

**Virginia Department of Health Tele-Press Conference on
Virginia's COVID-19 Vaccine Developments
Moderator: Melissa Gordon
March 26, 2021, 3:00 pm**

Coordinator: Welcome, and thank you for standing by. At this time, all participants are in a listen-only mode until the question-and-answer session of today's conference. At that time, you may dial Star 1 on your phone to ask a question. Today's call is being recorded. If you have any objections, please disconnect at this time. I would now like to turn the conference over to Melissa Gordon. Thank you. May begin.

Melissa Gordon: 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: Afternoon, everybody. I'm sure there's plenty of questions coming from your end. So, I'll just be real brief to start off. Our allocations for this week -

our Johnson & Johnson allocations came in a little lower than we were expecting, but our Pfizer came in higher.

So, all in all, we are still on track to, you know, the targets that I've shared with you all last week of getting to 1b by the middle of April, and really being able to open up to the general population by about the last week of April or so. Still seem very much on track.

Our allocations for this coming week are 164,000 doses of Moderna. That includes first and second. The Pfizer dose allocation went from about 112,000 up to 140,000 this week. So, that was an unexpected surprise, although the White House did say that's a one-time bump. We expect to drop back down to the previous rates of around 112,000 first doses. So all in all, 140,000 - sorry, 140,000 first doses of Pfizer, 112,000 second doses of Pfizer, so 252 there.

And then our Johnson & Johnson allocation, we were expecting was going to be over 100,000 doses. It dropped to 49,000 doses. We, in conversations with the White House this week, heard that Johnson & Johnson, I think did not meet their production goals for the month of March. And so, didn't quite get to the 4 million plus doses that they were expecting to see this week.

But the White House feels confident that that will continue next week. And so, what we heard yesterday is that 4 to 5 million total doses nationwide for the Johnson & Johnson, which means that, you know, depending on how quickly that ramps up, we should go, during the month of April, from 49,000 doses a week, to somewhere more like 150,000 doses a week.

In addition, our overall federal retail pharmacy allocation continued to tick up, somewhere around 127,000 total doses. And then there's an increase, and I

don't know that number off the top of my head, but I'll check it during this call, an increase to that 127 from the Johnson & Johnson.

So they got probably somewhere between 10 and 20,000 doses that are going to pharmacies. So, I'll just - I'll pause there and we'll open it up to questions.

Melissa Gordon: Thank you, Dr. Avula, for that update. Before we begin the question-and-answer portion of today's call, I'd like to remind everyone that our call is focused on the latest developments with the COVID-19 vaccine. For questions regarding other topics, please email them to the VDH communications office.

The contact information is available at vdh.virginia.gov/news. And please remember to limit your questions 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. Moderator?

Coordinator: Yes. If you would like to ask a question, please dial Star 1. And if you would like to withdraw your question, please dial Star 2. Again, to ask a question, please dial Star 1. Our first question comes from Sabrina Moreno from the Richmond Times Dispatch. Sabrina, your line is open.

Sabrina Moreno: Great. Thank you so much. My question is, you know, Maryland's governor, a few weeks ago, announced that a portion of the safe doses at each of its MAP vaccination sites would be reserved for priority populations, you know, Black and Latino populations, lower income areas, to kind of help with that equitable distribution. And I was wondering if Virginia has contemplated following suit or doing something similar in upcoming weeks?

Dr. Danny Avula: Yes. Hey Sabrina, I've been doing a lot of that in a lot of our mass vaccination events, and we've been doing targeted events on top of that. So, the way that that's been playing out, we do a combination of waiting our pre-registration.

Say for example, if we have a 2,000-person event in Richmond, we would set a certain number of those slots for people that are on the wait list, and then a certain number of those slots for people on the wait list who are African-Americans, so that we can more mirror the demographics of the population.

So that's one example, and those numbers may not be exact for Richmond. I'm being a little hypothetical there. So - but I think you could talk to the different districts and understand exactly what their weighting methodology has been. But we definitely have been waiting the pre-registration list for African-American and Latino communities. And I think it's made a difference.

I mean, if you look at where our overall rates are as a State, we're continuing to inch up. You know, about two weeks ago, we were - about 13% of our overall vaccinations were in the African-American community. Now that's 14%.

Obviously, we still have a ways to go to get to, you know, our goal, which is really to have a one-to-one representation of the folks in Virginia who are vaccinated that would reflect the diversity that exists in this State. So if our percentage is 19%, you know, that's what we would expect to see our - hope and expect to see our vaccination rates being.

And so, there are ongoing efforts to get there. I mean, both in the ways that

we map out the pre-registration process. We are also in - for example, in Prince William County right now, we've got a number of slots a day, about 200 slots a day that we are reserving outside of the pre-registration process for those racial equity targeted kind of interventions.

So we have contracted with an organization called Elite, and we have a marketing agency called Green Street that really specialize in outreach and community engagement to the Black and Latino populations. So, there's a lot of work on the ground happening in conjunction with local health departments and local governments to tap those networks and to reserve spots for individuals who may not sign up through the pre-registration process.

We have learned over the last couple of months that pre-registration is a deterrent for some folks, whether it's not being tech savvy enough to kind of navigate a site, or being really weary - wary of putting all of your information on a government-run website, or whatever the reason may be.

There - it's clear that there are segments of our community who aren't going to register through that pathway. And so, we've definitely created different avenues, both through the re reservation of slots in areas where we have a little more flexibility to do walk-ups, having a certain segment of a clinic available to walk-ups that are generated through that specific outreach. So, yes, I think a lot of different strategies to increase access for vulnerable populations.

Coordinator: Our next question comes from Kate Masters from Virginia Mercury. Kate, your line is open.

Kate Masters: Thank you so much. Yes, my question was related to the State's four mass vaccination sites. I was wondering, I know that allocations were shifted from

Danville to other areas based on, you know, sort of a different demand than the State was expecting. But I was wondering if any other allocations to any of those other three community vaccine sites, have been shifted due to either lower or higher demands than the State was initially anticipating.

Dr. Danny Avula: So, not so far. Our CVCs, these Community Vaccination Centers, are in Danville Portsmouth, Chesterfield, Petersburg, the VSU site, and then we just opened the Prince William one this past week or this week. And so far, the demand at those other sites has really kept pace.

We have, you know, close to 3,000 doses a day at VSU, 1,000 a day in Portsmouth, and then 3,000 doses a day in Prince William County. And, you know, the appointments have tended to fill up really quickly, and we don't really have concerns yet, and don't in the next week or maybe two weeks.

There may be a point where we start to expand our invitation lists beyond the localities. So, for example, in Portsmouth, if we start to see that that 1b population is - that we're working through - to the bottom of that pre-registered 1b population, then we would expand to the 1b population in the surrounding community.

So, no other shifts that have needed to be made yet, but we are monitoring the rate at which these appointments fill every day. And if we need to make other changes, I mean, I think if anything, we would want to allocate - certainly, part of our plan in Prince William is to increase the daily allocation for the Gander Mountain sites.

And so, we're just - we're working through that and allocation right now, and that likely will happen, not next week, but the week after.

Coordinator: Our next question comes from Brett Hall from WAVY-TV 10. Brett, your line is open.

Brett Hall: Hello, Dr. Avula. Hope you're doing well today. A question for you. Is the State - is VDH looking at anything to get vaccinations in the hands of people that aren't physically able to make it to a vaccination site or a POD? We've heard from some doctors saying, you know, I have patients that cannot - that I have to go to their home and treat them, but at this point, I haven't been able to get a vaccine to take - to give them themselves. What is the plan for that?

Dr. Danny Avula: Yes. We've actively been creating pathways for the truly homebound. There have been sort of different examples in different communities. Chesterfield EMS I think is a great example of where their staff have actually gone out and vaccinated people in their homes.

We have worked with DMAS to define a population of folks who are truly homebound. And kind of the way that we've defined that so far is, you know, folks who it would, you know, medically be a challenge to be transported. And so, in those cases, we are using the care coordinators through DMAS, through the managed care organizations that make up the different Medicaid plans across Virginia. And they are coordinating with those individuals who are homebound so that we can get a vaccine out to those homes.

It does take a little more coordination because when you open a vial of the vaccine, you've got to use that vial within a certain number of hours. So you either need to you know, just time it well from one of your ongoing sites, and when you get to the bottom of a vial, if you've got one dose, send a nurse or a vaccinator out with that dose.

So, that overall population looks to be about 1,500 people across the State of

Virginia. And so, we really are working through those care coordinators to try to get all of those done by the sort of two weeks out. So that's the game plan, working through DMAS.

I think if there are other individuals who may not be covered by Medicaid, who fall into that category, having them call their local health department, and I think a lot of local health departments have been very able and willing to help coordinate to meet those needs.

Coordinator: Our next question comes from Tom Lappas from Henrico Citizen. Tom, your line is open.

Tom Lappas: Hi, Danny. Henrico officials this week, I know were a little bit upset that the State had not inquired about making the Raceway a CVC. Just wondering - I know specifically this week reached out to request that it would be made one. Could you talk a little bit about whether that was ever a consideration or, you know, where things might go from here?

Dr. Danny Avula: Yes. I'm meeting with folks in Henrico next week. You know, our process for what would - and I think it's probably a little bit - it's probably important for us to talk about like what the CVC designation is, because I think people think that there is a separate allocation of vaccine that comes to the CVCs, which is not the case.

The CVCs are really about contracted resources to do the vaccination. It doesn't actually change - like we're still having to allocate that out of our State allocation. So I think, you know, the way that we looked at mapping out the CVCs initially, was really around determining, where do we need vaccination capacity?

And so, when you looked at the vaccination rates in communities, the places that, you know, either have lower vaccination rates or were struggling to find ways to channel vaccine at a high scale, those were the places that made the sense - that made the most sense to start the CVC conversation.

Now we're adapting this and moving it every week, just based on how vaccination rates are changing, and our goal now to try to get all of Virginia moving into Phase 2 at around the same time. We are having to shift allocation to do that because what we've learned over the last month is that demand is really different in different parts of the State.

And not just because of the number of people who live there, because our allocation has been primarily population-based. So, far beyond just the number of people who live there is the actual desire or interest in getting vaccinated, which appears to be varying widely in different localities.

And so, when you look at communities like Northern Virginia, the greater Richmond area, not only do they have more people, but they also have a demographic that is more interested in getting vaccinated. So, we are shifting allocation to those communities, because we really are trying to get everyone to Phase 2.

So, how does that relate to Henrico and CVCs? I think, you know, in our ongoing conversation, both with local governments and the health departments, I think what they're looking for is the allocation. They're not really looking to give up the space to an outside contractor, because they have an incredibly well run and efficient operation there.

So that's one of the things we'll just need to clarify and also affirm. Like we

know that there is an increased demand in this community, and we can meet that through allocation. Now, if they still want to continue to talk about how a contracted resource could come in, take over either at Arthur Ashe or at the Richmond Raceway and get their operation out of there, that would be a possibility too. I mean, that's one of the things that we are deploying FEMA dollars to do. So, we have a meeting early next week to talk about that.

Coordinator: Our next question comes from Kate Andrews from the Virginia Business Magazine. Kate, your line is open.

Kate Andrews: Hi, Dr. Avula. Can you clarify what is going on with the announcement that came a few days ago from the health department that people should not travel to other regions of the State to get their vaccine, and just kind of what statuses and, you know, what happens - what has happened with the number of vaccine doses available for our local people and in those situations where they got an influx of people from other parts of the State?

Dr. Danny Avula: Yes. So, you know, most of the State right now is in Phase 1b. There are a few districts that have advanced to Phase 1c. And our whole construct for the way that we've set out these tiers, is to ensure that the people who are at highest risk, have access to the vaccine at the same time. Oh, sorry, not at the same time, but have access to the vaccine ahead of those who are at lower risk and members of the general population.

So that - you know, our terminology for that is Phase 1 and Phase 2. Our Phase 1 is split up into these three groups that have been, you know, curated based on their levels of risk, either through exposure or through underlying condition.

And so, you know, what we saw happening in the Danville clinic in particular,

and this is why the announcement came out, is that there were a lot of people coming from other parts of the State to get vaccinated. And, you know, I think one of the things we've learned in the - in setting up the CVCs and in really assessing demand in different communities is that, you know, in Danville, people were not willing to drive as far as we thought they might be for the opportunity to get vaccinated.

And so we are course correcting, right? We put the site there. We have decided to scale it down and transition to more of a hub and spoke model where you've got, you know, a smaller operation at the Danville mall site where we started, but then they're sending teams out to different parts of Pittsylvania and the surrounding counties, to increase access to those populations.

So, the reason for the announcement was that because we saw people coming from other places, we needed to scale that down, remind folks that, you know, where you live shouldn't be what determines your access to vaccine. And it's why we're also shifting allocation, because as we now have a better idea of where the demand is building up, we're going to push more vaccine to those communities so that we can all get through Phase 1 around the same time.

Coordinator: Our next question comes from Brent Solomon from NBC12. Brent, your line is open.

Brent Solomon: Doc, thank you for doing this. As always, you're awesome. We appreciate you.

Dr. Danny Avula: Of course, Brent.

Brent Solomon: A question, and you spit out a lot of numbers at the top, so this is repeating or going into what you mentioned, just bear with me. But my question is, with the Biden administration announcing 11 million doses coming next week, how is Virginia impacted by that?

Dr. Danny Avula: Yes. So, I'll run down those numbers one more time, just for anyone who missed it. And I also have the pharmacy number now too. So, 164,000 total doses of Moderna, 252,000 total doses of Pfizer, and 49,000 doses of Johnson & Johnson. That's our main State allocation.

Our federal retail pharmacy allocation has jumped up a bunch. So, last week it was about 127,000. It's gone up this week to 208,000. And that's inclusive of first doses and second doses of Moderna, and Pfizer, and Johnson & Johnson. So, what that means is I think for the public is that there will be many more opportunities to get vaccinated for the 1b population through pharmacies.

That footprint is going to continue to expand. The pharmacies have also been incredibly helpful in doing one-off clinics for different targeted communities. For example, you know, if you - we've had situations where you've got like a poultry manufacturing company. And so, a pharmacy will go in and actually do that onsite vaccination.

So, lots of different examples of where pharmacies have really stepped out and been a huge help in the vaccination effort. And so, seeing more go to the federal retail pharmacy program just - it increases access points and it increases our flexibility and being able to do more targeted events.

So the announcement about, you know, us going up to 11 million, yes, I think it's always hard to know exactly how that's going to shape up for us. But what

we're told is it's not really going to significantly change our Pfizer allocation. We do expect that Moderna allocation, that 164,000, to go up a little bit, and we expect our Johnson & Johnson allocation to go up significantly.

So, I'm hoping that we'll go from about 49,000 this week, to somewhere closer to 100,000 next week.

Coordinator: Our next question comes from Annie Schroeder from WSLS. Annie, your line is open.

Annie Schroeder: Hey, Dr. Avula, thank you so much for your time today. I really appreciate it. So, there's been a lot of questions about the Danville site. That's an area my station covers in particular. So, based on what you kind of in going over and saying today is, it sounds like there - or maybe VDH just isn't seeing a demand in wanting to be vaccinated in that region.

Is that something that you have noticed kind of maybe in more - you had mentioned people are interested in Northern Virginia and the greater Richmond area, but are you having maybe a hard time, like making people interested in the vaccine in more rural areas, or is it just a matter of access?

Dr. Danny Avula: I think it's a little bit of both, Annie. I think certainly the national data would suggest that residents in the rural communities are more hesitant. I think there's clear, you know, survey data that shows that individuals who lean more politically Conservative, that Republicans do have lower rates of uptake.

So, I think that - I think we're going to - the answer is a little bit of both, right? I think there is going to be more hesitancy around vaccination in those rural communities, but it is also about access, right? We - like our experience in

Danville showed us that way fewer people than we expected would come from those outer reaches. It's just not - it's - yes.

I think that challenges of transportation, there's obviously not as well-developed mass transit options. There's probably not that many Uber drivers in some of those communities. So yes, I think we - what we've learned there is that our reboot of this with the rollout next week, will be much more mobile, will have satellite sites that go out into communities for shorter periods of time.

It gives us an opportunity to upfront do more of the ground game. And I think our local government partners and local health departments, have really been phenomenal in tapping - getting the word out in their communities, and getting them set up for these upcoming events.

And then - and yes, I think just both awareness and access is going to change the uptake. So, when it's all said and done, I think that we will likely not have as high acceptance rates in some of the rural communities, but we need to exhaust every strategy to make sure that we can overall get to that 75% herd immunity goal.

Coordinator: Our next question comes from Jill Palermo from the Prince William Times. Jill, your line is open.

Jill Palermo: Hi, Dr. Avula. Thank you so much for doing this. I have two quick questions for you. One is, I know you mentioned that Prince William County might be seeing more doses at our CVC maybe week after next. And I wondered if you could give us any more details about that. I think they're doing about 3,000 a day right now.

And then my second question is, this is a question I get from the most people. So, everybody wants to know. They're all hearing on the national news that various States are moving to the general population. I think six have so far and another 21 are moving to the general population, like as of March 29th.

So, everybody asked us, why - what's taking so long in Virginia? Why isn't Virginia moving to the general population, along with these other States? So I wonder if you could answer that.

Dr. Danny Avula: Yes. So I'll start with the Prince William CVC site. So, you know, I think our goal is to get to about 6,000 doses a day. Certainly, the site can hold that. And in three or two weeks now, sorry, we just started on Tuesday. So three weeks, we're going to have to do second doses up there.

So, what we'd like to see is that in three weeks, we're doing 3,000 second doses, and then 3,000 first doses in addition to that. Now, I think a couple of factors that we need to look at and watch over the next week. One is the demand keeping up in that part of the County. Two is the allocation going to make that possible. And three, if we do have increased allocation, does it make sense to spread that to other parts of the County?

And so, we're also looking at the western part of Prince William to say, does it make sense to set up an ongoing site here as well? So, we'll continue those conversations with our local health director. We'll continue to look at what demand is doing. And then if it's keeping up, then obviously it would make sense to increase the capacity, especially by three weeks out when we're doing second doses.

On the question about opening up, yes, so a number of States, I don't know, 10

or more, have kind of opened up to the general population. And, you know, I think that it's - I don't know the details of each situation in each State. I don't know kind of the - although I talked to many of my counterparts.

And so, for example, Alaska, you know, it's a much more rural State. They were the first to open up to 16 and up. And they just have way fewer people, and were able to do that through their allocation. Alaska also really benefited from - because so many of their residents are indigenous Americans, they are - they get a separate federal allocation through Indian Health Service. So they were able to move a little bit quicker.

But I think the other thing that's really important to note is that, you know, we opened up in a very big way to phase 1b, right? Remember that 1a and 1b were about 50% of our State's population. A lot of States did not include all of those higher risk individuals with underlying conditions.

And while that, you know, clearly created some issues with supply and demand early on, what it does mean is that we're getting to our highest risk people first, and we'll - when we open up to the general population, you know, they'll - that group will be a much smaller group than it is in other States.

And so, you know, in other States, as they open up eligibility, it doesn't necessarily mean that all of those people will get appointments immediately. So, you know, some States are going to do that based on, you know, the available appointments, the pace at which they're getting vaccine out.

But at the end of the day, the way that doses are distributed around the country, isn't really changing. We're all still getting our per capita share. So, I don't know that it matters all that much, except for hearing that it's open in another State versus here may raise questions, but doesn't actually change our

pace to get to - get everyone vaccinated who wants a vaccine by the end of May,

Coordinator: Our next question comes from Daniel Crews from WSET TV ABC 13. Daniel, your line is open.

Daniel Crews: Dr. Avula, good afternoon to you. Thank you for taking some time for us. I know you touched on the Danville site several times. Just wanted to get a little bit of background on some of the numbers there, because some days there were 900 doses given there. Some days there were 1,200. Some days there were 600.

So it's been a little bit all over the place since you guys opened there last week. Is this because of availability of the vaccine, or is this just the amount of appointments that you were able to get booked there each day?

Dr. Danny Avula: Yes, definitely not because of availability, right? When we opened up the CVC, we originally committed 3,000 doses a day, and recognized pretty quickly that the demand in - again, as I said before, the willingness to drive into Danville, and therefore the demand of the Phase 1 population in Danville, just wasn't going to meet that 3,000 mark, which is why we've shifted the model and started to allocate elsewhere.

But, you know, the good news is that we did get through the Phase 1 population in Danville very quickly. And we are doing a lot more work on the ground to address issues of vaccine hesitancy. The local health department, the local government, our contractors through Green Street and Elite, are engaging these forums to tell people why they should be vaccinated, and to make it as easy as possible, right?

As I mentioned at the top of the hour, the pre-registration system is a barrier for some people. And whether it's again, not wanting to share all of your information on a State website, or just not having consistent internet access or not being able to navigate, we are having to find different pathways.

So, the reason for this variability was not an issue of vaccine. It was really an issue of demand. And so, you know, now we've really streamlined and changed that model so that when things roll out next week, we will have a much smaller operation at the hub at Danville Mall, and then the satellite sites in different parts of Pittsylvania and the surrounding counties. Did I lose you?

Coordinator: Your line is open.

Melissa Gordon: We're still here, Danny. Next question.

Dr. Danny Avula: Okay.

Melissa Gordon: Yes. Operator?

Dr. Danny Avula: Operator?

Coordinator: Jenna Portnoy, your line is open from the Washington Post.

Jenna Portnoy: Hi, Dr. Avula. Thanks for doing this. My question is about doctor's offices, and I'm curious where you are at this point with getting them the vaccine and have some - or have some providers already been - that as primary care providers, already been allocating - giving out doses in their offices?

Dr. Danny Avula: Yes. We have had a few hundred providers around the State who have received vaccine. And a lot of that, you know, started slowly, I think certainly primary care providers who were part of health systems. Remember at the beginning of this, though, the 1a healthcare worker designation, meant a lot of vaccine went to health systems.

And so, many of the practices in health systems got early allocations. And then since January, we've really been building the number of practices who have gone through the CDC approval process, and then who have been receiving vaccine.

I expect that, you know, moving forward, it's going to see more and more practices because, you know, one of the things we've got to think about is, right now, we are absolutely trying to get as many people vaccinated as quickly as possible. And that kind of leans towards the mass vaccination strategy.

But we're going to beyond this relatively soon. I mean, I think by the end of May, beginning of June, we're really going to see the demand for this vaccine drop, and we're going to be moving into the segment of the population that is vaccine hesitant, right? They're just not sure. They're waiting and seeing, or they don't want to be vaccinated.

And it's really the private providers, it's doctors and nurses that have relationships with their patients, who will be incredibly effective at helping those who are on the fence get off the fence and get vaccinated. So, very much a part of our strategy to ensure that private providers, primary care, have access to vaccine.

So far, that's been prioritized through free clinics and federally qualified

health centers throughout the State. And then there are a number of other private providers who have, you know, worked with their local health departments to be part of the local strategy. But I also see them as part of the long-term strategy, right?

Like we're going to have adolescents who are eligible to get vaccinated likely in the fall. And at some point, it's going to open up to kids younger than that, probably next spring. And then at some point, we're likely going to have to have boosters as these variants become part of the mix.

And we look forward to the next year. There will likely be boosters that incorporate those variants into the vaccine. And so, you know, we're not going to be mass vaccinating forever and really have to transition in the next few months to a more sustainable strategy for vaccine delivery, which is working through your healthcare provider or through pharmacies. So, it's definitely happening. More is coming, and it'll be kind of the main part of the strategy as we head into the fall.

Coordinator: Our next question comes from Amie Knowles from Dogwood. Amie, your line is open.

Amie Knowles: Hey, Dr. Avula, thanks for taking our questions today. I've got a numbers question for you, and I'll be totally upfront. I have never been that good at math, but my math shows me that we get hundreds of thousands of doses a month in Virginia it seems.

So, how many people are still on the pre-registration list in Virginia? And then how did those vaccine administration management system numbers reflect the ultimate percentage of Virginians that intend to get vaccinated?

Dr. Danny Avula: Amie, I heard the part about how many are on the list. Can you - what was the second part of that question?

Amie Knowles: Sure. No problem. Just, like according to the vaccine administration management system numbers that you guys have, I was just curious about, if you have an estimate of the ultimate percentage of Virginians that intend to get vaccinated.

Dr. Danny Avula: Yes. I've got you. Okay. So right now, on the pre-registration list, we have about 2.6 million people in all phases. There are - a number of those are duplicate records. And so, when you look at the number of people who signed up from, you know, when we rolled this out in February, it's about 1.4 million that have pre-registered in this Statewide system. And that's when we've de-duplicated against people who have already been vaccinated.

So, you know, that is our kind of - our best data point, because we've been pushing pre-registration so hard now. Again, as I've said, a couple of times, we know that there are segments of our population who aren't going to do pre-registration.

And so, we've got to work extra hard to get vaccine out into those communities to find other pathways for those residents. And then, we've really pushed pre-registration for those who are in Phase 1. You know, there are a number of people in Phase 2 who haven't really gone that pathway because they're just waiting for what will - like how we're going to roll out vaccination once we open up to the general population.

So, it's not a perfect answer, but it's - you know, I think we're about 1.4 million that are on - in Phase 1, and we're kind of geographically distributing that and

allocating vaccine according to that. So again that we can move to the general population altogether.

You know, if I were to use some of the national data around vaccine acceptance, you know, Virginia has a total of 8.5 million people, when we take out the kids. You know, our goal is to get to 75% of that. And so, that's 5.1 million people.

But, you know, right now, the national data would suggest that you're going to get to about 60 to 65% of that. So, the demand may be more like 4 million and we're halfway there, right? I think - I'm trying to remember what our total - here, I'll pull it up real quick. So, we've done 3.2 - 3.357 total doses administered, 2.2 million that have gotten at least one dose.

So, you know, I think for the 60 to 65% that are going to be easy to get, we're a little over halfway there. For that additional 10% to get to herd immunity, that's going to be a lot of work, and I expect that that will be June and July, you know, as we rely on the relationships with private providers, as we do more and more of the relational work with communities who are vaccine hesitant. That - I expect that to happen over the summer, but I do think it's really possible for us to get to that 75% goal by the end of the summer.

Coordinator: Our next question comes from Kari Pugh from InsideNoVA.com. Kari, your line is open.

Kari Pugh: Hi, Dr. Avula. Thanks again for doing this today. Can you tell us how long the Gander Mountain Clinic might stay open in Prince William County?

Dr. Danny Avula: Oh, man. I think I should double check to see. I think our contracts through the FEMA funding, are for 90 days. And that doesn't mean we need

to be there all 90 days. That means we really will just monitor, you know, the volume that's happening at those sites, and then either decide to demobilize it or to move the resource.

You know, my guess is, based on the population density in Prince William County, that that is going to be, you know, one of our longer standing sites. So - but that's what the FEMA funding is allowing for at this point. And, you know, the hope is that we really get through the bulk of the population in that 90-day period. And based on supply, I have no doubt that we'll be able to do that. Oh gosh. I was on mute. Did you hear any of that? I'm so sorry.

Coordinator: Yes, sir. We did hear you.

Kari Pugh: We can hear you.

Dr. Danny Avula: Did you hear the answer to the Prince William question or no?

Kari Pugh: I did. We did. Yes. Okay.

Coordinator: Our next question comes from Luanne Rife from the Roanoke Times.
Luanne, Your line is open.

Luanne Rife: Thank you. So I was just wondering what the allocation strategy might be. You know, you've talked about demand higher in other places, and still considerable number of people in the first phases to be vaccinated. And so, like in the Roanoke Valley, we still have a substantial number of elderly people here who are waiting and they're putting vaccine in ARCH as fast as they can.

And in New River Valley, they're going to have a substantial number of higher

age people to vaccinate. And so, are you still mostly basing this on population, or is it sort of the demand now of what is remaining in the 1b category?

Dr. Danny Avula: Yes. I talked about this a little bit at the beginning, Luanne, but we are definitely shifting our strategy to make sure that we can all get through Phase 1 as closely to each other as possible, because what we've constructed our entire vaccine allocation strategy on, is making sure that those who are the most vulnerable, get vaccinated first.

And so, we created this whole 1a, 1b, 1c tiering system based on, you know, their individual risk, you know, what are the likelihood that they would have severe consequences of COVID themselves if they were to contract it, but also the role they play in driving the community risk, just through the reality that people who have to work on the frontlines are going to be at higher risk to contract and potentially to spread the disease.

So right now, what we - you know, we've been using primarily a population, you know, distribution as the base of our allocation. We've been shifting allocation over the course of February to communities that maybe have higher numbers of 65 and up, that have higher concentrations of Black and Latino residents, or that have higher rates of hospitalization and deaths.

So, we have used some of those factors as we've shifted some of the allocation over the month of February. Now what we're doing, as we're seeing demand start to wane in certain communities in Phase 1, is that we are really trying to shift allocation to those communities that have greater numbers of people in Phase 1.

And as I said before, you know, that in part is a function of just how populous

an area is, but it's then a part - a function of demographics and uptake. So, what we are doing is really looking at the number of people who have pre-registered.

We've also asked all of the health districts to give us their best estimate of how many people not on the pre-registration list, would also fall into Phase 1. And that's playing into our planning process. And then what we'll do over the next two to three weeks is shift the allocation to those communities that have longer lists and higher expected Phase 1 demand so that we can all progress to Phase 2 as closely to each other as possible.

Coordinator: Our next question comes from Macy Moors from CBS19 News Charlottesville. Macy, your line is open.

Macy Moors: Hi. Thank you for taking time to speak with us today. My first question is, you know, we had a lot of people reach out to us that got vaccinated in Danville, saying that they were told, or they saw that vaccines were going to waste. Can you just confirm whether this is true or not? And if so, what's kind of being done about that?

Dr. Danny Avula: Yes. Definitely no vaccine was going to waste. I think that was, you know, just probably what was being passed around on social media. And I think - I guess it depends how people interpret that, right? We committed a number of doses to Danville. We didn't see the demand that we were hoping for.

And so, we're just shifting the allocation. We're moving those doses to other places. I feel like when doses are going to waste, that's a pretty rare scenario when, you know, for example, with the Moderna and Pfizer dose vaccines,

they're pretty fragile and they need to be stored at cold temperatures, but you also can't shake up the vial.

And if you do, you drop the vial inadvertently, or you shake it up, which is confusing, because a lot of vaccines, you actually do shake up before you do the draw, so if that happens, the manufacturer recommendation is to waste that vial, to throw it away.

But otherwise, there really is very little waste that happens at most clinics, because what happens is, you pull out a vial at a time, you pull out the five or six or 10 doses that come out for J&J, Pfizer, and Moderna, and once you've opened that vial, you may have to waste if you don't have people to fill that out.

But, you know, we have protocols in place. We have wait lists in place. So, the concept of waste, I think, is the wrong terminology. And I think what got out on social media was the sense that like, oh, there's all these doses that are going to go to waste if we don't show up to get them.

So, not - yes, I don't know what else to say about that, except that there weren't doses going to waste there. And that's not - that wasn't why we have the situation that we saw in Danville.

Coordinator: Our next question comes from Elisha Sauers from the Virginian-Pilot. Elisha, your line is open.

Elisha Sauers: Hi, Dr. Avula. Can you hear me?

Dr. Danny Avula: Yes. Hey, Elisha.

Elisha Sauers: Hi. So, I wanted to ask about the FEMA vaccination clinic in Norfolk. I'm kind of - my head kind of swims when I try to figure it out. I know that the clinic is going to be pulling people, not just from the city, but from other communities in the Hampton Roads region, who come from these vulnerable neighborhoods.

But I'm wondering if localities are moving - if they're expanding into different phases at different times, I'm just wondering logistically, how this is going to work. Do - I mean, is everyone who is going to be going to that clinic, are they phase 1b, or can they be anyone who is just pre-registered?

Dr. Danny Avula: So, the whole intent for FEMA to come and to bring this resource to Virginia - and it's pretty significant, right? Like they are bringing the staff, they are bringing the vaccines. So, this is an additional allocation to Virginia of another 18,000 doses a week that are coming directly to Norfolk.

So, it's all definitely being limited to Phase 1. And initially, that's going to be limited to phase 1b. our folks - we are responsible for the actual pre-registration process and figuring out how do we all the networking and make sure that the right communities, the right vulnerable communities, are able to get access to this clinic.

But that was FEMA's intent in bringing these sites to this particular sites of Virginia and others around the country, with the increased access to vulnerable and minority populations. So, what we are doing is really pushing folks to the pre-registration system.

And we're going to - in the same strategy that I talked about earlier, where we're pulling down eligible 1Bs in Norfolk and the surrounding areas waiting

MAPs for certain zip codes, or just to certain ethnic groups that we will weight that to try to increase access for those communities.

And then we're doing a lot of direct outreach on the ground through churches and other NAACP and other networks where we can get to Black and Latino residents effectively. Again, knowing that not everybody's going to go through the pre-registration list, some portion of the pre-registration process, and we're still kind of working out the details on this. The site doesn't open until March 31st.

But some portion of those slots will be reserved for those more, you know, targeted efforts. So, for example, hey, this network of churches gets 200 slots on April 3rd or, you know, NAACP gets to fill out 500 slots on April 5th. So, that's the kind of thing that will happen to ensure access to the Black and Latino communities.

Coordinator: Our next question comes from Caleb Perhne from WCYB. Caleb, your line is open.

Caleb Perhne: Hello, Dr. Avula. I wanted to talk about the issue of other States going sooner. I know we'd addressed a little bit of that earlier, but I wanted to talk about a different aspect of that. We're coming from rural Southwest Virginia, where folks are watching across the State line in Tennessee, they just opened up to everyone this week, after Tennessee had in their high risk conditions category, hardly anybody showed up.

And so, they ended up just skipping the remaining phases and opening up to everybody. I wanted to ask, in Virginia, is the situation different in so much as you're not having quite a severe of widespread folks not coming or a low demand issue? And is it also that you guys are really committed to making

sure that the folks in these remaining phases with higher risk, get their chance first?

Dr. Danny Avula: Yes, I think both of those things are true, Caleb. We are absolutely committed to the risk-based strategy that we've been using the entire time, right, that folks at higher risk either to contract COVID or to suffer severe consequences, should be at the front of the line, and that access to vaccine shouldn't vary significantly based on what part of the State you live in.

And so, that's why we're moving to this, you know, shifted allocation so that we can get to those Phase 1 individuals before the general population who's not at high risk, gets access to the vaccine. I think also we're not having any issues with demand.

I mean, we may in very localized areas where we've saturated that demand quickly. But when you look statewide, we still have, like I said, 1.4 million people in Phase 1 who are on the pre-registration list, and actually more that are being added every day.

So, I think demand by our vulnerable populations is still high. And thankfully, supply is starting to pick up to keep up with that. But we'll continue to be committed to that, and as we work through the Phase 1 population, we'll be ready to open up to the general population by May 1st or a little bit earlier.

Coordinator: Our next question comes from Kyle Cooper from WTOP Radio. Kyle, your line is open.

Kyle Cooper: Thank you. Dr. Avula, thanks for your time. Is the mass vaccination site that is scheduled to open in Alexandria, Fairfax County on Monday, is it still good

to go? And do you have any idea how many people are pre-registered to be at that site? What's happening with that?

Dr. Danny Avula: Yes. Everything I've heard is that they're ready to get started. I think there's a commitment from Fairfax County of about 20 to 22,000 doses, something like that. So they will open up this week and we will make sure that we, you know, continue to commit vaccine there.

We're looking at, based on our allocation, how much can we increase that week in and week out. But super glad that that site will be there, and definitely see it as a big part of the solution in that Eastern part of Fairfax County, Alexandria and Arlington.

I don't know numbers on how many have pre-registered. I think that something like 9,000 invitations were sent out this past Friday, but I haven't kept up with what kind of fill rates they've had. Because it's being run by NoVA, I don't have direct insight into that.

Like all of these other clinics I've got - you know, we run them through a State appointment scheduling system called VASE, the Virginia Appointment Scheduling Engine. But because this site is being run by NoVA, we won't know that. You'll have to ask them.

Coordinator: Our next question comes from Jimmy LaRoue from Suffolk News-Herald. Jimmy, your line is open.

Jimmy LaRoue: Hi, Dr. Avula. Thank you for taking our questions. Can you outline whether the FEMA site that's coming to Suffolk is still on target for early April? We had heard from officials there that the setup of the site would come roughly

around April 1st, and then be operational around April 6 or possibly earlier, depending on the vaccine supply or, you know, a six-day a week operation.

Is that still on target and who's going to be targeted for receiving the vaccine at that site? You know, I would presume, you know, the Western Tidewater in Suffolk, and will it be about, you know, the 2,000 doses a day that we had heard would be possible for that?

Dr. Danny Avula: Yes. So, we are definitely still planning to bring - and let me maybe clarify the language. So when we say a FEMA site, the site that's coming to Norfolk and opening on March 31, is a true FEMA site. It's FEMA staff. It's FEMA money. It's FEMA vaccine.

The Norfolk example will be the only example of - that I know about so far, that will be kind of that full FEMA operation. There are a number of other sites, these CVCs, the Community Vaccination Centers, as we've been referring to them, the Prince William, Danville, Portsmouth, and VSU sites, those are FEMA funded sites.

So, we got \$179 million from FEMA to stand up mass vaccination efforts. And those are being funded through that pot of money. So the Suffolk site is the - will be one of the next sites we roll out through that bucket of FEMA funding.

It will be run by a contracted agency. IEM Ash Britt is the company that is actually setting up and actually executing the vaccination at that site. And we're still working through numbers. Again, a little of this will depend on the allocation and how much it increases by that week. But some of it also will be continuing to look at demand and model, right?

Is it a thousand-person a day site where people come to one spot? Is there a mobile option that makes more sense? So, we haven't totally nailed that down, but we are shooting to have that model start up sometime the week of April 4th and hope to have that nailed down in the next few days.

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

Coordinator: This is a reminder. If you would like to ask a question, please dial Star 1 on your phone. And if you need to withdraw your question, please dial Star 2. Our next question is from Julie Carey from NBC4. Julie, your line is open,

Julie Carey: Happy Friday, Dr. Avula. I'm going to return one more time to the issue of reallocation in reference to Northern Virginia. Do you - can you quantify at all, either by percentage or doses, how much is being reallocated to Northern Virginia?

Dr. Danny Avula: I would have to map it out. I mean, I would say overall - let me see whether I can ballpark it. I would say it'll probably be somewhere between a 20 to 30% increase for - if you take the entirety of, you know, Prince William, Loudoun, Arlington, Alexandria, and Fairfax, it looks to be a 20, 30% increase. I'll put pen to paper this weekend and shoot that over to you, because that's actually a good thing for the Northern Virginia folks to know.

Coordinator: Our next question comes from Jenna Portnoy from the Washington Post. Jenna, your line is open.

Jenna Portnoy: Oh, hi there. Just trying to follow up from my earlier question. Do you know how many doses have been given to providers at this point since you started?

Dr. Danny Avula: To like outpatient providers? Sorry, Jenna. Maybe you can't come up to me a second time.

Jenna Portnoy: Oh.

Dr. Danny Avula: Is that you, Jenna?

Jenna Portnoy: That's me. Yes. The primary care. Thank you.

Dr. Danny Avula: So, yes. So the total - you're asking for the total number of doses that have gone to primary care.

Jenna Portnoy: If possible, the total, yes.

Dr. Danny Avula: I do not know the answer to that. Is it - so, you've seen the COVID - the public dashboard, the COVAX dashboard, right?

Jenna Portnoy: Yes.

Dr. Danny Avula: Is it possible ...

Jenna Portnoy: Oh, I can (unintelligible). It's true.

Dr. Danny Avula: So, you know, on our summary page, you can see sort of the general breakdown of medical practices. And that's going to capture most of what you're asking for. So - here, I'll just pull it up real quick. So, what it's showing is that the total number of doses administered by medical practices, has been 335 plus 164, so 499.

It's almost 500,000 doses that have gone to medical - or have been administered by medical practices. Now, I don't - there's no way for me to easily break down how many of that is primary care and how many of that is specialty care or FQHCs or free clinics, but they're all kind of grouped into that medical practices bucket.

Melissa Gordon: Okay. Thank you. I want to thank everybody for joining our call today. There will be an audio recording posted on the VDH website, as well as a written transcript. You'll be able to access these documents at vdh.virginia.gov/coronavirus/media-room. Once again, if we were unable to answer your questions today, please email them to the VDH communications office. Thank you.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

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