been administered, and there's just about 9,000 or so doses left on hand. Is that first doses, that is? Is that because of this delay in shipment that basically you all have used up everything you got to this point and then next week, you'll have a lot more that will be going around, or is that something else that you can speak to that?

Dr. Danny Avula: No, that's exactly right. I mean, the fact that we haven't got shipments for most - for many, many first doses, I think - we got our Pfizer shipments at the beginning of the week. I think that of the 106,000 Moderna doses, probably 70 and change of those were first doses.

So, yes, we will see that number drop and - as it should, as we get new doses delivered, but that's exactly the reason why we're so high right now.

Evan Watson: Thanks.

Coordinator: Next question is from Elisha Sauers with Virginian-Pilot. Your line is now open.

Elisha Sauers: Hi. I just wanted to get back to the 161,000 doses per week. Obviously, that's quite an increase from where we started, which I guess was like 105,000 doses per week. And I know, you know, way back, or it feels like way back, there was a lot of discussion about the allocation per state being somewhat based on how successful they were at getting through their inventory. And that if we're successful with that, then you could see an increase in that shipment per week.

And I'm wondering if that is the case here with why that amount is going up, or is it because we have new, you know, federal management now, and maybe that's - there are some changes going on at the administrative level. So, I'm wondering if you can just give me a little bit more insight into that.

Dr. Danny Avula: Yes. I'm not sure, Elisha. Like I don't think that our increase is not consistent with what other states are seeing. I'm just not sure about that. Obviously, we have been incredibly efficient with the doses that we - have been delivered. I mean, I think our - yesterday, we were probably sixth in the country by that metric.

And so, that efficiency of getting doses out has certainly been a plus. I don't think it's impacted our federal allocation one way or another yet. What we're being told by the federal government is, you know, as they purchase more doses, as Moderna and Pfizer continue to increase their production, they're just going to turn around and both increased state allocations, and then also find these other federal channels to direct vaccine to, like the FQHCs and pharmacies.

Elisha Sauers: And then I hate to repeat this, because I know you had talked about it at the top, but the FQHCs, what was the approximate number of doses per week that would be coming through that channel?



Dr. Danny Avula: I don't actually know. They have not given us any indication of what the total set-aside is for FQHCs, nor the state set-aside. I do know that the four networks encompass probably 25 to 30 different clinics. And so, if I had to guess, we'd be talking at least 2,500 doses a week, if I were to ballpark 100 doses for clinics. But they have not given us any indication of what that number would be.

Elisha Sauers: Okay, great. Thank you.

Coordinator: Next question is from Heather Graf with ABC7 News. Your line is now open.

Heather Graf: Hi, Dr. Avula. Thank you for your time. I wanted to follow up on the transfer of names from the county pre-registration list to this new statewide system. I know you said it should be settled by tomorrow, but - so for folks who still don't see their name in the statewide system today, is the message - just wanted to check, is the message, check tomorrow, if you still don't see your name, then you should register on the statewide system at that time?

Dr. Danny Avula: Yes. I would maybe direct them towards the call center for now, to call 1-877-VAX-IN-VA. And that way, a call center agent can actually walk through some potentially different ways of looking up names or looking up your status in the system.

So that's probably where I would direct them first. And then if not, then they can get - yes, they can come back tomorrow just to see if that upload has been made. But either way, you know, pre-registering takes just a couple of minutes.

And so, if they want to go ahead and do that, just to make sure that they have

a place in line, and then to know that that will be merged with an earlier place in line, if it's found.

Heather Graf: Got it. Thank you so much. And then a clarification on numbers regarding the Federal Retail Pharmacy Partnerships. So CVS has been getting 26,000 doses. That will continue. I know you're saying this additional 26,000 doses will be divided up among that list of other pharmacies that you mentioned, Walgreens, Walmart, Safeway. Is that right?

Dr. Danny Avula: Yep. That's correct.

Heather Graf: Okay. Thank you so much.

Dr. Danny Avula: Yes.

Coordinator: Next question is from McKinley Strother with WSLS 10 News. Your line is now open.

McKinley Strother: Hi. Good afternoon, doctor. I appreciate your time. You talked about the focus on some of the Southwest Virginia pharmacies and getting the doses to them. Yesterday, when VDH announced that one of the COVID variants is found in our region, a lot of people have asked if state leaders are worried that variant spread or even just new daily case spread here in Southwest Virginia, will outpace our vaccine rollout.

Dr. Danny Avula: I'm not - you know, I think variant is a concern everywhere. And the particular variant that's popped up in Southwest Virginia yesterday was clearly associated with travel - with international travel. So that is, while concerning, at least we know where they got it, right?

So I think that we're continuing to monitor the presence of variants. You know, what we've seen in other countries is that variant spread, particularly the UK variant, the B177, moves incredibly quickly. The CDC here expects the B177 variant to be the dominant strain in the United States by the end of March.

And so, it does mean we're going to have to continue to do the core things that we know work, right? We're going to have to wear masks and distance and stay home when we're sick, because that's what's going to keep this from spreading.

At the same, we should be encouraged that the early returns on vaccine efficacy with the variant, looks really good with the UK variant. And so, I think we need - we need to do the things that work. We need to continue to vaccinate as quickly as possible and get as many folks vaccinated as possible. But I wouldn't say that that is a specific concern just yet.

McKinley Strother: Cool. Thank you. I appreciate it.

Coordinator: Next question is from Josette Keelor with the Northern Virginia Daily. Your line is now open.

Josette Keelor: Hi. Thanks so much. There are several essential worker groups outlined in the phase 1c who might not be eligible yet for several weeks or even months. Is there a concern about what would happen if essential workers who registered through the state system don't have qualifying jobs anymore by the time they get an appointment?

Dr. Danny Avula: That's an interesting scenario. I hadn't thought of that one. So, the 1c first is definitely months, not weeks, right? I mean, I think looking at our current and anticipated supply, we're looking at probably the middle of April is probably our best case scenario for everybody in 1b to get vaccinated.

And so, I think anybody who is in 1c should very much be planning on months and not just a few weeks. Now, if - the question is, if they were employed in a qualifying job and aren't then, does that affect their status? You know, I think a lot could change between now and when we get to 1c.

I mean, there's a part of me that thinks that the way that supply will increase, because it's not going to increase in a linear fashion, right? Like Johnson & Johnson will come online sometime early March. AstraZeneca will come in a few weeks after that.

And so, I think we're going to see not a slow linear increase, but more of an explosion of vaccine that comes in at the end of April or early May. And so, if I had to guess, I would guess that 1c and the general population will all be able to start accessing vaccine within just a couple of weeks of each other.

So, I don't think at the end of the day, it's going to matter very much. But yes, I don't - I'm not sure I have a better answer for that specific scenario right now.

Josette Keelor: Okay. Thanks.

Coordinator: Next question is from Tom Lappas with The Henrico Citizen. Your line is now open.

Tom Lappas: Danny, among those new pharmacies that are coming on board next week, you have a sense of how many total locations that will entail? I know CVS is doing (36), but are we talking like 100 or more?

Dr. Danny Avula: I would guess more than 100. Let me think. Yes. I don't know offhand. I think it will clearly be more than 100, given all of those different networks. But let me just shoot a text real quick, and I'll try to answer that before the end of this call if Stephanie gets back to me.

Tom Lappas: Yes, thank you. and then, there was a study in the New England Journal of Medicine on Wednesday that suggested that both the Pfizer and Moderna vaccine actually might be 92% effective after just one shot, and the conclusion that they presented was, hey, instead of holding back second doses for a minimal short term increase, are you better off just inoculating as many folks with one shot as possible? Is that something the state will consider at some point, or would you wait on CDC guidance to take that kind of step?

Dr. Danny Avula: Yes, I think it will be hard for - I don't see a scenario where we would make a different decision than the CDC or FDA. But the more of this data that comes out, whether that's delay the second dose or move to all first doses, I mean, I think that if there is more and more compelling evidence of that, then I could see federal guidelines changing around that, which would then lead to Virginia's guidelines changing.

Tom Lappas: Great. Thank you.

Coordinator: And I'm showing no further questions at this time.

Melissa Gordon: Well, without any further questions, I want to thank everybody for joining our call today. There will be an audio recording posted on the VDH Web site, as

well as a written transcript. You'll 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: This concludes today's call. Thank you for your participation. You may disconnect at this time.

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