

**Virginia Department of Health Tele-Press Conference on
Virginia's COVID-19 Vaccine Developments
Moderator: Melissa Gordon
March 03, 2021 1:00 p.m.**

Coordinator: Welcome and thank you for standing by. At this time, I'd like to inform all participants that you are placed in a listen-only mode until the question-and-answer session of today's call. At that time, if you would like to ask a question, please press Star followed by 1. Please make sure your phone is unmuted and record your name when prompted. I would now like to turn the call over to Ms. Melissa Gordon. Thank you, ma'am. 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 Communication. Today, we are joined by State Vaccine Coordinator Dr. Danny Avula. He will give an update on the latest developments with the COVID-19 vaccine.

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

Dr. Danny Avula: Thanks, Melissa. Good afternoon, everybody. It's an exciting week, as we bring Johnson & Johnson into the mix with our vaccination efforts here in

Virginia. As you all probably know, the - J&J got its FDA Emergency Use Authorization over the weekend.

We saw the recommendations come out from the Advisory Committee on Immunization Practice, the kind of neutral body of experts that really evaluates the data, apart from FDA. They gave their full recommendation to use J&J on all adults over age 18.

The CDC then went behind and affirmed ACIP's recommendation on Sunday evening, and we were able to start ordering on Monday of this week. So, we should start seeing Johnson & Johnson come in perhaps today, but certainly by tomorrow and have made most of the orders off of that initial bolus of 69,000 doses of Johnson & Johnson.

Now, that will be for the next two weeks, because the way they set up ordering, we won't have another opportunity to order Johnson & Johnson until the following Friday for March 15. It'll fall into the regular cadence of ordering with Moderna and Pfizer.

And what the Feds are telling us right now is that, you know, they had about 2.8 million doses to distribute across the country. 69,000 of that was Virginia's share, and then another almost 22,000 doses of J&J will be going to the retail pharmacies. So, through our existing pharmacy partners, they will start using that vaccine as well.

That amount should drop over the next couple of weeks, and it won't be until the last week of March that we see supplies pick back up. But at that point, they should do so in a very significant way. We are anticipating that there'll be somewhere around 100,000 doses, and then that number will just continue to increase as we go through the month of April.

And so pretty quickly here, J&J is going to become 20 to 30% of our overall allocation. All the while, Moderna and Pfizer will continue moving up as well. Our allocation last week of about 178,000 doses, is going to be increasing this coming week to about 100 and maybe 6,000 - maybe 188,000 doses.

And so, we are seeing steady increases week over week in Moderna and Pfizer, and that's just for first doses. We're also seeing the second doses that correlate back to three and four weeks before. And so, you know, as I look towards the rest of the month, this is a very different scenario than we've been in, right?

Up until this point, this has been all about constrained supply, and how do we make sure that it gets to the right places and focuses on the right population? And while we absolutely need to still prioritize the most vulnerable, we are quickly moving to a scenario where supply is going to be here in a really significant way, and we need to maximize the channels.

So, not just the health departments and hospitals that have been doing the bulk of our vaccination, but now we'll really start to see pharmacies move in even more robust way than they have. We'll start to see private practices get vaccine and increase those access points to those communities. And we'll see community vaccination sites start to be a part of the vaccination solution in each district.

A couple more thoughts about Johnson & Johnson. I mean, there are some really great benefits for the J&J vaccine. The most - first and foremost, it's a single dose vaccine, as opposed to the two doses with Moderna and Pfizer, which I think at some point will really allow for some flexibility and some

optimal use in certain populations, where it might be difficult to bring people back, for example, patients who are currently hospitalized.

So, we are continuing to think about, where are the best uses for Johnson & Johnson? But in this initial phase, we really wanted to roll it out in mass vaccination events. And so, what you will see starting Friday, are large-scale events, 1,000-person a day, up to 5,000 people in an event, and you'll see that happening all over the State.

All of our health districts and many of our health systems are receiving Johnson & Johnson, and it's committed to doing some pretty large scale events. So we should have a huge turnout from Friday to about Monday or Tuesday in J&J.

A couple of other thoughts. I think, you know, obviously, a lot of the concerns that have been shared and a lot of the national media stories, have to do with the efficacy numbers not being exactly what they were for Moderna and Pfizer.

And I think it's important for us to really understand first, the trial - the period that J&J went through their trials, was it very different timeframe than Moderna and Pfizer. And probably the most relevant part of that is that, as J&J were going through their clinical trials, they did it in eight different countries on three different continents, and they were doing it during a time where we were seeing a lot of circulating (bearings).

And so, without a doubt, that probably impacted the efficacy rates for mild and moderate numbers, which, you know, worldwide, we were about 66%. When you look at the US data, that's 72%. But I will always just bring us back to the most important outcomes from our perspective. We're really

trying to minimize death and disability and hospitalization through vaccination, and the numbers were exceedingly good for Johnson & Johnson, virtually 100% of people who - yes, virtually 100% effective against death and hospitalization.

So, we are full throttle, moving ahead with Johnson & Johnson, using it in mass vaccination scenarios. And then we'll continue to roll it out in other places where it makes sense, based on the logistical benefits of the vaccine. Okay, so let's open it up for questions.

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

Please remember to limit your inquiries to one question and one follow-up per person, to allow time for everyone. Now, we'll begin the question-and-answer portions of today's call. Operator?

Coordinator: Yes ma'am. If you would like to ask a question today over the phone, please press star followed by 1. Please make sure your phone is unmuted and record your name when prompted. If you wish to withdraw your question, you can press Star 2.

The first question comes from Luanne Rife from The Roanoke Times. Your line is open.

Luanne Rife: Oh, wow. First one. Thank you, guys. Dr. Avula, could you explain maybe how the rollout of this Johnson & Johnson is going? Is it following the same pattern that you were doing based on population, or is there the thought that whoever can do these big clinics? How has that - how are the doses allocated?

Dr. Danny Avula: Yes. Hey, Luanne. So, in the initial rollout for this bolus of 69,000 doses that will cover us, you know, through this week and next week, because we were prioritizing mass vaccination, right? We are very aware that there are certain segments of our population that don't want to be targeted, that we don't want to have any semblance of focusing of a vaccine that could be perceived as less effective on segments of our population.

Again, we don't at all believe that's the case, particularly for the outcomes that matter most. But because of that care and concern, we want to roll it out in mass vaccination first. And so, these two weeks, I think eventually when we get to the end of March and see Johnson & Johnson become a part of our regular allocation, it will fall into the same allocation strategy we've been using, which is primarily population based.

But for these two weeks, we just put out kind of an all-call to health systems and health departments and said, here's what we're - here's how we're prioritizing Johnson & Johnson. If you guys can do mass events, let us know, and we'll make sure you've got what you need.

And so, that's what we've done. And like I said, I mean, every part of the State has mass events that will crank up starting Friday.

Luanne Rife: So the ones who responded to the call-out, did you get more localities or health departments asking for larger supplies than what is coming in?

Dr. Danny Avula: No, it was right about - I think we - let me look. We're about 65,000 of the 69,000 so far. And I'm holding a couple for some who are still pulling their plans together. So, we'll be right at 69,000 in the next day or so.

Luanne Rife: Okay. Thank you.

Coordinator: Thank you. Next question comes from Cameron Thompson from WTVR CBS 6. Your line is open.

Cameron Thompson: Thank you. And thank you, Dr. Avula. Just regarding the Johnson & Johnson numbers, can you say, at least for the central Virginia, looking at, you know, Crater, Richmond, Chesterfield, Chickahominy, do you know how many are coming to this area?

Dr. Danny Avula: Yes. Let me look at this order. So, Crater, Chesterfield, 2349, 14. Looks like about 14,000 doses.

Cameron Thompson: 14,000 doses. Okay. For roughly - for those - all those areas or just Central Virginia Health Districts?

Dr. Danny Avula: No, specifically for those four districts.

Cameron Thompson: Okay, perfect. And then can you give an update in terms of the pharmacy vaccine signup process? Is that now fully on to using the statewide system, or with those who've agreed to do so, or is that still being worked on?

Dr. Danny Avula: No. That, for the most part, has been running through the pre-registration process through outbound calling. There are some individual pharmacies,

both even within Walgreens, for example, but also entire chains that are using their own process.

So right now, CVS continues to use its own process. The Albertson Group, which covers Safeway, has been using its own process, but they are now reconsidering that. So, you know, it's kind of a changing environment every day, Cam.

And then with Walgreens, most - I think, seven or - seven of the eight stores - sorry, seven of the eight districts that have Walgreens stores, are using the State registration process. And one is just having them open up to the 65 and up.

So I think that people try this as they're working through our existing lists, or even opening it up to the public at large, they're just reevaluating every few days. And I think we'll continue to see that for a couple of weeks, but we're pretty close. I would say we're two to three weeks out from saturating our 65 and up demand.

So not only are we going to have to open it up and want to open it up with our pharmacies to move to our broader 1b populations, but, you know, walking that tightrope between, you know, making sure that the folks who were preregistered on our list, and not slowing down the vaccine process, you know, every day, we're kind of looking back and listening to what's happening through our partners around the State.

And I think we don't want to be a bottleneck, right? We've got to find the right balance of prioritizing people who are vulnerable and making sure that we're using the vaccine as quickly as we can, because particularly as we stare down the next couple of months of variants emerging, we really are.

I mean, it is both about efficiency, getting vaccine out as quickly as possible, but also making sure that our most vulnerable 65 and up, Black and Latino folks with severe underlying conditions, are getting what they need. But all that to say, I really just think the month of March, we're going to see so much opportunity to get vaccinated, that the focus shifts from, how are we allocating vaccine, to, how do we make sure that we're getting it out to all the channels possible and that people know how to get access to that vaccine.

Cameron Thompson: Thank you.

Coordinator: Thank you. Next question comes from Amie Knowles from The Dogwood. Your line is open.

Amie Knowles: Hey, Dr. Avula, thanks for taking our questions today. First, I was wondering actually about the Walmart rollout of the vaccine. I was wondering how people find out which Walmart will participate in the vaccine rollout, and then when those appointments might be available.

Dr. Danny Avula: So Amie, those Walmart vaccine - or these Walmart vaccination events are happening off of our pre-registration list. So they won't be publicly accessible. They will be accessible to people who have pre-registered. We have - you know, we basically look around the State, look at the places where, you know, Walmart - well, certainly where Walmart has a footprint, because it's their staff, their pharmacists that are actually doing the vaccination. But then also look at what parts of the State, you know, have potentially lower vaccination rates per capita, and then we direct Walmart there.

And so, the first week that was Norfolk Virginia Beach, Roanoke, and Chesterfield. The second week of that was - which is happening right now,

Harrisonburg, Crater, Damon and Emporia, Norfolk again. And shoot, I said - should have addressed this question better. There's a fourth location that I'll try to find out by the end of this call.

Dr. Stephanie Wheawill: Woodbridge. Amie, this is Stephanie. Woodbridge.

Dr. Danny Avula: Woodbridge, up in Prince William County. Thank you, Stephanie. And then next week that will be Loudoun, Richmond, Lynchburg, and the Piedmont Health District. I can't remember the exact location within the Piedmont Health District.

But what's happening is that in each of those locations, they get the number of doses that they're going to receive for the week. We - you know, the local health departments supply their pre-registration list search - are kind of cleaned up against people who have already been vaccinated, and then sorted for - we have been doing 65 and up.

We'll likely need to open that up in some communities where that 65 and up population has been saturated. So, that'll evolve next week. But, you know, they're getting the list and they're scheduling those people off of the list. And so, that's how Walmart is meeting the need. There won't be an open opportunity to sign up for those clinics.

Amie Knowles: Got you. So just for clarification, they would have to go through the State database. It's not like CVS where you would go on the site and register. Is that correct?

Dr. Danny Avula: That is correct. Yes, we're taking - we're only taking names off of the pre-registration list. So, if anybody has not pre-registered, but is eligible through 1b, they should absolutely go to vaccinate.virginia.gov, and

pre-register, or they should call the 1-877-VAX-IN-VA number, and have somebody walk you through the registration process.

Amie Knowles: All right. Thanks so much.

Coordinator: Thank you. Next question comes from Kate Masters from Virginia Mercury. Your line is open.

Kate Masters: Thanks so much. Yes, Dr. Avula. I was wondering if you could sort of go into or explain more - you know, I know you mentioned that the Johnson & Johnson vaccine is being reserved for mass vaccination sites right now, but in the future, which populations or settings might benefit most from that particular vaccine, given its less restrictive storage requirements and single dose schedule?

And then can you sort of more explicitly explain, at the same time, what concerns there are with the J&J vaccine, and why they might make it a little trickier to enroll it in those places?

Dr. Danny Avula: Yes. So, logistically, Kate, there's nothing trickier. Like it's actually way easier for a one-dose vaccine that doesn't need to be frozen. So, that's one of the big benefits, is that logistically, it's way simpler. So, some of the populations that a one-dose vaccine might make a lot of sense for, are, as I mentioned earlier, so inpatients in hospitals, right?

So if you are in the hospital, you have a kind of unique opportunity window with a healthcare provider to be able to be vaccinated. A one-dose vaccine is much easier to do than to give that first dose, and then to coordinate follow-up after the patient is discharged.

Another example might be somebody who has been hospitalized, but is being transferred to a short-term or long-term rehab facility, right? So in those situations, again, you can do it. You can coordinate with wherever they're going to go and make sure they get their second dose, but it's a lot easier to get that first dose in, particularly when going to a higher risk congregate care setting.

I think the other - you know, some other examples might be folks who are homeless, right? Just having folks who are homeless or in transitional housing, it's harder to track them down without a permanent address and a phone number. And so, a one-dose vaccine makes a lot more sense there.

I think the concerns really are, because the data, you know, the reported data that shows 72% effectiveness in mild to moderate disease, isn't what was originally reported for Moderna and Pfizer, which in their trials at a different time, when variants weren't really an issue, you know, their data shows 95% effectiveness in mild and moderate disease.

The public may perceive that as J&J not being as effective a vaccine. And so, I think it's super important to lay out that this is not an apples-to-apples comparison. The J&J vaccine was done in a different context, in a different time, in a broader environment globally where variants were more of an issue.

But even like all of that notwithstanding, their efficacies and hospitalization and death is still what Moderna and Pfizer's is. So, you know, our message from a public health standpoint, is that this is extremely effective, and absolutely preventative against the outcomes that matter most.

But I think to get back to your question, what we will clearly see and have

already seen on social media and in some networks, is concern about the perceived use of something that's less effective for certain populations. And so, we don't want to do that.

We want to run this through mass vaccination and then - and make sure that the uptake has really established that the safety is really established. And then we can roll that out if there's appetite in the community.

Kate Masters: Yes. And I guess following up on that, you know, beyond the sensitivity towards not wanting to make it seem like 1baccine is being routed to specific populations or potential concerns about that, you know, is there any concern at the State level that just in general, we might see resistance to the J&J vaccine, in the same way there's been resistance to the AstraZeneca vaccine in Europe? And then along those lines, is there any thought of making it less easy for people to decline the J&J vaccine?

Dr. Danny Avula: I'm not sure I caught the first part of that. Let me answer them and then you can tell me if I got your question, Kate. So what we know we've got to do, no matter what, is just be ultra clear about what people are getting, what they're signing up for.

And, you know, at this point, I don't think resistance is going to be the issue. We will get to a point, probably in May or June, where the supply-demand curve shifts dramatically, where that may be a concern, but we will also have so much supply at that point, that people will just be able to choose like, hey, I want to go here. I want to go there.

At this point, what we're doing is being very clear about the events that people are signing up for and saying, this is a Johnson & Johnson event. Here's what you need to know about Johnson & Johnson. If you choose not to accept this

vaccine, you'll stay - you'll keep your spot in line and be offered the next Moderna and Pfizer vaccine. And so, I think that's how we'll handle that issue of choice.

I think it's also important to mention that I've heard anecdotally from different health directors in their experience with patients on the ground, that there are actually communities who would rather have the one shot over two shots, and communities that you might expect wouldn't, you know, among the African-American community or among public housing residents, where actually getting the shot is the thing that people are trying to avoid. They would rather have one shot than two.

So, I don't think we have a clear enough picture right now about what the preference dynamics are throughout communities, but which is why we just often say, let's go ahead and do mass vaccinations first. We will do it widely across the State, covering all kinds of demographics at the same time, and we'll learn through that process.

We'll learn what people's preferences are, and learn how we need to manage supply around that. But I will keep coming back to the reality that, you know, this month of March, we're going to be in a very different place in terms of supply. So, I think it will feel very different than it has the last few months.

Kate Masters: Okay. Well, I think that's it for me. Thank you.

Coordinator: Thank you. Next question comes from Sarah Robinson from CBS19. Your line is open.

Sarah Robinson: Hi, Dr. Avula. We were wondering here, the Blue Ridge Health District, actually the death numbers have gone up in the past several days, and they

have been at zero for a while. Not exactly vaccine related, but we wanted to know why that - is there a data backlog? We're getting a lot of questions here.

Dr. Danny Avula: Yes. Sarah, I think it's been addressed in a lot of different media outlets. I don't know all the details, but the basic summary is that, you know, there was a backlog because of decreased case investigation capacity through the month of December and January, when case numbers were so over - the highest they'd ever been.

And case investigation is often the way that we get to that information more quickly. When we didn't have that degree of case investigation happening, we then rely on the review of death certificates, which is a slower process. And there was a backlog just from that reality, that a lot more deaths were being reported through death certificate review.

And then there was some glitch in the data system. Again, I don't fully understand it. I know Dr. Peake, who is head of epidemiology, has spoken to this a few times. But that's been resolved, and we expect this to all be caught up by the end of this week.

Sarah Robinson: Okay. Thank you.

Coordinator: Thank you. Next question comes from Drew Wilder from WRC-TV. Your line is open

Drew Wilder: Dr. Avula, thanks for taking the question. Can you elaborate a little bit more on the mass vaccination sites in Northern Virginia? I understand there's one in Prince William County that might even be happening today. I mean, what are the details of what people can expect when they get there? And I guess also, like how are people being notified about where and when these sites are?

I mean, we've been looking into this and when they're going to come to Northern Virginia, and it looks like there might be one open right now, but there wasn't really any notification sent to anyone anywhere that this would even be happening.

Dr. Danny Avula: Yes. Thanks, Drew. I think it's probably valuable to, I don't know, unpack terminology. Like I maybe frequently use the term mass vaccination as any event where we're doing something on a scale of 1,000 or more a day. And, you know, there's a big range, right?

There are some places, some venues that can actually do three to five. So, the upwards of 10,000 people a day, but I - and mass vaccination can happen in different places through different mediums, right? In some cases, it's health departments that are putting on these mass vaccination events. In some cases, it's hospitals that are putting on these events.

In other cases, in other States, it's FEMA or the National Guard that are putting on these events. So I think mass vaccination means a lot of different things. So it's important for us to clearly define that, but also who has access to it is important, because we could do a 3,000 person event, but still be a closed event to people in a particular tier, like teachers, for example.

And that is still much of what's happening across the State, because we're still in 1b, and we still have, in every district, lists of tens of thousands of people who qualify into 1b and who have been waiting for their opportunity to get vaccinated.

So even if - I think you may be referring to Walmart, is currently vaccinating in Prince William County over the course of three days. They are working off

of Prince William County's pre-registration list. So all of those folks who do qualify into 1b, and particularly who are 65 and up, and who have been pre-registered and waiting their turn, that can be used to populate the clinics that are going on.

Now, when we move on from 1b or move further down into 1b and want to open up into 1c, and then eventually into the general population, then we will move into a different type of mass vaccination that is open to the public, where people will call the call center, or go to the website and be able to schedule their own slot into one of those types of events. But we're not there yet. We're still very much doing closed PODs off of the pre-registration lists all over the State.

Drew Wilder: Thank you.

Coordinator: Thank you. Next question comes from Riley Wyant from NBC29, Charlottesville. Your line is open.

Riley Wyant: Hi, Dr. Avula. Thanks for taking my question. I just wanted to ask, are we already seeing these long-term effects of mass vaccination? Because I know in our health district, we are seeing those nursing home case numbers go down and other things like that. So, I just wanted to see if you have noticed the effects of vaccination already.

Dr. Danny Avula: Yes. Riley, currently the national data is suggesting that. We seeing big, significant decline in deaths in nursing homes and assisted living facilities. I've asked the team to pull that data together for Virginia specifically, and we should have that by the beginning - by the end of this week or beginning of next week. So, I'll report out on that over the next press briefing.

Riley Wyant: Got you. And just a quick follow-up question. Can you just go over maybe for the Blue Ridge Health District, our area, and specifically just what we're going to see with this J&J vaccine and what you're expecting this rollout to look like, especially with a smaller population like the Blue Ridge Health District?

Dr. Danny Avula: Yes. So Blue Ridge has asked for 2,000 doses of Johnson & Johnson. They're going to be doing that in two 1,000-person events. Again, we're still at a stage of 1b where we've got a long list, and obviously every community is at a different stage of their 1b, but you'd have to ask Dr. Bonds and the crew at Blue Ridge who has been prioritized. My guess is that they're still working through their 65 and up population, and will be working through their pre-registration list.

Riley Wyant: Thank you.

Coordinator: Thank you. Next question comes from Hannah McComsey from ABC13 News, Lynchburg. Your line is open.

Hannah McComsey: Hi there, Dr. Avula. Thank you for your time. In the Lynchburg area, with the vaccine rollout and cases are declining, there are groups who are now suggesting that three feet of social distance is appropriate in settings like schools and public places, as opposed to that previously stated six feet. Is there a recommendation from VDH on that, or are you sticking with the six feet is adequate social distance?

Dr. Danny Avula: Yes, the CDC still outlines 60 feet as the gold standard, with three feet being an acceptable alternative. I think there are more guidelines that will be coming out at an upcoming press conference about just, you know, what the fully opening process looks like.

So I - you know, that's where the CDC stands. I think it's appropriate, again, with the specific considerations of the school district to potentially move to three feet, but six feet would be best if possible.

Hannah McComsey: Thank you.

Coordinator: Thank you. Next question comes from Brielle Ashford from WUSA 9 TV. Your line is open.

Brielle Ashford: Hi, Dr. Avula, thank you so much for your time. I just wanted to drill down specifically on, if you happen to know where the Johnson & Johnson doses will be going in Northern Virginia.

Dr. Danny Avula: Yes. So NoVA will have events. Alexandria Health Department, Arlington Health Department, Loudoun Health Department, Prince William Health Department. Any other health system in Northern Virginia? I don't think so. I think that's the Northern Virginia list.

Brielle Ashford: Got it. Thank you so much.

Coordinator: Thank you. Next question comes from Annie Schroeder from WSLS. Your line is open.

Annie Schroeder: Hi, Dr. Avula. Thank you so much for your time today. Quick question. So the Biden administration came out earlier this week and said that they will work to make sure that every adult American has access to a vaccine by the end of May. Based on the new J&J numbers and kind of what you guys are working with in-house at VDH, do you think that that's a realistic expectation here in the Commonwealth?

Dr. Danny Avula: Yes, I do, Annie. I think that both because of the consistent increase in Moderna and Pfizer that we've seen, I mean, every week our allocation has gone up by 10 or 20,000, and then the projected numbers for Pfizer - I mean, sorry, for Johnson & Johnson, you know, particularly after this announcement with the Johnson & Johnson and Merck partnership, that really should get them to the place where they can deliver on 100 million doses by the end of June and 20 million doses by the end of March.

I mean, as we look forward to, you know, the end of March and through the month of April, we should be getting, you know, including first and second, somewhere around 500,000 doses a week. That will quickly ramp up through April to about 650,000 doses a week, and I expect that to continue to go up.

So, when you take the number of eligible people to be vaccinated and shoot for, you know, kind of our target of 75%, which is, you know, our herd immunity target, I think it is very realistic to say that everybody in 1b who wants to get vaccinated, will be able to do that by the end of April. And everybody across the board who wants to get vaccinated, will at least be able to get their first dose by the end of May.

Annie Schroeder: Thank you so much.

Coordinator: Thank you. Next question comes from Jill Palermo from Prince William Times. Your line is open.

Jill Palermo: Hi, Dr. Avula, thank you for taking our calls today. I'm wondering if you could - you know, again, about the J&J vaccination sites, if you could just clarify, I mean, I think I heard you say, these are still going to be closed PODs

events, even though they're mass vaccination sites. They're still going to be coming off of the State's waiting list. Is that correct?

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

Jill Palermo: The ones for this week? Okay.

Dr. Danny Avula: So when I - again, when I say mass, it just means it's a lot of people. And because of where we are with our 1b and our list, those events will still be open only to people on - who have pre-registered and who qualify into 1b.

Jill Palermo: Okay. And then also, when will they start? And can you tell us how many doses the Virginia - the Northern Virginia localities will receive?

Dr. Danny Avula: Specifically at Johnson & Johnson, Jill?

Jill Palermo: Yes. Specifically Johnson & Johnson.

Dr. Danny Avula: Yes. So Fairfax and NoVA, 4,000. Prince William, 1000. Arlington, 1,500. Alexandria, 1,400. Loudoun is - where is Loudoun? 1,500. And recognize that this is just the Johnson & Johnson, like all of those health departments, have other events with their Pfizer and Moderna amounts as well that'll be going on, you know, through the week, through the weekend and into next year.

Jill Palermo: Do we know when they're going to start yet?

Dr. Danny Avula: Yes. Friday is the earliest I asked anybody to have those. And so, most of this should be used between Friday and probably Monday or Tuesday of next week.

Jill Palermo: Okay. And then one quick follow-up question, we have not, in Prince William, been able to use PrepMod yet, which means that our call - our local call center is like calling people to make appointments. Do you know, is - are other places using PrepMod? Do you have any idea why we're not? I mean, do you know why some of us and some aren't?

Dr. Danny Avula: Only about 40% of the health districts are currently using PrepMod. The reason that many are not is because these two core issues of having single user link, because people who were using it, the email would get out and people would share the link to their friends and other people who want to get vaccinated. And then we had to go back and clean that up and cancel appointments, and it created a lot of frustration.

So, both the issue of non-shareable links and the issue of bulk uploads, are still outstanding. This has been a great source of frustration with the vendor, and not just in Virginia. This is a national issue. You've probably seen headlines in California and Rhode Island and other States that have used PrepMod, that this is something that we continue to lean on the vendor.

We have as enterprising folks in our health departments come up with some usable workarounds, and then our VDH IT team has come up with a really great adjunct that could be used sort of in conjunction with PrepMod to do scheduling.

And so if PrepMod can't deliver on these fixes, then we've got some backup plans that we'll start using.

Jill Palermo: And what timeframe on that?

Dr. Danny Avula: I think as early as next week.

Jill Palermo: Okay. Thank you.

Coordinator: Thank you. Next question comes from Katherine Hafner from The Virginian-Pilot. Your line is open.

Katherine Hafner: Hi there. Thank you. I was hoping you can tell me a little bit about how many doses are coming to the Hampton Roads area or Eastern Region more generally?

Dr. Danny Avula: Let me look, Katherine. So, again, this is Johnson & Johnson specific, right?

Katherine Hafner: Yes.

Dr. Danny Avula: Looks like 1,000 to Eastern Shore, 1,000 to Three Rivers. Still finalizing orders for Riverside. It should be somewhere between 1,000 and 2,000. And Virginia Beach and Norfolk have a lot of other events going on. And so, if we still have some left over, we'll send it there.

But I'm really trying to use it as quickly as possible. So that may be it. Yes, I think that is it. So, about 4,000 total doses at this point, with some plans still being worked out in the Eastern Region.

Katherine Hafner: Got you. And I'm also wondering, if there is hesitancy on people's parts to get the J&J vaccine, is there some sort of contingency plan or, you know, would you consider opening up eligibility to people in later phases?

Dr. Danny Avula: Yes. I don't anticipate that at all. I mean, obviously, there'll be hesitancy in certain populations, but I think there's still so much demand right now that, you know, we'll be able to use it based on the people who are qualified in the 1b.

If at any point we find out that people - that things are slowing down, that people aren't, you know, jumping at the opportunity to get the vaccine, whatever it is, then yes, we'll open it up. So, I'll give you a specific example of how that's worked out.

You know, with these Walmart clinics, we have been using - we've been doing the outbound calling, and calling individuals sort of 65 and up. But then we'll also supply a wait list to Walmart for other people who are on our pre-registration list, who qualify into 1b.

And so, if Walmart, as its working through its clinic in the course of the day, will then - if there's no shows or if they're not filled for any reason, they'll start calling down the wait list to other people who, again, qualify into 1b, and have been on our pre-registration list.

So, no matter what, the best way to be in line for those opportunities is to be pre-registered, and to make sure that, you know, you clearly define your inclusion into 1b.

Katherine Hafner: Okay. Thank you.

Coordinator: Thank you. Next question comes from Carol Vaughn from Eastern Shore Post. Your line is open.

Carol Vaughn: Hey, thank you. I think you - I think I just heard you say something about the Eastern Shore to the last question, but I didn't quite catch it. It's - what is the Eastern Shore Health District?

Dr. Danny Avula: Yes. The Eastern Shore Health Department ordered 1,000 doses of Johnson & Johnson. So those will be coming this week, and there'll be some events for the Eastern Shore with Johnson & Johnson vaccines.

Carol Vaughn: Okay. And so, following up on what I asked a while back about, do you have any more information about any pharmacies on the Eastern Shore giving vaccinations? I know I've talked to Jon over here about it, but.

Dr. Danny Avula: Yes. Stephanie, are you still on the line? Can you speak to that? I don't actually know if we've - I know that there were independent pharmacies we were talking to. I don't know what the latest is.

Carol Vaughn: Yes. I might need to talk to Jon Richardson about that.

Dr. Danny Avula: Okay. I don't hear Stephanie coming on, so ...

Carol Vaughn: Okay. I'll ask Jon. Thanks.

Dr. Danny Avula: Sorry about that. Thanks, Carol.

Coordinator: Thank you. Next question comes from Ian Stewart from VPM News. Your line is open.

Ian Stewart: Hi, Dr. Avula. Thanks for taking the call. I just need a couple of confirmations. You mentioned about 69,000 doses in the next two weeks, and

about 14,000 are going to go to Central Virginia, which are Chesterfield, Crater Health Districts. I'm assuming Richmond, and what's the other one?

Dr. Danny Avula: Richmond - I guess the Richmond and Henrico one will be done together.

Ian Stewart: Henrico.

Dr. Danny Avula: The Chickahominy Health District, which includes Hanover, New Kent, Charles City, and Goochland.

Ian Stewart: Right. And then again, just to - for confirmation, these mass events are for pre-registered people only, who are going to be notified because they signed up to the website. Are some also going through CVS and Walmart, just to confirm? I know you said it a couple of times, but I just want to make sure.

Dr. Danny Avula: Yes. So the federal retail program is sending 20 -, almost 22,000 doses through pharmacies. And I don't know at this point how those will plan to be used. I do know there will be a couple of one-off situations. So, down in Galax, in Danville, a couple of the pharmacies will receive that Johnson & Johnson vaccine, and they will work off of the pre-registered 65 and up list to fill those appointments up. But beyond that, I don't know exactly how J&J would be layered into the pharmacy strategy.

Dr. Stephanie Wheawill: Hey, Danny, I'm sorry, the question before, but to address the question about how the J&J will be used. So the pharmacy partners received a portion of the J&J. It wasn't decided by the State. It was - the CDC allocated to existing pharmacy partners.

And some of them are spreading that across the stores, for example, with CVS, it's expanding their footprint. Some of the others are setting up, you

know, the ability to have it in the store like Danny said - Dr. Avula said, with Galax and some of these other stores.

And so, it's just - it's really being spread across the State, similar to the way in which Pfizer and Moderna is being spread across the State with the Federal Retail Pharmacy Partnership, not with any sort of specific target to areas and to be integrated, to be able to be used within the footprint of these pharmacy partners.

Dr. Danny Avula: Right. Thank you, Stephanie. And just so everyone knows, Dr. Stephanie Wheawill is the Director of the State Pharmacy at VDH. Stephanie, the question before was, is there any news on independent pharmacies, or any pharmacies for that matter on the Eastern Shore that have come through retail pharmacy program?

Dr. Stephanie Wheawill: Yes, there is. So there's a few, but there is one in the Eastern Shore pharmacy that has received. This is the North Hampton, and they've received doses through the pharmacy partner that we have with the independent pharmacies, and we're very excited to have them on board. There's a few other in that Western Tidewater area, Eastern Shore area.

Coordinator: Okay. Thank you. Next question comes from Jenna Portnoy from the Washington Post. Your line is open.

Jenna Portnoy: Hi, Dr. Avula. Now that supply is ramping up, how do you ensure that you have enough staff and sort of ancillary materials to administer the additional vaccines?

Dr. Danny Avula: Yes. Thanks, Jenna. Well, first we can't, right? Like the health department cannot at all staff up to meet the supply that will be coming by the

end of March. And so, you know, we've already done this to some degree where the doses are allocated by district, but it doesn't mean that the health departments themselves are doing all the vaccination.

If you look throughout every district in the State, you'll see a mix of health departments, health systems, pharmacies, and providers, that are actually delivering the vaccine. So, the first thing we have got to do is maximize the existing capacity that exists in each district.

Now, that obviously has been done to some degree to the - through the health departments. But we have about 1,700 providers that are approved through the CDC process, and that are standing and ready to deliver vaccines. And so, we'll see over the month of March, that there'll be many more provider groups that start getting vaccine and are able to provide vaccine to their patients who qualify into 1b.

We will use pharmacies more expansively. So, in addition to the pharmacy footprint through the retail pharmacy partnership, we're going to start adding other pharmacies through our general State allocation. And we already know, and are already seeing hospitals - I mean, using the Johnson & Johnson example, I just gave, there are many hospitals and health systems that are engaged in large scale vaccination. And then they will start to get vaccine again for their patients and staff, as they have to deal with staff turnover and things like that.

Jenna Portnoy: Okay. I should have been more clear. So, the - I guess that the local folks are the ones who are kind of running the show in terms of their own either mass vaccination clinics or PODs. Has the State done anything or is the State aware of any efforts to like put out a call for volunteers or, you know,

coordinate so that more people are available, especially in these larger PODs for 1,000 doses or more?

Dr. Danny Avula: Got it. Yes. I mean, that has certainly been the case through much of this season of vaccination and even prior to that and large-scale testing I mean, I'll give the example of Richmond, Henrico where I'm most familiar. But about 70% of the staff who work those large scale events, are volunteers through the Medical Reserve Corps.

So, there definitely are lots of people who are employing the Medical Reserve Corps volunteer capacity. There are new opportunities now through legislation that's being signed around different vaccinator classes, dentists, dental hygienists, veterinarians, who will now be eligible to be vaccinators.

So yes, that is clearly happening. We know that we've got to give our public health folks a reprieve, because they - not only through the last year, but especially these last couple of months where vaccination has really been put to the test.

And then we are also - the National Guard has started their deployment here just today or yesterday, this week. And so, in some of these large scale events, our National Guard folks are getting trained up, getting plugged in, and are going to be able to give our public health folks a break.

Jenna Portnoy: Okay. Thank you. And have drive-up clinics been part of - I'm sorry. I know this is my second follow-up, but have drive-up clinics ever been part of the scenario, or is it all sort of walk-in at this point? You may have an appointment and show up.

Dr. Danny Avula: That's really plans around drive-through clinics. I don't know for sure if anybody has done that in Virginia yet. I think mostly the weather has been - like we've been looking forward to the spring to start using drive-through clinics. But as far as I know, it's been all walk-up.

Jenna Portnoy: Okay. Thanks very much.

Coordinator: Thank you. Next question from Tom Lappas from The Henrico Citizen. Your line is open.

Tom Lappas: Danny, I'm just wondering if there are any folks in the State that have moved into the rest of phase 1b yet. And if not, when you would expect that might happen statewide? And is it going to be district by district decision as to that, or would it be all at once statewide?

Dr. Danny Avula: Yes. So, 1b is pretty wide ranging, Tom. I mean, I think most people are still in the third or fourth tier of 1b, which is kind of teachers and childcare workers. The fourth tier gets us to, I think, manufacturing. I might have to look that up real quick.

But yes, and then there are communities, especially now with this infusion in Johnson & Johnson, where that will allow them to get to some of their manufacturing communities and, you know, food and agriculture pretty quickly here.

So, you know, every district has the ability, based on, you know, when they've saturated their demand, to be able to move through 1b. And remember, the way that 1b is set up is kind of two parallel tracks. So, many communities are still very much working through their 65 and ups on about 50% of their allocation.

And then the other 50% of their allocation is working through those essential worker tiers, and then also 16 to 64 with underlying conditions. So, you know, when we talk about moving through 1b, I think everybody's going to really focus on the 65 and ups.

We're definitely seeing more and more accessibility for 16 to 64 with underlying conditions. And then districts will continue to set up those closed PODs. Sorry. The fourth tier is food and agriculture. The fifth tier is manufacturing.

So yes, we'll start to see that. And I think each week, we will open up and move through those tiers. And like I said, probably mid to late April, get through everybody in 1b.

Tom Lappas: Thank you. And is it up to the localities, kind of how they handle that once it opens up a little bit more, whether that's, you know, 16 to 64, ahead of other folks in 1b, or what does that look like?

Dr. Danny Avula: Yes. I mean, the way the guidance is designed is that 16 and 64 is not necessarily above or below those essential workers. They're just in the mix, right? And so, you know, let's say a district gets 5,000 doses. 2,500 of those go to those 65 and up, and then 2,500 of those go to events that are open to essential workers and 16 to 64 with underlying conditions.

Now, that 16 to 64 has been a real challenge because there's a big range of risk in that 16 to 64 with underlying conditions. You've got, you know, a 30-year old who has asthma, who is really at much lower risk than many people who'd be in that category. And then you've got, you know, a 63-year old with severe diabetes on dialysis, who's going to be at much higher risk.

So some of that high-risk population, we are managing centrally. So, for example, this week, part of our kind of State set-aside for high risk populations, is going to support the dialysis population throughout the State. I think there will be other categories like that, our immunosuppressed population, folks who are undergoing active cancer treatment.

So, we're actively thinking through, how do we make sure that those most high risk individuals within the 16 to 64 category, do get access to vaccine? And then everybody else will be layered in over the next few weeks as we get through 1b.

Tom Lappas: Great. Thank you.

Coordinator: Thank you. Next question comes from Evan Watson from WVEC Norfolk. Your line is open.

Evan Watson: Hi, Dr. Avula. My question is about something you said on Friday. You talked about that people are getting phone calls from health department or pharmacies, maybe unknown numbers, and to make sure to answer your call, be on the lookout for an appointment, something like that.

We do have some people who asked often about - with concern, about either scams, or is this real, or is that text that got sent out on Friday, is that a verified number, even though it seems very real? Any advice for people about what can be verified or what's true, and what they should watch out for in terms of appointments and information, that kind of thing?

Dr. Danny Avula: Yes, for sure. Thanks, Evan. So, because of the way that appointments are being scheduled, these calls could come from a variety of different places,

right? They could come from the call center, the 877-VAX-IN-VA number. They could come from a local health department, or they could come from one of our partners who's trying to, you know, schedule their own patients. And so, that does open up the possibility and concern.

I think probably the best advice to give folks is that, you know, if it's coming through an email or a website, look at the exchange. Make sure it ends in a.gov or is clearly tied to a governmental entity. I think secondly, that no one will ever ask anybody for money. The vaccine is absolutely always free.

No one should be selling you any kind of vaccine or asking for any kind of payment. There are some situations where you may get asked for your insurance information, because the provider can actually use your insurance and bill for an administration fee, although you will not be charged anything.

We've made it very clear to all of our providers that we've got to message that very carefully. We do not want insurance status to be a barrier to anybody. And, you know, because these are federally funded vaccines, everybody will have access to these at no cost, regardless of their insurance status.

So, you know, I think there's a couple of pathways that people are concerned. If they think it's a scam to - they can call the Attorney General's Consumer Protection Section, and I've got that phone number here. It's 1-800-552-9963. 1-800-552-9963. That's the Attorney General's Consumer Protection Section.

Evan Watson: Thanks. And just a very quick Hampton Roads confirmation. From what you said earlier, about 4,000 doses of Johnson & Johnson coming through these (unintelligible) clinics right now, is the plan to Riverside, Three Rivers, and Eastern Shore, and that's it at the moment, correct?

Dr. Danny Avula: Correct. Yes. We're still working through some plans with the other health districts there.

Evan Watson: Got it.

Dr. Danny Avula: I expect more would come early next week.

Evan Watson: Okay.

Coordinator: Thank you. There are no further questions left in queue at this time.

Melissa Gordon: And without further questions, I want to thank everybody for joining our call today. There'll 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. Once again, if we were unable to answer your question today, please email them to the VDH communications office. Thank you.

Coordinator: This does conclude today's conference. You may disconnect at this time and thank you for joining.

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